



2016 Community Health Needs Assessment

Kaiser Foundation Hospital Panorama

City License #9300000358

Approved by KFH Board of Directors

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To provide feedback about this Community Health Needs Assessment, email CHNA-communications@kp.org

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4 th Council District	Green Public Affairs & Campaigns
7 th Council District	Greenberg & Bass LLP
5 th Supervisorial District	Health Net, Inc.
46 th California Assembly District	Hope of the Valley Rescue Mission
AAA TLC Health Care, Inc.	Hospital Association of Southern California
All-Inclusive Community Health Center	Hub International
Avon Cares for Life	Kaiser Permanente Panorama City
Beauty Bus Foundation	L.A. Care
California State University, Northridge	LA Family Housing
Caregiving for You	Los Angeles County Department of Health Services
Cerrell Associates	Los Angeles County Department of Public Health
CES College – Community Enhancement Services	Los Angeles Department of City Planning
City of San Fernando	Los Angeles Unified School District
Community Synergy for Children and Families	Mary Immaculate Catholic Church
Comprehensive Community Health Centers	Medico Professional Linen Services
Fischbeck Wellness Inc.	Mend Each Need with Dignity (MEND)
Glendale Community College	Mission City Community Network
Glendale Adventist Medical Center	Neighborhood Legal Services of LA County

Northeast Valley Health Corporation
Northridge Hospital Medical Center
Occidental College
Olive View-UCLA Medical Center
Partners in Care
Providence Health and Services
Samuel Dixon Family Health Center, Inc.
San Fernando Community Health Center
San Fernando Valley Community Mental Health
Center Inc.
SevenTwenty Strategies
SOS Mentor

South Asian Helpline and Referral Agency
(SAHARA)
St. Patrick Catholic Church
Tarzana Treatment Centers
The Dolphin Group
The Village Family Services
Valley Community Healthcare
Valley Economic Alliance
Valley Industry and Commerce Association
Valley Presbyterian Hospital
Vista Community Health Center

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I. EXECUTIVE SUMMARY

Kaiser Permanente is one of the largest nonprofit integrated healthcare systems in the United States. Comprised of Kaiser Foundation Hospitals (KFH) and their subsidiaries, Kaiser Foundation Health Plan, and the Permanente Medical Groups, Kaiser Permanente serves more than 10 million members. Just over 10 miles northwest of the center of the City of Los Angeles, KFH-Panorama City is situated in the heart of the San Fernando Valley. Supported by offices in North Hollywood, Mission Hills, Santa Clarita, Canyon Country, Lancaster and Palmdale, KFH-Panorama City serves diverse communities from East San Fernando Valley to Santa Clarita and Antelope Valleys.

This community health needs assessment (CHNA) describes the health of the residents of the KFH-Panorama City service area. The results of the CHNA will direct the development of implementation strategies by KFH-Panorama City to address the health needs of the community. Overall, the report attempts to capture broader factors driving the health needs. These drivers indicate the physical environment (i.e. access to parks and grocery stores), socioeconomic status (i.e. household income and poverty level), and access to health that can contribute to people's overall wellbeing. This executive summary recaps the list of prioritized health needs identified in the service area, the process and methodology to identify the health needs and a summary of the overall CHNA.

A. Community Health Needs Assessment (CHNA Background)

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>).

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, these new requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2016 and described in this report was conducted in compliance with current federal requirements.

B. Summary of Prioritized Needs

Ten health needs resulted for the entire service area of KFH-Panorama City Medical Center based on the community's ranking through surveys, focus groups, forums and key informant interviews. Data retrieved from sources that include the Centers for Disease Control and Prevention, National Cancer Institute, U.S. Census Bureau, and the Los Angeles Department of Public Health aided in the process. Final ranking of the health needs was accomplished through a series of prioritization by community members, leaders and health professionals within the medical center's service area.

Please note that the KFH-Panorama City Medical Center Service Area is divided into two distinct service areas. The first, Antelope Valley, includes Service Planning Area 1 (SPA 1) zip codes and three Kern County zip codes and the second, Panorama City, includes SPA 2 zip codes for East San Fernando and Santa Clarita Valleys. As both areas are unique, issues of high priority in one service area may not rank high in the other. These health needs are listed below (from highest to lowest priority):

Antelope Valley

1. Mental Health
2. Homelessness and Affordable Housing
3. Access to Primary Healthcare
4. Child Abuse and Neglect
5. Domestic Violence
6. Diabetes
7. Substance Use and Abuse
8. Obesity
9. Access to Mental Health Providers
10. Heart Disease and High Blood Pressure

Panorama City

1. Overweight and Obesity
2. Mental health
3. Dental Health
4. Diabetes
5. Access to Affordable Healthy Foods
6. Access to Primary Healthcare
7. High Blood Pressure
8. Physical Inactivity
9. Sexually Transmitted Diseases/ Human Immunodeficiency Virus (STDs/HIV)
10. Substance Use and Abuse

KFH-Panorama City Service Area

1. Homelessness and Affordable Housing
2. Mental Health
3. Diabetes
4. Violence and Trauma Against Women and Children (Domestic violence and Child abuse/neglect)
5. Access to Primary Healthcare
6. Overweight/obesity (Adults and Youth)
7. Dental Health
8. Substance Use and Abuse
9. Sexually Transmitted Diseases/ Human Immunodeficiency Virus (STDs/HIV)
10. Heart Disease and Stroke

The following information provides a summary for each of the prioritized health needs. Data in the following descriptions was retrieved from sources that include the Centers for Disease Control and Prevention, National Cancer Institute, U.S. Census Bureau, and the Los Angeles Department of Public Health. More details about the health needs can be found in the health needs profile in Appendix C.

Homelessness and Affordable Housing: Although, mainly prioritized as a health need in Antelope Valley, homelessness and affordable housing is a problem in the KFH-Panorama City service area. More than 44,000 homeless people were counted in Los Angeles County in 2015. There were 2,818 total in Antelope Valley and 5,216 counted in the entire San Fernando Valley (including both East and West). Subpopulations showed many issues identified in this CHNA (i.e. mental illness, substance abuse, HIV/AIDS, and domestic violence).

Identified drivers include 1) high unemployment rates compared to California's 6.8% which is 7.7% in Antelope Valley and 7.5% in Panorama City and 2) higher concentration of HUD-funded assisted housing units that exceed the state (368.32 units per 10,000 total households) with Antelope Valley at 419.63 units per 10,000 total households and Panorama City at 438.07 units per 10,000 total households. These drivers are indicative of low-income communities.

Mental Health: Positive mental health is associated with improved health outcomes. Almost 20% of adults in the KFH-Panorama City service area reported needing mental health care. Adults in the service area also reported being mentally unhealthy 3.7 days out of each month. Simultaneously, 15% of Medicare beneficiaries have been diagnosed with depression compared to 13.4% in the state.

Access to mental health care providers plays a big role in the mental health status of the service area's residents with significantly fewer providers in the service area compared to the state. Additionally, 28.3% of adults in Antelope Valley and 28.4% of adults in Panorama City do not have adequate social or emotional support thereby increasing the likelihood of poor mental health.

Diabetes: Diabetes can result in serious and potentially fatal health complications that include heart disease, blindness, kidney failure and amputation of the legs, if untreated. The rate of diabetes among adults in the service area of KFH-Panorama City has steadily increased between 2004 and 2011 and it now surpasses the state (8.05%) with Antelope Valley at 8.50% and Panorama City at 8.40%.

Identified drivers for diabetes are associated with increasing overweight/obesity. They include poor health behaviors (healthy eating and physical activity) as well as poor access to facilities that can encourage healthy lifestyles such as insufficient grocery stores, parks and recreation and fitness access. Additionally, most Medicare beneficiaries do not manage their diabetes well. In Antelope Valley, 80.5% have their hemoglobin A1C checked and in Panorama City it is 80.4% compared to the state's 81.5%.

Violence and Trauma against Women and Children (Domestic violence and Child abuse/neglect): Domestic violence and child abuse and neglect are significant issues in Antelope Valley. Per 100,000 population 8.1 females are admitted into emergency departments with non-fatal injuries due to domestic violence versus 7.1 females per 100,000 population in Panorama City. Child abuse and neglect is also reported more in Antelope Valley (66.1 cases per 1,000 children) than Panorama City (52.3 cases per 1,000 children).

Identified drivers include the increased likelihood of substance use as evidenced by the high access to liquor stores in the medical center's service area as well as high suspension and expulsion rates compared to the state.

Access to Primary Healthcare: More patients are admitted for preventable conditions in the medical center service area (114.55 per 10,000 population) than in California (83.17 per 10,000 population). And within the medical center service area, more patients are admitted into the hospital in Antelope Valley (138.36 per 10,000 population) for preventable conditions than Panorama City (106.26 per 10,000 population).

Identified drivers include a high percentage of the medical center's service area lacking a regular doctor, inadequate number of primary care providers and high uninsured population. These drivers are associated with a low rate of cancer screenings which imply that other preventive services are not fully utilized by the community.

Overweight/obesity (Adults and Youth): Similar to the rest of the country, residents in the KFH-Panorama City service area suffer from overweight/obesity. More than 36% of adults in the service area are overweight and approximately 20% of all youth are overweight.

Identified drivers for overweight/obesity are similar to those for diabetes. High consumption of and access to unhealthy foods along with physical inactivity and lack of access to the necessary facilities contribute to the high rate of overweight/obesity in the service area.

Dental Health: Dental health is associated to an individual's overall health status. More adults in the medical center service area report poor dental health than the state as evidenced by removal of six or more of their permanent teeth: 11.90% in Antelope Valley and 11.60% in Panorama City. Furthermore, approximately 35% of the adult population report not having any recent dental exam compared to 30.50% in California.

Identified drivers in the medical center service area include absence of dental insurance coverage, potential exposure to unsafe drinking water and high consumption of soda as evidenced by residents spending nearly 4% of their food expense to purchase soda.

Substance Use and Abuse: Although the rate for tobacco use for the medical center's service area (12.20%) is lower than the state (12.80%), community residents and leaders prioritized this as a health need. Overall, there is a higher rate of cigarette smokers in Antelope Valley (12.40%) than in Panorama City (12.10%).

Identified drivers in the medical center service area include the high percentage of food expenditure used to purchase tobacco, more so in Antelope Valley (1.10%) versus Panorama City at (1%). Physical environmental drivers are also identified for this health need. There is a high concentration of liquor stores in Antelope Valley at 8.81 store per 100,000 population and in Panorama City at 12.26 stores per 100,000 population. Access to liquor stores may increase the likelihood of tobacco and alcohol use in the KFH-Panorama City service area.

Sexually Transmitted Diseases/ Human Immunodeficiency Virus (STDs/HIV): The rate of chlamydia has steadily increased in the KFH-Panorama City service area from 2003 to 2011. Overall, 526.6 people per 100,000 population have been diagnosed with chlamydia. In the service area, 506.6 people per 100,000 population have been diagnosed with HIV.

Low screening rates are associated drivers for this health need. Among adults in the medical center service area, 57.40% in Antelope Valley have never been screened for HIV and 56.50% have never been screened in Panorama City.

Heart Disease and Stroke: Heart disease and stroke are among the top leading causes of death in the United States. In the KFH-Panorama City service area, the mortality rates for heart attacks (195.82 deaths per 100,000 population) and stroke (37.72 deaths per 100,000 population) exceed the state at 100.8 per 100,000 and 37.38 deaths per 100,000, respectively. Overall, the death rates for heart attack and stroke in Antelope Valley exceed those of Panorama City.

Similar to diabetes and overweight/obesity health needs, health behavior and physical environment factors related to healthy eating and physical activity are identified as drivers for this health need. Furthermore, there is indication that many adults with high blood pressure are not taking their medication and, as such, increasing their chances for heart attacks and stroke.

C. Summary of Needs Assessment Methodology and Process

The overarching aim of this report is to identify and prioritize unmet community health needs. More

importantly, this report will be the foundation to the development of an implementation strategy to plan coordinated and potentially collaborative efforts and activities to promote and improve the health of all individuals residing in the KFH-Panorama City Medical Center service area. Secondary data were collected through the Kaiser Permanente CHNA Data Platform allowing for identification of health needs, key drivers and community assets and resources. Secondary data are information that have been collected and published by another entity. They are typically quantitative (numerical) in nature. Secondary data are helpful in highlighting objectively health needs that significantly impact a community. The CHNA team collected data on 72 common indicators from the Kaiser Permanente CHNA data platform which included categories from the Mobilizing Action Toward Community Health (MATCH) framework: demographics, social and economic factors, health behaviors, physical environment, clinical care, and health outcomes. Additionally, the team utilized other sources to supplement collected data. The values were benchmarked against those of the state, nation and Healthy People 2020. Health indicators not meeting benchmarks were compiled into a list of identified health needs.

The list of health needs informed the methodology and process for primary data collection and any additional health need identified from primary data was included in the list. Primary data are new data collected first-hand. They are typically qualitative (non-numerical) in nature. For this CHNA, primary data was collected through key informant interviews, focus groups, community forums and surveys. The primary data describes what is important to the people residing in and serving the medical center's service area. Between August and November 2015, 16 key informant interviews, 10 focus groups, 233 surveys, and 2 forums were conducted in various settings throughout the service area.

Following the identification of the health needs, the CHNA team brought together health care experts, community leaders and residents to prioritize the list into the 10 most immediate and significant needs for KFH Panorama City Medical Center's service area. Two meetings were conducted: one in Antelope Valley and one in East San Fernando Valley to determine the immediate health needs in each area. And a third meeting to compile and prioritize the 10 health needs for the medical center's entire service area followed the two.

Through consensus and a multi-voting approach, participants were asked to determine and prioritize the top 10 health needs by considering the following criteria:

- Impact: Large number of people are affected by the health needs
- Severity: Health need is a high contributor to morbidity and mortality
- Equity: Vulnerable groups are affected by the health need
- Intervention: There is a lack of adequate existing strategies to address the health need
- Urgency: Addressing the health need is urgent

The CHNA team then utilized the prioritized health needs to substantiate the presence of assets and resources in the medical center service area that may potentially be applied toward targeted implementation strategies. Please note that the KFH-Panorama City medical center service area is divided into two distinct area; one is listed as Antelope Valley and the other as Panorama City. As both areas are unique, issues of priority in one area may not be a high need in the other area as evident in Section VI of this report.

D. Implementation Strategy Evaluation of Impact

In the 2013 Implementation Strategy (IS) process, all KFH planned for and drew on a broad array of resources and strategies to improve the health of communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH

programs including, charitable health coverage programs, future health professional training programs, and research. KFH-Panorama City is monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-Panorama City tracks outcomes, including behavior and health outcomes, as appropriate and where available. As of the documentation of this CHNA Report in March 2016, KFH-Panorama City had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-Panorama City will continue to monitor impact for strategies implemented in 2016.

II. INTRODUCTION/BACKGROUND

A. About Kaiser Permanente (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 10 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Benefit

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. These are the vital signs of healthy communities. Good health for the entire community, which we call Total Community Health, requires equity and social and economic well-being.

Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician expertise, and clinical practices. Historically, we've focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the CHNA Report

i. To Advance Community Health

Community Health Needs Assessments (CHNA) have been integral to learning about the health of the communities Kaiser Permanente serves. We are committed to building on the CHNA and relationships in the community to deepen our knowledge of the community specific needs and the resources and leaders in the community. This deeper knowledge will enable us to develop a new approach by engaging differently and activating in a way that addresses specific community needs and in collective action with the community. This new approach will leverage our existing and new community partnerships and harness the power of all Kaiser Permanente assets – economic, relationships, and expertise – to positively impact community health.

ii. To Implement ACA Regulations

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (<http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf>). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at kp.org/chna.

D. Kaiser Permanente Approach to CHNA

Kaiser Permanente has conducted CHNAs for many years, often as part of long standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs include the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 150 publicly available indicators to understand health through a framework that includes social and economic factors; health behaviors; physical environment; clinical care; and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constituted a health need in their community. Once all of the community health needs were identified, they were all prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH-Panorama City will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, www.kp.org/chna.

III. COMMUNITY SERVED

A. Kaiser Permanente's Definition of Community Served

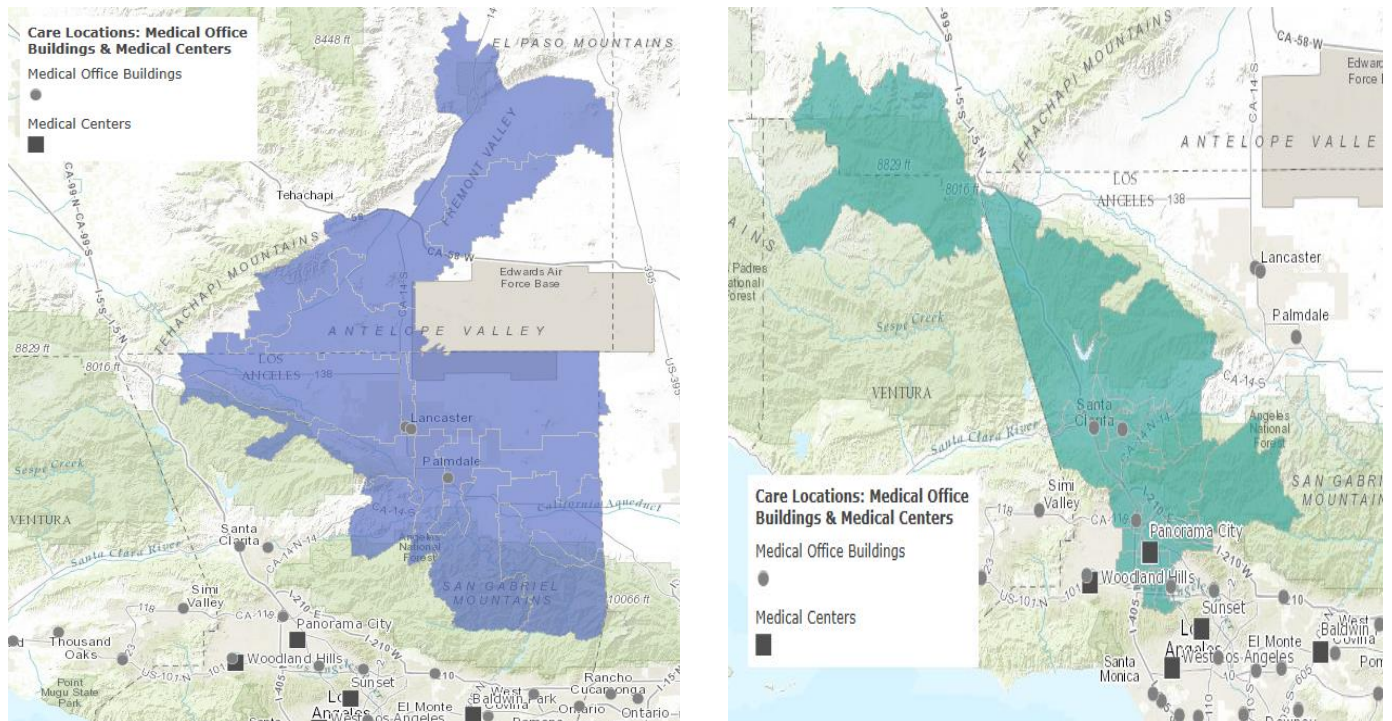
Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and Description of Community Served

i. Map

KFH-Panorama City medical center serves the communities of the East San Fernando Valley, Santa Clarita Valley, and Antelope Valley in addition to 4 zip codes in Kern County. KFH-Panorama City medical center is part of an integrated delivery system that serves this broad area. This broader area will be referred to as the KFH-Panorama City medical center service area for the purposes of this report. The broad communities served by KFH-Panorama City medical center service area have diverse geography, topography, and vary across levels of socio-economic status. As such, in addition to information about the health needs of the broader KFH-Panorama City medical center service area, this report will also include information about Panorama City service area (SPA 2 zip codes for the East San Fernando Valley and Santa Clarita Valley) and Antelope Valley service area (SPA 1 zip codes and 4 Kern County zip codes) separately to capture both the commonalities as well as the unique problems that exist across these geographies. This will enhance understanding of the significant health needs of the KFH-Panorama City medical center communities to form more targeted implementation strategies.

Maps of KFH-Panorama City Medical Center Service Area



ii. Geographic description of community served (towns, county, and/or zip codes)

The communities served by KFH-Panorama City Medical Center Service Area are tremendously diverse with respect to demographic and socio-economic composition, geography and topography. KFH-Panorama City Medical Center is part of an integrated delivery system that serves the communities of the East San Fernando Valley, Santa Clarita Valley, and Antelope Valley in addition to 4 zip codes in Kern County.

For the purpose of this report, the KFH-Panorama City Medical Center Service Area distinguishes between the two sub-service areas of Panorama City Service Area and the Antelope Valley Service Area.

The Panorama City Service Area includes Agua Dulce, Arleta, Canyon Country, Castaic, Frazier Park, Granada Hills, Lake View Terrace, Mission Hills, Newhall, North Hills, North Hollywood, Pacoima, Panorama City, San Fernando, Santa Clarita, Saugus, Sherman Oaks, Stevenson Ranch, Sun Valley, Sunland, Sylmar, Tujunga, Universal City, Valencia, and Van Nuys.

The Antelope Valley Service Area includes Acton, California City, Elizabeth Lake, Hi Vista, Juniper Hills, Lake Hughes, Lake Los Angeles, Lancaster, Littlerock, Llano, Mojave, Palmdale, Pearblossom, Quartz Hill, Rosamond, and Valyermo.

Communities of KFH-Panorama City Medical Center Service Area

Cities/Communities	Zip Codes	County
California City	93505	Kern
Frazier Park	93225	Kern
Mojave	93501	Kern
Rosamond	93560	Kern
Acton	93510	Los Angeles SPA 1
Elizabeth Lake/Lake Hughes	93532	Los Angeles SPA 1
Hi Vista	93535	Los Angeles SPA 1
Lancaster	93534	Los Angeles SPA 1
Lancaster/Quartz Hill	93536	Los Angeles SPA 1
Littlerock/Juniper Hills	93543	Los Angeles SPA 1
Llano	93544	Los Angeles SPA 1
Palmdale	93551, 93552	Los Angeles SPA 1
Palmdale/Lake Los Angeles	93550, 93591	Los Angeles SPA 1
Pearblossom	93553	Los Angeles SPA 1
Valyermo	93563	Los Angeles SPA 1
Agua Dulce/Saugus	91350	Los Angeles SPA 2
Arleta/Pacoima	91331	Los Angeles SPA 2
Canyon Country	91387	Los Angeles SPA 2
Castaic	91384	Los Angeles SPA 2
Granada Hills	91344	Los Angeles SPA 2
Lake View Terrace/Sylmar	91342	Los Angeles SPA 2
Mission Hills	91345	Los Angeles SPA 2
North Hills	91343	Los Angeles SPA 2
North Hollywood	91601, 91604, 91605, 91606, 91607	Los Angeles SPA 2
Panorama City	91402	Los Angeles SPA 2
San Fernando	91340	Los Angeles SPA 2
Santa Clarita	91382, 91383, 91390	Los Angeles SPA 2
Santa Clarita (Canyon Country)	91351	Los Angeles SPA 2
Santa Clarita (Newhall)	91321	Los Angeles SPA 2
Santa Clarita (Valencia)	91354, 91355	Los Angeles SPA 2
Sherman Oaks/Van Nuys	91423	Los Angeles SPA 2
Stevenson Ranch	91381	Los Angeles SPA 2

Cities/Communities	Zip Codes	County
Sunland/Shadow Hills	91040	Los Angeles SPA 2
Sun Valley	91352	Los Angeles SPA 2
Tujunga	91042	Los Angeles SPA 2
Universal City	91608	Los Angeles SPA 2
Van Nuys	91401, 91405, 91406, 91411	Los Angeles SPA 2

iii. Demographic profile of community served

Total Population

KFH-Panorama City service area is about twice as densely populated as California and almost five times that of the United States. Additionally, the Panorama City service area makes up the majority of the KFH-Panorama City service area's population with 1,207,414 million people and 420,247 people in the Antelope Valley Service Area. In relation to the total land area, Antelope Valley Service Area has more land in square miles than Panorama City Service Area despite having a high total population contributing to Panorama City being more than four times densely populated than Antelope Valley. High density can result in overcrowding which may be linked to road congestion, poor air quality due to vehicle emissions and mental stress.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
KFH-Panorama City Service Area	1,627,661	4,029	403.95
Antelope Valley Service Area	420,247	2,430	172.93
Panorama City Service Area	1,207,414	1,599	755
Kern County	848,204	8,129.76	104.33
Los Angeles County	9,893,481	4,056.81	2,438.73
California	37,659,180	155,738.02	241.81
United States	311,536,591	3,530,997.6	88.23

Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Population by Gender

The gender distribution of KFH-Panorama City's service area is almost equal reflecting those of the California and the nation. Both the Antelope Valley and Panorama City Service Area also exhibit a similar distribution of males and females.

Report Area	Male	Female	Percent Male	Percent Female
KFH-Panorama City Service Area	817,461	810,201	50.22%	49.78%
Antelope Valley Service Area	209,508	210,739	49.85%	50.15%
Panorama City Service Area	607,952	599,462	50.35%	49.65%
Kern County	436,648	411,556	51.48%	48.52%
Los Angeles County	4,878,648	5,014,833	49.31%	50.69%
California	18,726,468	18,932,712	49.73%	50.27%
United States	153,247,408	158,289,184	49.19%	50.81%

Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Total Population by Race and Ethnicity

KFH-Panorama City serves a very diverse population. The service area is home to people from different races and ethnicities that may approach health care access differently. As such, residents may require services that are innovative and culturally appropriate because language, social and cultural norms, may limit timely and appropriate health care access, health literacy, provider-patient relationships, and compliance with medical management plans. Almost half of the population served by KFH-Panorama City is Hispanic/Latino with the majority (62%) identified as White followed by the remaining ethnicities. Antelope Valley and Panorama City follow a similar pattern except there are more African Americans than Asians in Antelope Valley compared to Panorama City.

Report Area	Hispanic or Latino	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
KFH-Panorama City Service Area	49.07%	62%	6.62%	7.75%	0.53%	0.15%	18.95%	3.99%
Antelope Valley Service Area	43.85%	57.27%	14.49%	4.32%	0.72%	0.2%	18.84%	4.15%
Panorama City Service Area	50.88%	63.64%	3.89%	8.94%	0.47%	0.13%	18.99%	3.93%
Kern County	49.8%	72.29%	5.61%	4.27%	1.16%	0.14%	12.93%	3.6%
Los Angeles County	47.93%	53.34%	8.42%	13.88%	0.52%	0.26%	19.84%	3.72%
California	37.89%	62.31%	5.99%	13.29%	0.76%	0.39%	12.93%	4.32%
United States	16.62%	74.02%	12.57%	4.89%	0.82%	0.17%	4.73%	2.8%

Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Population by Age

The majority (64%) of the total population of KFH-Panorama City's service area is adults between ages 18 and 64, with 26% younger than 18 years old. Older adults, 65 years and older, make up approximately 9%. The trend is unchanged for both Antelope Valley, Panorama City, the state and nation for which more than 60% of the population are between ages 18 and 64 followed by approximately 25% children and youth. However the nation as a whole has more aging population, those age 65 and older (13.43%) compared to the other geographic areas that have senior populations of approximately 9%. This distribution indicates the necessity of health services and programs directed toward the adult population.

Report Area	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
KFH-Panorama City Service Area	7.08%	19.13%	10.46%	14.68%	14.38%	14.51%	10.29%	9.47%
Antelope Valley Service Area	7.78%	21.82%	10.93%	12.44%	13.1%	14.75%	10.06%	9.11%
Panorama City Service area	6.84%	18.19%	10.29%	15.46%	14.83%	14.42%	10.38%	9.59%
Kern County	8.6%	21.4%	11.21%	14.66%	12.78%	12.65%	9.48%	9.23%
Los Angeles County	6.53%	17.44%	10.77%	15.18%	14.38%	13.85%	10.63%	11.23%
California	6.71%	17.83%	10.52%	14.39%	13.73%	13.9%	11.1%	11.81%
United States	6.44%	17.28%	9.97%	13.39%	13.12%	14.29%	12.08%	13.43%

Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Population Change

Within 10 years, there has been an incredible increase in the population of the service area of the KFH-Panorama City medical service area at almost 14%. Antelope Valley's population (27.4%) has increased at about twice the rate of the KFH-Panorama City medical service area and about three times the rate for Panorama City (9.68%). Such positive shifts in population indicate the need for health care providers and the increased utilization of health care services and resources.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
KFH-Panorama City Service Area	1,424,070	1,620,332	196,262	13.78%
Antelope Valley Service Area	329,483	419,774	90,291	27.4%
Panorama City Service area	1,094,587	1,200,558	105,971	9.68%
Kern County	661,659	839,631	177,972	26.9%
Los Angeles County	9,519,257	9,818,605	299,348	3.14%
California	33,871,651	37,253,956	3,382,305	9.99%
United States	280,405,781	307,745,539	27,339,758	9.75%

Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract

Population with Limited English Proficiency

Limited ability to speak English can be a barrier to accessing health care, limit communication with health providers and discourage understanding of health information. KFH-Panorama City service area has a high percentage of people (23.03%), ages 5 and above, who do not speak English well when compared to the state at 19.35%. Panorama City service area population's inability to speak English well is highest at 26.09% compared to that of the Antelope Valley at 14.5%, California at 19.35% and the nation at 8.63%. The differences in the limited ability to speak English are evident between the two KFH-Panorama City service areas with a higher percentage in Panorama City (26.09%) than Antelope Valley (14.15%) which necessitates tailoring of health programs for all the service areas to appropriate literacy levels.

Report Area	Population Age 5	Population Age 5 with Limited English Proficiency	Percent Population Age 5 with Limited English Proficiency
KFH-Panorama City Service Area	1,512,434	348,329	23.03%
Antelope Valley Service Area	387,563	54,849	14.15%
Panorama City Service area	1,124,870	293,480	26.09%
Kern County	775,294	140,168	18.08%
Los Angeles County	9,247,301	2,424,409	26.22%
California	35,131,430	6,799,270	19.35%
United States	291,484,488	25,148,900	8.63%

Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Population with Limited English Proficiency by Language Spoken at Home

Latinos make up about half of the population of KFH-Panorama City's service area. As a result, a higher number those who cannot speak English well speak Spanish compared to other languages. Across all the geographic areas, the majority who cannot speak English well speak Spanish compared to other languages. Lack of effective communication between health providers and community residents reduces compliance with medical plans which could negatively affect health outcomes.

Report Area	Spanish	Other Indo-European Languages	Asian and Pacific Island Languages	Other Languages Island Languages
KFH-Panorama City Service Area	271,514	36,517	34,541	5,758
Antelope Valley Service Area	47,610	2,005	4,311	923
Panorama City Service area	223,904	34,512	30,230	4,835
Kern County	126,203	4,680	8,078	1,207
Los Angeles County	1,677,978	193,109	521,882	31,440
California	4,539,249	495,598	1,655,771	108,652
United States	16,344,473	3,424,558	4,570,035	809,834

Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract. Note: Indo-European languages include: French, French Creole, Italian, Portuguese, German, Yiddish, West Germanic Languages, Scandinavian Languages, and Greek

Linguistic Isolation

At closer look, more than one-tenth of the population ages 5 and older live in a linguistically isolated household (households in which there are no members 14 years and older that, 1) speak only English or 2) speak a non-English language and English less than "very well") in the KFH-Panorama City service area. This rate is slightly higher than state but more than twice that of the United States with Panorama City consisting of a higher population (12.57%) than Antelope Valley (6.81%). Therefore, individuals in these households may be further limited in accessing and comprehending available health and social related services and information.

Report Area	Total Population Age 5 and Older	Linguistically Isolated Population Age 5 and Older	Percent Linguistically Isolated Population Age 5 and Older
KFH-Panorama City Service Area	1,512,433	167,752	11.09%
Antelope Valley Service Area	387,563	26,408	6.81%
Panorama City Service Area	1,124,870	141,343	12.57%
Kern County	775,294	74,211	9.57%
Los Angeles County	9,247,301	1,235,453	13.36%
California	35,131,428	3,476,445	9.9%
United States	291,484,480	13,871,217	4.76%

Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Community Safety

Community safety is linked with the state of one's health. When community residents do not feel safe, they are less likely to go outside their homes to participate in social and physical activities. Common safety concerns include crime, inadequate street lighting, sidewalks in disrepair, and gang violence. The following table reports the rate of violent crime activity per 100,000 people. The crime rate is similar across the KFH-Panorama City service area. However, the rates are significantly higher than the state and nation. Evidently, the service area suffers from a high crime rate thereby indicating the community may have poor health status due to the environment.

Report Area	All Violent Crimes	Robbery
KFH-Panorama City Service Area	476.3	202.4
Antelope Valley Service Area	481.9	198.3
Panorama City Service area	474.4	203.8
Kern County	561.1	139.8
Los Angeles County	473.9	204.2
California	425	149.5
United States	395.5	116.4

Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-University Consortium for Political and Social Research. 2010-12. Source geography: County.

Population Below 200% Federal Poverty Level (FPL)

Poverty is an important social determinant of health and a barrier to meeting basic needs including healthy foods, housing, and health care. Compared to California (36.37%) and the United States (34.54%), the service area of KFH-Panorama City (40.32%) has a much higher population living in poverty (200% below the federal poverty level). A higher percentage reside in Antelope Valley (45.67%) as opposed to 38% in Panorama City. In addition to reduced access to health care, poverty is associated with decreased access to education (e.g. lower educational attainment) and employment opportunities (e.g. increased unemployment rates).

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
KFH-Panorama City Service Area	1,611,675	649,823	40.32%
Antelope Valley Service Area	412,011	188,164	45.67%
Panorama City Service area	1,199,664	461,660	38.48%
Kern County	824,972	396,697	48.09%
Los Angeles County	9,819,397	4,014,863	40.89%
California	37,323,128	13,576,255	36.37%
United States	306,226,400	105,773,408	34.54%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Children in Poverty

Children between 0 and 17 years of age who live below 100% FPL face greater barriers than adults. Research shows that hunger affects learning and behavior. Poverty impacts the parent's ability to access health services, affordable housing, and healthy food along with other necessary life-sustaining services that impacts the overall health of a child. According to the table below, there is a higher percentage of children in poverty residing in the KFH-Panorama City service area (25.02%) than the state (22.7%) and nation (21.9%) with Antelope Valley displaying a higher rate (28.98%) than Panorama City (23.41%).

