



2016 Community Health Needs Assessment

Kaiser Foundation Hospital – Los Angeles

License #930000077

Approved by KFH Board of Directors

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**Kaiser Permanente Southern California Region
Community Benefit
CHNA Report for KFH – Los Angeles**

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I. EXECUTIVE SUMMARY

Kaiser Foundation Hospital (KFH) – Los Angeles has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. The Community Health Needs Assessment is a primary tool used by KFH – Los Angeles to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the hospital service area.

KFH – Los Angeles is located at 4867 W. Sunset Blvd, Los Angeles, CA 90027. The hospital serves the communities of: Alhambra, Altadena, Arcadia, Burbank, Glendale, Los Angeles, La Canada Flintridge, La Crescenta, Monrovia, Monterey Park, Montrose, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena and West Hollywood. The service area consists of portions of Service Planning Areas (SPAs) 2, 3, 4 and 6 in Los Angeles County.

The 2016 Community Health Needs Assessment indicates there are 2,092,522 persons in the KFH – Los Angeles service area. Among the service area population, 21% are children and 11.7% are seniors. This is a lower percentage of children than found in the county or the state. The percent of seniors is higher than found in the county. 47.1% of the population is Hispanic/Latino; 28.1% of residents are White; 18.5% are Asian; and 4% are African American. In the KFH – Los Angeles service area, over one-third of the population (34.2%) has limited English proficiency, which is higher than county and state rates.

The demographic profile of the KFH – Los Angeles service area paints a picture of a community at risk for health disparities. This is demonstrated by a number of educational and economic indicators. Over one-fourth (25.9%) of the adult population over age 25 have no high school diploma. While unemployment rates have decreased among cities in the area, poverty rates are higher than found in the county and the state. Among the residents in the KFH – Los Angeles service area, 21.1% are at or below 100% of the federal poverty level (FPL) and 45.4% are at 200% or below FPL. Given the high percentage of children in the area, it is of concern that 29.9% of children, ages 0-17, live in households with income below the Federal Poverty Level (FPL). When examined by race/ethnicity, 50.3% of Native American/Alaska Native children and 41.1% of Hispanic/Latino children, 33.3% of Black children, and 46.7% Other race children in the service area are living in poverty.

A. Community Health Needs Assessment 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

KFH – Los Angeles hosted a community forum on January 20, 2016 in Pasadena to prioritize the significant health needs. The forum engaged 40 community leaders who have current data or other information relevant to the health needs of the community served by the hospital facility. A review of the Community Health Needs Assessment process and the identified significant health needs were presented at the community forum. The attendees engaged in a process to prioritize the health needs using the Relative Worth method. The Relative Worth method is a ranking strategy where each participant received a fixed number of points. The points were assigned to health needs based on the size of the problem (relative portion of population afflicted by the problem); or seriousness of the problem (impact at individual, family, and community levels). As a result of the process, the significant health needs were ranked in the following priority order:

1. Mental health
2. Overweight and obesity
3. Access to health care
4. Substance abuse
5. STD/HIV/AIDS
6. Diabetes
7. Oral health
8. Cardiovascular disease
9. Safety
10. Cancer
11. Asthma

C. Summary of Needs Assessment Methodology and Process

The Community Health Needs Assessment incorporates primary and secondary data that focus on the health and social needs of the hospital service area. 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.

KFH – Los Angeles used the Kaiser Permanente CHNA Data Platform (www.chna.org/kp) to review over 150 indicators from publically available data sources. Additional data were collected to supplement the CHNA Data Platform. The secondary data were obtained from August – September 2015. When applicable, the data sets are presented in the context of

county data and state data, framing the scope of an issue as it relates to the broader community. Health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). The secondary data collection and preliminary analysis were completed prior to primary data collection in order to assess the needs of the community served and identify a preliminary set of health needs.

Primary data collection was then used to validate secondary data findings, identify additional community issues, and to solicit information on disparities among subpopulations. Community input was provided by a broad range of community members through the use of key informant interviews and focus groups. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, individuals with expertise of local health needs were consulted. The interviews and focus groups took place September – November, 2015. KFH – Los Angeles worked collaboratively with Cedars-Sinai Medical Center on a limited number of interviews. These hospitals share a part of their service areas and the collaboration eliminated redundancy in collecting data from the community stakeholders. Twenty (20) phone interviews were conducted among community stakeholders. Four (4) focus groups were conducted and engaged 38 community stakeholders. One (1) of the focus groups was conducted in Spanish with a bilingual facilitator. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs. Significant health needs were identified through this mixed-method analysis.

The following Community Health Needs Assessment provides a detailed demographic profile of the hospital community service area, a description of the significant community health needs, community stakeholder input on the health needs, community assets and resources available to respond to the significant health needs, and an evaluation of the impact the hospital has had on community needs. 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 relationships we have with other organizations that are working to improve community health.

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 grant making, 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 – Los Angeles 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 – Los Angeles tracks outcomes, including behavior and health outcomes, as appropriate and where available. As of the documentation of this CHNA Report in March 2016, KFH – Los Angeles had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH – Los Angeles 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 Community Health Needs Assessment (CHNA) Report

i. To advance community health

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

ii. To implement ACA regulations

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

D. Kaiser Permanente Approach to CHNA

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

Kaiser Permanente's innovative approach to CHNAs includes 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 – Los Angeles 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.

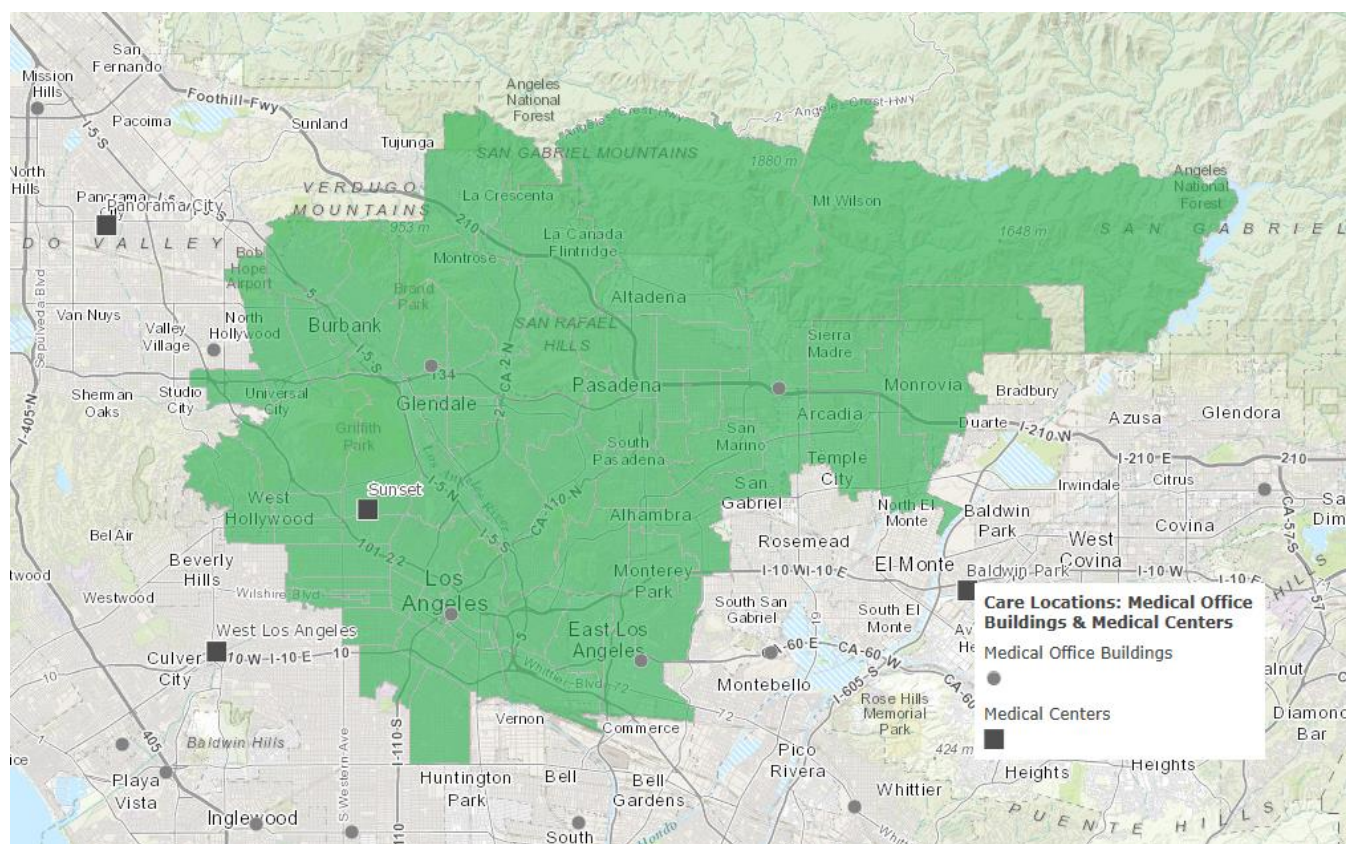
III. COMMUNITY SERVED

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

KFH – Los Angeles is located at 4867 W. Sunset Blvd, Los Angeles, CA 90027. The hospital service area is presented below by community, zip code and Service Planning Area (SPA). Given the available data sources, KFHL – Los Angeles information were presented for the entirety of the service area; the cities/places that make up the service area; or Service Planning Areas 2, 3, 4 and 6, portions of which are served by KFHL – Los Angeles. These cities/SPAs are located in Los Angeles County.

KFHL – Los Angeles Service Area

City	Zip Code	SPA
Alhambra	91801, 91803	SPA 3
Altadena	91001	SPA 3
Arcadia	91006	SPA 3
Burbank	91501, 91502, 91504, 91505, 91506, 91521, 91522, 91523	SPA 2
Glendale	91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208	SPA 2
Los Angeles	90004, 90005, 90006, 90012, 90013, 90014, 90015, 90017, 90020, 90021, 90023, 90026, 90027, 90028, 90029, 90031, 90032, 90033, 90038, 90039, 90041, 90042, 90057, 90063, 90065, 90068, 90071	SPA 4
Los Angeles	90007, 90011, 90022, 90089	SPA 6
La Canada Flintridge	91011	SPA 3
La Crescenta	91214	SPA 2
Monrovia	91016	SPA 3
Monterey Park	91754	SPA 3
Montrose	91020	SPA 2
Pasadena	91007, 91101, 91103, 91104, 91105, 91106, 91107, 91123	SPA 3
San Gabriel	91775	SPA 3
San Marino	91108	SPA 3
Sierra Madre	91024	SPA 3
South Pasadena	91030	SPA 3
West Hollywood	90046	SPA 4

iii. Demographic profile of community served

The 2016 Community Health Needs Assessment indicates there are 2,092,522 persons in the KFH – Los Angeles service area. Among the service area population, 21% are children and 11.7% are seniors. This is a lower percentage of children than found in the county or the state. The percent of seniors is higher than found in the county. 47.1% of the population is Hispanic/Latino; 28.1% of residents are White; 18.5% are Asian; and 4% are African American. In the KFH – Los Angeles service area, over one-third of the population (34.2%) has limited English proficiency, which is higher than county and state rates.

The demographic profile of the KFH – Los Angeles service area paints a picture of a community at risk for health disparities. This is demonstrated by a number of educational and economic indicators. Over one-fourth (25.9%) of the adult population over age 25 have no high school diploma. While unemployment rates have decreased among cities in the area, poverty rates are higher than found in the county and the state. Among the residents in the KFH – Los Angeles service area, 21.1% are at or below 100% of the federal poverty level (FPL) and 45.4% are at 200% or below FPL. Given the high percentage of children in the area, it is of concern that 29.9% of children, ages 0-17, live in households with income below the Federal Poverty Level (FPL). When examined by race/ethnicity, 50.3% of Native American/Alaska Native children and 41.1% of Hispanic/Latino children in the service area are living in poverty.

Population

The population of the KFH – Los Angeles service area is 2,092,522. The service area is 307 square miles and has a high population density of 6,797.07 persons per square mile.

Total Population

	Service Area	Los Angeles County	California
Total population	2,092,522	9,893,481	37,659,180
Total land area (square miles)	307	4,056.81	155,738
Population density (per square mile)	6,797.07	2,438.73	241.8

Source: U.S. Census Bureau, American Community Survey, 2009-2013. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

From 2000 to 2010, the population in the service area increased by less than 1%. During this same period the state experienced a 10% increase in population growth.

Change in Total Population 2000-2010

	Service Area	California
Total population 2000	2,094,610	33,871,648
Total population 2010	2,080,242	37,253,956
Change in population 2000-2010	0.7%	10.0%

Source: U.S. Census Bureau, 2000 + 2010 Population and Housing. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Of the area population, 50.1% are male and 49.9% are female.

Population by Gender

	Service Area	California
Male	50.1%	49.7%
Female	49.9%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2009-2013. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Children and youth, ages 0-17, make up 21% of the population; 67.3% are adults, ages 18-64; and 11.7% of the population are seniors, ages 65 and over. The service area has a higher percentage of adults, 25-44 years old than the county or the state.

Population by Age

	Service Area	Los Angeles County	California
0-4	5.9%	6.5%	6.7%
5-17	15.1%	17.4%	17.9%
18-24	10.7%	10.8%	10.5%
25-34	17.0%	15.2%	14.4%
35-44	15.3%	14.4%	13.7%
45-54	13.7%	13.9%	13.9%
55-64	10.6%	10.6%	11.1%
65 and older	11.7%	11.2%	11.8%

Source: U.S. Census Bureau, American Community Survey, 2009-2013. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

When the service area is examined by community, La Canada Flintridge has the largest percentage of youth, ages 0-17, (26.8%), and Monterey Park has the largest percentage of seniors (18.8%). West Hollywood has the smallest percentage of youth (8%) and Los Angeles has the smallest percentage of seniors (9.4%).

Population by Youth, Ages 0-17, and Seniors, Ages 65+

	Youth	Seniors
Alhambra	18.2%	14.6%
Altadena	23.7%	14.3%
Arcadia	22.5%	14.8%
Burbank	19.6%	13.9%
Glendale	18.3%	15.7%
La Canada Flintridge	26.8%	15.4%
La Crescenta	24.5%	13.0%
Los Angeles	24.0%	9.4%
Los Angeles Central	16.9%	9.7%
Los Angeles Hollywood	13.0%	11.4%
Monrovia	23.6%	11.5%
Monterey Park	19.8%	18.8%
Montrose	22.5%	12.7%
Pasadena	19.1%	15.3%
San Gabriel	21.8%	15.3%
San Marino	25.0%	18.4%
Sierra Madre	19.7%	17.7%
South Pasadena	23.6%	11.6%

	Youth	Seniors
West Hollywood	8.0%	13.8%
Service Area	21.0%	11.7%
Los Angeles County	23.9%	11.2%
California	24.6%	11.8%

Source: U.S. Census Bureau, American Community Survey, 2009-2013. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Race/Ethnicity

In the KFH – Los Angeles service area, 47.1% of the population is Hispanic/Latino; 28.1% of residents are White; 18.5% are Asian; 4% are African American; and 2.4% are multiple races, Native Hawaiian/Pacific Islander, Native American/ Alaska Native and other races.

Race/Ethnicity

	Service Area		Los Angeles County	California
	Number	Percent	Percent	Percent
Hispanic/Latino	985,396	47.1%	47.9%	37.9%
White	588,257	28.1%	27.5%	39.7%
Asian	387,224	18.5%	13.7%	13.1%
Black/African American	84,156	4.0%	8.1%	5.7%
Multiple Races	35,010	1.7%	2.2%	2.6%
Some other Race	5,754	0.3%	0.2%	0.2%
Native Hawaiian/Pacific Islander	3,370	0.2%	0.2%	0.4%
Native American/Alaska Native	3,354	0.2%	0.2%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2009-2013. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Language

Over 60% of the population speaks Spanish in the home in Los Angeles. Monterey Park (48.8%) and Alhambra (48%) have high rates of Asian language speakers. Glendale (44.4%) has the highest rates of the Indo-European speaking population.

Language Spoken at Home for the Population 5 Years and Over

	English Only	Spanish	Asian	Indo-European
Alhambra	24.5%	25.1%	48.0%	2.2%
Altadena	67.5%	24.7%	2.9%	4.4%
Arcadia	41.0%	10.6%	43.8%	3.4%
Burbank	52.8%	18.9%	8.1%	18.7%
Glendale	26.9%	14.5%	12.3%	44.4%
La Canada Flintridge	63.9%	4.4%	21.7%	9.6%
La Crescenta	56.9%	5.7%	22.2%	14.8%
Los Angeles	22.8%	60.4%	13.9%	2.5%
Los Angeles Central	34.7%	48.8%	13.5%	2.4%
Los Angeles Hollywood	48.7%	27.4%	7.2%	15.6%
Monrovia	61.1%	26.5%	9.5%	2.7%
Monterey Park	25.1%	24.8%	48.8%	0.9%

	English Only	Spanish	Asian	Indo-European
Montrose	46.1%	9.5%	23.1%	20.3%
Pasadena	51.3%	22.4%	17.4%	7.6%
San Gabriel	39.8%	15.7%	40.2%	3.8%
San Marino	48.9%	6.5%	41.9%	2.3%
Sierra Madre	77.7%	9.4%	8.2%	4.5%
South Pasadena	61.8%	11.7%	20.5%	5.1%
West Hollywood	58.9%	9.9%	4.4%	23.4%
California	55.9%	28.9%	9.7%	4.5%

Source: Think Health LA, 2015. www.thinkhealthla.org

English proficiency reports the percentage of the population ages 5 and older who speak a language other than English at home and speak English less than "very well." In the KFH – Los Angeles service area, 34.2% of the population has limited English proficiency. This rate is higher than the county (26.2%) and state rate (19.4%).

Limited English Proficiency, Population 5 Years and Older

	Service Area	Los Angeles County	California
Limited English proficient	34.2%	26.2%	19.4%

Source: U.S. Census Bureau, American Community Survey, 2009-2013. <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2013, the federal poverty level for one person was \$11,490 and for a family of four \$23,550. Among the residents in the KFH – Los Angeles service area, 21.1% are at or below 100% of the federal poverty level (FPL) and 45.4% are at 200% or below FPL. These rates of poverty are higher than found in the county and the state. When compared to data from 2006-2010, poverty levels in the service area have increased in 2009-2013.

Poverty Levels, All Residents

	Service Area		Los Angeles County	California
	Percent 2006-2010	Percent 2009-2013		
<100% FPL	19.5%	21.1%	17.8%	15.9%
<200% FPL	42.8%	45.4%	40.3%	35.9%

Source: U.S. Census Bureau, American Community Survey, 2006-2010; 2009-2013.

<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

The percentage of children, ages 0-17, living in households with income below the Federal Poverty Level (FPL) is 29.9%. This is higher than the state rate of 22.2% of children living in poverty. When examined by race/ethnicity, 50.3% of Native American/Alaskan Native children are in poverty, 41.1% of Hispanic/Latino children are living in poverty, one-third (33.3%) of Black/African American children, and 46.7% Other Race children in the service area are living in poverty. White (11.3%) and Asian (14.6%) children are populations with the lowest levels of poverty in the service area. Except for the children of multiple races, a higher percentage of all

racess/ethnicities of children live in poverty in the service than compared to the county and the state.

Children in Poverty, Ages 0-17, by Race/Ethnicity

	Service Area	Los Angeles County	California
Children living below the Federal Poverty Level	29.9%	25.3%	22.2%
Native American/Alaska Native	50.3%	35.0%	32.1%
Some other Race	46.7%	35.8%	33.4%
Hispanic or Latino	41.1%	31.8%	30.1%
Black or African American	33.3%	31.2%	33.2%
Native Hawaiian/Pacific Islander	24.0%	16.8%	20.8%
Asian	14.6%	12.2%	12.5%
Multiple Race	13.7%	15.1%	15.6%
White	11.3%	9.0%	10.3%

Source: [U.S. Census Bureau, American Community Survey, 2009-2013. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml](http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml)

Educational Attainment

Among adults, ages 25 and older, in the KFH – Los Angeles service area, over one-fourth of the population (25.9%) have no high school diploma.

Educational Attainment

	Service Area	Los Angeles County	California
Population age 25 and over	1,409,257	6,456,772	24,455,010
Less than 9th grade	16.4%	13.7%	10.2%
9 th to 12 th grade, no diploma	9.5%	9.7%	8.5%
High school graduate	18.1%	20.5%	20.7%
Some college, no degree	16.9%	19.6%	22.1%
Associate degree	6.4%	6.9%	7.8%
Bachelor's degree	21.7%	19.4%	19.4%
Graduate or professional degree	11.1%	10.2%	11.2%

Source: [U.S. Bureau of the Census, American Community Survey, 2009-2013, DP02. http://factfinder.census.gov](http://factfinder.census.gov)

Unemployment

From 2011 to 2014 the unemployment rate in KFH – Los Angeles service area cities show a decrease. In 2014, Los Angeles (8.7%) and Glendale (8%) have the highest rates of unemployment in the service area. San Marino (3.2%) has the lowest rate of unemployment.

Unemployment Rate*, 2011 + 2014 Comparison

	2011	2014
Alhambra	8.1%	5.4%
Altadena	11.6%	7.8%
Arcadia	7.2%	4.8%
Burbank	10.1%	6.8%
Glendale	11.9%	8.0%
La Canada Flintridge	6.6%	4.4%

	2011	2014
La Crescenta/Montrose	7.0%	4.6%
Los Angeles	12.9%	8.7%
Monrovia	9.5%	6.4%
Monterey Park	11.0%	7.4%
Pasadena	11.0%	7.4%
San Gabriel	7.6%	5.1%
San Marino	4.9%	3.2%
Sierra Madre	8.3%	5.5%
South Pasadena	8.8%	5.9%
West Hollywood	10.2%	6.9%
Los Angeles County	12.3%	8.7%
California	11.7%	7.5%

Source: California Employment Development Department, Labor Market Information, April 2015.

www.labormarketinfo.edd.ca.gov/cgi/dataanalysis/AreaSelection.asp?tableName=labforce * Data available by city, therefore, zip code only areas in the KFH – Los Angeles service area are not listed.

Uninsured

In the KFH – Los Angeles service area, over one-quarter of the population (26.4%) are uninsured, which translates to 73.6% who have health insurance. This is less than the Healthy People 2020 objective of 100% health insurance coverage. These data were obtained from the American Community Survey from 2009-2013. This was before the full implementation of the Affordable Care Act and the insurance coverage expansion. Therefore, the percentage of residents who are currently uninsured may be lower as a result of Medi-Cal expansion and the availability of health care coverage.

Uninsured Rates

	Service Area	Los Angeles County	California
Uninsured	26.4%	22.2%	17.8%

Source: U.S. Census Bureau, American Community Survey, 2009-2013. <http://factfinder.census.gov>

Sexual Orientation

Self-reported sexual orientation indicates a higher percentage of gay, lesbian or homosexual residents in SPA 2 (2.8%) and SPA 4 (4.3%) than in the county (2.5%) or state (2.3%). SPA 2 and SPA 4 have higher rates of self-identified bisexual residents than in the county or the state.

Sexual Orientation

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Straight or heterosexual	93.7%	97.9%	91.7%	97.2%	94.8%	94.9%
Gay, lesbian or homosexual	2.8%	0.9%	4.3%	0.9%	2.5%	2.3%
Bisexual	2.8%	1.0%	2.9%	0.2%	1.9%	2.2%
Not sexual/celibate/ none/other	0.7%	0.2%	1.1%	1.6%	0.7%	0.7%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

IV. WHO WAS INVOLVED IN THE ASSESSMENT

A. Identity of Hospitals that Collaborated on the Assessment

KFH – Los Angeles worked collaboratively on a portion of the community stakeholder interviews with Cedars-Sinai Medical Center.

B. Other Partner Organizations that Collaborated on the Assessment

A number of organizations contributed time and resources to assist with the conduct of this needs assessment. These organizations hosted focus groups and assisted in recruiting focus group participants:

- ChapCare Medical and Dental Health Center
- Hollywood Chamber of Commerce
- The Wellness Center

C. Identity and Qualification of Consultants Used to Conduct the Assessment

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the KFH – Los Angeles Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

V. PROCESS AND METHODS USED TO CONDUCT THE CHNA

A. Secondary Data

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

KFH – Los Angeles used the Kaiser Permanente CHNA Data Platform (www.chna.org/kp) to review over 150 indicators from publically available data sources. The secondary data were obtained from August – September 2015. Additional data were collected to supplement the CHNA Data Platform. These data were selected from recent data or local sources that were not offered on the CHNA Data Platform, such as previous CHNAs, the LA County Department of Public Health Community Health Assessment, and data available by the Los Angeles Service planning Area (SPAs 2, 3, 4 and 6) were also consulted. The additional data sets were accessed electronically. For details on specific sources and dates of data used, please see Appendix A.

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

The Kaiser Permanente common indicators data, available on the CHNA Data Platform, are calculated to obtain unique service area rates. In most cases, the service area values represent the aggregate of all data for geographies (zip codes, counties, tracts, etc.), which fall within the service area boundary. When one or more geographic boundaries were not entirely encompassed by a service area, the measure was aggregated proportionally. The options for weighting “small area estimations” were based upon total area, total population, and demographic-group population. The specific methodology for how service area rates were calculated for each indicator can be found on the CHNA.org/kp website.

These data values were organized by the Mobilizing Action Toward Community Health (MATCH) model, a population health model that emphasizes the 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 drives that impact that status: access to healthcare, behaviors, socio-economic factors, and the physical environment. The KFH – Los Angeles data indicators were organized within the morbidity/mortality (health outcome) and health driver categories to enable a broad understanding of the health needs in the community.

Health needs were identified from the secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the secondary data were measured against benchmark data, specifically county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more benchmarks met this criterion to be considered a health need. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. Analysis of secondary data also included an examination and reporting of health disparities for some health indicators.

The secondary data for the KFH – Los Angeles service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. When applicable, the data sets are presented in the context of county data and state data, framing the scope of an issue as it relates to the broader community.

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. Focus groups and interviews were selected to obtain community input as they provided opportunities to engage a variety of stakeholders in a format that was convenient and accessible. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, individuals with expertise of local health needs were consulted.

The interviews and focus groups took place September – November, 2015. KFH – Los Angeles worked collaboratively with Cedars-Sinai Medical Center on a limited number of interviews. These hospitals share a part of their service areas and the collaboration eliminated redundancy in collecting data from the community stakeholders. Twenty (20) phone interviews were conducted among community stakeholders. Four (4) focus groups were conducted and engaged 38 community stakeholders. One (1) of the focus groups was conducted in Spanish with a bilingual facilitator. For a complete list of individuals who provided input, see Appendix B.

Interviews

KFH – Los Angeles developed a list of key influencers in the community who have knowledge of the identified preliminary health needs. They were selected to cover a wide range of communities within the service area, represent different age groups, and racial/ethnic populations. In addition, non-traditional partners were identified. KFH – Los Angeles intentionally included non-traditional stakeholders in this CHNA to give voice to a wide range of community members who represent a variety of sectors. For the purpose of this CHNA, non-traditional stakeholders were community members who represented organizations or groups beyond the required CHNA stakeholder groups. They could include representatives of anchor institutions, significant employers, other business stakeholders, financial institutions, banks, faith-based organizations, grocers and food producers, real estate developers, technology innovators, Chamber of Commerce leaders, urban planners, economic development experts, workforce development, uniformed public servants, sustainability leaders, and local civic leaders or their staff. The identified stakeholders were invited by phone and email to participate in a one hour phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview

in the context of the assessment was explained, the stakeholders were assured their responses would not be attributed to them, and consent to proceed was given.

Interview participants were asked to share their perspectives on a number of topics related to the identified preliminary health needs in the KFH – Los Angeles service area. Questions focused on the following topics:

- Major health issues facing the community.
- Socioeconomic, health behaviors, environmental or clinical factors that contribute to poor health in a community (MATCH Health Factors).
- Issues, challenges, barriers faced by community members as they relate to the identified health needs (preliminary list from secondary data analysis).
- Services, programs, community efforts, resources available to address each of the health needs.
- Special populations or groups that are affected by a health need.
- Areas for collaboration or coordination to address health needs or socioeconomic, behavioral, environmental or clinical factors.
- Efficient ways to share information with the community about health and social service resources.

