2016 Community Health Needs Assessment

Kaiser Foundation Hospital-South Bay

License # 930000079

Approved by KFH Board of Directors

September 21, 2016

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

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Harder+Company Community Research is a comprehensive social research and planning firm with offices in San Francisco, Davis, San Diego, and Los Angeles, California. Harder+Company's mission is to help our clients achieve social impact through quality research, strategy, and organizational development services. Since 1986, we have assisted foundations, government agencies, and nonprofits throughout California and the country in using good information to make good decisions for their future. Our success rests on providing services that contribute to positive social impact in the lives of vulnerable people and communities. The following staff contributed to this report:

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Harder+Company would like to thank the following entities for their review and feedback to the report:

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Acknowledgements

Conducting useful, relevant and actionable research depends upon the contributions of many stakeholders. This Community Health Needs Assessment (CHNA) would not have been possible without the concerned residents and community leaders who generously provided their time, opinions and resources towards this needs assessment. In particular, we would like to thank those who participated in the focus groups, key stakeholder interviews and prioritization session.

Harder+Company and Kaiser Foundation Hospital-South Bay would also like to thank the following community organizations and partners:

Angie Benton, City of Long Beach Department of Health and Human Services
Cheryl Barrit, City of Long Beach Department of Health and Human Services
Pamela Shaw, City of Long Beach Department of Health and Human Services
Dr. Elisa Nicholas, The Children's Clinic "Serving Children and Their Families"
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I. Executive Summary

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. Kaiser Foundation Hospital (KFH)-South Bay serves a diverse and vibrant community in Los Angeles County, which is one of the most population dense regions in California. KFH - South Bay is centrally located in Harbor City with medical offices located in Carson, Gardena, Harbor City, Lomita, Long Beach, Manhattan Beach, Signal Hill (to be opened in Summer 2016), and Torrance. The communities served by KFH-South Bay include: Catalina Island, Carson, Compton, Gardena, Harbor City, Hawthorne, Hermosa Beach, Lawndale, Lomita, Long Beach, Los Angeles, Manhattan Beach, Palos Verdes Peninsula, Rancho Palos Verdes, Redondo Beach, San Pedro, Signal Hill, Torrance, and Wilmington.

This report documents the Community Health Needs Assessment (CHNA) conducted for KFH-South Bay. The results of the CHNA will inform the development of implementation strategies developed by KFH-South Bay to address the health needs in the community. This executive summary is intended to provide a high level snapshot of the CHNA regulations governing hospitals, the list of prioritized health needs found in the report, the methodology used to identify those health needs, and a summary of the overall assessment.

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

The following are the prioritized health needs for KFH-South Bay. They are listed below in order of highest priority to lowest priority. These health needs were prioritized by a geographically representative group of stakeholders during a community health needs prioritization session held on January 21, 2016:

1. Access to Care
2. Mental Health and Substance Abuse
3. Safety and Violence
3. Overweight and Obesity
5. Economic Security
6. Educational Attainment

7. Chronic Disease (Asthma, Cancers, Cardiovascular Disease, and Diabetes)
8. Built Environment (Housing and Transportation)
9. Oral Health
10. Sexually Transmitted Infections (STIs)
11. Environmental Health (Air and Water Quality)
12. Maternal and Child Health
13. Injury (Intentional and Unintentional Injuries)

C. Summary of Needs Assessment Methodology and Process

Health needs for KFH-South Bay were identified using a mixed methods approach that involved analyzing quantitative and qualitative data. Quantitative data was gathered from the Kaiser Permanente CHNA Data Platform (www.chna.org/kp), which includes 150 indicators from publically available data sources. Data in the platform is organized based on the Mobilizing Action Toward Community Health (MATCH) model, a population health model that emphasizes that many factors, if improved, can help make communities healthier places to live, learn, work and play. These factors include the mortality and morbidity status of the community, and the four key sets of drivers that impact that status: access to health care, behaviors, socio-economic factors, and the physical environment.

Quantitative data was analyzed using a modified version of Kaiser Permanente's Community Benefit data analysis tool, the Kaiser Permanente Southern California Custom Report. This tool organizes the 150 KP common indicators for California by health need labels and demographics to distinguish the health need topics the secondary data set is exploring. For example, indicators related to depression, suicide rates, and poor mental health describe the health need, Mental Health. Each health need topic was assigned a score based on the relative variance of the data values at the KFH-South Bay Medical Center Service Area compared to three benchmarks: the Southern California Medical Center Area (S CA MCA), county, and state. The KFH-South Bay Medical Center Service Area estimates represent the aggregate of all data for geographies that fall within the service area boundary (e.g. zip code, census tract, etc.) for a particular indicator. Higher scores indicate greater deviation from the benchmark, while lower scores indicate that an indicator is doing better than or is comparable to the benchmark.

Qualitative data was collected through a series of focus groups and key stakeholder interviews. A total of 41 key informant interviews were conducted between October and November 2015 and a total of three focus groups were facilitated on the following topics: (1) Chronic Disease, Overweight and Obesity; (2) Access to Health Care and Homelessness; and (3) Safety and Violence. The significant health needs were identified by comparing quantitative data for the medical center service area with S CA MCA, county, and state benchmarks and analyzing the content of interviews and focus groups.

The significant health needs were prioritized using a combination of the Simplex and Nominal Group methods. The Simplex method is a quantitative technique for collecting input from stakeholders through a survey with close-ended questions. The Nominal Group method is a qualitative approach that is used to enhance stakeholders understanding of health needs through reflection and facilitated discussion. Three criteria were used to prioritize the health needs: (1) Severity, which is the extent to which the health need has serious consequences related to morbidity, mortality, and/or economic burden; (2) Disparities, which is the level at which the health need disproportionately impacts specific subpopulations; and (3) Prevention, which is the extent to which effective and feasible opportunities to intervene at the prevention level exist. The full list of prioritized health needs is above. Assets, capacities, and resources to address the health needs were also identified during prioritization including community based organizations, government agencies, collaborations, and policies that are working to improve the health of residents in the KFH-South Bay Medical Center Service Area.

While the communities served by the KFH-South Bay Medical Center Service Area have diverse needs,

their top health needs identified through prioritization were: Access to Care, Mental Health and Substance Abuse, Safety and Violence, and Overweight and Obesity. Assets and capacities identified by stakeholders to address the top health needs are listed below. Please note that this is not an exhaustive list.

- Beach Cities Health District
- Boys & Girls Club of Carson
- Boys & Girls Club of Long Beach
- Boys and girls Club of the South Bay
- Carson Gardena YMCA
- Children's Institute
- City of Long Beach Department of Health and Human Services (DHHS)
- Harbor Community Benefit Foundation
- Harbor Community Clinic
- Harbor Interfaith Services
- Harbor UCLA Hospital
- Journey South Bay Church- Celebrate Recovery Program
- Jr. Posse Youth Equestrians Program
- Long Beach Memorial Medical Center
- Long Beach Trauma Recovery Center
- Los Angeles County Department of Public Health (DPH)
- Los Angeles County, Department of Mental Health
- Mental Health America
- National Council on Alcoholism and Drug Dependence South Bay Area (NCADD)
- Pacific Asian Counseling Services
- Providence Little Company of Mary Medical Center
- San Pedro and Peninsula YMCA
- San Pedro Boys & Girls Club
- South Bay Children's Health Center
- South Bay Family Health Care
- St. Mary Medical Center
- The Children's Clinic, Serving Children and Their Families
- The United Cambodian Community (UCC)
- Torrance Memorial Medical Center
- Watts Counseling and Learning Center
- Toberman Center
- Torrance Memorial Medical Center
- Torrance-South Bay YMCA
- Wilmington YMCA
- A New Way of Life
- California Conference for Equality and Justice
- Centro CHA
- Elevate Your G.A.M.E
- Gang Resistance Intervention Program (GRIP) in Long Beach
- Jr. Posse Youth Equestrians Program
- Los Angeles Human Relations Commission
- Positive Results Corporation
- Rainbow Services
- South Los Angeles Homeless TAY and Foster Care Collaborative

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-South Bay 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-South Bay tracks outcomes, including behavior and health outcomes, as appropriate and where available. As of the documentation of this CHNA Report in March 2016, KFH-South Bay had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-South Bay 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 asset – 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-South Bay 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.

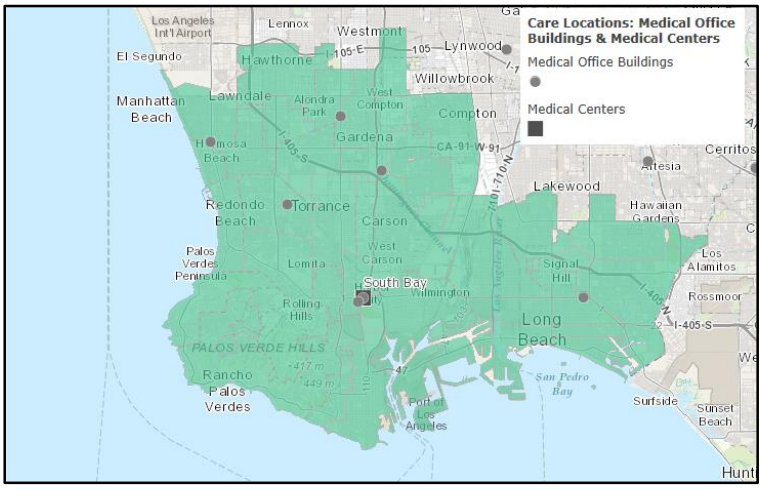
III. Community Served

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



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

The KFH-South Bay Medical Center Service Area is located in the southwest region of Los Angeles County. In addition to the cities and zip codes listed below, the KFH-South Bay Medical Center Service Area includes portions of Service Planning Areas 6 (South) and 8 (South Bay), which are distinct regions of Los Angeles County used by the Departments of Public Health, Health Services, and Mental Health to plan and manage service delivery.

City	Zip Code	Service Planning Area (SPA)
Carson	90745, 90746	SPA 8
Catalina Island	90704	SPA 8
Compton	90220	SPA 6
Gardena	90247, 90248, 90249	SPA 8
Harbor City/Harbor Gateway	90710	SPA 8
Hawthorne	90250	SPA 8
Hermosa Beach	90254	SPA 8
Lawndale	90260, 90261	SPA 8
Lomita	90717	SPA 8
Long Beach	90802, 90803, 90804, 90806, 90807, 90808, 90810, 90813, 90814, 90815, 90822, 90831, 90833, 90834, 90835	SPA 8
Los Angeles	90061	SPA 6
Manhattan Beach	90266	SPA 8
Palos Verdes Peninsula	90274	SPA 8
Rancho Palos Verdes	90275	SPA 8
Redondo Beach	90277, 90278	SPA 8
San Pedro	90731, 90732	SPA 8
Signal Hill	90755	SPA 8
Torrance	90501, 90502, 90503, 90504, 90505, 90506	SPA 8
Wilmington	90744	SPA 8

iii. Demographic profile of community served

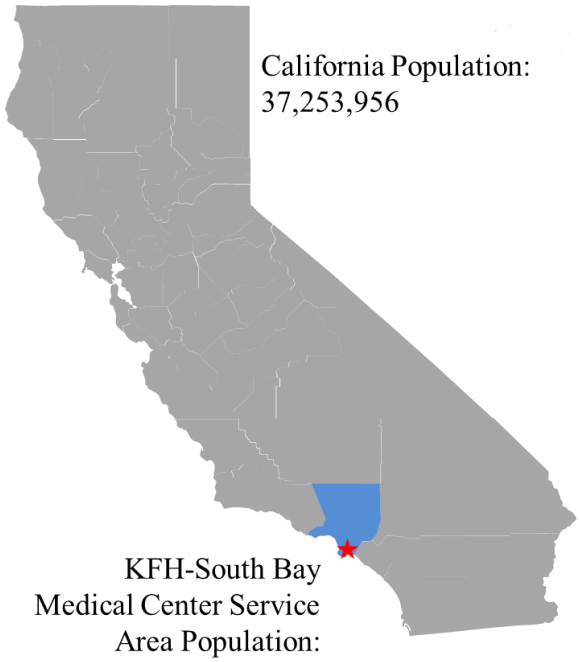
The demographic profile data presented in this section provides a more detailed picture of the community served in the KFH-South Bay Medical Center Service Area. The KFH-South Bay Medical Center Service Area population has over one million residents, and is relatively dense. Youth, aged 0-17, comprise about one quarter of the population and about 12% of the population is over age 65. The KFH-South Bay Medical Center Service Area is also diverse in terms of race and ethnicity with a greater percentage of Asians and Black/African American residents than in other parts of the state. Poverty, unemployment, and low educational attainment are also issues that impact the KFH-South Bay Medical Center Service Area, which influence overall health, disability, and premature death.

Population Characteristics

The total population for the KFH-South Bay Medical Center Service Area is 1,337,689 and the total population density is 7,637.63 residents per square mile, which is significantly higher than Los Angeles County (population density of 2,457.87) and the state of California (population density of 244.35).

The total population in the KFH-South Bay Medical Center Service Area increased over time, from 2000 and 2010, by 2.1%. Population change over time is of interest because a positive or negative shift in total population impacts health care providers and the utilization of community resources.

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

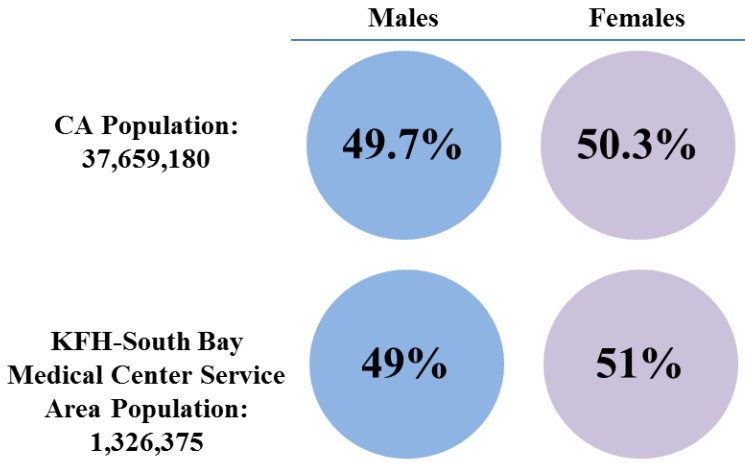


Population Change over Time, 2000-2010

	KFH-South Bay Medical Center Service Area	Los Angeles County	California
Total Population	+2.1%	+3.1%	+10.0%

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

Population by Gender



The KFH-South Bay Medical Center Service Area is fairly evenly divided between males and females, similar to the state. Children and youth (ages 0-17) make up 23.9% of the KFH-South Bay Medical Center Service Area population; 38.0% are 18-44 years of age; 25.8% are 45-64; and 12.3% of the population are seniors 65 years and older. The KFH-South Bay Medical Center Service Area tends to be younger than the state with lower percentages of adults 20-64, and 65 or older. The KFH-South Bay Medical Center Service Area as a whole has more working adults ages 18-64 than youth.

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

Population by Age

	KFH-South Bay Medical Center Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	87,812	6.6%	644,638	6.5%	2,521,299	6.6%
Age 5-17	231,367	17.3%	1,702,962	17.1%	6,690,989	17.6%
Age 18-24	129,437	9.7%	1,068,857	10.7%	3,988,766	10.5%
Age 25-34	190,686	14.3%	1,522,133	15.3%	5,513,196	14.5%
Age 35-44	187,875	14.0%	1,419,395	14.2%	5,175,688	13.6%
Age 45-54	196,431	14.7%	1,379,750	13.8%	5,248,476	13.8%
Age 55-64	148,983	11.1%	1,086,575	10.9%	4,310,599	11.3%
Age 65+	165,099	12.3%	1,149,893	11.5%	4,617,907	12.1%

Source: U.S. Bureau of the Census, 2010-2014 American Community Survey.

Race and Ethnicity

The KFH-South Bay Medical Center Service Area is diverse in terms of race and ethnicity. White residents make up 54.0% of the population; Black/African American residents comprise 11.8% of the population and Asians 15.9%. Compared to Los Angeles County, the KFH-South Bay Medical Center Service Area has a larger percentage of Black/African American residents, and compared to the state there are more than twice as many Black/African Americans. The Asian population is greater in the KFH-South Bay Medical Center Service Area than in both the County and the state. Hispanic or Latino residents make up 38.3% of the population of the KFH-South Bay Medical Center Service Area, which is comparable to the state but less than the county.

Population by Race Alone

	KFH-South Bay Medical Center Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
White	722,596	54.0%	5,329,333	53.4%	23,650,912	62.1%
Black or African American	157,665	11.8%	832,253	8.3%	2,262,323	5.9%
Asian	212,045	15.9%	1,394,349	14.0%	5,130,536	13.5%
Native American & Alaska Native	9,281	0.7%	54,409	0.6%	287,360	0.8%
Native Hawaiian & Pacific Islander	10,062	0.8%	26,074	0.3%	147,286	0.4%
Some Other Race	139,562	10.4%	1,949,940	19.6%	4,890,329	12.9%
Multiple Races	86,478	6.5%	387,845	3.9%	1,698,173	4.5%

Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

Population Change by Race Alone, 2000-2010

	KFH-South Bay Medical Center Service Area Percent Change	Los Angeles County Percent Change	California Percent Change
White	+0.6%	+6.5%	+6.4%
Black or African American	-7.2%	-8.0%	+8.8%
Asian	+15.6%	+18.4%	+31.5%
Native American & Alaska Native	-4.8%	-5.4%	+8.8%
Native Hawaiian & Pacific Islander	-2.7%	-3.5%	+23.5%
Some Other Race	+2.0%	-4.4%	+11.2%
Multiple Races	+5.5%	-6.6%	+12.9%

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

Population by Ethnicity

	KFH-South Bay Medical Center Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Hispanic or Latino	511,689	38.3%	4,800,491	48.1%	14,534,449	38.2%
Non-Hispanic Latino	825,999	61.8%	5,173,712	51.9%	23,532,472	61.8%

Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

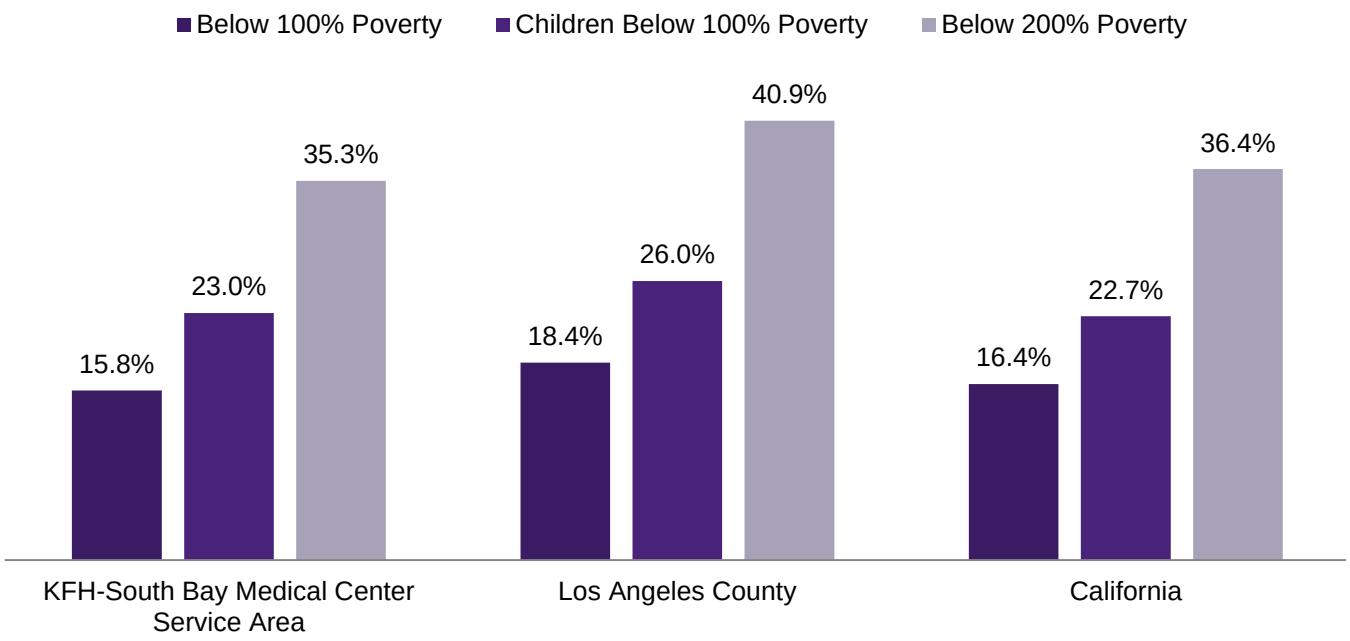
Change in Population by Ethnicity, 2000-2010

	KFH-South Bay Medical Center Service Area Percent Change	Los Angeles County Percent Change	California Percent Change
Hispanic or Latino	+15.4%	+10.5%	+27.8%
Non-Hispanic Latino	-4.5%	-2.8%	+1.4%

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

Poverty

Poverty thresholds are used for calculating poverty population statistics; they are updated each year by the Census Bureau. In 2013, the Federal Poverty Level (FPL) for one person was $11,490 and for a family of four $23,550. In the KFH-South Bay Medical Center Service Area, 15.8% of the total population and 23% of children specifically are below poverty level. The total poverty rate is lower than the county and about equal to that of the state. In the KFH-South Bay Medical Center Service Area, more affluent communities such as Palos Verdes and Manhattan Beach are adjacent to impoverished areas with higher needs.



Source: U.S. Bureau of the Census, American Community Survey, 2010-2014.

Unemployment

The percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted) is higher in the KFH-South Bay Medical Center Service Area than in the state.

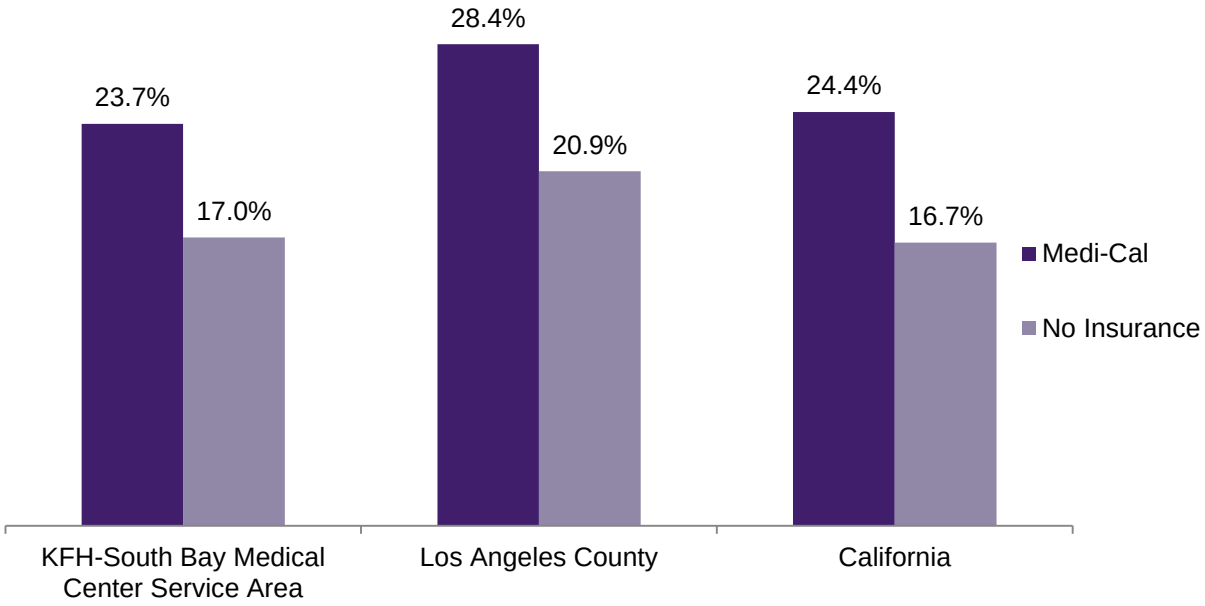
	KFH-South Bay Medical Center Service Area*	California
Unemployment rate	7.5	6.8

*County level data was used to represent the KFH-South Bay Medical Center Service Area for unemployment due to the fact that more local data was not available.
Source: US Department of Labor, Bureau of Labor Statistics. 2015 - December.

Health Insurance Coverage

Health insurance coverage is considered a key component to accessing health care, including regular primary care, specialty care, and other health services that contribute to one's health status. The Healthy People 2020 objective is for 100% of the population to have health insurance. The percentage of the population without insurance is lower in the KFH-South Bay Medical Center Service Area and the state (17.0%) than it is in Los Angeles County (20.9%). It is important to note that the 2010-2014 data provided below includes enrollment data from both before and after roll out of the Affordable Care Act and coverage expansion. The landscape of health coverage continues to shift as a result of Medi-Cal expansion and other changes to the availability of health coverage in California.

In the KFH-South Bay Medical Center Service Area, 23.7% of the population is covered through Medi-Cal. This percentage is lower than both the county and the state.

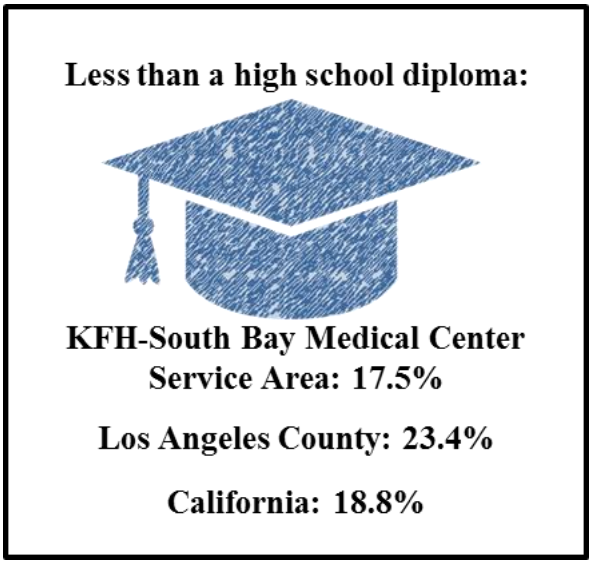


Source: US Census Bureau, American Community Survey. 2010-14.

Education

Of the KFH-South Bay Medical Center Service Area population aged 25 and over, 17.5% have less than a high school diploma; this is lower than the Los Angeles County high school incompletion rate (23.4%) and the California high school incompletion rate (18.8%). The Vulnerable Population Footprint map (pg. 17) provides a visualization of vulnerable populations based on poverty and educational attainment.

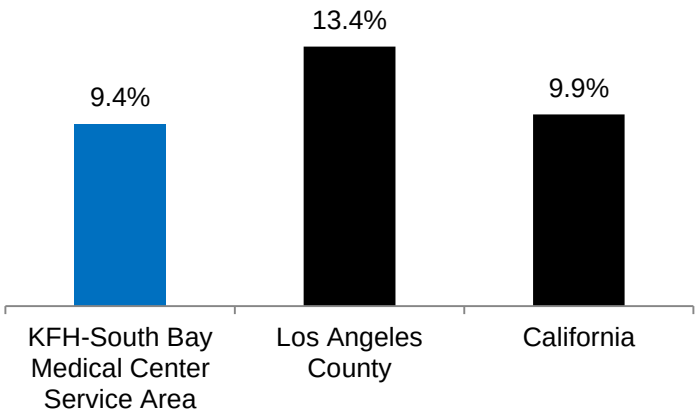
Source: US Census Bureau, American Community Survey. 2009-13.



Linguistically Isolated Households

A linguistically isolated household identifies the percentage of the population age 5 and older that lives in a home in which no person 14 years old and over (1) speaks only English, or (2) speaks a non-English language and speaks English "very well." 9.4% of households in the KFH-South Bay Medical Center Service Area are linguistically isolated. This is lower than the county (13.4%) and state (9.9%) rates.

Linguistically Isolated Households



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

Overall Health Status

Population with Poor General Health

KFH-South Bay Medical Center Service Area*: 22.4%

California: 18.4%

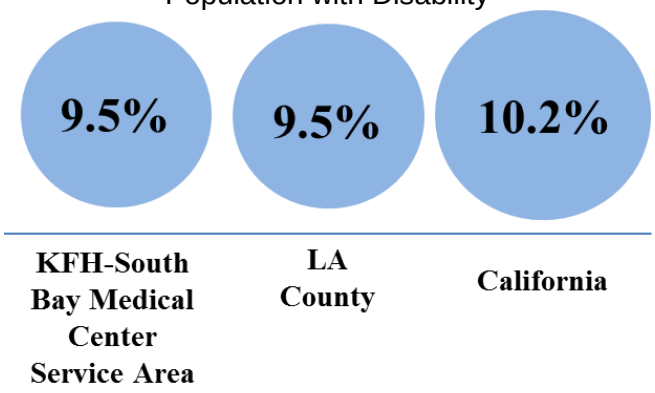
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

Research has demonstrated that self-reported health measures are a good predictor of mortality and functional ability, which includes activities of daily living such as personal care and mobility. The percentage of residents who identified their health as poor or fair in both the KFH-South Bay Medical Center Service Area and the county (22.4%) is worse than the state rate (18.4%).

* County level data was used to represent the KFH-South Bay Medical Center Service Area for overall health status due to the fact that more local data was not available.

A person is considered to have a disability if they have specific physical (hearing, vision, ambulatory) and cognitive statuses, and any other status which, if present, would make living in the absence of accommodations difficult or impossible. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. Both the KFH-South Bay Medical Center Service Area and the county have lower disability rates (9.5%) as compared to the state (10.2%).

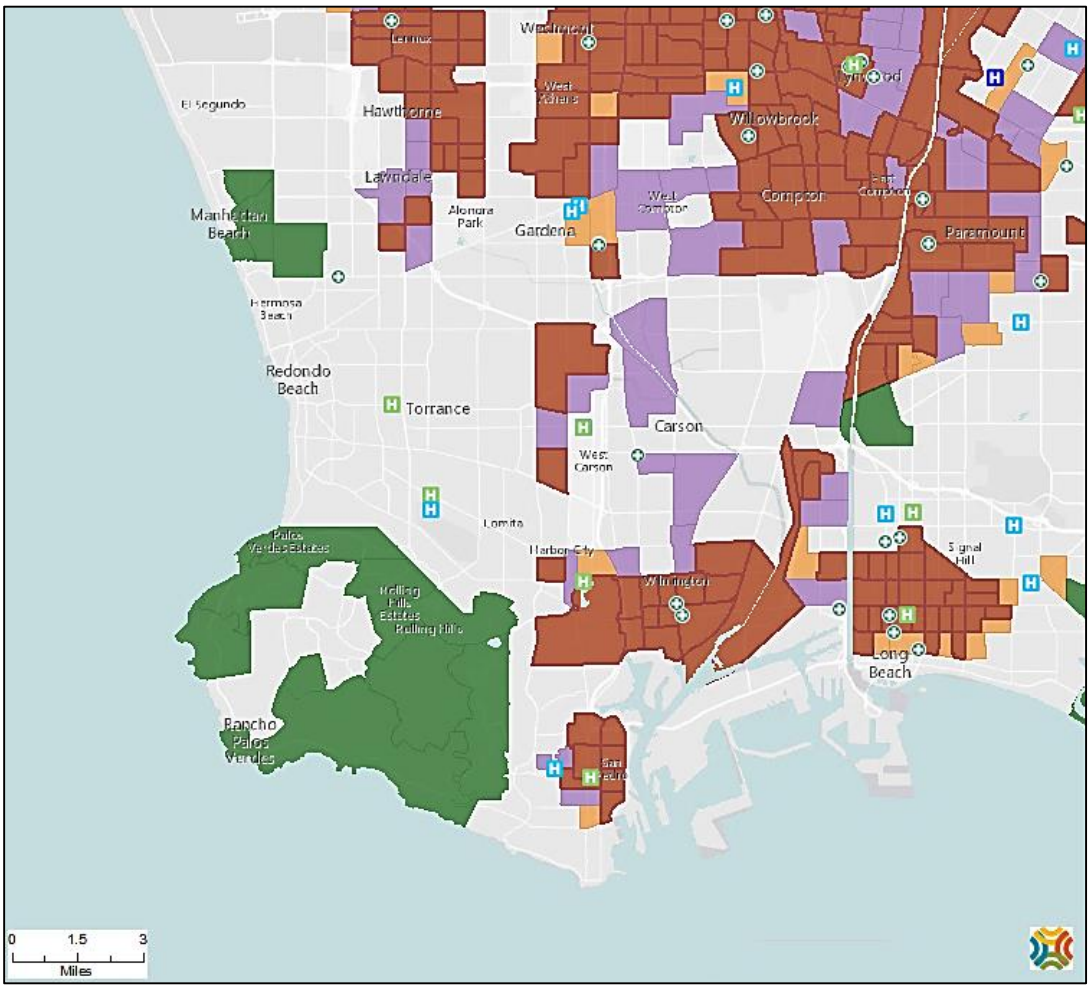
Population with Disability



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

Vulnerable Population Footprint

Poverty and educational attainment are two indicators that are predictive of at-risk or vulnerable populations. Visualization of vulnerable populations is provided in the following map. Communities where 20% or more of the residents are in poverty (i.e. living at or below 100% of the Federal Poverty Level) are shown as orange on the map. Communities where 25% or more of the residents aged 25 and older do not have a high school education are shown as purple on the map. The overlap of high poverty and low education attainment is depicted as red on the map. The red areas indicate communities with the most vulnerable populations. In contrast, the green areas of the map show regions of the Medical Center Service Area where 20% or more of the residents earn more than two times the mean income for Los Angeles County.