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
KFH-Panorama City Service Area	1,611,674	415,931	104,063	25.02%
Antelope Valley Service Area	412,011	120,371	34,882	28.98%
Panorama City Service area	1,199,663	295,560	69,180	23.41%
Kern County	824,972	251,231	82,549	32.86%
Los Angeles County	9,819,397	2,314,447	602,728	26.04%
California	37,323,128	9,072,050	2,059,262	22.7%
United States	306,226,400	72,637,888	15,907,395	21.9%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Unemployment Rate

Unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other basic necessities that contribute to one's overall health status. The table below indicates that the service area has a higher unemployment rate (7.6%) than the state (6.8%) with a higher unemployment rate in Antelope Valley of 7.7% than Panorama City at 7.5%.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
KFH-Panorama City Service Area	830,640	767,649	62,990	7.6%
Antelope Valley Service Area	214,034	197,498	16,536	7.7%
Panorama City Service area	616,606	570,151	46,454	7.5%
Kern County	393,801	354,590	39,211	10%
Los Angeles County	5,047,001	4,667,406	379,595	7.5%
California	18,855,659	17,578,188	1,277,471	6.8%
United States	156,985,221	148,497,233	8,487,988	5.4%

Source: US Department of Labor, Bureau of Labor Statistics. 2015 - December. Source geography: County

High School Graduation Rate

The table below shows the rate of high school graduation, which measures the percentage of students receiving their high school diploma within four years. Low levels of education are often linked to poverty, limited employment opportunities, mental stress and poor general health. The graduation rate for the KFH-Panorama City service area is significantly lower (71.97%) than both the state (80.44%) and Healthy People 2020 target of 82.4% or more. In addition, significant differences exist between Antelope Valley and Panorama City with fewer graduates in Antelope Valley (66.59%) than Panorama City (73.65%).

Report Area	Cohort Size	Total Graduates	Graduation Rate
KFH-Panorama City Service Area	32,826	23,624	71.97%
Antelope Valley Service Area	7,816	5,205	66.59%
Panorama City Service area	25,010	18,419	73.65%
Kern County	13,531	10,338	76.4%
Los Angeles County	128,324	98,973	77.13%
California	495,316	398,442	80.44%
HP 2020 Target			≥ 82.4%

Source: California Department of Education. 2013. Source geography: School District

Less than High School Diploma (or Equivalent)

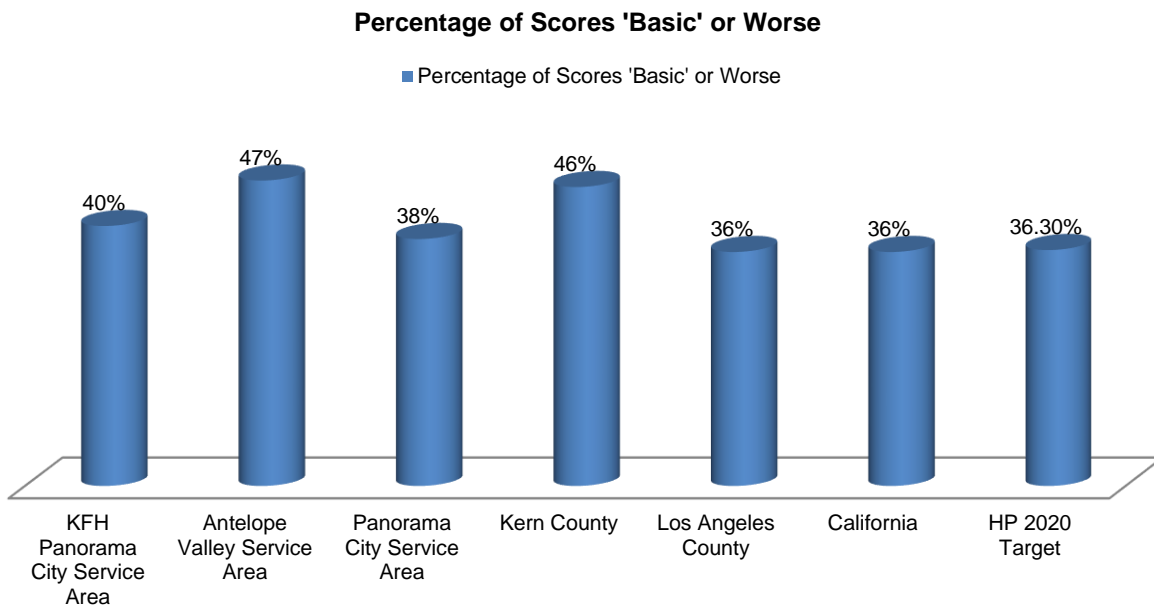
Overall, education attainment is low for the KFH-Panorama City service area. More than 20% of the population 25 years and older do not have a high school diploma compared to the state and the nation that are below 20%. Panorama City has a higher population age 25 and older with no high school diploma at 23.3% in contrast to Antelope Valley at 22.3%. Both areas are higher than the state and the nation.

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Percent Population Age 25+ with No High School Diploma
KFH-Panorama City Service Area	1,044,828	240,614	23%
Antelope Valley Service Area	252,765	56,335	22.3%
Panorama City Service Area	792,062	184,279	23.3%
Kern County	506,477	136,969	27.04%
Los Angeles County	6,557,746	1,520,243	23.18%
California	24,865,866	4,602,986	18.51%
United States	209,056,128	28,587,748	13.67%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Students Reading Below 4th Grade Level

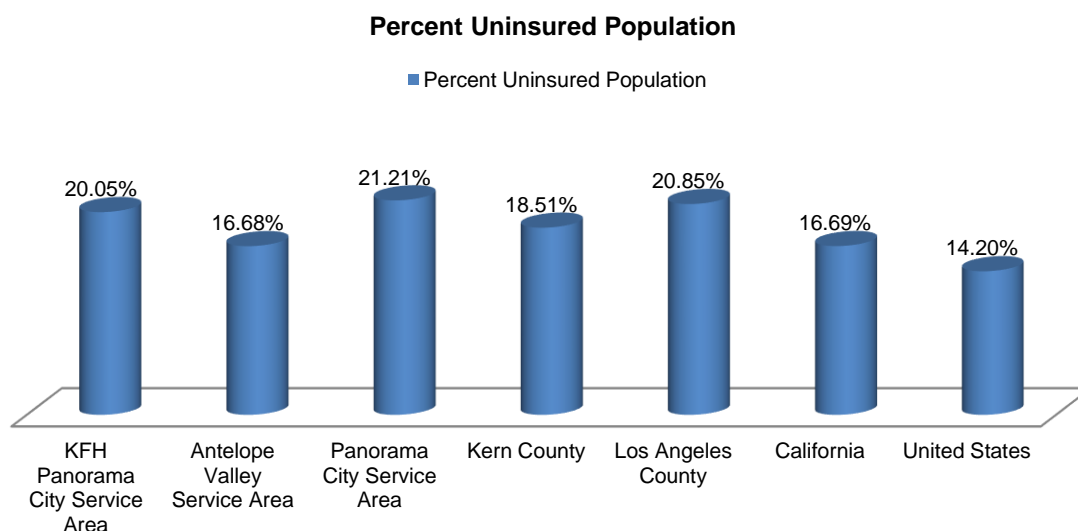
Low literacy levels are identified as possible reasons for high unemployment rates, poverty and poor general health. It can also create a barrier to health education, particularly those of printed materials. The overall percentage of students that read below the 4th grade level in the KFH-Panorama City service area (40%) is much higher than the state (36%) and also exceed the Healthy People 2020 target of 36.30%. Nearly 50% of students in the Antelope Valley read below the 4th grade level which is relatively higher than that of Panorama City at 38%.



Source: California Department of Education. 2012-13. Source geography: School District

Uninsured Population

The lack of health insurance is considered a key driver of health status. Populations with no access to health insurance have limited or no access to primary, dental, mental and specialty care thus resulting in poor health status. There are more than 20% of people uninsured in the KFH-Panorama City service area compared to the state's 16.69% and the nation's 14.20% with a higher percentage in Panorama City (21.21%) than Antelope Valley (16.68%). It is therefore likely that residents of Panorama City service area have a harder challenge to access health care. In 2015, the number of residents covered may be higher as a result of Medi-Cal expansion and changes or availability of health coverage since the passing of the Affordable Care Act.



Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

IV. WHO WAS INVOLVED IN THE ASSESSMENT

A. Identity of Hospitals that collaborated on the assessment

KFH-Panorama City shared primary and secondary data with the following local hospital partners: Valley Presbyterian Hospital and Northridge Hospital Medical Center. However, the medical center has developed and adopted its own separate CHNA report.

B. Other partner organizations that collaborated on the assessment

KFH-Panorama City did not collaborate with other non-hospital partners on the CHNA and has developed and adopted its own separate CHNA report.

C. Identity and qualification of consultants used to conduct the assessment

Valley Care Community Consortium (VCCC) is a health and mental health planning agency serving the residents of the San Fernando and Santa Clarita Valleys. Its mission is to lead a collaboration of public and private community partners to advocate, plan, assess needs and facilitate the development of effective programs and policies to improve the health of residents in the San Fernando and Santa Clarita Valleys. For over 20 years, VCCC has been working in collaboration with community partners, private and public health systems and community based organizations to address the health needs of residents in service planning area 2 (SPA 2). VCCC has developed CHNAs for SPA 2 as well as for its public and private health system partners, including the 2013 CHNA for KFH-Panorama City.

VCCC subcontracted with Antelope Valley Partners for Health (AVPH) to assist with collecting primary data in the Antelope Valley service area. AVPH's mission is to serve as a catalyst that enhances community health, wellness and quality of life in the Antelope Valley through collaboration of local residents, agencies, faith-based organizations and government entities. Through its many programs and activities, AVPH has become a trusted and recognized partner for the residents of Antelope Valley,

agencies and community based organizations. AVPH worked with VCCC to develop the 2013 CHNA for KFH-Panorama City. However, the medical center has developed and adopted its own separate CHNA report.

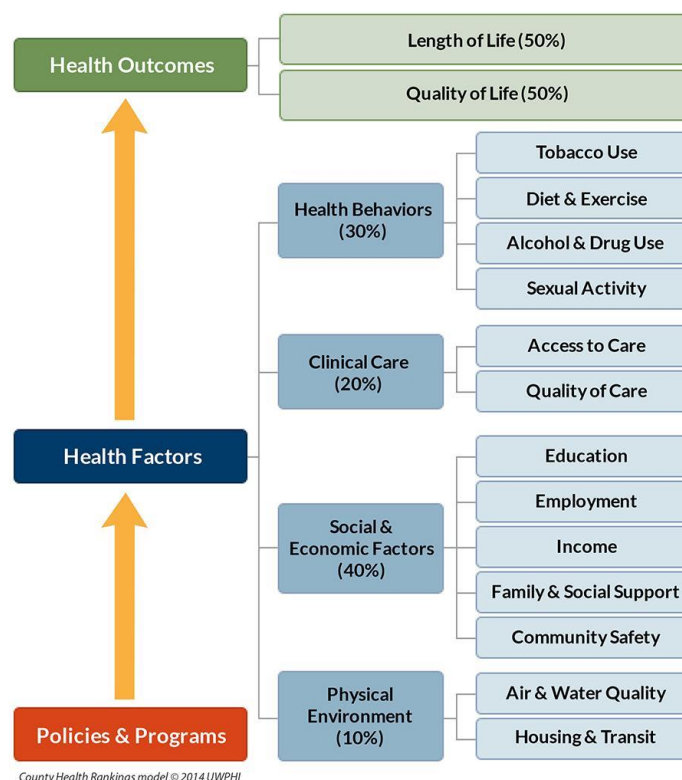
V. PROCESS AND METHODS USED TO CONDUCT THE CHNA

A. Secondary Data

i. Sources and dates of secondary data used in the assessment

KFH-Panorama City used the Kaiser Permanente CHNA Data Platform (www.chna.org/kp) to review over 150 indicators from publically available data sources. Data on gender and race/ethnicity breakdowns were analyzed when available. For details on specific sources and dates of the data used, please see Appendix A. The secondary data, tables and charts utilized in this report were obtained from August 2015.

Secondary data obtained from the Kaiser Permanente CHNA data platform were organized into these broad categories: demographics, clinical care, health behaviors, health outcomes, physical environment and social & economic factors. These categories are based on the Mobilizing Action Towards Community Health (MATCH) framework below which illustrates the inter-relationship between health outcomes and the drivers of health.



To augment and corroborate data from the KP CHNA data platform, other secondary data sources were explored for local and county (related department data and reports such as public health and mental health), state (department of public health) and national (includes the CDC and Healthy People 2020) sources. These data sources are listed in Appendix A.

ii. Methodology for collection, interpretation and analysis of secondary data

As a first step, in-depth reports of indicators of health were generated from the CHNA data platform for both service areas of KFH-Panorama City (Panorama City and Antelope Valley). When possible, service area values represent the aggregate of all data for geographies (zip codes, counties, census tract, etc.), which fall within the service area boundary. When one or more geographic boundaries were not entirely encompassed by a service area, the measure was aggregated proportionally.

The generated reports grouped common health indicators into health needs. For example, indicators for diabetes prevalence and diabetes hospitalization were grouped under the “Diabetes” health need. Each indicator for the service areas was compared to state, national, regional and Healthy People 2020 benchmarks. Points were assigned to each indicator based on whether the indicator met the benchmark (0 point value) or does not meet benchmark. The maximum points that the CHNA data platform assigned to a health indicator was 4. A score of 4 shows that the health indicator greatly exceeds the benchmarks. The point values given to the health indicators for KFH-Panorama City ranged between 0-2 points showing that a few of the health indicators did not meet or exceed the indicator benchmarks. For the health indicators rate scored between 0-2 points. The CHNA team identified indicators that scored 2 points and identified these as potential health needs.

The analysis of health indicators resulted in a preliminary list of potential significant health needs which informed primary data collection and analysis. This list of health needs guided identification of participants for focus groups, surveys and key informant interviews based on how their areas of expertise relate to the identified health needs and their ability to give unique insight into the health needs of the communities. The list was also presented to key informants and survey participants for consideration in identifying significant health needs in their communities. The specific methodology for how service area rates and percentages were calculated for each indicator can be found on the CHNA.org/kp website.

B. Community Input

i. Description of the community input process

Community input was provided by a broad range of community members through the use of key informant interviews, focus groups, and/or surveys. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see Appendix B.

Valley Care Community Consortium’s (VCCC) long-established partnerships and collaboration with organizations and county departments was advantageous to identifying representatives who serve within various sectors of the communities of KFH-Panorama City. These representatives included community residents, political representatives, county departments, educators, health providers and experts, and business leaders. The community benefit manager for KFH-Panorama City was also instrumental in identifying and contacting potential community stakeholders. Based on participants’ language preference, primary data tools were administered in English or Spanish.

Key Informant Interviews:

Sixteen key informants from the KFH-Panorama City service area were interviewed. The duration of each interview was between 30 to 60 minutes. Key informants were asked to identify the most important health needs faced by the community, including poor health outcomes and major drivers of

poor health outcomes (e.g. socioeconomic, environmental, social, clinical and behavioral). They were also asked to identify subpopulations (e.g. age, race/ethnicity, gender, etc.) within the service area that are disproportionately impacted by health needs. Participants also contributed information about existing assets in the community to address the identified health issues. Additionally, interviewees identified solutions (existing and non-existing) that could potentially improve the health issues within their communities. Towards the end of the interview, interviewees were asked to pre-prioritize a list of health needs identified through the secondary data research process and that arose through the course of the interview. Interviewees were also given the option to include health needs not listed on the secondary data list to ensure that interviewees were not confined to a set list of health needs. They were asked to rank the top five health needs based on their experience of how often the health issue was encountered by the community they serve.

Focus Groups:

A total of 10 one-hour focus groups were facilitated among 122 community members, business leaders, providers, city officials, and social and health professionals. Similar to the interviewees, participants generated a list of health needs from which they then ranked the top five. Unlike interviewees, focus group participants were only asked to identify and rank the health needs they mentioned during the focus group. The intent of the focus groups was to capture the perceived health needs from a specific community group—business leaders, low-income residents, health providers, educators, nonprofit leaders, etc.—and not to capture their perspective on pre-identified health needs that arose from secondary research. They also identified impacted subpopulations, existing assets, and possible solutions to address the health needs.

Community Surveys:

233 surveys were administered (paper and electronic) to health professionals, community residents and leaders, elected officials representatives, and seniors. The information gathered included demographics and significant health needs in their communities. Respondents also ranked three health needs from a pre-generated list that included secondary and primary pre-identified health needs. Respondents were asked to rank three instead of five health needs to ensure that the required number of health needs are ranked and reduce the likelihood of unranked health needs. Spaces were also created in the survey tool to allow respondents to add any health need not listed that they believed were important.

Community Forums:

Two forums were conducted with 59 business leaders and health experts. The community forum was conducted in two-parts. The first part resembled the focus group format where participants were asked to identify the perceived health needs in the community, drivers that contributed to the health need, the impacted populations and neighborhoods, and the community assets and solutions in existence to address the needs—including any additional non-existing solutions to address the health needs. While the participants listed their health needs, they were also asked to pre-prioritize the health needs based on how often the health issue was encountered by the community they serve. The pre-prioritized responses were later tallied to determine the ranking order of the health needs for the whole group.

The second part of the community forums consisted of utilizing TurningPoint clicker technology in which participants used a clicker to answer the questions. The reason that TurningPoint technology was used is that it allowed anonymity. The questions asked during the second part of the Community Forum focused on demographics and healthcare barriers. The demographic questions asked included questions about the participants' age, race and income. The questions regarding healthcare barriers included questions asking about the type of healthcare providers used, where the healthcare service was obtained—hospital, community clinic, local pharmacy, etc.—and questions about listing the barriers to health care services, such as language barriers, insurance, cost, etc. Community forum participants were non-profit agency leaders and local businesses that service low-income and

marginalized communities within the KFH- Panorama City service area.

ii. Methodology for interpretation and analysis of primary data

The primary data collection methods (surveys, focus groups, forums and key informant interviews), also referred to as qualitative data, were used to identify the health needs of certain populations and communities, and to determine additional health needs beyond secondary data research. Extra effort was placed on reaching out to non-traditional health stakeholders such as local business owners and government officials in an effort to capture health needs that may have been absent due to the exclusion of these communities, and to be reflective of the health needs of the KFH-Panorama City service area.

The geographic boundaries of the KFH-Panorama City service area also influenced the design and methods for analyzing primary data. KFH-Panorama City Medical Center's service area includes populations and communities from two service planning areas (SPAs) in Los Angeles County, which are different in composition. To better understand the health needs from each area, qualitative data was analyzed separately for Antelope Valley and Panorama City during the primary data collection process, but then grouped together when the health needs were prioritized.

The steps below outline the primary data collection methods process included in the development of the CHNA.

Weight-Value Scoring: The final ranked health needs were then weighted differently to reflect the health needs of the represented population that was engaged in the primary data collection efforts. The maximum value assigned to focus groups and interviewee responses was 10 and for the community forums and surveys the maximum score value was 3 because the sample size for each community engagement process was different.

Therefore, score values of 10, 8, 6, 4, and 2 were provided to the first five health needs identified in each of the focus groups and interviews and score values of 3, 2, and 1 were provided to the first three health needs identified in each of the surveys and community forums.

The aggregated score values for each top five health need from the qualitative data process were then combined for a final score that numerically indicates the level of significance the health needs hold for the community. For example, in Panorama City, obesity scored 11.71 in focus groups, 12.6 in interviews and 10.21 in forums and surveys for a final total of 28.83 versus a final total of 27.93 for diabetes indicating obesity is a major health need for this service area.

By the end of the data analysis process, there was a total of 18 health needs (including health outcomes and drivers) for Antelope Valley and a total of 14 health needs (also including health outcomes and drivers) for Panorama City based on whether or not they meet Kaiser Permanente's definition of a health need: a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need. These retained lists were included in the prioritization phase to determine the ranked order of the most significant health needs in each area. Please see the prioritization process in Section VI.

C. Written Comments

Kaiser Permanente provided the public an opportunity to submit written comments on the facility's previous CHNA Report through CHNA-communications@kp.org. This website will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of this CHNA report development, KFH-Panorama City had not received written

comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Facility staff.

D. Data limitations and information gaps

The Kaiser Permanente CHNA data platform includes approximately 150 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old.

Due to scheduling difficulties, a few key informant interviewees were accommodated with phone interviews. As face-to-face interviews allowed for voice recording for comprehensive note-taking, with a phone interview, the interviewer was limited to recording the key points of the interviews.

Lastly, information was gathered from special populations such as the medically underserved, low-income, and minority populations.

VI. IDENTIFICATION AND PRIORITIZATION OF COMMUNITY HEALTH NEEDS: PROCESS AND KEY FINDINGS

A. Identifying Community Health Needs

i. Definition of Health Need

For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

ii. Criteria and analytical methods used to identify the community health needs

Prioritization of the list of health needs determined from the primary and secondary data collection required a two-step process comprised of three prioritization meetings: one meeting in each of the service areas (Antelope Valley and Panorama City) to determine their top 10 ranked health needs and one meeting encompassing participants from both service areas to determine the final 10 ranked health needs for the KFH-Panorama City medical center service area. VCCC recruited participants (residents, health administrators, government officials, and leaders) from different sectors of the community which included: medical, dental, substance use, homeless, business, and health insurance sectors. Appendix B consists of details regarding those who participated in the prioritization process.

Following the development of the health need list for each service area (18 for Antelope Valley and 14 for Panorama City), the CHNA team utilized 5 of Kaiser Permanente’s suggested list of prioritization criteria to develop a prioritization matrix tool that consists of the list of health needs against 5 criteria. Each criterion was worth one point. The more criteria the health need meets, the higher the health need’s total score indicating. Therefore, each health need could potentially score between 0-5 points. The higher the total score, the more significant the health need is for the service area. The following criteria were used to determine the prioritization during the meetings:

- Impact: Large number of people are affected by the health needs.

- Severity: Health need is a high contributor to morbidity and mortality.
- Equity: Vulnerable groups are affected by the health need, i.e. low income, language barriers, immigrants, etc.
- Intervention: There is a lack of adequate existing strategies to address the health need.
- Urgency: Addressing the health need is urgent.

After developing the prioritization matrix, the CHNA team then development a table consisting of secondary data of the health indicators that corresponded each health need. The data included were at the service area, county, state and Health People 2020 (HP 2020) levels. The purpose of these secondary data was to give prioritization participants a picture of how the service area fares against these benchmarks in terms of the compiled list of health needs.

B. Process and criteria used for prioritization of the health needs

At each meeting, participants were provided with a matrix in which the health needs were rated against the criteria mentioned above. They were also given a handout that consisted of secondary data for each health need to provide them with supporting information. Participants, in groups of three or four, were asked to discuss among themselves and reach a consensus to score each health need against five of the aforementioned criteria. If a health need met a criterion, it received a score of 1 and if it did not, it was given a score of 0. Therefore, each health need could potentially score a total between 0 and 5.

After scoring the health needs within their groups, each group presented their top (scores of 4 and 5) and lowest (scores of 0-2) scored health needs to the facilitators. Through consensus of the whole group, the highest scored health needs were included in the list of top 10 health needs and the lowest scored needs were removed. The group then discussed the remaining health needs that received totals of 3 and 4 and selected those to include on the top 10 health needs.

To rank the chosen 10 health needs, each participant was given 5 sticker dots which they placed next to the health needs they believed were important. The participants had the freedom to distribute the stickers as they chose. They could place all 5 stickers on one health need or spread them out among multiple health needs. The stickers were tallied and the health needs were ranked based on the number of stickers received. The more stickers a health need received, the higher it placed as a priority. Therefore, rank order #1 received the most stickers, rank #2 received the next most stickers, and so on until rank order #10 which received the fewest stickers. To break ties between two or more health needs, participants were given 3 more sticker dots which they placed next to the health needs. The tallied number of stickers determined the rank of the health needs.

The ranked top 10 health needs were determined for each of the two service areas at separate meetings on different dates and locations. These 10 health needs were combined for a total of 15 health needs for the entire KFH-Panorama City medical service area. From these 15, the final top 10 health needs for the service areas were selected and ranked. A more detailed list of the prioritized health needs can be found in VI.C.ii below.

C. Prioritized description of all the community health needs identified through the CHNA

i. Community Health Landscape and Trends

This section describes the health outcomes and important determinants (drivers) of health in the community. The list of significant health outcomes and drivers listed in this section is determined by the secondary data collection and analysis (as described in Section V). In some cases, the secondary data did not indicate the health need as “significant” meaning that the secondary data demonstrated that the

health need was meeting the state benchmark or doing better than the state's rates. When this was the case, primary data results and/or corroborating secondary data showing that the rate of the health issue was getting worse over time, determined if the health need was defined as a significant health need. Therefore some health needs' rates are lower than the state's rate, but still considered to be significant health needs. The following list of health outcomes and drivers and their associated health indicators do not necessarily correspond to the list of prioritized health needs in Section C.ii below but are meant to enhance understanding of health standing of the service area served by KFH-Panorama City.

a. Significant Morbidity and Mortality (Health Outcomes)

To determine the list of significant health outcomes for KFH-Panorama City, mortality and morbidity data from the Los Angeles County mortality and morbidity report and California Department of Public Health (CDPH) death profile data for the area and the hospital admissions report from the Office of Statewide Health Planning and Development (OSHPD) were analyzed. Cardiovascular and circulatory related diseases, cancers, and chronic lower respiratory lung diseases were the leading health issues for the medical center service area.

Among the list of significant health outcomes determined for all the service areas (KFH-Panorama City, Antelope Valley and Panorama City) are obesity and its related complications (heart disease, stroke and diabetes), cancers, reproduction-associated issues (STDs/HIV, low birth weight and teen births), mental health, accident-related mortality, and oral health.

Obesity and associated health conditions: The majority of health outcomes for KFH-Panorama City's service area that do not meet California's benchmarks are conditions that can be associated with obesity. These health conditions include asthma, cancers, heart disease, stroke, and diabetes, of which the drivers could be attributed to little access to preventive services, poor health behaviors, unfriendly physical environment and/or low socioeconomic status.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Asthma Hospitalization Rate (Per 10,000 Population), Age-Adjusted	10.48	12.44	9.8	9.96	10.76	8.9
Percent Overweight Adults, ≥18 Years	35.9%	35.8%	35.9%	35.9%	35%	35.8%
Percent Overweight Youth, Grades 5, 7, 9	20.35%	19.83%	20.5%	20.03%	22.17%	19.3%
Percent Obese Youth, Grades 5, 7, 9	22.8%	20.31%	23.56%	21.5%	22.09%	18.99%
Heart Disease Mortality Rate (Per 100,000 Population), Age-Adjusted HP2020 = ≤100.8	195.82	223.37	186.18	172.60	214.31	163.18
Stroke Mortality Rate (Per 100,000 Population), Age-Adjusted	37.72	44.85	35.22	36.16	42.26	37.38

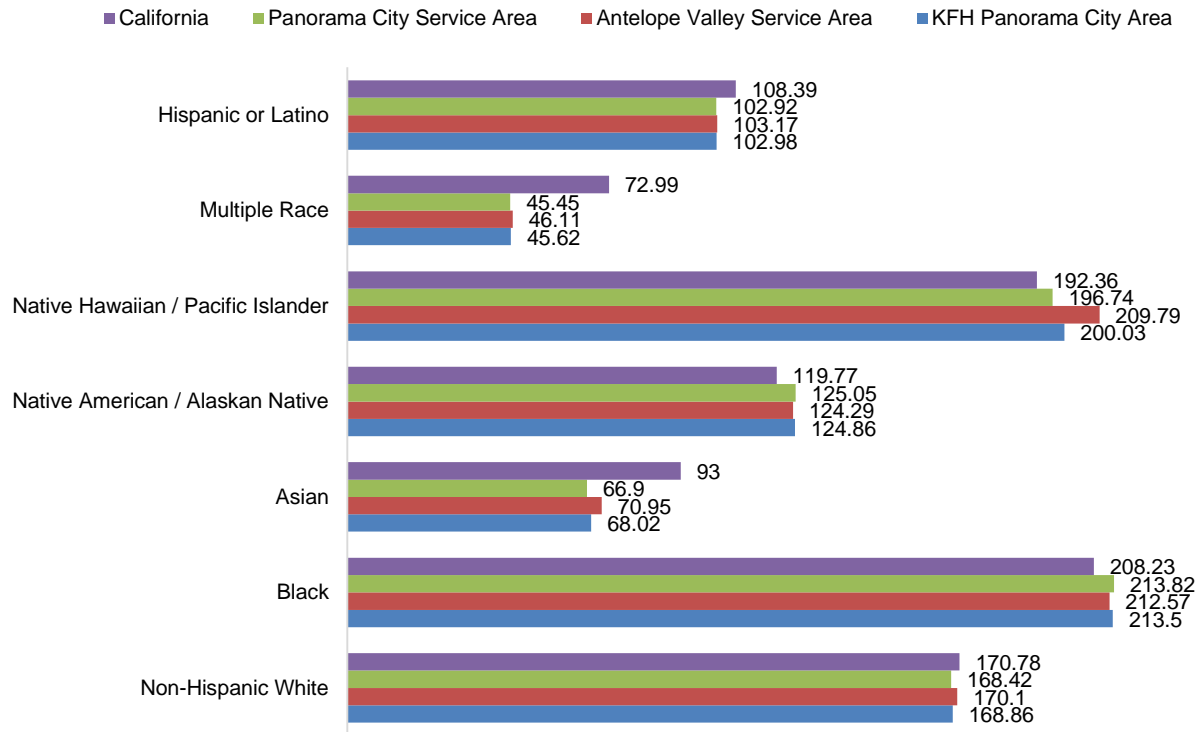
	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Population with Diagnosed Diabetes (Age-Adjusted), ≥20 Years	8.4%	8.5%	8.4%	8.4%	9%	8.05%
Percent Medicare Enrollees with Diabetes with Diabetes Annual Exam of Hemoglobin A1C Test	80.4%	80.5%	80.4%	80.4%	81.5%	81.5%
Percent Adults with High Blood Pressure Not Taking Medication, ≥18 Years	32.5%	32.6%	32.5%	32.4%	34.3%	30.3%

Cancers: Of note, cancer death rates are significantly higher in the Antelope Valley service area (183.43 death per 100,000 population) than the Panorama City service area (147.94 deaths per 100,000). It also surpasses the state benchmark (157.1 deaths per 100,000 population) and the Healthy People 2020 target (≤160.6 deaths per 100,000 population). Cervical cancer and colon and rectum cancer stand out distinctly among the types of cancers prevalent in the KFH-Panorama City service area.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Cancer Mortality Rate (Per 100,000 Population), Age-Adjusted	157.14	183.43	147.94	153.03	163.64	157.1
Annual Cervical Cancer Incidence Rate (Per 100,000 Population)	8.8	8.9	8.8	8.8	9.6	7.7
Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Population)	41.2	41.1	41.3	41.3	38.5	40

As shown in the chart below an ethnic disparity exists in cancer-related deaths in the KFH-Panorama City service area. Most deaths occur among the Native Hawaiians/Pacific Islander, Black and White groups, respectively. Such a difference indicates underlying drivers that must be explored for each ethnicity.

Cancer Mortality Rate by Race/Ethnicity



Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code

Reproductive System-related Issues: Other health outcomes for the medical center service area are sexual and reproductive in nature. There is a high rate of sexually transmitted diseases in the medical center's service area, significantly higher than the state. The percentage of newborn infants who weigh less than the normal 2500 gram at birth are higher in the medical service area than California. And although the rate of teen births in the Panorama City service area is lower than the state benchmark, it is only slightly so but significantly higher in Antelope Valley.

	KFH- Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Chlamydia Infection Rate (Per 100,000 Population)	526.6	537.8	522.7	521.7	696.8	444.9
HIV Infection Rate (Per 100,000 Population)	506.6	491.8	511.7	513	269	363
Percent Low Weight Births, ≤2500grams	7.47%	9%	6.89%	7.3%	6.99%	6.8%
Teen Birth Rate (Per 1,000 Female Population Under Age 20)	8.57	11.13	7.49	8.81	14.59	8.46

Mental Health: Poor mental health is also a notable problem in the KFH-Panorama City service area as evidenced by the rate of depression, and reported poor mental health status and mentally unhealthy days among adults. In all three cases, the service area does not meet the state's rates.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Medicare Beneficiaries with Depression	15%	14.8%	15.1%	15.1%	12.2%	13.4%
Percent Adults with Poor Mental Health in Past 12 Months	18.1%	18.3%	18%	18%	21.4%	15.9%
Average Number of Days Reported to be Mentally Unhealthy, ≥18 Years	3.7	3.7	3.7	3.7	4.2	3.6

Accident-related mortality: Safety is important to a community's health status. There is a high rate of motor vehicle accidents and pedestrian deaths in the medical center service area which can discourage physical activity among residents and so affect physical, social and mental health. These deaths are preventable and are a cause of premature death.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Motor Vehicle Accident Mortality Rate (Per 100,000 Population), Age-Adjusted HP2020 = ≤12.4	6.5	9.61	5.41	5.37	8.78	5.18
Pedestrian Accident Mortality Rate (Per 100,000 Population), Age-Adjusted HP2020 = ≤1.3	2.36	2.36	2.36	2.27	3.52	2.16

Oral Health: Oral health is also a problem in the medical center service area with more than 11% adults indicating six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. Such a state may indicate a lack of access to dental care and/or social barriers to utilization of dental services.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Adults with Poor Dental Health, ≥18 Years	11.7%	11.9%	11.6%	11.6%	14.8%	11.3%

b. Significant Health Drivers

Health drivers can be clinical, social, environmental and behavioral indicators that contribute to health inequities and health outcomes in an area. The KFH-Panorama City CHNA team reviewed secondary and primary data for the associated indicators for each health need identified to determine the health drivers for the medical center's service area

i. Access to Care

Access to routine and consistent healthcare is an important determinant of health. It is critical not only for early detection and treatment of illnesses but also to access preventive measures including physical examinations, immunizations, screenings and health education. In the KFH-Panorama City service area, individuals have lower access to primary care, mental health and dental providers than the state. As primary care providers are usually the gateway to specialty care, many residents may not be able to access specialty treatment thereby increasing mortality from preventable and/or manageable health conditions.