Focus Groups

KFH – Los Angeles developed a list of focus groups that included members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of these populations. In addition, non-traditional partners were identified. Focus group participants were also selected because of their perspectives on the identified preliminary health needs. The focus group meetings were hosted by trusted community organizations. An agency contact was available to answer any questions at each focus group. Light refreshments were offered and small Kaiser Permanente-branded gifts were provided to participants.

At the beginning of each focus group, the purpose of the focus group and the community assessment were explained, the participants were assured their responses would not be attributed to them as responses would be aggregated. The focus group discussions were voice recorded for ease of documenting the discussion. Before beginning the discussion the facilitator asked for oral consent from each of the participants that they wished to participate in the focus group and agreed to be voice recorded. The focus group participants were asked to share their perspectives related to topics within the following areas:

- Biggest issues and health concerns facing the community.
- Issues, challenges, barriers faced by community members specific to the identified health needs.
- Services, programs, community efforts available to address each of the health needs.
- Special populations or groups that are affected by a health need.
- How the hospital can help address the community needs.

- Other comments or concerns.

ii. Methodology for interpretation and analysis of primary data

The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. Identification of additional health needs, beyond the preliminary list of health needs identified through the secondary data analysis, was determined by documenting if a need was discussed by stakeholders. When possible, the primary data responses were also organized into the MATCH Framework categories for ease in data analysis and comparison with secondary data. All responses to each question were examined together and concepts and themes were summarized to reflect the respondents' experiences and opinions.

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 most recently conducted CHNA Report. As of the time of this CHNA report development, KFH – Los Angeles had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Facility staff.

D. Data Limitations and Information Gaps

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

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 community health needs

Data analysis was an iterative process that commenced with secondary data collection and analysis to identify a preliminary list of health needs. Health needs were identified based on the following criteria:

- Met the Kaiser Permanente definition of a health need.
- Confirmed by more than one indicator or data source.
- Indicator(s) performed poorly against one or more benchmarks. Benchmarks were used to determine the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels).

Health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels), based on the methodology described above. The secondary data collection and preliminary analysis were completed prior to primary data collection in order to assess the needs of the community served and identify a preliminary set of health needs. The primary data collection was then used to validate secondary data findings, identify additional community issues, and to solicit information on disparities among subpopulations. Primary data collection corroborated and augmented the significant health needs identified through secondary data collection. The primary data collection was also used to solicit information from stakeholders to learn more about the specific health needs identified through the secondary data analysis.

The significant health needs identified through this mixed-method analysis in the KFH – Los Angeles service area included:

Access to Health Care
Asthma
Cancer
Cardiovascular Disease
Diabetes
Mental Health

Oral Health
Overweight and Obesity
Safety and Violence
Sexually Transmitted Infections (HIV/AIDS/STD)
Substance Abuse (Alcohol/Drugs/Tobacco)

B. Process and Criteria Used for Prioritization of the Health Needs

Forum

KFH – Los Angeles hosted a community forum on January 20, 2016 in Pasadena to prioritize the significant health needs. The forum engaged 40 community leaders in public health, government agencies, schools, and nonprofit organizations that serve the medically underserved, low-income, and minority populations in the community. These individuals have current data or other information relevant to the health needs of the community served by the hospital facility. A review of the Community Health Needs Assessment process and the identified significant health needs were presented at the community forum.

Priority Setting Process

The forum attendees engaged in a process to prioritize the health needs using the Relative Worth method. The Relative Worth method is a ranking strategy where each participant received a fixed number of points; in this case 100 points (5 dots equaled 100 points, where each dot was worth 20 points). Instructions were given, and the criteria for assigning points were explained. The points were assigned to health needs based on the size of the problem (relative portion of population afflicted by the problem); or seriousness of the problem (impact at individual, family, and community levels). The points could be distributed among the health needs to be prioritized in a number of ways:

- Give all points to a single, very important item
- Distribute points evenly among all items (if none is larger or more serious than another)
- Distribute some points to some items, no points to other items

In the tabulation, items were ranked in priority order according to the total points the group assigned.

Participants engaged in a group discussion about the priority areas. Participants were asked to discuss the following questions for the high priority areas:

1. For priority issues, what is going well? What works in the community to address this issue? What groups/organizations are already focused on this issue?
2. What/who is missing? Where are the gaps? What are the barriers?
3. Identify collaborative opportunities to address the issues.

The participants were also asked to explain their thinking behind the lower rankings for some of the health needs. They indicated that many of the health needs were interrelated and impacted

on each other. So by addressing a particular health need, for example overweight and obesity, this would also serve to influence cardiovascular disease, cancer and diabetes. Therefore, more points were given to overweight and obesity as a health need because of the impact this need had on a number of other health needs.

Survey

Community members who were not able to attend the prioritization forum were provided with an opportunity to complete an online survey through a Survey Monkey electronic link to be used as supplemental information to broaden stakeholder perspectives. The survey was available 1/21/2016 – 2/1/2016. Twenty-two (22) community leaders completed the survey. The respondents were asked about the impact of the health needs, the availability of resources to address the needs, if the needs had improved or gotten worse over time and the level of importance that should be placed on addressing the health needs. The following criteria were used to rate the significant health needs:

- Severity – the perceived impact of the health need on the community.
- Change over time – determination if the health need has improved, stayed the same or worsened.
- Resources – availability of resources in the community to address the health need.

The results of the priority setting survey can be found in Appendix C. The information gathered from the community forum and supplemental survey validated the priority setting process undertaken in the community forum and will be used for decision making in creating the Implementation Strategy.

C. Description of Identified Community Health Needs

i. Community health landscape and trends

This section describes the health outcomes and important determinants (drivers) of health in the community. The list of significant health outcomes and drivers listed in this section is determined by the secondary and primary data collection and analysis (as described in Section V). This section includes data for: asthma, cancer, heart disease, blood pressure, diabetes, cholesterol, stroke, and HIV/AIDS/STDs.

a. Significant Morbidity and Mortality (Health Outcomes)

A health outcome is a snapshot of a disease in a community that can be described in terms of both morbidity (incidence) and mortality (deaths).

Asthma

Asthma is a chronic disease that with treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives. Asthma episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath (*Healthy People 2020*). Higher rates of asthma are found among lower income communities and communities of color in the service area. The communities located along area freeways are also prone to higher rates of asthma. Community members noted problems with obtaining timely diagnoses and a lack of education for proper asthma management. These factors may lead to higher hospitalization and ER usage.

In SPAs 2, 3 and 4, the rates of asthma are higher than found in the county. In SPA 2, 15% of the population has been diagnosed with asthma, with 44.5% of those with asthma take medication to control asthma. In SPA 3, 11.9% of the population has been diagnosed with asthma, with 15.9% of those with asthma take medication to control asthma. In SPA 4, 11.7% of the population has been diagnosed with asthma, with 56.9% of those with asthma take medication to control asthma. Typically, higher percentages of persons with asthma taking medications can indicate better control of the disease; therefore, high rates of medication usage may be seen as a positive indicator. Among youth, 9.1% in SPA 2, 12.2% in SPA 3, 10.6% in SPA 4, and 9.5% of SPA 6 youth have been diagnosed with asthma.

Asthma

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Diagnosed with asthma, total population	15.0%	11.9%	11.7%	6.8%	11.4%	14.0%
Diagnosed with asthma, 0-17 years old	9.1%	12.2%	10.6%	9.5%	10.5%	14.5%
ER visit in past year due to asthma, total population	1.2%	3.9%	3.3%	3.4%	4.7%	9.6%
ER visit in past year due to asthma, 0-17 years old	None	No Data	No Data	No Data	2.4%	13.9%
Takes daily medication to control asthma, total population	44.5%	15.9%	56.9%	39.8%	41.0%	44.2%
Takes daily medication to control asthma, 0-17 years old	31.0%	2.8%	No Data	3.8%	27.7%	39.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Asthma is a condition that when managed can prevent hospitalizations. The overall hospitalization discharge rate for asthma in the KFH – Los Angeles service area is 8.8 per 10,000 persons. This is lower than the county (10) or state rate (8.9 per 10,000 persons).

Asthma, Age-Adjusted Hospital Discharge Rate, per 10,000 Population

	Service Area	Los Angeles County	California
Asthma hospital discharge rate	8.8	10.0	8.9

Source: California Office of Statewide Health Planning and Development, 2011. [OSHPD Patient Discharge Data](#). Additional data analysis by [CARES](#).

Community Input – Asthma

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to asthma. Following are their comments, quotes and opinions:

➤ Education

- The community needs more education on asthma and what causes it (living conditions, household chemicals, allergies).
- Doctors don't have the time to educate around the medications they're prescribing.
- Schools are ill-informed of legal rights of students to carry and store asthma medication.
- It's a combination of medical professionals not always understanding asthma and care taker education. Once children are diagnosed, care takers are not being trained or educated on things they could do to prevent episodes inside the house and give medicine appropriately before going to the ED.
- People with asthma are going undiagnosed.
- Adolescents at risk for asthma should have an action plan. County is trying to get schools and providers to be aware of this need.

➤ Health care

- Cost.
- Minimal resources.
- Access to specialists; long wait lists.

➤ Environment

- Toxic cleaning solutions, rat remediation, slum housing.
- Affects kids close to pollution sources and agriculture fields.
- Smoking.
- Environmental justice issue.
- It's a growing problem without real environmental solutions. Neighborhoods with increased rates are those grappling with air quality, traffic emissions, polluting factories, and landfills. We need a public agenda that responds to the needs of the community.

Cancer

Cancer remains the second leading cause of death in the United States. Many cancers are preventable by reducing risk factors such as: use of tobacco products, physical inactivity and poor nutrition, obesity, and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated, and screening is effective in identifying some types of cancers (*Healthy People 2020*). Feedback from community members indicates that barriers accessing care may contribute to individuals not obtaining needed screenings to detect cancer or receiving timely cancer treatment. Environmental factors are perceived by community members to contribute to cancer in the service area, which is close to freeways and manufacturing.

Cancer incidence rates are only available at the county level. In Los Angeles County, cervical cancer (8.9 per 100,000 persons) and colorectal cancer rates (41.3 per 100,000 persons) exceed state rates. Breast cancer (116.9), prostate cancer (122), lung cancer (41.6) and skin cancer (13.5) occur at rates less than the state rates for these types of cancer.

Age-Adjusted Cancer Incidence, per 100,000 Persons, 2008-2012

	Los Angeles County	California
Breast Cancer (Female)	116.9	122.1
Cervix	8.9	7.7
Colon and Rectum Cancer	41.3	40.0
Melanoma (Skin)	13.5	20.9
Prostate Cancer	122.0	126.9
Lung and Bronchus Cancer	41.6	48.0

Source: California Cancer Registry Age-Adjusted Invasive Cancer Incidence Rates by County in California, 2008 - 2012. Based on November 2014 Extract (Released November 21, 2014). Cancer-Rates.info. <http://cancer-rates.info/ca/>

Cancer is the second highest cause of death after heart disease in the service area. The rate of age-adjusted death due to malignant neoplasm (cancer) is 142.8 per 100,000 persons in the service area. This is lower than the county and state rates, and the Healthy People 2020 objective of cancer death of 160.6 per 100,000 persons.

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

	Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	16,122	142.8	153.0	157.1

Source: University of Missouri, 2010-2012. [Center for Applied Research and Environmental Systems](#). California Department of Public Health, [CDPH - Death Public Use Data](#) by zip code.

Community Input – Cancer

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to cancer. Following are their comments, quotes and opinions:

- Cost
 - Underinsurance - some of cancer services are not covered, or not very often.
 - Prohibitive costs of diagnosis and treatment.
- Lack of knowledge
 - People are ignorant of potential causes of cancer and ways to prevent cancer.
 - The emphasis on breast cancer can overshadow the need for screenings for other cancers.
- Cultural barriers
 - The challenge is to have care that is available for those in most need and that is culturally competent. Often there isn't a connector between cancer detection and treatments. There are disparities in care.
 - Cancer is stigmatized. It is seen as a death sentence and creates a barrier in terms of accessing timely care.
- LGBT
 - Preventive screenings denied on the basis of their stated gender, despite their biological gender requiring certain screenings.
 - Lack of proper training and sensitivity on the part of health care professionals around having these discussions with Transgender individuals.
 - There is a lack of knowledge of specific risks around implants, black-market implants, hormone treatments, etc.
- Medicine
 - Making sure appropriate screenings reach all populations is a challenge.
 - Lack of services, cutbacks in services, and the waitlist to get a screening test is so long that they forget, or move.
 - Protestors around Planned Parenthood have been scaring people away from getting their mammograms and other screenings.
 - There are social contributors to health that are prevalent. Food, tobacco, alcohol, air quality all contribute to cancer.
 - Folks don't know if procedures are covered by their health care plan. People need to be proactive, but most people wait. The earlier someone is diagnosed the better.
 - Early screenings goes back to access. The gains we've made in coverage and ACA and Medicaid has really helped us. Now people need to take advantage of these available services. People need to be educated to get checkups.

Cardiovascular Disease

Cardiovascular disease includes conditions that impact the heart and vascular system. Conditions may include heart disease, stroke, high blood cholesterol and high blood pressure. A number of factors influence the development and management of cardiovascular disease: overweight, physical inactivity, and diets high in sugar and fat. The KFH – Los Angeles service area shows high rates of heart disease and high blood pressure. Community members

identified the need for more education to prevent and treat heart disease. They also connected healthy eating and increased physical activity to preventing heart disease.

Heart Disease

Heart disease is the leading cause of death in the service area. The rate of death, age-adjusted for coronary heart disease is 164.9 per 100,000 persons. This exceeds the state rate (163.2), and the Healthy People 2020 objective, which is a mortality rate due to heart disease of 100.8 per 100,000 persons.

Coronary Heart Disease Mortality, Age-Adjusted, Rate per 100,000 Persons

	Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	29,973	164.9	172.6	163.2

Source: University of Missouri, 2010-2012. [Center for Applied Research and Environmental Systems](#). California Department of Public Health, [CDPH - Death Public Use Data](#)

7% of adults in SPA 3 and 8.6% of adults in SPA 6 have been diagnosed with heart disease. In SPA 4, only 29.4% of adults with heart disease are very confident they can manage their condition. More than half of the population with heart disease has a care management plan.

Adult Heart Disease

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Diagnosed with heart disease	4.5%	7.0%	2.4%	8.6%	5.7%	6.1%
Very confident to control condition	56.2%	56.6%	29.4%	62.4%	53.5%	53.6%
Somewhat confident to control condition	42.0%	42.1%	53.2%	33.3%	36.0%	34.9%
Not confident to control condition	1.8%	1.4%	17.4%	4.2%	10.4%	11.5%
Has a management care plan	54.8%	50.1%	61.5%	55.4%	55.5%	67.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Among men 45 years and older and women 55 years and older, 30.9% in SPA 6, 33.2% in SPA 3 and 33.5% in SPA 4 reported taking aspirin daily or every other day for their heart. These rates are lower than the County rate of 33.8%.

Adults Who Reported Taking Aspirin Daily or Every Other Day for Their Heart

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County
Men 45+ years old and women 55+ years old	36.1%	33.2%	33.5%	30.9%	33.8%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011. www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

High Blood Pressure

High blood pressure (hypertension) is a contributing cause to stroke, diabetes and heart disease. In SPA 6, 35.7% of adults have been diagnosed with high blood pressure and 55.5%

are on medication to control the high blood pressure. The Healthy People 2020 objective is to reduce the proportion of adults with high blood pressure to 26.9%. Adults in SPA 3, SPA 4 and SPA 6 exceed this rate.

High Blood Pressure

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Diagnosed with high blood pressure	20.5%	29.8%	28.6%	35.7%	27.3%	28.5%
Takes medication for high blood pressure	64.2%	69.9%	66.2%	55.5%	67.2%	68.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

High Cholesterol

High cholesterol contributes to heart disease. Among adults in SPA 2, 28.4% have been diagnosed with high cholesterol. This rate is higher than the county rate of 25.6% of adults with high cholesterol. The Healthy People 2020 objective is to reduce the proportion of adults with high blood cholesterol levels to 13.5%. Adults in the Service Planning Areas exceed this rate.

Adults Diagnosed with High Cholesterol

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County
Diagnosed with high blood cholesterol	28.4%	23.9%	24.1%	22.9%	25.6%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011. www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

Stroke

The rate of death, age-adjusted for cerebrovascular disease (stroke) is 35.0 per 100,000 persons. This is lower than the county rate (36.2) and the state rate (37.4), but exceeds the Healthy People 2020 objective, which is a mortality rate due to stroke of 34.8 per 100,000 persons.

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

	Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Stroke disease death rate	6,275	35.0	36.2	37.4

Source: University of Missouri, 2010-2012. [Center for Applied Research and Environmental Systems](http://www.cfr.usm.edu/). California Department of Public Health, CDPH - Death Public Use Data.

Community Input – Heart Disease and Stroke

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to heart disease and stroke. Following are their comments, quotes and opinions:

➤ Education

- People don't know what cardiovascular disease is, or how it develops.
- It's one of the silent killers of Latina women but it is not often that people are being screened at an early age.

- People do not realize how much they can manage and influence through diet and exercise.
- Eating fast food and developing bad habits it is a cumulative process over time.
- A contributing risk factor for cardiovascular diseases is the lack of knowledge about hormonal treatments for Transgender individuals.
- Hypertension among young black males, which if it goes untreated results in the loss of kidney function.
- Diet
 - The number of fast-food restaurants leads to heart disease.
 - Food deserts.
 - Cultural; cooking methods and food choices.
 - Family dynamic; faster and easier to eat at fast food.
 - People don't understand portion sizes or calorie counts.
 - Some areas have no access to fresh fruits and vegetables. People are going to the liquor store to get fruits and veggies.
 - Challenges of adjusting cultural foods to make them healthy.
- Exercise
 - People are afraid of violence, so they stay home.
 - So little green space; you have to really work at getting exercise, especially if you can't join a health club or the YMCA.
 - It's easier to sit on the couch than walk for 20 minutes.
 - PE has been cut from a lot of the public schools.
 - Lack of physical activity. Kids are not as active as they once were.
 - Community congestion and the risk of pedestrian injuries make exercise a challenge.
 - Access to rehab: streets are uneven, crowded, and busy. We don't have very many malls in SPA 4; there are no free or low-cost rehab options.
- Culture and Language
 - We should have more advertisements on Spanish-language channels on health and eating. The message of health is absolutely absent from every single Hispanic station there is.
 - Getting materials in Korean would be a huge accomplishment.
- Poverty
 - Cost of healthy food, medication and treatments are barriers to care.
 - Lot of latch-key kids play on their computers or watch T.V.
 - There is often a cost to play in sports clubs, soccer clubs, or high school sports.

Diabetes

Diabetes is the fifth leading cause of death in Los Angeles County. Living with uncontrolled diabetes can lead to severe health consequences that include heart disease, stroke and kidney failure. Diabetes is a costly chronic condition that can lead to disability, loss of productivity and premature death (LA County Department of Public Health). Community stakeholders identified the difficulty of accessing healthy food choices to address prevention and treatment of diabetes. Diabetes is increasing among Asian populations and the homeless are faced with barriers to controlling diabetes.

In SPA 3, 10.6% of adults and in SPA 6, 14.7% of adults have been diagnosed with pre-diabetes. This is higher than county (8.8%) and state (10.5%) rates. Rates of diabetes are higher among adults in SPAs 3, 4 and 6 than found in the county and the state. In SPA 4, only 23.3% of adults with diabetes are very confident they can control their diabetes.

Adult Diabetes

	SPA 2	SPA3	SPA 4	SPA 6	Los Angeles County	California
Diagnosed pre/borderline diabetic	6.3%	10.6%	8.4%	12.0%	8.8%	10.5%
Diagnosed with diabetes	5.8%	12.0%	11.1%	14.7%	10.0%	8.9%
Very confident to control diabetes	74.5%	66.6%	23.3%	77.7%	56.9%	56.5%
Somewhat confident	22.4%	23.5%	45.8%	19.0%	33.7%	34.7%
Not confident	3.0%	9.9%	30.9%	3.3%	9.3%	8.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Diabetes is a condition that when managed can prevent hospitalizations. The diabetes hospitalization rate in the service area is 9.0 per 10,000 population. This rate is lower than the county (11.1) or state (10.4) rate of hospitalizations for diabetes.

Diabetes, Hospital Discharge Rate, per 10,000 Population, Adults

	Service Area	Los Angeles County	California
Patient discharge rate for diabetes	9.0	11.1	10.4

Source: California Office of Statewide Health Planning and Development, 2011-2013. www.thinkhealthla.org

Community Input – Diabetes

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to diabetes. Following are their comments, quotes and opinions:

➤ Risk factors

- Diabetes rate is growing fast among Asian Pacific Islanders. Asians can have lower BMIs compared to other groups and still be at high risk for diabetes.
- Risk factors are due to behaviors and it is hard to change behaviors. We provide education to individuals or groups and we see that is not enough to push to make changes. Now we are working on policy system changes so the healthy choice is the easy choice.
- There is a lack of understanding about the disease and the risks associated with unmanaged diabetes and complications of co-morbidities. Habits we develop as adults

transfer to our children. There is a cultural disconnect on how to build a healthy life and still maintain a cultural background.

- Food and diet
 - Fast food is readily available.
 - There is a need for affordable fruits and vegetables.
 - It is hard to change unhealthy food habits.
 - There is a poor selection of healthy food choices and a lack of education on how to minimize sugars, fats, and portion size.
- Education
 - People don't realize what they eat is a precursor to diabetes; they don't realize diabetes can be prevented.
 - Education about co-morbidities is needed.
- Medication
 - Homeless people have problems with storage of diabetes medication (lack of refrigeration).
 - The cost of medications and supplies is a big issue. Not all medications are covered by insurance plans and if someone is undocumented or has no income it is even more of an access problem.

HIV/AIDS/STD

STDs and HIV/AIDS continue to be major public health problems. STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health. HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission (*Healthy People 2020*). While HIV/AIDS rates are decreasing, SPA 4 and SPA 6 is experiencing higher than county rates. Residents in SPA 4 and SPA 6 also experience very high rates of sexually transmitted infections. Teens and young adults of color experience the highest rates of STDs. Community stakeholders indicate the stigma associated with STDs, HIV/AIDS. This stigma may result in inadequate education and communication about this health outcome.

The rate of HIV diagnoses has decreased over the past three years. In the service area, SPA 4 has the highest rate of HIV at 39 per 100,000 persons. The rate of HIV diagnoses is higher in SPA 4 and SPA 6 (16) than in the county (13).

HIV Diagnoses and Rates per 100,000 Population, by Service Planning Area, 2011-2013

	2011		2012		2013	
	Number	Rate	Number	Rate	Number	Rate
SPA 2	261	12	249	12	175	8
SPA 3	149	9	169	10	103	6
SPA 4	624	56	646	58	442	39
SPA 6	268	27	223	22	159	16
Los Angeles County	1,930	19	1,911	19	1,268	13

Source: County of Los Angeles, Public Health, 2013 Annual HIV Surveillance Report.
<http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/2013AnnualSurveillanceReport.pdf>

The rate of persons living with AIDS per 100,000 population is lowest in SPA 3 (109) and highest in SPA 4 (883). The rate of AIDS is higher in SPA 4 and SPA 6 than in the county.

Persons Living with AIDS, Rates per 100,000 Population, 2013

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County
Persons living with AIDS	175	109	883	285	276

Source: County of Los Angeles, Public Health, 2013 Annual HIV Surveillance Report.
<http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/2013AnnualSurveillanceReport.pdf>

All STD rates in SPA 4 and SPA 6 are higher than the county while rates in SPA 2 and SPA 3 are lower than county rates. The highest rates are for Chlamydia – 968.0 per 100,000 persons in SPA 6. SPA 4 has the highest rates of gonorrhea and syphilis. Teens and young adults, ages 15-29, and Blacks/African Americans, have the highest rates of sexually transmitted infections in the service area (County of Los Angeles, Public Health, 2013 Annual HIV Surveillance Report).

STD Cases, Rate per 100,000 Persons, 2012

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California*
Chlamydia	332.9	370.9	628.5	968.0	521.3	448.4
Gonorrhea	73.5	54.3	271.8	233.0	122.9	89.2
Primary & Secondary Syphilis	7.5	4.1	30.0	12.0	9.4	7.8
Early Latent Syphilis	7.8	4.6	52.5	17.2	13.7	6.7

Source: County of Los Angeles, Public Health, Sexually Transmitted Disease Morbidity Report, 2012.
<http://publichealth.lacounty.gov/dhsp/Reports/STD/STDMorbidityReport2012.pdf>

*California Department of Public Health, STD Local Health Jurisdiction, 2012.
<http://www.cdph.ca.gov/data/statistics/Pages/STDLHJData.aspx>

Among teens in SPA 6, 56.8% had not had sex. Of those who had sex, 4.6% had been tested for an STD. In SPA 3, 100% of teens indicated they had never had sex.

Teen Sexual History

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Never had sex	82.4%	100.0%	80.8%	56.8%	78.4%	82.9%
First encounter under 15 years old	4.6%	-	15.1%	29.4%	10.7%	7.6%
First encounter over 15 years old	13.0%	-	4.1%	13.9%	10.9%	9.5%
If had sex, tested for STD in past year	59.2%	-	18.3%	4.6%	36.7%	31.7%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

Community Input – HIV/AIDS/STD

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to HIV/AIDS/STD. Following are their comments, quotes and opinions:

➤ Stigma

- Even doctors express a stigma associated with HIV/AIDS.
- There is a stigma associated with bisexual and homosexual drug users.
- It immobilizes people and impacts their health. Many people don't acknowledge they have the disease so they don't take care of it.

- We need to lower the shame around identity and sexual partners so families don't reject their kids.
- Education
 - Prevention education is needed at a younger age. The age for contraction of STDs keeps dropping; oral sex is no longer taboo.
 - It's about 'being loved' for a lot of women; they understand the risk, but feel that using condoms puts the relationship at risk and they choose to take the risk.
 - Education needs to be more comprehensive; it's not just about men having sex with men; the messaging needs to be revisited. For adolescents and young adults you shouldn't label things as 'HIV prevention,' it's about creating a sense of future. You need to give skills and competencies, to give self-efficacy to negotiate for safe-sex or clean needles.
 - Kids think they can't get HIV/AIDS anymore; that it's something that used to happen.
 - Schools won't let allow teaching about HIV/AIDS/STD, and parents won't talk about it.
 - Because people are living longer, HIV/AIDS is starting to be viewed as 'no big deal.'
 - There is a need for condoms and sex education in jails.
 - Education needs to come from home. I see a lot of young teenagers with HIV from drugs and sex.
- Medications
 - Medications are costly.
 - Without insurance it is horribly expensive to treat.
 - PREP (pre-exposure prophylaxis) is being pushed heavily now, rather than prevention strategies - 'pop a pill and don't worry about it.'

Mental Health

Mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression and outcome of chronic diseases (Healthy People 2020). In the service area the rates of suicide are lower than county and state rates. However, 14.2% to 21.9% of adults and 8.5% to 20.6% of teens in the service are needed help for mental health or emotional issues.

In SPA 2, 10.7% of adults and 9.4% of adults in SPA 4 experienced serious psychological distress in the past year. In SPA 4, 21.9% of adults needed help for an emotional/mental health or alcohol/drug related issue, and in SPA 6, 15% of adults needed help for an emotional/mental health or alcohol/drug related issue. 11.2% of SPA 4 adults took medication for an emotional/mental health issue.

Mental Health, Adults

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Adults who has likely had serious psychological distress during past year	10.7%	7.1%	9.4%	8.2%	9.6%	7.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	14.2%	14.4%	21.9%	15.0%	18.0%	15.9%
Adults who took prescription medicine for emotional/mental health issue in past year	8.5%	7.8%	11.2%	8.0%	9.2%	10.1%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In SPA 4, 20.6% of teens needed help for an emotional or mental health problem. In SPA 3, 16.9% of teens needed help for an emotional or mental health problem.