Source: Vulnerable Populations Footprint; http://assessment.communitycommons.org/footprint/

Vulnerable Populations Footprint, ACS 2009-13

- Above all thresholds (Footprint)
- Above the poverty threshold
- Above the education threshold

Hospitals, POS 2015

- Public
- Private
- Other

Community Health Care Centers, HRSA 2013

Tract Mean for Highest 1/5 of Earners > 2x County Mean for Highest 1/5 of Earners by Tract, ACS 2009-13

Leading Causes of Premature Death

In Los Angeles County, 43% of people in 2011 died prematurely (or before they reached age 75). In Service Planning Areas (SPA) 6 homicide was the leading cause of premature death followed by coronary heart disease. In SPA 8, coronary heart disease was the leading cause of premature death while homicide was the second leading cause of premature death.

Leading Causes of Premature Death, Service Planning Areas 6 & 8, 2011

Rank	SPA 6	SPA 8
1.	Homicide	Coronary Heart Disease
2.	Coronary Heart Disease	Homicide
3.	Motor Vehicle Crash	Drug Overdose
4.	Liver Disease	Liver Disease
5.	Stroke	Lung Cancer

Source: Los Angeles County Department of Public Health, Mortality in Los Angeles County, 2014.

Years of Potential Life Lost (YPLL) measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This can provide a unique and comprehensive look at the overall health status by examining premature deaths in a community. The KFH-South Bay Medical Center Service Area rate is comparable with the county rate, and lower than that of the state.

Years of Potential Life Lost

	KFH-South Bay Medical Center Service Area*	California
Years of Potential Life Lost, Rate per 100,000 Population	5464	5594

** County level data was used to represent the KFH-South Bay Medical Center Service Area for years of potential life lost due to the fact that more local data was not available.*
Source: University of Wisconsin Population Health Institute, County Health Rankings. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2008-10.

IV. Who was Involved in the Assessment

A. Identity of Hospitals that collaborated on the assessment

The Long Beach Collaborative was established in 2015 for the purpose of coordinating community engagement and primary data collection in the Long Beach and South Bay regions of Los Angeles County for community health needs assessments. KFH-South Bay coordinated with the Collaborative specifically around primary data collection with stakeholders in Long Beach and surrounding areas. Collaborative partners worked closely together throughout the CHNA to ensure compliance with the requirements of the Affordable Care Act and broad community inclusion in order to build effective implementation strategies. The hospitals involved in the Long Beach Collaborative include KFH-South Bay, Dignity Health, St. Mary Medical Center, Long Beach Memorial, Miller Children's & Women's Hospital Long Beach, and Community Hospital Long Beach.

B. Other partner organizations that collaborated on the assessment

In addition to the hospitals identified above, The Long Beach Collaborative also includes the following community clinic and local health department: The Children's Clinic and the City of Long Beach Department of Health and Human Services. As members of the Long Beach Collaborative, KFH- South Bay also coordinated with these entities on primary data collection. More information on the specific health needs identified for the Long Beach region of the KFH-South Bay Medical Center Service Area can be found on the Planning and Research section of the City of Long Beach Department of Health and Human Services website: http://www.longbeach.gov/health/planning-and-research/planning-and-research/.

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

Harder+Company Community Research is a comprehensive social research and planning firm with offices in Los Angeles, San Diego, San Francisco, and Davis. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-based evaluation, planning, and consulting services, Harder+Company helps organizations translate data into meaningful action. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. The firm's staff offers deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts – including conducting needs assessments; developing and operationalizing strategic plans; engaging and gathering meaningful input from community members; and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation, which is essential to both health care reform and the CHNA process in particular.

V. Process and Methods Used to Conduct the CHNA

A. Secondary Data

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

KFH-South Bay used the Kaiser Permanente CHNA Data Platform (www.chna.org/kp) to review over 150 indicators from publically available data sources. Data in the platform is organized based on the Mobilizing Action Toward Community Health (MATCH) model, a population health model that emphasizes many factors that, if improved, can help make communities healthier places to live, learn, work and play. These factors include the mortality and morbidity status of the community, and the four key sets of drivers that impact that status: access to health care, behaviors, socio-economic factors, and the physical environment. For details on specific sources and dates of the data used as well as additional secondary data resources, please see Appendix A: Quantitative Secondary Data Sources.

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

Secondary (quantitative) data was analyzed using a modified version of Kaiser Permanente's Community Benefit data analysis tool, Kaiser Permanente Southern California's Custom Report. This

tool organizes the 150 KP common indicators[1] for California by health need labels and demographics to distinguish the health need topics the secondary data set is exploring. For example, indicators related to depression, suicide rates, and poor mental health describe the health need, Mental Health. The CHNA Data Platform provides estimated values for Kaiser Permanente's hospital service areas including KFH-South Bay. The formula uses the original data to calculate what the value for a certain indicator would be for the hospital service area because data are usually reported in various types of geography (e.g., at the county, state, or census tract level). Each health need topic is assigned a score based on the relative variance of the data values at the KFH-South Bay Medical Center Service Area compared to three benchmarks: Southern California Medical Center Area (S CA MCA), the county, and state and averaged to create a composite score. Higher scores indicate greater deviation from the benchmark, while lower scores indicate that an indicator is doing better than or is comparable to the benchmark. Each indicator was scored on a five point scale based on the magnitude of difference between KFH-South Bay Medical Center Service Area data and each benchmark. A score of 0 points indicates the KFH-South Bay Medical Center Service Area is doing better than the benchmark; a score of 1 indicates the KFH-South Bay Medical Center Service Area is the same as or less than 5% worse than the benchmark; a score of 2 indicates the KFH-South Bay Medical Center Service Area is between 5% and 14.99% worse than the benchmark; a score of 3 indicates the KFH-South Bay Medical Center Service Area is between 15% and 23.99% worse than the benchmark; and a score of 4 points indicates that the KFH-South Bay Medical Center Service Area is performing 24% or more worse than the benchmark.

In summary, the tool is able to support benchmarking and the assessment of health needs by:

- organizing and mapping indicators to health needs;
- categorizing health needs and indicators by the MATCH model (health need drivers and outcomes);
- ranking health needs based on benchmarking at the S CA MCA, county, and state levels;
- showing ethnic or racial disparities in various health needs, where available; and
- clarifying general demographic information in the KFH-South Bay Medical Center Service Area.

Secondary data analysis led to the identification of a set of 25 health needs, which are listed below:

1. Access to Health Care
2. Asthma
3. Breastfeeding
4. Built Environment (Healthy Eating Active Living)
5. Built Environment (Housing)
6. Built Environment (Transportation)
7. Cancers
8. Cardiovascular Disease
9. Care Delivery
10. Diabetes
11. Economic Security
12. Educational Attainment
13. Environmental Health
14. Healthy Eating
15. Injury (Intentional and Unintentional)

[1] The full list can be found at http://assessment.communitycommons.org/chna/Datalist.aspx?reporttype=overview&dataarea=0

16. Language Barriers
17. Maternal and child health
18. Mental Health
19. Overweight and Obesity
20. Oral Health
21. Physical Activity
22. Safety and Violence
23. Social and Emotional Support
24. Sexually Transmitted Infections
25. Substance use

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 and focus groups. 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. For a complete list of organizations that provided input, see Appendix B: Community Input Tracking Form.

ii. Methodology for interpretation and analysis of primary data

The purpose of the interviews and focus groups was to gain insights from community stakeholders on the most pressing health needs, community assets, innovative approaches to improving health, and the types of collaboration currently happening within and across sectors to improve health. Detailed descriptions of the processes for collecting and analyzing primary (qualitative) data are below.

Interviews. Interview participants were selected by KFH-South Bay Community Benefit based on their expertise in the preliminary list of health needs identified through secondary data. Interviewees included public health experts; 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, chronically diseased, and minority populations. Individuals from various other sectors with expertise of local health needs were also consulted. A total of 41 key informant interviews were conducted between October and November 2015 as part of the coordinated efforts of the Long Beach Collaborative and KFH-South Bay. Of those 41 interviews, 7 specifically represented KFH-South Bay Medical Center Service Area outside of Long Beach. For a more information on the interview participants, please see Appendix B: Community Input Tracking Form.

Questions in the interviews assessed the broad health issues occurring in the community and specific health behaviors, socioeconomic factors, and environmental factors that contribute to poor health outcomes. Interviewees were also asked to share knowledge about existing resources, collaborations, or policies they were aware of that address health needs as well as potential community partners from across sectors that could support future efforts. Specific examples of questions asked during the interviews include:

- What are the biggest health issues that face your clients/community?
- What social and economic factors do you think have the biggest influence on these health needs for your clients/community?

- What existing community resources could be used to address the social and economic factors associated with these health issues?
- Looking across all sectors, who are some current or potential community partners who could help to impact these health issues?

All stakeholder interviews were digitally recorded and transcribed verbatim. Transcripts were analyzed using ATLAS.ti software to identify important health needs. Each health need was scored as "present" or "absent" within each interview. After all interviews were scored, each health need received an overall score indicating the percentage of interviewees that identified the health need.

Focus Groups. A total of 25 community stakeholders participated in the three focus groups on the following topics: (1) Chronic Disease, Overweight and Obesity; (2) Access to Health Care and Homelessness; and (3) Safety and Violence. Participants were selected by KFH- South Bay Community Benefit based on their expertise in the aforementioned focus group topics. Participants identified as leaders, representatives or members of medically underserved, low-income, chronically diseased and minority populations.

During the focus groups, brief descriptions were provided of each health need then participants were asked to discuss how the health need impacts their community. Similar to the interviews, focus group participants were asked about health behaviors, socioeconomic factors, and environmental factors that contribute to poor health outcomes. Participants were also asked to discuss gaps in existing resources that address the health needs. Questions for each focus group were tailored specifically to the topic. Examples of questions asked during the Chronic Disease, Overweight and Obesity focus group include:

- What can you tell me about the community's experience with overweight and obesity? What specific groups in your community struggle with overweight and obesity the most?
- Health issues can be affected by individual health behaviors, social and economic factors, and the physical environment. What factors contribute to overweight and obesity in your community?
- What services are lacking or difficult to access in this community that can help with overweight and obesity in your community?
- What resources or services exist in your community to help people manage overweight and obesity in your community?

Transcripts from focus groups were analyzed for the presence of health needs using ATLAS.ti software. Each of the health needs identified was assigned a score indicating the percentage of focus groups that identified that health need as important to the KFH-South Bay Medical Center Service Area.

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-South Bay 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 KFH-South Bay 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.

Primary data collection and the prioritization process are also subject to information gaps and limitations. Themes identified during interviews and focus groups were likely subject to the experience of individuals selected to provide input; KFH-South Bay sought to receive input from a robust and diverse group of stakeholders to minimize this bias. The final prioritized list of health needs is also subject to the affiliation and experience of the individuals who attended the prioritization session, and to how those individuals voted on that particular day. To minimize participant bias, data from all health needs were shared and discussed and criteria for the prioritization process were provided.

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

The significant health needs were identified by comparing secondary (quantitative) data for the KFH-South Bay Medical Center Service Area with the Southern California Medical Center Areas (S CA MCA) benchmark, which includes the service areas for all KFH medical centers in the Southern California region; Los Angeles County; and the California state benchmark; and analyzing the content of primary (qualitative) data. The criteria for identifying health needs were that at least one secondary (quantitative) indicator for the health need fell below the state benchmark and that the health need emerged during interviews or focus groups. To assess each potential health need, a score was calculated based on the extent to which the indicators performed poorly in comparison to the benchmark and the number of interviews and focus groups in which the health need emerged. For example, with the health need Safety and Violence, indicators include violent crime rate, assault rates, domestic violence rates, and homicide rates. Since the indicator for all violent crimes performed poorly compared with the benchmarks and Safety and Violence was identified by interview and focus group participants, this health need met the identifying criteria for both secondary and primary data.

For each data source (secondary data, interviews and focus groups), the health needs were ranked based on their scores. The ranks were then averaged to create a final overall rank score. For each health need, a lower rank indicated that a higher proportion of indicators fared worse than the benchmarks and that the health need emerged in a greater percentage of interviews and focus groups

compared with the other health needs. A high rank indicated that the health need had a lower proportion of indicators that fared worse than the benchmarks and was mentioned less frequently in primary data. This preliminary list of health needs was shared with Community Benefit staff, who further refined the list of significant health needs by merging together health needs that could be addressed using common or related strategies. For instance, the ranking analysis identified cardiovascular disease and diabetes as community health needs, but the Community Benefit staff recognized that these health needs could be clustered together because they share similar strategies in addressing them (e.g., promoting healthy eating habits). Thus, these were merged into one health need.

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

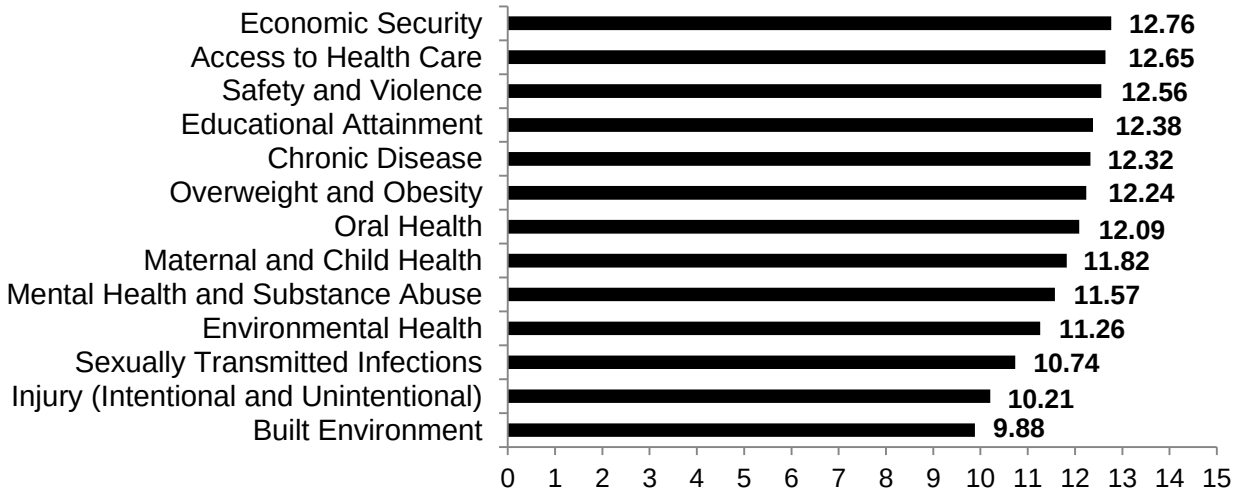
The identified health needs were prioritized using a combination of the Simplex and Nominal Group methods. The Simplex method is a quantitative technique for collecting input from stakeholders through a survey with close-ended questions. The Nominal Group method is a qualitative approach that is used to enhance stakeholders understanding of health needs through reflection and facilitated discussion. The process by which these two methods were used to complement one other is described in detail below.

Pre-Prioritization: In advance of an in person prioritization session, the Simplex method was employed to encourage broader community participation and to help familiarize community stakeholders with the identified health needs. As part of this method, an online survey was developed and disseminated via email that asked community members to assess each health need according to a pre-selected set of criteria. To better inform stakeholders about the health needs, summaries were provided that included descriptions of all of the health needs and pertinent secondary data.

The following three criteria were used to assess the health needs:

Criteria	Definitions
Severity	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Disparities	The health need disproportionately impacts specific geographic, age, or racial/ethnic subpopulations.
Prevention	Effective and feasible prevention is possible. There is an opportunity to intervene at the prevention level and impact overall health outcomes. Prevention efforts include those that target individuals, communities, and policy efforts.

Online survey respondents were instructed to rate health needs on these three criteria using a five point scale. Scores of 1 indicated the criterion is not that important in prioritizing health issues whereas scores of 5 indicated the criterion is extremely important in prioritizing health issues. The averages for each criterion were added together to establish an overall score and create a pre-prioritization ranking for all of the health needs. An overall score ranging from 12-15 indicated high priority; an overall score ranging from 7-11 indicated moderate priority; and an overall score of 3-6 indicated low priority. In total, 38 online surveys were completed from stakeholders representing all geographic regions of the service area. The overall scores from the pre-prioritization survey are below.



In Person Prioritization Session: The Nominal Group method was used during an in person prioritization session that was held on January 21, 2016 at California State University, Dominguez Hills. A total of 21 stakeholders with a broad range or expertise attended the prioritization session. The stakeholders in attendance represented the entire geography of the service area including the Beach Cities, Compton, Long Beach, Los Angeles, and Catalina Island. The goals of the prioritization session were to: review the identified health needs; share and discuss the findings from the online pre-prioritization survey; and prioritize the health needs through a voting process; and discuss assets, opportunities, and disparities for the highest priority health needs. For a full list of organizations that participated in the prioritization session, please see Appendix B: Community Input Tracking Form.

The in person prioritization session began with an overview of the CHNA process to date followed by a presentation of the 13 identified health needs with their criteria scores and overall pre-prioritization scores. Following the health needs presentation, stakeholders engaged in a large group discussion in which they shared ideas, reactions, and reflections on the identified health needs. Stakeholders were then invited to vote on the health needs using a technique called Dotmocracy in which stakeholder were given a total of 7 sticker dots to vote on health needs. Stakeholders were given up to 2 votes for a single health need and were instructed to vote based on the needs of the entire KFH-South Bay Medical Center Service Area while taking severity, disparities, and prevention into consideration.

Upon completion of voting, stakeholders participated in a deeper exploration of community assets, opportunities, and disparities through a Gallery Walk exercise. As part of the Gallery Walk, each health need was written on chart paper and posted on the wall. On large sticky notes, stakeholders were asked to write down their responses to the following questions and post them with the corresponding health need:

1. What opportunities, strategies, and resources are currently offered to address these health needs?
2. What sub groups and communities have the most significant disparities (e.g. race/ethnic groups, age groups, geographies, etc.)?

Small group discussions on the top 4 health needs were then facilitated to further explore the assets, opportunities, and disparities that were posted during the gallery walk.

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 primary and secondary data collection and analysis (as described in Section V).

The significant health outcomes for the KFH-South Bay Medical Center Service Area are chronic disease (asthma, cancers, cardiovascular disease, and diabetes); injury (intentional and unintentional); maternal and child health; mental health; overweight and obesity; oral health; and sexually transmitted infections. The significant health determinants are access to care; healthy eating active living; substance abuse; built environment; environmental health; economic security; educational attainment; and safety and violence. Each health need is summarized below and described in more detail in Appendix B: Health Need Profiles.

a. Significant Morbidity and Mortality (Health Outcomes)

Chronic Disease

Chronic diseases include diseases that progress slowly and can last for long periods of time, including cardiovascular disease, diabetes, cancer and asthma (Noncommunicable diseases). In the United States, chronic diseases account for 7 of 10 deaths and are responsible for 86% of health care costs (Chronic Disease Prevention and Health Promotion).

Cardiovascular Disease: Heart disease is the leading cause of death in the United States. Stroke is the third leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than $500 billion in health care expenditures and related expenses in 2010 alone (Healthy People 2020). In California, cardiovascular disease and stroke were the first and third leading causes of death, respectively (California's Leading Causes of Death, 2013). While heart disease prevalence is lower than in California overall, the KFH-South Bay Medical Center Service Area has higher mortality rates due to heart disease and stroke than the state. Stroke mortality rates are also higher in the KFH-South Bay Medical Center Service Area compared with S CA MCA and the state benchmarks.

Diabetes: Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death (Healthy People 2020). In California, diabetes was the seventh leading cause of death (California's Leading Causes of Death, 2013). Diabetes is more prevalent in the KFH-South Bay Medical Center Service Area than in the S CA MCA and the state

Cancers: Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years, yet cancer remains the second leading cause of death in the United States. Many cancers are preventable by reducing risk factors such as the use of tobacco products, physical inactivity, poor nutrition, obesity, and excessive alcohol use (Healthy People 2020). The KFH-South Bay Medical Center Service Area has a higher incidence per 100,000 population of cervical, colon, and rectum cancer than the state. Additionally, for all forms of cancer, the service area has a higher mortality rate compared with the state benchmark.

Asthma: Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives (Healthy People 2020). In the United States in 2014, 7.4% of adults and 8.6% of children had asthma (National Center for Health Statistics). While the prevalence of adults with asthma in the KFH-South Bay Medical Center Service Area is lower than the state, there is a higher rate of hospitalizations from asthma at the S CA MCA, county, or state level.

Injury (Intentional and Unintentional)

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department (Healthy People 2020). In California, unintentional injuries were the sixth leading cause of death (California's Leading Causes of Death, 2013). The KFH-South Bay Medical Center Service Area is performing worse than the state on all indicators for this factor, including pedestrian and motor vehicle accident fatalities.

Maternal and Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential (Healthy People 2020). In the United States in 2014, 8% of babies were born with low birthweight; infant mortality was 596.1 deaths per 100,000 live births; and the birth rate for mothers age 15-19 years was 24.2 live births per 1,000 women (National Center for Health Statistics). While the KFH-South Bay Medical Center Service Area has a lower rate of teen births than the state and S CA MCA, the rate of infant mortality is equivalent to that of the state. Additionally, the percentage of low birth weight babies born in the KFH-South Bay Medical Center Service Area is higher than that of the S CA MCA, county, and state. While the KFH-South Bay Medical Center Service Area is only slightly lower than the state in terms of the number of women engaging in any breastfeeding, the area falls below the S CA MCA and state benchmarks in terms of the number of women who exclusively breastfeed.

Mental Health

Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality (Health People 2020). In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days (National Center for Health Statistics). More than one quarter of adults in the KFH-South Bay Medical Center Service Area report that they frequently do not receive the social and emotional support they need and residents of the service areas have more poor mental health days per month on average compared to other adults in the state.

Overweight and Obesity

Overweight and obesity are defined using a person's Body Mass Index (BMI) which is a ratio of a person's weight to height. In the United States in 2011-2014, the prevalence of obesity was just over 36% in adults and 17% in youth (National Center for Health Statistics). Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to obesity. Being overweight or obese increases the risk for many health conditions,

including type 2 diabetes, heart disease, stroke, hypertension, and cancer (County Health Rankings). Certain indicators, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity. Adults in the KFH-South Bay Medical Center Service Area are less likely to be obese, but slightly more likely to be overweight, than adults in the state. Youth in the KFH-South Bay Medical Center Service Area fare better than the S CA MCA and the state on measures of both overweight and obesity. There are fewer grocery stores in the KFH-South Bay Medical Center Service Area and more fast food restaurants and liquor stores, as compared to the state.

Oral Health

Poor oral health has serious consequences, including painful, disabling, and costly oral diseases such as dental caries (cavities), periodontal (gum) disease, oral and facial pain, and oral and pharyngeal (mouth and throat) cancers. Nationally, in 2012, only 67% of adults 18+ had visited a dentist within the past year (National Center for Health Statistics). A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke (Healthy People 2020). Poor dental health among adults is slightly worse in the South Bay service as compared to the S CA MCA and state, although it is equivalent to the county.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are infections that are spread primarily through person-to-person sexual contact and include diseases such as HIV, Chlamydia and Syphilis. In 2014, the national rate of chlamydial infections was 456.1 per 100,000 population (National Center for Health Statistics). More than 1.2 million people in the United States are living with HIV infection (National Center for Health Statistics). STIs can affect immediate and long-term health as well as the economic and social well-being of individuals, families, and communities (County Health Rankings). The KFH-South Bay Medical Center Service Area has a lower hospitalization rate for HIV than the County or state. However, the prevalence of HIV and incidence of chlamydia is higher in the service area than in the S CA MCA and state.

b. Significant Health Drivers

i. Access to Care

Access to Care

Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. In 2014, approximately 11.5% of Americans were uninsured; and the rate of uninsured 18-64 year olds was higher at 16.3% (National Center for Health Statistics). In California in 2013, 54.2% of physicians accepted new Medi-Cal patients, which is lower than the national average of 68.9% (National Center for Health Statistics Data Brief). Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life (Healthy People 2020). Insurance and access to providers ensures that diseases are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality. While residents of the KFH-South Bay Medical Center Service Area are slightly more likely to have access to a dentist, youth and adults alike are less likely to have had a recent dental exam. Residents also lack access to primary care physicians and mental health care providers relative to the rest of the state. The percentage of

individuals obtaining health care screenings, such as mammograms and colonoscopies, as well as those adequately managing chronic diseases, such as diabetes and high blood pressure, tend to be lower than the rest of the state.

ii. Health Behaviors

Health Eating Active Living (HEAL)

Good nutrition and physical activity are important to the growth and development of children and chronic disease prevention across the lifespan. A healthful diet and regular physical activity helps Americans reduce their risks for many health conditions, including overweight and obesity, heart disease, diabetes, and some cancers (Healthy People 2020). In the United States in 2014, 49.9% of adults 18 years of age and older met the Physical Activity Guidelines for aerobic physical activity (National Center for Health Statistics). Adult physical inactivity is higher in KFH-South Bay Medical Center Service Area than in the state.

Substance Abuse

Substance abuse, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. When consumed in excess, alcohol is harmful to the health and well-being of those that drink as well as their families, friends, and communities. Smoking is known to cause cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction, and can lead to lung cancer and heart disease in those exposed to secondhand smoke (County Health Rankings In the United States in 2014, 24.9% of adults 18 years and over reporting having at least one heavy drinking day (five or more drinks for men and four or more drinks for women) in the past year; and 16.8% of adults 18 years of age and over reported smoking cigarettes (National Center for Health Statistics). The KFH-South Bay Medical Center Service Area fares better than the state on excessive alcohol consumption, alcohol expenditure, tobacco usage, and tobacco expenditures.

iii. Physical Environment

Built Environment

Housing: Our built environment greatly impacts our health. Having a safe and stable housing is essential for people to have access to basic resources such as shelter, water and food and important for emotional and social well-being. Unsafe housing can lead to poor health outcomes because of exposure to environmental hazards and allergens and can contribute to infectious and chronic diseases (Inadequate and Unhealthy Housing, 2007 and 2009). The KFH-South Bay Medical Center Service Area has a slightly higher percentage of cost burdened households than the state overall. The number of assisted housing units is also much lower than that of the state.

Transportation: Transit includes public systems such as city or regional buses, subway systems, and trams as well as cars and bikes, sidewalks, streets, bike paths, and highways. Dependence on driving leads to 40,000 traffic-related deaths annually and exposes us to air pollution, which has been linked to asthma and other respiratory illnesses, cardiovascular disease, pre-term births, and premature death. It also contributes to physical inactivity and obesity (County Health Rankings). The percentage of workers who commute to work alone in their cars is also slightly higher in the KFH-South Bay Medical Center Service Area as compared to the county, S CA MCA, and state.

Environmental Health

Clean air and safe water are prerequisites for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen

oxides, carbon monoxide, and greenhouse gases can harm our health and the environment (County Health Rankings). Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung diseases, damage airways and lungs, and increase the risk of premature death from heart or lung disease (Air and Water Quality, 2016).The findings related to this need are mixed. The KFH-South Bay Medical Center Service Areas experiences fewer days with high levels of particulate matter or Ozone (O3) than the state. However, more residents are exposed to unsafe drinking water and fewer are covered by tree canopy as compared to the state.

iv. Socioeconomic Factors

Economic Security

Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools (CDC, Social Determinants of Health). The ongoing stress and challenges associated with poverty can lead to cumulative health damage. Chronic illness is more likely to affect those with the lowest incomes, and children in low income families are sicker than their high income counterparts. Unemployment is higher in the KFH-South Bay Medical Center Service Area compared to the S CA MCA and the state.

Educational Attainment

Individuals with higher levels of educational attainment are more likely to live longer, healthier lives. More schooling is linked to higher income, better employment opportunities and stronger social supports that, all combined, lead to healthier choices (County Health Rankings). An additional 4 years of education reduces a person's risk of diabetes, heart disease, overweight and smoking (Robert Wood Johnson Foundation).The KFH-South Bay Medical Center Service Area has better outcomes related to high school graduation rates, school enrollment at ages 3 and 4, and student reading proficiency than the state. However, the state currently has a greater number of Head Start facilities by population than the service area, and the school suspension rate is also higher.

Safety and Violence

Homicide and domestic violence are important public health concerns in the United States. In addition to their immediate health impact, the effects of violence extend well beyond the injured person or victim of violence, affecting family members, friends, coworkers, employers, and communities. Witnessing or being a victim of violence is linked to lifelong negative physical, emotional, and social consequences (Healthy People 2020). Violence can cause long term physical and emotional effects to those involved and can negatively impact the overall health and safety of a community. Chronic stress from living in unsafe neighborhoods can negatively impact health by causing depression, anxiety and stress (County Health Rankings). The KFH-South Bay Medical Center Service Area fares worse than the state on several indicators of safety and violence, including violent crime, assault, and robbery.

c. Prioritized list of health needs

The following health needs are in prioritized order, based upon community stakeholder votes during the prioritization session on January 21, 2016.

1. Access to Care
2. Mental Health and Substance Abuse
3. Safety and Violence
4. Overweight and Obesity (Includes HEAL)
5. Economic Security

6. Educational Attainment
7. Chronic Disease (Includes asthma, cancers, cardiovascular disease, and diabetes)
8. Built Environment (Includes housing and transportation)
9. Oral Health
10. Sexually Transmitted Infections
11. Environmental Health
12. Maternal and Child Health
13. Injury (includes intentional and unintentional injuries)

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

KFH-South Bay Medical Center Service Area contains a robust assortment of community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations who are deeply engaged in addressing many of the health needs identified by this assessment. During primary data collection and prioritization community stakeholders were asked to identify specific community assets, capacities, and resources. Stakeholders were also engaged in discussion of where gaps exist in services as well as recommendations for strategies and opportunities to better address the health needs. Key community assets, capacities, and resources for all of the health needs that were identified by community stakeholders during focus groups and interviews by are listed below. Please note that this is not a comprehensive list.