Due to low and inconsistent access to health providers, it is a high possibility that fewer residents of the medical center's service area than Californians in general receive the recommended screenings for cancers, STDs, and other preventable health conditions. As a result, there is a higher risk for poor health outcomes.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Primary Care Physicians Rate (Per 100,000 Population)	71.4	70	71.9	72	49.6	77.2
Mental Health Care Providers Rate (Per 100,000 Population)	147	141.4	149	149.5	63.4	157
Dentists Rate (Per 100,000 Population)	76.8	74.8	77.5	77.7	46.4	77.5
Percent Population Without Regular Doctor	16.7%	16.6%	16.7%	16.7%	15.3%	14.3%
Percent Population Living in a Health Professional Shortage Area-Primary Care	38.36%	66.57%	28.5%	31.35%	38.97%	25.18%
Hospital Discharge Rate of Preventable Events (Per 10,000 Population), Age-Adjusted	114.55	138.36	106.26	92.15	110.1	83.17

Many residents of KFH-Panorama City service area are low-income as indicated by nearly 30% receiving Medicaid coverage. Approximately 20% of residents have no health insurance and more than 45% of adults have no dental coverage.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Uninsured Population	21.55%	17.73%	22.87%	22.18%	20.16%	17.78%
Percent of Insured Population Receiving Medicaid	28.22%	30.75%	27.28%	27.17%	34.79%	23.41%
Percent Population Without Dental Insurance, Age ≥18 Years	44.4%	44.5%	44.3%	44.3%	46.1%	40.9%

ii. Health Behaviors

Health behaviors can directly affect health outcomes. Health behaviors such as physical activity and healthy eating can lower the risk of conditions like heart disease, diabetes, and some cancers. Regular screenings can allow for early detection and treatment of some health conditions. Secondary data indicate that compared to California, the population of the KFH-Panorama City service areas are less likely to practice behaviors that reduce the risk for chronic diseases.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Female Medicare Enrollees with Mammogram in Past 2 Years, ≥67 Years	53.9%	53.8%	54%	54%	52.7%	59.3%
Percent Adults Screened for Colon Cancer (Age-Adjusted), ≥50 Years	54%	54%	54%	54%	54.6%	57.9%
Percent Adults Without Recent Dental Exam, ≥18 Years	34.7%	35%	34.5%	34.5%	40.7%	30.5%
Percent Adults with Inadequate Fruit/Vegetable Consumption, Age ≥18 Years	72.7%	72.5%	72.8%	72.8%	69.2%	71.5%
Percent of Food Expenditure to Purchase Soda	3.67%	3.7%	3.66%	No data	No data	3.62%

	KFH- Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Adult Population With No Leisure Time Physical Activity, ≥20 Years	17.4%	17.7%	17.3%	17.3%	22.1%	16.6%
Percent Youth Population Physically Inactive, Grades 5, 7, 9	42.66%	42.9%	42.59%	39.97%	4.064%	35.92%
Percent of Mothers Who Breastfeed Their Infants at Birth	92.6%	92.2%	92.8%	92.8%	87.8%	93%
Percent of Mother Who Exclusively Breastfeed Their Infants During Postpartum Hospital Stay	53.8%	53.8%	53.7%	53.7%	54.7%	64.8%
Percent of Workers Commuting to Work Alone by Car	73.99%	78.5%	72.75%	72.56%	76.78%	73.16%
Percent of Workers Commuting More than 60 Minutes	16.72%	24.7%	14.55%	12.07%	7.79%	10.44%
Percent Population Walking or Biking to Work	2.09%	1.07%	2.37%	3.75%	2.3%	3.84%

iii. Physical Environment

According to the World Health Organization (WHO), the physical environment is one of the factors that affect the health of individuals and communities. Physical environments encompass safe water, clean air, healthy workplaces, safe housing and roads. As illustrated below, the physical environment of the KFH-Panorama City service area is not conducive to a healthy lifestyle. Lower access to nutritious foods and locations for physical activity, higher access to alcohol and tobacco use, poor air and water quality and congested road conditions raise the likelihood of conditions such as obesity and related conditions, cancers, respiratory illnesses, and mental health distress.

	KFH- Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Population Within ½ Mile of a Park	37.89%	22.33%	43.32%	63.11%	37.75%	58.60%
Recreation and Fitness Facilities Rate (Per 100,000 Population)	5.4	3.1	6.2	7.63	4.76	8.65

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent of Population within ½ Mile of Public Transit	14.4%	2.64%	18.51%	18.66%	12.97%	15.53%
Percent Population with Low Food Access	15.6%	31.4%	10.07%	6.87%	22.63%	14.31%
Grocery Store Rate (Per 100,000 Population)	15.83	11.91	17.2	20.92	22.99	21.51
Percent Population Potentially Exposed to Unsafe Drinking Water	3.5%	4.4%	3.1%	3%	13.5%	2.7%
Liquor Store Rate (Per 100,000 Population)	11.36	8.81	12.26	11.41	5.36	10.02
Percent of Weeks in Drought	96.25%	97.45%	95.83%	96.15%	97.95%	92.81%
Total Road Network Density (Road Miles per Acre)	2.94	3.01	2.84	6.16	2.21	2.02
Populated Weighted Percent of Report Area Covered by Tree Canopy	9.16%	5.31%	14.99%	5.66%	5.51%	15.13%
Percent of Days Ozone (O ₃) Levels Exceed Standards, Population Adjusted Average	3.12%	4.74%	2.55%	1.56%	5.99%	2.47%

iv. Socioeconomic Factors

Higher rates of unemployment and poverty compared to the state suggests the community's ability to access timely health care and lead healthy lifestyles is limited. Many may be unable to afford health and dental insurance or purchase nutritious foods.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Population Unemployed (Non-Seasonally Adjusted), ≥16 Years	7.6%	7.7%	7.5%	7.5	10	6.8%
Percent Population with Income ≤100% Federal Poverty Level (FPL)	18.1%	21.5%	16.9%	18.39%	23.39%	16.38%

	KFH- Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Population with Income \leq 200% Federal Poverty Level (FPL)	40.32%	45.67%	38.48%	40.89%	48.09%	36.37%
Percent Population Under 18 Living $<$ 100% Federal Poverty Level (FPL)	25.02%	28.98%	23.41%	26.04%	32.86%	22.7%
Percent Students Eligible for Free or Reduced Price Lunch	65.8%	69.54%	64.12%	66.88%	68.79%	58.13%
Percent Population Receiving SNAP Benefits	11%	11.3%	10.8%	10.8%	17%	10.6%

Fewer students graduate from high school in the medical center's service area compared to California, more so in Antelope Valley than Panorama City. The same applies to the percentage of the population that does not have a high school diploma or its equivalent. These low rates may be attributed to higher suspension and expulsion rates which may affect the population's employment opportunity, ability to communicate effectively with providers or to navigate the health care system, and to access social resources (i.e. food access and spaces and facilities for physical activity). Overall, education attainment is a considerable issue in Antelope Valley than Panorama City.

	KFH- Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
High School Graduation Cohort Rate HP2020 = \geq82.4	71.97	66.59	73.65	77.13	76.4	80.44
Percent Population With No High School Diploma or Equivalent	23%	22.3%	23.3%	23.18%	27.04%	18.51%
School Suspension Rate (Per 100 Enrolled Student)	5.91	19.57	1.96	2.46	4.59	4.04
School Expulsion Rate (Per 100 Enrolled Student)	0.11	0.39	0.03	0.02	0.05	0.05
Head Start Program Rate (Per 10,000 Children Under Age 5)	5.46	8.03	4.45	7.17	6.17	6.34
Percent Grade 4 Children With Reading Skills Below Proficient Level	40%	47%	38%	36%	46%	36%

Access to affordable and quality housing can impact an individual's level of economic security and contribute towards an individual's ability to financially access nutritious foods and health care and other basic needs. They can also contribute towards reducing stress, improving mental health, and achieving better overall health outcomes. As noted in the table below, about half the households in the KFH-Panorama City service area spend more than 30% of their income on housing and about half of

housing units are substandard. Additionally, the number of housing units that are funded through the US Department of Housing and Urban Development (HUD) is considerably higher than the state pointing to a high rate of low-income households.

	KFH- Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent of Households Where Housing Costs Exceed 30% of Income	50.38%	44.81%	52.23%	49.87%	39.34%	44.99%
Percent Occupied Housing Units with One or More Substandard Conditions	53.2%	46.24%	55.5%	53.95%	43.19%	47.54%
HUD-Assisted Units Rate (Per 10,000 Housing Units)	433.3	419.63	438.07	439.3	217.11	368.32

Violent crimes can be used as measures of community safety. Compared to the state, the medical center's service area has a high crime rate. An individual's fear for his/her safety can limit access to basic needs for a healthy lifestyle and health care services therefore, reducing overall health.

	KFH- Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Assault Injury Rate (Per 100,000 Population)	294.3	302.9	291.3	290.5	424.6	290.3
Robbery Rate (Per 100,000 Population)	202.4	198.3	203.8	204.2	139.8	149.5
All Violent Crimes Rate (Per 100,000 Population)	476.3	481.9	474.4	473.9	561.1	425
Percent Adults Without Adequate Social or Emotional Support (Age-Adjusted), ≥18 Years	28.4%	28.3%	28.4%	28.4%	26.8%	24.6%

ii. Prioritized list of health needs

Even though there are health needs shared by both the Antelope Valley and Panorama City service areas, each area differs in how they prioritized each health need. Comprehensive health need profiles for the top 10 most significant health needs for the service area of KFH-Panorama City Medical Center are located in Appendix C. The table below displays the list of the health needs and how they ranked for the medical center service area and each sub-service area. The health needs are also compared with the prioritized health needs for the 2013 CHNA in order to show which health needs remain a priority over the three years.

Health Needs	KFH-Panorama City Rank	Antelope Valley Rank	Panorama City Rank	Prioritized in 2013 CHNA
Homelessness and Affordable Housing	1	2		No
Mental Health	2	1	2	No
Access to Mental Health Providers	2	9		Yes
Diabetes	3	6	4	Yes
Violence and Trauma Against Women and Children: Child Abuse and Neglect Domestic Violence	4	4 5		No
Access to Primary Healthcare	5	3	6	Yes
Overweight/Obesity (Adults and Youth)	6	8	1	Yes
Physical Inactivity	6		8	No
Dental Health	7		3	Yes
Substance Use and Abuse	8	7	10	No
Sexually Transmitted Diseases and Human Immunodeficiency Virus (STDs/HIV)	9		9	No
Heart Disease and Stroke (Includes High Blood Pressure)	10	10	7	No
Access to Affordable Healthy Foods			5	No

Homelessness and Affordable Housing: For the first time, homelessness and affordable housing ranks as a high priority for the KFH-Panorama City service area. Despite being ranked as a priority only in Antelope Valley, this health need was raised to the top of the list during the final prioritization meeting as the participants believed it influences the outcome of the remaining health needs. Homelessness and affordable housing are particularly identified in Antelope Valley as a major problem than in the Panorama City service area (please note that data specific to the Panorama City service area was not attainable. Therefore, data encompassing the entire San Fernando Valley are presented as substitute). The community cited that many have lost their homes due to foreclosures and increased rent expense and as a result are depressed or have developed other mental conditions. Of the 2,818 homeless individuals in the Antelope Valley, 18.63% have mental illness. By comparison, of the 5,216 homeless persons in the San Fernando Valley, 40.16% have mental illness. This homeless population also experiences other health needs prioritized in this CHNA. Those health needs include substance abuse (11.5% in Antelope Valley and 26.9% in the San Fernando Valley), diagnosed HIV/AIDS (3.5% in Antelope Valley and 1.7% in San Fernando Valley) and domestic violence (17.9% in Antelope Valley and 23.9% in San Fernando Valley). Interestingly, in both areas men make up almost 70% of the homeless population indicating a significant gender difference that requires further investigation.

Greater Los Angeles Homeless Count Results, 2015

	Antelope Valley Area	San Fernando Valley Area*	Los Angeles County
Total	2,818	5,216	44,359
On the streets	84.1%	73.4%	70%
In shelters	15.9%	26.6%	30%
Veterans	2.8%	11.3%	10%
Mental Illness	18.6%	40.2%	30%
Substance Abuse	11.5%	26.9%	25%
Physical Disability	20.8%	21.0%	20%
Have HIV/AIDS	3.5%	1.7%	2%
Domestic Violence Experience	17.9%	23.9%	21%

Source: Los Angeles Homeless Services Authority Homeless Count, 2015. Source geography: Service Planning Area. *Note: No data was available for the Panorama City service area. San Fernando Valley data is used as substitution.

Further exploration indicates socioeconomic drivers associated with this health need. The unemployment rate in the KFH-Panorama City service area is 7.6%, higher than the state (6.8%) with Antelope Valley at 7.7% and the Panorama City service area at 7.5%. This may explain why a higher number of the households in KFH-Panorama City's service area (433.3 per 10,000 households) reside in HUD-assisted housing units compared to the state (368.32 per 10,000 households). Additionally, many households are spending 30% or more of their total income on rent or mortgage, consisting of 44.81% of households in Antelope Valley and 52.23% of households in Panorama City. Quality housing also influences physical and mental wellbeing. In Antelope Valley, 46.24% of housing units are substandard with Panorama City at a higher rate of 55.5%.

Community stakeholders point out that limited opportunities for quality education or build job skills reduce job opportunities that, in turn, put residents at risk for homelessness. Many people cannot afford to raise the funds to sustain housing. In other cases, housing units are either in poor conditions or the rent consumes a large part of the household income. Worse still, low-income residents have difficulty accessing services that can address their financial and housing problems. Additionally, there are not enough shelters in the community to temporarily house the homeless which is why many are on living on the streets.

Mental Health: A community member stated: *"Mental health is the biggest unmet need in the community."* Adults in the service area of KFH-Panorama City, report an average of 3.7 days per month in which they feel mentally unhealthy as opposed to the state's 3.6. This outcome is further established in that approximately 15% of adults in the service area are diagnosed with depression while less than 14% are diagnosed for California. Compounding the situation is the low access to mental health providers. While California as a whole boasts of 157 mental health providers per 100,000 population, KFH-Panorama City's service area has 147 per 100,000 population (141.4 per 100,000 in Antelope Valley and 149 per 100,000 in Panorama City service area. The rate of suicide indicates that the non-Hispanic White group suffers most from mental illness in the medical center service area (12.13 per 100,000 population) as in the state (14.8 per 100,000 population) at about double the rates of other ethnic groups.

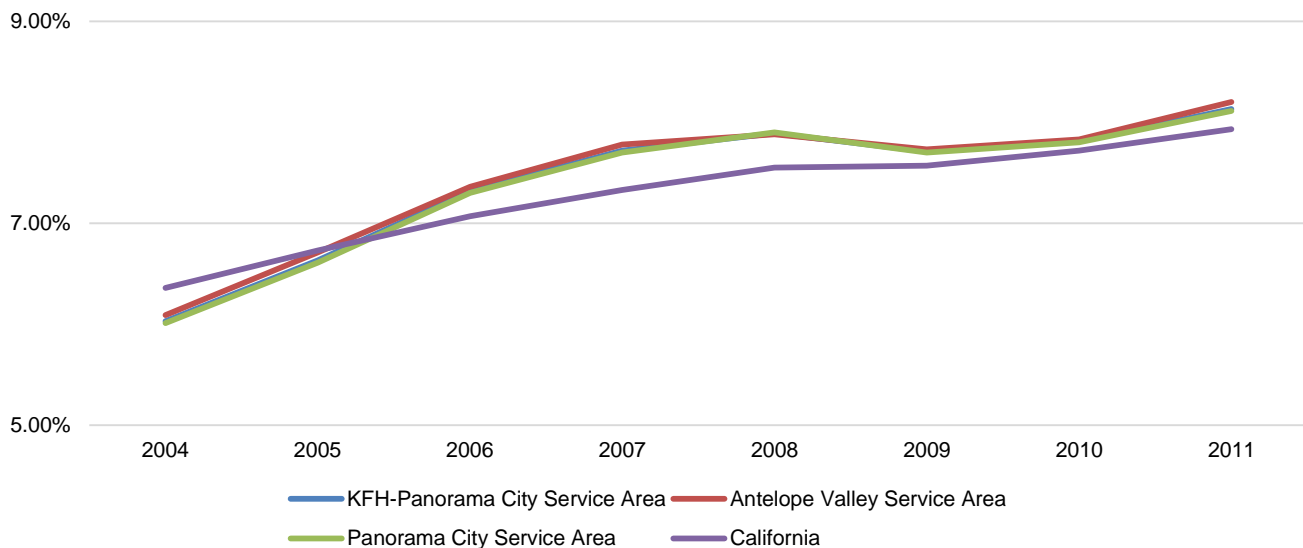
Report Area	Estimated Population	Number of Mental Health Providers	Mental Health Care Provider Rate (Per 100,000 Population)
KFH-Panorama City Service Area	1,673,298	2,459.73	147
Antelope Valley Service Area	434,264	614.11	141.4
Panorama City Service Area	1,239,034	1,845.62	149
Los Angeles County	10,135,153	15,148	149.5
Kern County	888,153	563	63.4
California	38,853,695	61,037	157

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014. Source geography: County

A significant driver for mental illness is the lack of social or emotional support for adults from KFH-Panorama City service area (28.4%), Antelope Valley (28.3%), and Panorama City service area (28.4%). They report poor support and the percentages exceed that of the state (24.6%). Community input supported the findings as participants pointed out that some of the reasons for poor mental health in their community are insufficient mental health providers, poor family support, homelessness, lack of education about mental issues, social and cultural stigma surrounding mental illness, and social isolation.

Diabetes: Diabetes is a chronic disease that has been and continues to be addressed actively. Unfortunately, despite all effort, the rate of diabetes prevalence has steadily increased between 2004 and 2011. Presently, 8.40% of adults in KFH-Panorama City's service area have diabetes (8.40% in Antelope Valley and 8.50% in Panorama City service area), higher than the state's 8.05%.

Percent Adult Population Diagnosed with Diabetes by Year, 2004-2011



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Factors related to health behavior and the physical environment drive the increasing rate of diabetes. Adults in the medical center service area tend to consume less than the recommended daily servings of five fruits and vegetables. The rate of grocery stores may indicate the availability of healthy foods in the KFH-Panorama City service area and the ability of community residents to purchase and consume fruits and vegetables. In Antelope Valley, there are 11.91 grocery stores per 100,000 population and 17.2 grocery stores in Panorama City per 100,000 population compared to the state's 21.51 grocery stores per 100,000 population.

Physical inactivity among adults and youth in the medical center service area exceed the state. Among adults in the service area, 17.7% of adults in Antelope Valley and 17.3% of adults in Panorama City perform no leisure time activity, higher than the state (16.6%). Among youth in the service area, 42.9% in Antelope Valley and 42.59% in Panorama City are deemed physically inactive in comparison to California (35.92%). Furthermore, almost one-quarter of working adults in Antelope Valley and 14.55% of adults in Panorama City commute for over 60 minutes in each direction, also higher than the state (10.44%) which may limit their ability to engage in physical activity and/or to prepare healthy meals. The rate of physical activity may be reduced in the community due to inaccessibility to parks, and recreation and fitness facilities. In Antelope Valley, 22.33% of the population lives within half-mile of parks with 43.32% in Panorama City, rates that are fewer than California's 58.60%. Moreover, per every 100,000 population, there exist 3.1 recreation and fitness facilities in Antelope Valley and 6.2 in Panorama City in comparison to 8.65 in the state.

The hemoglobin A1C (HbA1C) test gives physicians a picture of a diabetic patient's average blood glucose level over two to three months. The results indicate how well an individual's diabetes treatment plan is working. It is recommended that the HbA1C be conducted at least twice a year. In the KFH-Panorama City service area, diabetic Medicare beneficiaries, 80.4%, are less likely than the state, 81.5%, to be screened annually.

Community members emphasize that poor eating habits and lack of exercise are major contributors to diabetes. Many residents do not know enough about eating healthy and therefore are likely to purchase food from fast food restaurants as these are cheaper than healthy food options from supermarkets. On the other side, participants indicate that there is an inadequate number of grocery stores particularly in Antelope Valley. The need for locations for physical activity are also a point of concern for Antelope Valley.

Overweight/obesity: Reflective of the nation, more than one-third of the service area of KFH-Panorama City is overweight (36.1%) compared to the state at 35.8%. However, more than 20% of all youth are overweight, higher than the state's 19.3%. Among the genders, men are more likely to be obese than women which may contribute to the higher likelihood of men being diagnosed with obesity-related health conditions compared to women.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Overweight Adults, ≥18 Years	35.9%	35.8%	35.9%	35.9%	35%	35.8%
Percent Overweight Youth, Grades 5, 7, 9	20.35%	19.83%	20.5%	20.03%	22.17%	19.3%
Percent Obese Youth, Grades 5, 7, 9	22.8%	20.31%	23.56%	21.5%	22.09%	18.99%

Factors related to health behavior and the physical environment drive the high rate of overweight/obesity. Adults in the medical center service area tend to consume less than the

recommended daily servings of five fruits and vegetables. The rate of grocery stores may indicate the availability of healthy foods in the KFH-Panorama City service area and the ability of community residents to purchase and consume fruits and vegetables. In Antelope Valley, there are 11.91 grocery stores per 100,000 population and 17.2 grocery stores in Panorama City per 100,000 population compared to the state's 21.51 grocery stores per 100,000 population.

Physical inactivity among adults and youth in the medical center service area exceed the state. Among adults in the service area, 17.7% of adults in Antelope Valley and 17.3% of adults in Panorama City perform no leisure time activity, higher than the state (16.6%). Among youth in the service area, 42.9% in Antelope Valley and 42.59% in Panorama City are deemed physically inactive in comparison to California (35.92%). Furthermore, almost one-quarter of working adults in Antelope Valley and 14.55% of adults in Panorama City commute for over 60 minutes in each direction, also higher than the state (10.44%) which may limit their ability to engage in physical activity and/or to prepare healthy meals. The rate of physical activity may be reduced in the community due to inaccessibility to parks, and recreation and fitness facilities. In Antelope Valley, 22.33% of the population lives within half-mile of parks with 43.32% in Panorama City, rates that are fewer than California's 58.60%. Moreover, per every 100,000 population, there exist 3.1 recreation and fitness facilities in Antelope Valley and 6.2 in Panorama City in comparison to 8.65 in the state.

Community members emphasize that poor eating habits and lack of exercise are major contributors to diabetes. Many residents do not know enough about eating healthy and therefore are likely to purchase food from fast food restaurants as these are cheaper than healthy food options from supermarkets. On the other side, participants indicate that there is an inadequate number of grocery stores particularly in Antelope Valley. The need for locations for physical activity are also a point of concern for Antelope Valley.

Violence and Trauma against Women and Children: Although the medical center service area has lower rates per 100,000 population for domestic violence-related emergency room visits (KFH-Panorama City service area reporting 7.3 visits, Antelope Valley reporting 8.1 visits, and Panorama City service reporting 7.1 visits) compared to the state at 9.5 visits, domestic violence is an unwanted contributor of poor mental and physical health. On a different note, reported cases of child abuse and neglect are higher in the KFH-Panorama City service area (56.2 per 1,000 children) than the state (53.4 per 1,000 children). Within the medical center service area, there are 66.1 reported cases per 1,000 children in Antelope Valley and 52.3 cases per 1,000 children in the Panorama City service area indicating child abuse and neglect as more significant in Antelope Valley than Panorama City.

These two types of violence may be due to increased access to liquor stores as studies have linked alcohol use with violence. Compared to the state (10.02 stores per 100,000 population), KFH-Panorama City's service area has more liquor stores per 100,000 population (11.36) with Panorama City service area (12.26) far exceeding Antelope Valley (8.81). Socially, educational attainment has also been linked to violence. In Antelope Valley, there exists a higher rate of school suspensions (19.57 per 100 enrolled students) than Panorama City (1.96 per 100 enrolled students). The same trend applies to school expulsions as evidenced by 0.39 expulsions per 100 enrolled student in Antelope Valley and 0.03 expulsions per 100 enrolled students in Panorama City.

From the community's standpoint, many physical environmental factors contribute to domestic violence and child abuse/neglect. Namely, the community states *"We have too many marijuana dispensaries"*, *"We have too many liquor stores"*. Gun shops were also noted as contributors to these health problems. One community leader pointed out that *"the majority of women and men that I know in the world have been hurt either mentally or physically or sexually as a child"* and that *"we can't forget that kids are coming out of homes with substance abuse and alcoholism and mental health issues"*.

Access to Primary Healthcare: Preventable hospital events are conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other

conditions that could be prevented if adequate primary care resources are available and accessed by those patients. As shown in the table below, the number of hospital-admitted preventable cases in the KFH-Panorama City service area, 114.55 per 10,000 population, far exceed that of the state, 83.17 per 10,000 population. A higher rate occurs in Antelope Valley, 138.36 per 10,000 population than Panorama City (106.26 per 10,000 population) which may indicate lower availability of primary care providers in Antelope Valley or the existence of barriers to accessing these providers.

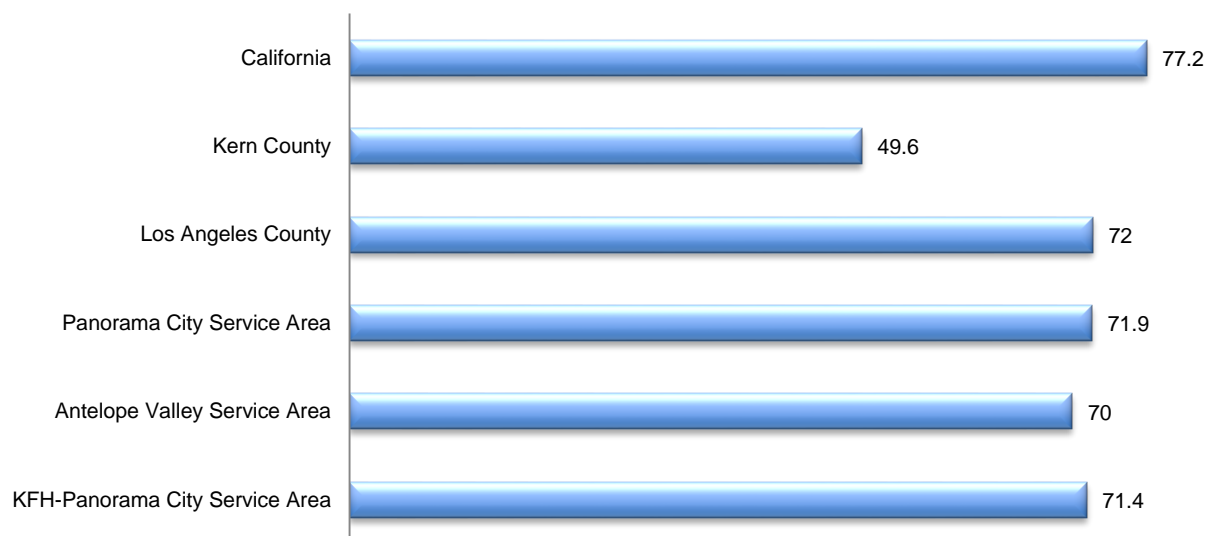
Preventable Condition Hospital Discharges Rate per 10,000 Population, Age-Adjusted

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
114.55	138.36	106.26	92.15	110.1	83.17

Source: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011. Source geography: ZIP Code

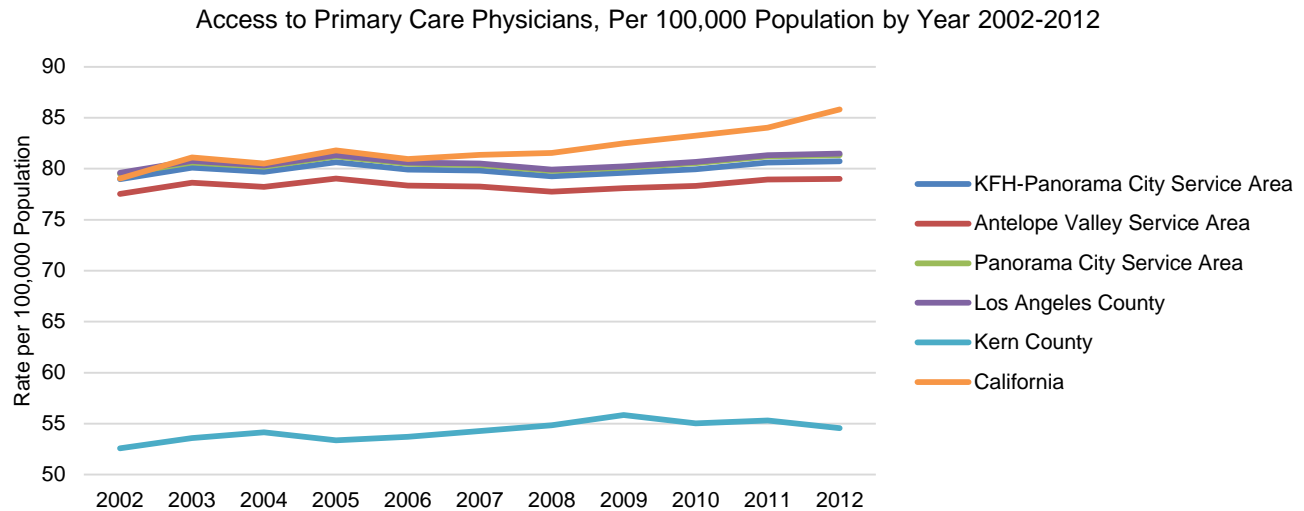
Across the medical center's service area, there is a significant lack of primary care physicians. Per 100,000 population, there are 77.2 primary care providers in the state. However, the number ranges from 70 - 71.9 in the medical center's service area, which are much lower. Additionally, almost 17% of the medical service area population reports not having an established provider compared to the state's 14.30%. Across the geographic locations, men are less likely than women to have a regular primary care provider and Latinos more than other ethnic groups are less likely to have a regular doctor.

Primary Care Physicians, Rate per 100,000 Population



Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

Another driver associated with accessing primary care providers is the slow increase of the number of primary care providers in the medical center's service area. As the graph below shows, over the course of ten years, the rate of primary care providers in the KFH-Panorama City area has remained somewhat unchanged despite the increasing rate in California. Such a trend is worth investigating as to the reason for the slow influx of primary care providers into the community.



Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

Lack of insurance is a key driver of health status as the KFH-Panorama City service area has 21.55% uninsured residents, much higher than the state (17.78%). This is of particular importance in Panorama City where 22.87% have no insurance and thus cannot visit primary or specialty care providers compared to Antelope Valley at 17.73%. To compound the problem, a high percentage of the population of the medical center's service area lives in areas with inadequate number of primary care providers (38.36% of the population in the KFH-Panorama City service area, 66.57% in Antelope Valley, and 28.50% in the Panorama City service area) as opposed to the state (25.18%). As a result of limited access to physicians, the medical center service area indicates a lower propensity to be screened for cancers as shown in the following table.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Percent Female Medicare Enrollees with Mammogram in Past 2 Years, ≥67 Years	53.9%	53.8%	54%	54%	52.7%	59.3%
Percent Adults Screened for Colon Cancer (Age-Adjusted), ≥50 Years	54%	54%	54%	54%	54.6%	57.9%

Lack of insurance, unaffordable medical visits and lack of primary and specialty care providers are stated as barriers to accessing healthcare by the community. Furthermore, participants mention that people cannot afford to take time off work and so cannot visit physicians as few clinics are open outside of regular business hours. There is also a lack of knowledge of existing insurance program and poor transportation access is a commonality between Antelope and Panorama City service area.

Dental Health: Oftentimes overlooked, dental (oral) health is an essential part of complete overall health that is recognized by the residents of the KFH-Panorama City service area. Adults in the medical

service area report poor dental health (11.70%) than the state (11.30%) in that six or more of their teeth have been removed due to tooth decay, gum disease, or infection. Approximately 35% of adults are likely to have not visited a dentist in a year than the state (30.50%). Among children, a higher percentage of youth, 19.60%, have not visited a dentist in a year in Antelope Valley compared to the state at 18.50%. Additionally, approximately 44% of adults in the medical center service area have no dental insurance, higher than the state's 40.90%.

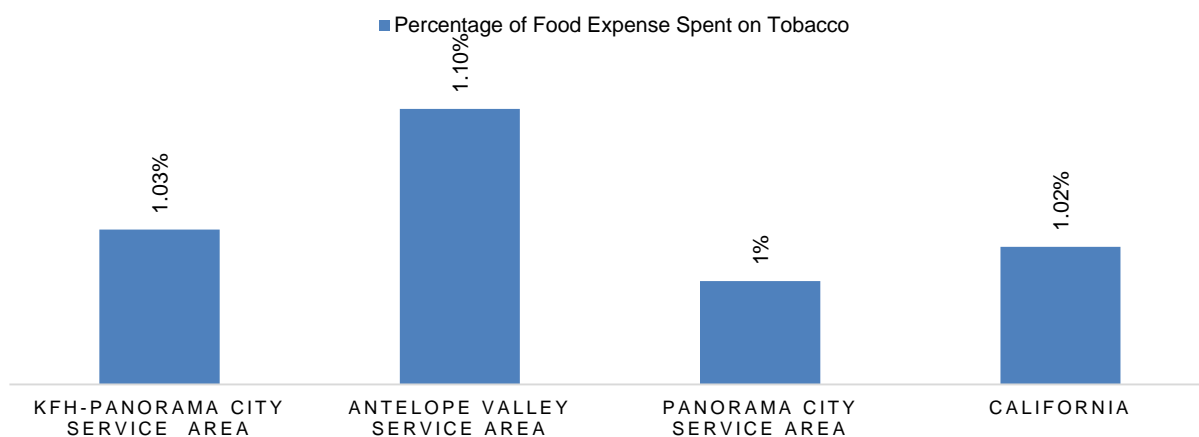
Within the area, more individuals, between 3.1% and 4.4%, than in the state (2.7%) are exposed to unsafe drinking water that may increase the risk of poor oral health. As a result, people are more likely to purchase soda to drink as shown in their spending about 3.7% of their household expense on soda purchases. Unfortunately, doing so increases their risk for obesity and diabetes.

The community stressed that dental health is very expensive and there is lack of dental coverage for adults compared with children. Member also relate that there is a lack of timely access to specialists such for dental health for the uninsured. Environmentally, residents in Antelope Valley find the water undrinkable.

Substance Use and Abuse: Community members in the KFH-Panorama City service area prioritized substance use and abuse as a health need. Data indicate that more than 150,000 adults in the KFH-Panorama City service area smoke cigarettes regularly, 12.20%. This rate is just slightly less than the state's 12.80%. Furthermore, a higher percentage of adults smoke cigarettes in Antelope Valley (12.40%) than Panorama City (12.10%).

One key health driver for substance use in the medical center's service area may be due to the concentration of liquor stores. In the medical center's service area, there are 11.36 liquor stores per 100,000 population compared to the state, 10.02 per 100,000 population. Within the medical center service area, there are 8.81 liquor stores per 100,000 population in the Antelope Valley service area and 12.26 liquor stores per 100,000 population in the Panorama City service area. However, despite the lower concentration of liquor stores in Antelope Valley, more of the household food expense is used to purchase tobacco (1.10%) than in Panorama City (1%).

PERCENTAGE OF FOOD EXPENSE SPENT ON TOBACCO



Source: Nielsen, Nielsen Site Reports. 2014. Source geography: Tract. Note: Data for Los Angeles and Kern Counties were suppressed

In the KFH-Panorama City service area, community residents state that the population is routinely exposed to messages encouraging alcohol and drug use and with a high density of alcohol outlets and low opportunity for jobs and quality education the populace is living in an environment conducive to substance use. Some peoples are culturally more susceptible to tobacco use. In Antelope Valley, mental health is recognized as a driver for substance use and abuse.