Mental Health, Teens

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Teens who needed help for emotional / mental health problems in past year	8.5%	16.9%	20.6%	17.5%	22.4%	23.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In SPA 4, 9.7% of adults had seriously considered suicide. This is higher than the county and state rates.

Thought about Committing Suicide

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Adults who ever seriously thought about committing suicide	6.8%	5.7%	9.7%	5.2%	7.2%	7.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In the KFH – Los Angeles service area, the age-adjusted rate of suicide is 6.2 per 100,000 persons. This is less than the state rate of 9.8 and the Healthy People 2020 objective of 10.2 per 100,000 persons.

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

	Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide death rate	1,244	6.2	7.4	9.8

Source: University of Missouri, 2010-2012. [Center for Applied Research and Environmental Systems](#). California Department of Public Health, [CDPH - Death Public Use Data](#) by zip code.

Overweight and Obesity

Being overweight or obese affects a wide range of health issues and are major risk factors for diabetes, cardiovascular disease, and other chronic diseases. There are high rates of overweight and obesity among adults and children in the service area. This may have an impact on the high rates of chronic diseases identified in the service area. In the KFH – Los Angeles service area, Blacks/African Americans and Latinos/Hispanics tend to have higher rates of overweight and obesity, while Asians have lower rates.

Over one-third of the adult population is overweight in the Service Planning Areas. In SPA 3, 13.4% of teens and 27.5% of children are overweight.

Overweight

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Adult (ages 18+)	41.6%	34.9%	37.0%	35.9%	36.2%	35.5%
Teen (ages 12-17)	0.9%	13.4%	10.7%	2.0%	14.4%	16.3%
Child (ages 2-11)	4.7%	27.5%	21.6%	7.3%	13.1%	13.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

An adult is overweight if $25.0 \leq \text{Body Mass Index (BMI)} \leq 30.0$. Teen overweight is a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex. Child overweight is defined as overweight for age, and does not factor in height (CDC.gov, 2013)

Youth overweight reports 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. Body composition is determined by skinfold measurements or bioelectrical impedance analysis for the calculation of percent body fat and/or Body Mass Index (BMI) calculation. In the service area, 20% of 5th, 7th and 9th graders are considered overweight.

Youth Overweight

	Service Area	Los Angeles County	California
Children in grades 5, 7, and 9 within the needs improvement* category for body composition	20.0%	20.0%	19.3%

Source: California Department of Education, 2013-2014, [FITNESSGRAM® Physical Fitness Testing](#). The CDC's [BMI-for-age growth charts](#) define an individual as overweight when his or her weight is between the "85th to less than the 95th percentile" *The percent body fat "needs improvement" threshold is 18.9%-22.3% for boys and 20.9%-31.4% for girls, depending on age. The BMI "Health Risk" threshold is 16.8-25.2 for boys and girls, depending on age.

Hispanic or Latino youth (22%) and Black or African American youth (20.6%) have the highest rates of overweight among kids in the school districts served by KFH – Los Angeles.

Youth Overweight by Race/Ethnicity

	Service Area	Los Angeles County	California
Hispanic or Latino	22.0%	21.7%	21.6%
Black or African American	20.6%	20.1%	20.3%
White	17.1%	16.1%	15.9%
Asian	15.0%	14.7%	15.1%
Multiple Races	14.7%	18.6%	18.3%

Source: California Department of Education, 2013-2014, [FITNESSGRAM® Physical Fitness Testing](#). By School District

From 2005 to 2011, there was an increase in adult obesity from 9% in SPA 6 to 24.1% in SPA 2. In 2011, 32.7% of SPA 6 adults were obese and 23.9% of the adult population in SPA 3 was obese. These rates are higher than the county rate of 23.6% obese adults.

Adult Obesity

	2005	2007	2011	Change 2005-2011
SPA 2	17.0%	17.1%	21.1%	24.1%
SPA 3	20.0%	22.2%	23.9%	19.5%
SPA 4	19.1%	20.4%	20.1%	10.5%
SPA 6	30.0%	35.4%	32.7%	9.0%
Los Angeles County	20.9%	22.2%	23.6%	12.9%

Source: Los Angeles County Department of Public Health, 2012. An adult is considered obese if BMI $\geq 30\text{kg/m}^2$.
http://publichealth.lacounty.gov/wwwfiles/ph/hae/ha/Obesity_2012_sFinal.pdf

Obesity among adults ranges from 17.7% in SPA 2 to 38.6% in SPA 6. The SPA 4 rate (29.1%) and SPA 6 rate are higher than county (27.2%) and state (27%) rates of obesity. SPA 6 exceeds the Healthy People 2020 objective of 30.5% of adult obesity.

Adult Obesity

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Adults with BMI 30 or higher	17.7%	25.7%	29.1%	38.6%	27.2%	27.0%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu> An adult is considered obese if BMI $\geq 30\text{kg/m}^2$.

When adult overweight and obesity rates are examined by race and ethnicity, African Americans and Latinos have higher rates. Hispanic or Latino and Whites in SPA 2 have higher rates of overweight and obesity. Though lower, the Asian rates of overweight and obesity in SPA 2, SPA 4 and SPA 6 exceed county and state rates.

Adult Overweight and Obesity by Race/Ethnicity

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Black or African American	50.9%	79.3%	75.6%	84.8%	80.8%	71.2%
Asian	54.0%	36.5%	49.3%	59.6%	40.4%	43.7%
Hispanic or Latino	66.8%	71.4%	72.5%	73.6%	71.4%	73.2%
White	55.6%	65.9%	65.6%	41.2%	58.7%	58.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu> An adult is considered obese if BMI $\geq 30\text{kg/m}^2$.

Youth obesity reports the percentage of children in grades 5, 7, and 9 who rank within the "High Risk" category (Obese) for body composition on the Fitnessgram physical fitness test. Body composition is determined by skinfold measurements or bioelectrical impedance analysis for the calculation of percent body fat and/or Body Mass Index (BMI). Youth obesity rates in the service area 21.4%, which is higher than the state rate.

Youth Obese

	Service Area	Los Angeles County	California
Children in grades 5, 7, and 9 within the high risk* category for body composition	21.4%	21.5%	19.0%

Source: California Department of Education, 2013-2014, [FITNESSGRAM® Physical Fitness Testing](#).

The CDC's [BMI-for-age growth charts](#) define an individual as overweight when his or her weight is "greater than the 95th percentile"

* The percent body fat "high risk" threshold is 27.0%-35.1% for boys and 28.4%-38.6% for girls, depending on age. The BMI "high risk" threshold is 17.5-25.2 for boys and 17.3-27.2 for girls, depending on age.

Safety and Violence

Death rates as a result of violence and injury are higher in the service area than in the state. The homicide death rate is 4.7 per 100,000 persons, which is better than the Healthy People 2020 objective of 5.5 deaths per 100,000 as a result of homicide. The death rate as a result of motor vehicle accidents in the service area is 4.2 per 100,000. This rate of death is less than the Healthy People 2020 objective of 12.4 deaths per 100,000 as a result of motor vehicle accidents. The rate of pedestrians being killed by motor vehicles is 2.0 per 100,000 persons. This rate of death is higher than the Healthy People 2020 objective of 1.2 pedestrian deaths per 100,000 persons.

Violence and Injury Mortality Rates, Age-Adjusted, Rate per 100,000 Persons

	Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide death rate	946	4.7	6.0	5.2
Motor vehicle accident death rate	781	4.2	5.4	5.2
Pedestrian motor vehicle death rate	355	2.0	2.3	2.0

Source: University of Missouri, 2010-2012. [Center for Applied Research and Environmental Systems](#). California Department of Public Health, [CDPH - Death Public Use Data](#) by zip code.

Threats of Violence

21.5% of teens in SPA 4 received threats of violence or physical harm from their peers in the past year. Teens in the service area SPAs feared being attacked at school in the past year at rates higher than found in the state.

Teens Threat of Violence

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Teens received threats of violence or physical harm by peers in past year	8.7%	2.4%	21.5%	11.7%	14.7%	16.2%
Teens feared being attacked at school in past year	21.5%	15.1%	18.7%	22.8%	17.1%	14.3%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

Crime

Violent crimes include homicide, rape, robbery (of an individual(s) not a home or business) and aggravated assault. Property crimes include burglary, larceny-theft, and motor vehicle theft. In the service area West Hollywood (4,695.3) has the highest rate of property crime and the highest rates of violent crime (966.5) reported per 100,000 persons. Sierra Madre has the

lowest property crime (1,009.2) rate and the lowest violent crime rate (36.0) per 100,000 persons.

Violent Crime Rates and Property Crime Rates per 100,000 Persons, 2012

Geographic Area*	Property Crime Rates	Violent Crime Rates
Alhambra	2,271.8	176.4
Arcadia	2,422.5	99.5
Burbank	2,373.0	231.3
Glendale	1,561.3	119.5
La Canada Flintridge	1,574.0	58.3
Los Angeles	3,112.8	335.3
Monrovia	2,548.5	217.7
Monterey Park	1,668.0	122.4
Pasadena	2,424.3	310.7
San Gabriel	1,362.2	218.0
San Marino	1,369.4	97.3
Sierra Madre	1,009.2	36.0
South Pasadena	1,700.9	103.7
West Hollywood	4,695.3	966.5
California	2,758.7	423.1

Source: U.S. Department of Justice, FBI, Uniform Crime Reporting Statistics, 2012; www.bjs.gov/ucrdata/index.cfm * Data available by city, therefore, zip code only areas in the KFH – Los Angeles service area are not listed. No data for Altadena, La Crescenta or Montrose.

Los Angeles has the highest number of domestic violence calls in the service area. In Los Angeles, 77% of the calls were for domestic violence with a weapon.

Domestic Violence Calls, 2014

Geographic Area*	Total	Without Weapon	With Weapon
Alhambra	154	144	10
Arcadia	48	41	7
Burbank	229	208	21
Glendale	285	244	41
La Canada Flintridge	17	6	11
Los Angeles	19,553	4,416	15,117
Monrovia	234	228	6
Monterey Park	102	88	14
Pasadena	265	207	58
San Gabriel	66	46	20
San Marino	4	3	1
Sierra Madre	20	9	11
South Pasadena	24	0	24
West Hollywood	138	13	125
California	166,361	100,496	65,865

Source: California Department of Justice, Office of the Attorney General, 2014. <https://oag.ca.gov/crime/cjsc/stats/domestic-violence>. * Data available by city, therefore, zip code only areas in the KFH – Los Angeles service area are not listed. No data for Altadena, La Crescenta or Montrose.

Community Input – Safety and Violence

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to safety and violence. Following are their comments, quotes and opinions:

➤ Domestic violence

- There are cultural issues around domestic violence.
- Shame around domestic violence.
- Undocumented individuals' fears around domestic violence and crime.
- Economic concerns around reporting domestic violence.
- Fear of losing their kids or not being able to take the kids with them.
- There are few safe houses or residential facilities for battered women in the Pasadena area, and children over 12 can't go in with their moms.
- Domestic violence seems to be occurring in younger and younger couples.
- LGBT - lack of culturally-competent programs addressing domestic violence in same-sex couples; women-only shelters aren't a barrier - they don't keep out your female abuser.
- A challenge with domestic violence is women don't want to file charges and the shelter won't take a person unless she files charges.
- Violence and crime
 - Gangs and random violence seem to be on the upswing again. Retaliation is the big challenge.
 - There is human trafficking, prostitution, gangs, and a predator environment where adults prey on children.
 - I worry about our communities. Every other day there is a shooting.
 - Victims are not reporting crimes due to fear of reprisals.
 - People don't know that programs exist to help them.
 - We are seeing growing elder abuse problems. There is senior fraud and neglect.
 - People don't bother reporting due to fear or discouragement.
 - Homeless shelters are very violent and crime-ridden places.
 - High levels of crime and violence against the Transgender community.
 - Structural violence leads to interpersonal violence; leads to lack of respect and discrimination.
 - High levels of domestic abuse in Transgender population.
 - Hate crimes against Transgender persons.
 - Officers will tell victims that it's their fault for dressing that way.
- Issues with the police
 - The police are currently looked on so negatively now, and being targeted.
 - There is a current strained relationship with law enforcement.
- Accidents
 - Texting continues to create dangers for traffic and pedestrian injuries.
 - We need bicycle lanes.

b. Significant Health Drivers

Health drivers are behavioral, environmental, social, economic and clinical care factors that positively or negatively impact health.

i. Access to care

With passage of the Affordable Care Act (ACA) in 2010, health insurance coverage was made more available. The secondary data sources for insurance coverage at this time do not fully capture the influence of the Affordable Care Act on access to care. Community input on access to care from interviews and focus groups indicate the availability of insurance coverage is improving access to care. However, a number of barriers remain, including affordability, transportation, navigating the system, and accessibility to appointments in a timely manner. Access to care remains limited for non-resident immigrants who are not covered by the ACA. Community stakeholders also identified barriers to accessing care experienced by the homeless, students and seniors.

In addition to health care access, there are identified barriers to accessing dental care and mental health care. There are limited health insurance options for dental care and not enough resources. The lack of resources is also a concern for those attempting to access services for mental health care. Obtaining dental health and mental health care are often not prioritized as necessary given limited resources. As a result, many residents in the service area forgo dental care and mental health care services.

Health Insurance Coverage

In the KFH – Los Angeles service area, 30% of the population has Medi-Cal coverage. Over one-quarter of the population (26.4%) are uninsured, which translates to 73.6% who have health insurance. This is less than the Healthy People 2020 objective of 100% health insurance coverage.

Medi-Cal and Uninsured

	Service Area	Los Angeles County	California
Medi-Cal coverage	30.0%	27.2%	23.4%
Uninsured	26.4%	22.2%	17.8%

Source: U.S. Census Bureau, American Community Survey, 2009-2013. <http://factfinder.census.gov>

SPA 2 has the highest employment-based insurance rate (46.8%) and SPA 6 has the lowest rate of employment-based coverage (19%) in the service area. In SPA 6, 48.5% are covered by Medi-Cal. In SPA 4, 29.5% of residents have employment-based insurance and 24.8% are covered by Medi-Cal.

Insurance Coverage

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Medi-Cal	20.8%	22.0%	24.8%	48.5%	24.4%	22.5%
Medicare only	1.7%	1.2%	2.8%	0.4%	1.4%	1.4%
Medicare/Medi-Cal	1.6%	4.4%	8.2%	5.9%	3.7%	3.0%
Medicare and others	7.9%	8.0%	5.7%	4.2%	7.4%	9.0%
Other public	0.1%	0.3%	1.1%	0.2%	0.8%	1.0%
Employment based	46.8%	42.1%	29.5%	19.0%	41.5%	44.8%
Private purchase	9.2%	7.8%	5.9%	5.9%	7.4%	6.4%
No insurance	11.9%	14.1%	22.0%	16.0%	13.3%	11.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. A usual source of care is a place to go when a person is sick or needs health advice. SPA 2 and SPA 4 have lower rates of residents with a usual source of care than the county or state.

Usual Source of Care

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Usual source of care	79.8%	83.9%	76.9%	86.5%	83.8%	85.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

The source of care for 61.3% of SPA 2, 61.9% of SPA 3, 43.7% of SPA 4 and 38.9% of SPA 6 residents is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 41.5% of those in SPA 6 and 32.5% in SPA 4. 23.1% of SPA 4 and 20.2% of SPA 2 residents have no source of care.

Sources of Care

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Dr. Office/HMO/Kaiser	61.3%	61.9%	43.7%	38.9%	57.6%	60.7%
Community or government clinic/ Community hospital	16.4%	19.1%	32.5%	41.5%	23.6%	23.0%
ER/Urgent Care	1.0%	2.0%	0.6%	6.2%	1.7%	1.4%
Other	1.1%	1.0%	0.1%	N/A	0.9%	0.7%
No source of care	20.2%	16.1%	23.1%	13.5%	16.2%	14.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

24.3% of residents in SPA 6 visited an ER over the period of a year. This is a higher ER rate than found in the county (16.6%) and the state (17.4%).

Use of Emergency Room

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Visited ER in last 12 months	11.8%	15.8%	14.5%	24.3%	16.6%	17.4%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

A Health Professional Shortage Area (HPSA) is defined as a geographic area designated as having a shortage of health professionals. 17.8% of the population in the KFH – Los Angeles service area is living in a HPSA for primary care.

Health Professional Shortage Areas

	Service Area	Los Angeles County	California
Percentage of population living in a primary care HPSA	17.8%	31.4%	25.2%

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, March 2015. <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

Barriers to Care

Adults experience barriers accessing health care, dental care, mental health care and prescription medications. Over one-third (37.6%) of SPA 4 adults were unable to access dental care. A greater percentage of SPA 2 adults have trouble accessing mental health care or counseling compared to the other service area SPAs. SPA 6 has the largest percentage of adults who could not access medical care or prescription medications.

Barriers to Accessing Care

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County
Adults unable to obtain dental care in the past year because they could not afford it	29.8%	27.7%	37.6%	35.0%	30.3%
Adults unable to see a doctor for a health problem when needed in the past year because they could not afford it	16.8%	15.1%	17.7%	18.7%	16.0%
Adults unable to receive mental health care or counseling in the past year because they could not afford it	7.2%	4.4%	6.0%	6.8%	6.1%
Adults who reported they did not get prescription medication when needed in the past year because they could not afford it	15.8%	15.6%	15.3%	18.8%	15.4%
Adults who reported obtaining medical care when needed is somewhat or very difficult	28.9%	31.9%	38.0%	44.6%	31.7%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011. www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

Delayed Care

Among residents of SPA 2, 12.2% delayed or did not get medical care and 9.8% delayed or did not obtain prescription medications when needed. 69.9% of SPA 4 adults delayed care due to

the cost of care or lack of insurance.

Delayed Care

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Delayed or didn't get medical care in past 12 months	12.2%	10.3%	11.9%	10.7%	11.7%	11.3%
Delayed care due to cost or lack of insurance	45.3%	26.8%	69.9%	55.5%	44.8%	51.3%
Delayed or didn't get prescription medicine in past 12 months	9.8%	7.5%	7.0%	8.8%	7.9%	8.7%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Community Input – Access to Care

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to access to care. Following are their comments, quotes and opinions:

- Undocumented immigrants
 - Mixed immigration families.
 - Fear of deportation.
 - County is doing away with programs that used to service the undocumented people in our neighborhoods.
 - The undocumented don't access the health care system because they don't think they can or they are fearful.
- Language
 - We have 50 different languages in the community.
 - There needs to be more information for Spanish speakers or language minorities.
 - Language level of health materials is too high for people with low health literacy.
- Cost
 - The huge insurance deductibles keep people from being able to afford their medications.
 - People with co-pays do not want to pay \$30 to go to the doctor.
 - Even with ACA cost is still a barrier to care.
- Cultural Competence
 - For our population, it can be very challenging to access good care for cultural issues.
 - For the transgender population it is particularly challenging to access appropriate health care. They often have to educate their doctors and know more than their doctors.
 - It is difficult to identify strategies that are culturally tailored to our community. Simply translating the language is often not enough. Evidence-based practices are not necessarily effective in our community.
- Navigating the System
 - We now have greater health care access but navigation of the system is difficult.
 - Typically the health system open 8-5, M-F; we need more weekend clinics and afterhours options.
- System Break Down
 - It is hard to make an appointment and wait times are long.

- Increased demand due to newly insured patients; lack of providers; wait times are longer.
- What is needed is onsite medication dispensing that is open longer hours.
- When people get Medi-Cal they are assigned to a provider but they don't understand this. So access continues to be an issue.
- Systemic glitches are affecting Medi-Cal eligibility and coverage.
- There is confusion and problems with signing up for insurance when people don't have a stable living situation. Medi-Cal won't send the card to a P.O. Box. So signing up, and staying signed up is a challenge.
- Paperwork can be problematic. How does someone prove they DON'T have a bank account?
- You can't just easily change your provider or go where you used to go.
- Managed care contracts limit where we can send patients, and it is not always convenient.
- Preventive Care
 - People lose their medical homes due to changes in insurance; there is no continuity of care.
 - There is a lack of providers for children with special needs.
 - It is important to get screenings for children of uninsured families; a lot of issues can be avoided if we can get them into care early.
 - Preventive care is not a priority among stressed families.
 - Employers will give employees time off if they're sick, but they cannot have time off for preventive care services.
- Education
 - A challenge is to educate people who've never had insurance before, about when, why, and how often they should be going to the doctor, about prevention, and how to use insurance. They are used to just going to the ER whenever problems arise.
 - Knowledge of where to sign up for Medi-Cal and what's available to them.
 - Educating people how to navigate that system; this is complex for some. Many are encountering the health care system for the first time under Covered California.
 - They may not understand that a 'denial' isn't a permanent thing; it may mean they need to provide more information, but they give up or they pay out-of-pocket.
 - Complexity from three layers of the insurance system: Covered California, the health insurance company, and then the health group you sign up with. People are not sure who they are supposed to be approaching or listening to.
 - We need somewhere where people can go that is user friendly. So when a problem arises with health care coverage they will help you.
 - "Mohamed has to come to the mountain." If you don't go to a clinic you don't get care. In many countries there is a health educator that comes to your door. This is a friendly face. Here you can go a lifetime without a friendly face."
- Issues with websites
 - Some people don't have email or have visual impairments; the online sites aren't visually-friendly.

- The health care websites, once they've been translated, are often unintelligible.
- Transportation is a barrier to care
 - Cost.
 - Time required for public transport.
 - Proximity to resources, distance to specialists.
 - The elderly have coverage but they do not necessarily have access as they face barriers with transportation, poverty, and isolation.

Oral Health

Lack of access to dental health care can contribute to poor health status. In SPA 2, 90.8% of children and 100% of teens had been to the dentist in the past two years. In SPA 3 26.7% of children had never been to a dentist.

Time Since Last Dental Visit, Children and Teens

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Children been to dentist less than 6 months to 2 years	90.8%	73.4%	88.4%	86.9%	83.9%	83.8%
Children been to dentist more than 2 years to more than 5 years	None	None	None	0.4%	0.1%	0.9%
Children never been to dentist	9.1%	26.7%	11.3%	12.7%	16.0%	15.3%
Teens been to dentist less than 6 months to 2 years	100.0%	91.9%	90.7%	98.4%	96.0%	94.7%
Teens been to dentist more than 2 years to more than 5 years	None	7.9%	None	1.6%	1.9%	3.5%
Teens never been to the dentist	None	None	9.3%	None	2.1%	1.8%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Among adults in SPA 2, 51% have dental insurance compared to SPA 6, where 37.1% of adults have dental insurance. However, due to the cost of obtaining dental care, 37.6% of adults in SPA 4 and 35% of adults in SPA 6 did not obtain dental care.

Dental Care, Adult

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County
Adults who have dental insurance that pays for some or all of their routine dental care	51.0%	49.0%	38.9%	37.1%	48.2%
Adults who reported their last visit to a dentist was less than 12 months ago	57.6%	56.8%	52.1%	44.5%	55.8%
Adults unable to obtain dental care because they could not afford it	29.8%	27.7%	37.6%	35.0%	30.3%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011. www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

Children have increased access to dental care when compared to adults. 75.7% of children in SPA 4 and 75.8% of children in SPA 6 have dental insurance. Nevertheless, 14.9% of children in SPA 6 and 13.9% in SPA 3 did not obtain dental care due to cost.

Dental Care, Children

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County
Children who have dental insurance	78.0%	78.0%	75.7%	75.8%	78.2%
Children unable to obtain dental care because they could not afford it	9.6%	13.9%	11.3%	14.9%	12.6%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011.
www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

5.2% of the population is living in a designated Health Professional Shortage Area (HPSA) for dental care, which is higher than the county or state rate.

Health Professional Shortage Areas

	Service Area	Los Angeles County	California
Percentage of population living in a dental care HPSA	5.2%	2.0%	4.9%

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, March 2015.
<http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

Community Input – Oral Health

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to oral health care. Following are their comments, quotes and opinions:

➤ Access

- The mouth has been separated from the rest of the body. A lot of the health of the body is connected to the health of the mouth. Funding and incentives don't see dental care as integrated to whole body health.
- Even with insurance, a lot of dental care is not covered.
- Getting dental care continues to be a financial barrier.
- There is a real need for dental services.
- Not enough dentists taking the various types of insurance, for the various age groups.
- Medi-Cal used to pay 20 cents on the dollar so dentists don't often take Medi-Cal.
- No coverage through Covered California.
- Many people have insurance that doesn't have dental health access. This presents a larger issue we can't mitigate at this point.
- Despite children being covered there are very few pediatric dentists. So while there is coverage there is no easy access.
- For indigent dental care it is really just extractions.
- There is a lot of dental fraud
 - Doctors recommending unneeded procedures.
 - Providing more-expensive procedures rather than ones covered by the health plan.

- Providing better-reimbursed procedures (i.e. extractions) rather than what is medically indicated.
 - Fraud with Care Credit; being charged for services never rendered.
 - Care Credit applications in English only, but being signed by people who don't speak English and don't understand what they're signing.
 - Care Credit offers credit rates with balloon payments based on original amount, not on balance remaining.
- Education
- Kids don't know how to brush right, or how to floss.
 - There are studies that show that poor dental care in seniors is related to memory and other issues of the brain. This is a key issue for health of elderly.
 - Some insurance plans are focused on extraction, which causes issues for long-term health.
 - Young people are so self-conscious that they'll hold off on those extractions and deal with the health consequences.
 - People end up with dentures at a young age.
 - Parents, particularly immigrant parents, think that dental hygiene for baby teeth is entirely unnecessary.
 - Employers will let people take time off if it's a medical issue, or a child's medical issue, but they don't consider dental care a medical issue.
 - People don't want to take time off of work for dental care as they believe it's less 'necessary' than a medical illness.
 - Dental hygiene is often viewed as a luxury, not a necessity.
 - People aren't drinking tap water because they don't trust it, and aren't getting fluoride.
 - At school, oral health screening is a huge issue. We find an extraordinary amount of disease. 7% of kids screened have abscesses and 50% need to see a dentist.
 - If you are referred to, or sign up with, a community clinic that doesn't offer dental, you're at a real disadvantage compared to those that are at a clinic that does offer dental.
- Maternal Dental Care
- Pregnant women will often be denied service by providers who don't want the risk, particularly with Medi-Cal.
 - Pregnant women are not having oral health needs evaluated.

Mental Health

In SPA 4, 12% of adults saw a health care provider for emotional, mental health, alcohol or drug issues, and 60.7% of those who sought or needed help did not receive treatment. In SPA 6, 10.9% of adults saw a health care provider for emotional, mental health, alcohol or drug issues, and 45.6% of those who sought or needed help did not receive treatment. The Healthy People 2020 objective is for 64.6% of adults with a mental disorder to receive treatment (35.4% who do not receive treatment).

Mental Health, Adults

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Adults who saw a healthcare provider for emotional/mental health and/or alcohol-drug issues in past year	11.2%	9.8%	12.0%	10.9%	13.0%	12.0%
Adults who sought/needed help but did not receive treatment	39.1%	43.3%	60.7%	45.6%	43.2%	43.4%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In SPA 4, 6.2% received counseling for an emotional or mental health problem. In SPA 3, 4.3% received counseling for an emotional or mental health problem.

Mental Health, Teens

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Teens who received psychological/emotional counseling in past year	16.5%	4.3%	6.2%	10.4%	14.5%	11.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Community Input – Mental Health Care

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to mental health care. Following are their comments, quotes and opinions:

- Stigma
 - If your work finds out about a mental health problem, you lose your job.
 - There is stigma associated with mental health issues particularly in communities of color.
 - People think going to therapy means you're crazy.
 - Transsexual individuals are still in the DSM-V as if they were crazy to begin with, just by virtue of existing. Therefore, they are less likely to seek therapy.
 - There are some pretty well known facilities here and nonprofits that provide mental health services. People have challenges in the sense that they don't seek help and there is often stigma attached to it.
- Education
 - Health care providers are ill-informed and don't know how to handle mental illness among seniors, so they just move them on.
 - There is a lack of knowledge of where to refer people with mental health problems.
 - Children need to learn how to talk about these issues in a safe environment.
- Language and Culture
 - Linguistic and cultural competency of the providers is a problem.
 - Some cultures may lack the language to discuss mental health.
 - Latinos don't recognize that they even need mental health care; it's not discussed; it's shameful.
 - There are cultural healers or indigenous religions and practices that may help in this arena that aren't valued or looked upon as equitable treatment options.