- A New Way of Life
- AIDS Project Los Angeles
- Boys & Girls Club of Carson
- Boys & Girls Club of Long Beach
- Boys and Girls Club of the South Bay
- California Conference for Equality and Justice
- California State University, Dominquez Hills
- Carson Gardena YMCA
- Centro CHA
- Children's Institute
- City of Long Beach Department of Health and Human Services (DHHS)
- Community Coalition
- Community's Child
- El Camino College
- Elevate Your G.A.M.E
- Gang Reduction Youth Development (GRYD) Program, City of Los Angeles
- Gang Resistance Intervention Program (GRIP), Long Beach
- Harbor Community Benefit Foundation
- Harbor Community Clinic
- Harbor Gateway Chamber of Commerce
- Harbor Interfaith Services
- Harbor UCLA Hospital
- Hawthorne School district
- Health Insurance Counseling and Advocacy Program (HICAP)
- Journey South Bay Church- Celebrate Recovery Program
- Jr. Posse Youth Equestrians Program
- Kaiser Permanente
- LA Condom
- LA Care
- Long Beach Memorial Medical Center
- Long Beach Trauma Recovery Center
- Los Angeles Alliance for New Economy
- Los Angeles County Department of Health Services- Housing for Health
- Los Angeles County Department of Mental Health
- Los Angeles County Department of Public Health
- Los Angeles County Metropolitan Transportation Authority (Metro)
- Los Angeles Harbor College
- Los Angeles Homeless Services Authority
- Los Angeles Human Relations Commission
- Los Angeles Unified School District- Violence Reconciliation Programs

- Love Beyond Limits
- Media Done Responsibly
- Medical Financial Assistance (MFA) Program
- Medical Mission Adventures
- Mental Health America
- My Health LA
- National Council on Alcoholism and Drug Dependence South Bay Area (NCADD)
- Operation Jump Start
- Pacific Asian Counseling Services
- People Assisting The Homeless (PATH)
- Planned Parenthood
- Positive Results Corporation
- Providence Little Company of Mary Medical Center
- Rainbow Services
- Redgate Memorial Recovery Center
- San Pedro and Peninsula YMCA
- San Pedro Boys & Girls Club
- Sanctuary for Hope
- Shortstop Juvenile Crime Diversion Program
- South Bay Bicycle Coalition
- South Bay Children's Health Center
- South Bay Cities Council of Governments
- South Bay Coalition to End Homelessness
- South Bay Family Health Care
- South Los Angeles Homeless TAY and Foster Care Collaborative
- Southern California Edison
- St. Mary Medical Center
- The American Cancer Society
- The Children's Clinic, Serving Children and Their Families
- The Children's Dental Health Clinic
- The United Cambodian Community
- Toberman Center
- Torrance Memorial Medical Center
- Torrance-South Bay YMCA
- Tzu Chi Wilmington Clinic
- Supplemental Nutrition Assistance Program (SNAP)
- Watts Counseling and Learning Center
- Watts Gang Task Force
- Watts Labor Community Action Committee (WLCAC)
- West Coast Maternity Association
- Wilmington YMCA
- Women, Infants, and Children (WIC)
- Women's Health Care Clinic Outreach and Education
- Workforce Investment Board

Community assets, capacities, and resources that are available to respond to each community identified health need are described in detail in Appendix C: Health Need Profiles.

VII. KFH-South Bay 2013 Implementation Strategy Evaluation of Impact

A. Purpose of 2013 Implementation Strategy evaluation of impact

KFH-South Bay'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-South Bay'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-South-Bay.pdf . For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by KFH-South Bay in the 2013 Implementation strategy report.

1. Access to Care
2. Healthy Eating and Physical Activity
3. Preventive Health Care
4. Violence Prevention and Community Safety
5. Broader Health Care System Needs in Our Communities - Research and Workforce

KFH-South Bay 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-South Bay tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA Report in March 2016, KFH-South Bay had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH-South Bay 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-South Bay had 64 grant payments for a total of $717,865 in service of 2013 health needs. Additionally, KFH-South Bay 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 49 grant payments totaling $8,169,503 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-South Bay 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-South Bay 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

i. KFH-South Bay Priority Health Need: Access to Care

Long-Term Goal
- Increase of the number of medically underserved who have access to appropriate health care services.

Intermediate Goals
- Increase access to primary care.
- Increase access to specialty care/diagnostics.
- Provide case management for medically underserved patients who are frequent users of ER for nonurgent cases and hospital inpatient services.
- Increase health care coverage among vulnerable populations.
- Improve timely access to needed medical care.
- Reduce workforce shortages

Access to Care
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.	• In 2014, $9,232,683 was spent on the Medicaid program and 12,991 Medi-Cal managed care members were served • In 2015, $20,423,847 was spent on the Medicaid program and 17,303 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.	• In 2014, $6,772,208 was expended for 3,945 MFA recipients • In 2015, $3,045,989 was expended for 3,760 MFA recipients
Charitable Health	Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private	• In 2014, $738,839 was spent on the CHC program and 1,499 individuals received CHC

Coverage	health coverage programs.	• In 2015, $585,838 was spent on the CHC program and 1,501 individuals received CHC

Access to Care
Grant-Making Highlights

Grant-Making Snapshot During 2014-2015, there were 20 KFH grant payments, totaling $245,995, addressing the priority health need in the KFH-South Bay service area. In addition, a portion of the money managed by a donor advised fund (DAF), The California Community Foundation, was used to pay 20 grants, totaling $3,995,000; 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
Harbor Interfaith Services	$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 Harbor Interfaith Services site, the goal is to reach 212 homeless people; Progress toward achieving these goals will be monitored throughout the grant period.
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.
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.
Martin Luther King, Jr. Community	$2,000,000*	Complete the Martin Luther King Jr Community Hospital's (MLK) *Healthy babies Healthy Beginnings*	Overall, construction was completed for the following including the integration of technology: 2 dedicated operating rooms for C-sections, 18 delivery and

Grantee	Grant Amount	Project Description	Results to Date
Health Foundation		*Campaign* which expands maternity services.	postpartum beds, and 2 nurseries including an expansion of 11 bassinets. In addition, the clinical agreement for obstetrics and midwife services was finalized with the Eisner Pediatric and Family Medical Center, renowned for its work in women's health, and MLK hired experienced nursing staff.
California Aquatic Therapy & Wellness Center, Inc.	$10,000	Pools of Hope's Aquatic Physical Therapy Specialty Care program provides quality, therapeutic services for clients who are uninsured or underinsured, or if their insurance programs exclude such services.	To date, 310 seniors, adults (including veterans) and children with disabilities received aquatic therapy services, resulting in a 64% increase in the anticipated number served. As a result of the program, 90% of patients have experienced increased range of motion and mobility, reduced pain and improvement in overall health. Additionally, patients reported an average weight loss of 1 pound a week.
Harbor-UCLA Research and Education Institute	$10,000	The Catalina Clinic Project will improve access to quality and confidential preventative and reproductive health care services for uninsured, low-income woman on Catalina Island.	Harbor-UCLA Research and Education Institute is on track to serve 48 new, unduplicated, uninsured, low-income women through the Catalina Island Project. Women receive breast, cervical and/or gynecological cancer screening, blood pressure, BMI and other medically-indicated lab testing. Additionally, 240 women will receive health education and information, in English and Spanish, on 1) breast and cervical cancer screening, 2) preventative, reproductive health, and 3) clinic services.
St. Johns Well Child and Family Center Inc.	$10,000	SJWCFC seeks support to expand its Integrated Behavioral Health Program at its Compton Health Center by hiring an additional clinician to provide individual, group counseling, and psychoeducation services.	A total of 7,772 adolescents and adult primary care patients were screened for depression. Additionally, 302 primary care patients received individual counseling services, and 369 primary care patients participated in support groups (in English and Spanish).

Grantee	Grant Amount	Project Description	Results to Date
Harbor Free Clinic, Inc.	$15,000	Harbor Free Clinic, Inc. aims to continue to provide access and timely care for at least 730 adults, adolescents and children annually suffering from depression, anxiety, anger management and relationship issues through short-term counseling provided by a clinical psychologist.	Outreach has been provided to 1,548 local residents at health fairs, or networking events. Comprehensive primary and preventive care services have been provided to 4,612 unduplicated, low-income residents through 17,177 patient visits annually. A total of 594 mental health visits, serving 149 unduplicated patients. This grant aims to improve the quality of life for a population traditionally underserved by mental health services.
California Aquatic Therapy & Wellness Center, Inc.	$10,000	The In-House Aquatic Therapy Specialty Care program was started in 2014 by the Pools of Hope to provide aquatic physical therapy to patients whose insurance programs exclude such services.	Two hundred seniors, adults and children with disabilities, injuries or chronic disease will benefit from physical therapy sessions. This grant aims to help participants exhibit improved physical function, including increased mobility and range of motion, increased strength, reduced pain, and better overall health and wellness as measured by pre- and post-program examinations and patient and therapist feedback.
United States Veterans Initiative	$20,000	United States Veterans Initiative aims to provide mental health support to homeless and at-risk veterans and facilitate access to health services over a three-year grant period.	To date, 418 unduplicated veterans received access to the VA and other community healthcare providers for medical, psychiatric, dental, and addiction treatment appointments. Additionally, 70% of participants reported improved physical wellness and 100% of clients attended on-site group counseling and/or sobriety support sessions. Specialized on-site support through the VA was provided for female veterans who were screened positive for Military Sexual Trauma.
Children's Dental Foundation	$12,500	Children's Dental Foundation's multi-specialty programs and services includes General, Pediatric, and Preventive Dentistry, Oral Hygiene Education, Orthodontia, Endodontia, Periodontia, Oral Surgery, treatment under Sedation (Oral, Intravenous, or General	CDHC is on target to provide oral health awareness, health literacy, and increased access to preventive and specialty dental care services for 7,700 underserved children and young adults. In year 1 of the multi-year grant, CDHC served 2200 individuals (921 patients and

Grantee	Grant Amount	Project Description	Results to Date
		Anesthesia).	their caregivers) and every patient received oral health education and kits. 81% of children improved their oral health score at 6-month follow up.

Access to Care
Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
South Bay Coalition to End Homelessness	To transform and end homelessness in the South Bay through education, advocacy and coordination.	In 2015, KFH South Bay hosted a deployment site for the annual homeless count and provided support for the Count Results and Planning Meeting. Participation on the coalition helps to inform the proposed plan for navigator services by connecting to nonprofit, health and human service organizations that address homelessness and to stay up-to-date on current policies and budget at the federal, state and local level.

Access to Care
In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
South Bay Family Health Care; The Children's Clinic Serving Children and Their Families; Venice Family Clinic; Wilmington Community Clinic	For 2015, the colonoscopy screening events were expanded to two days, resulting in 19 patients who were screened. One patient was successfully referred for additional follow up treatment at Harbor-UCLA.
South Bay Family Health Care; The Children's Clinic Serving Children and Their Families; and Venice Family Clinic.	For 2015, 13 low-income uninsured patients were served, providing an array of outpatient surgical procedures.

Impact of Regional Initiatives Addressing Access to Care

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.

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* (*A*spirin, *L*isinopril, and *L*ipid 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.

ii. KFH-South Bay Priority Health Need: Healthy Eating and Physical Activity

Long-Term Goal
- Decrease overweight and obesity and chronic disease.

Intermediate Goals
- Increase healthy eating among residents in the Long Beach/South Bay/Harbor areas.
- Increase active living among residents of the service area.

Healthy Eating and Physical Activity
Grant-Making Highlights

Grant-Making Snapshot During 2014-2015, there were 14 KFH grant payments, totaling $141,870, addressing the priority health need in the KFH-South Bay service area. In addition, a portion of the money managed by a donor advised fund (DAF)[1], The California Community Foundation, was used to pay 25 grants, totaling $2,965,503; 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
Los Angeles County Bicycle Coalition	$50,000*	The Active Transportation Planning, Project Development & Implementation in Low-Income Communities project seeks community input in countywide and cities' planning processes and funding allocations in Los Angeles County.	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 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.
Los Angeles	$47,500*	The Promoting Healthy Eating and Living in Los	The Los Angeles Regional Food Bank has developed

Grantee	Grant Amount	Project Description	Results to Date
Regional Food Bank		Angeles County project seeks to develop and implement a nutrition-focused food policy, increase their nutrition education offerings, and conduct CalFresh Program outreach and enrollment.	and implemented a nutrition-focused food policy. They have supported a CalFresh outreach and enrollment program that resulted in 305 approved applications and conducted 24 nutrition education opportunities for children and families.
City of Long Beach Department of Health and Human Services	$150,000*	This HEAL Zone site focuses on school and community strategies, such as: a) removal of flavored milk from school breakfast, b) the offering of more varieties of fresh fruits and vegetables at school meals in middle and high school (through youth engagement and smarter lunchroom), c) the implementation of a Safe Routes to School program to enable physical activity, d) the implementation of a healthy corners tore, clinic protocols to support patients with healthy eating and physical activity, the improvement of parks and other physical activity areas, and the adoption of an Open Space Master Plan for the North Long Beach area.	Long Beach HEAL Zone participated and supported the formation of the Coalition for a Healthy North Long Beach. To date, there have been improvements in school meals, increased physical activity among resident and institutional changes in the clinic setting. In participating schools flavored milk has been removed from breakfast and this practice as spread to other schools. In the community, a) a new playground was built in Coolidge Park and Houghton Park completed its Master Plan and Open Space Plan, which has led to observable increases in use of park and participation in physical activity classes, and b) institutional changes have been implemented in the Children's Clinic, to incorporate the healthy prescription into the electronic medical records system and screen and refer at-risk patients to nutrition and physical activity programming. These efforts have the potential to reach approximately 20,000 individuals.
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.
Lawndale Elementary School District	$50,000*	This Thriving Schools projects aims to a) revise, implement, and monitor a district wellness policy (specifically PA language), b) implement a physical activity curriculum, c) offer multiple opportunities for	The school district approved a revised district wellness policy and has implemented PE monitoring and logs to ensure teachers are trained for physical activity and physical education. Additionally, teachers were trained

Grantee	Grant Amount	Project Description	Results to Date
		physical activity (PA) throughout the school day, and e)), offer more PA opportunities in the community through LEAP and Boys and Girls Club programs	on the Creating Opportunities For Physical Activity (COPA) curriculum and partnered with the RAP after-school program to educate their staff on incorporating physical activity during after-school hours. This project is being implemented in three (3) Elementary Schools, and potentially reaches 2,300 students.
Hawthorne School District	$69,274*	This Thriving Schools project aims to a) remove chocolate milk from lunch offerings for 4th and 5th grade students, b) increase the amount of new items offered in salad bar to promote student, teacher, and staff lunch participation, and c) implement active recess to improve physical activity.	To date, the school district has a) removed chocolate milk from all grades, b) recruited parent volunteers in the cafeteria, c) increased purchasing of salads, d) strengthened the wellness policy language to adjust the length of lunch time and addressing the withholding of recess as punishment, and e) increased participation of staff in the employee wellness program. This project is being implemented in eight (8) Elementary Schools, two (2) Middle Schools, and two (2) High Schools and potentially reaches 8,901 students.
Los Angeles Unified School District	$10,000	Wilmington's COPA project will increase opportunities for children to be active during the school day by training school staff to lead physical activities during recess and psychomotor time.	A total of 65 staff, including supervision aides, noon aides, community representatives, and campus aides at 7 LAUSD elementary schools in Wilmington have received 1 ½ to 4 hours of training from a PE Specialist.
The Foodbank of Southern California	$12,000	Healthy Choices promotes the consumption of fresh produce and other nutritious items. It also provides these products to Nonprofit Partner Agency emergency and non-emergency feeding programs.	To date, 8.7 million pounds of fresh produce has been distributed to nonprofit partner agencies. New partnership relationships were also created with five (5) new fresh produce donors. There has been more than 25,000 new viewings of the Good Food vs. Junk Food Chart and 12 Healthy Eating Tip videos on the Foodbank's website.
City of Carson	$10,000	The Carson Active Transportation Plan's policies and programs will be implemented with community guidance and support through the development of a	Implemented a draft version of an Active Transportation Plan, which includes a Complete Streets Policy element. The CATP is currently developing 13 school travel plans

Grantee	Grant Amount	Project Description	Results to Date
		Complete Streets Policy and Safe Routes to School Program.	and hosted Tour de Carson, which included bike education and pedestrian safety classes, a bike rodeo, and basic bike repair/maintenance instructions.
Young Men's Christian Association Of Metropolitan Los Angeles	$10,000	Salsa, Sabor, Y Salud: A bilingual family wellness program uses a multi-level approach to help families and communities understand and embrace the concepts of a healthy lifestyle. It promotes culturally significant celebrations, making it easier for families to incorporate their new information and behaviors into their daily lives.	A minimum of 120 participants will result in: 85% of participants indicate their family has tried one new food or recipe per week; 85% of participants will incorporate regular physical activity for 20 minutes (at least three days per week); and 80% of participants will show a decrease in waist measurements and/or weight. At the end of Year 1 grant period, 86.75% of the Participants have indicated that their family has tried one new food or recipe per week; 86.38% of the Participants have incorporated regular physical activity for 20 minutes; and 83.75% of the participants have demonstrated a decrease in waist measurement and/or weight.
United Charitable Programs	$10,000	Collaborating with the American Diabetes Association and local health care agencies, United Charitable Programs will provide prevention education, physical activity opportunities, health screenings and Affordable Care Act resources in beauty salons.	Program will recruit 20 women to participate, which is estimated to result in a 70% completion rate. Program activities will be held at beauty shops in the cities of Long Beach and Hawthorne. Program components include fitness, nutrition education, screenings for obesity, and diabetes, heart disease and breast cancer.

Healthy Eating and Physical Activity Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Model Neighborhood Programs (MNP)	To increase enrollment or support for supplemental nutrition assistance and Women Infant and Children programs.	Since July 2014 approximately 1,070 WIC participants benefited from the KFH-South Bay Farmers' Market. Participants pick up WIC vouchers and receive matching farmer's market dollars to purchase fresh fruits and vegetables. In 2015, MNP continued to accept WIC vouchers but did not serve as a distribution site for participants to pick up the vouchers. However, through this partnership, we were able to offer a year-round market match program in which WIC participants

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
		receive a dollar for dollar match up to $20 per person. A total of 78 participants benefited from the program.
Coalition for a Healthy North Long Beach	Promote Healthy Eating Active Living	For 2015, the community benefit manager continued to participate in coalition meetings including site visits, a ribbon cutting ceremony to install fitness zone equipment at Houghton Park, and coordinated a site visit with our local leadership team.

Healthy Eating and Physical Activity
In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
The Food Bank of Southern California	In 2015, up to 50 volunteers filled approximately 1,200 boxes at The Food Bank of Southern California in Long Beach.
City of Los Angeles	Met with the City of Los Angeles' Bureau of Engineering and Parks and Recreation Department to develop a proposed plan for park improvements including signage, fitness zone equipment and connectivity to our Thrive Walking Path. Shared knowledge on best practices of park improvements.

Impact of Regional Initiatives Addressing Healthy Eating and Physical Activity

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 Thriving Schools Initiative expands Kaiser Permanente's commitment to the total health of members and the communities it serves through work with local schools and school districts. It is an effort to improve healthy eating, physical activity and school climate in K-12 schools in Kaiser Permanente's service areas, primarily through a focus on policy, systems and environmental changes that support healthy choices and a positive school climate. For the specific project implemented in KFH-South Bay and the results to date, please see the Thriving Schools listing above under Hawthorne and Lawndale School Districts.

Kaiser Permanente's HEAL (Healthy Eating, Active Living) Zone initiative is 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. HEAL Zones work through a collaboration of local organizations and agencies to implement policies, programs and environmental system changes to impact healthy eating and active living behavior. 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-South Bay and the results to date, please see the listing above for Long Beach HEAL Zone coordinated by the City of Long Beach Department of Health and Human Services.

iii. KFH-South Bay Priority Health Need: Preventive Health Care

Long-Term Goal
- Reduce preventable health problems.

Intermediate Goal
- Increase access to preventive care in the community

Preventive Health Care
Grant-Making Highlights

Grant-Making Snapshot During 2014-2015, there were 6 KFH-South Bay grant payments, totaling $87,500, addressing the priority health need in the KFH-South Bay 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
Wilmington Community Free Clinic	$15,000	WCC's Diabetes Program will be expanded to provide one-on-one patient education and group assistance for diabetic patients and those at high-risk for diabetes.	For the 2015 reporting period, 297 patients completed a Diabetes Risk Assessment survey. A total of 174 diabetic patients with an HgA1c over 9% and were provided with one-on-one training and insulin instruction. Additionally, a registered dietitian provided diabetes management classes for 51 patients.
City of Long Beach Department of Health and Human Services	$20,000	The LBDHHS will develop and mobilize a citywide outreach, education, screening, and referral project for individuals with diabetes and prediabetes. This grant will also expand the Diabetes Prevention and Management Program.	A total of 150 individuals will participate in the LBDHHS Diabetes Prevention and Management Program (DPMP). It is estimated that 10% of individuals who have been screened will be connected with the DPMP, a health care provider, health insurance, and other LBDHHS services/resources. A total of 100 individuals will attend the community diabetes presentations provided by the DPMP. For the 2015 reporting period: 223 community members were screened for diabetes and 76 individuals attended LBDHHS Diabetes Prevention and Management Program educational sessions; 34% of individuals screened were connected to the program; and 98 individuals attended the community diabetes presentations.

iv. KFH-South Bay Priority Health Need: Violence Prevention and Community Safety

Long-Term Goal
- Reduce violence among high-risk populations.

Intermediate Goal
- Create safe environments where people can live, work and go to school.

Violence Prevention and Community Safety
Grant-Making Highlights

Grant-Making Snapshot During 2014-2015, there were 24 KFH grant payments, totaling $242,500, addressing the priority health need in the KFH-South Bay 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
The Positive Results Corporation	$5,000	The Positive Results Corporation aims to increase awareness of violence and abuse affecting youth, young adults and families. The TPR also aims to identity and provide strategies, solutions, and resources to prevent and end violence and abuse.	For 2015, TPR will increase the number of middle school students participating in violence-free healthy relationship workshops. A total of 100 high school students will be participating in real talk workshops. Topics will teach young people to not be violent, develop and maintain healthy relationships, create safe environments, and become positive contributing members of the community.
Elevate Your G.A.M.E.	$5,000	The Mentoring Program is an after-school program that utilizes adult and peer mentors to mentor at-risk teenagers at school sites to motivate them to improve in their academics and character.	A total of 164 students participated in mentoring programs in Long Beach, Compton and Wilmington. As a result of the program, students self-reported improvements in grades, attendance, maturity and empowerment by 80% or more.
Centinela Youth Services Inc.	$12,500	Centinela Youth Services Inc. seeks to reduce youth violence in the schools (pervasive in the lower-income, and urban areas that CYS serves) through peer mediation and conflict resolution, improving the learning environment and reducing truancy and suspension.	For year 1 of the grant, Conflict Resolution Workshops being administered through Saturday Schools that are led by college students were attended by 153 youth. Additional workshops were expanded at three schools, serving a total of 1330 students.
Toberman Neighborhood	$15,000	Toberman Neighborhood Center Inc. seeks to build upon their successful adult-to-youth mentoring program. TNC	Toberman will build upon their success of reaching 152 case-managed family members and 24 mentored youth

Grantee	Grant Amount	Project Description	Results to Date
Center Inc.		aims to provide support to an additional 25 adolescents/young adults at high-risk of joining (or already involved in) gangs.	by expanding their services to an additional 25 youth. Other anticipated outcomes are: 80% of youth will achieve at least a 2.0 grade point average, an increase in developmental assets, no arrests for any youth being mentored, and probation requirements will all be met.
Long Beach Bar Foundation, Inc.	$12,500	Shortstop reduces and prevents juvenile delinquency by diverting juvenile offenders and youth at risk of delinquency away from the juvenile justice system through law-related education for juveniles and their parents.	A total of 50 Shortstop diversion sessions have been conducted and this served 353 unduplicated youth and their parents. Approximately 88% of participants successfully completed two Shortstop sessions.
Sharefest Community Development Inc.	$15,000	The Youth Development Academy reduces violence by increasing high school graduation rates and promoting the positive development of at-risk teenagers with mentoring, academic support, and leadership training.	Provided after school programming to 299 continuation high school students and expanded the program to two additional continuation schools in San Pedro and South Gate. Additionally, 247 middle and high school students participated summer programming and received mentorship on the campus of California State University Dominguez Hills.
Harbor Area Gang Alternatives	$10,000	My Gangfree Life® 4th Grade curriculum approved by the State of California, Principals of Learning is a 6 to 8 week gang prevention program for 4th and 6th graders in Carson, Compton, Gardena, Harbor City/Harbor Gateway, Long Beach, San Pedro and Wilmington. According to the USDOJ, Office of Juvenile Justice and Delinquency Prevention (OJJDP), the program model is touted as a "Best Practices" program, which is a nationwide comprehensive gang strategy to address community gang problems.	In year 1, it is estimated that 700 4th graders and 300 6th graders at schools in Carson, Compton, Gardena, Harbor City/Harbor Gateway, Long Beach, San Pedro and Wilmington will pledge to be gang free and graduate in a commencement ceremony at the culmination of the 6-8 week program.

Violence Prevention and Community Safety
In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
Boys and Girls Clubs of the	Jeff Moses, Assistant Medical Center Administrator serves on the board of the club since 2014. In 2015, he was

Recipient	Description of Contribution and Purpose/Goals
South Bay	selected as chair of the board.

v. KFH-South Bay Priority Health Need: Broader Health Care System Needs in Our Communities – Workforce

KFH Workforce Development Highlights
Long Term Goal: • To address health care workforce shortages and cultural and linguistic disparities in the health care workforce
Intermediate Goal: • 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, there were a portion of money managed by a donor advised fund at California Community Foundation was used to award 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-South Bay also provided trainings and education for 142 residents in its Graduate Medical Education program, four nurse practitioner or other nursing beneficiaries, and 37 other health (non-MD) beneficiaries as well as internships for 42 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	The Campaign for College Opportunity will develop and disseminate the STEM/Health Workforce Report to increase awareness among

		(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 public and policymakers of the growing need for STEM health workers in California and the role California community colleges play in filing 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.

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.

vi. KFH-South Bay Priority Health Need: Broader Health Care System Needs in Our Communities – Research

KFH Research Highlights
Long Term Goal: • To increase awareness of the changing health needs of diverse communities
Intermediate Goal: • **I**ncrease 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 children, working age adults, and the elderly, health care reform, and cost effectiveness of health services delivery models.	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 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-South Bay service area, 17 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-South Bay service area, four research projects were active as of year-end 2014 and three research projects were active as of year-end 2015.

VIII. Appendix

Appendix A: Secondary Data Sources and Dates

Quantitative Secondary Data Sources

1. California Department of Education. 2012-2013.
2. California Department of Education. 2013.
3. California Department of Education, FITNESSGRAM®; Physical Fitness Testing. 2013-2014.
4. California Department of Public Health, CDPH – Birth Profiles by ZIP Code. 2011.
5. California Department of Public Health, CDPH – Breastfeeding Statistics. 2012.
6. California Department of Public Health, CDPH – Death Public Use Data. University of Missouri, Center for Applied Research and Environmental Systems. 2010-2012.
7. California Department of Public Health, CDPH – Tracking. 2005-2012.
8. California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2011.
9. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2010.
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14. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
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23. Centers for Medicare and Medicaid Services. 2012.
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26. Environmental Protection Agency, EPA Smart Location Database. 2011.
27. Federal Bureau of Investigation, FBI Uniform Crime Reports. 2010-2012.
28. Feeding America. 2012.
29. Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2011.
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32. New America Foundation, Federal Education Budget Project. 2011.
33. Nielsen, Nielsen Site Reports. 2014.
34. State Cancer Profiles. National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. 2007-2011.
35. University of California Center for Health Policy Research, California Health Interview Survey. 2009.
36. University of California Center for Health Policy Research, California Health Interview Survey. 2012.
37. University of California Center for Health Policy Research, California Health Interview Survey. 2014.
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39. University of Wisconsin Population Health Institute, County Health Rankings. 2014.
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45. US Census Bureau, Decennial Census. 2000-2010.
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47. US Census Bureau, Small Area Income & Poverty Estimates. 2010.
48. US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2010.
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54. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.
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56. US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015.
57. US Department of Housing and Urban Development. 2013.
58. US Department of Labor, Bureau of Labor Statistics. June 2015.
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Other Secondary Data Sources

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16. Violence & Socioeconomic Status. 2016. American Psychological Association. http://www.apa.org/pi/ses/resources/publications/factsheet-violence.aspx

Additional Secondary Literature

Below is a list of additional data sources about the health needs of the greater Long Beach community that were not used in the report, including a brief summary of the data included in the report.

1. **Adult Survey: Baseline Results for Long Beach Community.** *Center for Community Health and Evaluation, Group Health Research Institute Atkins Center for Weight and Health, University of California Berkeley* (February 2014).

Long Beach is one of the communities participating in Kaiser Permanente's HEAL Zone project (Healthy Eating, Active Living Community Health Initiative), which seeks to create healthy communities through community-based prevention strategies. As part of the evaluation of this project, adult residents living in the Long Beach HEAL Zone completed a Healthy Eating and Active Living Survey in July–October 2013. Developed in collaboration by the Atkins Center for Weight and Health and the Center for Community Health and Evaluation, the survey asked local residents about their neighborhood and nutrition and physical activities. The report includes details on eating behaviors, beverage behaviors, physical activity, social support, and self-reported BMI.

2. **Building Healthy Communities Long Beach: Integrated Community Action Plan**, April 2013-April 2016. Accessed January 2016: http://www.bhclongbeach.org/wp-content/uploads/2013/07/13-0604-BHC-Community-Action-Plan-FULLY-Integrated_5.pdf

This document provides an overview of the Building Healthy Communities Action Plan, including capacities, resources, strategies, target changes, and outcomes.

3. **Building Better Health: Long Beach**. http://www.bhclongbeach.org/

Funded by The California Endowment (TCE), Building Healthy Communities (BHC) is a ten-year, place-based initiative designed to develop a collaborative structure with residents, community-based organizations, and government leaders. The initiative takes a systems level approach to improve community health in Central/West Long Beach, one of 14 communities in California selected by TCE.

4. **Data Report A Hidden Crisis: Findings on Adverse Childhood Experience in California.** Center for Youth Wellness with Public Health Institute (November 2014). https://app.box.com/s/nf7lw36bjjr5kdfx4ct9

Adverse Childhood Experiences, or ACEs, are a hidden crisis, impacting the health and wellbeing of children, families and communities across California. Occurring during childhood, the most formative period in a person's life, ACEs are traumatic experiences that have a profound impact on a child's developing brain and body with lasting impacts on a person's health and livelihood throughout her lifetime. In California, 61.7% of adults have experienced at least one ACE and one in six, or 16.7%, have experienced four or more ACEs. The most common ACE among California adults is emotional (or verbal) abuse.

5. **Esther, H., Decker, S.L., Jamoom, E. (2015). Acceptance of New Patients with Public and Private Insurance by Office-based Physicians**: United States, 2013. *NCHS Data Brief*, No. 195. http://www.cdc.gov/nchs/data/databriefs/db195.pdf

Physician acceptance of new Medicaid patients has shown to be lower than acceptance of new Medicare patients or new privately insured patients. In 2013, 95.3% of physicians were accepting new patients. The percentage of physicians accepting new privately insured patients (84.7%) was greater than the percentage accepting new Medicare (83.7%) and new Medicaid patients (68.9%). The percentage of office-based physician's accepting new Medicare patients (77.2%) in California was not significantly different than the National average. The percentage of office-based physician's accepting new Medicaid patients (54.2%) in California was significantly lower than the National average.