Sexually Transmitted Diseases & Human Immunodeficiency Virus (STDs/HIV): The rate of sexually transmitted diseases (STDs) and human immunodeficiency virus infection (HIV) is high in the service area of KFH-Panorama City. Per 100,000 population, 526.6 people have chlamydia and between 506.6 have been diagnosed with HIV compared to the state (444.9 and 363 respectively). Of particular note, the rate of chlamydia has been increasing steadily between 2003 and 2011. Over the years, the rate for the KFH-Panorama City service area continually exceeded the state benchmark. More than other ethnic groups, African Americans have a higher prevalence of STDs and HIV across the geographic locations and men are more likely than women to be HIV positive across all geographic locations.

The main driver identified for this health need is the lack of screenings. The US Preventive Services Task Force and the Centers for Disease Control and Prevention recommend routine screenings of adults, adolescents and pregnant women for HIV infection. Frequent screenings and early detection are preventative measures for effective treatment of and protection against the spread of HIV. Despite recommendations for screenings, more than 55% of the KFH-Panorama City service area adults have never been screened for HIV/AIDS. Given that some HIV positive individuals do not know their status, they may inadvertently infect their sexual partners.

Another driver identified by the community is the use of alcohol and substances, which can increase the likelihood for unsafe sexual practices. Some people also tend not to disclose their positive HIV status to their partners. Many are unwilling to seek health services due to the stigma associated with their homosexual lifestyle and being HIV positive. Homelessness and housing insecurity reduces adherence to medication regimen. The community also pointed out that there is less education about HIV/AIDS.

Heart Disease and Stroke: Heart disease is the leading cause of death in the nation while stroke ranks fifth. In the KFH-Panorama City service area, the mortality rates for heart attacks and stroke exceed those of the state. In the medical center service area, 195.82 deaths per 100,000 population are attributed to heart attacks compared to the state's 100.8 deaths per 100,000 population. More deaths occur due to stroke in the medical center's service area as well (37.72 deaths per 100,000 population) than in the state (37.38 per 100,000). Overall, a higher rate of the deaths in the medical center service area occurs in Antelope Valley than Panorama City as illustrated in the table below.

Unmanaged high blood pressure is associated with other obesity-related health conditions, including heart disease and stroke. Compared to the state (30.30%), nearly 33% of adults in the KFH-Panorama City service area has high blood pressure which may explain the high death rates.

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Heart Disease Mortality Rate (Per 100,000 Population), Age-Adjusted HP2020 = ≤100.8	195.82	223.37	186.18	172.60	214.31	163.18
Stroke Mortality Rate (Per 100,000 Population), Age-Adjusted	37.72	44.85	35.22	36.16	42.26	37.38
Percent Adults with High Blood Pressure Not Taking Medication, ≥18 Years	32.5%	32.6%	32.5%	32.4%	34.3%	30.3%

Factors related to health behavior and the physical environment drive the high rate of heart disease and stroke deaths. Adults in the medical center service area tend to consume less than the recommended daily servings of five fruits and vegetables. The rate of grocery stores may indicate the availability of healthy foods in the KFH-Panorama City service area and the ability of community residents to purchase and consume fruits and vegetables. In Antelope Valley, there are 11.91 grocery stores per 100,000 population and 17.2 grocery stores in Panorama City per 100,000 population compared to the state's 21.51 grocery stores per 100,000 population.

Physical inactivity among adults and youth in the medical center service area exceed the state. Among adults in the service area, 17.7% of adults in Antelope Valley and 17.3% of adults in Panorama City perform no leisure time activity, higher than the state (16.6%). Among youth in the service area, 42.9% in Antelope Valley and 42.59% in Panorama City are deemed physically inactive in comparison to California (35.92%). Furthermore, almost one-quarter of working adults in Antelope Valley and 14.55% of adults in Panorama City commute for over 60 minutes in each direction, also higher than the state (10.44%) which may limit their ability to engage in physical activity and/or to prepare healthy meals. The rate of physical activity may be reduced in the community due to inaccessibility to parks, and recreation and fitness facilities. In Antelope Valley, 22.33% of the population lives within half-mile of parks with 43.32% in Panorama City, rates that are fewer than California's 58.60%. Moreover, per every 100,000 population, there exist 3.1 recreation and fitness facilities in Antelope Valley and 6.2 in Panorama City in comparison to 8.65 in the state.

Community members emphasize that poor eating habits and lack of exercise are major contributors to diabetes. Many residents do not know enough about eating healthy and therefore are likely to purchase food from fast food restaurants as these are cheaper than healthy food options from supermarkets. On the other side, participants indicate that there is an inadequate number of grocery stores particularly in Antelope Valley. The need for locations for physical activity are also a point of concern for Antelope Valley.

D. Community assets, capacities and resources potentially available to respond to the identified health needs

This section explores existing assets, capacities and resources that potentially could be utilized to address the aforementioned health needs. Additionally, it is meant to inform strategic plans to address the prioritized health needs. Community assets or resources are anything that improves the quality of community life. These include community members, physical structure or place, businesses, collaborations and partnerships and local organizations or institutions (private, public and nonprofit). While the narrative below broadly describes the assets and resources existing in the KFH-Panorama City service area, links to resources pertaining to Antelope Valley and Panorama City are listed in Appendix C.

i. Access to Care

Access to care relate to one's ability to obtain preventive services and primary care services. This includes number of available health care providers and eligibility for health insurance. The KFH-Panorama City service area consists of many hospitals and clinics that provide medical care and life-saving screenings as well as no/low cost health programs for low-income and underserved populations.

However, the community indicates that despite the Affordable Care Act expansion of Medi-Cal and establishment of the health insurance market exchange, some populations such as the undocumented continue to have little means for coverage and furthermore, many that do not qualify for Medi-Cal cannot afford the insurance packages offered in the exchange. Navigation of the health system is also a problem for the community particularly for low-income individuals and vulnerable groups such as the homeless and mentally ill. Stakeholders suggest utilizing promotoras and community health workers

employed by hospital to take services and information directly to the community and the hard-to-reach population, to not only guide people to access services but also to teach them disease prevention and self-management. Additionally, parenting classes and support groups can increase parents' awareness of services available. Other avenues to share information and services is by providing local business with access to health and wellness information for employees and the community at large and bringing regularly scheduled mobile health services to local residents that cannot afford transportation to health providers.

An emphasis is placed on the inability to recruit primary care, dental, social and mental health providers and other health professionals, particularly in Antelope Valley. Many suggest offering incentives in order to attract the necessary workforce. And there is a need to provide patients with transportation assistance in order to ensure appointments are kept.

ii. Health Behaviors

Health behaviors play a big role in the maintenance of healthy lifestyles. An individual's daily choices of consumption, level of activity and social interactions can determine their overall health outcomes. Programs and health education classes exist through hospitals and community-based organizations in the KFH-Panorama City service area to guide residents to modify their behaviors to live healthier lifestyles.

The importance to reach out to parents and schools is stressed for the service area. Collaboration with schools can enhance efforts to address healthy lifestyles and behavior thorough teaching residents how to cook easy and healthy meals, providing free exercise classes, recruiting educators and parent centers to become advocates for health and wellness, teaching parents and children how to cope with stress and providing sex education. Promoting health literacy should also be tailored to each different population. This includes communicating in the appropriate language, in the correct social and cultural context and through effective mediums that include community-focused television campaigns, social media, and popular television shows and celebrities.

Collaboration among providers, community organizations, hospitals, social providers and government officials from public and private sectors can result in a shared vision and such collaborations are encouraged to focus on one to two health issues from the local to policy levels to successfully address health needs.

iii. Physical Environment

To combat obesity and related chronic health conditions, access to healthy foods and opportunities for physical activity are essential. Many farmer markets and grocery stores in the KFH-Panorama City service area provide fresh fruits and vegetables while parks and recreational facilities offer physical activity programs to suit all ages and budgets. The local hospitals, community-based clinics and county offer various preventive and disease management programs and services to community residents.

Stakeholders, however, point out the presence of many fast food restaurants and few recreational locations particularly in low-income neighborhoods as limiting to healthy eating and physical activity. They suggest establishment of accessible grocery stores, farmers markets, repairing walkways, putting in bike paths, installing exercise equipment at local parks, and affordable recreational facilities such as the YMCA are ways to address these built environment issues. Additionally, safety is an issue in some communities that deters physical activity and calls for increased presence of law enforcement.

The community also mentions the need for more health facilities in order to increase access to primary healthcare for low-income and underserved/marginalized people (including undocumented, homeless and mentally impaired). Establishment of more local level clinics and federally qualified health centers (FQHCs) are suggested options to combat this problem. Of particular note, there is a need for more shelters for the homeless. There is only one in Antelope Valley and few in Panorama City. Social work

professionals pointed that most shelters are in the city of Los Angeles, a great distance for this mobile-restricted population.

iv. Socioeconomic Factors

Community members in the Panorama City service area mentioned lack of job opportunities, poor educational attainment and low household income as stressors affecting their ability to manage their health. Within the service area, many programs provide job training opportunities, continuing education and supplemental income. However, there remain opportunities to improve current assets. The focus groups that consisted of community members stressed the need for more local employment that would decrease their commute time and increase the time to spend with their families and reduce financial constraints. More opportunities for vocational training and alternative education programs are needed specifically for those who cannot afford or desire to attend traditional colleges in order to increase their economic opportunities.

More outreach through large community-based events, such as CicLaVia to make people aware of solutions and programs available for their financial problems are also needed as well as through the engagement of the chamber of commerce and local businesses into such efforts. SB82 Mobile team to reach homeless where they are and re-house them permanently is also a suggested effort.

VII. KFH FACILITY NAME 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

A. Purpose of 2013 Implementation Strategy evaluation of impact

KFH-Panorama City (incl. Antelope Valley)'s 2013 Implementation Strategy report was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH-Panorama City (incl. Antelope Valley)'s Implementation Strategy report, including the health needs identified in the facility's 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit <https://share.kaiserpermanente.org/wp-content/uploads/2013/10/IS-Report-Panorama-City.pdf> . For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by KFH-Panorama City (incl. Antelope Valley) in the 2013 Implementation strategy report.

1. Access to health care and health insurance with an emphasis on primary care, prenatal care, specialty care, and mental and dental health
2. Chronic disease prevention, education, and management with an emphasis on diabetes, cardiovascular disease, hypertension, and cholesterol
3. Obesity and overweight prevention and reduction through healthy eating active living programs
4. Broader Health Care System Needs in Our Communities - Research and Workforce

KFH-Panorama City (incl. Antelope Valley) is monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-Panorama City (incl. Antelope Valley) tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA Report in March 2016, KFH-Panorama City (incl. Antelope Valley) had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-Panorama City (incl. Antelope Valley) will continue to monitor impact for strategies implemented in 2016.

B. 2013 Implementation Strategy Evaluation of Impact Overview

In the 2013 IS process, all KFH planned for and drew on a broad array of resources and strategies to improve the health of communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2014 and 2015, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

- **KFH Programs:** From 2014-2015, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:
 - **Medicaid:** Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.
 - **Medical Financial Assistance:** The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.
 - **Charitable Health Coverage:** Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.
 - **Workforce Training:** Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.
 - **Research:** Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes.
- **Grant-making:** For 70 years, Kaiser Permanente has shown its commitment to improving Total Community Health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2014-2015, KFH-Panorama City (incl. Antelope Valley) made 87 grant payments amounting to a total of \$903,880 in service of 2013 health needs. Additionally, KFH-Panorama City (incl. Antelope Valley) has funded significant contributions to a donor advised fund (DAF), managed by the California Community Foundation, in the interest of funding effective long-term, strategic community benefit initiatives. During 2014-2015, a portion of money managed by this foundation was used to support 40 grant payments totaling \$5,236,789 in service of 2013 health needs. An illustrative list of active grants is provided in each health need section below.
- **In-Kind Resources:** Kaiser Permanente's commitment to Total Community Health means reaching out far beyond our membership to improve the health of our communities. Volunteerism, community service, and providing technical assistance and expertise to community partners are critical components of Kaiser Permanente's approach to improving the health of all of our communities. From 2014-2015, KFH-Panorama City (incl. Antelope Valley) donated several in-kind resources in service of 2013 Implementation Strategies and health needs; an illustrative list is provided in each health need section below.
- **Collaborations and Partnerships:** Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2014-2015, KFH-Panorama City (incl. Antelope

Valley) engaged in several partnerships and collaborations in service of 2013 Implementation Strategies and health needs; an illustrative list is provided in each health need section below.

C. 2013 Implementation Strategy Evaluation of Impact by Health Need

KFH-Panorama City (incl. Antelope Valley) Priority Health Need: Access to health care and health insurance with an emphasis on primary care, prenatal care, specialty care, and mental and dental health

- Increase health care coverage among vulnerable populations
- Improve timely access to needed medical care
- Increase access to primary care and specialty care services for the un/underinsured and at-risk populations
- Provide case management and community linkages to nonmembers and homeless patients who frequent the Emergency Department (ED) for non-emergent conditions
- Help improve capacity and sustainability of community clinics to more adequately serve medically uninsured or underinsured
- Reduce workforce shortages
- Facilitate professional development of community clinic providers

Access to health care and health insurance with an emphasis on primary care, prenatal care, specialty care, and mental and dental health

KFH Administered Program Highlights

KFH Program Name	KFH Program Descriptions	Results to Date
Medicaid	Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.	<ul style="list-style-type: none"> • In 2014, \$12,861,213 was spent on the Medicaid program and 29,493 Medi-Cal managed care members were served • In 2015, \$18,745,093 was spent on the Medicaid program and 39,440 Medi-Cal managed care members were served
Medical Financial Assistance	The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.	<ul style="list-style-type: none"> • In 2014, \$4,151,947 was expended for 7,519 MFA recipients • In 2015, \$5,121,517 was expended for 8,415 MFA recipients

Charitable Health Coverage	Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.	<ul style="list-style-type: none"> • In 2014, \$1,498,391 was spent on the CHC program and 2,757 individuals received CHC • In 2015, \$1,095,647 was spent on the CHC program and 2,889 individuals received CHC
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Access to health care and health insurance with an emphasis on primary care, prenatal care, specialty care, and mental and dental health
Grant-Making Highlights

Grant-Making Snapshot During 2014-2015, there were 47 KFH grant payments, totaling \$502,566, addressing the priority health need in the KFH-Panorama City (incl. Antelope Valley) service area. In addition, a portion of the money managed by a donor advised fund (DAF)¹, The California Community Foundation, was used to support 22 grant payments, totaling \$2,497,500; DAF grants are denoted by asterisks (*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

Grantee	Grant Amount	Project Description	Results to Date
L.A. Family Housing	\$90,000*	Southern California Region (SCR) participates in Home for Good (HFG), a Los Angeles County homeless funders collaborative comprised of private/public partners with a cohesive strategy to address community need, leverage scarce resources, align priorities, streamline applications and reduce duplicative funding streams. Support for HFG, in coordination with other funders allows SCR to contribute to the provision of homeless health and wellness beyond medical care and address several social determinants of health such as poverty, safe housing, transportation, education, job training and placement.	In 2015, SCR co-funded eight projects, at \$90,000 each, to provide housing coordination and placement services for chronically homeless individuals in the eight Service Planning Areas of Los Angeles County. Respectively, at the L.A. Family Housing the goal is to reach 500 individuals. Progress toward achieving these goals will be monitored throughout the grant period.
Meet Each Need with Dignity	\$98,000*	Meet Each Need with Dignity (MEND) received funding to sustain its health care medical and dental care services and to improve the clinic operations through the creation of a medical clinic advisory group and a major gifts donor program focused on medical services. This grant contributes toward building the capacity of a clinic	MEND's medical advisory committee (MAC) was created for health care stakeholders, medical professionals, academia and other health care professionals to provide guidance and leadership on healthcare policy, medical law, and other ethical or day-to-day practices. MEND is continuing their plans to expand to an individual

Grantee	Grant Amount	Project Description	Results to Date
		system to provide care and improve access to health services for vulnerable populations.	donor program, which will make monetary and in-kind support possible by tapping into MAC member networks and their connections to corporate and private donors.
Community Clinics Health Network	\$175,000*	Please see description for the ALL HEART program under Impact of Regional Initiatives.	Please see description for the ALL HEART program under Impact of Regional Initiatives.
Community Partners	\$512,500*	Please see description for the Specialty Care Initiative under Impact of Regional Initiatives.	Please see description for the Specialty Care Initiative under Impact of Regional Initiatives.
The Children's Center of the Antelope Valley	\$18,000	The Children's Center of Antelope Valley aims to provide urgent behavioral health, case management and psychiatric services to uninsured children and families in the Antelope Valley who have been discharged from the hospital or are at high risk of suicide.	The Children's Center of Antelope Valley is on target to provide urgent behavioral health, case management and psychiatric services to 40 uninsured children and families in the Antelope Valley who have been discharged from the hospital or are at high risk of suicide.
Child & Family Center	\$12,000	The Child & Family Center aims to provide school-based mental health support by conducting group therapy session series for children showing early signs of behavioral health problems in elementary school in the Santa Clarita Valley.	The Child & Family Center is on track to provide school-based mental health support by conducting 6-8 week group therapy session series for 40 unduplicated children showing early signs of behavioral health problems in elementary school in the Santa Clarita Valley. This grant provides specialty care medical services for the community.
Northeast Valley Health Corporation	\$18,000	Targeting at-risk northeast San Fernando Valley youth, a bilingual (Spanish/English) culturally competent Health Educator will conduct San Fernando High School classroom presentations and utilize Instagram to link additional medical patients with Northeast Valley Health Corporation's new San Fernando Valley High School-Teen Health Center providing access to medical, dental, and behavioral health services.	Grant is on track to target at-risk northeast San Fernando Valley youth, a bilingual (Spanish/English) culturally competent Health Educator will conduct San Fernando High School classroom presentations and utilize Instagram to link 437 additional medical patients with Northeast Valley Health Corporation's new San Fernando Valley High School-Teen Health Center providing access to medical, dental, and behavioral health services.

Grantee	Grant Amount	Project Description	Results to Date
L.A. Family Housing	\$10,000	Los Angeles Family Housing will provide case management and navigation services linking homeless families, individuals, and the chronically homeless to mental, dental, and substance abuse resources to ensure their success in permanent housing.	Los Angeles Family Housing is on track to provide case management and navigation services linking 80 homeless families and individuals and 50 chronically homeless individuals to mental, dental, and substance abuse resources to ensure their success in permanent housing. This grant will increase awareness of community resources among homeless patients to assist in linking them to a community “medical home” and other appropriate community resources.
Valley Community Healthcare	\$18,000	Valley Community Healthcare will expand the on-site Dental Clinic hours to include Saturdays to provide access for uninsured and underinsured patients from the San Fernando Valley who are unable to visit Valley Community Healthcare on weekdays.	Valley Community Healthcare has expanded its on-site Dental Clinic hours to include Saturdays and is also on track to provide access for 225 uninsured and underinsured patients from the San Fernando Valley who are unable to visit Valley Community Healthcare on weekdays. This grant increases access to health care services for the uninsured, underinsured, and vulnerable populations.

Access to health care and health insurance with an emphasis on primary care, prenatal care, specialty care, and mental and dental health

In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
Northeast Valley Health Corporation Physicians and Nurses	In 2015, KFH-Panorama City Clinical Education Invited Northeast Valley Health Corporation physicians to attend selected continuing medical education (CME) classes through webex. Pediatricians at NEVHC attended CME classes focused on Phthisis, Breastfeeding, Handling Vaccine Refusal and Pharmacology of ADHD receiving CME credits. By providing access to convenient, accessible Continuing Medical Education (CME), KFH-Panorama City hopes to facilitate professional development of community clinic providers.
Various Middle Schools and High Schools in the San Fernando Valley, Santa Clarita Valley, and Antelope Valley	KFH-Panorama City partnered with 39 High Schools in the San Fernando Valley to conduct the Medical Explorer's program for 43 underserved, diverse, high school students in the 2015-2016 school year to introduce them to careers in health care. Partnered with Richard E. Byrd Middle School, Piute Middle School, and Life Source International Charter School to

Recipient	Description of Contribution and Purpose/Goals
	provide Hippocrates Circle physician mentoring program to 96 underserved, diverse, middle school students in the San Fernando and Antelope Valley areas in the 2015-2016 school year to introduce them to careers in health care. Provided these students with the opportunity to participate in four medical educational hands-on sessions at KFH-Panorama City Medical Center. Field trips and medical facility tours were also provided. Hired 26 high school students from the San Fernando Valley as part of the Summer Youth Employment Program exposing these students to various health care careers while working at KFH-Panorama City. The goal of supporting these programs is to reduce future workforce shortages.
Various Community Clinic partners in the San Fernando Valley, Santa Clarita Valley, and Antelope Valley areas	KP identifies opportunities for board placement amongst important community partners, facilitates the board placement process for physician leaders while providing support and information regarding opportunities to leverage KP assets. Currently, KFH-Panorama City's Assistant Area Medical Director is a board chair of Northeast Valley Health Corporation's board of directors. KFH-Panorama City Chief of Pediatrics is the board chair of Valley Community Healthcare's board of directors. Kaiser Permanente Santa Clarita Medical Offices Physician-In-Charge is on the board of directors of the Child & Family Center. KFH-Panorama City Chief Operating Officer is on the board of directors for Meet Each Need with Dignity (MEND).
Impact of Regional Initiatives Addressing Access to health care and health insurance with an emphasis on primary care, prenatal care, specialty care, and mental and dental health	

In addition to the illustrated grants listed above, Kaiser Permanente designs Regional Health Initiatives that are implemented in one or more KFH service areas to address the priority health needs. These initiatives are multi-year investments that support policy, advocacy and/or system changes in communities, including support for clinic systems to enhance capacity, service provision and or coordination. Kaiser Permanente invests in external evaluation for Regional Health Initiatives, and where possible, the results to date will reflect the most recent evaluation findings.

Kaiser Permanente's Building Clinic Capacity for Quality (BCCQ) initiative aims to improve the quality of health care provided to Southern Californians by enhancing the capacity of community clinics to implement Quality Improvement (QI) strategies that are supported by health information technology (HIT). The overall goals of BCCQ are to increase the capacity of participating community clinics and to advance community clinics' implementation of HIT. In order to accomplish these goals, Kaiser Permanente funded a project office (Community Partners) to develop and implement a three series training program designed to reach clinics that were at different levels of QI experience and capacity. Additionally, the project office piloted the Proactive Office Encounter (POE) program to translate a promising practice from Kaiser Permanente to community clinics. POE is a model of planned care that uses clinical care guidelines, patient data, and team and practice organization to proactively ensure all patient needs are met. Clinics were recruited to

participate in BCCQ in Los Angeles, Orange, and San Diego Counties. BCCQ also engaged with the Riverside County Health System by implementing a tailored program. To date, KPSC CB has invested a total of three (3) grants, amounting to \$3,500,000 to support this initiative. (Note that this initiative continued to operate in 2014 and 2015, although no grant amounts were paid for these years).

Over 40 community clinics participated in this program and developed projects focused on improving areas such as cancer and LDL screening, patient wait times, diabetes self-management, no-show rates, scheduling and appointments, care team guidelines and protocols, and medication management (among others). To date, participating clinics have reported satisfactory progress against their stated project goals. Among clinics participating in POE, most are indicating improvements in areas such as clinic and operational outcomes, data, and ability to provide high quality pro-active care, including improved preventive health services.

Kaiser Permanente's Specialty Care Initiative aims to increase access to healthcare services for the underserved through the development and enhancement of specialty care access. In order to achieve this goal, Kaiser Permanente funded technical assistance through Community Partners to implement a coalition approach, where various partners collaborated to develop and implement strategies tailored to their communities in Southern California. These strategies focused on instituting and enhancing referral processes, building and expanding specialty care networks, increasing primary care physicians' capacity, and utilizing care coordination in the safety net. This multi-year initiative was launched in 2007 and to date a total of over \$4,953,000 were awarded and paid to community based agencies across Southern California to support specialty care access.

In Los Angeles County, participating coalition members improved care coordination, developed and implemented telemedicine, and enhanced capacity in and trained primary care physicians. For example, to improve care coordination, C-SNAP supported the implementation of 4PatientCare, an automated patient reminder system that notifies patients through text and phone messaging at two LA County Department of Health Services sites. The SPA 2 Specialty Care Planning Coalition was able to support telemedicine efforts by implementing teledermatology at six clinics. They supplied equipment to four clinics and provided training to PCPs on teledermatology consults and biopsy procedures and trained care coordinators on program guidelines, workflow, and capturing images.

ALL HEART - In 2006, Kaiser Permanente's Southern California Community Benefit (KPSC CB) began the translation of KP's evidence-based cardiovascular disease (CVD) risk-reduction program across the safety net organizations in Southern California through a program called *ALL* (Aspirin, Lisinopril, and Lipid lowering medications). As a result of receiving the James A. Vohs Award for Quality in 2011, Kaiser Permanente Southern California selected the Community Clinic Health Network (CCHN) to serve as a Project Office to further translate the *ALL* protocol across the Southern California Region. The program was renamed to *ALL HEART* (Heart Smart Diet, Exercise, Alcohol limits, Rx Medicine compliance, and Tobacco cessation) to include lifestyle measures that were also included in this program. CCHN continues to enroll community health centers across Southern California into the *ALL HEART* Program. To date, KPSC CB has invested a total of six (6) grants, amounting to \$1,220,000 to support this initiative. This current two year grant began in 2015 and the focus will be on the diabetic and/or hypertension population. The *ALL HEART* program will also continue its pilot projects around behavioral health integration and clinic to community linkages.

CCHN has exceeded reach targets for ALL HEART, reaching over 35,000 patients served by 14 health centers and 75 clinic sites in Southern California. Based on the results of an evaluation of a cohort of 11 health centers in San Diego County, ALL HEART has built health center capacity to successfully implement and institutionalize the ALL medication protocol and most participating health centers improved blood pressure control among their patients, potentially reducing the risks associated with cardiovascular disease. Furthermore, Health Centers built their capacity to engage in population health management and to align with other national initiatives, such as Patient Centered Medical Home (PCMH) and Meaningful Use. Successful implementation of ALL HEART was driven by several HEAL Center characteristics, including data & IT systems, dedicated staffing, leadership buy-in, quality improvement infrastructure, and adequate time and space.

KFH-Panorama City (incl. Antelope Valley) Priority Health Need: Chronic disease prevention, education, and management with an emphasis on diabetes, cardiovascular disease, hypertension, and cholesterol

- Improve access to diabetes, cardiovascular disease, hypertension and cholesterol care management among vulnerable populations
- Increase awareness of chronic disease prevention, education and management programs for vulnerable populations

Chronic disease prevention, education, and management with an emphasis on diabetes, cardiovascular disease, hypertension, and cholesterol
Grant-Making Highlights

Grant-Making Snapshot During 2014-2015, there were 7 KFH grant payments, totaling \$81,000, addressing the priority health need in the KFH-Panorama City (incl. Antelope Valley) service area. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

Grantee	Grant Amount	Project Description	Results to Date
Tarzana Treatment Center Inc.	\$15,000	Tarzana Treatment Centers received funding to support access to primary medical care for lower income, uninsured, and homeless patients living with diabetes in the Antelope Valley.	Tarzana Treatment Centers is on target to support access to primary medical care for 90 lower income, uninsured, and homeless patients living with diabetes in the Antelope Valley.
Samuel Dixon Family Health Center Inc.	\$7,000	Samuel Dixon Family Health Center received funding to provide a diabetes management program for low income uninsured female patients in the Santa Clarita Valley.	Samuel Dixon Family Health Center is on target to provide a diabetes management program for 98 low income uninsured female patients in the Santa Clarita Valley. The program focuses on increasing compliance with follow-up healthcare visits, physicians engaging in counseling on effective self-monitoring and self-care habits, providing diabetes health education materials, and having patients achieve an A1C<9. This grant

Grantee	Grant Amount	Project Description	Results to Date
			increases access to healthcare services in the community clinic setting for a vulnerable population.
Mend-Meet Each Need with Dignity	\$10,000	Meet Each Need with Dignity (MEND) received funding to support their chronic disease management program for low-income, uninsured Latino clients in the East San Fernando Valley.	Meet Each Need with Dignity (MEND) is on target to conduct their chronic disease management program for 170 low-income, uninsured Latino clients in the East San Fernando Valley.
Community Integration Services, Inc.	\$8,000	Community Integration Services received funding to provide case management, health education, and close monitoring of Medi-Cal, Medicare eligible Latino seniors with diabetes and developmental disabilities in the East San Fernando Valley.	Community Integration Services is on target to provide case management, health education, and close monitoring of 120 Medi-Cal, Medicare eligible Latino seniors with diabetes and developmental disabilities in the East San Fernando Valley. This grant increases knowledge about and adherence to chronic disease prevention, education, and management efforts.

**Chronic disease prevention, education, and management with an emphasis on diabetes, cardiovascular disease, hypertension, and cholesterol
Collaboration/Partnership Highlights**

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Valley Care Community Consortium (VCCC)	VCCC is a health/mental health planning collaborative for the San Fernando and Santa Clarita Valleys leading a collaboration of public/private community partners to improve the health of the SPA 2 area	Since starting in 2006, KFH-Panorama City's Community Benefit Manager has participated in VCCC's Chronic Disease committee providing guidance on the most recent evidence-based programs focused on healthy eating and active living, chronic disease management, prevention, and educational programs, leveraging resources such as Educational Theatre, health education materials, volunteers, and grant funding. In 2015, she joined the Board of Directors of VCCC and participated in joining the strategic planning committee. She will be hosting the Wellness Symposium committee for a SPA 2 wide educational and health advocacy symposium in October, 2016. KFH-Panorama City participated in

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
		the Northeast San Fernando Valley Diabetes Expo where more than 300 residents in the City of San Fernando were offered BMI screenings and related health education materials.

KFH-Panorama City (incl. Antelope Valley) Priority Health Need: Obesity and overweight prevention and reduction through healthy eating active living programs

- Increase healthy eating and active living behaviors among vulnerable populations

**Obesity and overweight prevention and reduction through healthy eating active living programs
Grant-Making Highlights**

Grant-Making Snapshot During 2014-2015, there were 33 KFH grant payments, totaling \$320,314, addressing the priority health need in the KFH-Panorama City (incl. Antelope Valley) service area. In addition, a portion of the money managed by a donor advised fund (DAF)¹, The California Community Foundation, was used to support 14 grant payments, totaling \$1,539,289; DAF grants are denoted by asterisks (*). Donor advised fund (DAF) grants may cover multiple KFH service areas and address multiple health needs. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.

Grantee	Grant Amount	Project Description	Results to Date
The Trust For Public Land	\$100,000*	The Trust for Public Land (TPL) works closely with residents, public agencies, non-governmental organizations, and funding partners to create new parks and improve existing ones in neighborhoods with high percentages of residents living at or below the federal poverty level as well as populations that reflect a diverse range of ethnicities, cultures, and communities. This grant contributes toward community policy, system and environment changes that can support improvements in community safety and physical activity.	TPL opened two parks. TPL has also completed construction documents in four sites, manage construction in four other sites, and conduct community outreach in all sites. Park advisory boards were also created in five of the projects.
Los Angeles County Bicycle Coalition	\$50,000*	The Active Transportation Planning, Project Development & Implementation in Low-Income Communities project seeks community input in	The Los Angeles County Bicycle Coalition (LACBC) has built public support for implementation of walking, biking and safe routes to school projects through outreach and

Grantee	Grant Amount	Project Description	Results to Date
		countywide and cities' planning processes and funding allocations in Los Angeles County.	engagement activities. LACBC has submitted an application for a Caltrans Sustainable Communities Planning Grant that would fund bicycle and pedestrian plans for five southeast Los Angeles County cities. LACBC has worked to get a motion passed at Metro board directing staff to create a cost estimate for making all of Los Angeles County walkable and bikeable. The report was estimates between \$11 billion to \$30 billion over 20 years to build first/last mile improvements at every major transit stop, connect regional bike paths, repair sidewalks, and build safe routes to school.
City of Los Angeles Department of Recreation and Parks	\$240,000*	This Operation Splash program provides swim lessons, extended swim season passes, junior lifeguard training and water safety, and a healthy drink campaign for low-income youth and families.	The City of Los Angeles has partnered in the Operation Splash program since 2006. In 2014 and 2015, it provided approximately 6,000 swim lessons and 800 junior guard trainings on an annual basis. The Rethink your Drink campaign is promoted year round with banners posted at all pool sites and reusable water bottles that encourage drinking water. This campaign has an annual estimated reach of over 700,000 individuals.
Antelope Valley Partners for Health	\$100,000*	This HEAL Partnership grant aims to deploy a set of school district wide strategies such as a) implementing a wellness policy for school staff and a healthy snack policy, b) creating and promoting healthier school lunches, c) improving physical education, d) establishing a safe routes to school and walking school bus programs, e) developing a school garden and education program, f) offering healthy eating and physical activity opportunities at the Wellness Home and community events.	The following accomplishments have been achieved to date: a) offering a healthy cooking class for parents and students, b) development of an online garden curriculum and resource website with over 150 lesson plans, c) development and dissemination of a healthy snack policy in English and Spanish to 4,000 students, parents and staff, d) recruitment and training of over 53 Parents in Action volunteers, e) physical education training for teachers and the after-school staff, f) implementation of active recess in 3 participating schools, and g) revision

Grantee	Grant Amount	Project Description	Results to Date
			of the school district wellness policy. These efforts have the potential to reach approximately 4,000 students.
Community Partners	\$350,000*	Community Partners provides technical assistance and strategic support for coalition building, resident engagement, and leadership through peer-to-peer learnings, webinars, teleconferences for the HEAL Zone and HEAL Partnership grant communities.	Community Partners provided technical assistance and strategic support to ten HEAL grantees, their partners, and resident/youth leaders to apply the knowledge, skills, and competencies to successfully implement their HEAL Community Action Plan strategies in 2015.
City of Lancaster	\$15,000	The Mayor's Health Academy is an evidence-based childhood obesity prevention program committed to creating and monitoring the long-term effectiveness for children and their families in their schools and communities.	The City of Lancaster is on track to provide BMI screenings for an estimated 400 kindergartners in 3 elementary schools, having more than 380 of the estimated 400 in-school participants receive at least 30 minutes of exercise every day, 5 days a week, 38 weeks per academic year, having more than 200 of estimated 400 in-school program kindergartners and their parents attend one-hour nutrition and physical activity courses in the wellness homes, and having more than 180 of the estimated 200 after-school participants (kindergartners and parents) record and meet recommended levels of nutrition and physical activity on a daily basis.
Santa Clarita Valley Boys and Girls Club	\$7,000	The After School Fitness and Nutrition Program helps youth develop healthy exercise and eating habits. It is designed to benefit all 1500 club members.	The Boys & Girls Club of Santa Clarita Valley is on track to engage 90% of their members in heart healthy physical indoor and outdoor exercise, games, dance, sports training and competitions, and games room activities to improve their agility, coordination, muscle tone, endurance, flexibility, speed, and strength and overall fitness, provide 30,000 healthy snacks and 6,000 meals to underserved youth with 400 of them participating in Cooking Classes and 200 youth participating in various sports related

Grantee	Grant Amount	Project Description	Results to Date
			activities and field trips. Data collection will be obtained through club attendance and program activity participation records; snack menus and tally sheets; staff assessment of equipment usage; and field trip rosters detailing location, activity, and number of youth attending. An annual report details program participation as well.
Valley Care Community Consortium Inc.	\$10,000	Through policy implementation, the project will change environmental factors in church settings that contribute to chronic disease conditions in Van Nuys, Sylmar and the City of San Fernando.	VCCC is on target to create a sustainable, nutrition program at each church, having the churches adopt one healthy food or beverage policy that will reduce the consumption and distribution of sugary and unhealthy foods such as changing church purchasing/selling practices, requiring food vendors that sell at the church to provide healthy food options, requiring that all church events offer water instead of sugary drinks, or another policy relevant to the church. In addition, VCCC is on target to increase fresh fruits and vegetables being offered at the church sites during fundraising events.
Young Men's Christian Association of Metropolitan Los Angeles	\$10,000	The Y is continuing to enhance its Active Kids/Active Families program, an 8-week program targeting families with children 5-12 years old who are overweight or at risk of becoming overweight.	The Mid Valley Family YMCA is on target to provide Active Kids/Active Families programming for 200 youth and adults with 75% attendance rate across all classes and 100% parent participation in all aspects of the program to ensure youth have the support at home for ongoing healthful behaviors. In addition, they expect to see a 60% improvement in youth BMI over the course of multiple sessions, increased fruit and vegetable consumption and increased physical activity as well as improved fitness and health knowledge and improvement in their own behavior and their family's behavior.