➤ Access

- There are not enough mental health services.
- Affordable Care Act plans don't have much coverage for mental health care.
- There is only one suicide responding team (PET team) for SPA 4; it's under-resourced for our distressed community.
- There is a long wait for services.
- Only critical services are available. Support services, like therapy, are hard to find.
- Medi-Cal for adults won't cover mental issues unless the person has an actual diagnosis.
- Kids are sometimes just being treated by interns; some of them need a higher level of care.
- For children's mental health, there are actually some areas that are really saturated with providers; where there's competition for kids. Highland Park is one place where are three agencies.
- There is particularly a lack of resources for language minorities. There is a big gap in adequate providers who have the ability to communicate with language minority clients. More people are seeking resources and there are not enough providers. We can do better in treating this more like other chronic diseases.
- If you are undocumented it is stressful and terrifying to live in the shadows. But if you also have mental illness it is even worse because you cannot access treatment.

➤ Cost

- So many people desperately need baseline mental care not getting it. The challenge is funding.
- Doctors aren't screening for it.
- Funding is very sparse.
- There's a need for flexible funding where it's not tied to a particular service; where you don't have to bill for your time. Funding is so restrictive that people aren't getting their needs met.
- The whole family often needs help and treatment, not just one individual in the family.

ii. Health behaviors

Health behaviors are activities undertaken to promote or protect health. Health behaviors impact health status. Health behaviors are activities undertaken to promote or protect health. Health behaviors impact health status. The role of healthy eating and physical activity in reducing the burden of chronic diseases, morbidity and mortality due to overweight and obesity is well-documented and widely known. Despite the increase in public awareness, residents in the KFH – Los Angeles service area do not consume enough nutritional foods and are not meeting recommended guidelines for physical activity. Some factors that contribute to this are resource access, financial constraints, food marketing and convenience, and cultural considerations.

Substance abuse is a negative health behavior that is increasing in scope in the service area. Community residents identified the linkages between substance abuse and mental health. Adult alcohol consumption and cigarette smoking are contributors to chronic diseases and increased death rates.

Preventive screenings are undertaken to identify cancer and other chronic diseases in the early stages. Community stakeholders from interviews and focus groups identified that many people put off prevention until it is too late. Sometimes the health system does not make it easy or convenient to access preventive services.

Healthy Eating

Among adults, 11.4% in SPA 6 eat five or more servings of fruit and vegetables daily. This is less than adults in the county (16.2%).

Eat Five or More Servings of Fruits/Vegetables Daily, Adults

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County
Adults, 18+ years old	17.1%	17.6%	16.9%	11.4%	16.2%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011.
www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

In SPA 3, 52.1% of children consume two or more servings of fruit in a day, compared to SPA 6 where 76.3% of children consume two or more servings of fruit in a day. Fruit consumption decreases considerably among teens in SPAs 2, 4 and 6. However, in SPA 3, 59% of teens consume two or more servings of fruit a day.

Eat Two or More Servings of Fruit Daily, Children and Teens

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Children	59.3%	52.1%	67.4%	76.3%	63.4%	68.8%
Teens	33.7%	59.0%	41.6%	38.2%	43.6%	51.4%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

In SPA 2, 12.1% of children and teens consume two or more glasses of soda or sugary drinks a day. This is lower than SPAs 3, 4 and 6, county (17.3%) and state (14.2%) rates.

Soda or Other Sugary Drinks, Two or More Glasses, Consumed Yesterday

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Teens and children	12.1%	16.4%	15.7%	18.0%	17.3%	14.2%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

25.2% of SPA 6 residents eat fast food three or more times a week. Adults, age 18-64, consume fast food at a higher rate than youth or seniors.

Fast Food Consumption, Three or More Times a Week

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Total population	17.5%	19.3%	17.8%	25.2%	21.6%	20.6%
Ages 0-17	11.0%	9.1%	16.7%	19.3%	15.1%	14.6%
Ages 18-64	20.8%	24.2%	19.0%	28.6%	25.5%	24.9%
Ages 65+	11.9%	10.3%	13.9%	19.7%	11.5%	9.6%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Active Living

SPA 2 has the lowest activity rate among children at 75%. In SPA 3, 88.7% of children engaged in at least one hour of physical activity three or more days in the previous week. Teens engage in physical activity at lower rates. Only 47.6% of teens in SPA 6 engaged in at least one hour of physical activity three or more days in 'a typical week'. Over three-quarters of youth in the service area visited a park, playground or open space in the last month.

Physical Activity, Children and Teens

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Engaged in at least 1 hour of physical activity 3-7 days of the previous week – child	75.0%	88.7%	80.3%	86.2%	72.2%	76.3%
Engaged in at least 1 hour of physical activity 3-7 days of a typical week - teen	62.4%	64.3%	60.0%	47.6%	60.6%	68.5%
No physical activity/week – child	No Data	3.4%	15.1%	0.6%	6.1%	6.2%
No physical activity/week – teen	18.5%	16.2%	14.7%	22.9%	11.9%	8.6%
Youth visited park, playground or open space in the last month	81.7%	85.0%	77.6%	77.7%	83.3%	83.9%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

The California Department of Education's physical fitness test (PFT) measures the aerobic capacity of school children using run and walk tests. Children who meet established standards for aerobic capacity are categorized in the Healthy Fitness Zone. Youth physical inactivity is the percentage of children in grades 5, 7, and 9 ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity on the *Fitnessgram* physical fitness test. Among the school districts in the service area, 40.1% of 5th, 7th and 9th graders rank within the high risk or needs improvement zones for aerobic capacity; this is higher than the state rate of 35.9%.

Youth Physical Inactivity

	Service Area	Los Angeles County	California
Children in grades 5, 7, and 9 ranking within the "High Risk" or "Needs Improvement" zones for aerobic capacity	40.1%	40.0%	35.9%

Source: California Department of Education, 2013-2014, [FITNESSGRAM® Physical Fitness Testing](#).

For adults to meet the government Physical Activity Guidelines at least one of the following criteria must be fulfilled: 1) Vigorous activity for at least 75 minutes a week, 2) Moderate activity for at least 150 minutes a week, or 3) A combination of vigorous and moderate activity for at least 150 minutes a week) AND muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms). In SPA 3, 26.1% of adults meet the guidelines and in SPA 4, 31.3% of adults meet these guidelines.

Adults Who Meet the Recommended Weekly Aerobic & Muscle Strengthening Activity

	SPA 2	SPA 3	SPA 4	SPA6	Los Angeles County
Adults, 18+ years old	28.4%	26.1%	31.3%	28.1%	29.7%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011.
www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Community Input – Healthy Eating and Active Living

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to healthy eating and active living. Following are their comments, quotes and opinions:

- Exercise
 - Lack of PE in schools.
 - Prevalence of video games.
 - Our cultural beliefs about exercise being a punishment or torture, rather than a right or a natural part of being human.
- Education
 - Teach the kids so they'll teach and pressure their parents.
 - There is a lack of understanding of the severity and importance of obesity as a precursor to other diseases.
- Food
 - Cost of healthy food is higher than the cost of junk food.
 - Cultural food choices; fried foods.
 - Junk food is overwhelmingly targeted to people of color.
 - Every organization should have a consistent policy of not serving unhealthy snacks or lunches or candy.

Substance Abuse

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol in a set period of time. For

males, it is five or more drinks per occasion. For females, it is four or more drinks per occasion. In SPA 6, 31.9% of adults engaged in binge drinking; 17.8% of teens indicated they had tried an alcoholic drink. In SPA 3, 28.7% teens indicated they had tried an alcoholic drink.

Alcohol Consumption and Binge Drinking

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Adult binge drinking past year	30.3%	28.8%	31.1%	31.9%	31.5%	32.6%
Teen ever had an alcoholic drink	13.1%	28.7%	5.6%	17.8%	19.1%	22.5%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

3.3% of SPA 4 adults reported they needed or wanted treatment for an alcohol or drug problem in the past five years. In the county, 2.5% of adults reported a need for alcohol or drug treatment.

Adults Reported Needed/Wanted Treatment for Alcohol/Drug Problem in Past 5 Years

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County
Adults, 18+ years old	3.1%	2.1%	3.3%	2.3%	2.5%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011.

www.publichealth.lacounty.gov/ha/LACHSDDataTopics2011.htm

In SPA 6, 31.9% of teens have tried drugs and 3.5% have used marijuana in the past year. In SPA 4, 18.2% of teens have tried illegal drugs and 17.2% has used marijuana in the past year. The SPA 4 rate of marijuana use is higher than the county and state rates. SPA 4 and SPA 6 teen drug use is higher than among teens in the county and state.

Teen Illegal Drug Use

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Ever tried marijuana, cocaine, sniffing glue, other drugs	9.4%	10.2%	18.2%	31.9%	14.7%	12.4%
Marijuana use in past year	6.7%	5.4%	17.2%	3.5%	9.4%	8.6%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

Cigarette Smoking

Smoking is a contributing cause to disease and death. It increases the risk of developing heart disease, stroke and cancer. SPA 2 (12.9%) and SPA 6 (12.8%) have smoking rates higher than the Healthy People 2020 objective of 12%.

Cigarette Smoking, Adults

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Current smoker	12.9%	10.6%	11.1%	12.8%	10.8%	11.6%
Former Smoker	23.3%	19.2%	22.6%	26.1%	22.4%	22.4%
Never smoked	63.8%	70.1%	66.2%	61.1%	66.8%	66.0%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu>

3.8% of teens in SPA 4 and 1.4% of teens in SPA 6 are current cigarette smokers. The SPA 4 rate exceeds county and state rates of smoking among teens. 10.9% of teens in SPA 3 have smoked an e-cigarette; this is higher than the state rate (10.3%).

Cigarette Smoking, Teens (Ages 13-19)

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Current cigarette smoker	None	None	3.8%	1.4%	2.3%	3.1%
Ever smoked an e-cigarette	4.4%	10.9%	4.7%	3.2%	11.3%	10.3%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Community Input – Substance Abuse

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to substance abuse. Following are their comments, quotes and opinions:

➤ Access

- Availability of alcohol and drugs is getting easier for kids. They get drugs and alcohol in the home.
- The stigma of drug use is dissipating.
- People get hooked on over-the-counter medications.
- In Korea Town there are a lot of problems with underage drinking and bars and restaurants staying open very late.
- Cigarettes are heavily marketed.
- The media continues to portray drugs and tobacco as glamorous.
- The advent of vaping pipes; they're an easy gateway to tobacco.
- There is popularity of e-cigs. People perceive it's not as dangerous as traditional cigarettes.
- People are self-medicating for mental or physical health issues. Drugs are easier to access than health services.
- Tobacco use has diminished considerably with taxation, costs, legislation. Tobacco cessation is one of the more successful programs.
- Drug use is rampant. The number of Green stores is so high, and access is easy and 'in your face.'

➤ Treatment

- People who admit they need help aren't sure where to go for treatment.
- People fear the impact on their families if they seek treatment.
- By the time someone decides to get help, they may be homeless, but housing programs won't let them in until they stop using.
- In-patient treatment is a very limited resource.
- There is a lack of access to providers who will provide medication-assisted treatment.
- Cost of treatment is high.
- There is a wait-list for low-cost treatment. Some programs have you check in daily for two or three months to prove you're serious about getting clean before they take you.

- Transgender individuals aren't welcome in the programs; they experience rejection and even physical abuse. There needs to be a program specific to the Transgender community.
- Disparities
 - Substance abuse is a huge issue with the homeless. People can't get into transitional program because have they substance abuse issues.
 - Disparities for substance abuse are high. We need culturally competent services.
 - People in communities of color smoke more than among the white population.

Preventive Practices

Colorectal Cancer Screening

The Healthy People 2020 objective rate for colorectal screening is 70.5% of adults 50 years and older. Adults in SPAs 2, 3, and 4 exceed this objective. In SPA 6, only 67.1% received colorectal screening. Of adults advised to obtain screening, 57.9% in SPA 6 complied at the time of recommendation.

Colorectal Cancer Screening, Adults 50+

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Screening Sigmoidoscopy, colonoscopy or fecal occult blood test	75.8%	76.9%	73.1%	67.1%	75.7%	78.0%
Compliant with screening at time of recommendation	67.0%	67.4%	64.4%	57.9%	66.5%	68.1%

Source: California Health Interview Survey, 2009. <http://ask.chis.ucla.edu>

Mammograms and Pap Smears

The Healthy People 2020 objective is for 81.1% of women age 50 to 74 to have a mammogram in the past two years. In SPA 2 and SPA 6, 82.8% of women had a mammogram, which is better than the Healthy People 2020 objective.

The Healthy People 2020 objective is for 93% of women age 21 to 65 to have a Pap smear in the past three years. None of the Service Planning Areas in the service area meet the Healthy People 2020 objective.

Women Mammograms and Pap Smears

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County
Women 50-74 years, had a mammogram in past two years	82.8%	79.2%	75.5%	82.8%	79.8%
Women 18-65 had a Pap smear in past three years	84.0%	78.6%	82.0%	87.4%	82.8%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011. www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

iii. Physical environment

The physical environment of a community has an impact on its residents. Community residents identified the need for healthier food choices and more opportunities for physical activity to help reduce obesity and chronic diseases. The KFH – Los Angeles service area has lower grocery store per population than found in the county and state, however, the service area also has fewer fast food restaurants per 100,000 persons. A majority of area adults feel it is easy to access fresh fruits and vegetables. The area has good access to parks but limited access to recreation and fitness facilities. Area air quality is better than the county as a whole, yet water quality is considered unsafe in some areas.

Access to Food and Physical Activity

In the KFH – Los Angeles area there are 528 grocery stores, for a rate of 25.4 stores per 100,000 persons. This is higher than county (20.9) and state rates (21.5).

Grocery Store Access, per 100,000 Persons

	Service Area		Los Angeles County	California
	Number	Rate		
Grocery store access	528	25.4	20.9	21.5

Source: US Census Bureau, [County Business Patterns](#), 2011. Additional data analysis by [CARES](#)

In the service area there are 1,774 fast food restaurants, for a rate of 85.3 fast food establishments per 100,000 persons. This is higher than county and state rates.

Fast Food Restaurant Access, per 100,000 Persons

	Service Area		Los Angeles County	California
	Number	Rate		
Fast food restaurant access	1,774	85.3	77.8	74.5

Source: US Census Bureau, [County Business Patterns](#), 2011. Additional data analysis by [CARES](#).

A food desert is defined as a low-income census tract where a substantial number of residents have low access to a supermarket or large grocery store. Only 3.5% of the population in the service area lives in a designated food desert, which is lower than county or state rates.

Food Desert

	Service Area		Los Angeles County	California
	Number	Percent		
Population with low food access	72,126	3.5%	6.9%	14.3%

Source: US Department of Agriculture, Economic Research Service, 2010. [USDA - Food Access Research Atlas](#).

Among adults, 18 years and older, 93% in SPA 3, 90% in SPAs 2 and 4, 77.9% in SPA 6 indicated that accessing fresh produce (fruits and vegetables) was somewhat or very easy.

Adults who Reported Accessing Fresh Produce was Very or Somewhat Easy

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County
Adults, 18+ years old	90.0%	93.0%	90.0%	77.9%	89.7%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2011.
www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

In the KFH- Los Angeles service area, 5.3% of adults commute to work by either walking or riding a bicycle. This is higher than the county (3.7%) and state (3.8%) rates.

Commute to Work, Adults, Walking or Biking

	Service Area	Los Angeles County	California
Adults who walk or bike to work	5.3%	3.7%	3.8%

Source: U.S. Census Bureau, American Community Survey, 2009-2013. <http://factfinder.census.gov>

70.1% of the population in the KFH – Los Angeles service area lives within one-half mile of a park. This exceeds the county (63.1%) and state (58.6%) rates.

Park Access

	Service Area	Los Angeles County	California
Population living within 1/2 mile of park	70.1%	63.1%	58.6%

Source: U.S. Census Bureau, 2010. [Decennial Census](#). [ESRI Map Gallery](#)

In the KFH – Los Angeles service area there are 9.2 recreation facilities per 100,000 persons. The rate of access to recreation facilities is more than the county rate of 7.6 and the state rate of 8.7 facilities per 100,000 persons.

Recreation and Fitness Facility Access, per 100,000 Persons

	Service Area		Los Angeles County	California
	Number	Rate		
Recreation and fitness facilities	191	9.2	7.6	8.7

Source: US Census Bureau, [County Business Patterns](#), 2012. Additional data analysis by [CARES](#).

Community Input – Access to Food and Physical Activity

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to access to food and physical activity. Following are their comments, quotes and opinions:

➤ Exercise

- Lack of green space with exercise equipment in parks.
- Lack of dedicated bike lanes.
- Violence keeps people out of the parks and off the streets.
- Culture of the neighborhood or city where you live; seeing your neighbors outside.
- Lack of programs or facilities where people can be active. Parks are lacking. Big barrier is access to recreation spaces.

➤ Food

- We live in a food desert.

- People are limited in their experience because don't have transportation and don't have money. They are struggling to pay bills. They rely on food banks and eat more fast food.
- Knowing where to go to get affordable healthy foods.

Liquor Store Access

There are 225 beer, wine, and liquor stores in the KFH – Los Angeles service area, which equates to 10.8 liquor stores per 100,000 persons. This is lower than the county rate (11.4).

Liquor Store Access, per 100,000 Persons

	Service Area		Los Angeles County	California
	Number	Rate		
Alcohol retail licenses	225	10.8	11.4	10.0

Source: US Census Bureau, [County Business Patterns](#), 2012. Additional data analysis by [CARES](#).

Air, Water and Climate

The South Coast Air Quality Management District monitors air quality across Southern California. The South Central Los Angeles location of the South Coast Air Basin is situated in the KFH – Los Angeles service area. Rates of nitrogen dioxide are lower in South Central Los Angeles than in the South Coast Air Basin. Rates of carbon monoxide are the highest in the South Coast Air Basin.

Air Quality Indicators, 2014

	South Central Los Angeles	South Coast Air Basin
Nitrogen dioxide, average annual concentration ppb	15.6	22.2
Carbon monoxide maximum concentration in ppm 8 hours	3.8	3.8

Source: South Coast Air Quality Management District, 2014 Air Quality. <http://www.aqmd.gov/docs/default-source/air-quality/historical-data-by-year/aq14card-gases.pdf?sfvrsn=6>

In Los Angeles County, 3.0% of the population may be getting drinking water from public water systems with at least one health-based violation. This is higher than the population exposed to unsafe water in the state (2.7%).

Unsafe Drinking Water

	Los Angeles County	California
Population exposed to unsafe drinking water	3.0%	2.7%

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2012-2013. [County Health Rankings](#)

In the hospital service area, the percentage of weeks in drought from January 1, 2012 – December 31, 2014 was 96.6%, which is higher than found in California (92.8%).

Drought Severity

	Service Area	California
Percentage of weeks in drought	96.6%	92.8%

Source: U.S. Drought Monitor, 2012-2014. [US Drought Monitor](#)

iv. Socioeconomic factors

In the KFH – Los Angeles service area there are a number of indicators that outline the socioeconomic status of area residents. These factors identify disparities among community residents and can impact health by limiting access to resources and influencing access to care and preventive services. Education is a social determinant of health and in the service area over one-fourth of the population (25.9%) has no high school diploma. The high school graduation rate from among schools in the KFH – Los Angeles service area is 78.4%. Black/African Americans in the service area have the lowest graduation rate (69.3%). Other socioeconomic indicators indicate that area residents have high levels of food insecurity and enrollment of school children in the Free or Reduced Price Meal program. As well, homelessness is a growing problem in the service area. Community members commented on the importance of education, poverty, transportation, housing and food insecurity impacting the community.

Educational Attainment

Among adults, ages 25 and older, in the KFH – Los Angeles service area, over one-fourth of the population (25.9%) have no high school diploma. 18.1% of the population has a high school education. The service area has a higher percentage of college educated residents than found in the county and the state.

Educational Attainment

	Service Area	Los Angeles County	California
Population age 25 and over	1,409,257	6,456,772	24,455,010
Less than 9th grade	16.4%	13.7%	10.2%
9 th to 12 th grade, no diploma	9.5%	9.7%	8.5%
High school graduate	18.1%	20.5%	20.7%
Some college, no degree	16.9%	19.6%	22.1%
Associate degree	6.4%	6.9%	7.8%
Bachelor's degree	21.7%	19.4%	19.4%
Graduate or professional degree	11.1%	10.2%	11.2%

Source: U.S. Bureau of the Census, American Community Survey, 2009-2013, DP02. <http://factfinder.census.gov>

The high school graduation rate from among schools in the KFH – Los Angeles service area is 78.4%. This exceeds the county graduation rate (77.1%) but does not meet the Healthy People 2020 objective, which is a high school graduation rate of 82.4%.

High School Graduation Rate

	Service Area	Los Angeles County	California
Enrollment cohort	47,965	128,324	495,316
Total graduates	37,623	98,973	398,442
On-time graduation rate	78.4%	77.1%	80.4%

Source: California Department of Education, 2013. <http://www.cde.ca.gov/>

When high school graduation rates are examined by race/ethnicity, Asians have the highest graduation rates (93.6%). Black/African Americans in the service area have the lowest graduation rate (69.3%).

High School Graduation Rate by Race/Ethnicity

	Service Area	Los Angeles County	California
Asian	93.6%	93.4%	91.6%
Other Race	89.4%	87.4%	85.7%
White	89.2%	86.4%	87.7%
Hispanic or Latino	73.3%	73.6%	75.7%
Black or African American	69.3%	68.1%	68.1%

Source: California Department of Education, 2013. <http://www.cde.ca.gov/>

Reading below Proficiency

Fourth grade students in schools in the KFH – Los Angeles service area were tested through the standardized STAR test. Results of the English Language component of the test, 35% of the students tested below the “proficient” level. The Healthy People 2020 objective is that 36.3% or fewer students are not proficient in reading. The KFH – Los Angeles indicator has a lower rate of not proficient students on the English Language standardized test.

4th Grade Reading Below Proficiency

	Service Area	Los Angeles County	California
Children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the California STAR test	35%	36%	36%

Source: California Department of Education, 2012-2013. <http://www.cde.ca.gov/>

The percentage of students eligible for the free or reduced price meal program is one indicator of socioeconomic status. In the KFH – Los Angeles service area, 68.3% of the student population are eligible for the free or reduced price meal program, indicating a high level of low-income families. This rate is higher than the county (66.9%) or state rate (58.1%).

Free or Reduced Price Lunch Eligibility

	Service Area		Los Angeles County	California
	Number	Percent		
Public school students eligible for free or reduced price lunches	210,641	68.3%	66.9%	58.1%

Source: National Center for Education Statistics, 2013-2014. [NCES - Common Core of Data](https://nces.ed.gov/ipeds/data/ipeds_datacenter/ipeds_datacenter.asp)

In the Service Planning Areas, from one-quarter (25.3%) of low-income residents in SPA 3 to over half of SPA 4 (51.9%) low-income residents are not able to afford food and 12.5% to 26.6% utilize food stamps. In SPA 4, 8.5% of adults are currently receiving Supplemental Security Income (SSI). Among qualified children in SPA 3, 76.4% access WIC and in SPA 6, 67.1% access WIC. Among residents, 16% in SPA 6 and 9.1% in SPA 3 are Temporary Assistance for

Needy Families (TANF)/CalWorks recipients. These rates are higher than state rates.

Public Program Participation

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Not able to afford food (<200% FPL)	25.3%	40.6%	51.9%	46.1%	39.5%	38.4%
Food Stamp recipients	12.5%	19.2%	17.4%	26.6%	18.7%	18.1%
Currently receiving Supplemental Security Income (SSI)	1.4%	8.1%	8.5%	8.2%	7.0%	6.1%
WIC usage among qualified children (ages 6 and under)	37.3%	76.4%	36.9%	67.1%	50.8%	44.6%
TANF/CalWorks recipients	2.8%	9.1%	5.6%	16.0%	10.6%	8.4%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Food Insecurity

Food insecurity is a lack of access to sufficient amounts of safe and nutritious food for normal growth and development, and an active and healthy life. This indicator provides information on whether residents (adults ages 18+ with an income < 200% FPL) have a consistent ability to afford enough food. Higher percentages indicate increased food insecurity. Low-income adults in SPA 4 (51.9%) have the highest percentage of food insecurity. Rates of food insecurity in SPA 3, SPA 4, and SPA 5 exceed county and state rates.

Low-Income (<200 FPL) Adults with Food Insecurity

	SPA 2	SPA 3	SPA 4	SPA 6	Los Angeles County	California
Not able to afford enough food	25.3%	40.6%	51.9%	46.1%	39.5%	38.4%

Source: California Health Interview Survey, 2014. <http://ask.chis.ucla.edu>

Homelessness

The Los Angeles Homeless Services Authority (LAHSA) conducts the Greater Los Angeles Homeless Count every two years as a snapshot to determine how many individuals are homeless on a given day. Data from this survey show an increase in homelessness from 2013 to 2015. SPA 4 has the largest number of homeless in the service area. A larger portion of the homeless are unsheltered and the percentage of unsheltered homeless has increased from 2013 to 2015. A small decrease in homeless families, which are comprised of households with at least one adult and one child younger than age 18, was seen in SPA 4 and SPA 6 from 2013 to 2015.

Homeless Population*, 2013 – 2015 Homeless Count Comparison

	SPA 2		SPA 3	
	2013	2015	2013	2015
Total Homeless	4,836	5,216	2,794	3,093
Sheltered	28.3%	26.6%	48.9%	43.9%
Unsheltered	71.7%	73.4%	51.1%	56.1%
Adult Individuals	77.9%	78.2%	81.8%	81.0%
Family Members	20.9%	21.0%	17.4%	18.7%
Unaccompanied Minors (<18)	1.2%	0.8%	0.8%	0.4%

Source: Los Angeles Homeless Services Authority, 2013 & 2015 Greater Los Angeles Homeless Count Results.

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

Homeless Population*, 2013 – 2015 Homeless Count Comparison

	SPA 4		SPA 6		Los Angeles County	
	2013	2015	2013	2015	2013	2015
Total Homeless	10,472	11,681	7,045	7,513	35,524	41,174
Sheltered	41.4%	34.2%	33.9%	23.9%	36.4%	29.7%
Unsheltered	58.6%	65.7%	66.1%	76.1%	63.6%	70.3%
Adult Individuals	82.1%	85.2%	77.4%	77.5%	78.9%	81.1%
Family Members	15.0%	14.1%	21.5%	21.2%	18.8%	18.2%
Unaccompanied Minors (<18)	2.9%	<1%	1.1%	1.3%	2.3%	<1%

Source: Los Angeles Homeless Services Authority, 2013 & 2015 Greater Los Angeles Homeless Count Results.

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

The percentage of chronically homeless has increased from 2013 to 2015. SPA 2 has the highest percentage of chronically homeless (41.9%) in the service area. Increases were seen in homeless populations who experienced domestic violence. In SPA 2, there is a large percentage of homeless with mental illness (40.2%). SPA 4 has seen an increase in homeless with HIV/AIDS from 1% in 2013 to 3.2% in 2015.

Homelessness by Subpopulation*

	SPA 2		SPA 3	
	2013	2015	2013	2015
Chronically Homeless	26.4%	41.9%	24.3%	32.4%
Substance Abuse	33.4%	26.9%	28.7%	23.9%
Mentally Ill	28.6%	40.2%	28.0%	20.3%
Veterans	11.1%	11.3%	11.8%	7.7%
Persons with HIV/AIDS	0.9%	1.7%	1.1%	0.9%
Domestic Violence Experience	8.6%	23.9%	9.5%	18.6%
Physical Disability	17.5%	21.0%	18.8%	18.5%

Source: Los Angeles Homeless Services Authority, 2013 & 2015 Greater Los Angeles Homeless Count Results.