6. **First 5 LA Best Start: Central Long Beach.** **http://www.first5la.org/index.php?r=site/tag&id=617**

The Central Long Beach community has a long history of working together to impact the services and resources available to residents. The area has been described as having a "culture of collaboration,"• and the participation of multiple sectors is actively promoted. The diversity and extensiveness of the Central Long Beach community's leadership has the potential to be a model. Residents have taken on leadership roles when asked to participate, and there are additional opportunities for them to become increasingly engaged.
Community leadership in Central Long Beach is described as "committed, creative, ethnically diverse, innovative, collaborative, connected, wanting to be organized, active and dedicated."

7. **Flanning, D., Toros, H., Burns, P. (October 2015). Long Beach Rising: A City that Works**

for Everyone. *Economic Roundtable.* Accessed January 2016: http://economicrt.org/
This report discussed the impact of the increase in the minimum wage in the City of Long Beach including the economic stimulus, impact on lower-income neighborhoods, and the effects outside of the municipal boundaries of Long Beach.

8. **Henry, M., Cortes, Dr. Alvaro, Shivji, A., Buck, K (2014). The 2014 Annual Homeless Assessment Report (AHAR) to Congress.** October 2014. The U.S. Department of Housing and Urban Development Office of Community Planning and Development. Accessed January 2015: https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf

This report provides an overview of the Point-In-Time Estimates of Homeless from January 2104, including National and State estimates. Estimates are also broken down by individuals, families, unaccompanied homeless children and youth, veterans, and chronically homeless people.

9. **Hill, L.E. and Johnson, H.P. (2011). Unauthorized Immigrants in California: Estimates for Counties.** *Public Policy Institute of California. Accessed January 2016: http://www.ppic.org/content/pubs/report/R_711LHR.pdf*

California has more unauthorized immigrants than any other state, about 2.6 million of the nation's 11 million; they make up 7 percent of the total California population and 9 percent of the state's labor force. For decades, unauthorized immigrants have been a part of California: in many industries in the economy and in rural and urban communities. Los Angeles County is estimated to have approximately 900,000 unauthorized immigrants, accounting for 9.3% of its population.

10. **HIV/AIDS Monitoring Report (2014).** City of Long Beach Department of Health and Human Services.

This report provides a summary of the HIV/AIDS cases in Long Beach City, including cumulative cases, race/ethnicity break down, gender, age, exposure category, mortality rates, survival status and GIS maps of prevalence rates throughout the city.

11. **Long Beach Violence Prevention Planning Community Survey Results.** (2013). LB Development Services. Accessed: http://www.lbds.info/neighborhood_services/lbvpp/lbvpp_community_survey_results.asp

The Long Beach Violence Prevention Plan Community Survey was distributed in all parts of Long Beach to gather input from community members regarding safety and violence. The survey was distributed in English, Spanish, and Khmer in 2013. 445 community members completed the survey. The survey revealed that although 74% of respondents in Long Beach feel they are safe or very safe in their own communities, only 20% feel safe in all parts of Long Beach. When asked how common child abuse, domestic violence, elder abuse and sexual abuse were in their neighborhoods, 52% of respondents reported they were unsure.

12. **Passel, J.S. and Cohn, D. (2014). Unauthorized Immigrant Totals Rise in 7 States Chapter 1: State Unauthorized Immigrant Populations.** *Pew Research Center Hispanic Trends.* Accessed January 2016: http://www.pewhispanic.org/files/2014/11/2014-11-18_unauthorized-immigration.pdf

California was estimated to have the largest unauthorized immigrant population in 2012 with approximately 2.4 million. The population however declined from 2009-2012.

13. **Safe Long Beach: City of Long Beach Violence Prevention Plan 2020**. Accessed January 2016 http://www.livewelllongbeach.org/content/sites/longbeach/Safe_Long_Beach_VPP.pdf

Safe Long Beach is a plan that examines existing evidence-based prevention strategies and practices. It assesses how the existing citywide resources, services, and programs are being utilized and recommends how to coordinate these services in an effective and efficient manner. Through the planning process, the City has identified multiple agencies and City departments that are engaged in various aspects of violence prevention. The ongoing coordination of these efforts has led to long-term systems change and plan sustainability. With improved coordination, collaboration, communication, and commitment between the city and county governments, community-based organizations, faith leaders, and community residents, we will see a safer Long Beach by 2020.

14. **Wallace, S.P., Torres, J., Sadegh-Nobari, T., Pourat, N., Brown, E.R. (2012). Undocumented Immigrants and Health Care Reform.** *UCLA Center for Health Policy Research*, Accessed January 2016: http://healthpolicy.ucla.edu/publications/Documents/PDF/undocumentedreport-aug2013.pdf

Despite the far-reaching expansion of health care coverage for the large number of uninsured individuals in the US, the ACA explicitly excludes undocumented immigrants from purchasing health insurance coverage through the health exchanges. In addition, undocumented immigrants continue to be ineligible for most public forms of health insurance coverage and would not benefit from any Medicaid expansions carried out by the states. Undocumented immigrants have lower health insurance coverage, significant barriers to care, and rely on safety net health care providers.

15. **Wilmington School & Residence Sound Attenuation Program. Report #4: Property Inventory and Mitigation Recommendations Report.** (October 2013). *Landrum and Brown and the Jones Payne Group.*

This report presents an overview of the impacted residences and schools in the study area for the Harbor Community Benefit Foundation's (HCBF) Wilmington School and Residence Sound Attenuation Program (SAP). This report inventories the residences and schools determined to be highly-impacted, evaluates the exterior noise levels and the noise reduction capabilities of representative properties, determines the best option to provide sound mitigation treatments and evaluates overall program costs.

Appendix B: Community Input Tracking Form

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
1. Focus Group (Chronic Disease, Overweight and Obesity)	Leaders and representatives from the following organizations: ▪ Boys & Girls Clubs of Carson ▪ City of Inglewood, Be Well ▪ Kaiser Permanente South Bay - Bariatric Surgery ▪ Pools of Hope ▪ Gardena-Carson YMCA (identification of health needs)	6	Low-income, medically underserved minority community members	Community leaders, representatives, and members	10/23/2015
2. Focus Group (Access to Care and Homeless-ness)	Leaders and representatives from the following organizations: ▪ Behavioral Health Services Family Health Center ▪ Community's Child ▪ Journey South Bay ▪ Kaiser Permanente ▪ Los Angeles Homeless Services Authority ▪ Medical Mission Adventures ▪ South Bay Children's Health Center (identification of health needs)	8	Low-income, medically underserved minority community members	Community leaders, representatives, and members	10/23/2015

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
3. Focus Group (Safety and Violence)	Leaders and representatives from the following organizations: ▪ California Conference for Equity and Justice ▪ CSU Dominguez Hills ▪ Elevate Your G.A.M.E. ▪ Gang Alternatives Program (GAP) ▪ Jr Posse Youth Equestrian Program ▪ Long Beach Bar Foundation ▪ Los Angeles County Human Relations ▪ Rainbow Services ▪ Sharefest Community Development, Inc. ▪ The Positive Results Corporation ▪ Toberman Neighborhood Center, Inc. (identification of health needs)	11	Low-income, medically underserved minority community members	Community leaders, representatives, and members	11/5/2015
4. Key Stakeholder Interview	Director of Community Services, Beach Cities Health District (identification of health needs)	1	Public health expert	Community representative	10/19/2015
5. Key Stakeholder Interview	Health Promotion Coordinator, County of Los Angeles Department of Public Health, SPA 8 (identification of health needs)	1	Public health expert, health department representative,	Community representative	10/20/2015

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
6. Key Stakeholder Interview	Program Director, Women's Health Care Clinic Outreach and Education (Los Angeles Biomedical Research Institute) (identification of health needs)	1	Low-income, medically underserved minority community members and local agency with current information on health needs	Community representative	10/27/2015
7. Key Stakeholder Interview	Community Education Department Director, Torrance Memorial Medical Center (identification of health needs)	1	Low-income, medically underserved minority community members	Community representative	10/30/2015
8. Key Stakeholder Interview	Executive Director, Program Managers, Harbor Community Benefit Foundation (identification of health needs)	3	Low-income, medically underserved minority community members	Community leaders and representatives	10/28/2015
9. Key Stakeholder Interview	Faculty Researcher, Charles R. Drew University of Medicine and Science Life Sciences (identification of health needs)	1	Low-income, medically underserved minority community members and public health expert	Community member, representative, and leader	10/27/2015
10. Key Stakeholder Interview	Harbor City Harbor Gateway Chamber of Commerce (identification of health needs)	1	Other-non-traditional	Community leader and representative	11/20/2015
11. Key Stakeholder Interview	Executive Director, South Bay Cities Council of Governments (identification of health needs)	1	Other- non-traditional-Government	Community leader	11/19/2015
12. Key Stakeholder Interview	Health Systems Manager, American Cancer Association (identification of health needs)	1	Public health expert	Community leader and representative	10/21/15

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
13. Key Stakeholder Interview	Community Organizer, Khmer Girls in Action (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	10/28/15
14. Key Stakeholder Interview	Professor and Director of Long Beach Trauma Recovery Center, California State (identification of health needs)University, Long Beach (identification of health needs)	1	Low-income, medically underserved minority community members and public health expert	Community leader and representative	10/15/15
15. Key Stakeholder Interview	Vice President , YMCA Greater Long Beach (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	11/5/15
16. Key Stakeholder Interview	Minority Outreach Coordinator, VA Hospital (identification of health needs)	1	Low-income, medically underserved minority community members and local agency with current information on health needs	Community leader and representative	10/28/15
17. Key Stakeholder Interview	Hub Manager for Building Healthy Communities, Long Beach, The California Endowment (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	11/19/15
18. Key Stakeholder Interview	CEO, Mental Health America (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	11/5/15

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
19. Key Stakeholder Interview	Pediatrician and CEO, The Children's Clinic, Serving Children and Their Families (identification of health needs)	1	Low-income, medically underserved minority community members and public health expert	Community leader and representative	11/11/15
20. Key Stakeholder Interview	Chair of the Health Sciences Department, California State University, Long Beach (identification of health needs)	1	Public health expert and local agency with current information on health needs	Community leader and representative	11/9/15
21. Key Stakeholder Interview	Assistant Professor of Clinic Psychology and Commissioner, Chicago School of Professional Psychology in Los Angeles and Long Beach Human Trafficking Task Force (identification of health needs)	1	Public health expert	Community leader and representative	11/4/15
22. Key Stakeholder Interview	Fall Prevention Program Advisor, Heart of IDA (identification of health needs)	1	Low-income, medically underserved minority community members, public health expert, and local agency with current information on health needs	Community leader and representative	10/15/15
23. Key Stakeholder Interview	Director of Health & Wellness Services, The LGBTQ Center Long Beach (identification of health needs)	1	Low-income, medically underserved minority community members and public health expert	Community leader and representative	10/16/15

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
24. Key Stakeholder Interview	Director of Client Services, AIDS Project Los Angeles, The David Geffen Center (identification of health needs)	1	Low-income, medically underserved minority community members and public health expert	Community leader and representative	10/23/15
25. Key Stakeholder Interview	AVP, Case Management, Molina Healthcare of California (identification of health needs)	1	Low-income, medically underserved minority community members and local agency with current information on health needs	Community leader and representative	11/19/15
26. Key Stakeholder Interview	Program Manager for the Building Healthy Communities Initiative, Long Beach (identification of health needs)	1	Low-income, minority community members	Community leader and representative	10/22/15
27. Key Stakeholder Interview	Grant Program Manager, ALSAA/CAARE/Healthy Homes Programs, City of Long Beach Dept. of Health & Human Services (identification of health needs)	1	Public health expert	Community leader and representative	11/2/15
28. Key Stakeholder Interview	Managing Attorney, Legal Aid Foundation of Los Angeles (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	11/4/15

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
29. Key Stakeholder Interview	Director of Health and Human Services, City of Long Beach Department of Health and Human Services (identification of health needs)	1	Low-income, medically underserved minority community members, public health expert, and local agency with current information on health needs	Community leader and representative	10/29/15
30. Key Stakeholder Interview	Health Promotions Coordinator, City of Long Beach Dept. of Health & Human Services (identification of health needs)	1	Low-income, minority community members, public health expert, and local agency with current information on health needs	Community leader and representative	10/26/15
31. Key Stakeholder Interview	Executive Director, Pacific Asian Counseling Services (identification of health needs)	1	Public health expert	Community leader and representative	11/2/15
32. Key Stakeholder Interview	Founder, Latinos in Action (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	10/27/15
33. Key Stakeholder Interview	Assistant Director of the Latino Center, Cal State University, Long Beach (identification of health needs)	1	Low-income, medically underserved minority community members and public health expert	Community leader and representative	10/14/15

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
34. Key Stakeholder Interview	Civic Engagement Advocate and Senior Minister, Molina Healthcare, Inc./Second Samoan Congregational Church (identification of health needs)	1	Medically underserved minority community members	Community leader and representative	10/28/15
35. Key Stakeholder Interview	Chief Executive, Greater Long Beach Interfaith Community Organization (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	10/30/15
36. Key Stakeholder Interview	Family Physician, The Children's Clinic, Serving Children and Their Families (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	10/26/15
37. Key Stakeholder Interview	Director Division of Chronic Disease and Injury Prevention, Los Angeles County Department of Public Health (identification of health needs)	1	Public health expert	Community leader and representative	10/20/15
38. Key Stakeholder Interview	Manager of Air Quality Programs, Port of Long Beach (identification of health needs)	1	Local agency with current information on health needs	Community leader and representative	10/20/15
39. Key Stakeholder Interview	9th District Councilmember, (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	11/9/15
40. Key Stakeholder Interview	Supervisor, Health Deputy (identification of health needs)	1	Local agency with current information on health needs	Community leader and representative	10/29/15
41. Key Stakeholder Interview	Executive Director, Century Villages of Cabrillo (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	10/22/15

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
42. Key Stakeholder Interview	Project Manager, Long Beach Alliance for Children with Asthma (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	10/26/15
43. Key Stakeholder Interview	Assistant Superintendent, School Support Services, Long Beach Unified School District (identification of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	10/27/15
44. Key Stakeholder Interview	Neighborhood Relations Officer, Violence Prevention - City of Long Beach (identification of health needs)	1	Low-income, medically underserved minority community members and local agency with current information on health needs	Community leader and representative	10/20/15
45. Prioritization Participant	Executive Director, Jr Posse Youth Equestrian Program (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16
46. Prioritization Participant	Community Advocate, BE WELL / City of Inglewood (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16
47. Prioritization Participant	Executive Director, Long Beach Bar Foundation (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
48. Prioritization Participant	Executive Director, South Bay Children's Health Center (prioritization of health needs)	1	Director of non-profit organization providing dental, mental health and supportive services to low income, underserved populations	Community leader and representative	1/21/16
49. Prioritization Participant	Program Manager, Sharefest Community Development (prioritization of health needs)	1	Educator	Community leader and representative	1/21/16
50. Prioritization Participant	Torrance Memorial Medical Center (prioritization of health needs)	1	Community Benefits Director	Community leader and representative	1/21/16
51. Prioritization Participant	Director of Development, South Bay Children's Health Center (prioritization of health needs)	1	Development Director at nonprofit providing dental, mental health and supportive services to underserved, low income families	Community leader and representative	1/21/16
52. Prioritization Participant	Health Educator, LA County Dept. of Public Health (prioritization of health needs)	1	Public Health Expert	Community leader and representative	1/21/16
53. Prioritization Participant	Executive Director, Elevate Your G.A.M.E. (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16

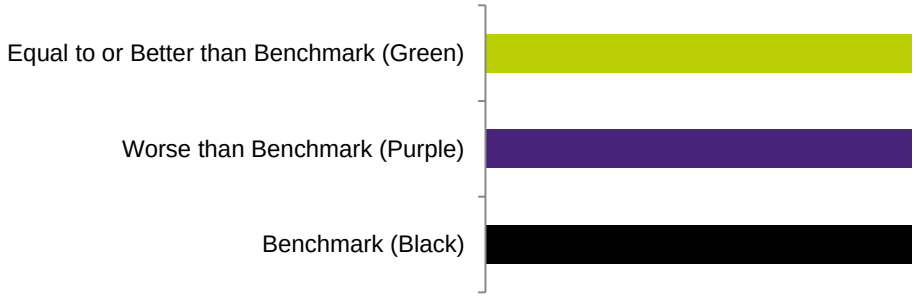
Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
54. Prioritization Participant	Director, Community Based Programs, NCLR/CSULB Center for Latino Community Health, Evaluation and Leadership Training (prioritization of health needs)	1	Public Health Researcher	Community leader and representative	1/21/16
55. Prioritization Participant	Director of Programs, LA BioMed, Women's Health Care Clinic (prioritization of health needs)	1	Low-income, medically underserved minority community members, Clinic Director, Health Educator	Community leader and representative	1/21/16
56. Prioritization Participant	Task Force Leader, BE WELL Community Partnership (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16
57. Prioritization Participant	Children's Dental health Clinic/Children's Dental Foundation (prioritization of health needs)	1	Public Health Expert	Community leader and representative	1/21/16
58. Prioritization Participant	CEO, Pediatric Therapy Network (prioritization of health needs)	1	Public Health Expert	Community leader and representative	1/21/16
59. Prioritization Participant	Assistant Director, CSULB Center for Latino Community Health, Evaluation, and Leadership Training (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16
60. Prioritization Participant	Grants Project Facilitator, Hawthorne School District (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16

Data Collection Method	Who Participated/ Type of Input	# of Stake-holders	Who Participant(s) Represent(s)	Position with respect to the group	Date
61. Prioritization Participant	Medical Mission Adventures (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16
62. Prioritization Participant	West Coast Sports Medicine Foundation (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16
63. Prioritization Participant	CSU Dominguez Hills (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16
64. Prioritization Participant	Medical Mission Adventures (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16
65. Prioritization Participant	Medical Mission Adventures (prioritization of health needs)	1	Low-income, medically underserved minority community members	Community leader and representative	1/21/16

Appendix C: Health Need Profiles

Health need profiles provide detailed information on each of the significant health needs for the KFH-South Bay Medical Center Service Area. Data included in the profiles is from a combination of primary (qualitative) and secondary (quantitative) sources. Primary data collected that was interviews, focus groups, and during prioritization is included in boxes with gray background.

The bar graph colors denote whether the KFH-South Bay Medical Center Service Area is performing equal to, better or worse than one or more of the benchmarks, which are represented by the black bars (see below).



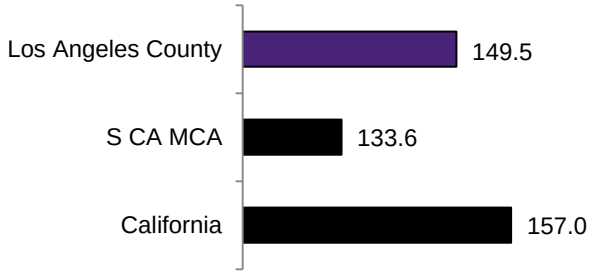
Please note that the smallest geographic area available for each data point was compared to the **Southern California Medical Center Area (S CA MCA) benchmark** and **state benchmark**. For example, when data is not available at the KFH-South Bay Medical Center Service Area level, Los Angeles County level data or higher is included.

Access to Care

Description & Significance: Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients. In 2014, approximately 11.5% of Americans were uninsured; and the rate of uninsured 18-64 year olds was higher at 16.3% (National Center for Health Statistics). In California in 2013, 54.2% of physicians accepted new Medi-Cal patients, which is lower than the national average of 68.9% (National Center for Health Statistics Data Brief). Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life (Healthy People 2020). Insurance and access to providers ensures that diseases are identified and managed earlier. If diseases are left untreated or unmanaged because of delayed care (cost, access to providers), this could lead to higher rates of hospitalizations and mortality.

Health Driver Statistics

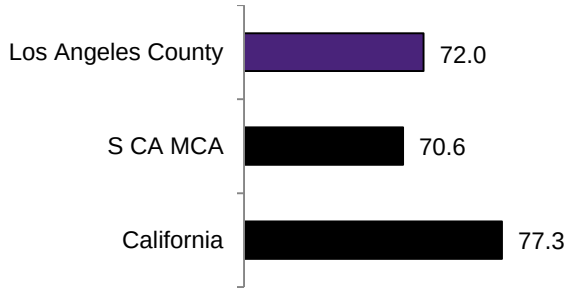
Access to Mental Health Care Providers
(Rate per 100,000 population)



Residents in the county are less likely to have access to a mental health care provider than the rest of the state but more likely than the S CA MCA.

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

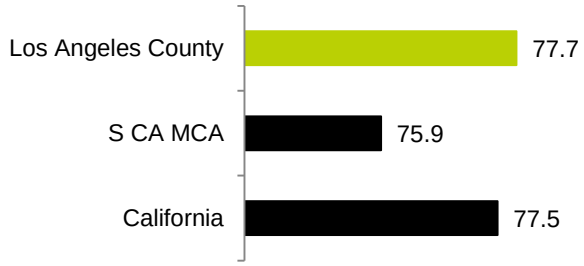
Access to Primary Care Physicians
(Rate per 100,000 population)



Residents in the county are less likely to have access to a primary care physician relative to the state but more likely than the S CA MCA.

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

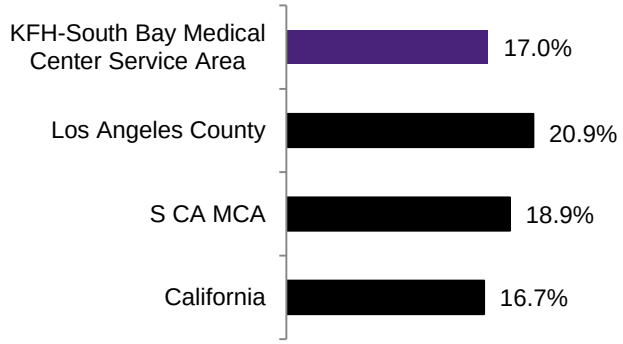
Access to Dentists
(Rate per 100,000 population)



When compared with the rate of dentist for the S CA MCA and the state, residents in the county are more likely to have access to a dentist.

Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. Source geography: County

Uninsured Population



Non-institutionalized civilian individuals in the KFH-South Bay Medical Center Service Area are more likely to have access to health insurance coverage than individuals in the county and S CA MCA, but slightly less likely than the state.

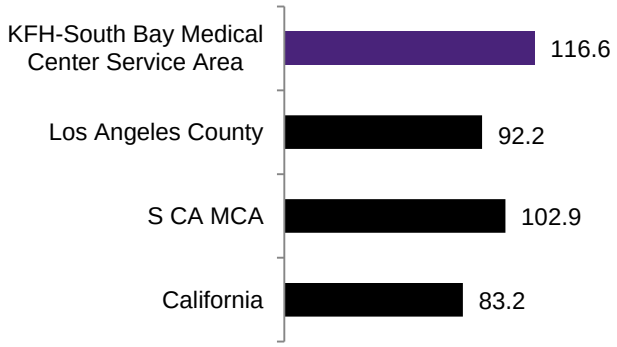
Source: US Census Bureau, American Community Survey. 2010-14 Source geography: Census Tract

The KFH-South Bay Medical Center Service Area has higher percentage of the population living in a geographic area designated as a primary care health professional shortage area compared to the county, S CA MCA and state. Lack of a consistent source of primary care may lead to preventable hospital events. As shown below, the KFH-South Bay Medical Center Service Area has a higher patient discharge rate compared to the county, S CA MCA and state,

	KFH-South Bay Medical Center Service Area	Los Angeles County	S CA MCA	California
Population Receiving Medicaid (% of Insured)	23.7%	28.4%	25.2%	24.4%
Lack of Affordable Dental Care (% Age 5-17)	n/a	6.2%	7.0%	6.3%
Lack of Consistent Source of Primary Care	n/a	16.7%	15.3%	14.3%
Health Professional Shortage Area – Dental	0.00%	2.0%	3.0%	5.0%
Health Professional Shortage Area – Primary Care	39.1%	31.4%	25.4%	25.2%

Sources: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract; University of California Center for Health Policy Research, California Health Interview Survey. 2009, 2011-12. Source geography: County (Grouping; US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. March 2015. Source geography: HPSA

Preventable Hospital Events
(Discharge rate per 10,000 population)

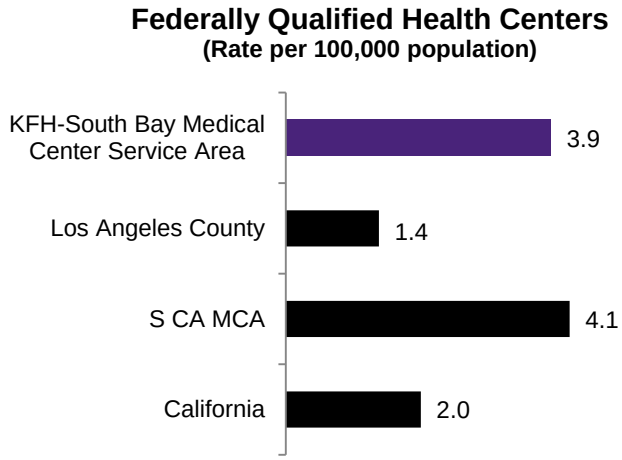


The KFH-South Bay Medical Center Service Area has a higher patient discharge rate for conditions which could have been prevented if adequate primary care resources were available and accessed by those patients compared to the County, S CA MCA and state.

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

The rate of Federally Qualified Health Centers in the KFH-South Bay Medical Center Service Area is higher than the state and county rate, but lower than the S CA MCA.

Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. Sept 2015. Source geography: Address



Adults in the county are less likely to receive colonoscopies, HIV screenings, pneumonia vaccinations, hemoglobin A1c tests, and take blood pressure medication compared with the S CA MCA and state. Females 18+ are slightly more likely to receive a pap test in the county compared to the S CA MCA and state. Female Medicare enrollees in the county are less likely to have had a mammogram within the past year compared to S CA MCA and the state.

Clinical Care	Los Angeles County	S CA MCA	California
Sigmoid/Colonoscopy (% Adults Screened)	54.0%	55.6%	57.9%
HIV Screenings (% Adults Never Screened)	56.4%	59.5%	60.8%
Pneumonia Vaccinations (% Age 65+)	59.9%	62.1%	63.4%
Diabetes Management (Hemoglobin A1c Test) (% Medicare Enrollees with Annual Exam)	80.4%	81.1%	81.5%
High Blood Pressure Management (% Adults Not Taking Medication)	32.4%	31.7%	30.3%
Pap Test (% Females Age 18+ with Regular Pap Test)	79.9%	79.0%	78.3%
Mammogram (% Females Medicare Enrollees with Screening in Past 2 Years)	54.0%	56.3%	59.3%

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

Health Disparities

Although the percentage of uninsured residents in the KFH-South Bay Medical Center Service Area is similar to the state and less than the S CA MCA and county, there are marked differences by race/ethnicity. Overall, Some Other Race, Hispanic/Latino, and Native Americans/Alaskan Natives have the highest percentages of individuals who are uninsured. Stakeholders attributed lower enrollment in insurance among undocumented parents with children born in the US to fear of their legal status being exposed.

Uninsured Population by Race and Ethnicity

	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race	Hispanic / Latino
KFH-South Bay Medical Center Service Area	8.7%	15.7%	26.0%	14.3%	16.5%	30.9%	15.7%	26.8%
Los Angeles County	11.4%	17.1%	26.0%	18.6%	19.5%	34.6%	16.1%	28.7%
S CA MCA	10.8%	16.5%	25.6%	16.5%	18.3%	33.7%	14.8%	27.6%
California	10.2%	15.4%	23.9%	14.1%	19%	31.6%	13.4%	25.9%

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

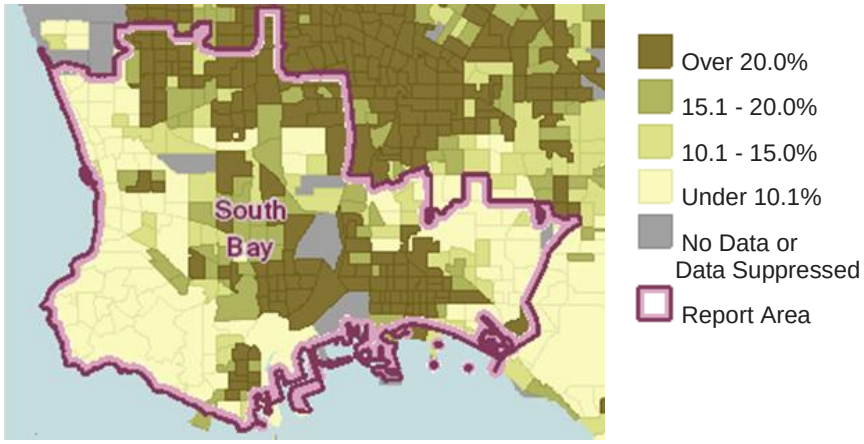
Community Description of Disparities

Stakeholders identified **limited English proficiency**, **undocumented**, **uninsured**, **underinsured**, **homeless,** and **low income** populations as having the most disparity with regard to accessing health care. Community members also observed that **middle income** or **"working poor"** populations, **youth**, and **women** who do not qualify for Medi-Cal are emerging as populations that are increasingly unable to access health care because they cannot afford plans under Covered California or the costs associated with care such as copays, high deductibles, and medication.

- "I'm finding that the low income families are opting out. They're taking the penalty for not registering. They're saying, 'even at this level I can't afford it.'" –Focus Group Participant

Community stakeholders reported that the communities with the most disparity in accessing health care are **low income** regions in Service Planning Area 8 including **San Pedro, Wilmington, Long Beach, Catalina Island, North Redondo Beach**, and sections of **Torrance**.

Uninsured Population by Census Tract



Many of the regions with rates of uninsured over 20% align with stakeholder input. In addition to the cities mentioned above by stakeholders, **Compton, Gardena, Hawthorne,** and **Lawndale** have some of the highest rates of uninsured in the KFH-South Bay Medical Center Service Area.

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

Assets & Opportunities

Community Description of the Health Need

According to community stakeholders, barriers to accessing to health care include having inadequate numbers of health professionals, dwindling numbers of providers who accept Medi-Cal and Denti-Cal, and low reimbursement rates for providers. Other significant barriers to care exist for consumers in their understanding the health care system, knowledge of what resources are available, availability of translation for non-English speakers, and utilization of appropriate available care. Securing a provider can be a challenge even with insurance, which sometimes results in residents using emergency room in lieu of primary care.

Resources

Community stakeholders identified the following hospitals, clinics, community based organizations, and programs as important community resources for access to health care:

- Beach Cities Health District
- Harbor Community Benefit Foundation
- Harbor Community Clinic
- Harbor UCLA Hospital
- Harbor Interfaith Services
- Health Insurance Counseling and Advocacy Program (HICAP)
- LA Care
- City of Long Beach Department of Health and Human Services (DHHS)
- Long Beach Memorial Medical Center
- Los Angeles County Department of Public Health (DPH)
- Medical Financial Assistance (MFA) Program
- My Health LA
- Providence Little Company of Mary Medical Center
- South Bay Children's Health Center
- South Bay Family Health Care
- St. Mary Medical Center
- The Children's Clinic, Serving Children and Their Families
- Torrance Memorial Medical Center
- Watts Counseling and Learning Center

Policy, Planning, and Collaboration

The Affordable Care Act and the Los Angeles County Department of Public Health Community Health Implementation Plan were named by stakeholders as key policy and planning tools to help to improve the health care landscape. The SPA 8 Regional Network is a collaboration that has emerged as a result of the Community Health Implementation Plan to specifically address the needs in Service Planning Area 8.