**Obesity and overweight prevention and reduction through healthy eating active living programs
Collaboration/Partnership Highlights**

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Antelope Valley Partners for Health (AVPH)	Supported by AVPH, a community-based local public health planning and intervention organization in the Antelope Valley with a mission to enhance community health and quality of life by collaborating with residents, agencies, faith-based orgs, and government	KFH-Panorama City and Antelope Valley Community Benefit Manager has participated in the AVPH HEAL Zone committee meetings since they began in 2011, providing guidance on the most recent evidence-based programs on healthy eating active living and leveraging KFH-Panorama City Community Benefit resources such as Educational Theatre and free health education materials. Participated on the planning committee for the first annual Antelope Valley Wellness Symposium, bringing together community-wide stakeholder groups to explore and identify potential areas of collaboration to impact specific health needs. AVPH includes community-based organizations, community clinics, public hospitals, public health departments, educational systems, business groups, and Kaiser Permanente leaders. In 2015, KFH-Panorama City sub-contracted with AVPH to conduct their 2016 CHNA for the Antelope Valley area.
Valley Care Community Consortium (VCCC)	VCCC is a health/mental health planning collaborative for the San Fernando and Santa Clarita Valleys leading a collaboration of public/private community partners to improve the health of the SPA 2 area	Since starting in 2006, KFH-Panorama City's Community Benefit Manager has participated in VCCC's Chronic Disease committee providing guidance on the most recent evidence-based programs focused on healthy eating and active living, chronic disease management, prevention, and educational programs, leveraging resources such as Educational Theatre, health education materials, volunteers, and grant funding. In 2015, she joined the Board of Directors of VCCC and participated in joining the strategic

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
		planning committee. She will be hosting the Wellness Symposium committee for a SPA 2 wide educational and health advocacy symposium in October, 2016. KFH-Panorama City participated in the Northeast San Fernando Valley Diabetes Expo where more than 300 residents in the City of San Fernando were offered BMI screenings and related health education materials.
Obesity and overweight prevention and reduction through healthy eating active living programs In-Kind Resources Highlights		
Recipient	Description of Contribution and Purpose/Goals	
San Fernando Valley, Santa Clarita Valley, and Antelope Valley schools, students, and parents	Promoted and coordinated efforts to bring Kaiser Permanente Educational Theatre programs focuses on healthy eating active living to the San Fernando, Santa Clarita, and Antelope Valley areas. In 2015 Educational Theater provided 7 performances and 2 workshops for 963 4th and 5th grade students and 160 adults. The goal is to increase healthy eating and active living behaviors among vulnerable populations.	
San Fernando Valley, Santa Clarita Valley, and Antelope Valley community clinics, schools, government entities, and community based organizations	Promoted the availability of free health education print materials and online information on healthy eating, active living to current Community Benefit grantees and nonprofit organizations and schools as requested. KFH-Panorama City and Antelope Valley physicians and staff attended over 40 community walks, runs, biking events and 10 health fairs to discuss and distribute information related to healthy eating, active living.	
Antelope Valley clinics, community-based organizations and the broader community	Over the course of 2015, 12 monthly health education sessions covering topics such as diabetes, weight management, blood pressure, smoking cessation, breast-feeding support, baby basics, stress management, and holiday healthy eating were offered for free to all community-based organizations, their physicians, nurses, and clients, as well as the broader public at Kaiser Permanente's Palmdale Medical Offices with a typical attendance of 10 to 20 participants.	
Panorama City residents, businesses, Kaiser Permanente members, employees, and physicians	In 2015, KFH-Panorama City hosted a weekly farmer's market that was open to the public. This provided access to largely locally-grown fruits and vegetables which also accepts WIC and CalFresh electronic benefit transfers while educating the public on the benefits of healthy eating and active living.	

Impact of Regional Initiatives Addressing Obesity and overweight prevention and reduction through healthy eating active living programs

In addition to the illustrated grants listed above, Kaiser Permanente designs Regional Health Initiatives that are implemented in one or more KFH service areas to address the priority health needs. These initiatives are multi-year investments that support policy, advocacy and/or system changes in communities, including support for clinic systems to enhance capacity, service provision and or coordination. Kaiser Permanente invests in external evaluation for Regional Health Initiatives, and where possible, the results to date will reflect the most recent evaluation findings.

Kaiser Permanente's HEAL (Healthy Eating, Active Living) Partnership grant initiative is awarded a place-based approach that aims to lower the prevalence of obesity and overweight by increasing access to fresh fruit, vegetables and healthy beverages, as well as increasing safe places to be play and be physically active. Participating school districts and schools implement policies, programs and environmental system changes to impact healthy eating and active living behavior among students, parents and/or school staff. To date, Kaiser Permanente has awarded over \$7,000,000 to community based organizations across Southern California to support this initiative. For the specific project implemented in KFH-Panorama City and the results to date, please see the listing above for the HEAL Partnership grant project coordinated by Antelope Valley Partners for Health.

Operation Splash programs reach out to undeserved youth and provide them with opportunities to receive aquatic skill acquisition and water safety instruction through City Parks and Recreation swimming pools. The swim lessons enable greater access to physical activity for youth. Almost all centers provide opportunities for learning about healthy beverage education through Healthy Beverage campaigns that educate about the nutritional content of soda and other sugary drinks, and encourage youth to choose healthier beverages such as water. Kaiser Permanente has supported Operation Splash for its Southern California KFH since 2008. See above for specific program in the KFH service area.

PRIORITY HEALTH NEED V: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – WORKFORCE

KFH Workforce Development Highlights
Long Term Goal: <ul style="list-style-type: none"> To address health care workforce shortages and cultural and linguistic disparities in the health care workforce
Intermediate Goal: <ul style="list-style-type: none"> Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality, culturally relevant care
Summary of Impact: During 2014-2015, a portion of money managed by a donor advised fund at California Community Foundation was used to pay two grants, totaling \$150,000, that address this need. An illustrative sample of grants is provided below; DAF grants are denoted by asterisks (*). All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded. KFH-Panorama City also provided trainings and education for 22 residents in its Graduate Medical Education program, four nurse practitioner or other nursing beneficiaries, and 69 other health (non-MD) beneficiaries as well as internships for 59 high school and college students (Summer Youth, INROADS, etc.).
Grant Highlights

Grantee	Grant Amount	Project Description	Results to Date
California Institute for Nursing and Health Care (CINHC)	\$100,000*	To provide expert technical assistance to registered nursing programs at California state universities (CSUs) and their identified California community college (CCC) partners in Southern California. It will also help schools implement an associate degree to a bachelor of science in nursing pathway, facilitating fast tracking and efficient implementation of the California Collaborative Model of Nursing Education (CCMNE).	CINHC will facilitate engagement and partnership to develop, implement, and sustain the CCMNE across all 10 CSU's and respective CCC's. CINHC will engage interested private universities and colleges within the region, including deans, directors, and faculty. Lastly, CINHC will conduct a curriculum review, mapping process, and development of integrated pathways based on prior success strategies that are consistent with evidence based models.
Campaign for College Opportunity (CCO)	\$50,000*	This grant supports an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher education funding policies; and programs to help meet workforce demands. This grant supports an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher education funding policies; and programs to help meet workforce demands.	The Campaign for College Opportunity will develop and disseminate the STEM/Health Workforce Report to increase awareness among the public and policymakers of the growing need for STEM health workers in California and the role California community colleges play in filling the demand. CCO has completed the report and the general release will occur in June 2016. The report's release will be accompanied by a media and communications strategy including a webinar, briefings with key stakeholders (in education, business, community and civic organizations) along with policymakers in Sacramento.

Collaboration/Partnership Highlights

Organization/ Collaborative Name	Collaborative/ Partnership Goal	Results to Date
Economic and Workforce Development organizations in the	Continue Kaiser Permanente Board Placement Program to engage providers in serving on the boards of directors for organizations focused on workforce and economic development,	KFH-Antelope Valley Chief Administrative Officer Linda Lawson is on the Antelope Valley College Foundation board of directors. KFH-Antelope Valley Assistant Medical Group Administrator June Burcham is on the

San Fernando Valley, Santa Clarita Valley, and Antelope Valley areas	sharing best practices and expert knowledge, and providing governance support.	Greater Antelope Valley Economic Alliance board of directors. KFH-Panorama City neurologist Andrea Goldberg, MD, is on the board of directors for Los Angeles Valley College Foundation. Krisianna Bock, KFH-Panorama City lead planner, is on the board of governors for Valley Economic Alliance.
In-Kind Resources Highlights		
Recipient	Description of Contribution and Purpose/Goals	
Individuals and organizations in the health care and medical workforce.	Kaiser Permanente Southern California Region's Department of Professional Education offered Advanced Practice and Allied Health Care Educational Programs for allied health care providers throughout Southern California. In 2015, across Kaiser Permanente Southern California Region, 644 community-based nurses, nurse practitioners, physician assistants, imaging professionals, clinical laboratory scientists, community audiologists and speech pathologists, and other health care professionals participated in symposia at no cost.	

PRIORITY HEALTH NEED VI: BROADER HEALTH CARE SYSTEM NEEDS IN OUR COMMUNITIES – RESEARCH

KFH Research Highlights			
Long Term Goal:			
<ul style="list-style-type: none"> To increase awareness of the changing health needs of diverse communities 			
Intermediate Goal:			
<ul style="list-style-type: none"> Increase access to, and the availability of, relevant public health and clinical care data and research 			
Summary of Impact: Kaiser Permanente conducts, publishes, and disseminates research to improve the health and medical care of members and the communities served. The Southern California Region Department of Research and Evaluation (DRE) conducted a total of 988 studies in 2014 and 1,404 studies in 2015 across all regional hospitals, totaling \$16,385,832. Research focuses on clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice. In addition, a portion of money managed by a donor advised fund (DAF) at California Community Foundation was used to pay two grants, totaling \$1,050,000 that address this need. All grant amounts reflect the amount paid in 2014 or 2015 and may not be reflective of the total grant amount awarded.			
Grant Highlights			
Grantee	Grant Amount	Project Description	Results to Date
UCLA Center for Health Policy Research	\$500,000*	The California Health Interview Survey (CHIS) investigates key public health and health care policy issues, including health insurance coverage and access to health services, chronic health conditions and their prevention and management, the health of	At the end of the grant period, UCLA Center for Health Policy Research interviewed approximately 41,500 households and completed 78,127 screenings along with 40,125 adult, 2,255 adolescent and 5,514 child

		children, working age adults, and the elderly, health care reform, and cost effectiveness of health services delivery models.	interviews. In addition, 12 AskCHIS online trainings were completed.
In-Kind Resources Highlights			
Recipient	Description of Contribution and Purpose/Goals		
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Department of Research and Evaluation works closely with national and regional research institutions and universities to provide high-quality health research. In the KFH-Panorama City service area, 14 research projects were active in 2014 and 13 research projects were active as of year-end 2015.		
Individuals and organizations in the health care and medical community.	Kaiser Permanente Southern California Region's Nursing Research Program provides administrative and technical support for nurses to conduct, publish and disseminate research studies and evidence based practice projects. In the KFH-Panorama City service area, five research projects were active as of year-end 2014 and five research projects were active as of year-end 2015.		

Appendix A: Secondary Data Sources and Dates

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Appendix B: Community Input Tracking Form

Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
Focus Group	Community members organized at Mary Immaculate Church (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	9	Low-income, medically underserved minority community members	Community members	8/6/2015
Focus Group	Primary care and dental care physicians and residents at Mid Valley Comprehensive Health Center (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	13	1) Physicians 2) Administrator 3) Dentist 4) Primary care residents 5) Nurse practitioner	Medical/Oral health professionals and providers	9/30/2015
Focus Group	VCCC Chronic Disease Committee (Identification of health needs, barriers and possible solutions)	13	Health professionals	County, education, non-profit, and hospital representatives	8/11/2015
Focus Group	Higher education administrators at The Valley Economic Alliance (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	4	Higher education administrators	Community leaders	11/20/2015
Focus Group	Community members organized at St. Patrick Church (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	17	Low-income, medically underserved minority community members	Community members	8/31/2015
Focus Group	Palmdale Neighborhood House, parents from the parent group Parents4Change (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	17	All women ranging from 18-middle aged, minority population, low-income community	Community members	10/7/2015

Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
Focus Group	Palmdale Learning Plaza, Participants from Migrant Education Classes (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	17	Minority population, low-income community	Community members	11/7/2015
Focus Group	Seniors from Lancaster Senior Center (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	15	Seniors from the Lancaster Senior center	Community members	11/5/2015
Focus Group	St. John Paul's Church, congregation members (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Minority population, low-income community	Community members	11/12/2015
Focus Group	VICA (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	16	Business leaders	Community leaders	10/7/2015
Forum	VICA (Pre-prioritization of health needs, barriers and solutions)	16	Business leaders	Community leaders	10/7/2015
Forum	Community health professionals at VCCC's large group meeting at Valley Presbyterian Hospital (Pre-prioritization of health needs, barriers and solutions)	27	Health professionals serving various sectors of the San Fernando Valley	Community leaders and health experts	10/8/2015

Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
Key Stakeholder Interview	Clinic Supervisor, WIC North Hollywood (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Low-income, medically underserved mothers, infants and children	Community leader	11/17/2015
Key Stakeholder Interview	CEO Olive View-UCLA Medical Center (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Low-income, medically underserved minority, underinsured community members	Community leader, Community representative	11/3/2015
Key Stakeholder Interview	Kaiser Permanente Panorama City Medical Social Department Manager	1	Kaiser Permanente members	Community leader and health expert	11/16/2015
Key Stakeholder Interview	CEO, Samuel Dixon Family Health Center, Canyon Country, Val Verde, Newhall (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Medically underserved, minority population, low-income community,	Community leader, Community representative	9/29/2015
Key Stakeholder Interview	Health Analyst, LAC DPH, SPA 1&2 (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	All residents of San Fernando, Santa Clarita and Antelope Valleys	Community leader and health expert	10/13/2015
Key Stakeholder Interview	Section Manager, Division of HIV & STD Programs, LAC DPH (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	All residents of San Fernando, Santa Clarita and Antelope Valleys	Community leader and health expert	9/24/2015

Data Collection Method Employed	Who Participated / Title of event/Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
Key Stakeholder Interview	Director, Division of HIV & STD Programs, LAC DPH (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	All residents of San Fernando, Santa Clarita and Antelope Valleys	Community leader and health expert	10/6/2015
Key Stakeholder Interview	Assistant Nursing Director, High Desert Health Systems (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Minority population, low-income community	Health expert	9/22/2015
Key Stakeholder Interview	Nurse practitioner, DHS-MACC (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Minority population, low-income community	Health/community education expert	9/23/2015
Key Stakeholder Interview	Interim CEO and COO, Antelope Valley Hospital (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Minority population, low-income community	Community leader, Community representative	9/16/2015
Key Stakeholder Interview	CEO, Antelope Valley Community Clinic (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Minority population, low-income community	Community leader, Community representative	9/17/2015
Key Stakeholder Interview	Operations Director, Department of Health Services Housing for Health (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Health department representative, for homeless population of all ethnicities	Health expert	9/15/2015

Data Collection Method Employed	Who Participated / Title of event/Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
Key Stakeholder Interview	President, Mental Health America (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Minority population, low-income community	Mental health leader	9/25/2015
Key Stakeholder Interview	Project Coordinator for Homeless Entry System, Valley Oasis Domestic Violence Shelter (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Minority, underserved population, vulnerable homeless	Community leader	9/14/2015
Key Stakeholder Interview	Director, Antelope Valley Hospital, Forensic Services Unity (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	All ethnicities and ages because all types of crime are processed	Community leader and violence authority	10/12/2015
Key Stakeholder Interview	Health Educator, LA County Department of Public Health, Service Planning Areas 1, 2 (Identification and pre-prioritization of health needs, drivers, available assets and possible solutions)	1	Health department representative	Community leader, health educator	10/13/2015
Survey	Online survey with members of Antelope Valley (Pre-prioritization of health outcomes and drivers)	58	Non-profit social service leaders, hospital and county health administrators, providers, community members	Community members, leaders and health experts	11/7/2015 – 11/20/2015

Data Collection Method Employed	Who Participated / Title of event//Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date
Survey	St. Patrick Church, North Hollywood, health priorities & access to health (Pre-prioritization of health outcomes and drivers)	43	Low-income, medically underserved minority community members	Community members	8/9/2015
Survey	San Fernando Park, City of San Fernando, health priorities & access to health (Pre-prioritization of health outcomes and drivers)	54	Low-income, medically underserved minority community members	Community members	8/16/2015
Survey	Lanark Park, Canoga Park (Pre-prioritization of health outcomes and drivers)	24	Low-income, medically underserved minority community members, health priorities & access to health	Community members	8/28/2015
Survey	VCCC's large group, VICA, Valley Economic alliance with online survey (Pre-prioritization of health outcomes and drivers)	31	Business leaders, for profit & nonprofit community organizations, education administrators, community representatives	Community leaders	11/3/2015 - 11/20/2015
Survey	Business groups, community representatives with online surveys (Pre-prioritization of health outcomes and drivers)	45	Health professionals serving various sectors of the San Fernando Valley	Community leaders and representatives	10/8/2015

Appendix C: Health Need Profiles

After prioritizing the top 10 health needs for both Antelope Valley and Panorama City, it was noted that a few health needs differed slightly between the service areas. Taking this into consideration, the CHNA team created health need profiles for all 10 health needs and when necessary presented information separately for each service area. The health profiles are organized in order of priority for easier access. Each health need profile follows a similar format: 1) description & significance, 2) health outcomes statistics, 3) health disparities, 4) health drivers, 5) community input, and 6) assets and opportunities.

For the purpose of this CHNA, California is utilized as a benchmark to which the KFH-Panorama City and its sub-service areas are compared. Please note that within the tables comparing the service areas, values are highlighted in **RED** whenever a health need does not meet the state benchmark (**BOLDED**). In other words, the values are worse than the state. Those values highlighted in **GREEN** indicate the service area meets or exceeds the state benchmark, meaning it is performing better than California. It should also be noted that for the KFH-Panorama City service area, some health needs data may exceed the state benchmark by a slight margin. Additionally, some data collected are at the county level rather than the local level. As such, some of the service area values may reflect those of the county.

Homelessness and Affordable Housing

Description & Significance: Unaffordable housing reduces the income a household has available for other basic needs such as nutritious food, health care expenses, and transportation. People who cannot afford their housing may move more often which can impact mental health due to psychological stress and depression. According to the Department of Housing and Urban Development (HUD), although the number of homeless population in the United States has declined since 2007, more than 564,000 people including more than 127,000 children under the age of 18 years were homeless on a single night in January 2015. Homelessness can worsen chronic physical and mental health conditions or contribute to substance abuse problems. Environmental exposures, exposure to communicable diseases, lack of access to preventive and medical care, and lack of access to proper nutrition and sleep all contribute to high rates of poor health among homeless people.

Health Outcome Statistics



44,359

Approximate number of homeless people in Los Angeles County in 2015, an increase of 11% from 2013

Source: Los Angeles Homeless Services Authority Homeless Count, 2015. Source geography: Service Planning Area.

Health Disparities



This breakdown of subpopulations in the service area shows that many issues identified in the CHNA contribute to homelessness and health disparities.

Greater Los Angeles Homeless Count Results, 2015

	Antelope Valley Area	San Fernando Valley Area*	Los Angeles County
Total	2,818	5,216	44,359
On the streets	84.1%	73.4%	70%
In shelters	15.9%	26.6%	30%
Veterans	2.8%	11.3%	10%
Mental Illness	18.6%	40.2%	30%
Substance Abuse	11.5%	26.9%	25%
Physical Disability	20.8%	21.0%	20%
Have HIV/AIDS	3.5%	1.7%	2%
Domestic Violence Experience	17.9%	23.9%	21%

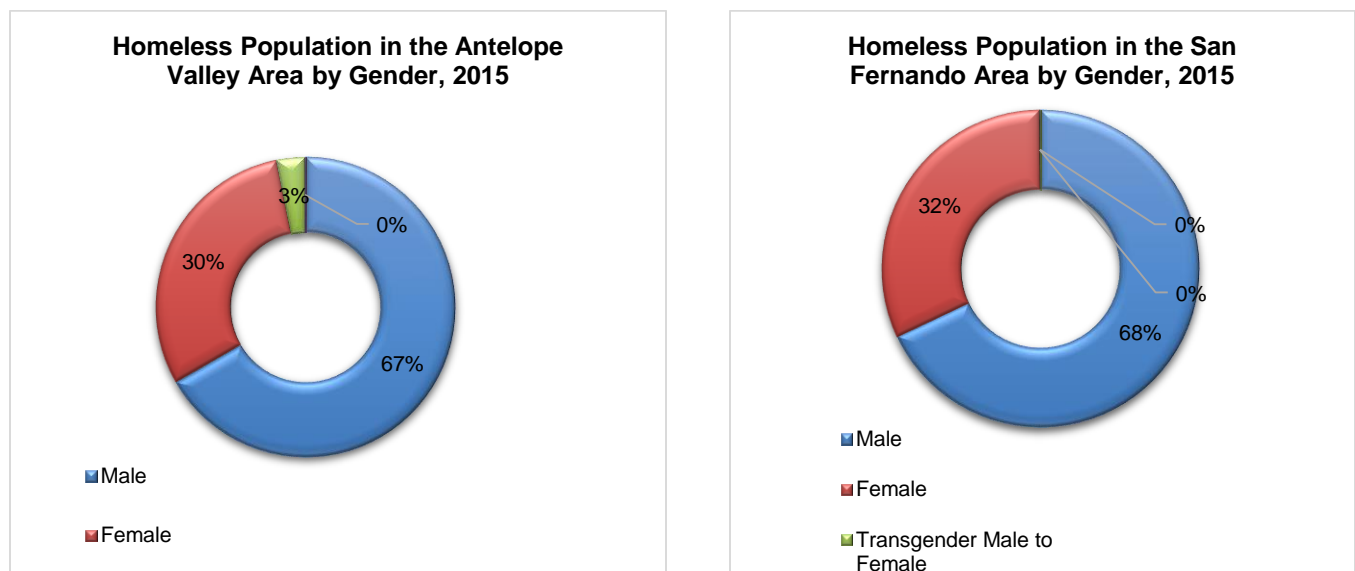
Source: Los Angeles Homeless Services Authority Homeless Count, 2015. Source geography: Service Planning Area. *Note: No data was available for the Panorama City service area. San Fernando Valley data is used as substitution

In both Antelope Valley and San Fernando Valley, homeless persons are more likely to be White, African American, or Latino.



Source: Los Angeles Homeless Services Authority Homeless Count, 2015. Source geography: Service Planning Area.

Males are more likely than other genders to be homeless in both service areas.



Source: Los Angeles Homeless Services Authority Homeless Count, 2015. Source geography: Service Planning Area.

Key Health Drivers



Social & Economic

Unemployment Rate

Falling incomes and less secure jobs contribute to homelessness. Low-income workers are at particular risk of losing their homes as it becomes difficult to support their families. Displaced workers face difficulty finding new employment and when they do find work, their new wages are likely to be less than the ones they lost.

Unemployment Rate of Population 16 and Older

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
7.6%	7.7%	7.5%	7.5%	10%	6.8%

Source: US Department of Labor, Bureau of Labor Statistics. 2015 - December. Source geography: County

Cost Burdened Households and Assisted Housing

According to the U.S. Department of Housing and Urban Development, housing is affordable if the people living there pay less than 30% of their income on rent or mortgage payment. Households that pay more than this amount may not have enough money to meet other needs such as food and health care and are at risk to become homeless.

Percentage of Households where Housing Costs Exceed 30% of Income

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
50.38%	44.81%	52.23%	49.87%	39.34%	44.99%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Number of HUD-funded assisted housing units available to eligible renters (per 10,000 total households)

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
433.3	419.63	438.07	439.3	217.11	368.32

Source: US Department of Housing and Urban Development. 2013. Source geography: County

Housing - Substandard Housing

Quality housing is linked with positive physical and mental wellbeing. The design, construction and maintenance of houses and the presence or absence of safety devices can impact injury, illness and

mental health. The table below reports the percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

Percent of Housing Units with Substandard Conditions

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
53.2%	46.24%	55.5%	53.95%	43.19%	47.54%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Community Input



Community members shared the following concerns related to this health need:

Antelope Valley	Panorama City
<p>“We need a larger shelter to facilitate the process of permanent supported housing”</p> <p>There are insufficient case managers to assist the homeless</p> <p>“We only have one shelter and they will not take our most chronic and sickest.”</p> <p>More local jobs and increased wages needed</p> <p>Lack of capacity for adult shelters</p> <p>Many people are too sick to raise funds or sustain housing</p> <p>Hiring social worker in this area is almost impossible</p>	<p>Foreclosed homes</p> <p>Increasing rental prices</p> <p>People living in substandard housing</p> <p>Emergency shelters are mostly in downtown Los Angeles instead of the San Fernando Valley</p> <p>High school dropout rate is high</p> <p>Lack of opportunities for quality education</p> <p>Lack of opportunity to build job skills</p> <p>Low-income people are unable to access services</p> <p>Lack of funding by city and county officials into affordable housing</p>

Assets & Opportunities for Homelessness and Affordable Housing



Community assets are resources within the community potentially available to meet the identified need.

- **California Department of Rehabilitation** - Homeless Resources for San Fernando: includes homeless service providers such as government agencies, food banks, homeless shelters/housing, hospitals, mental health agencies, job training, churches, mental health providers, Red Cross, sober living, drug & alcohol services, domestic violence, legal services and senior citizen services in San Fernando Valley. www.dor.ca.gov/GreaterLosAngeles/index.asp
- **California Homeless Resources** – List of resources for each city including homeless shelters and other support services: <http://www.homelessresourcesca.org/>

- **California Department of Social Services** – Employment, cash aid, food, residential care, day care, in-home care, adoption, foster care, refugee services.
<http://www.dss.cahwnet.gov/cdssweb/PG181.htm>
- **California Employment Development Department** – Provides job search assistance and training services in partnership with state and local agencies and organizations:
<http://www.edd.ca.gov/>
- **Family Solutions System (FSS)** – developed by a collaboration of partner organizations (housing service providers, the Department of Social Services, the Los Angeles Housing Services Authority, 211 Los Angeles County, and other partnering agencies) to improve and expedite the delivery of housing and other supportive services to homeless families in Los Angeles County:
<https://www.lahsa.org/hfss/about>
- **Home for Good Funders Collaborative** – Action plan launched in December 2010 to end chronic and veteran homelessness in LA County by 2016 by providing grants:
<http://homeforgoodla.org/our-work/funders-collaborative/>
- **Homeless and Housing Program Fund** – Stems from an initiative to address the critical shortage of permanent housing, shelter beds, and supportive services in the County:
<http://www.lacdc.org/programs/homeless-and-housing-program-fund-%28hhpf%29>
- **Los Angeles County Housing Resource Center** - Web-based service created to help people list and find affordable, special-needs, accessible, and emergency housing within the county:
<http://housing.lacounty.gov/index.html>
- **San Fernando Santa Clarita Valleys Homeless Coalition**** - Coalition of agencies that provide homeless services in San Fernando and Santa Clarita Valleys come together to share resources and services they provide. Housing, mental health, homeless services www.lafh.org
- **United Homeless Healthcare Partners (UHHP)** - Network of homeless service providers, social service organizations, private health providers, professional association, city and federal officials focusing on issues and practices relating to the delivery of healthcare services to homeless residents of Los Angeles County: <http://www.uhhpla.org/index.html>
- **Valley Oasis*** – One-year or two-year transitional housing for eligible residents:
<http://www.valleyoasis.org/home.html>
- **Van Nuys-North Sherman Oaks Work Source Center**** - Lists nearby unemployment assistance office locations. <http://www.countyoffice.org/van-nuys-north-sherman-oaks-worksource-center-los-angeles-ca-f8a/>

Note: *Applies only to Antelope Valley; **Applies only to Panorama City. Icons from [The Noun Project](#)

Mental Health

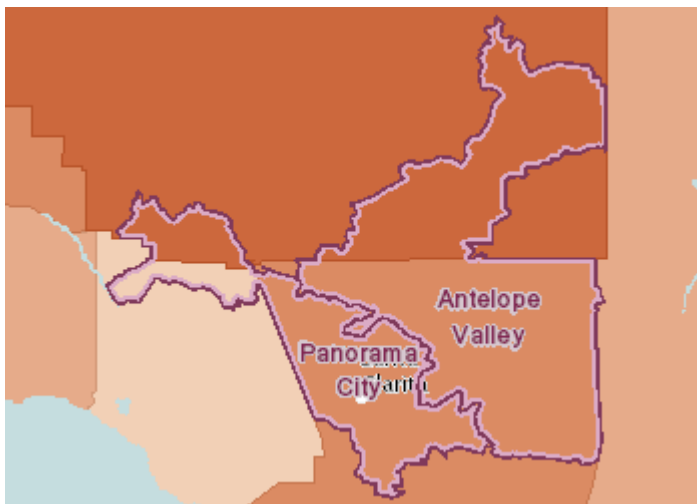
Description & Significance: According to the Center for Disease Control and Prevention, mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her communities. There is evidence that positive mental health is associated with improved health outcomes. Mental illnesses are health conditions that are characterized by alterations in thinking, mood, or behavior or a combination of these. These conditions are usually associated with distress and/or impaired functions. Approximately 1 in 5 adults (43.8 million) experience mental illness in a given year. Depression is the most common type of mental illness with 16 million adults having at least one major depressive episode in the past year. And among the 20.2 million adults who experienced a substance use disorder, 50.5% (10.2 million) had a co-occurring mental illness.

People with mental health problems are more likely to have higher rates of chronic diseases (including HIV), practice high risk behaviors, be more vulnerable (to poverty, social isolation, trauma and violence, discrimination, and incarceration), and lack access to health care.

Health Outcome Statistics



In KFH-Panorama City's service area, at least 18.1% of adults reported needing mental health care.



Adults Age 18 Needing Mental Health Care in Past 1 Year, Percent by County, CHIS 2013-14

- Over 19.0%
- 16.1 - 19.0%
- 14.1 - 16.0%
- Under 14.1%
- Report Area

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2013-14. Source geography: County (Grouping)

Poor Mental Health Days

Adults in the KFH-Panorama City service area report being mentally unhealthy on average 3.7 days out of each month compared to the state.

Average Number of Mentally Unhealthy Days per Month for Adult Population

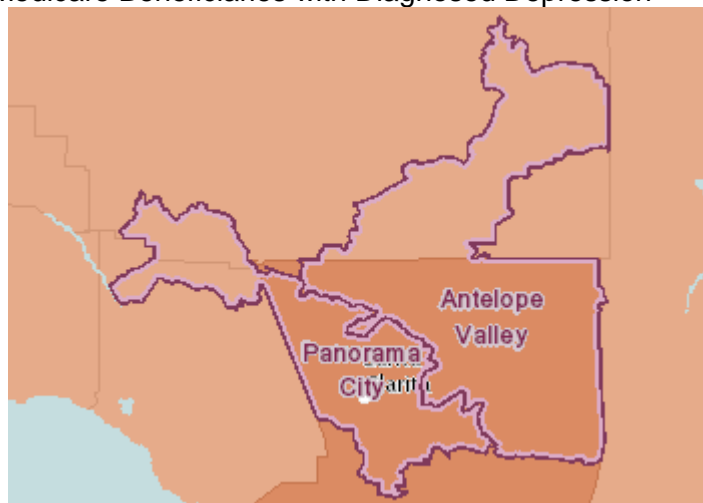
Report Area	Total Population (Age 18)	Total Mentally Unhealthy Days	Average Mentally Unhealthy Days
KFH-Panorama City Service Area	1,211,459	4,497,946	3.7
Antelope Valley Service Area	312,254	1,168,532	3.7
Panorama City Service Area	899,205	3,329,414	3.7
Los Angeles County	7,359,916	27,231,689	3.7
Kern County	577,182	2,424,164	4.2
California	27,665,678	99,596,441	3.6

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12. Source geography: County

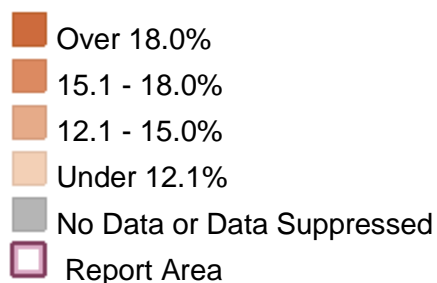
Depression among Medicare Beneficiaries

15% of Medicare Beneficiaries, ages 67 and older, were diagnosed with depression in the service area compared to 13.4% in California.