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

Homelessness by Subpopulation*

	SPA 4		SPA 6		Los Angeles County	
	2013	2015	2013	2015	2013	2015
Chronically Homeless	22.3%	31.4%	25.9%	29.3%	24.5%	34.4%
Substance Abuse	30.3%	24.3%	30.6%	17.1%	31.2%	25.2%
Mentally Ill	28.3%	29.2%	26.9%	25.2%	28.0%	29.8%
Veterans	11.6%	10.6%	10.7%	6.3%	11.3%	9.8%
Persons with HIV/AIDS	1.0%	3.2%	0.9%	1.3%	0.6%	0.2%
Domestic Violence Experience	9.2%	22.5%	8.4%	16.6%	1.0%	21.4%
Physical Disability	18.4%	17.4%	16.8%	17.9%	8.9%	19.8%

Source: Los Angeles Homeless Services Authority, 2013 & 2015 Greater Los Angeles Homeless Count Results.

www.lahsa.org/homelesscount_results

*These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

Community Input – Social and Economic Factors

Stakeholder interviews and focus groups identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community.

Following are their comments, quotes and opinions:

- Poverty is a huge issue for people. Access related to health care drives a lot of disparities we are seeing.
- Transportation is always a challenge for the low-income populations. Most are undocumented as well. Some qualify for expanded Medicaid program and have decided not to purchase care.
- A good size population in Pasadena is living below the poverty line. We have some homelessness.
- There is stress that comes with inequities that vulnerable population's experience. Discrimination, disparate impact of living situations, not having green space, living close to factories and industrial facilities.
- Economic status, education status, impacted by immigration status. Communities of color have significant challenges in attaining educational standards that others have access to. Language has a big part to play as well.
- Factors impacting the community are housing and food insecurity. When talking about housing it is instability and affordability and quality housing.

ii. Additional community health trends

Maternal and Infant Health

Maternal and infant health indicators provide important health trends that help to describe the health status of a potentially vulnerable population in the service area. These data provide information on healthy pregnancies and infants. The health behaviors of women during and after pregnancy will determine the health and well-being of their children. Overall, birth rates are decreasing in the service area. The birth indicators associated with accessing prenatal care, teen births and breastfeeding exceed comparison benchmarks. Nevertheless, the area has rates of low-birth weight births and infant mortality that are higher than state rates.

Births

In 2012, the number of live births in the service area was 24,382. This is a decrease from 26,366 births in 2011. The majority of the births were to mothers who are Hispanic/Latino (54.6%).

Prenatal Care

Pregnant women are recommended to enter prenatal care in the first trimester. Among pregnant women in the service area, 86.5% entered prenatal care in the first trimester. This is a higher rate than the state rate of 83.8%. The area rate of early entry into prenatal care exceeds the Healthy People 2020 objective of 77.9% of women entering prenatal care in the first trimester.

Prenatal Care Entry in the First Trimester

	Service Area			California
	Live Births*	Number	Percent	Percent
Prenatal care in the first trimester	22,922	19,826	86.5%	83.8%

Source: California Department of Public Health, 2012. www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

*Births in which the first month of prenatal care is unknown are not included in the tabulation.

Low-Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight (under 2500g) are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The service area rate of low birth weight babies is 7.0% (69.9 per 1,000 live births). This is higher than the state rate of 6.8%. The service area compares favorably to the Healthy People 2020 objective of 7.8% of births being low birth weight.

Low-Birth Weight Births

	Service Area			California
	Live Births	Number	Percent	Percent
Low-birth weight births under 2500g	24,382	1,704	7.0%	6.8%

Source: California Department of Public Health, 2012. www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Teen Births

The percentage of births to teen mothers was 6.4%, which is lower than the state rate of 7%.

Teen Births

	Service Area			California
	Live Births	Number	Percent	Percent
Births to mothers under age 20	24,382	1,550	6.4%	7.0%

Source: California Department of Public Health, 2012. www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Infant Mortality

The infant (less than one year of age) mortality rate in the KFH – Los Angeles service area was 4.6%. In comparison, the infant death rate in the state was 4.5%. The infant death rate compares favorably to the Healthy People 2020 objective of 6.0%.

Infant Mortality Rate

	Service Area			California
	Live Births	Number	Percent	Percent
Infant deaths	24,382	111	4.6%	4.5%

Source: California Department of Public Health, 2012. www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Breast Feeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at KFH – Los Angeles indicate 96.8% of new mothers use some breastfeeding and 72.6% use breastfeeding exclusively. These rates are better than found among hospitals in Los Angeles County and the state. The hospital exceeds the Healthy People 2020 objective for 81.9% of women to breastfeed their infants.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
KFH – Los Angeles	2,080	96.8%	1,561	72.6%
Los Angeles County	109,455	92.8%	62,955	53.3%
California	396,602	92.9%	275,706	64.6%

Source: California Department of Public Health, In-Hospital Breastfeeding by Hospital of Occurrence, 2013. www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx

iii. Prioritized list of health needs

As a result of the community convening forum, the health needs were ranked in the following order of priority:

Health Need	Points
Mental health	1,080
Overweight and obesity	620
Access to health care	440
Substance abuse	340
STD/HIV/AIDS	320
Diabetes	300
Oral health	200
Cardiovascular disease	180
Safety and violence	180
Cancer	100
Asthma	60

D. Community Assets, Capacities and Resources Available to Respond to Identified Health Needs

For this needs assessment a community asset, capacity or resource is defined as an organization, coalition or collaborative, policy, program or service that has the potential to positively impact the identified significant health needs. KFH – Los Angeles solicited community input through key stakeholder interviews and a community convening to identify resources potentially available to address the significant health needs. Rather than list all of the identified resources, examples are provided of potential resources available to address these needs. For additional resources refer to Think Health LA at www.thinkhealthla.org and 211 LA County at <https://www.211la.org/>.

Access to Health Care

The Affordable Care Act has increased access to health insurance through the Covered California marketplace. In Los Angeles County, Healthy Way LA, is a no cost health program that provides health care coverage to low-income uninsured adult citizens and legal residents. Health centers and clinics are a significant resource for primary care access. The Community Clinic Association of Los Angeles County (www.ccalac.org) provides a searchable database of clinics in Los Angeles County. Two of the health centers that serve residents of the KFH – Los Angeles service area are the Los Angeles LGBT Center and AltaMed Health Care Services. The Los Angeles LGBT Center is one of the few Federally Qualified Health Centers (FQHC) in the nation, and the only one in California, that specializes in serving LGBT people. They provide primary care and transgender care. AltaMed is a Federally Qualified Community Health Center and designated as a Primary Care Medical Home. AltaMed provides assistance with health insurance enrollment. The clinics offer primary care prevention and treatment services for the entire family. The Thai Community Development Center partners with the Youth Policy Institute to operate the Hollywood Family Source Center, providing linguistically and culturally competent services to low-income Thai individuals and families residing in the City of Los Angeles. They

have Covered California certified staff members to provide information about health insurance.

Asthma

The County of Los Angeles Public Health Child and Adolescent Health Program and Policy unit coordinates the Asthma Coalition of Los Angeles County. This coalition is a broad-based group of stakeholders from community-based organizations, advocacy groups, universities, government entities, school districts, environmental groups, health plans, hospitals and clinics who work toward policy and systems change to prevent, minimize and manage the burden of asthma. Communities for a Better Environment (CBE) is an environmental justice organization. The mission is to build people's power in California's communities of color and low-income communities to achieve environmental health and justice by preventing and reducing pollution and building green, healthy and sustainable communities and environments. BREATHE LA focuses on asthma control in underserved communities in LA. The Lung Power program is an after-school asthma control program created by BREATHE LA. Lung Power trains young children, families and school facilitators in underserved communities to identify triggers and to cope with asthma, while providing them with critical thinking and public speaking skills to create an Action Plan that will improve their health and environment.

Cancer

There are organizations in the service area that focus on cancer support. Cancer Support Community – Benjamin Center is one of these resources. The Benjamin Center serves people living in West Los Angeles and the broader Los Angeles community with a full menu of free-of-charge, essential programs overseen by licensed therapists: support groups, mind/body classes, educational and nutritional workshops, social activities, and individual counseling sessions. Project Angel Food provides a vital lifeline of hope and nutrition to our neighbors struggling with illness. They cook and deliver more than 10,000 meals every week to people who are too sick to shop and cook for themselves. The KHEIR Center is a primary provider of critical in-language health care and human services support to the residents of Metro Los Angeles and its neighboring communities. They provide cancer screenings and primary care services.

Cardiovascular Disease

Choose Health LA is a Los Angeles County Department of Public Health initiative to prevent and control chronic disease, which includes a program that teaches families how to shop through interactive grocery store tours. Another program focusing on the prevention of cardiovascular disease is through the Los Angeles County Office of Education, which offers nutrition education and obesity prevention programs funded by the USDA. The Youth Policy Institute offers an innovative Community Supported Agriculture program, which provides subsidized boxes of fresh, organic produce for low-income families at the Hollywood Family Resource Center.

Diabetes

The American Diabetes Association seeks to prevent and cure diabetes by educating the public about how to stop diabetes and provides support for those already diagnosed. Programs that address healthy eating and increased physical activity serve to prevent diabetes. The LA Care

Boyle Heights Family Resource Center is dedicated to helping Los Angeles County residents get access to high-quality health education programs and services. Open to all L.A. Care members and the public, the Boyle Heights Family Resource Center is the place to learn about important health topics. Classes and workshops are free and area residents can take an exercise class, talk to a registered dietitian, learn how to cook and plan healthy meals and more.

Mental Health

There are various organizations that provide mental health services in the hospital service area. Foothill Family Services provides counseling, social services, mental health treatment for children, education, and outreach. Programs and services are available at six Family Center locations as well as at preschools, elementary, middle and high schools, community centers, and through in-home visits. Alma Family Services provides a wide range of mental health counseling and support to children, adolescents, adults and their families who are experiencing significant emotional problems. Gateways Hospital and Mental Health Center offers services under contract with the Los Angeles County Department of Mental Health. As many as 28 adolescent beds and 27 adult beds are available. The hospital is accredited and licensed to provide an intensive therapy program for adults and adolescents in need of acute psychiatric evaluation, diagnosis, stabilization and treatment.

Oral Health

In addition to community health centers that provide dental care services to area residents, there are a number of other organizations supporting oral health. Young & Healthy offers three dental programs: 1.) First Grade Dental Education: A monthly dental education program for first grade students to teach them how to care for their own teeth; 2.) Mobile Dental Clinic: An annual Mobile Dental Clinic from the USC School of Dentistry to provide comprehensive dental care for children with the greatest needs; and 3.) Dental Screenings: Eleven volunteer dentists and dental hygienists have adopted PUSD elementary sites and provide the state mandated oral health assessment for kindergarten students on an annual basis. The Kids' Community Dental Clinic in Burbank, CA is dedicated to improving children's oral health through quality dental care and preventive education for low-income families in Southern California.

Overweight and Obesity

The Los Angeles Food Policy Council (LAFPC) is a collective impact initiative, working to make Southern California a Good Food region for everyone. The LAFPC aims to connect environmental sustainability and local agriculture with efforts to expand access to healthy food in historically disenfranchised communities. Supplemental Nutrition Program for Women, Infants and Children (WIC) provides supplemental foods, health care referrals and nutrition education to those who qualify. WIC's target population includes pregnant women, breast-feeding women, non-breast-feeding postpartum women, infants and children up to the age of five.

Safety and Violence

The County of Los Angeles Public Health has an Injury & Violence Prevention Program (IVPP),

which is a part of the Division of Chronic Disease and Injury Prevention. IVPP monitors the occurrence of intentional and unintentional injuries and implements prevention programs to reduce morbidity and mortality due to injuries. The goal of the program is to reduce the leading causes of injury related death and disability. Peace Over Violence is a sexual and domestic violence, stalking, child abuse and youth violence prevention center in Los Angeles. It is dedicated to building healthy relationships, families and communities free from sexual, domestic and interpersonal violence. The Asian Pacific Women's Center has a Domestic Violence Transitional Shelter that provides survivors of domestic violence and their children with a multicultural and multilingual supporting environment.

STD/HIV/AIDS

The County of Los Angeles Public Health provides STD clinics including the Los Angeles LGBT Center Sexual Health Program, which is dedicated to providing sexual health services to the gay, lesbian, bisexual and transgender community. Free testing and treatment for STDs and HIV are offered. AIDS Project Los Angeles Health & Wellness (APLAHW) provides medical, dental, and behavioral health care to everyone in L.A. County, regardless of their HIV status. In addition, APLAHW offers HIV prevention and education programs that address the specific needs of different parts of our diverse communities. Planned Parenthood offers STD testing, treatment and vaccines, and HIV testing. BIENESTAR is a Southern California-based social services organization primarily serving the Latino LGBT, HIV/AIDS and at-risk communities. They offer HIV testing and education.

Substance Abuse

The Alcoholism Center for Women (ACW) provides comprehensive substance abuse programs exclusively for women in Service Planning Area 4. ACW offers a continuum of programs with the goal that each person will maintain abstinence, recognize relapse factors, build self-esteem and a sense of responsibility, and restructure their lifestyles to include recovery support systems. Tarzana Treatment Centers, Inc. is a full-service behavioral health care organization that provides high quality, cost-effective substance abuse and mental health treatment to adults and youth. They operate a psychiatric hospital, residential and outpatient alcohol and drug treatment centers, adolescent drug treatment centers, and family medical clinics. Boys & Girls Clubs offer the SMART Moves (Skills Mastery and Resistance Training) prevention/education program addresses problems such as drug and alcohol use and premature sexual activity. The program promotes abstinence from substance abuse and adolescent sexual involvement through the practice of responsible behavior.

VII. KFH – LOS ANGELES 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

A. Purpose of 2013 Implementation Strategy Evaluation of Impact

The KFH – Los Angeles 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 – Los Angeles Implementation Strategy, 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-Los-Angeles.pdf> . For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by KFH – Los Angeles in the 2013 Implementation strategy report.

1. Access to health care programs and services for the un/underinsured and at-risk populations.
2. Access to programs and services focusing on the prevention and management of obesity/overweight and diabetes among youth (under the age of 18).
3. Access to programs and services focusing on the prevention and management of hypertension, cholesterol, and cardiovascular disease among adults (age 18 and over).
4. Access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations.
5. Broader Health Care System Needs in Our Communities - Research and Workforce.

KFH – Los Angeles 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 – Los Angeles tracks outcomes, including behavior and health outcomes, as appropriate and where available. As of the documentation of this CHNA Report in March 2016, KFH – Los Angeles had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH – Los Angeles 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 grant making, 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 – Los Angeles had 88 grant payments, amounting to a total of \$975,500 in payments, in service of 2013 health needs. Additionally, KFH – Los Angeles 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 make 95 grant payments, amounting to a total of \$13,571,789 in service of 2013 health needs. An illustrative list of active grants is provided in each health need section below.
- **In-Kind Resources:** Kaiser Permanente's commitment to Total Community Health means reaching out far beyond our membership to improve the health of our communities. Volunteerism, community service, and providing technical assistance and expertise to community partners are critical components of Kaiser Permanente's approach to improving the health of all of our communities. From 2014-2015, KFH – Los Angeles 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 – Los Angeles engaged in several partnerships and collaborations in service of 2013 Implementation Strategies and health needs; an illustrative list is provided in each health need section below.

C. 2013 Implementation Strategy Evaluation of Impact by Health Need

KFH – Los Angeles Priority Health Need:

Access to health care programs and services for the un/underinsured and at-risk populations

Kaiser Permanente aims to increase access to health care for the un/underinsured and at-risk populations (e.g. homeless, immigrants, underserved youth, elderly adults) in the KFH – Los Angeles service area by aligning our strategies with the following goals:

- Increase health care coverage to low-income individuals and the underserved.
- Provide case management and community linkages to nonmembers and homeless patients who frequent the Emergency Department (ED) for non-emergent conditions.
- Increase access to primary care services for the un/underinsured and at risk populations (e.g. homeless, immigrants, underserved youth, elderly adults).
- Increase access to diagnostic imaging and specialty care services for the underserved and vulnerable populations.
- Help improve capacity and sustainability of community clinics to more adequately serve medically uninsured or underinsured individuals.
- Leverage and collaborate with diverse entities to increase access to health care by the un/underinsured and vulnerable populations.

Access to health care programs and services for the un/underinsured and at-risk populations 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.	<p>In 2014, \$12,161,360 was spent on the Medicaid program and 16,173 Medi-Cal managed care members were served.</p> <p>In 2015, \$24,934,815 was spent on the Medicaid program and 22,103 Medi-Cal managed care members were served.</p>

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.	<p>In 2014, \$7,272,374 was expended for 7,507 MFA recipients.</p> <p>In 2015, \$5,549,425 was expended for 6,599 MFA recipients.</p>
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.	<p>In 2014, \$1,575,514 was spent on the CHC program and 3,344 individuals received CHC.</p> <p>In 2015, \$1,367,308 was spent on the CHC program and 3,437 individuals received CHC.</p>

*Access to health care programs and services for the un/underinsured and at-risk populations
Grant-Making Highlights*

Grant-Making Snapshot: During 2014-2015, there were 16 KFH grant payments, totaling \$191,500, addressing the priority health need in the KFH – Los Angeles service area. In addition, a portion of the money managed by a donor advised fund (DAF), The California Community Foundation, was used to support 43 grant payments, totaling \$7,450,000; 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
Clinica Monsenor Oscar A. Romero	\$50,000	The Boyle Heights (Marengo) Clinic Renovation Project will expand a dispensary into a full-functioning pharmacy and make internal and external structural improvements to ensure the safety of their patients. Once completed a total of 3,165 patients will access prescription fill/refill services at the Marengo pharmacy.	To date, Clinica Romero has reconfigured and modernized the interior of their current structure. The reconfigured space will allow increased access to pharmacy care. Alterations and renovations to the interior and exterior of the Marengo site will improve patient access, efficiency, flow, and increase overall patient safety, satisfaction and utilization.
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	\$175,000*	Please see description for the ALL	Please see description for the ALL

Grantee	Grant Amount	Project Description	Results to Date
Clinics Health Network		HEART program under Impact of Regional Initiatives.	HEART program under Impact of Regional Initiatives.
APLA Health & Wellness	\$10,000	The Wilshire Dental Clinic will provide oral health care services to low-income and/or LGBT individuals from the surrounding community regardless of their ability to pay.	APLA has provided close to 1,000 low-income and/or LGBT individuals in need of preventative and restorative oral healthcare. To date, over 5,000 dental procedures through 2,600 dental visits have been performed.
Glendale Community Free Health Clinic	\$10,000	The primary purpose of the Glendale Community Free Health Clinic is to provide free health care to the uninsured, working poor and other low-income individuals not having access to such care.	Glendale Free Community Clinic has provided free preventative healthcare services, including laboratory testing, medication, and other ancillary services to approximately 800 uninsured and very low-income individuals.
Martin Luther King, Jr. Community Health Foundation	\$2,000,000	Complete the Martin Luther King Jr Community Hospital's (MLK) <i>Healthy babies Healthy Beginnings Campaign</i> which expands maternity services.	Overall, construction was completed for the following including the integration of technology: 2 dedicated operating rooms for C-sections, 18 delivery and 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.
Access to health care programs and services for the un/underinsured and at-risk populations Collaboration/Partnership Highlights			
Organization/Collaborative Name	Collaborative/Partnership Goal		Results to Date
KFH – Los Angeles /Eisner	KFH – Los Angeles /Eisner		More than 458 children and youth

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Specialty Care Referral Program	Specialty Care Referral Program aims to increase access to specialty care services for low-income, un/under insured children.	received specialty care services and follow up under the KFH – Los Angeles/Eisner Pediatrics Specialty Care Referral Program. In 2015, 15 Eisner pediatric patients were referred to KFH – Los Angeles physicians for treatment. In addition, KFH – Los Angeles Pediatrics Community Medicine Fellow, Melissa Ruiz, MD, and residents helped staff a weekly clinic for pediatric patients.
KFH – Los Angeles Saban Community Clinic	KFH – Los Angeles continued to partner with Saban Community Clinic by providing primary health care services to low-income, un/underinsured, and/or homeless individuals and families living in the greater Hollywood and West Hollywood area.	Led by KFH – Los Angeles Family Medicine Fellow, Benjamin Silverberg MD, 25 medical residents and 3 physicians provided close to 400 volunteer hours to this vital Federally Qualified Health Center in the Hollywood and West Hollywood area.
Korean Health Education & Resource (KHEIR) Center - Specialty Care Hub	Korean Health Education & Resource (KHEIR) Center - Specialty Care Hub aims to increase access to specialty care consultations and referrals.	The program is supported by KFH – Los Angeles specialists who volunteer at KHEIR Center, providing specialty care consults in ophthalmology and rheumatology. In 2015, 380 patients received specialty care consult services in the areas of ophthalmology, dermatology, neurology, and sleep medicine. Since its inception in August 2011, more than 1,006 underserved patients have received specialty care consult services and care in a community clinic setting. These specialty care consults and services resulted in over 170 KFH-Los Angeles physician volunteer

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
		hours in 2015 alone.

*Impact of Regional Initiatives Addressing:
Access to health care programs and services for the un/underinsured and at-risk populations*

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

Kaiser Permanente's Building Clinic Capacity for Quality (BCCQ) initiative aims to improve the quality of health care provided to Southern Californians by enhancing the capacity of community clinics to implement Quality Improvement (QI) strategies that are supported by health information technology (HIT). The overall goals of BCCQ are to increase the capacity of participating community clinics and to advance community clinics' implementation of HIT. In order to accomplish these goals, Kaiser Permanente funded a project office (Community Partners) to develop and implement a three series training program designed to reach clinics that were at different levels of QI experience and capacity. Additionally, the project office piloted the Proactive Office Encounter (POE) program to translate a promising practice from Kaiser Permanente to community clinics. POE is a model of planned care that uses clinical care guidelines, patient data, and team and practice organization to proactively ensure all patient needs are met. Clinics were recruited to participate in BCCQ in Los Angeles, Orange, and San Diego Counties. BCCQ also engaged with the Riverside County Health System by implementing a tailored program. To date, KPSC CB has invested a total of three (3) grants, amounting to \$3,500,000 to support this initiative. (Note that this initiative continued to operate in 2014 and 2015, although no grant amounts were paid for these years).

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

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

and to date a total of over \$4,953,000 were awarded and paid to community based agencies across Southern California to support specialty care access.

In Los Angeles County, participating coalition members improved care coordination, developed and implemented telemedicine, and enhanced capacity in and trained primary care physicians. For example, to improve care coordination, C-SNAP supported the implementation of 4PatientCare, an automated patient reminder system that notifies patients through text and phone messaging at two LA County Department of Health Services sites. The SPA 3 Specialty Care Planning Coalition was able to support telemedicine efforts by implementing teledermatology at six clinics. They supplied equipment to four clinics and provided training to PCPs on teledermatology consults and biopsy procedures and trained care coordinators on program guidelines, workflow, and capturing images.

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

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

KFH – Los Angeles Priority Health Need:

Access to programs and services focusing on the prevention and management of obesity/overweight and diabetes among youth (under the age of 18)

Kaiser Permanente aims to increase access to programs and services focusing on the prevention and management of pediatric obesity/overweight and diabetes among un/underinsured, at-risk youth (under the age of 18) in the KFH – Los Angeles Service Area by aligning our strategies with the following goals:

- Increase awareness and access to preventive obesity/overweight and diabetes services targeting un/underinsured, at-risk youth (under 18 years) living in communities of high need.
- Improve community clinic capacity to address and prevent pediatric obesity/overweight and diabetes.

Leverage and collaborate with diverse entities to increase access to obesity/overweight, hypertension, cholesterol, and cardiovascular disease education.

Access to programs and services focusing on the prevention and management of obesity/overweight and diabetes among youth (under the age of 18)
Grant-Making Highlights

Grant-Making Snapshot: During 2014-2015, there were 27 KFH grant payments, totaling \$262,500, addressing the priority health need in the KFH – Los Angeles service area. In addition, a portion of the money managed by a donor advised fund (DAF), The California Community Foundation, was used to support 42 grant payments, totaling \$4,246,789¹; 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
California School Based Health Alliance	\$100,000	The Expanding and Improving School-Based Health Center (SBHC) Models in High Need Schools project aims to increase the number of school-based health services in California that implement best practices so that they can maximize their impact on children's health and wellness.	To date, the California School Based Health Alliance has increased school district engagement in expanding school health services through online, email, telephone, and in-person contact, increased access to mental health services for children and youth at schools, and promoted school-based health center principles and best practices.
Community Partners Los Angeles Food Policy Council	\$50,000*	Community Partners serves as the fiscal agent for Los Angeles Food Policy Council (LAFPC) to support the promotion and adoption of healthy and sustainable food systems. The grant supports the core efforts undertaken by LAFPC, which will increase access to healthy food options for underserved	LAFPC is continuing to manage and guide the Urban Agriculture Working Group in the development of water-sensitive urban agriculture policies and programs. They are assisting the Street Food Vendor Steering Committee in contributing to the development of a city-wide permit system for sidewalk vending. Additionally, they are supporting the Farmers' Markets Working Group to

¹ This amount also addresses the prevention and management of obesity/overweight and diabetes among youth (under the age of 18).

Grantee	Grant Amount	Project Description	Results to Date
		communities.	help the city achieve universal acceptance of Electronic Benefit Transfer and Women Infant Child (EBT/WIC) at all farmers' markets. They are also strengthening and supporting the expansion of the first healthy food purchasing cooperative to 12 neighborhood markets.
City of Los Angeles Department of Recreation and Parks	\$240,000*	This Operation Splash program provides swim lessons, extended swim season passes, junior lifeguard training and water safety, and a healthy drink campaign for low-income youth and families.	The City of Los Angeles has partnered in the Operation Splash program since 2006. In 2014 and 2015, it provided approximately 6,000 swim lessons and 800 junior guard trainings on an annual basis. The Rethink your Drink campaign is promoted year round with banners posted at all pool sites and reusable water bottles that encourage drinking water. This campaign has an annual estimated reach of over 700,000 individuals.
Pasadena Educational Foundation	\$38,430*	This Thriving Schools projects aims to a) fully implement and monitor district wellness policy, b) implement an employee wellness program, and c) implement policies and programs to improve healthy eating and physical activity opportunities (e.g. Farm to School Program, healthy fundraising, playground improvement).	To date, the school district has implemented a student and employee wellness policy program and has improved opportunities for healthy eating and physical activity. For example: a) a Farm to School Initiative was launched and implemented by providing resources, curriculum, and skill base activities to elementary school sites. b) the Food Services Department installed a new healthy meal vending machine at a high school, c) healthy eating was promoted through the Harvest of the Month program and healthy fundraising activities, d) a 'peaceful playground' was installed at three schools and

Grantee	Grant Amount	Project Description	Results to Date
			teachers were trained on how to use it with their students. This project is being implemented in seven (7) Elementary Schools, four (4) High Schools and potentially reaches 7,800 students.
Pasadena - Foothill Valley YWCA	\$7,000	The Girls Empowerment Summer Camp helps girls develop leadership skills in a supportive environment, achieve academic and career success, and prevent obesity and diabetes through physical fitness and nutrition activities.	Through its Girls Empowerment Summer Camp Program, YWCA Pasadena – Foothill Valley, provided close to 40 girls with health education and resources to improve their physical and mental health and embrace healthier life choices leading to positive self-esteem.
Day One	\$8,000	Day One trains youth to become ambassadors for health in their school, family, and community. Youth-led projects will include direct education of SNAP eligible populations, including peers, parents, and children.	Day One's Youth Ambassadors for Healthy Eating, Active Living Communities plans to establish a Youth Ambassador Program at four local high school sites and provided approximately 100 of participants with resources such as nutrition education (including food demonstrations), physical fitness classes, healthy beverage lessons and local resources to access healthy affordable food. Two parent presentations have been conducted and over 500 members attended the Day One Art Night.
Hollywood Police Activities League (Hollywood PAL)	\$10,000	Hollywood PAL's soccer program provides low-income, at-risk youth with a healthy, safe after-school activity that keeps them away from gangs and drugs.	Hollywood Police Activities League (PAL) has engaged over 200 local at-risk youth and their parents in its Soccer Program to increase physical activity, positive behavior change and engagement with local police officers. The goal is to support 280 kids.