Strategies and Opportunities

Although stakeholders acknowledged that coalitions exist and that health care providers are beginning to collaborate, many shared that **greater coordination is still needed among providers**. There was a strong interest among stakeholders in collaboration building, leveraging existing resources, facilitating linkages, and advocating for higher reimbursement rates. Several stakeholders identified community benefit as a potential leader in collaboration building efforts.

- "I think there are a lot more conversations going on with different coalitions. They're finding out what each one another are doing and learning from each other." Interviewee
- "You have this opportunity for community benefit to really step up and take a leadership role to guide

some of these coalitions since some of them are floundering and really don't know what to do. They keep saying we need to increase access to care, we need to come up with systems for referrals, but I think that they don't have the skill sets." -Interviewee
- "When our physician referral center gets calls from Medi-Cal, we refer to the community clinics, but we have fewer and fewer physicians that accept Medi-Cal…If the government paid more for physicians to see those patients then there would be more providers available." -Interviewee

Many community members expressed a need for **health system education** and resources such as **health navigators** and **health educators** to help residents better navigate the health care system and clarify confusion about coverage. Beach Cities Health District and The Children's Clinic, Serving Children and Their Families were highlighted as agencies that offer health access education and health navigation (e.g. how to understand Denti-Cal and Covered CA coverage, explanation of the application process), but access to those supports are limited to their respective service areas and clients of those agencies.

- "Because we've got a new system. It's not business as usual, it's a brand new health care system. To be honest, everyone I talk to that works for a private employer is experiencing a lot of the same challenges with the insurance companies because some of the insurance companies don't understand how to make appropriate references" – Focus Group Participant
- "One of the things we're really noticing is that residents need a lot of coaching around health literacy. What does it mean to have an insurance card? Who do I call, and how do I find a doctor? Did you remember to pay your premium? All these things that come with accessing an insurance system that folks are not familiar with. It's not just about the financial access, but the literacy that goes with it." -Interviewee

Icons from The Noun Project

Built Environment

Description & Significance: Our built environment greatly impacts our health and includes factors such as housing and transit. Having safe and stable housing is essential for people to have access to basic resources such as shelter, water and food and important for emotional and social well-being. Unsafe housing can lead to poor health outcomes because of exposure to environmental hazards and allergens and can contribute to infectious and chronic diseases (Inadequate and Unhealthy Housing, 2007 And 2009). Transit includes public systems such as city or regional buses, and subway systems, as well as cars and bikes, sidewalks, streets, bike paths, and highways. Dependence on driving leads to 40,000 traffic-related deaths annually and exposes us to air pollution, which has been linked to asthma and other respiratory illnesses, cardiovascular disease, pre-term births, and premature death. It also contributes to physical inactivity and obesity (County Health Rankings).

Health Driver Statistics

The KFH-South Bay Medical Center Service Area has a slightly higher percentage of cost burdened households (housing cost exceeding 30% of total housing income) and substandard housing units than the state overall. The number of assisted housing units in the county is much lower than that of the state but higher than the S CA MCA.

Housing

	KFH-South Bay Medical Center Service Area	Los Angeles County	S CA MCA	California
Assisted Housing (Per 10,000 Housing Units)	n/a	439.3	345.4	1399.0
Cost Burdened Households (% of Households)	46.3%	50.3%	48.1%	46.0%
Substandard Housing (% Occupied Housing Units)	49.3%	54.4%	51.1%	48.4%

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

Homeless Count

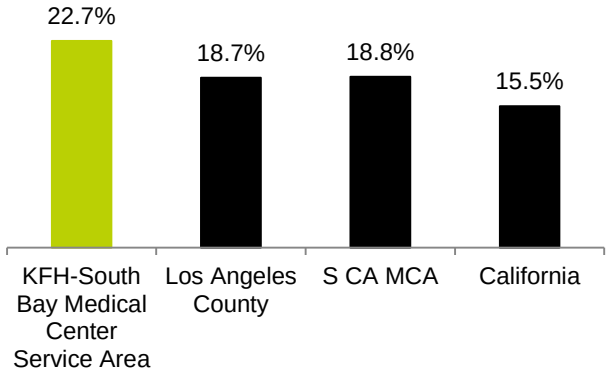
	2015	2016	Percent Change
Service Planning Area 6	7,513	7,459	-0.7%
Service Planning Area 8*	5,351	5,913	+10.5%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless Count. 2015, 2016.
** Los Angeles Homeless Services Authority Homeless Count excludes the City of Long Beach*

	2013	2015	Percent Change
City of Long Beach	2,847	2,345	-17.6%

Source: City of Long Beach Department of Health and Human Services, Biennial Homeless Count. 2013, 2015.

Public Transit



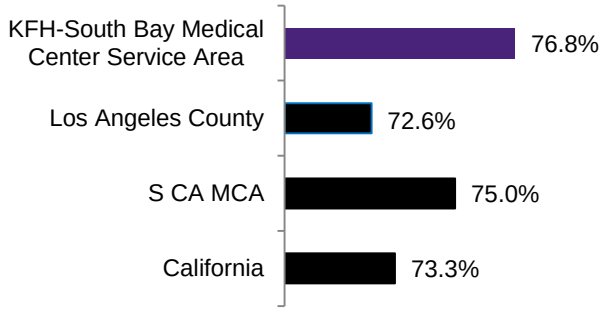
In the KFH-South Bay Medical Center Service Area, a higher percentage of the residents live within 0.5 miles of a transit stop as compared to the County, S CA MCA, and state.

Source: Environmental Protection Agency, EPA Smart Location Database. 2011. Source geography: Census Tract

In the KFH-South Bay Medical Center Service Area, a higher percentage of the residents commute alone than in the S CA MCA and the state.

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

Commute to Work Alone in a Car



Health Disparities

Community Description of Disparities

Stakeholders described KFH-South Bay Medical Center Service Area having greater levels of homelessness in Lawndale, Long Beach, San Pedro, and Wilmington.

- "There is a lot of homelessness in San Pedro. They have a really big problem right now in Council District 15." -Focus Group Participant
- "We are hearing more about homelessness in the beach cities and in Redondo Beach specifically, the city of LA, and Lawndale." -Interviewee

Assets & Opportunities

Community Description of the Health Need

In regard to housing, stakeholders expressed the need for more affordable housing, supportive housing, transitional housing, and shelters in the KFH-South Bay Medical Center Service Area. Stakeholders viewed housing as a social determinant of health and the lack of housing as a contributing factor to poor health outcomes. In terms of transportation, stakeholders observed that even though public transportation is accessible, the times when it is available are infrequent and the trips that south bay residents make tend to be shorter.

- "The area needs more opportunities for the community to come together. It needs community gardens. It needs more affordable housing. It needs some sort of alternative shelter for the homeless community" - Interviewee
- "For many years we have been transit-poor and what I mean by that is although we have buses, many buses don't run on weekends. The services are hourly or half-hourly. It's not robust transit services and no one comes to the South Bay who has a car and sells it. We started looking at how people travel in the South Bay and we found out that they take trips of 3 miles or less and this has been pretty much validated by several other studies. Most recently, Metro said that an average trip in the South bay is 7 minutes... We realized that our trips were too short for transit because no one is going to wait for a bus for a 7 minute trip and they were too long to walk" –Interviewee

Resources

Community stakeholders identified the following community based organizations, government agencies, and programs as important community resources for improving the built environment:

- Century Villages at Cabrillo campus that features affordable units leased to homeless and low income families
- Harbor Community Benefit Foundation
- Harbor Interfaith
- Los Angeles County Department of Health Services- Housing for Health
- Los Angeles County Department of Public Health- PLACE Program
- Los Angeles Homeless Services Authority
- Los Angeles County Metropolitan Transportation Authority (Metro)
- People Assisting The Homeless (PATH)
- Rainbow Services- homeless
- South Bay Bicycle Coalition
- South Bay Cities Council of Governments
- South Bay Coalition to End Homelessness

Policy, Planning, and Collaboration

South Bay Coalition to End Homelessness is the lead homelessness collaborative in the Los Angeles Continuum of Care (CoC). However, other local efforts are also emerging to addresss community needs around homeleseness.

- "The neighborhood council in Harbor City recently launched a homelessness task force. It's brand new but [homelessness] is such a huge problem." -Interviewee

Strategies and Opportunities

Stakeholders emphasized that **cities** need to work together and find ways to **collaborate** on efforts to improve the built environment.

- "When talking about built environment, it really becomes cities or communities rallying to either start a grassroots type movement, or it takes a governmental leader, maybe it's a supervisor in that area or a Councilmen, but somebody who really sees the value and understands it." –Interviewee
- "I think the challenge for us is working together to bring in the opportunities. I think that's something that we are missing in the South Bay. We are so fragmented and some of the new things that are happening require much more cooperation with our city governments." –Interviewee

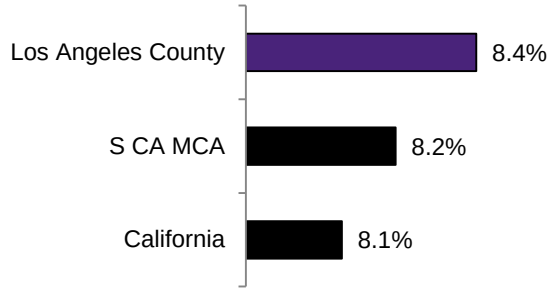
Icons from The Noun Project

Chronic Disease

Description & Significance: Chronic diseases include diseases that progress slowly and can last for long periods of time, including cardiovascular disease, diabetes, cancer and asthma (Noncommunicable diseases). In the United States, chronic diseases account for 7 of 10 deaths and are responsible for 86% of health care costs (Chronic Disease Prevention and Health Promotion, 2016). Cardiovascular disease and stroke are the first and third leading causes of death, respectively, in California (California's Leading Causes of Death, 2013). Many cancers are preventable by reducing risk factors such as the use of tobacco products, physical inactivity, poor nutrition, obesity, and excessive alcohol use (Healthy People 2020). Cardiovascular diseases and diabetes can often be managed through a combination of medication and improved health behaviors such as a healthy diet and regular physical activity. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication and short-term quick relievers. Regular screenings for cancer and other chronic diseases can ensure early intervention when treatment is most likely to be most successful (Cancer Prevention and Control).

Health Outcome Statistics

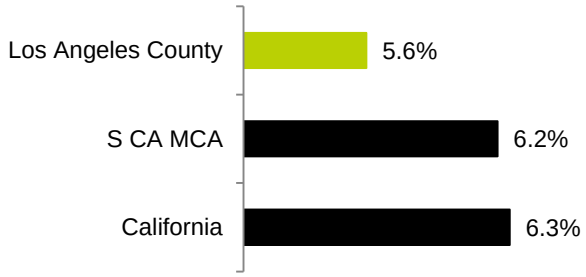
Diabetes Prevalence



Adults age 20 and older in the county are more likely to have been diagnosed with Diabetes than adults in the S CA MCA and state.

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

Heart Disease Prevalence



Adults age 18 and older in the county are less likely to have been diagnosed with coronary heart disease or angina than adults in the S CA MCA and state.

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2012. Source geography: County (Groupings)

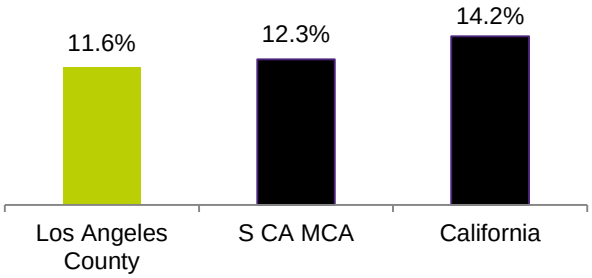
The county has a higher incidence per 100,000 population of cervical, colon, and rectum cancer and lower incidence per 100,000 population for breast, lung and prostate cancer when compared to the S CA MCA and state.

Cancer Incidence

	Los Angeles County	S CA MCA	California
Breast Cancer Incidence (per 100,000 Population)	117.1	120.19	122.4
Cervical Cancer Incidence (per 100,000 Population)	9.2	8.41	7.8
Colon and Rectum Cancer Incidence (per 100,000 Population)	43.0	41.73	41.5
Lung Cancer Incidence (per 100,000 Population)	43.1	46.92	49.5
Prostate Cancer Incidence (per 100,000 Population)	130.6	132.36	136.4

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11. Source geography: County

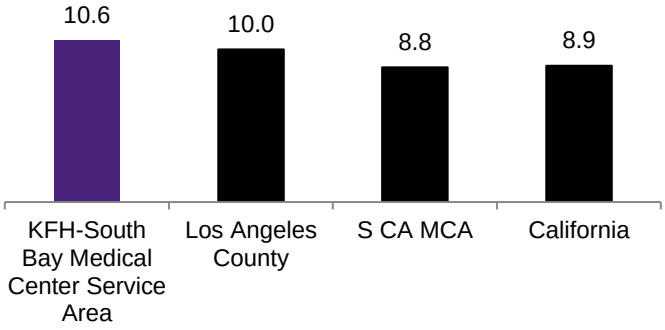
Asthma Prevalence



The percent of adults that have asthma in the county is lower than the S CA MCA and the state.

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

Asthma Hospitalizations



While the prevalence of asthma for the KFH-South Bay Medical Center Service Area is lower than that of the state, there is a higher rate of hospitalizations due to asthma and related complications than at the county, S CA MCA, and state level.

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

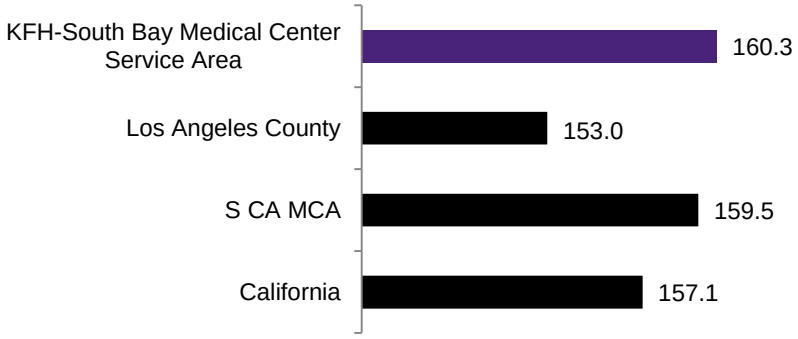
With the exception of Pap Tests, the percentage of individuals obtaining cancer screenings, such as mammograms, and colonoscopies tend to be lower than the S CA MCA and the state.

Cancer Screening

	Los Angeles County	S CA MCA	California
Mammogram* (% Females Medicare Enrollees with Screening in Past 2 Years)	54.0%	56.3%	59.3%
Pap Test (% Females Age 18+ with Regular Pap Test)**	79.9%	79.0%	78.3%
Sigmoid/Colonoscopy (% Adults Age 50+ Screened)**	54.0%	55.6%	57.9%

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

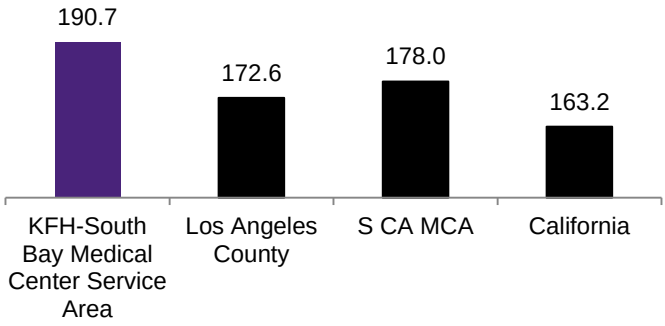
Cancer Mortality (per 100,000 population)



The KFH-South Bay Medical Center Service Area has a higher mortality rate due to cancer compared with the county, S CA MCA, and state.

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

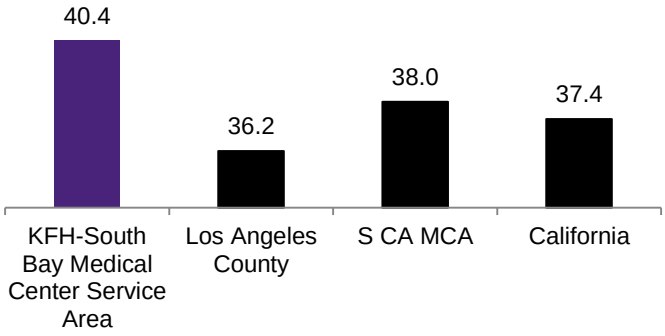
Ischemic Heart Disease Mortality Rate
(per 100,000 population)



Although heart disease prevalence is lower than the state overall, the KFH-South Bay Medical Center Service Area has higher mortality rates due to coronary heart disease than the county, S CA MCA and state.

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

Stroke Mortality Rate
(per 100,000 population)



Despite having lower heart disease prevalence than the state overall, the mortality rate due to cerebrovascular disease (stroke) is higher in the KFH-South Bay Medical Center Service Area than in the county, S CA MCA, and state.

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

Community Description of Disparities

Stakeholders identified African-American and Latino communities as highly impacted by chronic disease. They also identified youth as an emerging subpopulation that is at higher risk for diabetes.

Heart Disease Prevalence

Overall, a higher percentage of Non-Hispanic Whites have been diagnosed with heart disease than other race/ethnic groups. Compared to the state and S CA MCA heart disease rates for heart disease, Non-Hispanic other race were slightly more likely to be diagnosed with heart disease.

Heart Disease Prevalence by Race/Ethnicity

	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
KFH-South Bay Medical Center Service Area	7.9%	5.8%	5.0%	4.0%
Los Angeles County	8.3%	6.0%	5.0%	3.9%
S CA MCA	8.6%	5.9%	4.9%	4.3%
California	8.2%	5.9%	4.7%	4.6%

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

Ischemic Heart Mortality Rate
(per 100,000 population)

In the KFH-South Bay Medical Center Service Area, Native Hawaiians/Pacific Islander individuals have a higher mortality rate due to coronary heart disease per 100,000 population (292.9) compared to other races, although they make up less than 1% of the KFH-South Bay Medical Center Service Area. African Americans, which make up nearly 12% of the KFH-South Bay Medical Center Service Area population, have an Ischemic Heart Mortality Rate of 264.8. This rate is higher than that of Non-Hispanic White (195.1), Native American/Alaskan Native (115.7), Hispanic/Latino (114.9), Asian (94.8) and multiracial (45.2) residents.

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

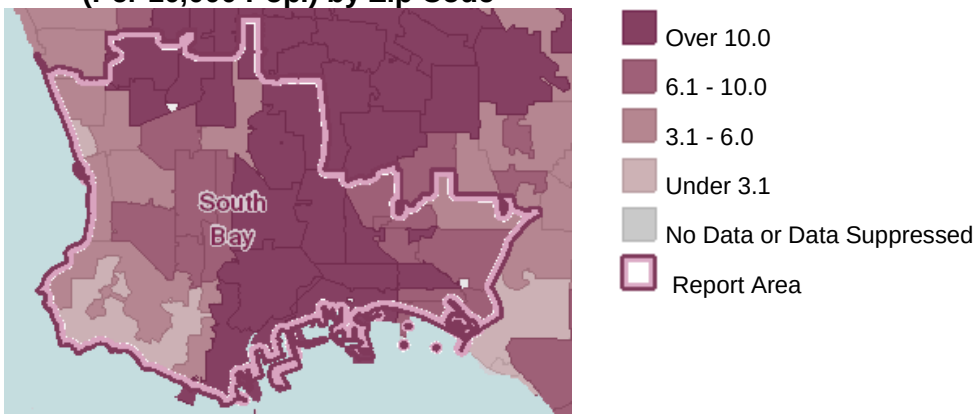
Stroke Mortality Rate
(per 100,000 population)

In the KFH-South Bay Medical Center Service Area, Native Hawaiians/Pacific Islander individuals have a higher mortality rate due to cerebrovascular disease (stroke) per 100,000 population (73.9) than African American (52.1), Non-Hispanic White (34.5), Native American/Alaskan Native (34.5), Hispanic/Latinos (28.8), Asian (24.5) and multiracial (11.5) residents.

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

Asthma hospitalization discharge rates are highest in the following zip codes: 90061, 90250, 90249, 90260, 90220, 90746, 90810, 90745, 90744, 90731, 90802, 90804, and 90806.

Asthma Hospital Discharges, Rate (Per 10,000 Pop.) by Zip Code



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

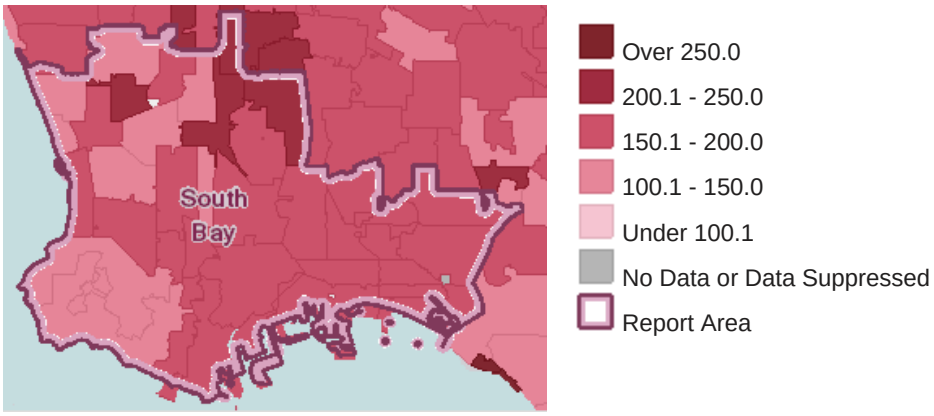
In the KFH-South Bay Medical Center Service Area, Black residents have a higher mortality due to cancer than other ethnic/racial groups. The same trend is observed at the county, S CA MCA, and state level.

Cancer Mortality Rate (per 100,000 population) by Race/Ethnicity

	Non-Hispanic White	Black	Asian	Native American / Alaskan Native	Native Hawaiian / Pacific Islander	Multiple Race	Hispanic or Latino
KFH-South Bay Medical Center Service Area	168.3	213.9	66.6	125.1	195.9	45.4	102.9
Los Angeles County	168.34	213.87	66.56	125.06	195.94	45.40	102.90
S CA MCA	170.84	208.6	91.61	121.53	207.75	66.45	108.87
California	170.78	208.23	93.00	119.77	192.36	72.99	108.39

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

Cancer Mortality Rate by Zip Code (per 100,000 population)
Zip codes with the highest cancer mortality rates in the KFH-South Bay Medical Center Service Area include: 90061, 90220, 90248, and 90260.



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

Assets & Opportunities

Community Description of the Health Need

Stakeholders recognized that many chronic diseases are related to lifestyle and environment. Some stakeholders attributed the perpetuation of chronic disease to socialization around eating and physical activity and expressed the need for culturally appropriate prevention and management.

Resources

Community stakeholders identified the following community based organizations, government agencies, and programs as important community resources for chronic diseases:

- City of Long Beach Health and Human Services
- Kaiser Permanente- Health Education
- Los Angeles County Department of Public Health
- The American Cancer Society
- The Children's Clinic, Serving Children and Their Families
- Torrance South Bay YMCA- Diabetes Prevention Program

Strategies and Opportunities

Stakeholders recognized the important role that **community based organizations** (CBOs) can play in engaging residents and recommended community outreach,education, and engagement strategies that involve **collaboration** among health care provides, government agencies, and those community based organizations that have already developed rapport and trust with residents.

- "CBOs play a really important role in getting people into the clinics and getting their trust to encourage them to change their behaviors or to address some of the issues that they're unaware of." –Interviewee
- "The time is now for really integrating a large health care system like a Kaiser, with your community based organizations who are maybe more in touch with what's happening in the community. I think

there's so much focus, particularly for the Affordable Care Act, in keeping people out of hospitals and out of the health care system. And that some of our community based organizations can really strengthen a large medical center, enhancing that ability, whether it be referrals to fitness centers, or exercise classes, or the chronic disease self-management program, healthier living, and all of these other things that may be going on in the community, that can support doctors, and health system in maintaining healthy behaviors." -Interviewee

- "It takes the resources all coming together from various areas to really affect change in a community mindset... It takes everyone. It takes government. It takes the schools." – Focus Group Participant
- "Once you start talking about what helps with diabetes, it's the same things that you need for these other chronic conditions, and I think since we're dealing with people who have more than one, it's a lot of the same." –Focus Group Participant
- "I think what is missing is to find out how different communities receive education or information because it's not just flyers. It is not just banners on a bus passing by…There needs to be some type of research done to find out what's the best way to effectively communicate." – Focus Group Participant

Icons from The Noun Project

Economic Security

Description & Significance: Economic security includes factors that can impact the overall ability of families or individuals to be healthy such as income, neighborhood environment and access to resources. Many of these factors are social determinants of health which affect a person's ability to live in a healthy and safe environment and to access health resources within the community. Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. Poor families and individuals are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. The ongoing stress and challenges associated with poverty can lead to cumulative health damage. Chronic illness is more likely to affect those with the lowest incomes, and children in low income families are sicker than their high income counterparts (CDC, Social Determinants of Health).

Health Driver Statistics

Unemployment Rate

Los Angeles County	**7.5**
S CA MCA	**6.7**
California	**6.8**

Percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted) is higher in the county than the S CA MCA and the state.

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

Income Inequality

0.5	Gini Index Value for Los Angeles County
0.48	Gini Index Value for California

Gini index values range between zero and one. A value of one indicates perfect inequality where only one house-hold has any income. A value of zero indicates perfect equality, where all households have equal income. Gini index values are not available for the KFH-South Bay Medical Center Service Area and the S CA MCA.

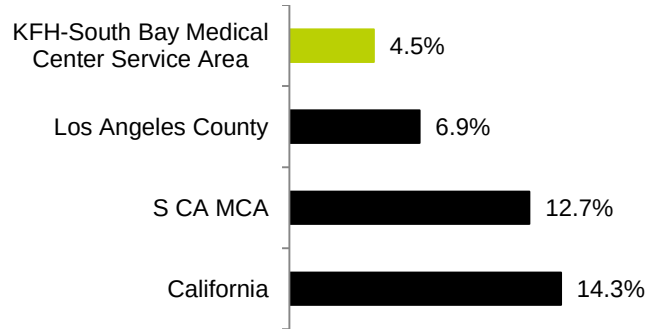
Source: US Census Bureau American Community Survey. 2009-13.Source geography: Census Tract

Poverty

	KFH-South Bay Medical Center Service Area	Los Angeles County	S CA MCA	California
Children Below 100% Federal Poverty Level	23.0%	26.0%	25.6%	22.7%
Population Below 100% Federal Poverty Level	15.8%	18.4%	16.9%	16.4%
Population Below 200% Federal Poverty Level	35.3%	40.9%	38.0%	36.4%

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

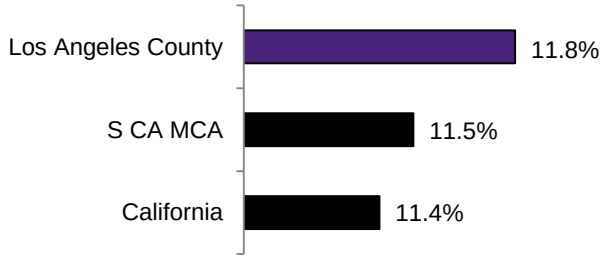
Population with Limited Food Access



This graph shows the percentage of the population living in areas designated as food deserts. A food desert is defined as a low-income area where a substantial number or share of residents has low access to a supermarket or large grocery store. The KFH-South Bay Medical Center Service Area fares better than the county, S CA MCA, and the state.

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

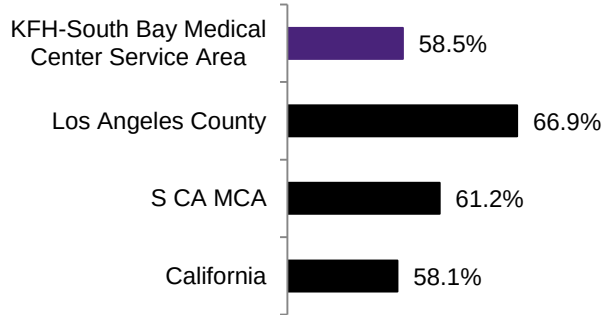
Receiving SNAP Benefits



The graph above shows the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits between the months of July 2010 and July 2011. A higher percentage of county residents are receiving SNAP benefits than in the S CA MCA and the state.

Source: US Census Bureau Small Area Income & Poverty Estimates. 2011. Source geography: County

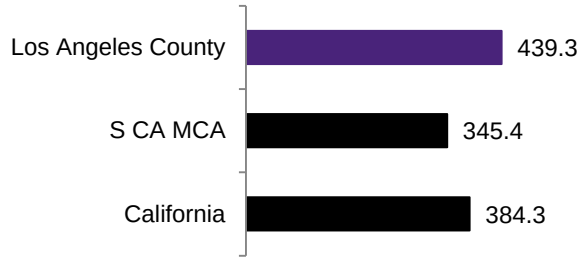
Children Eligible for Free/Reduced Lunch



This graph reports the percentage of public school students eligible for free or reduced price lunches. There are fewer children in the KFH-South Bay Medical Center Service Area who are eligible for free/reduced lunch than in the county and S CA MCA but slightly more than the state.

Source: National Center for Education Statistics, NCES - Common Core of Data. 2012-13. Source geography: Address

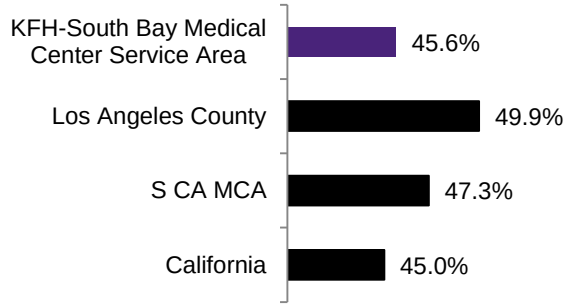
HUD-Assisted Units
(per 10,000 Housing Units)



This graph reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households). There are fewer HUD assisted units in the county compared to the S CA MCA and state.

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

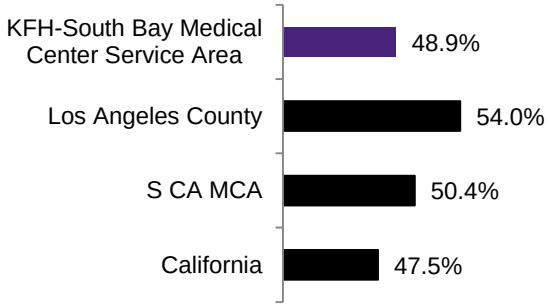
Cost-Burdened Households



Cost-Burdened households are defined as households where housing costs exceed 30% of total household income. Almost half of all residents in the KFH-South Bay Medical Center Service Area spend 30% or more of their income on housing. This is better than the county and S CA MCA but slightly worse than the state.

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

Substandard Housing



Substandard housing refers to owner- and renter-occupied housing units that have at least one of the following conditions:
1. Lacking complete plumbing facilities,
2. Lacking complete kitchen facilities,
3. Units with 1.01 or more occupants per room,
4. Selected monthly owner costs as a percentage of household income greater than 30 percent, and
5. Gross rent as a percentage of household income greater than 30 percent.

There are more people in the KFH-South Bay Medical Center Service Area with substandard housing than in the state, but fewer than in the county and S CA MCA.

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

Health Disparities

The average poverty rate in the KFH-South Bay Medical Center Service Area is 15.5%. A disproportionate percent of individuals that self-identified as Some Other Race, Native American/Alaska Native, and Black or African American are living in poverty.