Medicare Beneficiaries with Diagnosed Depression



Beneficiaries with Depression, Percent by County, CMS 2012



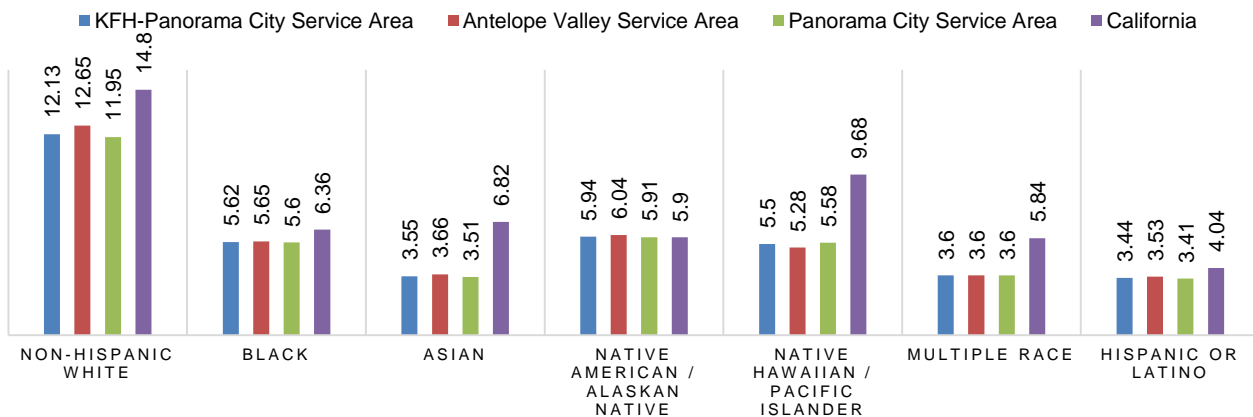
Source: Centers for Medicare and Medicaid Services. 2012. Source geography: County

Health Disparities



1,306 deaths in the KFH-Panorama City Service Area are attributed to suicide. Suicide is higher among Whites compared to other races.

SUICIDE RATE BY RACE/ETHNICITY (PER 100,000 POPULATION)



Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code

Key Health Drivers



Social & Economic

Lack of Social or Emotional Support

Friends and family can influence someone with mental illness to get the treatment and services they need. They can make themselves available to help, help access mental health services and treat them with respect. The table below indicates that a high number of adults do not have adequate social or emotional support in the KFH-Panorama City service area.

Percent of Adults Age 18 and Older who Report Inadequate Social or Emotional Support

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
28.4%	28.3%	28.4%	28.4%	26.8%	24.6%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



Clinical Care

Access to Mental Health Providers

Fewer mental health providers are available to serve the service area of KFH-Panorama City compared to the state.

Number of Mental Health Care Providers (Per 100,000 Population)

Report Area	Estimated Population	Number of Mental Health Providers	Mental Health Care Provider Rate (Per 100,000 Population)
KFH-Panorama City Service Area	1,673,298	2,459.73	147
Antelope Valley Service Area	434,264	614.11	141.4
Panorama City Service Area	1,239,034	1,845.62	149
Los Angeles County	10,135,153	15,148	149.5
Kern County	888,153	563	63.4
California	38,853,695	61,037	157

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014. Source geography: County

Community Input



Community members shared the following concerns related to this health need:

Antelope Valley	Panorama City
<p>"Mental health is the biggest unmet need in the community"</p> <p>Lack of education on mental issues</p> <p>Lack of income and resources</p> <p>Homelessness</p> <p>Isolation</p> <p>No child or adolescent mental services in this valley</p>	<p>Insufficient mental health providers</p> <p>Lack of timely access to specialists (mental health) for the uninsured</p> <p>Poor family support</p> <p>Stigma of admitting to mental health problems</p> <p>Economic barrier</p> <p>Substance Use</p> <p>Lack of shelter for people with mental illness</p>

Assets & Opportunities for Mental Health



Community assets are resources within the community potentially available to meet the identified need.

- **Children's Bureau*** – Helps children and their families find ways to decrease potential outbursts and violence in the home: <https://www.all4kids.org/program/mental-health/>
- **LAUSD School Mental Health**** – Established clinics and centers throughout the District to provide high quality direct free mental health services to students and families in conveniently located facilities which includes Valley School Mental Health Clinic (Van Nuys): http://notebook.lausd.net/portal/page?_pageid=33,1049491&_dad=ptl&_schema=PTL_EP
- **Los Angeles County Department of Mental Health** – Services include assessments, case management, crisis intervention, medication support, peer support and other rehabilitative services: http://dmh.lacounty.gov/wps/portal/dmh/our_services
- **Mental Health America of Los Angeles (Antelope Valley Enrichment Services)*** – Offers a broad spectrum of services for adults and young adults with mental illness, including those who are homeless: http://www.mhala-aves.org/programs_services.php
- **National Alliance on Mental Health (NAMI)*** – grassroots mental health organization dedicated to building better lives for Americans affected by mental illness through community education, advocacy, helpline and referral support. Locations in Lancaster: <http://www2.nami.org/MSTemplate.cfm?MicrositeID=174>
- **National Alliance on Mental Health (NAMI)**** – grassroots mental health organization dedicated to building better lives for Americans affected by mental illness through community education, advocacy, helpline and referral support. Locations in Van Nuys: <http://www.namisfv.org/>
- **Network of Care** – List of mental health services and programs for service members, veterans and their families in LA County: <http://losangeles.networkofcare.org/veterans/services/category.aspx?cid=33440&targetgrp=>
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** - Substance Abuse Treatment Facility Locator: <https://findtreatment.samhsa.gov/TreatmentLocator/faces/geographicSearch.jspx>

Note: *Applies only to Antelope Valley; **Applies only to Panorama City. Icons from [The Noun Project](#)

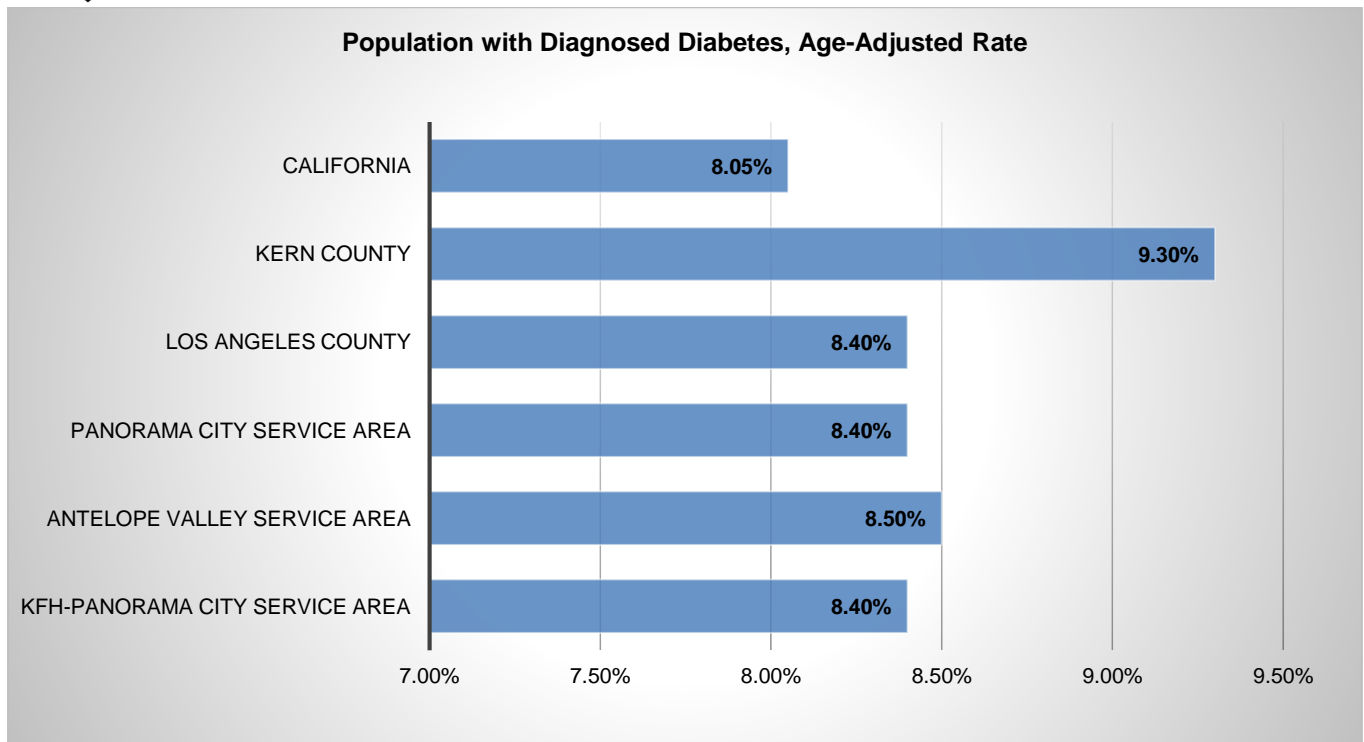
Diabetes

Description & Significance: Diabetes is a disease in which blood glucose levels are above normal. This is due to low production of insulin, a hormone that gets glucose into the cells of the body. Diabetes is the 7th leading cause of death in the United States. Type 2 diabetes accounts for about 90% to 95% of all diagnosed diabetes. If untreated, diabetes can cause serious and potentially fatal health complications including heart disease, blindness, kidney failure, and amputation of the legs. About 86 million Americans over age 20 have pre-diabetes, a precursor for diabetes. This occurs when blood glucose levels are higher than normal but not yet high enough to be called diabetes. People with pre-diabetes are also at higher risk to have a heart attack or stroke.

Health Outcome Statistics

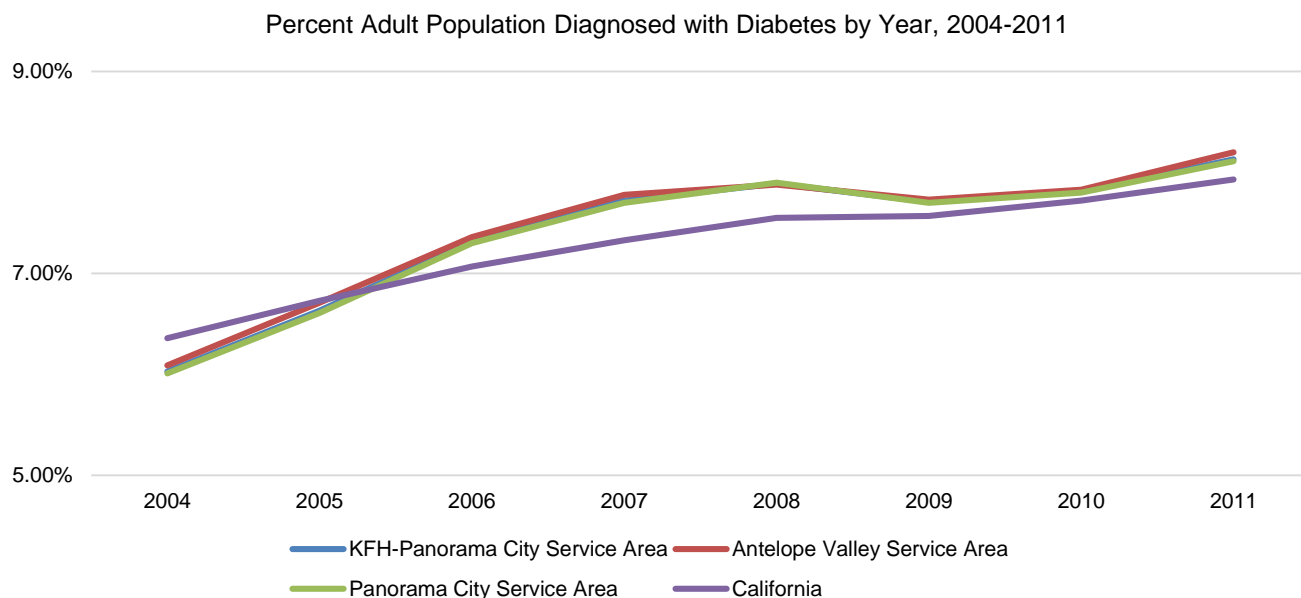


The rate of adult diagnosed with diabetes in the KFH-Panorama City service area surpasses that of the state.



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

The rate of diabetes has slowly increased over the years as evidenced in the chart below.



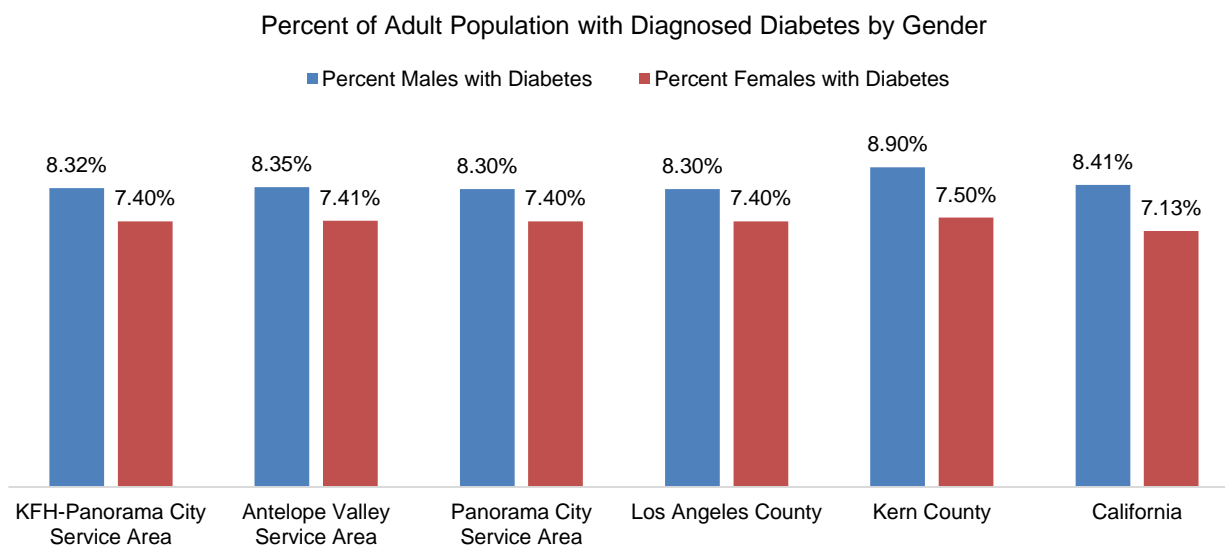
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Health Disparities



There are more men than women living with diabetes.

Percent of Adult Population with Diagnosed Diabetes by Gender



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Key Health Drivers



Health Behaviors (Healthy Eating)

Low Fruit/Vegetable Consumption (Adult)

Diabetes has been associated with overweight/obesity which can result from increased consumption of unhealthy foods and drinks and/or poor intake of fruits and vegetables.

Percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
72.7%	72.5%	72.8%	72.8%	69.2%	71.5%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2005-09. Source geography: County

Soft Drink Expenditures

Estimated expenditures for carbonated beverages, as a percentage of total household expenditures.

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	California
3.67%	3.7%	3.66%	3.62%

Source: Nielsen, Nielsen Site Reports. 2014. Source geography: Tract. Note: Data for Los Angeles and Kern counties suppressed



Physical Environment (Healthy Eating)

Grocery Stores

Access to healthy food can influence dietary behaviors. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry.

Number of grocery stores per 100,000 population

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
15.83	11.91	17.2	20.92	22.99	21.51

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011. Source geography: Tract

Food Desert Population

Percentage of the population living in areas designated as food deserts (a low-income area with low access to a supermarket or large grocery store)

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
15.6%	31.4%	10.07%	6.87%	22.63%	14.31%

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.

Source geography: Tract



Healthy Behavior (Physical Activity)

Being active, combined with healthy eating, can help maintain weight, blood glucose levels, cholesterol, and blood pressure at recommended targets. In the KFH-Panorama City service area, many adults and youth are physically inactive.

Physical Inactivity (Adult)

Percentage of adults age 20 and older who self-report that they perform no leisure time activity

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
17.4%	17.7%	17.3%	17.3%	22.1%	16.6%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Physical Inactivity (Youth)

Percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the Fitness gram physical fitness test

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
42.66%	42.9%	42.59%	39.97%	40.64%	35.92%

Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14. Source geography: School District

Commute Over 60 Minutes

The amount of time spent commuting impacts health-related activities such as sleeping, engaging in physical activity, and ability to prepare healthy meals.

Percentage of the population that commutes to work for more than 60 minutes each direction

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
16.72%	24.7%	14.55%	12.07%	7.79%	10.44%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Physical Environment (Physical Activity)

An environment with safe walking routes and nearby amenities encourages physical activity and other healthy behaviors and decreases dependence on motor vehicle transportation.

Park Access

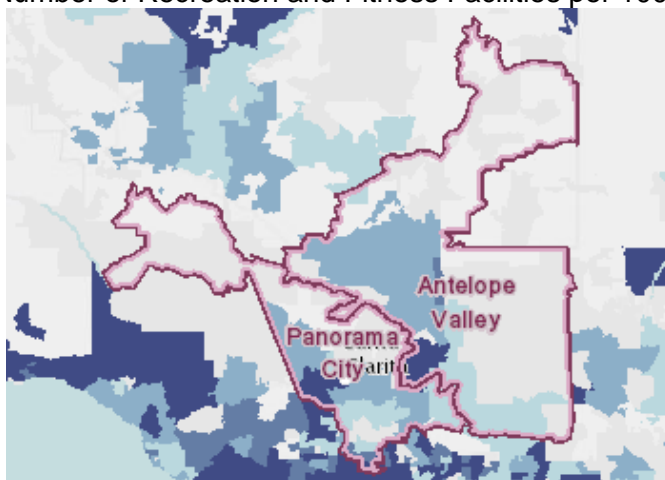
Percentage of population living within 1/2 mile of a park

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
37.89%	22.33%	43.32%	63.11%	37.75%	58.60%

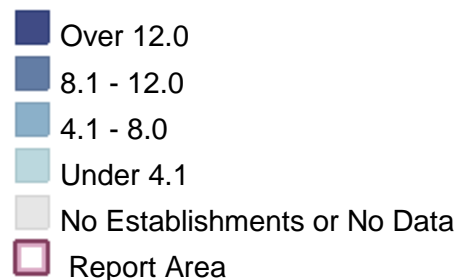
Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2010. Source geography: Block Group

Recreation and Fitness Facility Access

Number of Recreation and Fitness Facilities per 100,000 Population



Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by ZCTA, CBP 2012



Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012.
Source geography: ZCTA



Clinical Care

Diabetes Management (Hemoglobin A1C Test)

People with diabetes need to check their blood glucose level daily and record their numbers. Doing so helps the doctor know how to better treat their conditions. Doctors can also conduct a hemoglobin A1C (HbA1C) test which shows what the blood glucose has been over three months. This indicator reports the percentage of diabetic Medicare patients who have had a HbA1C test administered by a health care professional in the past year.

Percentage of Adults with Diabetes in Medicare Who Have an Annual Exam

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
80.4%	80.5%	80.4%	80.4%	81.5%	81.5%

Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012.

Source geography: County

Community Input



Community members shared the following concerns related to this health need:

Antelope Valley	Panorama City
Lack of education on health issues Too many fast food restaurants – People prefer to buy cheap and easy food in comparison to the supermarket Unhealthy eating due to lack of grocery stores Lack of nutrition education Lack of YMCAs The cost of fresh fruits and vegetables is expensive	Poor eating habits Lack of exercise Little knowledge about eating healthy Lack of education that people can really control certain kinds of conditions, that the conditions do not come with age

Assets & Opportunity for Diabetes



Community assets are resources within the community potentially available to meet the identified need.

- **Adult Diabetic Support Group*** – Offered at Antelope Valley Hospital Family Resource Center, this program teaches adults and their families how to deal with diabetes:
<https://hispanicaccess.org/service-provider-directory/adult-diabetic-support-group-antelope-valley-hospital-family-resource>

- **100 Citizens Program**** – free physical activity program delivered by California State University Northridge Kinesiology students at San Fernando and El Cariso parks: <http://www.100citizens.org/>
- **Diabetes Kitchen Classes**** – Free six-week cooking class to help individuals control or prevent diabetes: <http://www.mchonline.org/san-fernando>
- **Healthy Class** – Search for articles, apps, medication and health information, classes and educational events for chronic diseases in the San Fernando Valley area. Most classes are held at hospitals or clinics and cover disease prevention, management, diet and meal planning: <http://www.healthyclass.com/site-map/california/san-fernando-valley/diabetes>
- **Los Angeles Department of Parks and Recreation** – Provides the public a wide variety of recreational opportunities including special programs for children and seniors and food programs and fitness classes for all ages. Use the Parks Locator to find the closest park by address, city or zip code: <http://parks.lacounty.gov/wps/portal/dpr/parkslocator/>
- **Project ALTO-D**** – Free eight-week diabetes self-management education series for both pre-diabetics and diabetics: <http://www.mchonline.org/san-fernando>
- **UCLA Diabetes Education Program** – Located throughout LA County, offers personalized diabetes plan to meet patients' needs including diabetes education: <https://www.uclahealth.org/Endocrinology/Pages/diabetes.aspx>
- **Valley Care Community Consortium's Chronic Disease Committee**** – Collaboration of public and private community partners to advocate, plan, assess needs and facilitate development of effective programs and policies to improve the health of the residents of the San Fernando and Santa Clarita Valleys: <http://www.valleyccc.org/aboutus.php>
- **YMCA Diabetes Prevention Program** – Trained lifestyle coaches use a CDC-approved curriculum to introduce topics in small group environments and encourage participants as they explore how healthy eating, physical activity, and behavior changes, and weight loss can help them reduce their risk of developing diabetes: <http://www.ymca.net/diabetes-prevention>

Note: *Applies only to Antelope Valley; **Applies only to Panorama City. Icons from [The Noun Project](#)

Violence and Trauma against Women and Children

Description & Significance: Domestic violence is the willful intimidation of one intimate partner against another in a pattern of power and control. It includes physical violence, threats, and emotional abuse. Between 2009 and 2011, while other types of homicides decreased, domestic violence deaths in California increased by 11%. Victims of domestic violence are at higher risk for developing addictions to alcohol, tobacco, or drugs. In California, 94% of victims in all murder-suicides are women.

Child maltreatment include all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role. Four common types of abuse are physical abuse, sexual abuse, emotional abuse, and neglect. Children who are abused or neglected are at a higher risk for health problems as adults including alcoholism, depression, drug abuse, eating disorder, obesity high-risk sexual behaviors, smoking, suicide, and certain chronic diseases (CDC). In 2012, an estimated 1,640 children died from child maltreatment with 70% due to neglect.

Health Outcome Statistics



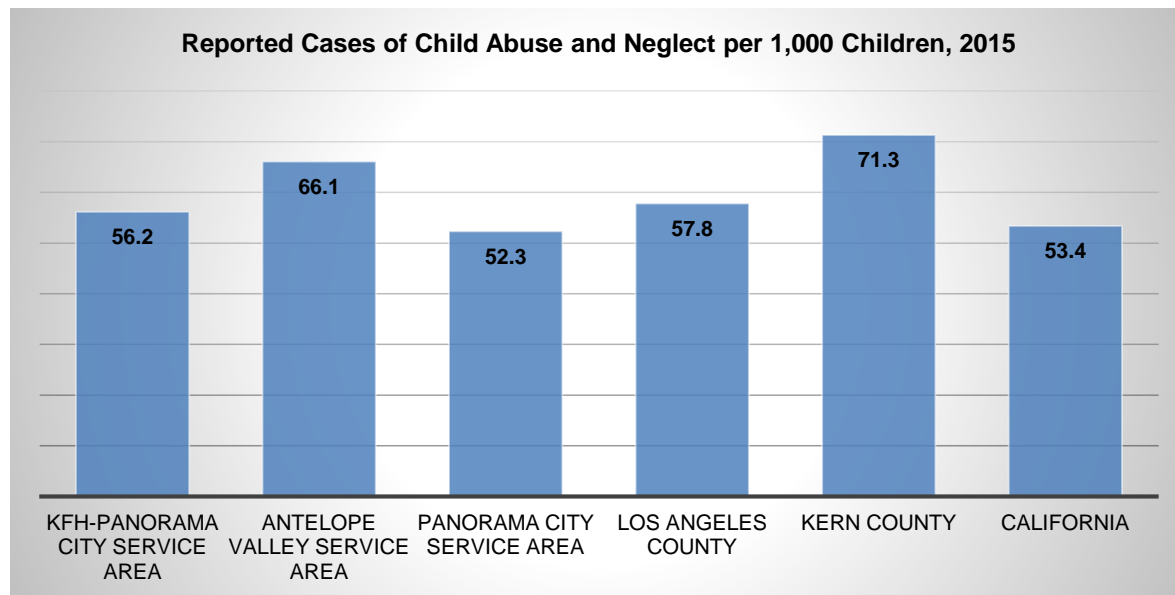
More so in Antelope Valley than Panorama City, a high rate of females visit the emergency department for non-fatal injuries as a result of domestic violence.

Emergency Department Visit for Females Age 10 and Older, per 100,000 Population, 2011-2013 for Non-Fatal Domestic Violence Injuries

Report Area	Females Age 10 and Older	Number of Emergency Department Visits	Rate per 100,000 Population
KFH-Panorama City Service Area	724,099	53	7.3
Antelope Valley Service Area	186,651	15	8.1
Panorama City Service Area	537,447	37	7.1
Los Angeles County	4,398,934	307	7
Kern County	345,430	70	20.3
California	16,565,821	1,586	9.5

Source: California Department of Public Health, California Epicenter. 2011-13. Source geography: County

A high rate of child abuse and neglect is reported in the KFH-Panorama City service area, with more children reported in Antelope Valley than Panorama City.



Source: California Child Welfare Indicators Project from University of California Berkeley, 2015. Source geography: County

Key Health Drivers



Physical Environment

Substance use (excessive alcohol and drug use) have been linked with traumatic experiences such as domestic violence and child abuse and neglect. A higher concentration of liquor stores can indirectly increase the consumption of alcohol.

Liquor Store Access

Number of beer, wine, and liquor stores per 100,000 population

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
11.36	8.81	12.26	11.41	5.36	10.02

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012. Source geography: ZCTA



Social & Economic

School Suspensions

School suspensions and expulsions are associated with lower educational attainment, higher dropout rates, engagement with the juvenile justice system, incarceration as an adult, decreased economic security as an adult, and poor mental health outcomes, including experiences of stress and trauma. It is possible that some children who are suspended or expelled are abused.

Suspensions per 100 Enrolled Students, 2013-2014

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
5.91	19.57	1.96	2.46	4.59	4.04

Source: California Department of Education. Source geography: Tract

School Expulsions

Number of Expulsions per 100 enrolled students, 2013-2014

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
0.11	0.39	0.03	0.02	0.05	0.05

Source: California Department of Education. Source geography: Tract

Community Input



Community members shared the following concerns related to this health need:

Panorama City	Antelope Valley
There was no comment from the community regarding this health need it was recognized as a priority for the service area during the final prioritization meeting	"We have too many marijuana dispensaries" "We have too many liquor stores" Gun shops Abusive childhood experiences including mental, physical and mental Homes with substance abuse, alcoholism and mental health issues

Assets & Opportunities for Violence against Women and Children



Community assets are resources within the community potentially available to meet the identified need.

- **California Child Protective Services** – Major system of intervention of child abuse and neglect in California: <http://www.dss.cahwnet.gov/cdssweb/pg93.htm>
- **California Partnership to End Domestic Violence** – Coalition of over 1,000 advocates, organizations and allied groups that through public policy, communications and capacity-building efforts align prevention and intervention strategies to advance social change. Find community-based organizations that provide direct services: <http://www.cpedv.org/domestic-violence-organizations-california>
- **Children's Bureau*** – With locations in Palmdale and Lancaster, this organization provides vulnerable children by preventing child abuse and neglect at home and in the community, protecting and treating abused children, bringing families and communities together to create safe and secure environments, and advancing the welfare of children and families through programs in foster care, adoptions, child development, parent education, mental health, research, and advocacy: <https://www.all4kids.org/programs/>
- **Domestic Violence Emergency Referral Services and Hotlines** - Emergency referral services and hotlines in LA County subdivided by LA County services, national and county regions: http://www.lapdonline.org/get_informed/content_basic_view/23671
- **Forensic Services Unit (FSU) at Antelope Valley Hospital*** – Provide informative programs to agencies and community members on topics such as non-fatal strangulation, domestic violence, sexual assault, child abuse, self-defense and many others: <https://www.avhospital.org/Services/ForensicServicesUnit>
- **Los Angeles Department of Children & Family Services** – Suspected child abuse reporting system for mandated reporters: <https://mandreptla.org/index.asp>
- **Los Angeles Department of Public Social Services** – Services include homeless assistance, Cal-Learn, child care and specialized supportive services such as domestic violence, mental health and substance abuse treatment: <https://www.dpssbenefits.lacounty.gov/ybn/Index.html>
- **Valley Oasis*** – Crisis intervention and services to domestic violence, sexual assault and child abuse and neglect victims and their families: <http://www.valleyoasis.org/home.html>

Note: *Applies only to Antelope Valley; **Applies only to Panorama City. Icons from [The Noun Project](#)

Access to Primary Healthcare

Description & Significance: Primary care providers, such as family physicians, internists, or pediatricians are often the first contact with the health care system. They diagnose and treat common illness before they become serious and help patients manage chronic conditions. They offer preventive services such as flu shots, cancer screenings and education on health behaviors. Without access to regular primary care providers, people can end up in emergency rooms and often are admitted to the hospital. Good access to primary care increases life expectancy, prevents disability and reduces absences from work and schools.

Since the Affordable Care Act (ACA) was passed in 2010, 16.4 million uninsured people have gained insurance coverage. Since 2013, the uninsured rate has declined 9.2% for African Americans and 12.3% for Hispanic/Latinos.

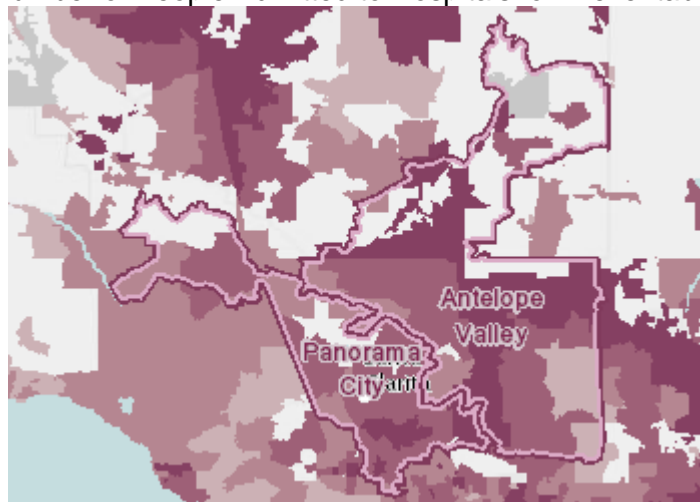
Health Outcome Statistics



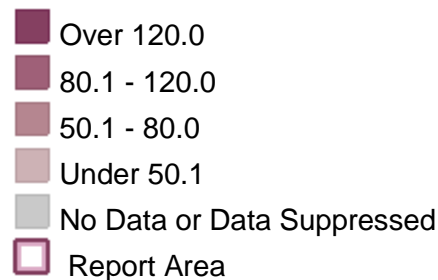
The chart below indicates the number of conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. In the KFH-Panorama City service area, 114.55 hospital admissions area attributed to preventable causes.

Preventable Hospital Events

Number of People Admitted to Hospitals for Preventable Health Conditions, Per 10,000 Population



Preventable (ACS) Condition Hospital Discharges, Rate (Per 10,000 Pop.) by ZCTA, OSHPD 2011



Source: California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. Additional data analysis by CARES. 2011. Source geography: ZIP Code

Health Disparities



The table below displays that men are less likely to visit primary care physicians than women. Additionally, Latinos are less likely than other races to have a consistent primary care physician. Therefore, it is likely that these groups' first access to care may be through the emergency room.

Population without Consistent Source of Primary Care by Sex and Race/Ethnicity

	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Male	19.84%	19.81%	19.85%	19.9%	19.4%	16.95%
Female	13.55%	13.39%	13.61%	13.6%	11%	11.63%
White	10.49%	10.81%	10.37%	10.34%	10.49%	9.99%
Black	10.15%	10.33%	10.09%	10.08%	10.15%	11.03%
Hispanic	20.62%	20.44%	20.68%	20.7%	20.62%	19.27%
Other race	18.46%	18.46%	18.46%	18.46%	18.46%	13.85%

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.

Source geography: County (Grouping)

Key Health Drivers



Physical Environment

Uninsured Population

The lack of health insurance is a *key driver* of health status. Not having health insurance also reduces access to regular primary care, specialty care, and other health services. The table below indicates the percentage of the population that is uninsured.

Percentage of Population with No Health Insurance

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
21.55%	17.73%	22.87%	22.18%	20.16%	17.78%

Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract



Clinical Care

Access to Primary Care

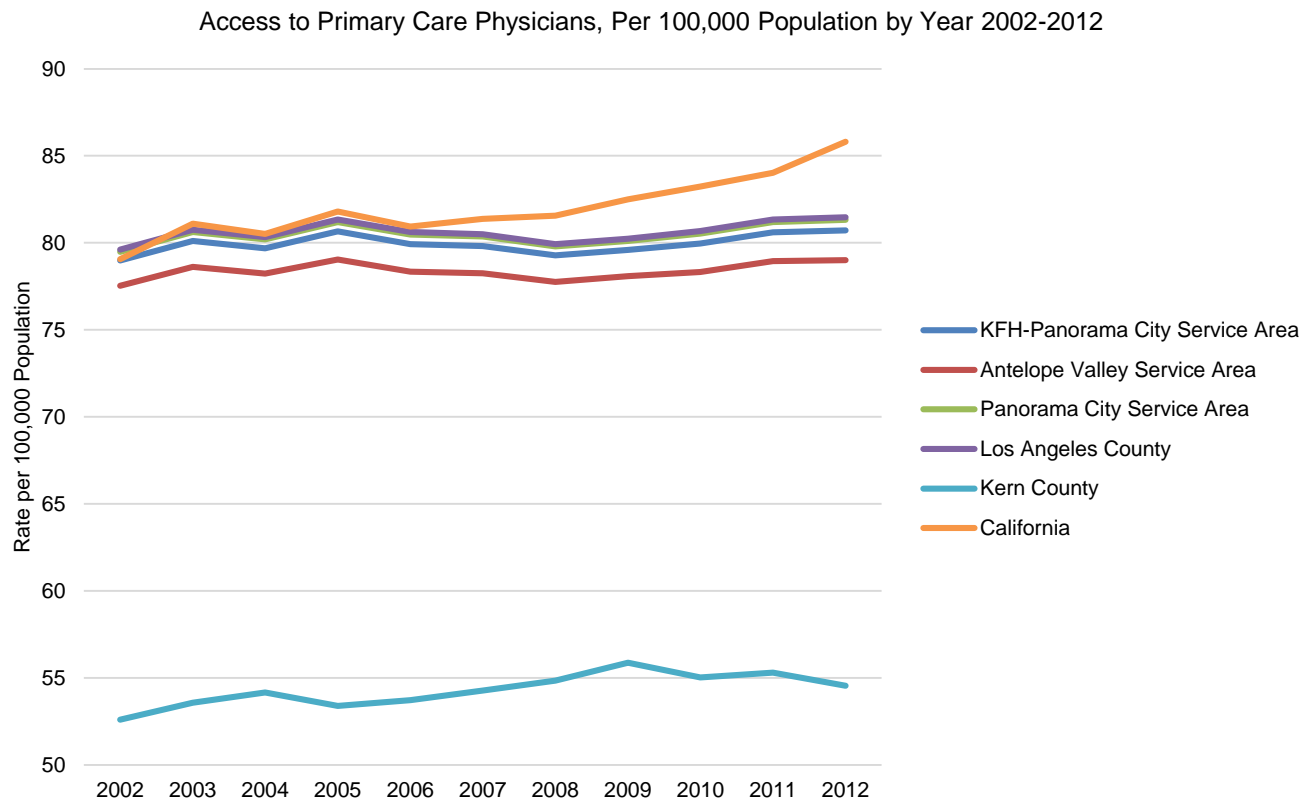
Compared to the state, there are fewer primary care physicians in the KFH-Panorama City service area which may be one reason why a higher rate of the population reports not having a regular doctor.