Access to programs and services focusing on the prevention and management of obesity/overweight and diabetes among youth (under the age of 18)
Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
KFH – Los Angeles Asian Pacific Healthcare Venture School-based Centers	KFH – Los Angeles continued to support Asian Pacific Health Care Venture’s school-based clinics by providing health care to teens, HIV/STD education and prevention, sexual health information, and annual and sports physicals.	The Belmont and Marshall High School clinics provide convenient, free or low-cost, and confidential health and wellness services for students, and health care services to community members surrounding Belmont High School. The school-based health centers are staffed once a week by a KFH – Los Angeles based Community Health Fellow (Family Medicine) and medical residents. In 2015, a total of 25 Family Medicine residents and Fellow provided approximately 325 volunteer hours.

Access to programs and services focusing on the prevention and management of obesity/overweight and diabetes among youth (under the age of 18)
In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
KFH – Los Angeles Asian Pacific Healthcare Venture School-based Centers	The Belmont and Marshall High School clinics provide convenient, free or low-cost, and confidential health and wellness services for students, and health care services to community members surrounding Belmont High School. The school-based health centers are staffed once a week by a KFH- Los Angeles based Community Health Fellow (Family Medicine) and medical residents. In 2015, a total of 25 Family Medicine residents and Fellow provided approximately 325 volunteer hours.
KFH – Los Angeles CHAPCare	KFH – Los Angeles Pediatric Community Medicine Fellow and residents provided care to pediatric patients and their families, resulting in approximately 100 volunteer hours.
KFH – Los Angeles Los Angeles Unified School District’s Hollywood High Wellness Center	KFH – Los Angeles continues to support the Hollywood High School Wellness Center by providing health care for teens, HIV/STD education and prevention, sexual health information, and annual and sports physicals, as well as acute care to students. The Wellness Center is staffed once a week by KFH – Los Angeles Pediatric Community Medicine Fellow, Melissa Ruiz, MD, and medical residents and provided close to 300 volunteer hours.

*Impact of Regional Initiatives Addressing:
Access to programs and services focusing on the prevention and management of obesity/overweight and
diabetes among youth (under the age of 18)*

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 – West Los Angeles and the results to date, please see the Thriving Schools listing above under Pasadena Educational Foundation.

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

KFH – Los Angeles Priority Health Need:

Access to programs and services focusing on the prevention and management of hypertension, cholesterol, and cardiovascular disease among adults (age 18 and over)

Kaiser Permanente aims to prevent and manage hypertension, cholesterol, and cardiovascular disease among the un/underinsured adults in the KFH – Los Angeles service area by aligning our strategies with the following goals:

- Increase awareness and access to preventive hypertension, cholesterol and cardiovascular services for un/underinsured adults (age 18 and over) living in communities of high need within KFH – Los Angeles service area.
- Improve community clinic capacity to prevent and manage adult obesity/overweight, hypertension, cholesterol, and cardiovascular disease.
- Leverage and collaborate with diverse entities to increase access to obesity/overweight, hypertension, cholesterol, and cardiovascular disease prevention programs and services.

*Access to programs and services focusing on the prevention and management of hypertension, cholesterol, and
cardiovascular disease among adults (age 18 and over)*

Grant-Making Highlights

Grant-Making Snapshot: During 2014-2015, there were 15 KFH grant payments, totaling \$156,000, addressing the priority health need in the KFH – Los Angeles service area. In addition, a portion of the money managed by a donor advised fund (DAF), The California Community Foundation, was used to support 42 grant payments, totaling \$4,246,789²; 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
St. Barnabas Senior Center of Los Angeles	\$10,000	SBSS' Chronic Disease Self-Management and Wellness Education Programs teach older adults and their caregivers to manage their conditions and to build their self-confidence so they adopt healthy behaviors.	St. Barnabas Senior Center established three community sites and to date, has provided chronic disease self-management classes and wellness education to close to 100 older underserved adults.
Central American Resource Center of California (CARECEN)	\$15,000	CARECEN's Healthcare Services for day laborers provides an often-overlooked segment of the under-served and uninsured, immigrant Latino population, with primary healthcare services for hypertension, cholesterol, and cardiovascular disease.	To date, CARECEN has provided over 200 uninsured/underserved adult day laborers in Pico-Union/Westlake with screenings and health education on hypertension, cholesterol/diabetes, and cardiovascular disease.
People's Community Organization for Reform and Empowerment	\$8,000	The Fit Club Project increases awareness and facilitates behavior change to prevent or manage hypertension, high cholesterol, and cardiovascular conditions related to obesity/overweight among at-	People's CORE has outreached to 500 low-income Asian Pacific Islanders and others to join The Fit Club to access culturally-appropriate health promotion and chronic disease prevention programs and increase their physical activity. To date,

² This amount also addresses the prevention and management of obesity/overweight and diabetes among youth (under the age of 18).

Grant Amount	Project Description	Results to Date
Grantee		
	risk Asian and Pacific Islander adults.	approximately 150 individuals are participating in The Fit Club.
<i>Access to programs and services focusing on the prevention and management of hypertension, cholesterol, and cardiovascular disease among adults (age 18 and over)</i> <i>Collaboration/Partnership Highlights</i>		

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Hollywood High Wellness Center	Hollywood High Wellness Center aims to provide access to health care, mental health and other social services to Hollywood High students and families.	Ongoing engagement of KFH – Los Angeles Pediatric Community Medicine Fellow and residents in the provision of care, preventive health education and overweight/obesity prevention.
Asian Pacific Health Care Venture - Belmont High Wellness Center	Asian Pacific Health Care Venture - Belmont High Wellness Center seeks to increase access to health education and overweight/obesity prevention services.	Ongoing engagement of KFH – Los Angeles Family Medicine Community Fellow and residents in the provision of care, preventive health education and overweight/obesity prevention.

KFH – Los Angeles Priority Health Need:

Access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations

Kaiser Permanente aims to increase access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations (e.g. homeless, immigrants, underserved youth, elderly adults) in the KFH – Los Angeles service area by aligning our strategies with the following goals:

- Increase community-based services to prevent, reduce, and manage mental health symptoms and illness among underserved and vulnerable populations, particularly those at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty and/or homelessness.
- Increase stress-management and emotional and behavioral stability among underserved and vulnerable populations, particularly those at risk of isolation, domestic violence, alcohol and substance abuse, suicide, poverty and/or homelessness.
- Increase access to counseling services aimed at alcohol and substance abuse prevention and

treatment for at-risk populations (e.g. low-income individuals and families, homeless, immigrants, underserved youth).

- Improve capacity and resources of community-based mental health providers and counseling service organizations.
- Leverage and collaborate with diverse entities to increase access to preventive mental health services.

Access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations

Grant-Making Highlights

Grant-Making Snapshot: During 2014-2015, there were 29 KFH grant payments, totaling \$340,500, addressing the priority health need in the KFH – Los Angeles service area. In addition, a portion of the money managed by a donor advised fund (DAF), The California Community Foundation, was used to support 1 grant payment, totaling \$25,000; 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
People Assisting the Homeless	\$90,000 each grantee*	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 People Assisting the Homeless, the goal is to reach 157 homeless people. Progress toward achieving these goals will be monitored throughout the grant period.
VIP Community Mental Health	\$15,000	VIP CMHC aims to deliver mental health services to uninsured victims of child abuse and sexual assault to help them heal and have a better	VIP Community Mental Health Center clinicians have provided ongoing therapy to over 125 indigent clients and their families, as well as

Grantee	Grant Amount	Project Description	Results to Date
Center, Inc.		quality of life.	approximately 500 one-time screenings of children to assess and evaluate their need for mental health services and/or provide crisis intervention.
A Window Between Worlds	\$10,000	The A Window Between Worlds program will provide trauma-informed art intervention for adults and children impacted by violence at shelters, transitional and community partner sites, providing art as a catalyst for transformation.	A Window Between Worlds (AWBW) provided over 19,930 trauma-informed art sessions to 5,260 individuals in the KFH – Los Angeles service area – an amount projecting 10% above the grant-funded objectives. To work strategically with our core partners to deepen the integration of our program with trauma-informed care, AWWB provided 4 one-day trainings, each focused on a specific intensive area/goal related to trauma. AWWB is currently supporting 63 LA partners and continues to provide online curriculum of over 560 workshops.
Optimist Boys Home & Ranch	\$15,000	The Multidisciplinary Assessment Team (MAT) Program provides assessment and linkage services to all children newly detained by the Department of Children and Family Services who are placed in out-of-home care.	Through its Multidisciplinary Assessment Team (MAT) Program, the Optimist Boys Home & Family Services, to date, has provided about 51 children with assessment to detect, prevent, and manage mental health illness among children in out-of-home care. In partnership with LA County Department of Children and Family Services and Mental Health, the MAT Program develops a treatment plan links these children to a wide range of mental, social and supportive services.

Access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations

Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Hollywood4WRD	Hollywood4WRD aims to increase access to mental health and other services for greater Hollywood Area and end homelessness by 2018.	KFH – Los Angeles' Community Benefit Manager, Mario Ceballos, is a key partner in this coalition's efforts to address critical issues impacting the homeless and local neighborhoods.
East Hollywood/Los Feliz (EHLF) Homeless Coalition	East Hollywood/Los Feliz (EHLF) Homeless Coalition aims to improve access to homeless services including mental health services within the East Hollywood, Los Feliz, Silverlake and surrounding neighborhoods.	Through the active participation of Community Benefit Manager, Mario Ceballos, and KFHLos Angeles has been a key partner in this coalition's efforts to address critical issues impacting the homeless and local neighborhoods. KFHLos Angeles' 2015 community benefit program provided grant support to local homeless and service agencies.
Los Angeles County Department of Public Health / Service Planning Area (SPA) 4 Community Health Improvement Committee	Los Angeles County Department of Public Health / Service Planning Area (SPA) 4 Community Health Improvement Committee seeks to improve access to mental health services	Through the participation of KFHLos Angeles' Community Benefit Manager, KFHLos Angeles began its involvement in this new network of diverse stakeholders to focus on a number of critical issues such as obesity, diabetes and mental health. Through a needs assessment process, various stakeholders helped the county identify key community health issues, develop strategies, and gaps to address the identified needs.
<i>Access to programs and services focusing on the early detection, prevention, and management of mental health illness among the un/underinsured and at-risk populations</i>		
<i>In-Kind Resources Highlights</i>		

Recipient	Description of Contribution and Purpose/Goals
General public	Kaiser Permanente's Watts Counseling and Learning Center (WCLC) provides mental health and counseling services, assistance for children

Recipient	Description of Contribution and Purpose/Goals
	with learning disabilities, and pre-employment training for youth. WCLC also operates a nationally accredited, state-licensed preschool and other community outreach services in English and Spanish. In 2014, WCLC provided services for 1,234 South Los Angeles residents. In 2015, services were provided for 1,269 residents. Many of the low-income individuals or families who participate in WCLC programs reside in the KFH – Los Angeles service area.
KFH – Los Angeles Hollywood Sunset Free Clinic	A team of 36 KFH – Los Angeles Internal Medicine residents and faculty mentors volunteered approximately 80 hours per month at Hollywood Sunset Free Clinic. Residents volunteering at Hollywood Sunset Free Clinic delivered a wide range of services from general medicine to comprehensive women’s health care. KFH – Los Angeles Internal Medicine Community Medicine Fellow, Angie Ng, MD, volunteered one to two half days per week for a total of 24 - 30 hours per month.
KFH – Los Angeles Wesley Health Center (formerly JWCH) Homeless X-Ray Program	In 2015, radiologists read over 2,700 x-rays films. Since its inception in 2006, more than 23,000 x-rays have been read by KFH – Los Angeles radiologists. This effort is led by Keith Terasaki, MD, who also serves on the Board of Directors of Wesley Health Centers.

**Priority Health Need:
Broader Health Care System Needs in our Communities – Workforce**

KFH Workforce Development Highlights
<p>Long Term Goal:</p> <ul style="list-style-type: none"> To address health care workforce shortages and cultural and linguistic disparities in the health care workforce
<p>Intermediate Goal:</p> <ul style="list-style-type: none"> Increase the number of skilled, culturally competent, diverse professionals working in and entering the health care workforce to provide access to quality, culturally relevant care
<p>Summary of Impact: During 2014-2015, there was one (1) grant payment totaling \$25,000 addressing the priority health need. Additionally, a portion of money managed by a donor advised fund at California Community Foundation was used to support seven grant payments, totaling \$800,000, 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 – Los Angeles also provided trainings and education for 576 residents in its Graduate Medical Education program, 21 nurse practitioner or other nursing beneficiaries, and 63 other health (non-MD) beneficiaries as well as internships for 203 high school and college students (Summer</p>

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.
Regents University of California Los Angeles	\$250,000*	University of California at Los Angeles' International Medical Graduate (UCLA IMG) program aims to address the need for additional Hispanic physicians to meet the needs of California's growing Latino residents especially unmet needs in urban and rural communities.	Expected outcomes include: 24 UCLA IMG graduates accepted into a family medicine residency training program in California or a border state partner by March 2016; program policy changes to insure physician scholars meet required academic milestones; development of an IMG comprehensive business plan; and decreases in program operating expenses by 10% starting July 2016.
Campaign for College Opportunity (CCO)	\$50,000*	This grant supports an in-depth research report to analyze trends in California science, technology, engineering, and math (STEM)/health workforce needs. The STEM/Health Workforce Report will focus on factors affecting demand and supply; public higher education funding policies;	The Campaign for College Opportunity will develop and disseminate the STEM/Health Workforce Report to increase awareness among the public and policymakers of the growing need for STEM health workers in California and the role California community colleges play in filling the demand. CCO has completed the report and the general release

		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.	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.
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In-Kind Resources Highlights

Recipient	Description of Contribution and Purpose/Goals
Individuals and organizations in the health care and medical workforce.	Kaiser Permanente Southern California Region's Department of Professional Education offered Advanced Practice and Allied Health Care Educational Programs for allied health care providers throughout Southern California. In 2015, across Kaiser Permanente Southern California Region, 644 community-based nurses, nurse practitioners, physician assistants, imaging professionals, clinical laboratory scientists, community audiologists and speech pathologists, and other health care professionals participated in symposia at no cost.

Priority Health Need V: 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:

- Increase access to, and the availability of, relevant public health and clinical care data and research

Summary of Impact: Kaiser Permanente conducts, publishes, and disseminates research to improve the health and medical care of members and the communities served. The Southern California Region Department of Research and Evaluation (DRE) conducted a total of 988 studies in 2014 and 1,404 studies in 2015 across all regional hospitals, totaling \$16,385,832. Research focuses on clinical trials, building scientific expertise in health services and policy, and implementation science to bridge the gap between research and practice. In addition, a portion of money managed by a donor advised fund (DAF) at California Community Foundation was used to support two grant payments, 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 – Los Angeles service area, 475 research projects were active in 2014 and 842 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 – Los Angeles service area, 23 research projects were active as of year-end 2014 and 14 research projects were active as of year-end 2015.
KFH – Los Angeles Virgil Middle School Hippocrates Circle	In 2015, nine KFH – Los Angeles physicians across different disciplines participated as members of the KFH – Los Angeles Hippocrates Circle to support 55 students and their teachers from Virgil Middle School, newly designated as a medical magnet. To expose and support their interests in a health care career, KFH – Los Angeles physicians served as role models to low-income, underserved students who might not be aware of or know how to pursue a career in health care.

Collaboration/Partnership Highlights

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
KFH – Los Angeles	Increase access to health care	In 2015, KFH – Los Angeles

Organization/Collaborative Name	Collaborative/Partnership Goal	Results to Date
Summer Youth/Volunteer Program	internship and volunteer opportunities to low-income, underserved youth.	provided 428 youth with various internships and volunteer opportunities. The type and number of youth impacted were: Summer Youth Employee Program (55 Interns); Youth "Red Vest" Volunteer Program (371 participants); and INROADS Interns (2 Interns).
KFH – Los Angeles LAUSD STEM Academy	KFH – Los Angeles /LAUSD STEM Academy aims to increase number of skilled, diverse professional in the health care workforce.	In 2015, 45 of STEM Academy juniors and seniors participated in KFH – Los Angeles Summer Youth Employment Program and approximately 38 students participated as KFH – Los Angeles “Red Vest” volunteers. 25 STEM Academy students participated in the Resident Mentoring Program.

VIII. APPENDICES

- A. Secondary Data Sources and Dates
- B. Community Input Tracking Form
- C. Supplemental Prioritization Survey Results
- D. Health Need Profiles
- E. Glossary of Terms

Appendix A: Secondary Data Sources and Dates

1. California Cancer Registry, Age-Adjusted Invasive Cancer Incidence Rates by County in California, 2008-2012. 2014.
2. California Department of Education. 2012-2013.
3. California Department of Education. 2013.
4. California Department of Education, FITNESSGRAM®; Physical Fitness Testing. 2013-2014.
5. California Department of Justice, Office of the Attorney General, Crime Statistics. 2014.
6. California Department of Public Health, CDPH – Birth Profiles by ZIP Code. 2011.
7. California Department of Public Health, CDPH – Birth Profiles by ZIP Code. 2012.
8. California Department of Public Health, CDPH – Breastfeeding Statistics. 2012.
9. California Department of Public Health, CDPH – Breastfeeding Statistics. 2013.
10. California Department of Public Health, CDPH – Death Public Use Data. University of Missouri, Center for Applied Research and Environmental Systems. 2010-2012.
11. California Department of Public Health, CDPH – Tracking. 2005-2012.
12. California Employment Development Department, Labor Market Information. 2015.
13. California Office of Statewide Health Planning and Development, OSHPD Patient Discharge Data. 2011-2013.
14. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2010.
15. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2012.
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Appendix B: Community Input Tracking Form

Data Collection Method Employed	Who Participated / Title of event / Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
Community forum, focus group, interview, online or in-person survey, written correspondence	Community member's title/role, organization, event name, input during identification, prioritization (or both), etc.	Number of people who participated	List all that apply & describe: (a) health department rep; (b) medically underserved, (c) minority population; (d) low-income community	List all that apply: (a) community leader; (b) community representative; (c) community member	Date that community input was gathered	
Interview	Executive Director, Saban Clinic, identification	1	medically underserved, minority population, low-income community	community representative, community leader	9/21/2015	
Interview	Executive Director, The L.A. Trust for Children's Health, identification	1	medically underserved, minority population, low-income community	community representative, community leader	9/28/2015	
Focus Group	Hosted at Hollywood Chamber of Commerce. Attendees: Executive Director, My Friend's Place; Director Health & Wellness, Youth Policy Institute; Director of Clinical Services, Covenant House California; Director of Resource Development, Boys & Girls Club of Pasadena; Executive VP, Alzheimer's Association of California, Southland Chapter; Nursing Administrator, Local District Northeast, LAUSD; Director of Family Services, Bresee; Director of Development, Hollywood YMCA; Realtor/Associate Manager, Coldwell Banker Los Feliz and Downtown LA; Community Liaison Representative, Central Health Center; President & CEO, Hollywood Chamber of Commerce; Worksite Wellness LA; Director, Aviva Family and Children's Services, identification	11	Low-income, medically underserved minority community members	Community leaders; Community representatives	10/2/2015	

Data Collection Method Employed	Who Participated / Title of event / Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
Focus Group	Hosted at The Wellness Center. Attendees: Development Director, St. Francis Center; Director of Operations, Boys & Girls Club of Burbank and GEV; Executive Director of Community Partnerships, USC Office of Civic Engagement; Director of Community Outreach & Wellness Programming, Weingart East Los Angeles YMCA; Staff Attorney, Neighborhood Legal Services; LA Care Health Plan; Director of Outreach and Education, Maternal and Child Health Access; Program Manager, People's CORE; Executive Director, Alliance for Housing and Healing; Asian Pacific Health Care Venture; Fund Development, Good Samaritan Hospital, identification	11	Low-income, medically underserved minority community members	Community leaders; Community representatives	10/6/2015	
Focus Group	Hosted at The Wellness Center. Attendee: community member and clinic patient, identification	1	Low-income, medically underserved minority community members	Community member	10/6/2015	
Interview	Area Health Officer, SPA 4 (Metropolitan LA), Los Angeles County Department of Public Health, identification	1	health department representative, medically underserved, minority population, low-income community	community representative, community leader	10/6/2015	
Interview	Director of Health and Mental Health Services, The Los Angeles LGBT Center, identification	1	medically underserved, minority population, low-income community	community representative	10/13/2015	
Interview	Executive Director, Korean American Family Services (KFAM), identification	1	medically underserved, minority population, low-income community	community representative, community leader	10/14/2015	
Focus Group	Hosted at ChapCare in Pasadena. Attendees: clinic patients; Prototypes; Director of	15	Health Department representatives; Low-income, medically underserved minority	Community leaders; Community representatives, Community	10/19/2015	

Data Collection Method Employed	Who Participated / Title of event / Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
	Pro Bono & Operations, Neighborhood Legal Services; Program Director, Young & Healthy; Account Executive, Beacon Media; Executive Director, Kids' Community Dental Clinic; AIDS Service Center; Program Coordinator and Director, Pasadena Public Health; Executive Director and Board President, YWCA of Pasadena; Flintridge Center; Director, Pasadena en Espanol, identification		community members	members		
Interview, Community Forum	Executive Director, 211, identification and prioritization	1	medically underserved, minority population, low-income community	community representative, community leader	10/22/2015, 1/20/2016	
Interview	Director, Public Affairs & Government Relations, WalMart, identification	1	minority population, low-income community	community representative	10/26/2015	
Interview	Director External Affairs, Verizon, identification	1		community representative	10/28/2015	
Interview	Associate Dean, USC School of Dentistry, identification	1	medically underserved, minority population, low-income community	community representative	10/29/2015	
Interview	President/CEO, Pasadena Chamber of Commerce, identification	1		community representative, community leader	11/2/2015	
Interview	Partner, Sheppard Mullin Richter & Hampton LLP, identification	1		community representative	11/3/2015	
Interview	Governmental Advertising Division Director, Daily Journal, identification	1		community representative	11/5/2015	
Interview	American Red Cross, Chief Executive Officer, identification	1	medically underserved, minority population, low-income community	community representative, community leader	11/11/2015	
Interview	Executive Director, Wellness Center, identification	1	medically underserved, minority population, low-income community	community representative, community leader	11/13/2015	
Interview	Assistant General Manager -Customer Service & Marketing, City of Burbank - Water & Power, identification	1	minority population, low-income community	community representative	11/16/2015	

Data Collection Method Employed	Who Participated / Title of event / Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
Interview	Citi, Sr Vice President - So Cal Market Manager, identification	1		community representative	11/16/2015	
Interview	Director, Community Benefit Program, LA CARE, identification	1	medically underserved, minority population, low-income community	community representative	11/16/2015	
Interview	Director Public Affairs, Union Pacific Railroad	1		community representative	11/17/2015	
Interview	Vice President/Deposit Relationship Manager, ProAmerica, identification	1		community representative	11/17/2015	
Interview	Chief Operating Officer, Toledo Capital Development, LLC, identification	1		community representative	11/18/2015	
Interview	Staff Analyst, LAC DPH, identification	1	health department, medically underserved, minority population, low-income community	community representative	11/20/2015	
Community Forum	Regional Director Philanthropy, Mercy Housing Corporation, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Controller, HEAR Center, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director of Operations, Boys & Girls Club of Burbank and Greater East Valley, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director of Community Services, Glendale Adventist Medical Center, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Development Director, Leap, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Grants and Research Manager, Foothill Family Service, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Program Director, Jumpstart, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Associate Director of Development, Five Acres, Pasadena Mental Health Center, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Corporate & Foundation Relations Manager, Los Angeles Youth Network, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Development Director, St. Francis Center,	1	medically underserved, minority population,	community representative	1/20/2016	

Data Collection Method Employed	Who Participated / Title of event / Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
	prioritization		low-income community			
Community Forum	Director, Health and Wellness, Youth Policy Institute, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director of Development, My Friend's Place, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Manager Health Systems, American Cancer Society, prioritization	1	medically underserved, minority population	community representative	1/20/2016	
Community Forum	Special Project Manager, USC Community Oral Health Programs, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Grant Writer, Wellness Works, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Executive Director, Kids' Community Dental Clinic, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director of Health Education and Services, Greater Los Angeles Agency on Deafness, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director of Community Mental Health and School-Based Services, Aviva Family and Children's Services, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Project Director, Geri-Friendly Clinic and Health Self-Management Programs, Partners in Care, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Marketing Manager, Good Samaritan Hospital, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director of Development, Hollywood YMCA, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Policy and Research Director, InnerCity Struggle, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director Community Benefit, California Hospital Medical Center, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director, Safety Net Initiatives, LA Care, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	

Data Collection Method Employed	Who Participated / Title of event / Type of Input	Number of Participants	Who Participant(s) Represent(s)	Position with respect to the group	Date	Comments / Notes
Community Forum	Program Director, Teen Family Services, Foothill Family Service, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Parent/Family Liaison, The Harmony Project, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Community Medicine Fellow, KFH - LA, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director of Programs, A Window Between Worlds, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	CEO, Bienestar, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Clinic Administrator, JWCH Institute, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	CFO/COO ChapCare, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director Caregiver and Community Education, Alzheimer's Greater Los Angeles, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Director of Grants Management, LA Christian Health Centers, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Grantwriter, St. John's Well Child and Family Health Center, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Healthy Communities Intern, InnerCity Struggle, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Community Forum	Health Education Coordinator, Maternal Child Health Access, prioritization	1	medically underserved, minority population, low-income community	community representative	1/20/2016	
Online Survey	Representatives of community organizations, prioritization	22	medically underserved, minority population, low-income community	community representative	1/21/2016 - 2/1/2016	

Appendix C: Supplemental Prioritization Survey Results

Community stakeholders who could not attend the health needs prioritization forum were provided with an opportunity to provide input on the health needs through a Survey Monkey electronic link. The survey was available 1/21/2016 – 2/1/2016 and 22 persons completed the survey.

The following criteria were used to rate the significant health needs:

- Severity – the perceived impact of the health need on the community.
- Change over time – determination if the health need has improved, stayed the same or worsened.
- Resources – availability of resources in the community to address the health need.

The percentage of responses identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage of absence of resources available in the community. These results are listed in the table below.

Significant Health Need	Severe and Very Severe Impact on the Community	Worsened over Time	Absent or Insufficient Resources in the Community
Access to health care	81.9%	10.0%	75.0%
Asthma	31.9%	20.0%	40.0%
Cancer	45.5%	26.3%	52.6%
Cardiovascular disease	63.7%	21.1%	52.7%
Diabetes	77.3%	52.6%	60.0%
Mental health	86.4%	65.0%	95.0%
Oral health	68.2%	25.0%	70.0%
Overweight and obesity	77.3%	75.0%	75.0%
Safety and violence	76.2%	42.1%	78.9%
STD/HIV/AIDS	61.9%	31.6%	52.7%
Substance abuse	71.4%	31.6%	68.4%

The community respondents were asked to rank order the health needs according to highest level of importance in the community. The total score for each health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. The calculations resulted in the following ranking of the significant health needs:

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Mental health	3.9
Diabetes	3.7
Access to health care	3.6
Overweight and obesity	3.6
Substance abuse	3.6
Oral health	3.5
Cardiovascular disease	3.4
Cancer	3.3
Safety and violence	3.3
STD/HIV/AIDS	3.2
Asthma	2.9

Appendix D: Health Need Profiles

Health Profile: Access to Health Care

Access to comprehensive, quality health care services is important for health equity and for increasing the quality of a healthy life. Health care access is a key requirement for early detection of illnesses, chronic disease management and reduction of Emergency Room usage. Access to affordable, quality health care is a key driver to health improvement and disease prevention (*Healthy People 2020*).