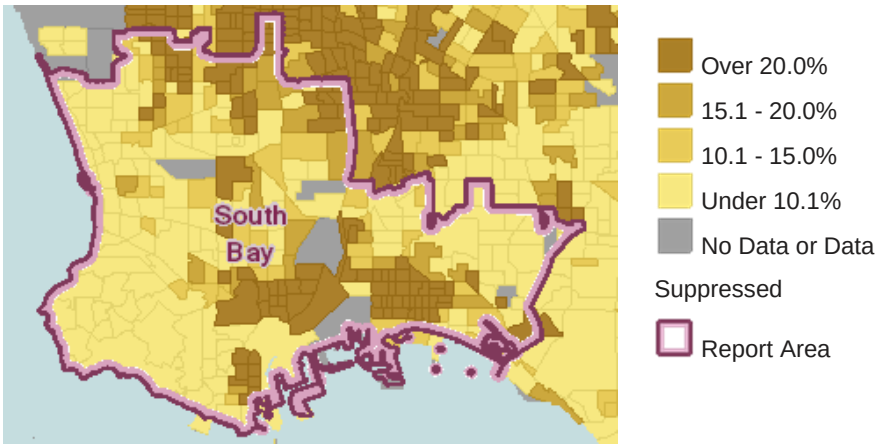
Population Below 100% Federal Poverty Level by Race/Ethnicity

	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race	Hispanic / Latino
KFH-South Bay Medical Center Service Area	14.2%	19.5%	22.5%	10.0%	14.1%	24.1%	15.1%	11.2%
Los Angeles County	15.6%	22.9%	23.6%	12.2%	13.7%	26.0%	14.9%	13.4%
S CA MCA	14.5%	22.7%	22.6%	11.8%	15.7%	25.0%	14.6%	12.2%
California	14.2%	23.8%	24.0%	11.8%	15.9%	24.8%	15.4%	12.2%

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

Percentage of Population Below 100% Federal Poverty Level in the South Bay by Census Tract

Cities with the highest percentage of the population below 100% Federal Poverty Level include Compton, Hawthorne, Long Beach, San Pedro, and Wilmington.



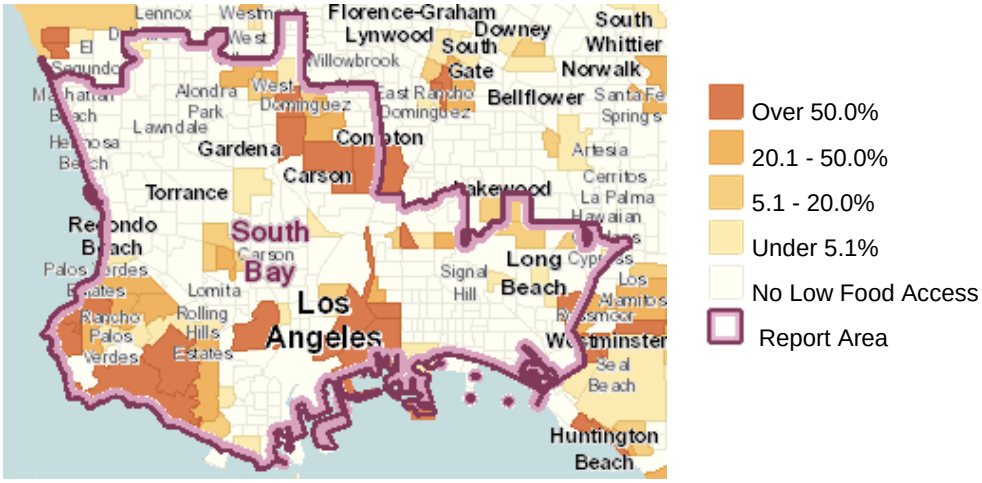
Source: US Census Bureau American Community Survey. 2009-13.Source geography: Census Tract

Community Description of Disparities

According to stakeholders, the populations that are most impacted by poor economic security are Latinos, African Americans, immigrants from Southeast Asia, and residents with less than a high school education level. Individuals with criminal records or who are reentering the community after completing their sentence also face significant barriers in regards to employment and income stability. Stakeholders reported that **areas of Carson**, **Lomita**, **San Pedro, and Wilmington** have disproportionately high levels of poverty.

Population with Limited Food Access

A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store.



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

Assets & Opportunities

Community Description of the Health Need

Community stakeholders observed deep connections between economic security and being able to live a healthy lifestyle. Some of the biggest barriers to achieving economic security include low wages, wage theft, and limited job training opportunities.

Resources

Community stakeholders identified the following community based organizations, government agencies, and programs as important community resources for addressing economic security:

- Community Coalition
- Harbor Gateway Chamber of Commerce
- Harbor Interfaith Services
- Los Angeles Alliance for New Economy
- Los Angeles Homeless Services Authority
- PolicyLink
- Sanctuary for Hope (homeless foster youth in South LA)
- Watts Labor Community Action Committee (WLCAC)
- Workforce Investment Board

Policy, Planning, and Collaboration

Proposition 47 is legislation that reclassifies non serious, nonviolent crimes from felonies to misdemeanors, was identified as a contributing factor for reducing health disparities and inequities and improving access to economic opportunities for those whose crimes will no longer be classified as felonies.

Strategies and Opportunities

Multiple stakeholders identified cross sector **collaborations** involving funders, private organizations, nonprofits, churches, schools, academic institutions, and government agencies as a key strategy to address economic security. **Workforce development** strategies are also crucial, including providing career readiness and vocational training programs for youth and adults to gain workforce skills, engaging the business sector for greated economic development, and developing local hire programs that target high unemployment areas and populations and facilitate job creation where people live. Some stakeholders suggested instituting a **living wage policy** that takes into consideration factors such as purchasing power, inflation and rent control issues and having greater advocacy around community building and economic development.

- "The gap in disparities is only going to widen if we don't really address the social determinants of health, so improving schools, access to employment, these are the factors that have shown that if you improve access, education, and offer employment opportunities, that the gaps really decrease." -Interviewee

Icons from The Noun Project

Educational Attainment

Description & Significance: Individuals with higher levels of educational attainment are more likely to live longer, healthier lives. More schooling is linked to higher income, better employment opportunities and stronger social supports that, all combined, lead to healthier choices (County Health Rankings). An additional 4 years of education reduces a person's risk of diabetes, heart disease, overweight and smoking (Robert Wood Johnson Foundation).

Health Driver Statistics

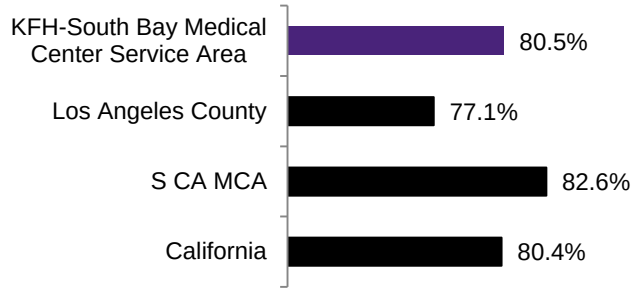
Head Start Program Facilities
(Rate per 10,000 children under age 5)

KFH-South Bay Medical Center Service Area	4.9
Los Angeles County	7.2
S CA MCA	5.6
California	6.3

The above table shows the rate of Head Start program facilities per 10,000 children under age 5. The KFH-South Bay Medical Center Service Area has a lower rate of Head Start program facilities than that of the county, S CA MCA, and state.

Source: US Department of Health & Human Services, Administration for Children and Families. 2014. Source geography: Point

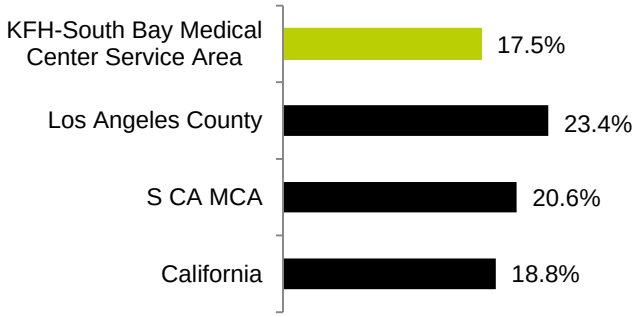
High School Graduation Rate



The KFH-South Bay Medical Center Service Area has a higher percentage of students receiving their high school diploma within four years than the county and the state, but a lower rate than the S CA MCA.

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

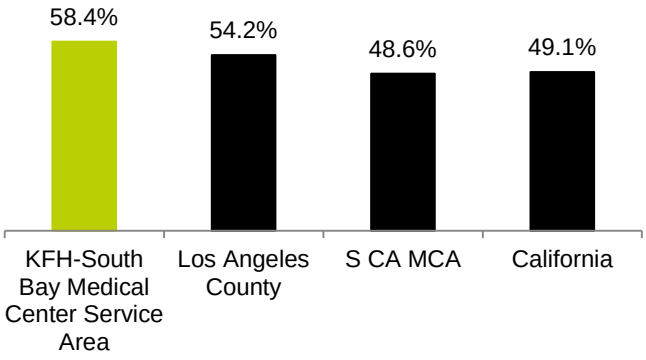
No High School Diploma



The KFH-South Bay Medical Center Service Area has a lower percentage of adults age 25 and older without a high school diploma or its equivalency than the county, S CA MCA, and state.

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

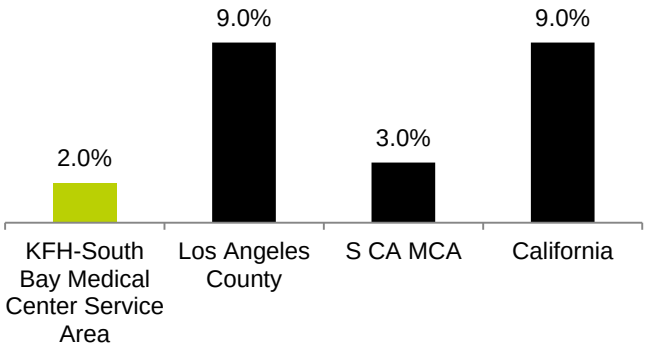
School Enrollment Age 3-4



In the KFH-South Bay Medical Center Service Area, a higher percentage of children ages 3-4 are enrolled in school than in the county, S CA MCA, and state.

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

Reading Proficiency



The KFH-South Bay Medical Center Service Area's schools have a lower percentage of children in grade 4 whose reading skills tested below the "proficient" level than that of the county, S CA MCA, and state.

Source: California, Department of Education. 2012-2013. Source geography: School District

Health Disparities

Overall, a disproportionate percentage of African American and Hispanic/Latino 4th grade students tested below the "proficient" level for the CST English Language Arts portion of the California STAR test.

4th Grade Students with "Not Proficient" Reading Score by Race/Ethnicity

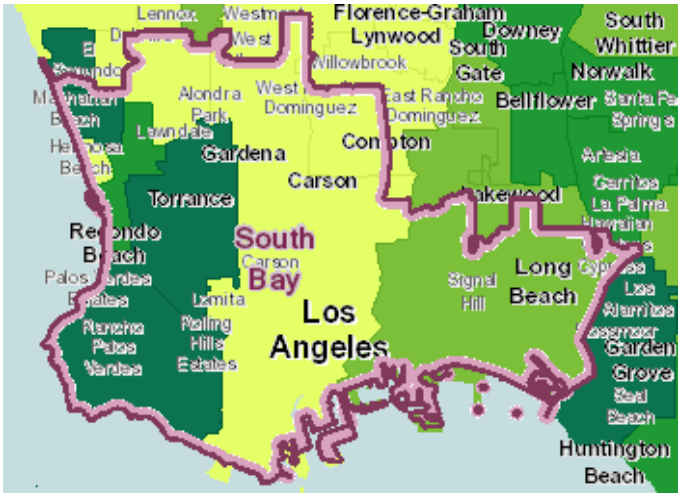
	Non-Hispanic White	Non-Hispanic African American	Non-Hispanic Asian	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Hispanic/ Latino
KFH-South Bay Medical Center Service Area	12.4%	43.6%	14.6%	35.8%	39.1%	43.7%
Los Angeles County	17.0%	46.0%	13.0%	36.0%	39.0%	44.0%
S CA MCA	17.5%	45.1%	12.8%	40.9%	37.7%	44.2%
California	21.0%	47.0%	16.0%	45.0%	38.0%	46.0%

Sources: California, Department of Education. 2012-2013; California, Department of Education. 2013. Source geography: School District

Overall, the KFH-South Bay Medical Center Medical Service Area performs well in comparison to the county, S CA MCA and state for reading proficiency. However, a disproportionate percentage of African American and Latino 4th graders received a "not proficient" reading score.

High School Graduation Rate by School District (Secondary)

Graduation rates are lowest in the following school districts within KFH-South Bay Medical Center Service Area: Centinela Valley Union High School District (68.2%); Compton Unified School District (65.0%); Los Angeles Unified School District (68.1%); and Hermosa Beach City Elementary School District (34.5%).



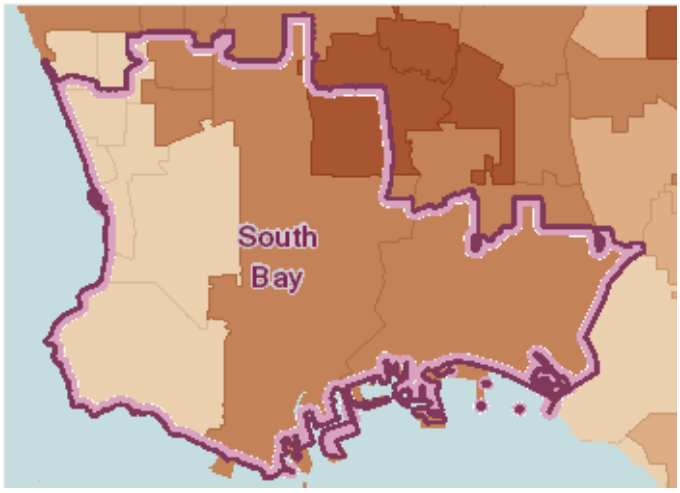
Source: California Department of Education. 2013. Source geography: School District

Community Description of Disparities

Stakeholders shared that African American, Latino, and American Indian/Alaska Native populations have disproportionately lower educational levels. They also reported higher disparty among youth, specifically in foster youth, youth with limited English proficiency, undocumented youth, and students with social and emotional distress. Additonally, low socioeconomic status was seen as a significant factor associated with low educational attaininment. Geographic areas with the highest disparity include Catalina Island, Hawthorne, Long Beach, and San Pedro.

Percentage of 4th Grade Students with Not Proficient English Language Arts Test Scores

In the Compton Unified School District, 46.0% of students score not proficient on English Language Arts Test Scores.



Source: California, Department of Education. 2012-2013. Source geography: School District

Assets & Opportunities

Community Description of the Health Need

Stakeholders acknowledged that educational attainment is needed to get to a living wage, but there are still barriers like student loan debt, the increasing difficulty of finding middle class jobs, and limited tutoring services and parent education in high crime, low income communities. Stakeholders also indicated that social emotional and trauma are barriers to learning.

Resources

Community stakeholders identified the following community based organizations, educational institutions, and programs as important community resources for educational attainment:

- Boys and Girls Clubs
- California State University, Dominquez Hills
- El Camino College
- Elevate your G.A.M.E. mentoring program
- Los Angeles Harbor College
- Jr. Posse Youth Equestrians Program
- Operation Jump Start in Long Beach

Strategies and Opportunities

Afterschool programs, youth empowerment programs, and other supplemental learning opportunities were

recommended as key strategies to increase educational attainment. Stakeholders also suggested the need for increased advocacy for state funding of the S CA MCA Occupational Center (SCROC) vocational training center and increased federal funding for Early Head Start and Head Start Programs.

- "I find education, employment and housing to be very much connected. If you really offer a quality education to someone and there's income coming into their home and they can live in a particular home, I think their livelihood drastically improves." –Interviewee

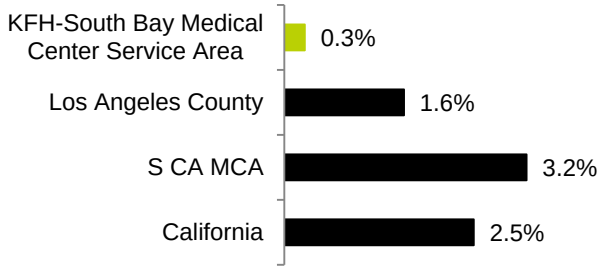
Icons from The Noun Project

Environmental Health

Description & Significance: Clean air and safe water are prerequisites for health. Poor air or water quality can be particularly detrimental to vulnerable populations such as the very young, the elderly, and those with chronic health conditions. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment (County Health Rankings). Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung diseases, damage airways and lungs, and increase the risk of premature death from heart or lung disease (Air and Water Quality, 2016).

Health Driver Statistics

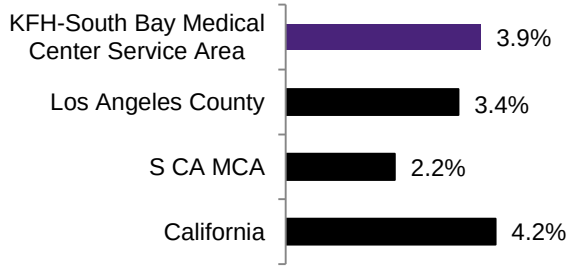
Air Quality - Ozone



The KFH-South Bay Medical Center Service Area experiences fewer days with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb) is lower in the KFH-South Bay Medical Center Service Area than the county, S CA MCA, and state.

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008. Source geography: Census Tract

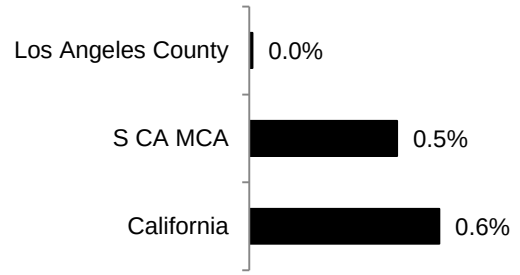
Air Quality - Particulate Matter



The KFH-South Bay Medical Center Service Area experiences more days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year than the county and the S CA MCA, but fewer than the state.

Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008. Source geography: Census Tract

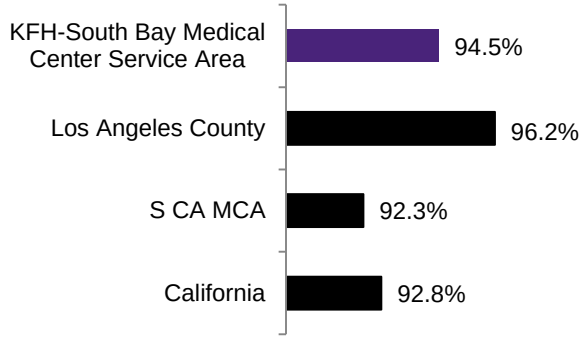
Heat Index Value



The county experienced a lower percentage of recorded weather observations with heat index values over 103 degrees Fahrenheit than the S CA MCA and the state.

Source: National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). Accessed via CDC WONDER. Additional data analysis by CARES. 2014. Source geography: County

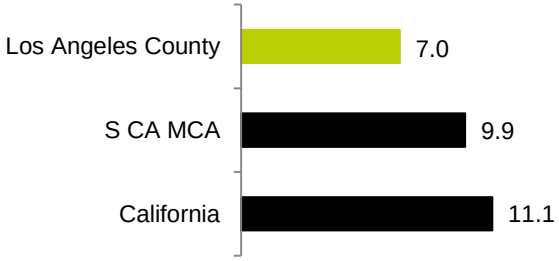
Drought Severity



The KFH-South Bay Medical Center Service Area experienced a higher percentage of weeks in drought from January 1st, 2012 – December 31st, 2014 than the S CA MCA and the state, but a lower percentage than the county.

Source: US Drought Monitor. 2012-14. Source geography: County

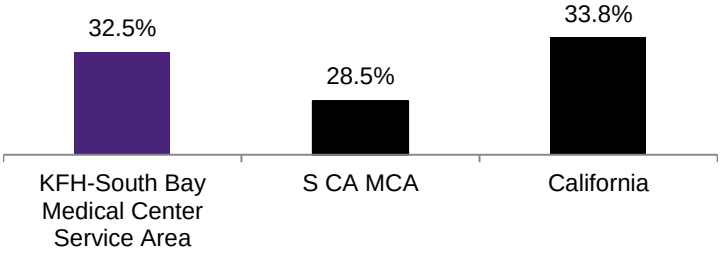
Heat Stress Rate
(per 100,000 population)



The rate of heat-stress related emergency department visits in the county is lower than that of the S CA MCA and the state.

Source: California Department of Public Health, CDPH - Tracking. 2005-12.Source geography: County

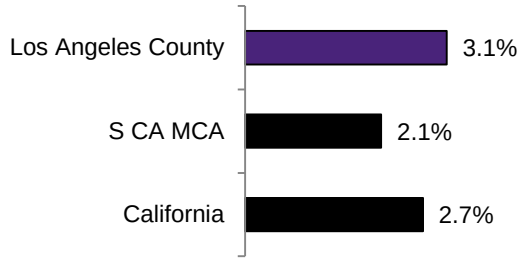
Housing Units without Air Conditioning



The KFH-South Bay Medical Center Service Area has a higher percentage of occupied households with access to air conditioning, including central air and/or window units than the S CA MCA, but slightly less than in the state.

Source: US Census Bureau, American Housing Survey. 2011, 2013.

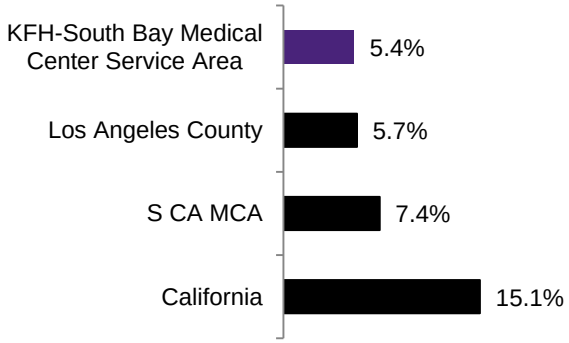
Exposed to Unsafe Drinking Water



The percentage of the population getting drinking water from public water systems with at least one health-based violation in the county is higher than that for the S CA MCA and the state.

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

Canopy Cover



The KFH-South Bay Medical Center Service Area has a lower percentage of tree canopy cover than the county, S CA MCA, and state.

Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES. 2011. Source geography: Tract

Health Disparities

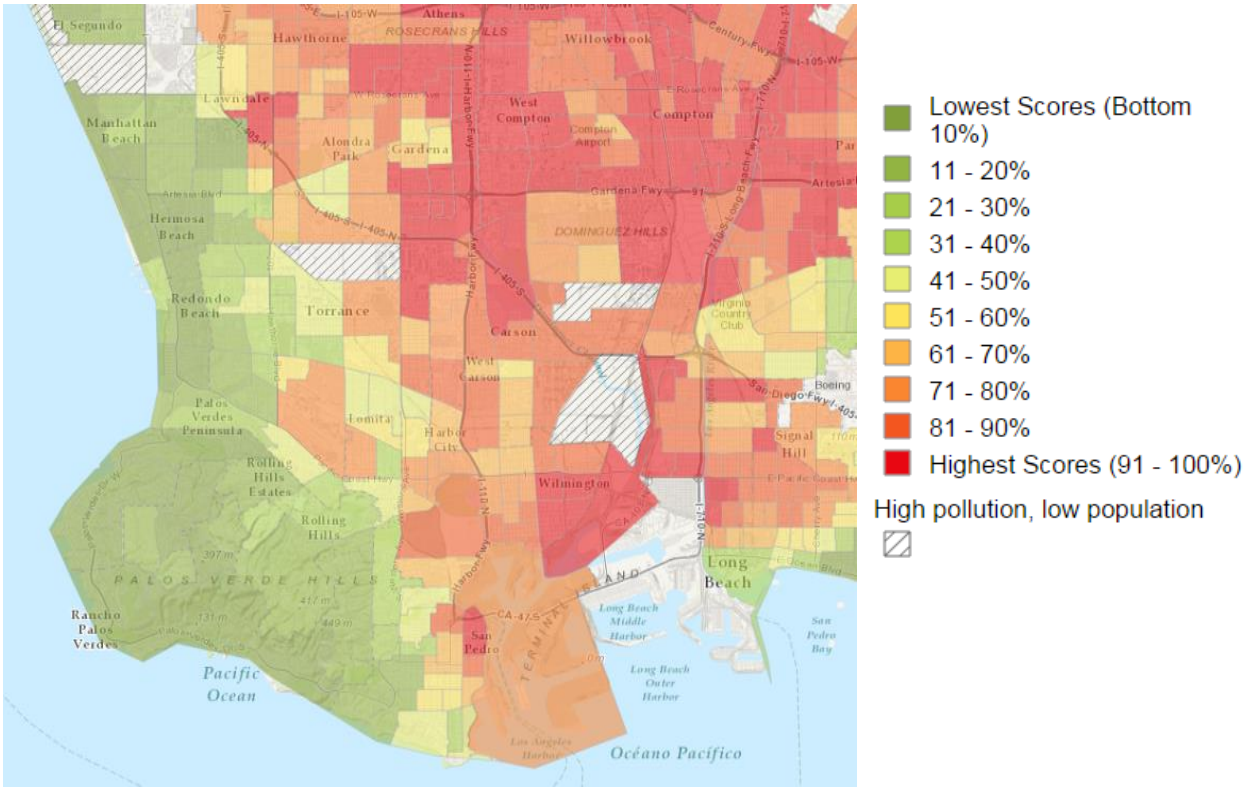
Community Description of Disparities

According to community stakeholders, there are greater disparities for **Latino** and **African American** residents of the service area. Geographically, **high traffic industrial areas** with **high poverty** rates are highly impacted. Stakeholders identified **Wilmington** and **San Pedro** as being impacted by port related pollution and **Carson** as impacted by pollution related to oil drilling.

- "They came up with a tool called CalEnviroScreen. If you look at the tool, Wilmington and San Pedro are in the 10% worst areas of environmental health."

CalEnviroScreen 2.0 Results, 2015

CalEnviroScreen 2.0 is a screening methodology that is used to help identify California communities that are disproportionately burdened by multiple sources of pollution. CalEPA has used the tool to designate California communities as disadvantaged pursuant to Senate Bill 535. The map below shows that parts of **Carson**, **Compton**, **Lawndale**, **Long Beach**, **San Pedro**, **Watts/Willowbrook**, and **Wilmington** are highly impacted.



Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 2.0, 2015. http://oehha.ca.gov/ej/ces2.html

Assets & Opportunities

Community Description of the Health Need

Stakeholders associated asthma and other lung related conditions as well as climate change with environmental health. They also expressed a need for better education for residents of port related and industrial risk factors and how they impact physical health.

Resources

Community stakeholders identified the following community based organizations, government agencies, and programs as important community resources for environmental health:

- Harbor Community Benefit Foundation
- Los Angeles County Department of Public Health
- Los Angeles County Metropolitan Transportation Authority (Metro)
- South Bay Cities Council of Governments- South Bay Environmental Services Center
- Southern California Edison- provides funding for energy efficiency

Policy, Planning, and Collaboration

The Port of Long Beach passed a **Cleaner Action Plan** in 2006. This plan is intended to address port related air quality impacts in the community by implementing vessel reductions and reducing the ships speed before they come to the harbor in order to reduce emissions.

The **Clean Up Green Up** is a public health and economic development measure aimed at reducing and preventing pollution in Wilmington. It is also encouraging green businesses to come into the community and operate through an economic incentive.

Southern California Edison's **Energy Leader Partnership** provides cash incentives when cities improve the energy savings and energy-code compliance of their buidings. It also encourages cities to design energy policies.

As part of the state level **Greenhouse Gas Reduction Fund (GGRF)** established through **Cap-and Trade**, financial resources are available to disproportionately environmentally impacted communities.

Strategies and Opportunities

Stakeholders suggested that cities should create **Climate Action Plans,** which are city level policies that outline greenhouse gas emissions reduction goals and strategies. Another strategy is to develop policies that encourage active transportation and prevent high emission vehicles from traveling through vulnerable, populated areas.

- "From a policy perspective, encouraging bicycle use and pedestrian walkways. Discouraging big rigs and trucks from driving on major community corridors, and designating them on certain pathways. I think those are things that could happen from the city level." Interviewee

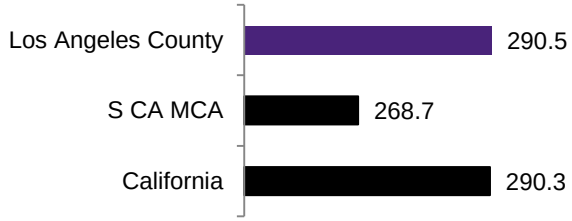
Icons from The Noun Project

Injury (Intentional and Unintentional)

Description & Significance: Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department (Healthy People 2020). Unintentional injuries include motor vehicle accidents, falls, or pedestrian accidents. In California, unintentional injuries were the sixth leading cause of death (California's Leading Causes of Death, 2013).

Health Outcome Statistics

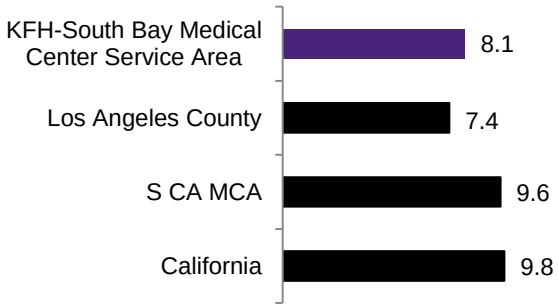
Assault Injury Rate
(per 100,000 population)



The injury rate due to assault in the county is higher than for the S CA MCA and the state.

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

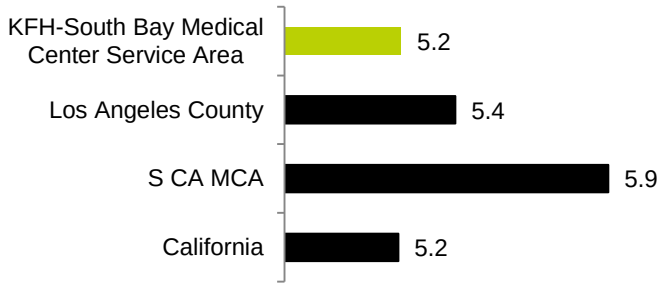
Suicide Mortality Rate
(per 100,000 population)



The mortality rate due to suicide in the KFH-South Bay Medical Center Service Area is higher than the rate for the county, but lower than S CA MCA and the state.

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

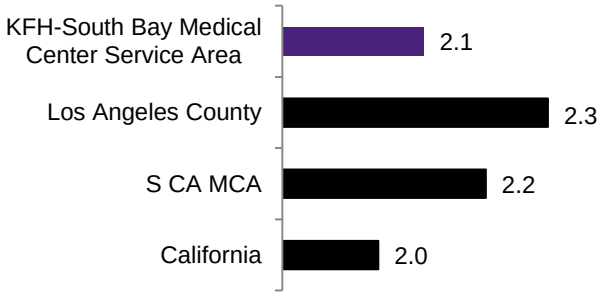
Motor Vehicle Accident Mortality Rate
(per 100,000 population)



Although the rate of death due to motor vehicle crashes is lower in the KFH-South Bay Medical Center Service Area than the county and the S CA MCA, it is the same as the state motor vehicle mortality rate.

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

Pedestrian Accident Mortality Rate
(per 100,000 population)



The rate of pedestrians killed by motor vehicles in the KFH-South Bay Medical Center Service Area is lower than the rate for the county and S CA MCA, but slightly higher than the state.