Rate of Primary Care Providers per 100,000 Population

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
71.4	70	71.9	72	49.6	77.2

Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

Whereas there is evident upslope in the rate of primary care physicians in California over a period of 10 years (2002-2012), there is a slight increase in the KFH-Panorama City service area.



Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

Lack of Consistent Source of Primary Care

More children, youth and adults in the KFH-Panorama City service area report not having a usual place to when sick or needing health advice. Having a consistent primary care is important to preventing major health issues and emergency department visits.

Population without Regular Doctor

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
16.70%	16.60%	16.70%	16.70%	15.30%	14.30%

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
Source geography: County (Grouping)

Health Professional Shortage Area – Primary Care

A higher rate of the population of KFH-Panorama City lives in locations designated as short of primary care professionals. As a result, residents may not access preventive services.

Population Living in a Primary Care Health Professional Shortage Area (HPSA)

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
38.36%	66.57%	28.50%	31.35%	38.97%	25.18%

Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA

Screenings

Screenings are relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. The tables below can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Mammogram

Percentage of female Medicare enrollees, age 67 and older, who have received one or more mammograms in the past two years

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
53.9%	53.8%	54%	54%	52.7%	59.3%

Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012.
Source geography: County

Sigmoid/Colonoscopy

Percentage of adults age 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
54%	54%	54%	54%	54.6%	57.9%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12



Social & Economic

Population Receiving Medicaid

Vulnerable populations, such as those on Medicaid are more likely to have less access to health, poor health status, and lack social support. It is an indicator for the level of poverty in a population.

Percentage of the population that is enrolled in Medicaid or other public health insurance

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
28.22%	30.75%	27.28%	27.17%	34.79%	23.41%

Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

Community Input



Community members shared the following concerns related to this health need:

Antelope Valley	Panorama City
<p>Lack of insurance Unable to pay co-pays Appointments are long Wait time is too long Lack of information of existing programs and insurance programs Clinics tend to accommodate those that can pay for services instead of the poor or low income Specialty doctors are not in the area Many people are eligible for insurance but do not know it "Antelope Valley Hospital has 12 mental health beds but is licensed for 30 bed due to lack of</p>	<p>Affordability of visits, medications and follow-ups Access limited by lack of transportation, hours of operations and location Concerns of legal status "Younger adults feel invulnerable and do not access healthcare services. They do not consider health care as important" Lack of knowledge about available access to care Cannot afford the co-pays People cannot afford to take time off work for doctor's appointment There are backlogs for specialty care and</p>

physicians Transportation which sometimes prevents or stalls access to care "Health services are too far away"	surgery Low income Limited clinics that operate in the evening and weekends when young people are most likely to access the services Public transportation network is not practical or physically accessible
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Assets & Opportunities For Access To Primary Healthcare



Community assets are resources within the community potentially available to meet the identified need.

- **211 LA County** - A resource link to programs and services available in the county. Service categories include housing, food, income, health care, mental health, substance abuse and transportation: <https://www.211la.org/>
- **Community Clinic Association of Los Angeles County** – Search for clinics by keyword or location: <http://ccalac.org/find-a-clinic/>
- **Covered California** - Help Californians buy low-cost health insurance coverage. Those who qualify may get federal assistance to buy private insurance at a discount or get health insurance through Medi-Cal: <http://www.coveredca.com/>
- **Hospitals in Los Angeles County** – List of hospitals in LA County: <http://gis.oshpd.ca.gov/atlas/places/list-of-hospitals/county/los%20angeles>
- **LAUSD Health and Wellness Policy** – A comprehensive health and wellness plan that encompasses nutrition services, physical education, health education, health services, mental health and social services, to ensure students can learn to make healthy choices for lifelong health and improve learning readiness and academic success among students: <http://achieve.lausd.net/healthandwellness>
- **Los Angeles County Department of Health Services** – Provides several no-cost and low-cost programs at county medical facilities, including ability to pay, pre-payment plan, mental health services, child delivery plan, discount payment plan, and dialysis, post-polio and tuberculosis plans: https://dhs.lacounty.gov/wps/portal/dhs!/ut/p/b1/04_SizQ0NzYxNDY3MTXQj9CPykssy0xPLMnMz0vMAfGjzOLdDAwM3P2dgo3cXf0MDBwNwkx9DM3MjQy8DPTD9aMIKcmN8nIEAJ1y8rQ!/
- **Mobility Management** – List of transportation services providers in Los Angeles County including buses and rails, the Metro Trip Planner, and 511 phone and internet traffic information: <https://www.211la.org/programs-services/mobility-management/>
- **My Health LA** – Provides primary care at no cost to eligible residents of LA County. MHLA is not an insurance but a health care program for the uninsured and un-insurable residents of the county: <https://dhs.lacounty.gov/wps/portal/dhs/coverageoptions/myhealthla>
- **The L.A. Trust Wellness Centers** – A collaboration between LAUSD Student Health and Human Services Division, the Joint Use Development Program and the L.A. Trust to increase access to vital health and mental health services, wellness promotion, and health career options: <http://thelatruster.org/wellness-centers/>

Note: *Applies only to Antelope Valley; **Applies only to Panorama City. Icons from [The Noun Project](#)

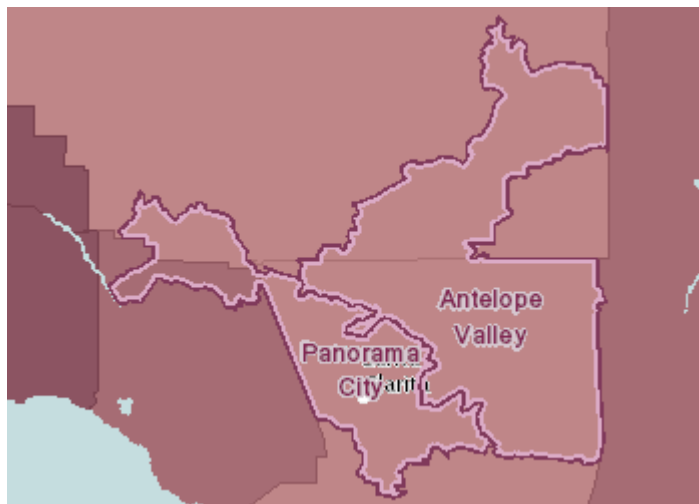
Overweight/obesity (Adults & Youth)

Description & Significance: The World Health Organization (WHO), defines overweight and obesity as “abnormal or excessive fat accumulation that may impair health.” Over one-third (39.5%) of American adults are overweight (body mass index or BMI ≥ 25) or obese (BMI ≥ 30). More than a third of these (34.9%) are obese. Of children and youth 2 to 19 years, 31.8 percent were either overweight or obese with approximately 17 percent being obese. Obesity is preventable. It is caused by an overconsumption of calories and low calorie output due to physical inactivity. Overweight and obesity increases the risk of developing many other health problems, including heart diseases, diabetes, musculoskeletal disorders, and some types of cancers. Eating a well-balanced diet, decreasing or limiting consumption of sugary and fatty foods, while engaging in regular physical activity can reduce or prevent overweight and obesity.

Health Outcome Statistics



Almost 36% of adults in the KFH-Panorama City service area are overweight.

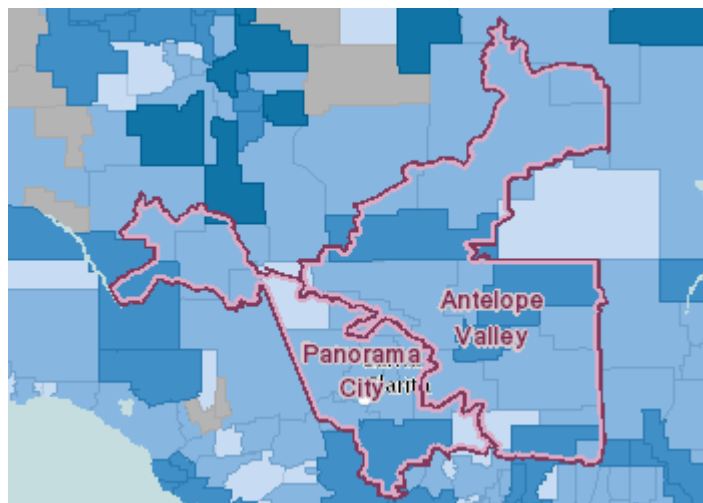


Overweight (BMI 25.0-29.9), Adults Age 18 , Percent by County, BRFSS 2011-12

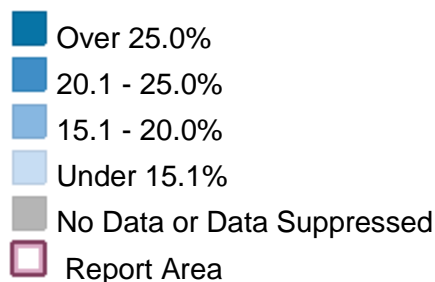
- Over 39.0%
- 36.1 - 39.0%
- 33.1 - 36.0%
- Under 33.1%
- No Data or Data Suppressed
- Report Area

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

About 20% of all youth in the service area are overweight.



Students Overweight / in 'Needs Improvement' Zone for Body Composition , Percent by School District (Elementary), FITNESSGRAM 2013-14



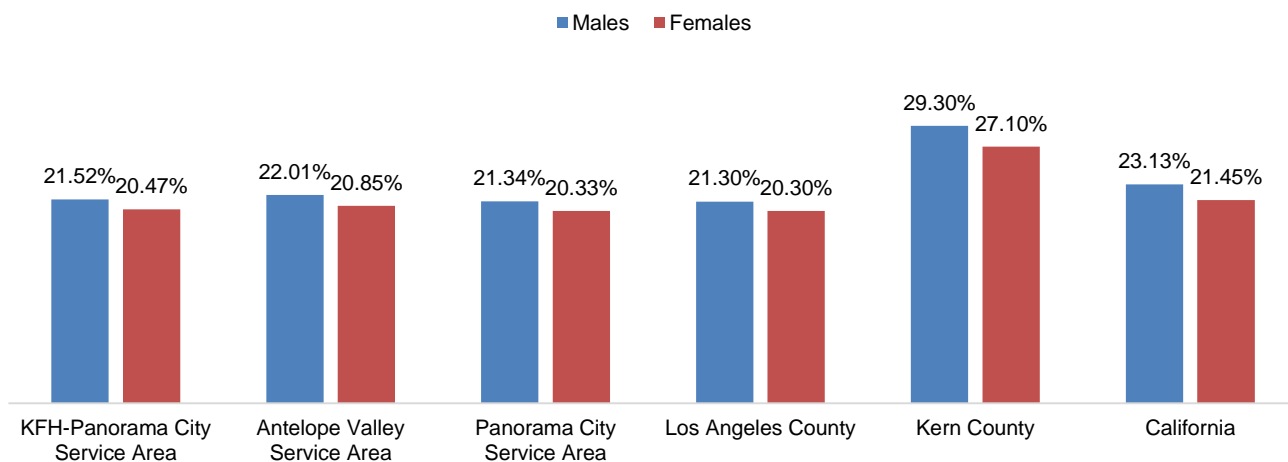
Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14. Source geography: School District

Health Disparities



Men are slightly more likely to be obese than women overall.

Obese Adults (BMI >30.0) by Gender



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Key Health Drivers



Health Behaviors (Healthy Eating)

Low Fruit/Vegetable Consumption (Adult)

Overweight/obesity can result from overconsumption of unhealthy foods and drinks and/or poor intake of fruits and vegetables.

Percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
72.7%	72.5%	72.8%	72.8%	69.2%	71.5%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2005-09. Source geography: County

Soft Drink Expenditures

Estimated expenditures for carbonated beverages, as a percentage of total household expenditures.

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	California
3.67%	3.7%	3.66%	3.62%

Source: Nielsen, Nielsen Site Reports. 2014. Source geography: Tract. Note: Data for Los Angeles and Kern counties suppressed



Physical Environment (Healthy Eating)

Grocery Stores

Access to healthy food can influence dietary behaviors. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry.

Number of grocery stores per 100,000 population

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
15.83	11.91	17.2	20.92	22.99	21.51

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011. Source geography: Tract

Food Desert Population

Percentage of the population living in areas designated as food deserts (a low-income area with low access to a supermarket or large grocery store)

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
15.6%	31.4%	10.07%	6.87%	22.63%	14.31%

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010.

Source geography: Tract



Healthy Behavior (Physical Activity)

Being active, combined with healthy eating, can help maintain weight, blood glucose levels, cholesterol, and blood pressure at recommended targets. In the KFH-Panorama City service area, many adults and youth are physically inactive.

Physical Inactivity (Adult)

Percentage of adults age 20 and older who self-report that they perform no leisure time activity

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
17.4%	17.7%	17.3%	17.3%	22.1%	16.6%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Physical Inactivity (Youth)

Percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the Fitness gram physical fitness test

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
42.66%	42.9%	42.59%	39.97%	40.64%	35.92%

Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14. Source geography: School District

Commute Over 60 Minutes

The amount of time spent commuting impacts health-related activities such as sleeping, engaging in physical activity, and ability to prepare healthy meals.

Percentage of the population that commutes to work for more than 60 minutes each direction

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
16.72%	24.7%	14.55%	12.07%	7.79%	10.44%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Physical Environment (Physical Activity)

An environment with safe walking routes and nearby amenities encourages physical activity and other healthy behaviors and decreases dependence on motor vehicle transportation.

Park Access

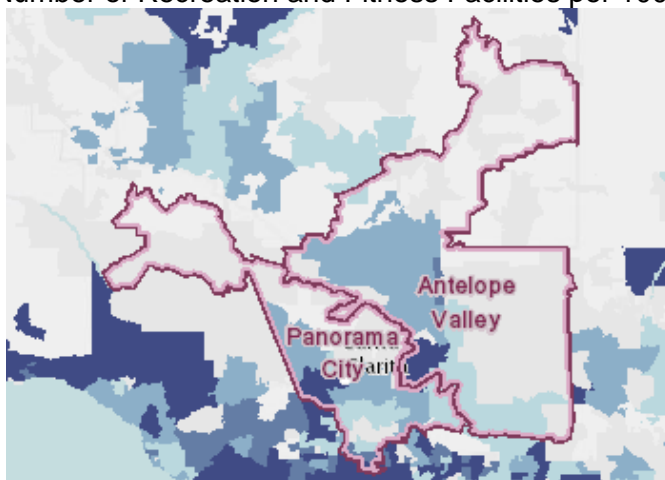
Percentage of population living within 1/2 mile of a park

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
37.89%	22.33%	43.32%	63.11%	37.75%	58.60%

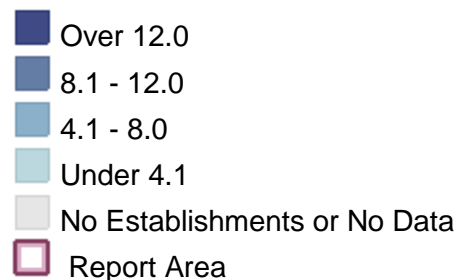
Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2010. Source geography: Block Group

Recreation and Fitness Facility Access

Number of Recreation and Fitness Facilities per 100,000 Population



Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by ZCTA, CBP 2012



Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012.
Source geography: ZCTA

Community Input



Community members shared the following concerns related to this health need:

Antelope Valley	Panorama City
<p>Too many fast food restaurants – People prefer to cheap food</p> <p>Lack of clean parks and streets</p> <p>Not enough parks and recreation on the west side of Palmdale</p> <p>Marketing and placement of candy and chips in supermarkets – accessible</p> <p>Lack of grocery stores</p> <p>Lack of education regarding healthy lifestyle</p> <p>Lack of nutrition education</p> <p>Parks do not have adult exercise equipment</p> <p>Need afterschool programs like sports</p> <p>No suitable walking paths citywide</p>	<p>Poor nutrition/diet</p> <p>Lack of physical activity</p> <p>No access or money to buy more nutritious food</p> <p>No farmers markets</p> <p>Lack of physical security in the community due to unsafe driving, unsafe streets with limited lighting, and no lights in parks</p> <p>Financial barriers make unhealthy foods more accessible (cheaper) than healthier foods</p> <p>Increased use of transportation reduces physical activity</p> <p>Lack of education that people can really control certain kinds of conditions, that the conditions do not come with age</p>

Assets & Opportunities Overweight/Obesity



Community assets are resources within the community potentially available to meet the identified need.

- **100 Citizens Program** – free physical activity program delivered by California State University Northridge Kinesiology students at San Fernando and El Cariso parks: <http://www.100citizens.org>
- **California Food Pantries:** A dynamic website that lists food pantries and food banks in California by city; <http://www.foodpantries.org/st/california>
- **Choose Health LA** - Local initiative of the Los Angeles County Department of Public Health to prevent and control chronic disease in LA County by bringing together a broad range of partners to implement community based public education, skills-building and environmental changes that promote physical activity and healthy eating. Includes Choose LA Kids, Choose Health LA Child Care and Choose Health LA Moms: <http://www.choosehealthla.com/about-us/>
- **HEAL (Healthy Eating, Active Living) Healthy School Partnership Program** – School-based initiative by Kaiser Permanente that aims to prevent and treat childhood obesity and increase healthy behaviors through full integration between the school and Wellness Center by 1) improving school-based healthcare services in obesity prevention and management, 2) improving and increasing access to physical activity opportunities, 3) improving and increasing access to healthy food and beverages options offered on campus, and 4) improving learning opportunities about health eating and active living: <http://thelatruster.org/heal/>
- **Local Harvest:** Locates farmers markets, family farms, farm stands and community supported agriculture (CSA); <http://www.localharvest.org>
- **Los Angeles County Department of Public Social Services (DPSS):** Offers nutrition assistance in the form of CalFresh benefits (formerly known as Food Stamps) to help individuals

and families with little or no income to buy nutritious groceries; <http://www.ventura.org/human-services-agency/calfresh-food-stamps>

- **Los Angeles Food Policy Council** – Collective impact initiative working to build a Good Food system for all Los Angeles residents where food is healthy, affordable, fair, and sustainable: <http://goodfoodla.org/>
- **Mobility 21** – Coalition that brings together public, business and community stakeholders to pursue regional solution to the transportation challenges facing Southern California counties by seeking to improve mobility in the region: <http://mobility21.com/>
- **UCLA Sustainable L.A. Grand Challenge** – University-led research collaboration with multiple sectors focused on transitioning Los Angeles County to 100% renewable energy, 100% locally sourced water and enhanced ecosystem health by 2050 starting with an implementation plan that will be delivered by 2020: <http://grandchallenges.ucla.edu/sustainable-la/>
- **Valley Care Community Consortium's Chronic Disease Committee**** – Collaboration of public and private community partners to advocate, plan, assess needs and facilitate development of effective programs and policies to improve the health of the residents of the San Fernando and Santa Clarita Valleys: <http://www.valleyccc.org/aboutus.php>
- **Women, Infant & Children (WIC) Supplemental Nutrition Program at two Antelope Valley Healthcare District sites (Lancaster and Palmdale)*** – Provides vouchers for healthy foods, support for breast-feeding, nutrition education, and helps with locating other health care and community services. Services are for children under 5 years and women who are pregnant, breastfeeding or new mothers below 185% of the federal poverty level: http://www.wicprogram.us/...program.../antelope_valley_lancaster_wic_wic
- **Women, Infant & Children (WIC) Supplemental Nutrition Program at 11 Northeast Valley Health Corporation locations**** – Provides vouchers for healthy foods, support for breast-feeding, nutrition education, and helps with locating other health care and community services. Services are for children under 5 years and women who are pregnant, breastfeeding or new mothers below 185% of the federal poverty level: <https://www.nevhc.org/programs-a-services/wic-nutrition-program.html>
- **YMCA (Lancaster)*** – Offers youth development programs, fitness and wellbeing programs, employment/vocational training, and sports and recreation programs: <http://www.ymcala.org/metro/locations>
- **YMCA (Santa Clarita, East Valley, Burbank & Mid Valley)**** – Offers youth development programs, fitness and wellbeing programs, employment/vocational training, and sports and recreation programs. <http://www.ymcala.org/metro/locations>

Note: *Applies only to Antelope Valley; **Applies only to Panorama City. Icons from [The Noun Project](#)

Dental Health

Description & Significance: Dental health is often taken for granted. However the mouth is a window into the health of the body. Many populations-based studies have demonstrated an association between oral diseases and diabetes, heart disease, stroke, and poor pregnancy outcomes. Diet, nutrition, sleep, psychological status, social interaction, school, and work are affected by impaired oral health. The mouth is also the entry as well as the site for infections that affect the general health status.

According to the Centers for Disease Control and Prevention, over 40% of low-income adults, 20 years and older, have at least one untreated decayed tooth compared to 16% higher income adults.

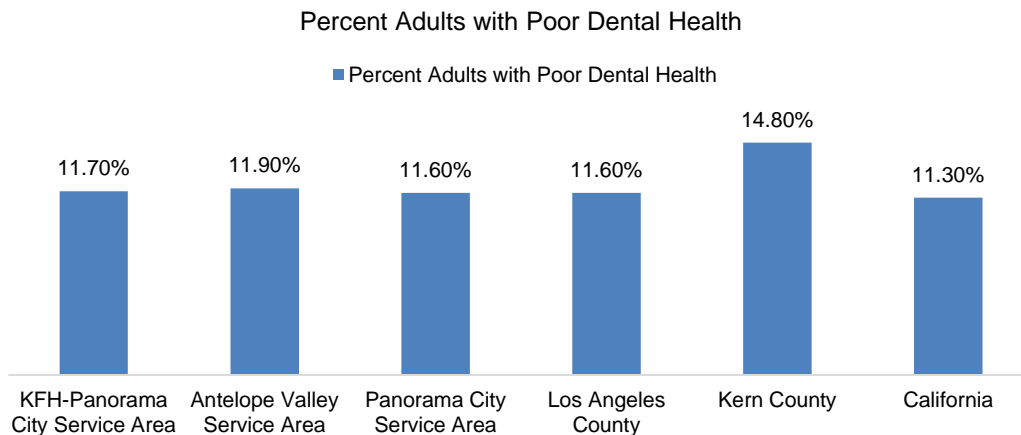
Toothaches are reported most by adults with 1 in every 4 adults reporting facial pain the past 6 months. As a result of poor oral health, employed adults lose more than 164 million hours of work every year due to dental health problems or dental visit, particularly more so for lower level workers compared to executives or professionals.

The CDC recommends drinking fluoridated water and use of a fluoride toothpaste, avoiding tobacco, limiting alcohol, avoiding sugars and starches, and regular dentist visits as means to maintain good oral health. About 100 million Americans do not see a dentist each year even though regular dental examinations and good oral hygiene can prevent most dental diseases.

Health Outcome Statistics

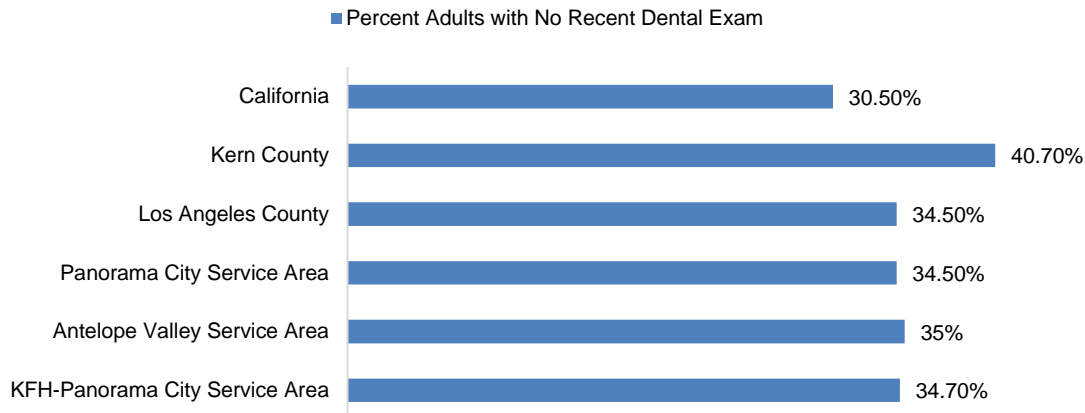


Many adults in the medical center service area report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. Such a state may be due to low dental examination as shown in the charts below.



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County

Percent Adults with No Recent Dental Exam



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County

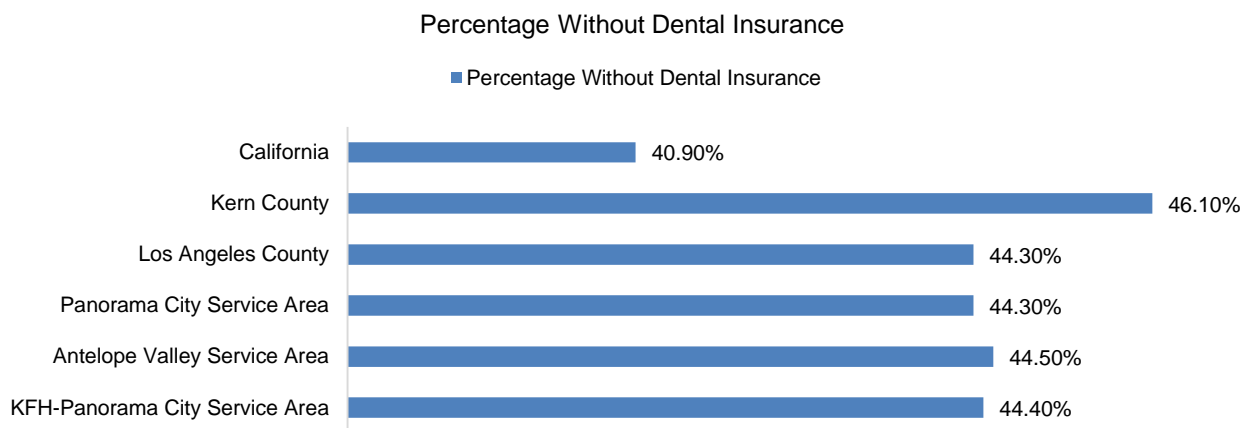
Key Health Drivers



Social & Economic

Lack of insurance is a primary barrier to health care access, including regular primary care, specialty care, and other health services that contribute to poor health status. The graph below displays the percentage of adults who self-report having no dental insurance for some of all of the past 12 months.

Absence of Dental Insurance Coverage



Source: University of California Center for Health Policy Research, California Health Interview Survey. 2009. Source geography: County (Grouping)



Physical Environment

Drinking Water Safety

Dental cavities can be prevented by maintaining constant flow of fluoride in the oral cavity. Fluoridated drinking water is an important source. Long-term exposure to fluoride results in fewer dental cavities in both children and adults. Access to safe drinking water allows individuals to safely and affordably meet their daily fluid intake needs, may reduce consumption of sugar-sweetened beverages related to obesity, and is a protective barrier from water-borne diseases associated with climate change.

Population Potentially Exposed to Unsafe Drinking Water

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
3.5%	4.4%	3.1%	3%	13.5%	2.7%

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2012-13. Source geography: County

Soda Expenditure

Percent of Household Expense Used to Purchase Soda

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	California
3.67%	3.7%	3.66%	3.62%

Source: Nielsen, Nielsen Site Reports. 2014. Source geography: Tract. Note: Data for Los Angeles and Kern counties suppressed

Community Input



Community members shared the following concerns related to this health need:

Antelope Valley	Panorama City
The cost for dental care is expensive Lack of dental coverage for adults Water is not drinkable	Lack of timely access to specialist, dental health, for uninsured Tobacco use No insurance plans and no financial assistance

Assets & Opportunities for Dental Health



Community assets are resources within the community potentially available to meet the identified need.

- **LAUSD Referral** - List of low-cost and free dental services in LA County: <http://thelatrust.org/oral-health-2/oral-health-initiative/oral-health-resources/>
- **Low-Cost Dental Care Listings** – List of organizations providing low-cost dental health services in LA County: <http://publichealth.lacounty.gov/ohp/ppplistings.htm>
- **San Fernando Valley Dental Society** – A network of volunteer member dentists that provide free dental care through four main programs to meet the oral health needs of low income and underserved members of the Northern Los Angeles County community including Smiles from the Heart, Give Kids a Smile, Veterans' Smile Day and Education: <http://www.sfvds.org/>
- **The L.A. Trust Oral Health Oral Health Initiative** – Addresses oral health in collaboration with LAUSD by providing community-wide health education, providing direct preventive care and early intervention on school campuses and linking all elementary school campuses to restorative care: <http://thelatrust.org/oral-health-2/oral-health-initiative/>
- **UCLA Sustainable L.A. Grand Challenge** – University-led research collaboration with multiple sectors focused on transitioning Los Angeles County to 100% renewable energy, 100% locally sourced water and enhanced ecosystem health by 2050 starting with an implementation plan that will be delivered by 2020: <http://grandchallenges.ucla.edu/sustainable-la/>
- **Valley Care Community Consortium's Oral Health Access Committee**** – Collaboration of public and private community partners to advocate, plan, assess needs and facilitate development of effective programs and policies to improve the health of the residents of the San Fernando and Santa Clarita Valleys: <http://www.valleyccc.org/aboutus.php>

Note: *Applies only to Antelope Valley; **Applies only to Panorama City. Icons from [The Noun Project](#)

Substance Use and Abuse

Description & Significance: According to World Health Organization (WHO), substance abuse refers to the harmful use of psychoactive substances, including alcohol, tobacco, prescription and illicit (marijuana, cocaine, heroin, etc.) drugs. In 2013, 24.6 million people ages 12 years and older used an illicit drug in the past month. In 2014, 16.3 million adults and an estimated 679,000 adolescents ages 12-17 had an alcohol use disorder. Nearly 88,000 people die from alcohol-related causes annually and 31% of overall driving fatalities are due to alcohol-impaired driving.

Repeated use of psychoactive substances can lead to a dependence on the drug including a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance resulting in needing a higher dose, and sometimes a physical withdrawal state. Many adverse consequences can result from substance abuse: the spread of infectious disease such as HIV/AIDs and Hepatitis C through sharing of drug paraphernalia or unprotected sex; death due to overdose; effects on unborn children of drug-using women; crime; and homelessness.

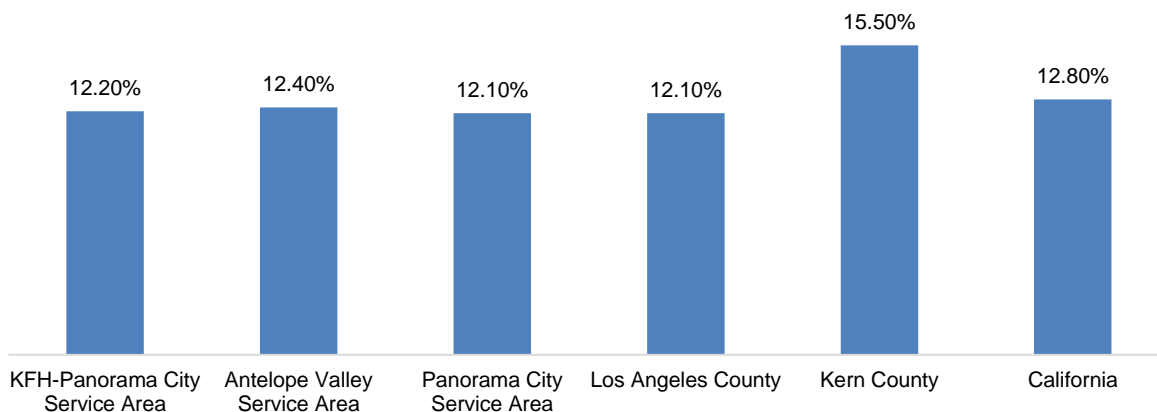
Health Outcome Statistics



More than 150,000 adults in the KFH-Panorama City service area smokes cigarettes regularly.

Percent Population Smoking Cigarettes (Age-Adjusted)

■ Percent Population Smoking Cigarettes (Age-Adjusted)



Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Key Health Drivers



Physical Environment

Liquor Store Access

A liquor store is a place where alcohol may be legally sold. There is evidence of a positive relationship between the number of liquor stores and excessive alcohol consumption and the related harms. The more liquor stores accessible to the community, the higher the chances of excess alcohol use. The table below measures the rate per 100,000 population of number of beer, wine and liquor store access. People within the KFH-Panorama City Service Area have more liquor stores per population than the state, particularly in Panorama City.

Number of Liquor Stores per 100,000 Population

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	California
11.36	8.81	12.26	10.02

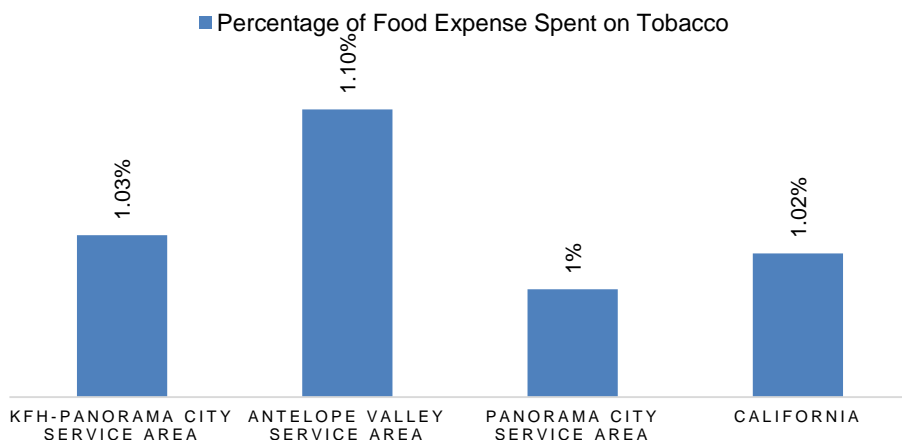
Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012. Source geography: ZCTA



Health Behaviors

A higher proportion of household food expenditure is used to purchase tobacco in the KFH-Panorama City service area, particularly in Antelope Valley, than in California, which points to the possibility of tobacco use.