SNAPSHOT

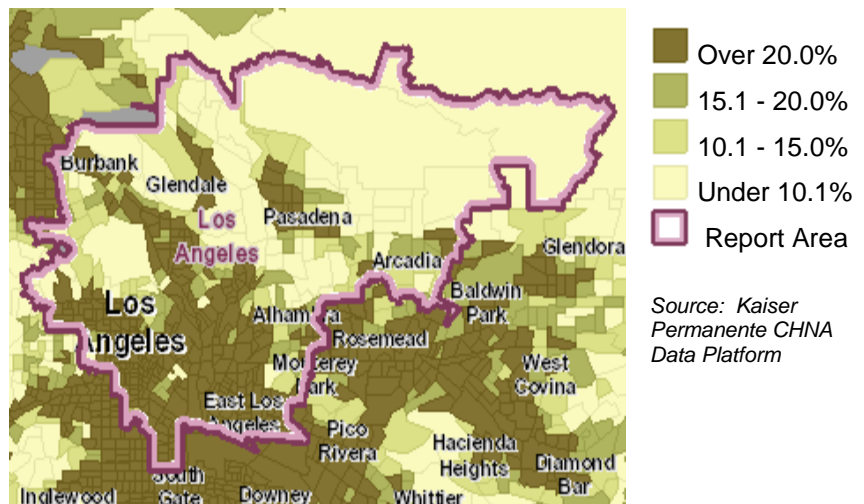
Insurance – Insurance coverage by SPA shows SPA 2 has the highest employment-based insurance rate (46.8%) and SPA 6 has the lowest rate of employment-based coverage (19%) in the service area. In SPA 6, 48.5% are covered by Medi-Cal. In SPA 7 40.5% of residents have employment-based insurance and 30.7% are covered by Medi-Cal.

Sources of Care – The source of care for 61.3% of SPA 2, 61.9% of SPA 3, 43.7% of SPA 4 and 38.9% of SPA 6 residents is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 41.5% of those in SPA 6 and 32.5% in SPA 4. 23.1% of SPA 4 and 20.2% of SPA 2 residents have no source of care.

(CHIS, 2014)

Health Outcome Statistics

Uninsured Population, Percent by Tract, ACS 2009-2013

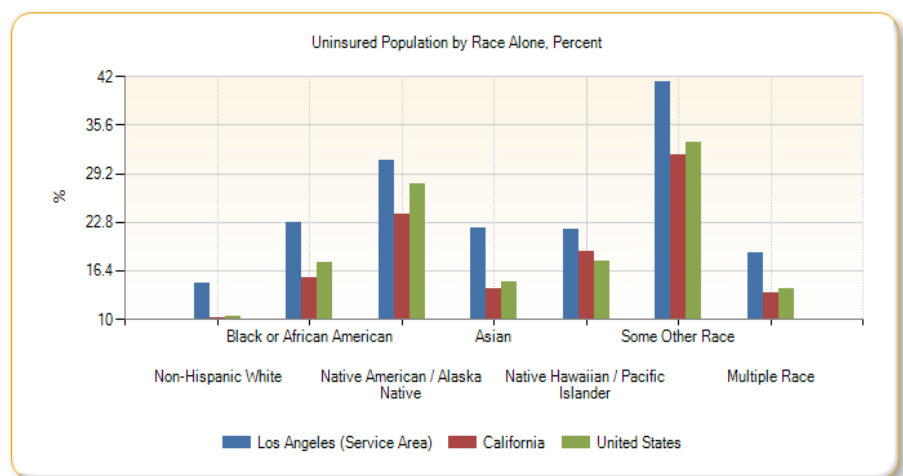


Uninsured individuals tend to experience higher levels of chronic disease. Over one-quarter of the population (26.4%) are uninsured, which translates to 73.6% with health insurance (*American Community Survey, 2009-2013*).

Health Disparities

When examined by race, the service area has higher rates of uninsured than found in the state.

Source: Kaiser Permanente CHNA Data Platform



Key Health Drivers

Poverty – In 2013, the federal poverty level for one person was \$11,490 and for a family of four \$23,550. Among the residents in the service area, 21.1% are at or below 100% of the federal poverty level (FPL) and 45.4% are at 200% or below FPL. These rates of poverty are higher than found in the state (15.9% and 35.9%) (*American Community Survey, 2009-2013*).

Usual Source of Care – Residents who have a medical home have access to a primary care provider. SPA 2 (79.8%) and SPA 4 (76.9%) have lower rates of residents with a usual source of care than the county (83.8%) or state (85.8%) (*CHIS, 2014*).

Delayed Care – Among residents of SPA 2, 12.2% delayed or did not get medical care and 9.8% delayed or did not obtain prescription medications when needed. 69.9% of SPA 4 adults delayed care due to the cost of care or lack of insurance (*CHIS, 2014*).

Community Assets & Opportunities

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

Los Angeles LGBT Center – The Los Angeles LGBT Center is one of the few Federally Qualified Health Centers (FQHC) in the nation, and the only one in California, that specializes in serving LGBT people. They provide primary care and transgender care.

Healthy Way LA – A no cost health program that provides health care coverage to low-income uninsured adult citizens and legal residents.

AltaMed Health Care Services – AltaMed is a Federally Qualified Community Health Center and designated as a Primary Care Medical Home. AltaMed provides assistance with health insurance enrollment. The clinics offer primary care prevention and treatment services for the entire family.

Thai Community Development Center – Thai CDC partners with the Youth Policy Institute to operate the Hollywood Family Source Center, providing linguistically and culturally competent services to low-income Thai individuals and families residing in the City of Los Angeles. They have Covered California certified staff members to provide information about health insurance.

Community Input

“The huge insurance deductibles keep people from being able to afford their medications. People with co-pays do not want to pay \$30 to go to the doctor. Even with the ACA, cost is still a barrier to care.”

“A challenge is to educate people who've never had insurance before, about when, why, and how often they should be going to the doctor, about prevention, and how to use insurance. They are used to just going to the ER whenever problems arise.”

“The elderly have health care coverage but they do not necessarily have access as they face barriers with transportation, poverty, and isolation.”

Health Profile: Asthma

Asthma is a chronic disease that with treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives. Asthma episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath (*Healthy People 2020*).

SNAPSHOT

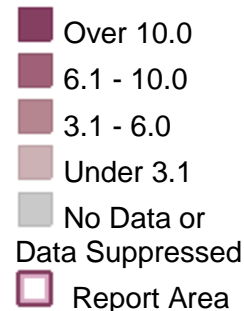
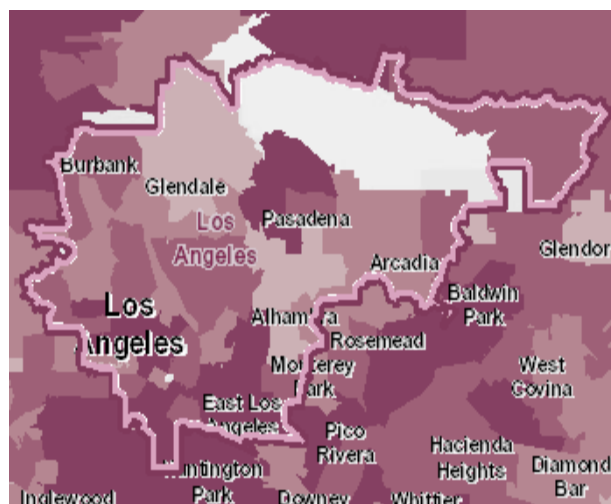
Prevalence – In SPAs 2 (15%), 3 (11.9%) and 4 (11.7%), the rates of asthma are higher than found in the county (11.4%). Among youth, 12.2% of SPA 3 and 10.6% of SPA 4 have higher rates of asthma than found among youth in the county (*CHIS, 2014*).

56.9% of the population in SPA 4, 44.5% in SPA 2, 39.8% in SPA 6, and 15.9% in SPA 3 take medication to control their asthma. Among youth 31% in SPA 2 3.8% in SPA 6 and 2.8% in SPA 3 take medication to control their asthma (*CHIS, 2014*).

For those with asthma, 3.9% in SPA 3 visited the ER last year because of their asthma. 3.4% of residents in SPA 6, 3.3% of SPA 4 residents with asthma and 1.2% of those with asthma in SPA 2 visited an ER last year as a result of their asthma (*CHIS, 2014*).

Health Outcome Statistics

Asthma Hospital Discharges, Rate (Per 10,000 Pop.) by ZCTA, OSHPD 2011



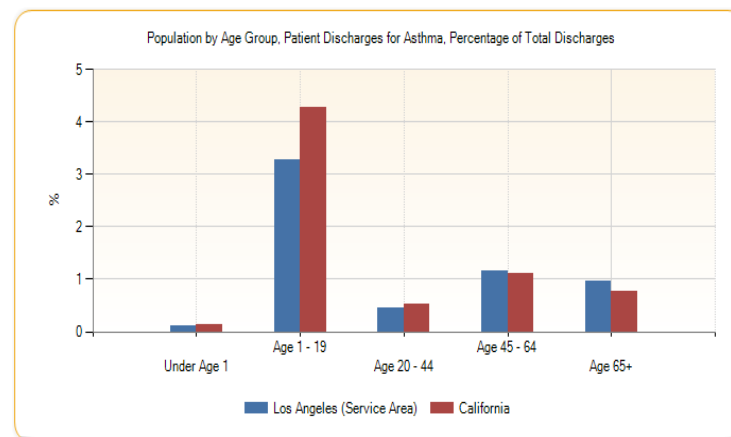
Source: Kaiser Permanente CHNA Data Platform

Asthma is a condition that when managed can prevent hospitalizations. The overall hospitalization discharge rate for asthma in the KFH – Los Angeles service area is 8.8 per 10,000 persons. This is lower than the county (10) or state rate (8.9 per 10,000 persons) (*OSHPD, 2011*).

Health Disparities

Adults, ages 45-64 and over 65 have higher rates of hospitalization for asthma compared to adults with asthma in the state.

Source: Kaiser Permanente CHNA Data Platform



Key Health Drivers

Smoking - Smoking is a contributing cause to asthma. SPA 2 (12.9%) and SPA 6 (12.8%) have smoking rates higher than the Healthy People 2020 objective of 12% (CHIS, 2012). 3.8% of teens in SPA 4 and 1.4% of teens in SPA 6 are current cigarette smokers (CHIS, 2014).

Overweight - Over one-third of the adult population is overweight in the Service Planning Areas. In SPA 3, 13.4% of teens and 27.5% of children are overweight. Over one-third of the adult population is overweight in SPA 6 (35.9%). Hispanic or Latino youth (22%) and Black or African American youth (20.6%) have the highest rates of overweight among kids in the school districts served by KFH – Los Angeles (CHIS, 2014 and California Department of Education, 2013-2014).

Air Quality – The South Coast Air Quality Management District monitors air quality across Southern California. The South Central Los Angeles location of the South Coast Air Basin is situated in the KFH – Los Angeles service area. While rates of nitrogen dioxide (15.6) are lower in South Central Los Angeles than in the South Coast Air Basin (22.2), air quality continues to negatively impact those who suffer from asthma (AQMD, 2014).

Community Assets & Opportunities

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

BREATHE LA – The Lung Power program is an after-school asthma control program created by BREATHE LA. Lung Power trains young children, families and school facilitators in underserved communities to identify triggers and to cope with asthma, while providing them with critical thinking and public speaking skills to create an Action Plan that will improve their health and environment.

Communities for a Better Environment – Communities for a Better Environment (CBE) is an environmental justice organization. The mission is to build people's power in California's communities of color and low-income communities to achieve environmental health and justice by preventing and reducing pollution and building green, healthy and sustainable communities and environments.

County of Los Angeles Public Health – The Child and Adolescent Health Program and Policy unit coordinates the Asthma Coalition of Los Angeles County, a broad-based coalition of stakeholders from community-based organizations, advocacy groups, universities, government entities, school districts, environmental groups, health plans, hospitals and clinics in Los Angeles County.

Community Input

"The community needs more education on asthma and what causes it (living conditions, household chemicals, allergies)."

"Asthma is a growing problem without real environmental solutions. Neighborhoods with increased rates are those grappling with air quality, traffic emissions, factories polluting air, and landfills. I don't see this changing in the near future. We need a public agenda that is really responding to the needs of the community."

Health Profile: Cancer

Cancer remains the second leading cause of death in the United States; heart disease is the leading cause of death. Many cancers are preventable by reducing risk factors such as: use of tobacco products, physical inactivity and poor nutrition, obesity, and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated, and screening is effective in identifying some types of cancers

(Healthy People 2020).

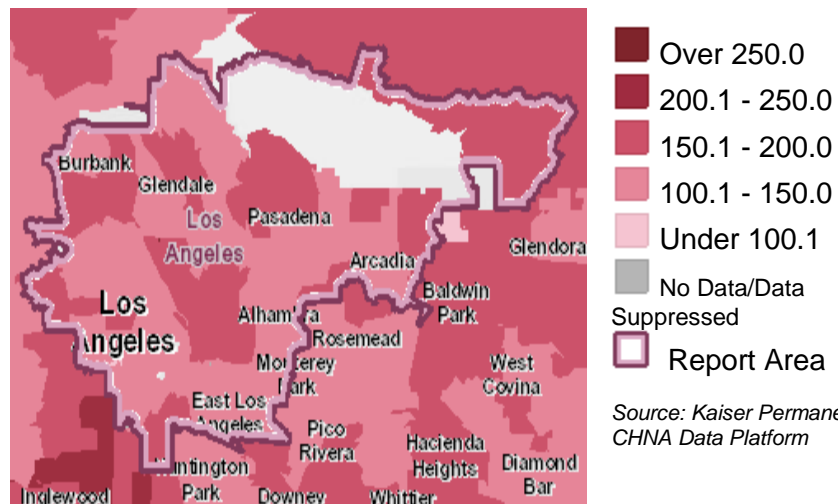
SNAPSHOT

Prevalence – Cancer incidence rates are available at the county level. In Los Angeles County, cervical cancer (8.9 per 100,000 persons) and colorectal cancer rates (41.3 per 100,000 persons) exceed state rates. Breast cancer (116.9), prostate cancer (122), lung cancer (41.6) and skin cancer (13.5) occur at rates less than the state rates for these types of cancer (CA Cancer Registry, 2008-2012).

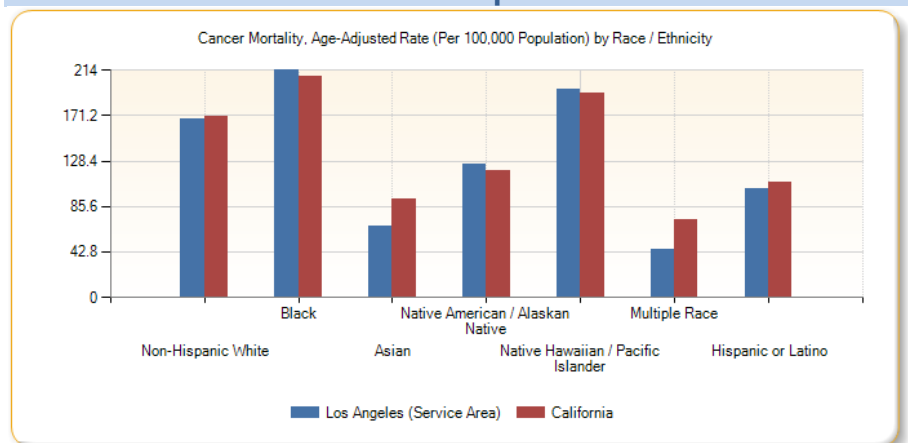
Mortality – Cancer is the second highest cause of death in the service area. The rate of age-adjusted death due to cancer is 142.8 per 100,000 persons in the service area. This is lower than the county and state rates, and the Healthy People 2020 objective of cancer death of 160.6 per 100,000 persons (California Department of Public Health, 2010-2012).

Health Outcome Statistics

Cancer Mortality, Age-Adjusted Rate per 100,000 Pop. by ZCTA, 2010-2012



Health Disparities



In the service area, Blacks, Native Americans, Alaskan Natives, Hawaiians and Pacific Islanders have higher rates of cancer than when compared to these populations statewide.

Source: Kaiser Permanente CHNA Data Platform

Key Health Drivers

Smoking - Smoking is a contributing cause to cancer. SPA 2 (12.9%) and SPA 6 (12.8%) have smoking rates higher than the Healthy People 2020 objective of 12% (CHIS, 2012). 3.8% of teens in SPA 4 and 1.4% of teens in SPA 6 are current cigarette smokers. The SPA 4 rate exceeds county and state rates of smoking among teens. 10.9% of teens in SPA 3 have smoked an e-cigarette; this is higher than the state rate (10.3%) (CHIS, 2014).

Overweight - Over one-third of the adult population is overweight in the Service Planning Areas. In SPA 3, 13.4% of teens and 27.5% of children are overweight. Over one-third of the adult population is overweight in SPA 6 (35.9%). Hispanic or Latino youth (22%) and Black or African American youth (20.6%) have the highest rates of overweight among kids in the school districts served by KFH – Los Angeles (CHIS, 2014 and California Department of Education, 2013-2014).

Physical Inactivity - SPA 2 has the lowest activity rate among children at 75%. In SPA 3, 88.7% of children engaged in at least one hour of physical activity three or more days in the previous week (CHIS, 2014).

Diets High in Fat - 25.2% of SPA 6 residents eat fast food three or more times a week. In SPA 3, 19.3% of the residents eat fast food three or more times a week. Adults consume fast food at a higher rate than youth or seniors (CHIS, 2014).

Community Assets & Opportunities

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

Cancer Support Community – Benjamin Center – The Benjamin Center serves people living in West Los Angeles and the broader Los Angeles community with a full menu of free-of-charge, essential programs overseen by licensed therapists: support groups, mind/body classes, educational and nutritional workshops, social activities, and individual counseling sessions.

Project Angel Food – Provides a vital lifeline of hope and nutrition to our neighbors struggling with illness. They cook and deliver more than 10,000 meals every week to people who are too sick to shop and cook for themselves.

KHEIR – The KHEIR Center is a primary provider of critical in-language health care and human services support to the residents of Metro Los Angeles and its neighboring communities. They provide cancer screenings and primary care services.

Community Input

“The challenge is to have cancer care that is available for those in most need and that is culturally competent. There are disparities in care.”

“The emphasis on breast cancer can overshadow the need for screenings for other cancers.”

“People are ignorant of potential causes of cancer and ways to prevent cancer.”

Health Profile: Cardiovascular Disease

Cardiovascular disease includes conditions that impact the heart and vascular system. Conditions may include heart disease, stroke, high blood cholesterol and high blood pressure. A number of factors influence the development and management of cardiovascular disease: overweight, physical inactivity, and diets high in sugar and fat.

SNAPSHOT

Heart Disease – For adults in SPA 6, 8.6% have been diagnosed with heart disease; 7% of adults in SPA 3 have been diagnosed with heart disease (CHIS, 2014).

High Blood Pressure – A co-morbidity factor for heart disease is hypertension (high blood pressure). In SPA 6, 35.7% of adults have been diagnosed with high blood pressure. Of these, 55.5% are on medication for their blood pressure. In SPA 2, 20.5% of adults have been diagnosed with high blood pressure and 64.2% are on medication (CHIS, 2014).

High Cholesterol – High cholesterol contributes to cardiovascular disease. 28.4% of adults in SPA 2 and 24.1% of SPA 4 adults have been diagnosed with high cholesterol (CHIS, 2014).

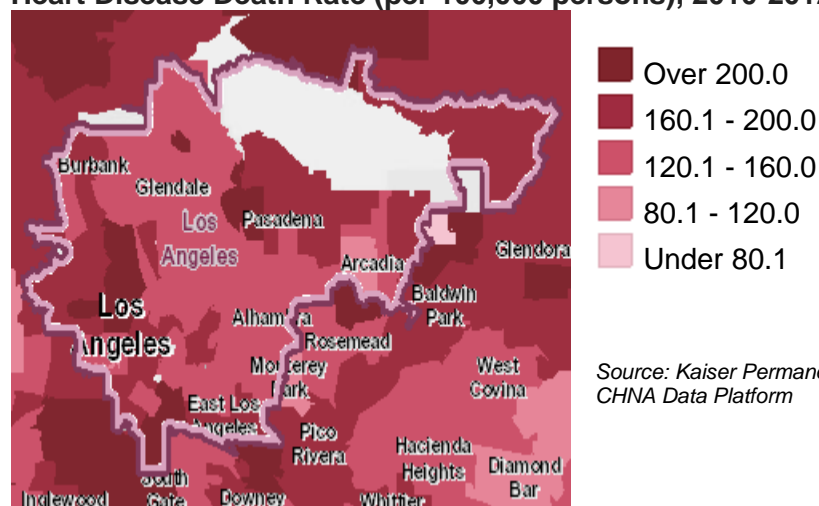
Health Outcome Statistics

Mortality Rates, per 100,000 persons, Age-Adjusted, 2010-2012

	Service Area	California	Healthy People 2020
Heart Disease	164.9	163.2	100.8
Stroke	44.0	37.4	34.8

Source: University of Missouri, 2010-2012. California Department of Public Health, by zip code

Heart Disease Death Rate (per 100,000 persons), 2010-2012



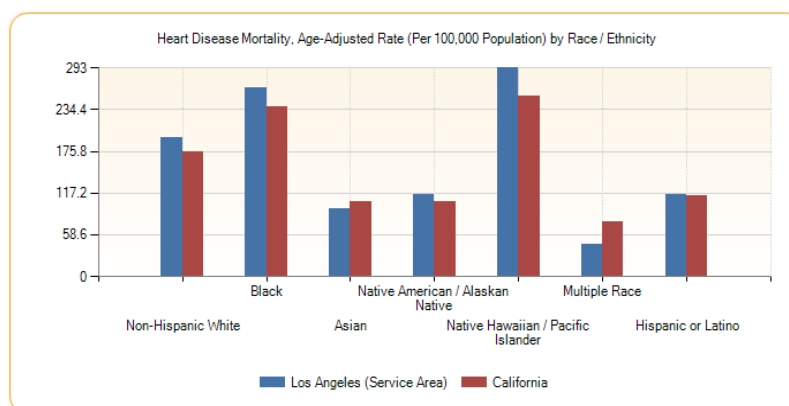
Source: Kaiser Permanente CHNA Data Platform

Heart disease is the leading cause of death in the service area. Rates of death for heart disease and stroke exceed the Healthy People 2020 objectives (California Department of Public Health, 2010-2012).

Health Disparities

Asian and multiple race populations have lower levels of heart disease mortality than other races/ethnicities in the service area.

Source: Kaiser Permanente CHNA Data Platform



Key Health Drivers

Smoking - Smoking is a contributing cause to cardiovascular disease. SPA 2 (12.9%) and SPA 6 (12.8%) have smoking rates higher than the Healthy People 2020 objective of 12% (CHIS, 2012). 3.8% of teens in SPA 4 and 1.4% of teens in SPA 6 are current cigarette smokers. The SPA 4 rate exceeds county and state rates of smoking among teens. 10.9% of teens in SPA 3 have smoked an e-cigarette; this is higher than the state rate (10.3%) (CHIS, 2014).

Overweight - Over one-third of the adult population is overweight in the SPAs. In SPA 3, 13.4% of teens and 27.5% of children are overweight. Over one-third of the adult population is overweight in SPA 6 (35.9%). Hispanic or Latino youth (22%) and Black or African American youth (20.6%) have the highest rates of overweight among kids in area school districts (CHIS, 2014; CA Dept of Education, 2013-2014).

Physical Inactivity - SPA 2 has the lowest activity rate among children at 75%. In SPA 3, 88.7% of children engaged in at least one hour of physical activity three or more days in the previous week. Teens engage in physical activity at lower rates. Only 47.6% of teens in SPA 6 engaged in at least one hour of physical activity three or more days in 'a typical week' (CHIS, 2014).

Fast Food Restaurants - In the service area there are 1,774 fast food restaurants, for a rate of 85.3 fast food establishments per 100,000 persons. This is higher than county and state rates. Access to fast food restaurants can result in diets high in fats (CHIS, 2014).

Community Assets & Opportunities

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

Youth Policy Institute – Offers a Community Supported Agriculture program, which provides subsidized boxes of fresh, organic produce for low-income families at the Hollywood Family Resource Center.

Choose Health LA – LA County Department of Public Health initiative to prevent and control chronic disease, which includes a program that teaches families how to shop. Grocery store tours are provided.

LA County Office of Education – Offers nutrition education and obesity prevention programs funded by the USDA.

Community Input

“Some areas have no access to fresh fruits and vegetables.”

“It’s one of the silent killers of Latina women but it is not often that people are being screened at an early age.”

“A lack of exercise contributes to heart disease. There is so little green space in our community that you really have to work to find a way to exercise, especially if you cannot join a health club or the YMCA.”

“There is a lack of programs or facilities where people can be active. Parks are lacking. A big barrier is access to recreation spaces.”

Health Profile: Diabetes

Diabetes is the fifth leading cause of death in Los Angeles County. Living with uncontrolled diabetes can lead to severe health consequences that include heart disease, stroke and kidney failure. Diabetes is a costly chronic condition that can lead to disability, loss of productivity and premature death (*LA County Department of Public Health*).

SNAPSHOT

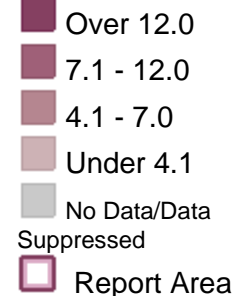
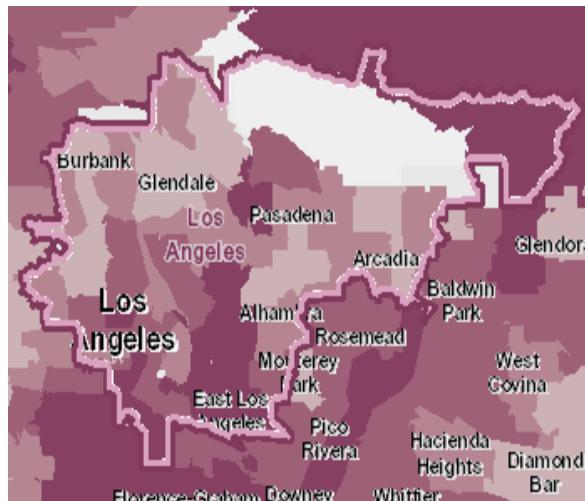
Prevalence – In SPA 3, 10.6% of adults and in SPA 6, 14.7% of adults have been diagnosed with pre-diabetes. This is higher than county (8.8%) and state (10.5%) rates (*CHIS, 2014*).

Rates of diabetes are higher among adults in SPAs 3 (12%), 4 (11.1%) and 6 (14.7%) than found in the county (10%) and the state (8.9%) (*CHIS, 2014*).

In SPA 3, only 23.3% of adults with diabetes are very confident they can control their diabetes. In SPA 2, 74.5% of adults with diabetes are very confident they can control their diabetes, 66.6% of SPA 3 and 77.7% of adults in SPA 6 are very confident they can control their diabetes (*CHIS, 2014*).

Health Outcome Statistics

Diabetes Hospital Discharges, Rate (per 10,000 Pop.) by ZCTA, OSHPD, 2011

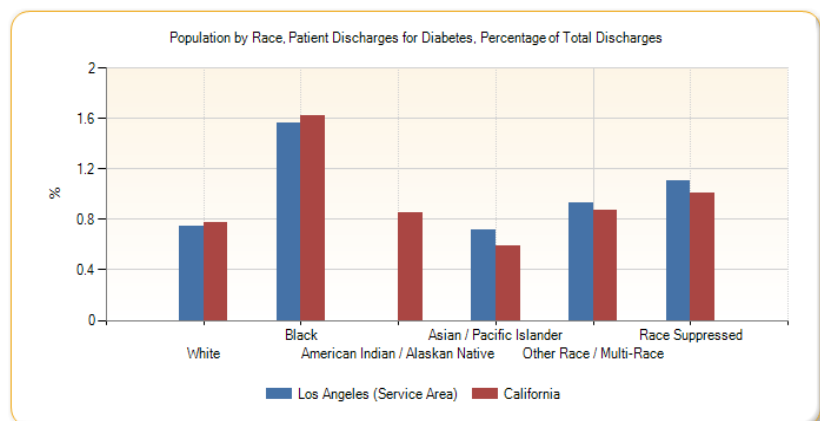


Source: Kaiser Permanente CHNA Data Platform

Diabetes is a condition that when managed can prevent hospitalizations. The diabetes hospitalization rate in the service area is 9.0 per 10,000 population. This rate is lower than the county (11.1) or state (10.4) rate of hospitalizations for diabetes (*OSHPD, 2011-2013*).