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

African Americans have higher mortality rates due to pedestrian accidents and motor vehicle crashes in the KFH-South Bay Medical Center Service Area compared to the state. Compared with other ethnic groups, African Americans have the highest motor vehicle crash mortality rate. Non-Hispanic Whites also have a higher mortality rate due to motor vehicle accidents compared to other races (except African American), although it is less than the S CA MCA and state.

		Non-Hispanic White	African American	Asian	Native American / Alaskan Native	Native Hawaiian / Pacific Islander	Multiple Race	Hispanic / Latino
Pedestrian Accident	**KFH-South Bay Medical Center Service Area**	1.8	3.2	3.2	1.4	1.3	0.7	2.4
	Los Angeles County	1.8	3.2	3.2	1.4	1.3	0.7	2.4
	S CA MCA	1.9	2.7	2.0	1.6	2.0	1.1	2.1
	California	1.8	2.9	3.3	1.5	1.1	1.0	2.2
Motor Vehicle Crash	**KFH-South Bay Medical Center Service Area**	5.1	6.9	3.2	3.3	3.7	1.9	5.0
	Los Angeles County	5.1	6.9	3.2	3.3	3.7	2.0	5.0
	S CA MCA	6.3	7.1	3.9	3.3	4.8	3.2	5.1
	California	5.4	6.5	5.0	3.1	3.3	2.7	5.0

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

Community Description of Disparities

Stakeholders identified **youth** and **older adults** as disproportionately impacted by this health need.

- "For our seniors, I think that we have 2 distinct populations. I think you have a younger active baby boomer population who are really trying to figure out what is life after retirement and how do they stay healthy and maintain health. Then we have our older frail population, where the issues are around fall prevention." - Interviewee

Assets & Opportunities

Resources

Community stakeholders identified the following community based organizations, government agencies, and programs as important community resources for injury:

- Community Clinics
- Police departments

Strategies and Opportunities

Community stakeholders suggested **fall prevention**, and **education** on healthy eating and active living for older adults and disabled individuals.

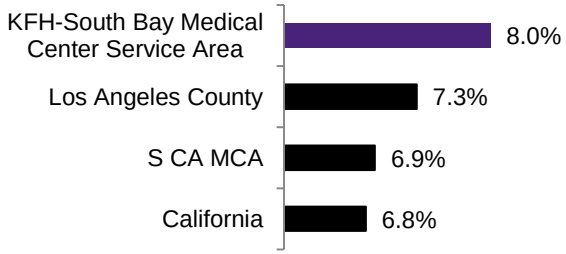
Icons from The Noun Project

Maternal and Child Health

Description & Significance: Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential (Healthy People 2020). In the United States in 2014, 8% of babies were born with low birthweight; infant mortality was 596.1 deaths per 100,000 live births; and the birth rate for mothers age 15-19 years was 24.2 live births per 1,000 women (National Center for Health Statistics).

Health Outcome Statistics

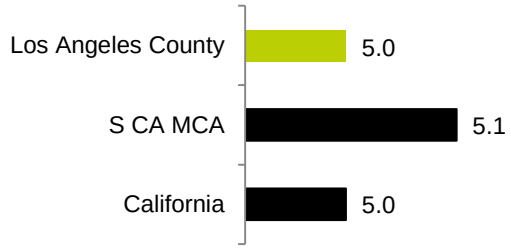
Low Birth Weight



The percentage of total births that are low birthweight (Under 2500g) in the KFH-South Bay Medical Center Service Area is higher than the percent of low birth weight in the county, S CA MCA, and state.

Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011. Source geography: Zip Code

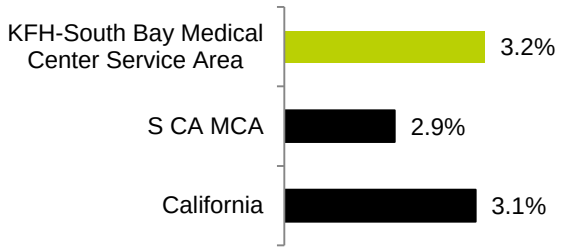
Infant Mortality Rate
(per 1,000 births)



The rate of infant mortality in the county is equivalent to state. However, it is slightly lower than the rate for S CA MCA.

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2006-10.Source geography: County

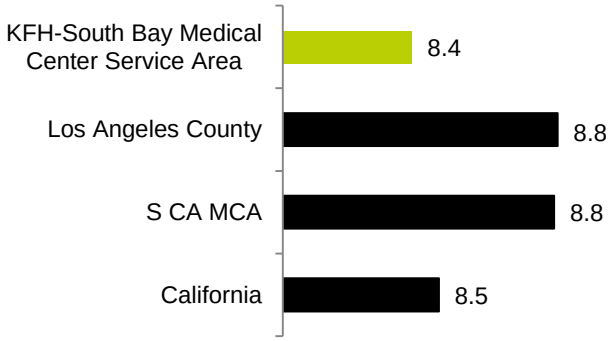
Lack of Prenatal Care



The percentage of women who did not obtain prenatal care during their first or second trimesters of pregnancy in the KFH-South Bay Medical Center Service Area is higher than that of the S CA MCA and state.

Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011.Source geography: Zip Code

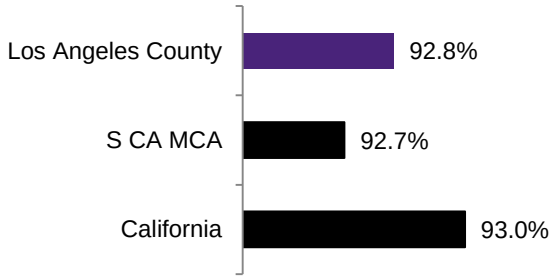
Teen Birth Rate
(per 1,000 births)



The KFH-South Bay Medical Center Service Area has a lower rate of teen births than the county, S CA MCA, and state.

Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011. Source geography: Zip Code

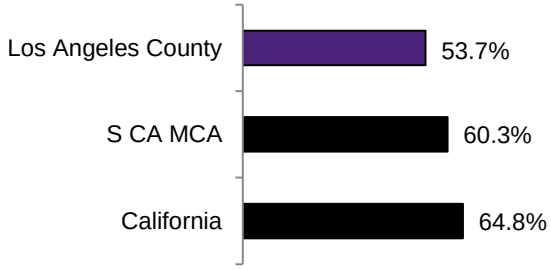
Any Breastfeeding



The percentage of mothers who breastfeed their infants at birth in the county is slightly lower than that of the state and slightly higher than the S CA MCA.

Source: California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.Source geography: County

Exclusive Breastfeeding



The percentage of mothers who exclusively breastfeed their infants after birth in the county is lower than that of the S CA MCA and state.

Source: California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.Source geography: County

Health Disparities

Overall, the percentage of African American, Asian, and Hispanic or Latino mothers who exclusively breastfeed their infant at birth is lower than other racial/ethnic groups and lower than the state and S CA MCA.

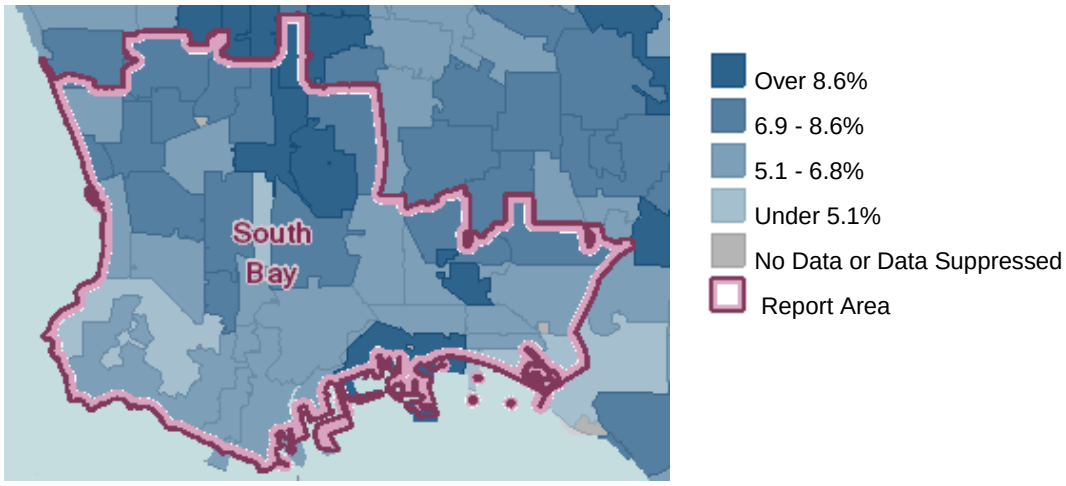
Adults who Exclusively Breastfeed by Race/Ethnicity

	White	Black	Asian	American Indian / Alaskan Native	Other Race	Multiple Race	Hispanic / Latino
Los Angeles County	75.06%	44.66%	44.68%	59.18%	59.77%	69.26%	50.07%
S CA MCA	76.69%	48.05%	50.5%	60.57%	62.37%	72.47%	55.87%
California	79.44%	53.82%	59.41%	65.92%	61.16%	73.56%	58.63%

Source: California Department of Public Health, CDPH - Breastfeeding Statistics. 2012.Source geography: County

Low Birthweight Babies, Percent by Zip Code

Zip codes with the highest percent of low birthweight babies include 90061, 90248, 90746, 90755, and 90802.



Source: California Department of Public Health, CDPH - Birth Profiles by ZIP Code. 2011. Source geography: ZIP Code

Assets & Opportunities

Community Description of the Health Need

Barriers to maternal and child health identified by stakeholders include language access for monolingual speakers, the need for more education around prenatal health for pregnant mothers, and breastfeeding support for new mothers.

Resources

Community stakeholders identified the following community based organizations, hospitals, and programs as important community resources for maternal and child health:

- Community's Child
- Providence Little Company of Mary Medical Center
- St. Mary Medical Center Mobile Health Clinic
- Torrance Memorial Medical Center
- West Coast Maternity Association
- Women, Infants, and Children (WIC)
- Women's Health Care Clinic Outreach and Education

Policy, Planning, and Collaboration

Torrance Memorial Medical Center is working in partnership with Providence Little Company of Mary Medical Center to provide maternal health care in Wilmington.

Strategies and Opportunities

Community stakeholders expressed a need for lactation support and accommodation rooms in work places and hospital prenatal classes for vulnerable populations who may be able to access them because they are uninsured or under-insured.

Icons from The Noun Project

Mental Health and Substance Abuse

Description & Significance: Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental health disorders are the leading cause of disability in the United States, accounting for 25% of all years of life lost to disability and premature mortality (Health People 2020). In the United States in 2014, 3.1% of adults reported having serious psychological distress in the past 30 days (National Center for Health Statistics). Substance abuse, including use or abuse of tobacco, alcohol, prescription drugs, and illegal drugs, can have profound health consequences. When consumed in excess, alcohol is harmful to the health and well-being of those that drink as well as their families, friends, and communities. Smoking is known to cause cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction, and can lead to lung cancer and heart disease in those exposed to secondhand smoke (County Health Rankings). In the United States in 2014, 24.9% of adults 18 years and over reporting having at least one heavy drinking day (five or more drinks for men and four or more drinks for women) in the past year; and 16.8% of adults 18 years of age and over reported smoking cigarettes (National Center for Health Statistics).

Health Outcome Statistics

Mental Health Care Provider Rate

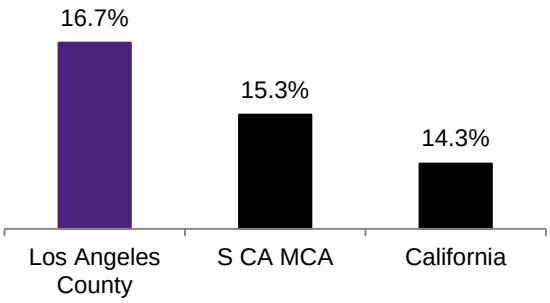
(Per 100,000 Population)

Los Angeles County	149.5
S CA MCA	133.6
California	157

There is a lower rate of mental health care providers in the county than in the state. However, the county has a higher rate than the S CA MCA.

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

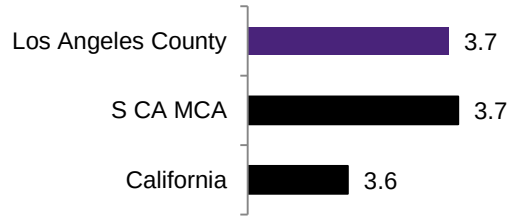
Percentage with Poor Mental Health



The chart to the left reflects the percentage of adults who self-report that there was ever a time during the past 12 months when they felt that they might need to see a professional because of problems with their mental health, emotions, nerves, or use of alcohol or drugs. A higher percentage of adults in the county reported a need to see a professional because of problems with their mental health compared to the S CA MCA and the state.

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2012. Source geography: County (Grouping)

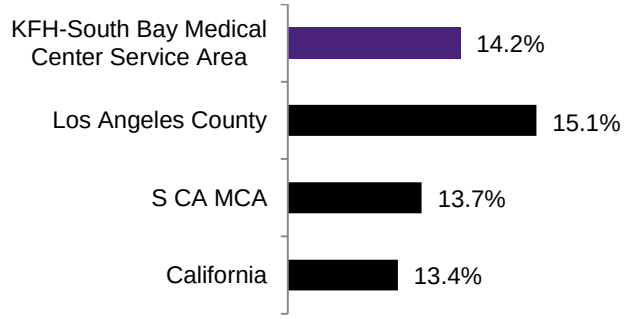
Poor Mental Health Days



The average number of mentally unhealthy days (during past 30 days) for the county is slightly higher than the state and equal to the S CA MCA.

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

Medicare Beneficiaries with Depression



The percentage of the Medicare fee-for-service population with depression in the KFH-South Bay Medical Center Service Area is slightly lower than in the county, but higher than the S CA MCA and the state.

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

Excessive Alcohol Consumption indicator reports the percentage of adults age 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). Alcohol Expenditures indicator shows estimated expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures.

Tobacco Usage indicator reports the percentage of adults age 18 and older who self-report currently smoking cigarettes some days or every day. Tobacco Expenditures indicator shows estimated expenditures for cigarettes, as a percentage of total household expenditures.

	KFH-South Bay Medical Center Service Area	Los Angeles County	S CA MCA	California
Excessive Alcohol Consumption	15.1%	14.1%	16.1%	17.2%
Alcohol Expenditures	12.6%	Suppressed*	12.5%	12.9%
Tobacco Usage	12.1%	12.1%	12.6%	12.8%
Tobacco Expenditures	0.9%	Suppressed	1.0%	1.0%

Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. 2006-12. Source geography: County; Nielsen, Nielsen Site Reports. 2014. Source geography: Census Tract

* Data suppression refers to various methods or restrictions that are applied to estimates to limit the disclosure of information about individual respondents and to reduce the number of estimates with unacceptable levels of statistical reliability.

Health Disparities

Community Description of Disparities

According to stakeholders, the populations that experience disproportionate levels of disparity related to mental health include the **homeless** population, **Latino, Black, Cambodian** and **Southeast Asian** communities as well as **youth**, **older adults**, and **veterans**. For substance abuse, stakeholders identified disparities among **youth**, specifically in **Long Beach, Harbor City/Harbor Gateway, San Pedro, Wilmington, Watts**, and **South Gate**. They also reported the need for substance abuse treatment centers specializing in teens.

- "Whether it's generational trauma, from drug abuse, from racism, or from our communities that are refugees. They're coming from communities that have been war torn. Especially in Long Beach, we've got all these communities of color that are living here and not being given some acknowledgment that they need some resources around how to deal with trauma." -Focus Group Participant

The table below shows the rate of death due to intentional self-harm (suicide) per 100,000 population, age-adjusted to the year 2000 standard. Overall, suicide mortality rates are lower in the KFH-South Bay Medical Center Service Area with an 8.05 death rate per 100,000 compared with the state, which has a death rate of 9.8 per 100,000. Non-Hispanic Whites have a higher suicide rate than other racial/ethnic groups for the KFH-South Bay Medical Center Service Area, county, S CA MCA and state.

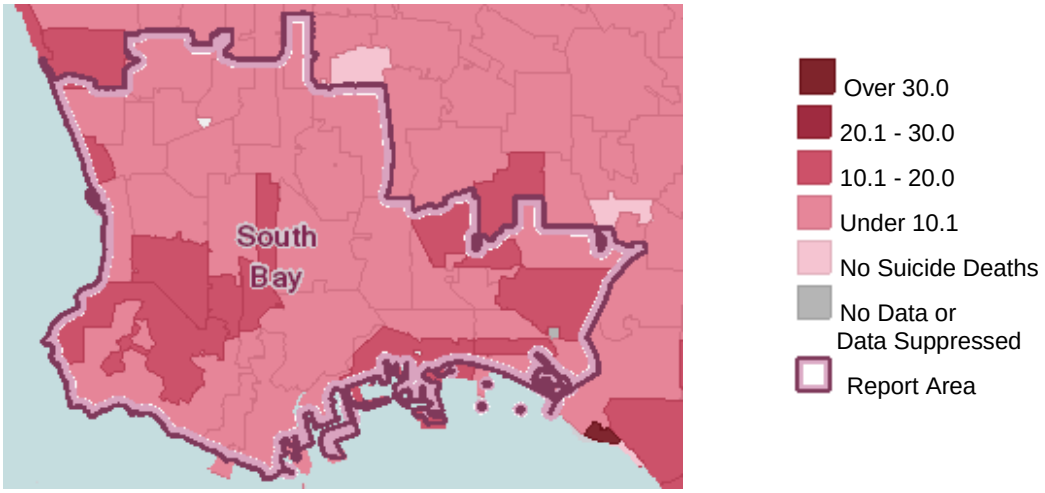
Suicide Mortality, Age-Adjusted Rate (Per 100,000 Population) by Race/Ethnicity

	Non-Hispanic White	Black	Asian	Native American / Alaskan Native	Native Hawaiian / Pacific Islander	Multiple Race	Hispanic or Latino
KFH-South Bay Medical Center Service Area	11.9	5.6	3.5	5.9	5.6	3.6	3.4
Los Angeles County	11.9	5.6	3.5	5.9	5.6	3.6	3.4
S CA MCA	14.2	6.4	6.1	5.7	9.2	4.5	3.7
California	14.8	6.4	6.8	5.9	9.7	5.8	4.0

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

Suicide Mortality, Age-Adjusted Rate (Per 100,000 Population)

Within the KFH-South Bay Medical Center Service Area, the rates of suicide mortality are higher than the state benchmark in the following zip codes: 90245, 90254, 90274, 90505, 90710, 90717, 90802, 90807, 90814, and 90815.



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

The percentage of adults aged 18 and older who self-reported that they receive insufficient social and emotional support all or most of the time is slightly higher in the county compared to the S CA MCA and the state.

Stakeholders identified social support as an important protective factor for mental health and substance abuse. Some of the key drivers described by the community include stress, exposure to trauma and violence, economic security, and easy access to drugs.

Percentage without Adequate Social or Emotional Support

Los Angeles County	28.4%
S CA MCA	25.8%
California	24.6%

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

Assets & Opportunities

Community Description of the Health Need

Community stakeholders presented a complex and nuanced understanding of mental health, often pointing to root causes such as trauma, violence, abuse, and lack of social and family supports as the key drivers of this health need. The biggest challenges that stakeholders identified in addressing mental health needs were a lack of awareness among community members of the signs and symptoms of mental illness, stigma, the need for culturally appropriate services that can address trauma, poor coordination of mental health services, and a high share of costs for consumers.

Resources

Community stakeholders identified the following community based organizations, government agencies, and programs as important community resources for mental health and substance abuse:

- Journey South Bay Church- Celebrate Recovery Program
- Children's Institute
- Los Angeles County, Department of Mental Health
- Long Beach Trauma Recovery Center
- Mental Health America
- National Council on Alcoholism and Drug Dependence South Bay Area (NCADD)
- Pacific Asian Counseling Services
- Redgate Memorial Recovery Center
- South Bay Children's Health Center
- The United Cambodian Community (UCC)

Strategies and Opportunities

Stakeholders sited the need for better coverage, and early interventions. They also recommended integration of screening and stigma reduction education into primary care, schools, and faith based settings. One stakeholder suggested integrating mental health screenings into primary care and providing appropriate linkages.

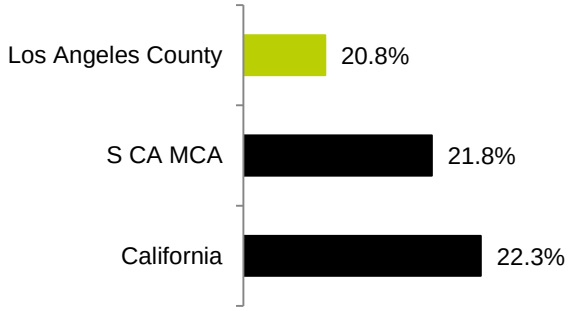
Icons from The Noun Project

Overweight and Obesity

Description & Significance: Overweight and obesity are defined using a person's Body Mass Index (BMI) which is a ratio of a person's weight to height. In the United States in 2011-2014, the prevalence of obesity was just over 36% in adults and 17% in youth (National Center for Health Statistics). Obesity is one of the biggest drivers of preventable chronic diseases in the U.S. with poor diet and lack of physical activity contributing to obesity. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, and cancer (County Health Rankings). Certain indicators, such as access to grocery stores and proximity to fast food restaurants, are important environmental factors when considering rates of overweight and obesity.

Health Outcome Statistics

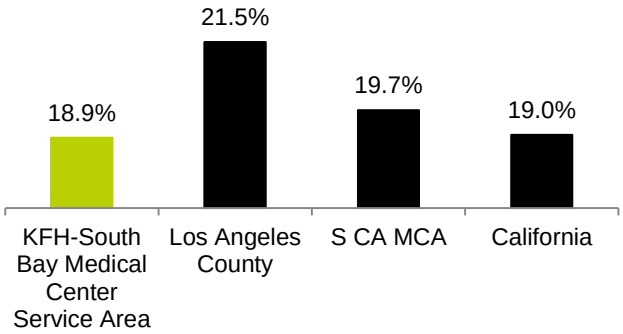
Adult Obesity



Adults in the county are less likely to be obese (Body Mass Index >30.0) than adults in the S CA MCA and state.

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

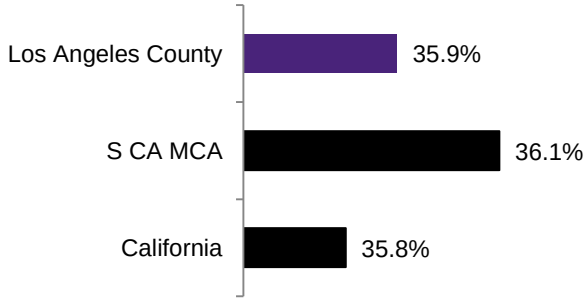
Youth Obesity



Children in grades 5, 7, and 9 that reside in the KFH-South Bay Medical Center Service Area are less likely to be obese as compared to the county, S CA MCA, and state.

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

Adult Overweight

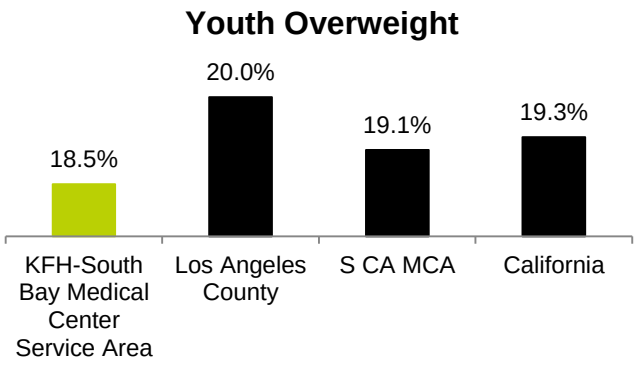


Adults in the county are slightly more likely to self-report that they are overweight (Body Mass Index (BMI) between 25.0 and 30.0) than in the state.

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

The percentage of children in grades 5, 7, and 9 ranking within the "Needs Improvement" category (Overweight) for body composition on the Fitnessgram physical fitness test is lower in the KFH-South Bay Medical Center Service Area than the county, S CA MCA, and state.

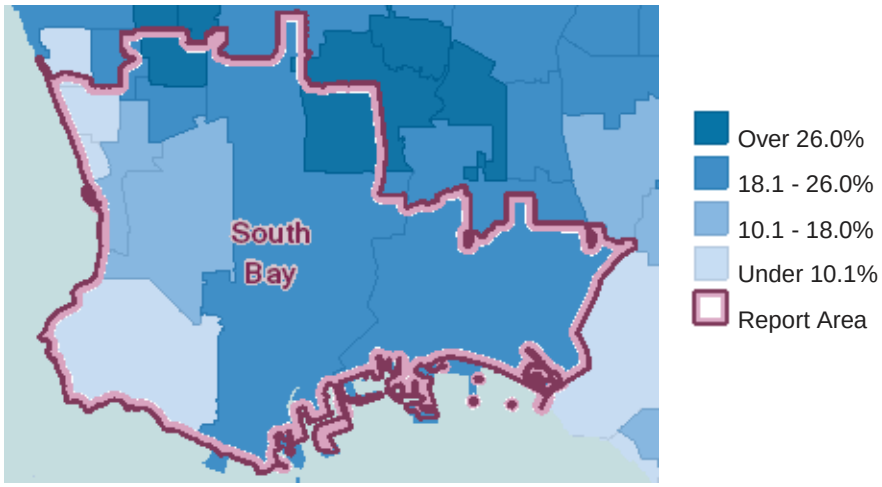
Source: California Department of Education, FITNESSGRAM® Physical Fitness Testing. 2013-14. Source geography: School District



Health Disparities

Students Obese, Percent by School District

Over 26% of the children in Compton Unified School District and Hawthorne Elementary School District are are obese. Between 18% and 26% of children in the Lawndale Elementary School District, Long Beach Unified School District, Los Angeles Unified School District, and Wiseburn Elementary School District are obese.



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

Community Description of Disparities

Comminity stakeholders observed the highest disparities in overweight and obesity within the **Latino** and **African American** populations. Stakeholders also associated obesity with **poverty**, safety, **and** the **availability of healthy food** options in the community.

- "For us in Wilmington, it's a predominantly Latino community. I would say that more and more we are seeing more youth obesity" –Focus Group Participant
- "It's also the African American and Latino population that we see the most, and it is in the family, so when someone's overweight, it's likely that more than one or two in the family are overweight." –Focus Group Participant

Overall, a higher percentage of Hispanic/Latino students ranked within the "High Risk" category (Obese) for body composition on the Fitnessgram physical fitness test, followed by African- Americans.

5th , 7th and 9th Grade Students Classified as Obese by Race/Ethnicity

	Non-Hispanic White	African American	Hispanic or Latino	Asian	Multiple Race
KFH-South Bay Medical Center Service Area	9.2%	19.2%	25.4%	7.6%	11.5%
S CA MCA	11.0%	19.4%	24.7%	8.3%	13.5%
California	11.5%	19.8%	24.4%	9.0%	14.5%

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

Youth Inadequate Fruit and Vegetable Consumption

In the KFH-South Bay Medical Center Service Area, Non-Hispanic White youth are more likely to eat less than 5 servings of fruits and vegetables each day (47.9%) than Non-Hispanic African Americans (37.7%), Non-Hispanics of other race (40.6%) and Hispanic/Latinos of any race youth (45.5%).

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2012. Source geography: County (Groupings)

Walking/Biking/Skating to School

In the KFH-South Bay Medical Center Service Area, Non-Hispanic White children and teens are less likely to walk, bike or skate to school (35.0%) than Non-Hispanic African Americans (51.2%), Non-Hispanics of other race (42.4%) and Hispanic/Latinos of any race (54.5%).

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2012.Source geography: County (Groupings)

It is interesting to note that although Hispanic/Latino youth tend to eat more fruits and vegetables and are more likely to walk/bike/skate to school, there are more Hispanic/Latino youth in the KFH-South Bay Medical Center Service Area that are overweight/obese.

Key Health Drivers

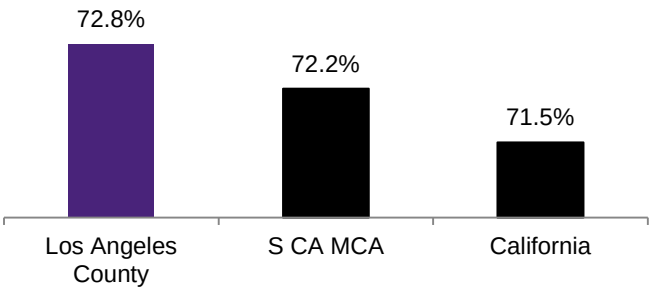
There are fewer grocery stores in the KFH-South Bay Medical Center Service Area and more fast food restaurants as compared to the state. In the KFH-South Bay Medical Center Service Area, a higher percentage of people live within ½ mile of a park relative to the County, S CA MCAand state. However, KFH-South Bay Medical Center Service Area residents have less access to recreation and fitness facilities.

Food Environment and Outdoor Recreation Environment

	KFH-South Bay Medical Center Service Area	Los Angeles County	S CA MCA	California
Grocery Stores (Rate per 100,000 population)	20.8	20.9	19.6	21.5
Fast Food Restaurants (Rate per 100,000 population)	82.2	77.8	77.5	74.5
Recreation and Fitness Facility Access (Rate per 100,000 population)**	7.5	7.6	7.9	8.7

*Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2011. Source geography: Census Tract; US Census Bureau, Decennial Census. ESRI Map Gallery. 2010. Source geography: Block Group; **US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2012. Source geography: ZCTA*

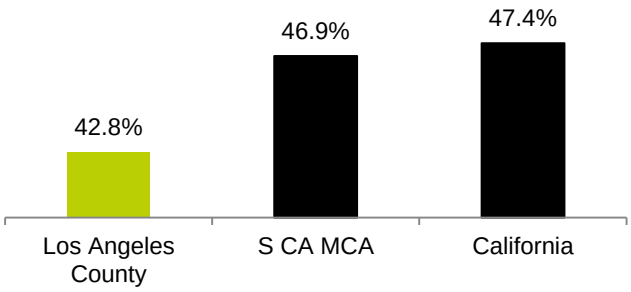
Adults with Inadequate Fruit and Vegetable Consumption



Adults (age 18 and older) in the county are less likely to have an adequate consumption of fruits and vegetables (5 servings each day) than adults in the S CA MCA and state.

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

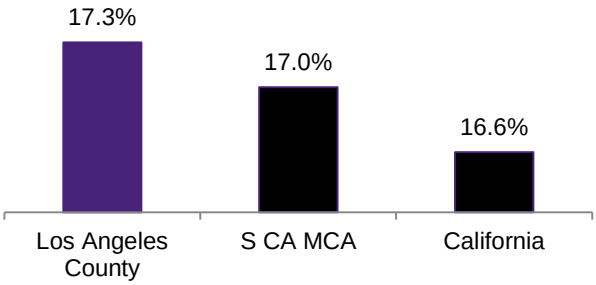
Youth with Inadequate Fruit and Vegetable Consumption



Youth (children ages 2 to 13) in the county are more likely to have an adequate consumption of fruits and vegetables each day than the S CA MCA and state.

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2012. Source geography: County (Groupings)

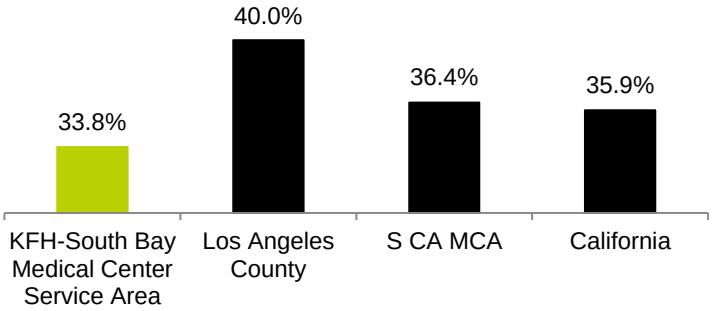
Adult Physical Inactivity



The percent of adults that are physically inactive is higher in the county than the S CA MCA and the state.