PERCENTAGE OF FOOD EXPENSE SPENT ON TOBACCO



Source: Nielsen, Nielsen Site Reports. 2014. Source geography: Tract. Note: Data for Los Angeles and Kern Counties were suppressed

Community Input



Community members shared the following concerns related to this health need:

Antelope Valley	Panorama City
<p>“There is a connection between adverse childhood experience (child abuse and neglect, domestic violence, and incarcerated parents) and substance use and smoking later in life. I see the end result so I do believe that there’s enough work on the front end. We see to many dead kids and babies and beaten people”</p> <p>Lack of education about drug addiction in high schools</p> <p>Peer pressure in high school</p> <p>Some have lost their homes leading to depression and mental problems which makes them self-medicate or over-medicate</p>	<p>Routine exposure to alcohol and drug messages</p> <p>Living in environments conducive to substance use (high density of alcohol outlets and low opportunities for jobs and poor quality of education)</p> <p>Some ethnic groups such as Asians, Israeli and Armenian are most susceptible due to cultural practices. Cultural practices enable smoking, such as hookah, vape, and e-cigarette</p>

Assets & Opportunities Substance Use And Abuse



Community assets are resources within the community potentially available to meet the identified need.

- **1-800-NO-BUTTS** – California’s smokers’ helpline providing free telephone counseling, text messages and web-based referral to smokers and their loved ones. Search for nearby help by County: <http://www.nobutts.org/county-listing>
- **Alcoholics Anonymous** – An international fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism: <http://lacoaa.org/find-a-meeting/>
- **Los Angeles County Substance Abuse Prevention and Control (SAPC)** – Provider locator by agency name, city, or zip code: <http://sapccis.ph.lacounty.gov/registration/providerlocator/providerdirectory2.aspx>
- **Narcotics Anonymous*** – Offers recovery to addicts around the world by focusing on the disease of addiction rather than any particular drug: <http://www.sava-na.org/>
- **Narcotics Anonymous**** – Offers recovery to addicts around the world by focusing on the disease of addiction rather than any particular drug:(East San Fernando Valley) <http://nasfv.com/> and (Santa Clarita) <http://scana.todayna.org/>
- **National Council on Alcoholism and Drug Dependence of the San Fernando Valley, Inc. (NCADD)**** - Provides compressive prevention, education, and treatment services relating to coping with the effects of alcoholism and drug addiction: <http://www.ncadd-sfv.org/index.html>
- **Nicotine Anonymous** – Fellowship of men and women helping each other live their lives free of nicotine: <https://nicotine-anonymous.org/face-to-face-meetings.html>
- **Smokefree Women** – Helps with quitting smoking by providing quitting advice, tips and support specific to women’s needs, including expecting mothers: <http://women.smokefree.gov/>

- **Smoking Cessation** – Created by the Tobacco Control Research Branch of the National Cancer Institute to help individuals quit smoking cigarettes by providing immediate assistance in the form of quitlines, LiveHelp, information, Smokefree texts, apps and publication: <http://smokefree.gov/>
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** - Substance Abuse Treatment Facility Locator: <https://findtreatment.samhsa.gov/TreatmentLocator/faces/geographicSearch.jspx>
- **Tobacco Control and Prevention Program Project** – aimed to reduce smoking prevalence and decrease exposure to secondhand smoke, especially in disadvantaged communities by implementing evidence-based policies and environmental change strategies that promote tobacco cessation and smoke-free environments: <http://www.laquits.com/>

Note: *Applies only to Antelope Valley; **Applies only to Panorama City. Icons from [The Noun Project](#)

Sexually Transmitted Diseases & Human Immunodeficiency Virus (STDs/HIV)

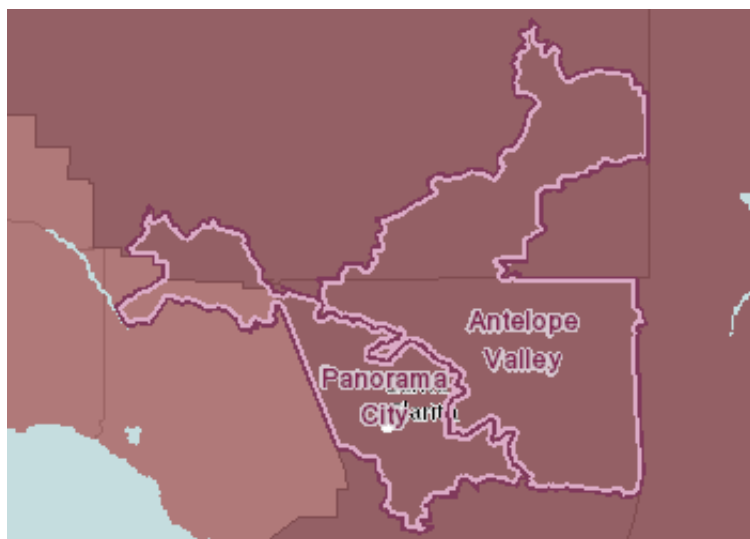
Description & Significance: Sexually Transmitted Diseases (STDs) are infections that are passed between people through sex. More than 20 STDs exist including chlamydia, gonorrhea, HIV/AIDS, syphilis, and genital herpes. Most STDs affect both men and women but in many cases they can cause more severe health problems in women and in pregnant women and problems for the baby. STDs caused by bacteria or parasites can be treated but STDs caused by a virus, like HIV/AIDS have no cure.

According to the CDC's 2014 STD Surveillance Report, the three nationally notifiable STDs (chlamydia, gonorrhea, and syphilis) have increased for the first time since 2006. There are approximately 20 new cases of STD infection each year and adolescents age 15-24 account for nearly half of these new cases. HIV is a preventable disease that continues to be a major public health crisis. An estimated 1.1 million Americans are living the HIV and 21% are unaware they have it. Each year, there are approximately 56,000 new cases of HIV infections.

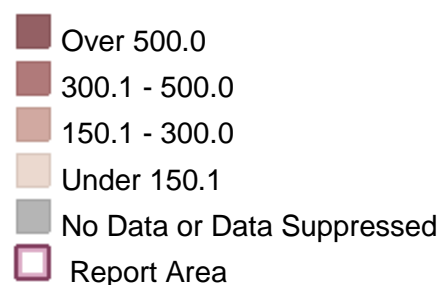
Health Outcome Statistics



526.6 people per 100,000 population have been diagnosed with chlamydia in the KFH-Panorama City service area.



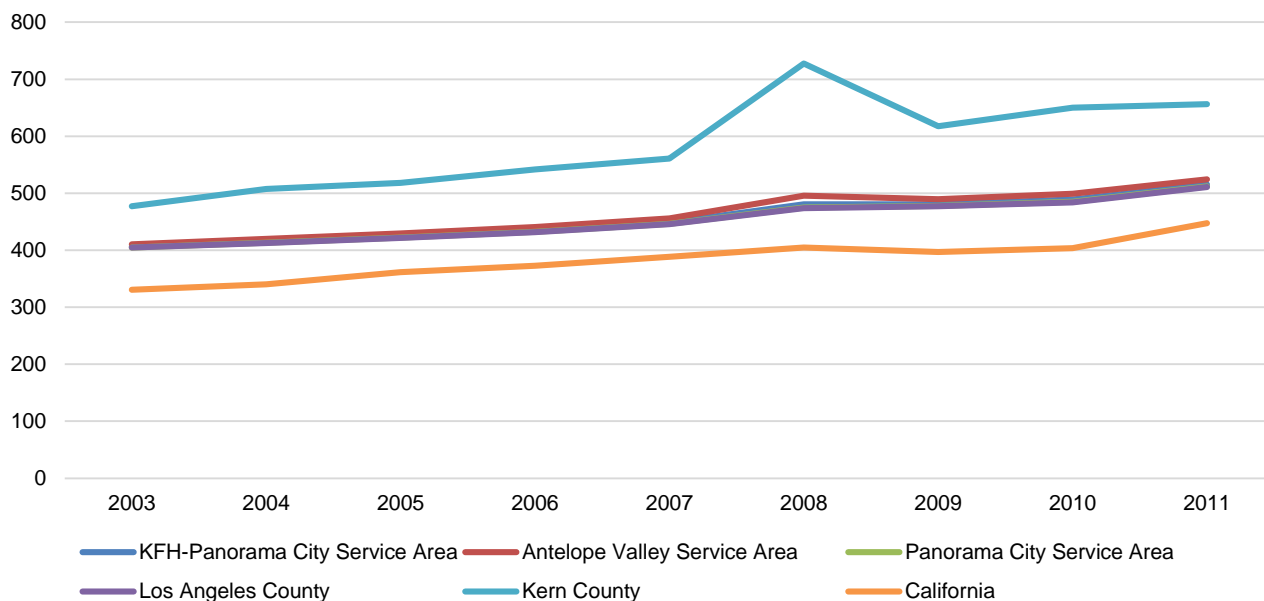
Chlamydia, Infection Rate per 100,000 Population by County, NCHHSTP 2012



Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012. Source geography: County

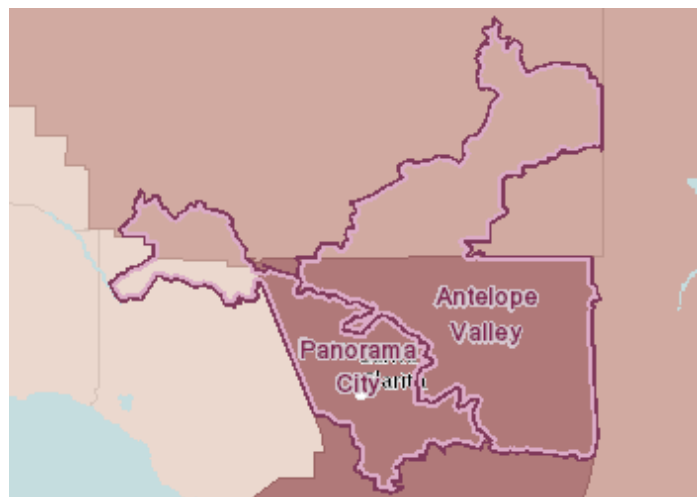
The rate of new cases of chlamydia has steadily increased over the years the KFH-Panorama City service area, always exceeding the state benchmark.

Chlamydia Incidence Rate (Per 100,000 Population) By Year, 2003-2011



Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012. Source geography: County

506.6 people per 100,000 have been diagnosed with HIV.



HIV Prevalence, Rate (Per 100,000 Pop.) by County, NCHHSTP 2010

- Over 200.0
- 100.1 - 200.0
- 50.1 - 100.0
- Under 50.1
- No Data or Data Suppressed
- Report Area

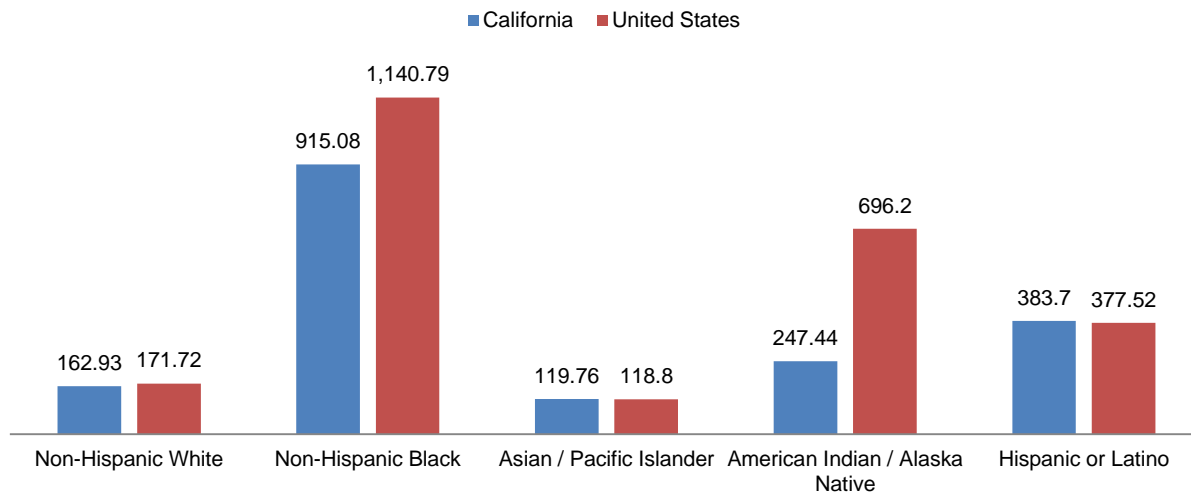
Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2010. Source geography: County

Health Disparities



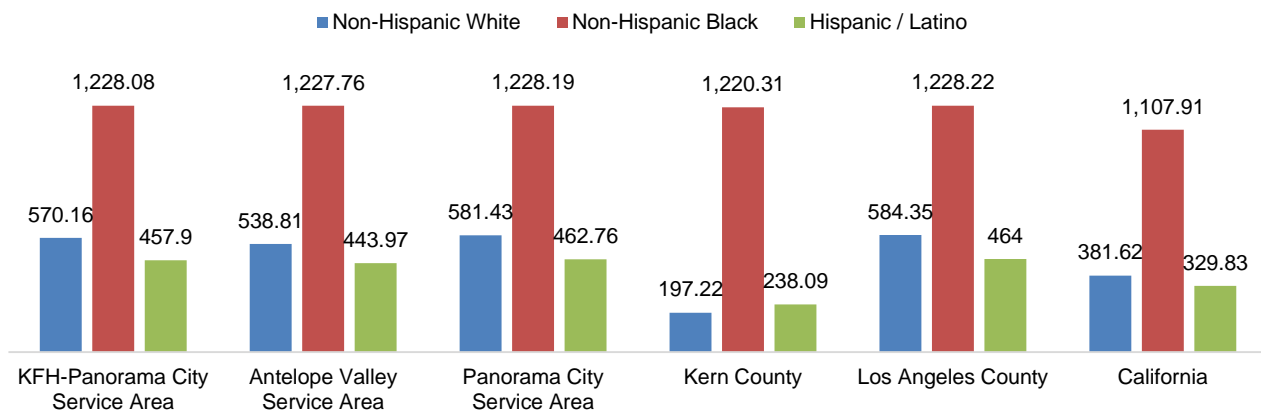
The rates of chlamydia and HIV among Blacks are about double those for other ethnic groups as illustrated in the charts below.

Chlamydia Rate Per 100,000 by Race/Ethnicity



Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012. Source geography: County. Note: Data for the KFH-Panorama City service area was not available.

HIV Prevalence Rate (Per 100,000 Population) by Race/Ethnicity



Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2010. Source geography: County

Men are more likely to be hospitalized for HIV-related complications. This rate may indicate the prevalence of unsafe sex practices among men than women.

Percentage of Total Hospital Discharges for HIV, by Gender

Report Area	KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
Male	0.32%	0.37%	0.3%	0.37%	0.25%	0.28%
Female	0.05%	0.06%	0.05%	0.06%	0.03%	0.04%

Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2010. Source geography: County

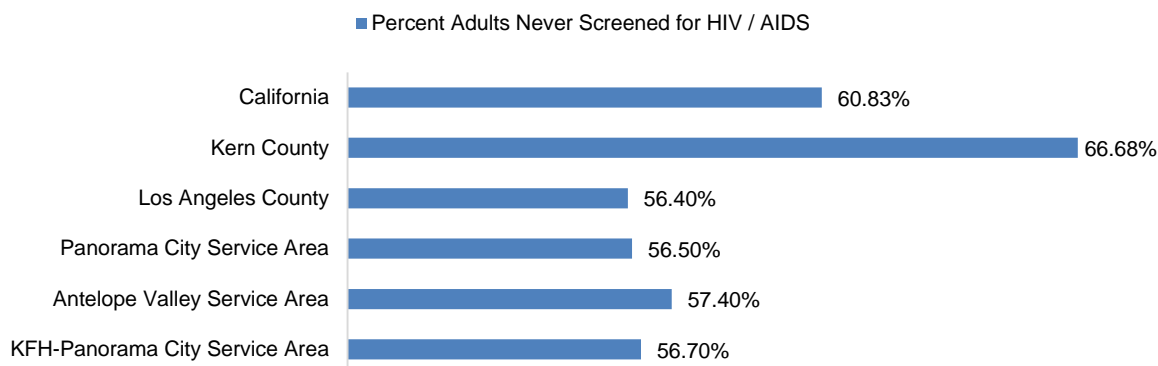
Key Health Drivers



Clinical Care

All adults and children from ages 13 to 64 should be tested for HIV at least once. Anyone who has unsafe sex or shares injection drug equipment should be tested for HIV at least once a year. More than 56% of adults in the KFH-Panorama City Service Area have never been screened for HIV/AIDS according to the graph below.

Percent Adults Never Screened for HIV / AIDS



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Community Input



Community members shared the following concerns related to this health need:

Antelope Valley	Panorama City
<p>Many transitional residents have HIV Lack of access to care prevents people from getting screened</p>	<p>Alcohol and binge drinking decreases the likelihood of using condom, increases likelihood of unprotected anal intercourse Not disclosing HIV positive status to partners or being unaware of positive HIV status Homophobia, shame, stigma are very common barriers to accessing HIV/AIDS services Lack of information about prevention options Housing insecurity and homelessness are barriers to adhering to medications Negotiating sex for shelter or food Declining education about HIV/AIDS</p>

Assets & Opportunities for STDs/HIV



Community assets are resources within the community potentially available to meet the identified need.

- **AIDS.gov** – Find HIV testing sites and care sites including other supportive services such as family planning, mental health, substance abuse and housing assistance: <https://www.aids.gov/>
- **Erase Doubt** – Dedicated to increasing HIV testing in Los Angeles County through advocacy and education and promotes greater understanding and respect for individuals with HIV/AIDS and those at higher risk of contracting HIV: <http://erasedoubt.org/>
- **Don't Think Know** – Lists clinics that provide free or low-cost tests on a sliding scale: <https://www.dontthinkknow.org/>
- **Free Condom Program** – Locations for free male and female condoms in LA County: <http://lacondom.com/find-free-condoms/>
- **Get Tested** – CDC funded locator for free HIV, STD, and Hepatitis testing local sites: <https://gettested.cdc.gov/>
- **Keeping It Real LAC**** – Mission is to prevent STDs, HIV and unintended pregnancy among youth and to increase access to adolescent reproductive health care in 24 middle schools in the LAUSD and Compton Unified School District: <http://keepingitreallac.org/>
- **Planned Parenthood** – Locally based provider sites that provide reproductive health services that include preventing unintended pregnancies through contraception, reduce the spread of STDs through testing and treatment and cancer screenings: <https://www.plannedparenthood.org/health-center/CA>
- **Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP)** - List providers that offer preventive and post-exposure HIV medications in LA and Ventura Counties: <http://www.getprepla.com/index.html>

- **Ryan White HIV/AIDS Program** – Federal program for individuals living with HIV/AIDS who have no health insurance, private or public.have insufficient health care coverage, or lack financial resources to get the care they need. The program is administered by the US Department of Health and Human Services: <http://hab.hrsa.gov/abouthab/legislation.html>
- **The Friends of AIDS Foundation** – Volunteer driven community based organization dedicated to leading efforts to combat HIV/AIDS and create impact on policy making. Programs and services include HIV prevention education, HIV testing & counseling, youth empowerment program, and AIDS drug assistance program. Also maintains the HIV/AIDS resource network list of other HIV locations: <http://www.friendsofaids.org/hivstdtesting.html>

Note: *Applies only to Antelope Valley; **Applies only to Panorama City. Icons from [The Noun Project](#)

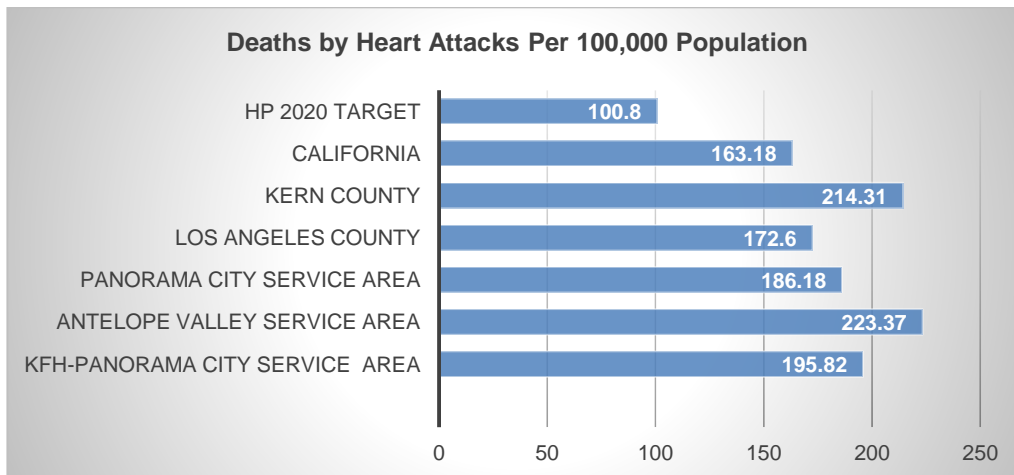
Heart Disease and Stroke

Description & Significance: Heart disease is the leading cause of death in both men and women in the United States including most racial/ethnic groups including African American, Hispanics/Latinos and White/Caucasian. Stroke is the fifth. About 1 in every 4 American dies from heart disease each year. Stroke accounts for 1 out of every 20 deaths. The main risk factors for heart disease and stroke are high blood pressure, high cholesterol and smoking and about 49% of Americans have at least one of these three risk factors. Fortunately, in some cases these diseases are preventable. High blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet and physical inactivity, and being overweight or obese can cause heart disease and stroke. Over time, these related health behaviors and conditions can cause changes in the heart and blood vessels leading to heart attack, heart failure and strokes

Health Outcome Statistics

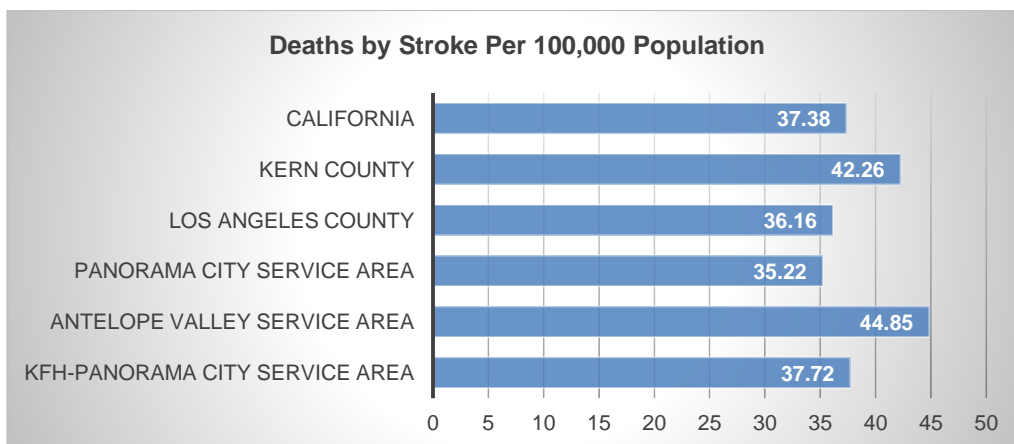


In the KFH-Panorama City service area, 195.82 deaths per 100,000 people are attributed to heart attacks.



Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code

And 37.72 deaths per 100,000 people are ascribed to stroke.



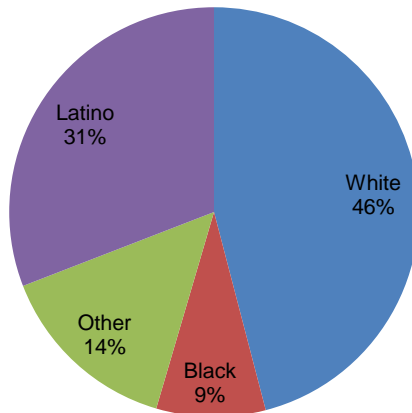
Source: University of Missouri, Center for Applied Research and Environmental Systems. California Department of Public Health, CDPH - Death Public Use Data. 2010-12. Source geography: ZIP Code

Health Disparities



In the KFH-Panorama City service area, heart disease is diagnosed more among the White and Latino ethnic groups than among other ethnic groups.

Adults Diagnosed with Heart Disease in KFH-Panorama City Service Area by Race/Ethnicity



Source: University of California Center for Health Policy Research, California Health Interview Survey. 2011-12.
Source geography: County (Grouping)

Key Health Drivers



Health Behaviors (Healthy Eating)

Low Fruit/Vegetable Consumption (Adult)

Heart disease and stroke and other chronic conditions have been associated with overweight/obesity which can result from increased consumption of unhealthy foods and drinks and/or poor intake of fruits and vegetables.

Percentage of adults age 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
72.7%	72.5%	72.8%	72.8%	69.2%	71.5%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2005-09. Source geography: County

Soft Drink Expenditures

Estimated expenditures for carbonated beverages, as a percentage of total household expenditures.

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	California
3.67%	3.7%	3.66%	3.62%

Source: Nielsen, Nielsen Site Reports. 2014. Source geography: Tract. Note: Data for Los Angeles and Kern counties suppressed



Physical Environment (Healthy Eating)

Grocery Stores

Access to healthy food can influence dietary behaviors. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry.

Number of grocery stores per 100,000 population

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
15.83	11.91	17.2	20.92	22.99	21.51

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011. Source geography: Tract

Food Desert Population

Percentage of the population living in areas designated as food deserts (a low-income area with low access to a supermarket or large grocery store)

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
15.6%	31.4%	10.07%	6.87%	22.63%	14.31%

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract



Healthy Behavior (Physical Activity)

Being active, combined with healthy eating, can help maintain weight, blood glucose levels, cholesterol, and blood pressure at recommended targets. In the KFH-Panorama City service area, many adults and youth are physically inactive.

Physical Inactivity (Adult)

Percentage of adults age 20 and older who self-report that they perform no leisure time activity

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
17.4%	17.7%	17.3%	17.3%	22.1%	16.6%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Physical Inactivity (Youth)

Percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the Fitness gram physical fitness test

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
42.66%	42.9%	42.59%	39.97%	40.64%	35.92%

Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14. Source geography: School District

Commute Over 60 Minutes

The amount of time spent commuting impacts health-related activities such as sleeping, engaging in physical activity, and ability to prepare healthy meals.

Percentage of the population that commutes to work for more than 60 minutes each direction

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
16.72%	24.7%	14.55%	12.07%	7.79%	10.44%

Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Physical Environment (Physical Activity)

An environment with safe walking routes and nearby amenities encourages physical activity and other healthy behaviors and decreases dependence on motor vehicle transportation. Physical activity is limited in the KFH-Panorama City service area compared to the state due to inaccessibility to parks and recreation/fitness facilities.

Park Access

Percentage of population living within 1/2 mile of a park

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
37.89%	22.33%	43.32%	63.11%	37.75%	58.60%

Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2010. Source geography: Block Group

Recreation and Fitness Facility Access

Number of Recreation and Fitness Facilities per 100,000 Population

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
5.4	3.1	6.2	7.63	4.76	8.65

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012. Source geography: ZCTA



Clinical Care

High blood pressure has been linked to heart disease and stroke and other chronic diseases. Poor management of high blood pressure can exacerbate these chronic conditions. In KFH-Panorama City, 390,160 adults with high blood pressure are not taking their medication.

Unmanaged High Blood Pressure

Adults with High Blood Pressure Not Taking Their Medication

KFH-Panorama City Service Area	Antelope Valley Service Area	Panorama City Service Area	Los Angeles County	Kern County	California
32.50%	32.60%	32.50%	32.40%	34.30%	30.30%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County

Community Input



Community members shared the following concerns related to this health need:

Antelope Valley	Panorama City
Lack of education on health issues Lack of exercise Lack of food choices	Poor nutrition Lack of physical activity Stress Being overweight

Assets & Opportunities of Heart Disease and Stroke



Community assets are resources within the community potentially available to meet the identified need.

- **100 Citizens Program** – free physical activity program delivered by California State University Northridge Kinesiology students at San Fernando and El Cariso parks: <http://www.100citizens.org/>
- **Choose Health LA** - Local initiative of the Los Angeles County Department of Public Health to prevent and control chronic disease in LA County by bringing together a broad range of partners to implement community based public education, skills-building and environmental changes that promote physical activity and healthy eating. Includes Choose LA Kids, Choose Health LA Child Care and Choose Health LA Moms: <http://www.choosehealthla.com/about-us/>
- **HEAL (Healthy Eating, Active Living) Healthy School Partnership Program** – School-based initiative by Kaiser Permanente that aims to prevent and treat childhood obesity and increase healthy behaviors through full integration between the school and Wellness Center by 1) improving school-based healthcare services in obesity prevention and management, 2) improving and increasing access to physical activity opportunities, 3) improving and increasing access to healthy food and beverages options offered on campus, and 4) improving learning opportunities about health eating and active living: <http://thelatruster.org/heal/>
- **Healthy Class**** – Search for articles, apps, medication and health information, classes and educational events for chronic diseases in the San Fernando Valley area. Most classes are held at hospitals or clinics and cover disease prevention, management, diet and meal planning: <http://www.healthyclass.com/site-map/california/san-fernando-valley/diabetes>
- **Local Harvest:** Locates farmers markets, family farms, farm stands and community supported agriculture (CSA); <http://www.localharvest.org>
- **Los Angeles County Department of Public Social Services (DPSS):** Offers nutrition assistance in the form of CalFresh benefits (formerly known as Food Stamps) to help individuals and families with little or no income to buy nutritious groceries; <http://www.ventura.org/human-services-agency/calfresh-food-stamps>
- **Los Angeles Food Policy Council** – Collective impact initiative working to build a Good Food system for all Los Angeles residents where food is healthy, affordable, fair, and sustainable: <http://goodfoodla.org/>
- **Mobility 21** – Coalition that brings together public, business and community stakeholders to pursue regional solution to the transportation challenges facing Southern California counties by seeking to improve mobility in the region: <http://mobility21.com/>

- **Valley Care Community Consortium's Chronic Disease Committee**** – Collaboration of public and private community partners to advocate, plan, assess needs and facilitate development of effective programs and policies to improve the health of the residents of the San Fernando and Santa Clarita Valleys: <http://www.valleyccc.org/aboutus.php>
- **Women, Infant & Children (WIC) Supplemental Nutrition Program at two Antelope Valley Healthcare District sites (Lancaster and Palmdale)*** – Provides vouchers for healthy foods, support for breast-feeding, nutrition education, and helps with locating other health care and community services. Services are for children under 5 years and women who are pregnant, breastfeeding or new mothers below 185% of the federal poverty level: http://www.wicprogram.us/...program.../antelope_valley_lancaster_wic_wic
- **Women, Infant & Children (WIC) Supplemental Nutrition Program at 11 Northeast Valley Health Corporation locations**** – Provides vouchers for healthy foods, support for breast-feeding, nutrition education, and helps with locating other health care and community services. Services are for children under 5 years and women who are pregnant, breastfeeding or new mothers below 185% of the federal poverty level: <https://www.nevhc.org/programs-a-services/wic-nutrition-program.html>
- **YMCA (Lancaster)*** – Offers youth development programs, fitness and wellbeing programs, employment/vocational training, and sports and recreation programs: <http://www.ymcala.org/metro/locations>
- **YMCA (Santa Clarita, East Valley, Burbank & Mid Valley)**** – Offers youth development programs, fitness and wellbeing programs, employment/vocational training, and sports and recreation programs. <http://www.ymcala.org/metro/locations>

Note: *Applies only to Antelope Valley; **Applies only to Panorama City. Icons from [The Noun Project](#)

Appendix D: Glossary of Terms

The following terms are used throughout the Community Health Needs Assessment report. They represent concepts that are important to understanding the findings and analysis in this report.

Age-adjusted rate. The incidence or mortality rate of a disease can depend on the age distribution of a community. Because chronic diseases and some cancers affect older adults disproportionately, a community with a higher number of older adults might have a higher mortality or incidence rate of some diseases than another community that may have a higher number of younger people. An incidence or mortality rate that is **age-adjusted** takes into the consideration of the proportions of persons in corresponding age groups, which allows for more meaningful comparison between communities with different age distributions.

Benchmarks. A benchmark serves as a standard by which a community can determine how well or not well it is doing in comparison for specific health outcomes. For the purpose of this report, one of two benchmarks is used to make comparison with the medical center area. They are Healthy People 2020 objectives and state (California) averages.

Death rate. See ***Mortality rate.***

Disease burden. Disease burden refers to the impact of a health issue not only on the health of the individuals affected by it, but also the financial cost in addressing this health issue, such as public expenditures in addressing a health issue. The burden of disease can also refer to the disproportionate impact of a disease on certain populations, which may negatively affect their quality of life and socioeconomic status.

Health condition. A health condition is a disease, impairment, or other state of physical or mental ill health that contributes to a poor health outcome.

Health disparity. Diseases and health problems do not affect all populations in the same way. Health disparity refers to the disproportionate impact of a disease or a health problem on specific populations. Much of research literature on health disparity focuses on racial and ethnic differences in how these communities experience the diseases, but health disparity can be correlated with gender, age, and other factors, such as veteran, disability, and housing status.

Health driver. Health drivers are behavioral, environmental, social, economic and clinical care factors that positively or negatively impact health. For example, smoking (behavior) is a health driver for lung cancer, and access to safe parks (environmental) is a health driver for overweight/obesity. Some health drivers, such as poverty or lack of insurance, impact multiple health issues.

Health indicator. A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

Health outcome. A health outcome is a snapshot of a disease in a community that can be described in terms of both morbidity and mortality (e.g. breast cancer prevalence, lung cancer mortality, homicide rate, etc.).

Health need. A health need is a poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need.

Hospitalization rate. Hospitalization rate refers to the number of patients being admitted to a hospital and discharged for a disease, as a proportion of total population.

Incidence rate. Incidence rate is the number of *new* cases for a specific disease or health problem within a given time period. It is expressed either as a fraction (e.g. percentage) or a density rate (e.g., x number of cases per 10,000 people), in order to allow for comparison between different communities. It should not be confused with *prevalence rate*, which measures the proportion of people found to have a specific disease or health problem.

Morbidity rate. Morbidity rate refers to the frequency with which a disease appears within a population. It is often expressed as a *prevalence rate* or *incidence rate*.

Mortality rate. Mortality rate refers to the number of deaths in a population due to a disease. It is usually expressed as a density rate (e.g. x number of cases per 10,000 people). It is also referred to as “death rate.”

Prevalence rate. Prevalence rate is the proportion of total population that currently has a given disease or health problem. It is expressed either as a fraction (e.g. percentage) or a density rate (e.g., x number of cases per 10,000 people), in order to allow for comparison between different communities. It should not be confused with incidence rate, which focuses only on *new* cases. For instance, a community may experience a decrease in new cases of a certain disease (incidence) but an increase in the total of number suffering that disease (prevalence) because people are living longer due to better screening or treatment for that disease.

Primary data. Primary data are new data collected or observed directly from first-hand experience. They are typically qualitative (not numerical) in nature. For this community health needs assessment, primary data were collected through focus groups and interviews with key stakeholders. These primary data describe what is important to the people who provide the information and are useful in interpreting secondary data.

Secondary data. Secondary data are data that have been collected and published by another entity. They are typically quantitative (numerical) in nature. Secondary data are useful in highlighting in an objective manner health outcomes that significantly impact a community.