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

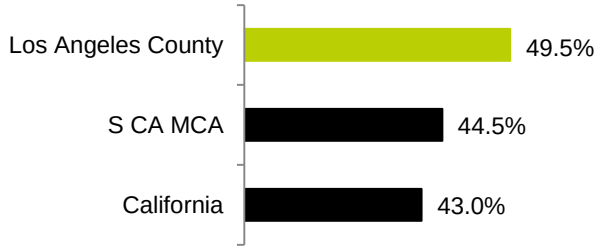
Youth Physical Inactivity



Based on the Fitnessgram physical fitness test, a lower percentage of children in grades 5, 7, and 9 in the KFH-South Bay Medical Center Service Area need to improve their physical fitness is lower than the county, S CA MCA, and state.

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

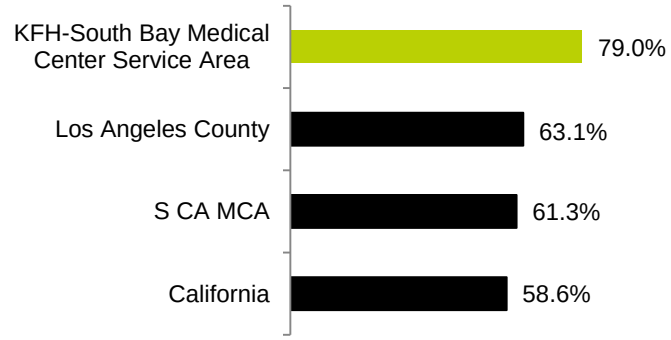
Walking/Biking/Skating to School



In the county, a higher percentage of children and teens reported walking, biking or skating to school than children and teens for the S CA MCA and state.

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2012.Source geography: County (Groupings)

Park Access



In the KFH-South Bay Medical Center Service Area, a higher percentage of people live within ½ mile of a park relative to the county, S CA MCA, and state.

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

Assets & Opportunities

Community Description of the Health Need

Some of the barriers to maintaining a healthy weight described by stakeholders include lack of healthy eating options, unavailability of safe outdoor spaces to exercise, and cultural norms around eating habits, which can play in role in the perpetuation of unhealthy diet and poor nutrition.

+ “Obesity is a symptom of bigger problem. It isn't the problem. It's a societal problem, socioeconomic problem, and educational problem.” -Focus Group Participant

Resources

Community stakeholders identified the following community based organizations, government agencies, and programs as important community resources for overweight and obesity:

- Be Well Program provides healthy living education services
- Beach Cities Health District
- Boys & Girls Club of Carson
- Boys & Girls Club of Long Beach
- Carson Gardena YMCA
- Hawthorne School District
- Jr. Posse Youth Equestrians Program
- Kaiser Permanente
- Los Angeles County Department of Public Health
- Providence Little Company of Mary Medical Center
- San Pedro Boys & Girls Club
- San Pedro and Peninsula YMCA
- South Bay Bicycle Coalition – advocacy for getting bike lanes/encouraging active transportation
- South Bay Boys and Girls Club
- The Children's Clinic has a program focused on parenting and nutrition
- Toberman Center
- Torrance Memorial Medical Center
- Torrance-South Bay YMCA
- USDA, Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, and Children (WIC)
- Wilmington YMCA

Policy, Planning, and Collaboration

The **Blue Zones Project** by Healthways, in partnership with Beach Cities Health District uses permanent, evidence-based environmental and policy changes to motivate residents to adopt and maintain healthier lifestyles.

Strategies and Opportunities

Stakeholders identified a diverse set of strategies for addressing obesity including nutrition education, peer support, healthy food preparation policies, and developing the capacity of community members to advocate for health in all policies. Stakeholders also suggested creating more Blue Zones and partnering with nutrition assistance programs like Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP).

- "We really try to focus on having each community based organization or church adopt healthy food prep policies. In other words, we encourage them to adopt policies where we're going to only serve healthy foods at our meetings and we're only going to have healthy foods in our vending machines. Healthy food policy across all organizations is another thing that we really try to emphasize." – Interviewee
- "We have a leadership program in which people take a class that's all about city government, and at the end of that class, they have to do a community project. Well that can be a great vehicle for a bunch of people who care about their community to forward some kind of policy or local projects." – Interviewee
- "If you have a buddy you can pair up with or if have even a mentor, somebody that's been through bariatric surgery or somebody that's been through your program, that's been successful. I think that's the best motivator outside somebody's internal motivation."- Focus Group Participant

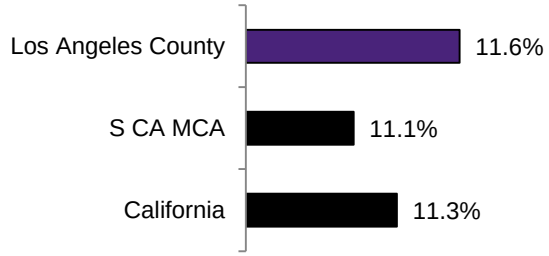
Icons from The Noun Project

Oral Health

Description & Significance: Poor oral health has serious consequences, including painful, disabling, and costly oral diseases such as dental caries (cavities), periodontal (gum) disease, oral and facial pain, and oral and pharyngeal (mouth and throat) cancers. Nationally, in 2012, only 67% of adults 18+ had visited a dentist within the past year (National Center for Health Statistics). A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke (Healthy People 2020).

Health Outcome Statistics

Poor Dental Health

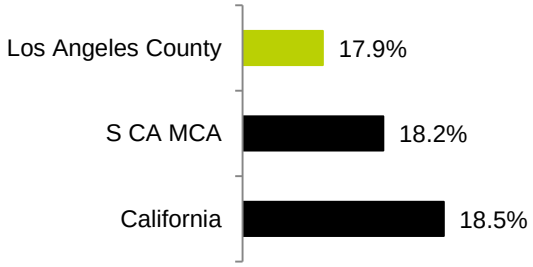


The percentage of adults age 18 and older who self-reported that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection is slightly worse in the county compared to the S CA MCA and state.

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

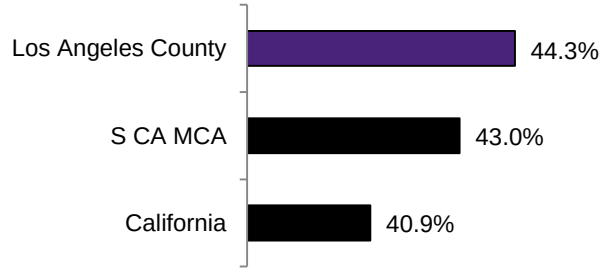
Children without a Recent Dental Exam



The percentage of children age 2-13 who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year is slightly lower in the county than the S CA MCA and the state.

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

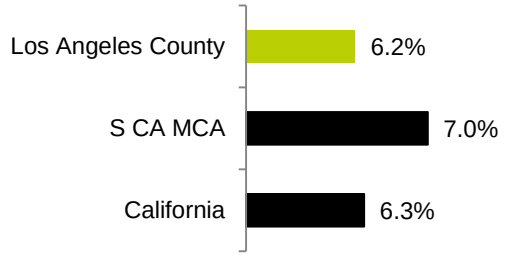
Adults without Dental Insurance Coverage



The percentage of adults who self-report having no dental insurance for some or all of the past 12 months in the county is slightly higher than in the S CA MCA and the state.

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

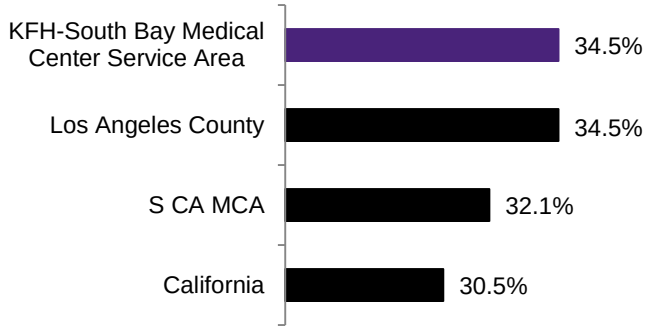
Children and Teens who Could Not Afford Dental Care



The percentage of children and teens who self-report that during the past 12 months, there was any time when they needed dental care but could not afford it is slightly lower in the county than the S CA MCA and the state.

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

Adults without a Recent Dental Exam



The percentage of adults age 18 and older who self-reported that they have NOT visited a dentist, dental hygienist or dental clinic within the past year is slightly higher in the KFH-South Bay Medical Center Service Area than for the S CA MCA and the state.

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

Time since Last Dental Visit

	Service Planning Area 6	Service Planning Area 8	Los Angeles County	California
Children Been to Dentist Less Than 6 Months to 2 Years	86.9%	79.3%	83.9%	83.8%
Children Never Been to Dentist	12.7%	20.7%	16.0%	15.3%

Source: University of California Center for Health Policy Research, California Health Interview Survey. 2013-14.

Health Disparities

Within the county, a higher percent of adults of other race (non-Hispanic, non-White, non-African American) have not visited a dentist, dental hygienist or dental clinic within the past year (53.7%) compared to the S CA MCA (31.3%) and the state (21.1%). Overall, Hispanics/Latinos have the higher percent of individuals without dental insurance coverage than any other racial group in the county, S CA MCA, and state.

Adults without Dental Insurance Coverage by Race/Ethnicity

	Non-Hispanic White	Black	Asian	American Indian / Alaskan Native	Multiple Race	Hispanic or Latino
Los Angeles County	32.2%	24.0%	40.6%	no data	20.4%	43.7%
S CA MCA	30.6%	no data	no data	no data	no data	44.11%
California	30.3%	25.1%	31.93%	23.08%	21.5%	42.0%

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

Community Description of Disparities

According to stakeholders, children and low income families with Denti-Cal insurance experience the greatest disparity.

Assets & Opportunities

Community Description of the Health Need

Accessing oral health services is increasingly challenging due to low reimbursement rates, limited coverage even for those who have dental insurance and high costs for consumers.

- "Adult Denti-Cal was completely taken away a couple years ago. While it's been reinstated it's been reinstated with very limited services. If a service isn't covered then we have a fee for service payment." –Focus Group Participant

Resources

Community stakeholders identified the following community based organizations, government agencies, and programs as important community resources for addressing oral health:

- The Children's Dental Health Clinic
- Medical Mission Adventures
- South Bay Children's Health Center
- Tzu Chi Wilmington Clinic

Strategies and Opportunities

Stakeholders shared that there is a need for early intervention programs for parents, caregivers, and children to better address oral health needs in the community. They also suggested advocacy for higher Denti-Cal reimbursment rates as a strategy for maintaining or increasing the number of providers that accept Denti-Cal in the service area.

- "Even though we can get reimbursements from Denti-Cal it doesn't cover the cost of doing business," –Focus Group Participant

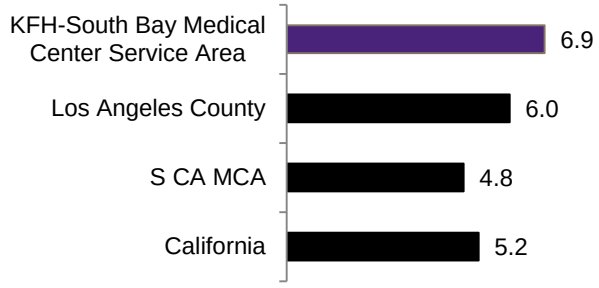
Icons from The Noun Project

Safety and Violence

Description & Significance: Homicide and domestic violence are important public health concerns in the United States. In addition to their immediate health impact, the effects of violence extend well beyond the injured person or victim of violence, affecting family members, friends, coworkers, employers, and communities. Witnessing or being a victim of violence is linked to lifelong negative physical, emotional, and social consequences (Healthy People 2020). In 2014, 15,809 people were victims of homicide and 42,773 took their own life (National Center for Health Statistics). Violence can cause long term physical and emotional effects to those involved and can negatively impact the overall health and safety of a community. Chronic stress from living in unsafe neighborhoods can negatively impact health by causing depression, anxiety and stress (County Health Rankings). Research shows that individuals and families with lower socioeconomic status appear to have increased exposure to violence. Higher exposure to violence can result in significantly lower levels of academic attainment and can negatively affect the ability to sustain employment, especially for those who experience post-traumatic stress disorder or PTSD, a mental health disorder that results from violence exposure (Violence & Socioeconomic Status).

Health Driver Statistics

Homicide Mortality
(Death Rate per 100,000 Population)

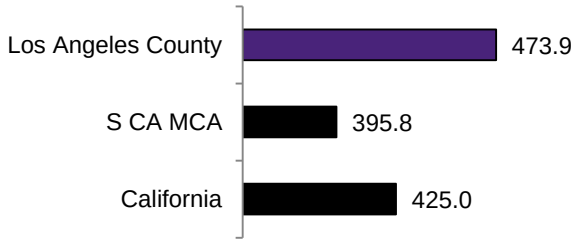


The homicide rate is higher in the KFH-South Bay Medical Center Service Area than that of the county, S CA MCA, and the state.

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 Driver Statistics

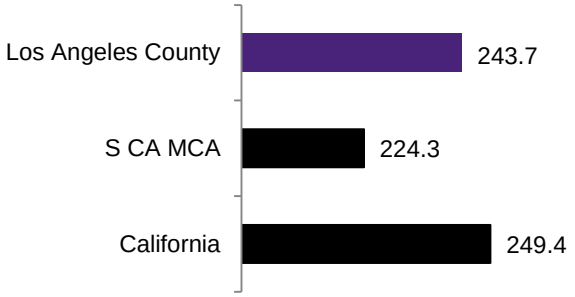
All Violent Crime Rate
(per 100,000 population)



Violent crime includes homicide, rape, robbery, and aggravated assault. The rate of violent crime offenses reported by law enforcement in the county is higher than that of the S CA MCA and state.

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

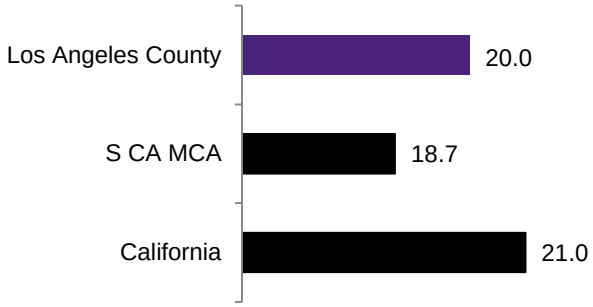
Assault Crime Rate
(per 100,000 population)



The rate of assault reported by law enforcement in the county is higher than that of the S CA MCA, but lower than that of state.

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

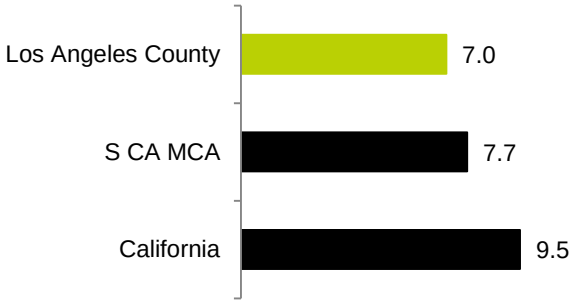
Rape Crime Rate
(per 100,000 population)



The rate of rape reported by law enforcement is higher in the county than that of the S CA MCA, but lower than the state.

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

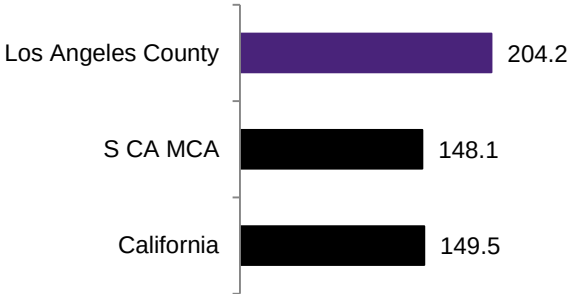
Domestic Violence Rate
(per 100,000 population)



The rate of non-fatal emergency department visits among females aged 10+ for domestic violence is lower in the county than that of the S CA MCA and state.

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

Robbery Rate
(per 100,000 population)



The rate of robbery reported by law enforcement is higher in the county than that of the S CA MCA and the state.

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

Health Disparities

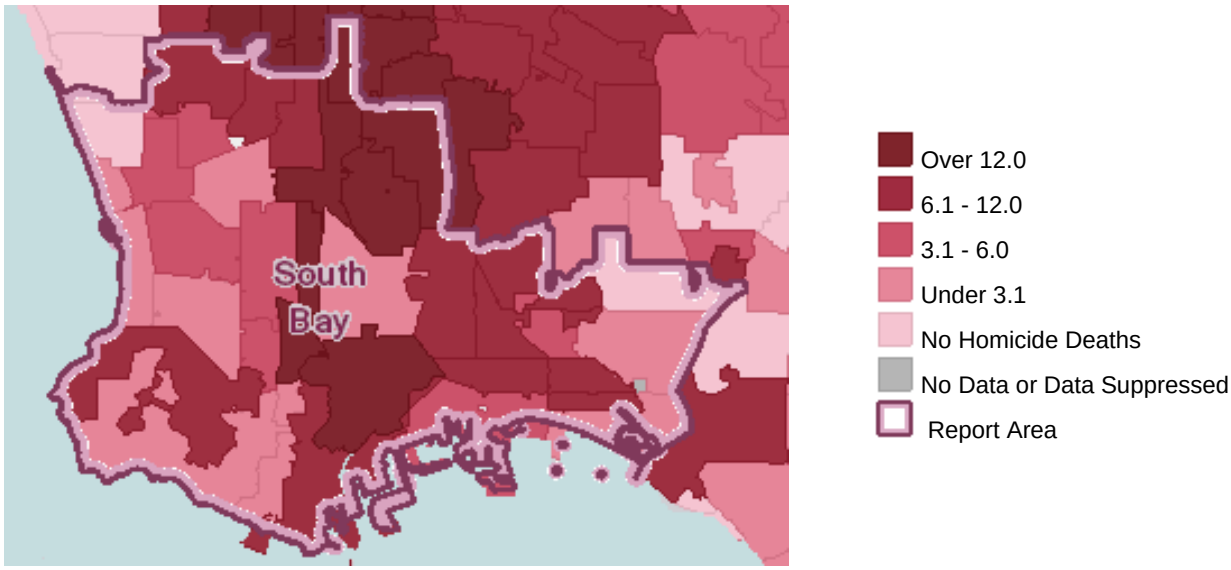
Community Description of Disparities

Stakeholders identified **African Americans** and **Latinos,** especially African American and Latino **youth,** as having the most disparity around safety and violence. **Foster youth** were described as particularly vulnerable to violence due to having limited pathways for education and higher rates of incarceration.

Geographic areas within the KFH-South Bay Medical Center Service Area that stakeholders described as having disparity around violence include Catalina Island, Compton, Hawthorne, Lawndale, North Long Beach, West Long Beach, Willowbrook, and Wilmington.

Homicide death rates in the KFH-South Bay Medical Center Service Area are highest in the following zip codes: 90061, 90744, 90710, 90502, 90248, 90746, and 90220.

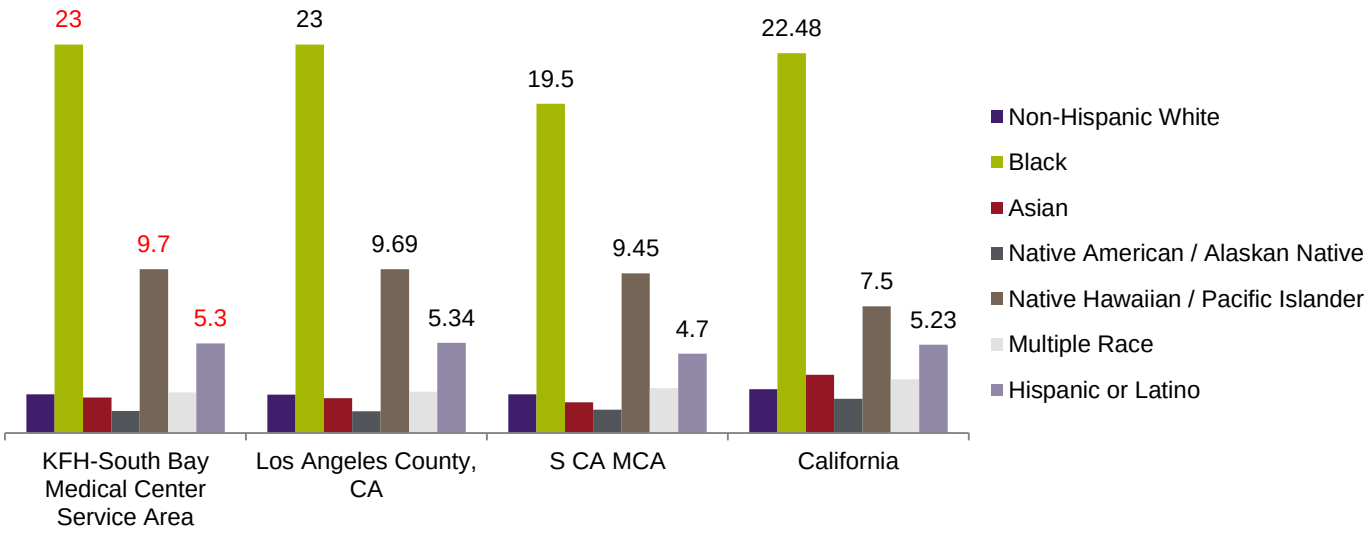
Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Zip Code, CDPH 2010-12



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

At 23 homicide deaths per 100,000 population, the death rate for Black residents in the KFH-South Bay Medical Center Service Area is more than four times the rate for the state; the average homicide death rate for the state is 5.2 per 100,000 population. The Native Hawaiian/Pacific Islander and Hispanic or Latino populations also have disproportionately high rates of death due to homicide.

Homicide Mortality, Age-Adjusted Rate (Per 100,000 Population) 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

Assets & Opportunities

Community Description of the Health Need

Community stakeholders contextualized violence in the broader societal discourse around sexism, criminalization, mass incarceration, and racism and explored ways that violence is intergenerational and normalized in African American and Latino cultures. Stakeholders also discussed the impact of sex trafficking, intimate partner violence, gang violence, sexual assault as well as the long term effects of trauma resulting from violence on communities and individuals. Education and limited opportunities for employment were identified as a root cause of violence.

- "The feeling that we are a part of a community that as individuals, we take care of one another, that's slowly going away. Also, we're not addressing the historical trauma of various groups, African Americans, Native Americans, and immigrants." -Focus Group Participant
- "It's prolonged [violence], and so you deal with that in your community. You deal with that at home. You deal with that at school and on the way to school and then you deal with it on social media because of bullying. I think that psychological and emotional aspect of health is really important." -Focus Group Participant

Resources

Community stakeholders identified the following community based organizations and programs as important community resources for addressing safety and violence:

- A New Way of Life
- California Conference for Equality and Justice
- Centro CHA
- Compton Mayor, Aja Brown's Community
- Los Angeles Human Relations Commission- Young Male Scholars Program and Women's Leadership Program
- Los Angeles Unified School District- Violence Reconciliation Programs

Policing Task Force
- Elevate Your G.A.M.E
- Gang Reduction Youth Development (GRYD) Program, Watts
- Gang Resistance Intervention Program (GRIP) in Long Beach
- Hawthorne School district
- Jr. Posse Youth Equestrians Program
- Media Done Responsibly
- Positive Results Corporation
- Rainbow Services
- Shortstop Juvenile Crime Diversion Program
- South Los Angeles Homeless TAY and Foster Care Collaborative (teen dating violence, sexual assault, bullying)
- Watts Gang Task Force
- Youth Justice Coalition (statewide)

Policy, Planning, and Collaboration

City of Long Beach Violence Prevention Plan was developed through a planning process, in which multiple agencies, city and government departments, community-based organizations, faith leaders, and community residents were engaged to identify strategies to address violence in the Long Beach community.

Another initiative that was mentioned as working on crime and violence issues in the South Bay is **My Brother's Keeper**, which is national initiative advanced by Barack Obama. My Brother's Keeper does not offer direct services, but rather focuses on bringing community based organizations together to address issues that impact boys and men of color such as gang violence and sex trafficking.

Strategies and Opportunities

Stakeholders recommended continuing to build on existing efforts, such as the implementation of the City of Long Beach Violence Prevention Plan. They also mentioned specific strategies such as improving relations between the community and law enforcement, providing mentorship and educational opportunities for youth and young adults.

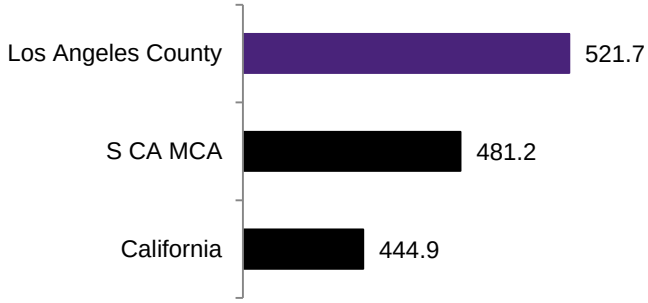
Icons from The Noun Project

Sexually Transmitted Infections

Description & Significance: Sexually transmitted infections (STIs) are infections that are spread primarily through person-to-person sexual contact and include diseases such as HIV, Chlamydia and Syphilis. In 2014, the national rate of chlamydial infections was 456.1 per 100,000 population (National Center for Health Statistics). More than 1.2 million people in the United States are living with HIV infection (National Center for Health Statistics). STIs can affect immediate and long-term health as well as the economic and social well-being of individuals, families, and communities (County Health Rankings).

Health Outcome Statistics

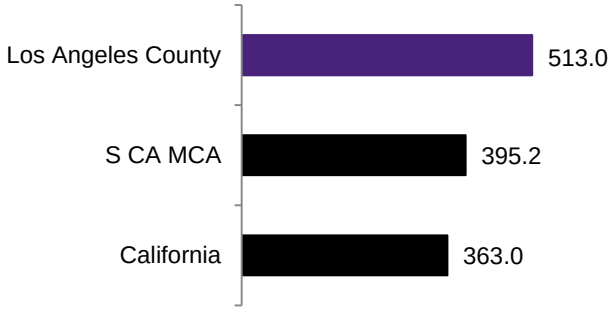
Chlamydia Incidence
(per 100,000 population)



The incidence of Chlamydia in the county is higher than for the S CA MCA and the state.

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

HIV Prevalence
(per 100,000 population)

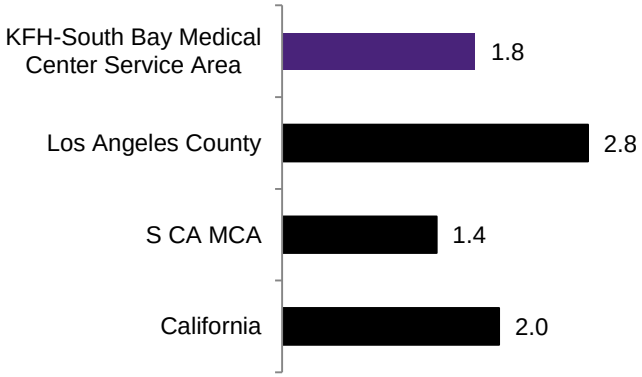


The prevalence of HIV in the county is higher than for the S CA MCA and the state.

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

HIV Hospitalizations
(Discharge Rate per 10,000 population)

The KFH-South Bay Medical Center Service Area has a lower hospitalization rate for HIV-related complications than the county or state, but higher than the S CA MCA.



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

In the county, the HIV prevalence rate is higher among African Americans than in Non-Hispanic Whites or Hispanics/Latinos.

HIV Prevalence per 100,000 population by Race/Ethnicity			
	Non-Hispanic White	African American	Hispanic / Latino
Los Angeles County	584.4	1,228.2	464.0
S CA MCA	419.3	1,060.5	367.9
California	381.6	1,107.9	329.8

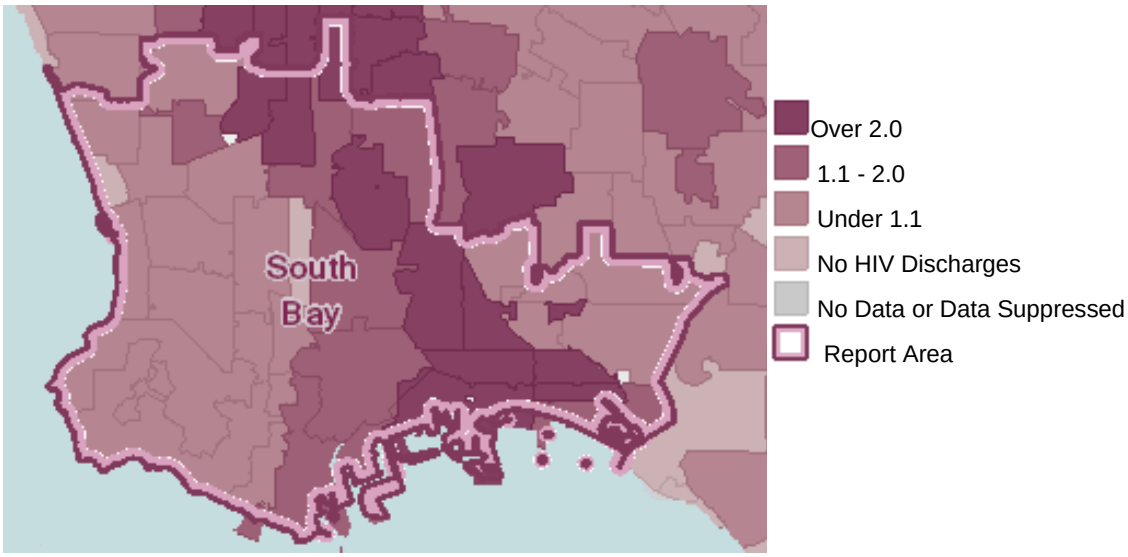
Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2010. Source geography: County

Community Description of Disparites

Community stakeholders reported that African American and Latino youth and adults have the greatest disparity around sexually transmitted infections. Catalina Island, Compton, Long Beach, and San Pedro were identified as areas that are among the most highly impacted by this health need.

HIV / AIDS Hospital Discharges, Rate (Per 10,000 Population) by Zip Code

The rate of HIV/AIDS hospital discharges per 10,000 population is highest in the service area for the following zip codes: 90249, 90247, 90061, 90746, 90802, 90804, 90806, 90810, 90813, and 90814.



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

Assets & Opportunities

Community Description of the Health Need

Community stakeholders expressed concerns about community residents not being proactive in addressing sexually transmitted infections, particularly in South Los Angeles.

Resources

Community stakeholders identified the following community based organizations and programs as important community resources for sexually transmitted infections:

- AIDS Project Los Angeles
- L.A. Condom- free HIV testing and condoms
- Los Angeles County Department of Public Health
- Love Beyond Limits
- Planned Parenthood
- Women's Health Care Clinic Outreach and Education
- St. Mary's Medical Center

Strategies and Opportunities

As strategies to address sexually transmitted infections, stakeholders suggested increasing **education and prevention** for both middle and high school students to help mitigate high risk sexual behavior. They also recommended **collaboration** among service providers to more adequately fill in service gaps.

- "Different service providers need to collaborate and integrate their services better so that access throughout the safety net and the health net is expanded a little bit more seamlessly, especially for our population- uninsured, low-income. It can be a lot more difficult. They might have to take a whole lot more steps to get to the covered services they need." –Interviewee

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 obesity/overweight. 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.