Health Disparities

Asians, Pacific Islanders, and multi-race individuals in the service area have higher rates of hospitalization for diabetes than when compared to the state. Source: Kaiser Permanente CHNA Data Platform



Key Health Drivers

High Blood Pressure – In SPA 6, 35.7% of adults have been diagnosed with high blood pressure and 55.5% are on medication to control the high blood pressure. The Healthy People 2020 objective is to reduce the proportion of adults with high blood pressure to 26.9%. Adults in SPA 3, SPA 4 and SPA 6 exceed this rate (*CHIS, 2014*).

Smoking - Smoking is a contributing cause to diabetes. SPA 2 (12.9%) and SPA 6 (12.8%) have smoking rates higher than the Healthy People 2020 objective of 12% (*CHIS, 2012*). 3.8% of teens in SPA 4 and 1.4% of teens in SPA 6 are current cigarette smokers (*CHIS, 2014*).

Overweight - Over one-third of the adult population is overweight in the Service Planning Areas. In SPA 3, 13.4% of teens and 27.5% of children are overweight. Over one-third of the adult population is overweight in SPA 6 (35.9%). Hispanic or Latino youth (22%) and Black or African American youth (20.6%) have the highest rates of overweight among kids in the school districts served by KFH – Los Angeles (*CHIS, 2014 and California Department of Education, 2013-2014*).

Community Assets & Opportunities

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

Choose Health LA – LA County Department of Public Health initiative to prevent and control chronic disease, which includes a program that teaches families how to shop. Grocery store tours are provided.

LA County Office of Education – offers nutrition education and obesity prevention programs funded by the USDA.

LA Care Boyle Heights Family Resource Center – The Family Resource Center is dedicated to helping Los Angeles County residents get access to high-quality health education programs and services. Open to all L.A. Care members and the public, the Boyle Heights Family Resource Center is the place to learn about important health topics. Classes and workshops are free and participants can take an exercise class, talk to a registered dietician, learn how to cook and plan healthy meals and more.

Community Input

“There is a lack of understanding about the disease and the risks associated with unmanaged diabetes and complications of co-morbidities. Habits we develop as adults transfer to our children. There is a cultural disconnect on how to build a healthy life and still maintain a cultural background.”

“The rate of diabetes is growing fast among Asian Pacific Islanders. Asians can have lower BMIs compared to other groups and still be at high risk for diabetes.”

“It is hard to change unhealthy food habits. There is a poor selection of healthy food choices and a lack of education on how to minimize sugars, fats, and portion size.”

Health Profile: Mental Health

Mental illness is a common cause of disability. Untreated disorders may leave individuals at-risk for substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression and outcome of chronic diseases (*Healthy People 2020*).

SNAPSHOT

Adults – In SPA 2, 10.7% of adults had serious psychological distress, and 9.4% of adults in SPA 4 had serious psychological distress compared to 9.6% of adults in California (*CHIS, 2014*).

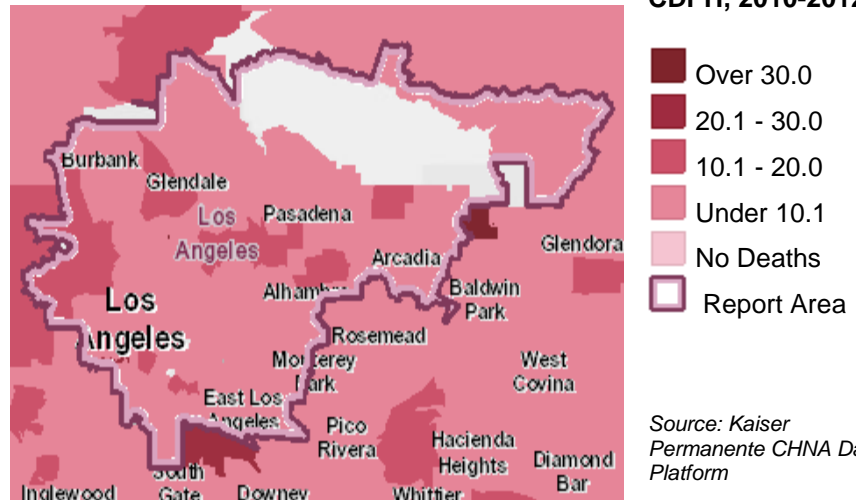
Teens – 17.5% of teens in SPA 6 and 20.6% of teens in SPA 4 needed help for emotional issues/substance abuse (*CHIS, 2014*).

Accessibility – 7.2% of adults in SPA 2 and 6.8% of SPA 6 adults reported needing mental health care but did not receive care because they could not afford it. This is higher than found in LA County (6.1%) (*LA County Health Survey, 2011*).

12% of adults in SPA 4 and 11.2% of SPA 2 adults did see a health care provider for emotional / mental health and/or alcohol / drug issues in the past year (*CHIS, 2014*).

Health Outcome Statistics

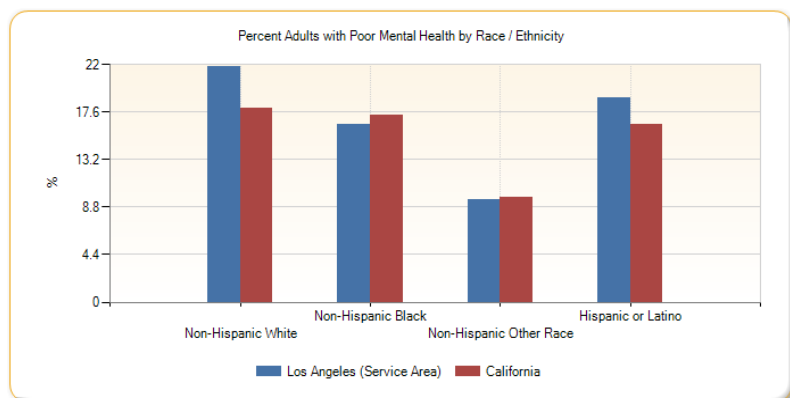
Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by ZCTA, CDPH, 2010-2012



In the KFH – Los Angeles service area, the age-adjusted rate of suicide is 6.2 per 100,000 persons. This is less than the county rate of 7.4 and the Healthy People 2020 objective of 10.2 per 100,000 persons (*California Department of Public Health, 2010-2012*).

Health Disparities

Non-Hispanic Whites and Hispanic/Latino residents in the service area have higher poor mental health than compared to state rates.
Source: Kaiser Permanente CHNA Data Platform



Key Health Drivers

Health Insurance Coverage – Availability of health insurance can increase access to mental health services. In the KFH – Los Angeles service area, 30% of the population has Medi-Cal coverage. Over one-quarter of the population (26.4%) are uninsured, which translates to 73.6% with health insurance. This is less than the Healthy People 2020 objective of 100% health insurance coverage (*American Community Survey, 2009-2013*).

Homelessness – Mental health issues are prevalent among the homeless. In SPA 2, 40.2% of the homeless experience mental illness. In SPA 4, 29.2% of the homeless have mental health issues (*Los Angeles Homeless Services Authority, 2015*).

Excessive Alcohol Use – Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 31.9% in SPA 6 and 31.1% in SPA 4 had engaged in binge drinking in the past year. This is compared to the county rate of 31.5% (*CHIS, 2014*).

Community Assets & Opportunities

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

Foothill Family Services – Provides counseling, social services, mental health treatment for children, education, and outreach. Programs and services are available at six Family Center locations as well as at preschools, elementary, middle and high schools, community centers, and through in-home visits.

Alma Family Services – Alma provides a wide range of mental health counseling and support to children, adolescents, adults and their families who are experiencing significant emotional problems.

Gateways Hospital and Mental Health Center – Gateways offers services under contract with the Los Angeles County Department of Mental Health. As many as 28 adolescent beds and 27 adult beds are available. The hospital is accredited and licensed to provide an intensive therapy program for adults and adolescents in need of acute psychiatric evaluation, diagnosis, stabilization and treatment.

Community Input

“There is stigma associated with mental health issues particularly in communities of color.”

“There is particularly a lack of resources for language minorities. There is a big gap in an adequate number of providers who have the ability to communicate with language minority clients. More people are seeking resources and there are not enough providers. We can do better in treating mental health issues more like other chronic diseases.”

“There is particularly a lack of mental health resources for language minorities. There is a big gap in adequate providers who have the ability to communicate with language minority clients.”

Health Profile: Oral Health

Low-income individuals, particularly children and minorities, are more likely to have poor oral health. Poor oral health can be both a result of certain health conditions and a cause of poor health (*Healthy People 2020*).

SNAPSHOT

Adults – Among adults in SPA 2, 51% have dental insurance compared to SPA 6, where 37.1% of adults have dental insurance.

Children – Children have increased access to dental care when compared to adults. 75.7% of children in SPA 4 and 75.8% of children in SPA 6 have dental insurance.

Cost – Due to the cost of obtaining dental care, 37.6% of adults in SPA 4 and 35% of adults in SPA 6 did not obtain dental care. 14.9% of children in SPA 6 and 13.9% in SPA 3 did not obtain dental care due to cost.

(*Los Angeles County Health Survey 2011*)

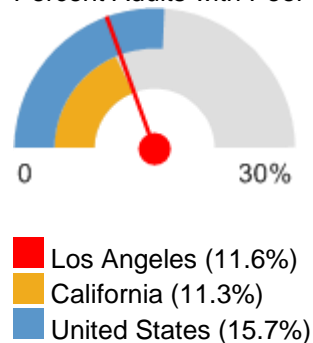
In SPA 3 26.7% of children had never been to a dentist, 12.7% of SPA 6 kids, and 11.3% of children in SPA 4 have never been to a dentist (*CHIS, 2014*)

Health Outcome Statistics

Poor Dental Health

In Los Angeles County, 11.6% of adults, age 18 and older, reported that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This rate is higher than the state rate of 11.3%.

Percent Adults with Poor Dental Health

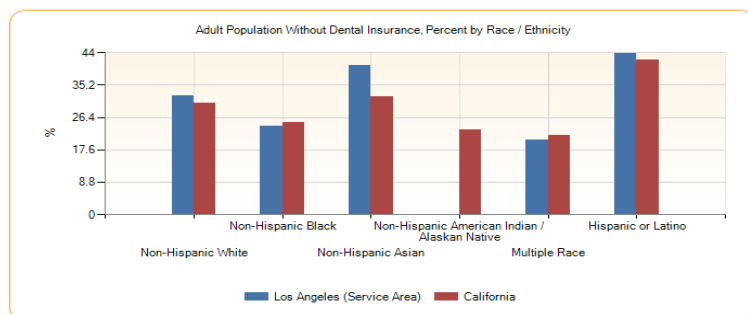


Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-2010.

Health Disparities

White, Asians and Latinos in the service area lack dental insurance at high rates compared to the state populations.

Source: Kaiser Permanente CHNA Data Platform



Key Health Drivers

Educational Attainment – Lack of educational attainment is associated with less access to health care and insurance. Among adults, ages 25 and older, in the KFH – Los Angeles service area, over one-fourth of the population (25.9%) have no high school diploma. This is compared to 18.7% of residents in California who do not have a high school diploma (*American Community Survey, 2009-2013*).

Health Professional Shortage Area – A "Health Professional Shortage Area" (HPSA) is defined as a geographic area designated as having a shortage of primary medical care, dental or mental health professionals. 5.2% of the population in the KFH – Los Angeles service area is living in a designated HPSA for dental care; 2% of LA County is designated a HPSA for dental (*U.S. Department of Health & Human Services, Health Resources and Services Administration, March 2015*).

Premature Birth / Low Birth Weight: Gum disease has been linked to premature birth and low birth weight babies. The KFH – Los Angeles service area rate of low birth weight babies is 7%, which is slightly higher than the California rate of 6.8% (*CDPH, 2012*).

Community Assets & Opportunities

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

Young & Healthy – Offers three dental programs:

- 1.) First Grade Dental Education: A monthly dental education program for first grade students to teach them how to care for their own teeth.
- 2.) Mobile Dental Clinic: An annual Mobile Dental Clinic from the USC School of Dentistry to provide comprehensive dental care for children with the greatest needs.
- 3.) Dental Screenings: Eleven volunteer dentists and dental hygienists have adopted PUSD elementary sites and provide the state mandated oral health assessment for kindergarten students on an annual basis.

ChapCare – ChapCare offers quality dental care in addition to comprehensive medical and wellness services. ChapCare provides optimum oral health to children and adults throughout their lifetime.

Kids' Community Dental Clinic – The Kids' Community Dental Clinic in Burbank, CA is dedicated to improving children's oral health through quality dental care and preventive education for low-income families in Southern California.

Community Input

"Despite children being covered there are very few pediatric dentists. So while there is coverage there is no easy access."

"There is a real need for dental services. Even with insurance, a lot of dental care is not covered. Getting dental care continues to be a financial barrier."

"At school, oral health screening is a huge issue. We find an extraordinary amount of disease. 7% of kids screened have abscesses and 50% need to see a dentist."

Health Profile: Overweight and Obesity

Being overweight or obese affects a wide range of health issues and are major risk factors for diabetes, cardiovascular disease, and other chronic diseases. Physical activity plays a key role in levels of overweight and obesity, and in the development and management of chronic diseases. Healthy eating and nutrition programs also promote a healthy body weight.

SNAPSHOT

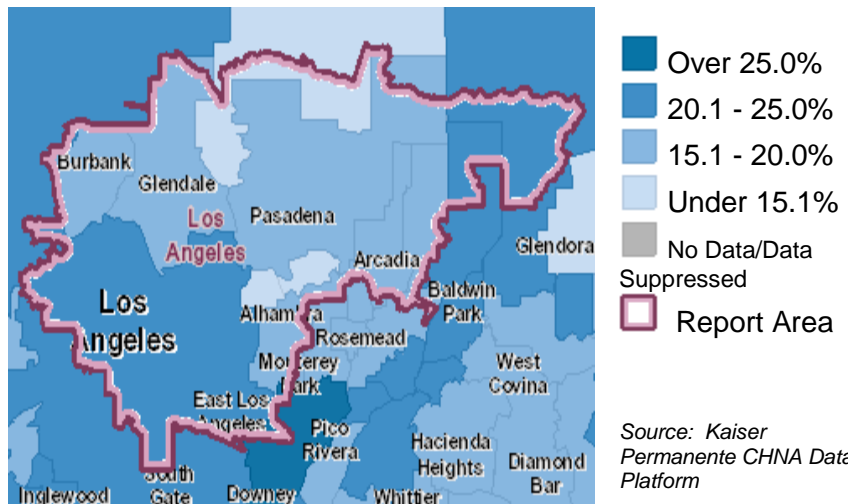
Overweight – Over one-third of the adult population is overweight in Service Planning Areas 2 (41.6%), 3 (34.9%), 4 (37%), and 6 (35.9%). In SPA 3, 13.4% of teens and 27.5% of children are overweight. In SPA 4, 10.7% of teens and 21.6% of children are overweight. (CHIS, 2014)

Obesity – Obesity among adults ranges from 17.7% in SPA 2 to 38.6% in SPA 6. The SPA 4 rate (29.1%) and SPA 6 rate are higher than county (27.2%) and state (27%) rates of obesity. SPA 6 exceeds the Healthy People 2020 objective of 30.5% of adult obesity. (CHIS, 2014)

In the service area, African Americans and Latinos have higher rates of overweight and obesity overall. Hispanic or Latino and Whites in SPA 2 have higher rates of overweight and obesity. (CHIS, 2014)

Health Outcome Statistics

Students Overweight / in 'Needs Improvement' Zone for Body Composition , Percent by School District (Elementary), 2013-2014



Youth overweight reports 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. In the service area, 20% of 5th, 7th and 9th graders are considered overweight. (Source: California Department of Education, 2013-2014).

Health Disparities

Among youth in the service area, almost all races have higher rates of overweight than in the county, except for multiple race youth.

Youth Overweight by Race/Ethnicity

	Service Area	Los Angeles County	California
Hispanic or Latino	22.0%	21.7%	21.6%
Black or African American	20.6%	20.1%	20.3%
White	17.1%	16.1%	15.9%
Asian	15.0%	14.7%	15.1%
Multiple Races	14.7%	18.6%	18.3%

Source: California Department of Education, 2013-2014. Fitnessgram.

Key Health Drivers

Diets High in Fat – 25.2% of SPA 6 residents eat fast food three or more times a week. In SPA 3, 19.3% of the residents eat fast food three or more times a week. Adults, age 18-64, consume fast food at a higher rate than youth or seniors (*CHIS, 2014*).

Soda Consumption – In Service Planning Area 6, 18% of children and teens consume two or more glasses of soda or sugary drinks a day. This is higher than SPA 4 (15.7%), county (17.3%) and state (14.2%) rates (*CHIS, 2014*).

Fresh Fruits and Vegetables – Among adults, 11.4% in SPA 6 eat five or more servings of fruit and vegetables daily. This is less than adults in the county (16.2%) (*LA County Health Survey, 2011*).

Physical Inactivity – In SPA 2, 75% of children engaged in at least one hour of physical activity three or more days in the previous week. In SPA 4, 80.3% of children engaged in at least one hour of physical activity three or more days in the previous week (*CHIS, 2014*).

Community Assets & Opportunities

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

Los Angeles Red Shield Youth & Community Center – The primary focus of the Salvation Army Los Angeles Red Shield Youth & Community Center is to guide and mentor young people and strengthen families by providing educational and recreational programs that focus on healthy lifestyle choices.

The Los Angeles Food Policy Council – (LAFPC) is a collective impact initiative, working to make Southern California a Good Food region for everyone. The LAFPC aims to connect environmental sustainability and local agriculture with efforts to expand access to healthy food in historically disenfranchised communities.

WIC – Supplemental Nutrition Program for Women, Infants and Children (WIC) provides supplemental foods, health care referrals and nutrition education to those who qualify. WIC's target population includes pregnant women, breast-feeding women, non-breast-feeding postpartum women, infants and children up to the age of five.

Community Input

“There is a lack of understanding of the severity and importance of obesity as a precursor to other diseases.”

“There is a lack of programs or facilities where people can be active. Parks are lacking. A big barrier is access to recreation spaces.”

“We live in a food desert and the cost of healthy food is higher than the cost of junk food.”

“There is a lack of green space with exercise equipment in parks and a lack of dedicated bike lanes. Violence keeps people out of the parks and off the streets.”

Health Profile: Safety and Violence

Community violence is pervasive, especially in inner-city urban areas. Socioeconomic status and crime interconnect and contribute to community violence. High rates of crime and violence impact on families' feelings of safety and tend to reduce community interaction and outside physical activities (National Center for Children Exposed to Violence).

SNAPSHOT

Homicide – In SPA 6, homicide is the leading cause of premature death and the third leading cause of premature death in SPA 4. Motor vehicle crash is the third leading cause of premature death in SPAs 2 and 6.

(LA County Department of Public Health, 2012)

Fear of Violence – 22.8% of teens in SPA 6 and 21.5% of teens in SPA 2 feared being attacked at school in the past year. (California Health Interview Survey, 2012)

Domestic Violence – Los Angeles has the highest number of domestic violence calls in the service area. In Los Angeles, 77% of the calls were for domestic violence with a weapon.

(California Department of Justice, 2014)

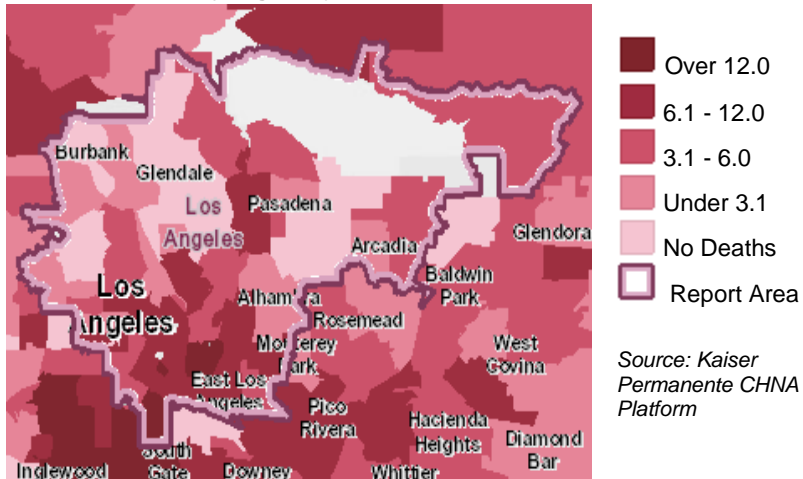
Health Outcome Statistics

Mortality Rates, per 100,000 persons, Age-Adjusted, 2010-2012

	Service Area	California	Healthy People 2020
Motor vehicle	4.2	5.2	12.4
Pedestrian	2.0	2.0	1.2

Source: University of Missouri, 2010-2012. [Center for Applied Research and Environmental Systems](#). California Department of Public Health, [CDPH - Death Public Use Data](#)

Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop), 2010-2012



In the KFH – Los Angeles service area the rate of homicide is 4.7 per 100,000 persons (age-adjusted, averaged over three years). This rate is lower than the California rate (5.2) and the Healthy People 2020 objective (5.5) (California Department of Public Health, 2010-2012).

Health Disparities

West Hollywood has the highest crime rate in the service area.

Violent Crime Rates per 100,000 Persons, 2012

Geographic Area	Violent Crime Rates
West Hollywood	966.5
Los Angeles	335.3
Pasadena	310.7
Burbank	231.3
San Gabriel	218.0
Monrovia	217.1
Alhambra	176.4
California	423.1

Source: U.S. Department of Justice, FBI, Uniform Crime Reporting Statistics, 2012.

Key Health Drivers

Educational Attainment – Lack of educational attainment is an associated risk factor for violence and crime in communities. Among adults, ages 25 and older, in the KFH – Los Angeles service area, over one-fourth of the population (25.9%) have no high school diploma. This is compared to 18.7% of residents in California who do not have a high school diploma (*American Community Survey, 2009-2013*).

Poverty – In 2013, the federal poverty level for one person was \$11,490 and for a family of four \$23,550. Among the residents in the service area, 21.1% are at or below 100% of the federal poverty level (FPL) and 45.4% are at 200% or below FPL. These rates of poverty are higher than found in the state (15.9% and 35.9%) (*American Community Survey, 2009-2013*).

Children Living in Poverty – The percentage of children, ages 0-17, living in households with an income below the Federal Poverty Level (FPL) is 29.9%. This is higher than the county rate of 25.3% and the state rate of 22.2% of children living in poverty. When examined by race/ethnicity, 41.1% of Hispanic/Latino children in the service area are living in poverty (*American Community Survey, 2009-2013*).

Community Assets & Opportunities

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

County of Los Angeles Public Health – The Injury & Violence Prevention Program (IVPP) of the Los Angeles County Department of Public Health is a part of the Division of Chronic Disease and Injury Prevention. IVPP monitors the occurrence of intentional and unintentional injuries and implements prevention programs to reduce morbidity and mortality due to injuries. The goal of the program is to reduce the leading causes of injury related death and disability.

Peace Over Violence – Peace Over Violence is a sexual and domestic violence, stalking, child abuse and youth violence prevention center in Los Angeles. It is dedicated to building healthy relationships, families and communities free from sexual, domestic and interpersonal violence.

Asian Pacific Women's Center – APWC has a Domestic Violence Transitional Shelter that provides survivors of domestic violence and their children with a multicultural and multilingual supporting environment.

Community Input

"Currently, there is a strained relationship with law enforcement."

"A challenge with domestic violence is women don't want to file charges and shelters won't take a person unless she files charges."

"We are seeing growing elder abuse problems. There is senior fraud and neglect."

"There are high levels of crime and violence against the Transgender community."

Health Profile: STD/HIV/AIDS

STDs and HIV/AIDS continue to be major public health problems. STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. STD prevention is an essential primary care strategy for improving reproductive health. HIV is a preventable disease. Effective HIV prevention interventions have been proven to reduce HIV transmission (*Healthy People 2020*).

SNAPSHOT

Prevalence

The rate of HIV diagnoses has decreased over the past three years. SPA 4 has the highest rate of HIV at 39 per 100,000 persons. The rate of HIV diagnoses is higher in SPA 4 and SPA 6 (16 per 100,000 persons) than in the county (13 per 100,000 persons).

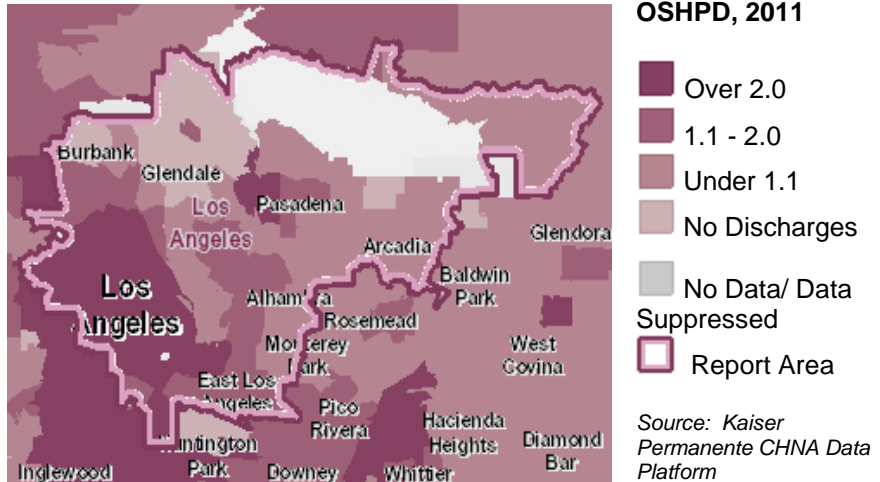
The rate of persons living with AIDS per 100,000 persons is lowest in SPA 3 (109 per 100,000 persons) and highest in SPA 4 (883 per 100,000 persons).

The highest rates of STD can be found for Chlamydia at 968.0 per 100,000 persons in SPA 6. SPA 4 has the highest rates of gonorrhea and syphilis. Teens and young adults, ages 15-29, and Blacks/African Americans, have the highest rates of sexually transmitted infections.

(County of Los Angeles Public Health,

Health Outcome Statistics

HIV / AIDS Hospital Discharges, Rate (Per 10,000 Pop.) by ZCTA, OSHPD, 2011

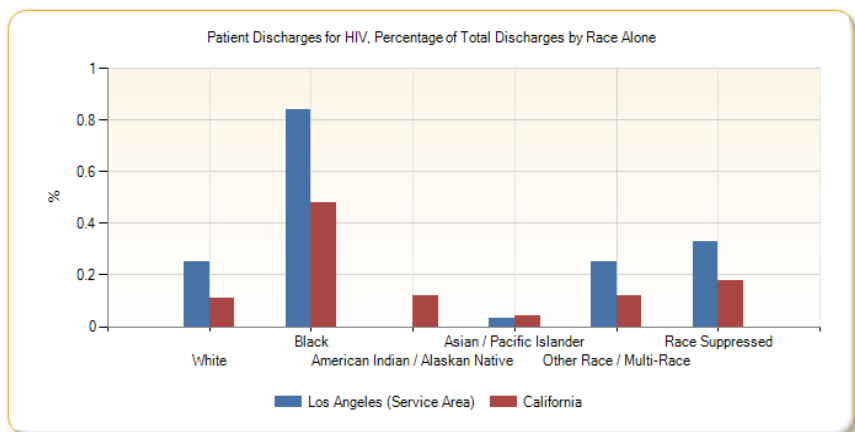


In the KFH – Los Angeles service area, the patient discharge rate (per 10,000 total population) for HIV-related complications is 2.6, which is lower than found in LA County (2.8 per 100,000 persons). However, there are communities with higher rates of hospitalizations, including East Los Angeles (OSHPD, 2011).

Health Disparities

Whites, Blacks and multi-race persons have higher rates of hospitalization for HIV than compared to the state.

Source: Kaiser Permanente CHNA Data Platform



Key Health Drivers

Economic Disparity – STDs are more likely to occur in low-income populations. In the KFH-Los Angeles service area, 45.4% of the population is low-income (200% or below FPL). 35.9% of the state population is low-income (*American Community Survey, 2009-2013*).

Alcohol Use – In SPA 6, 31.9% of adults engaged in binge drinking; 17.8% of teens indicated they had tried an alcoholic drink. In SPA 4, 31.1% of adults engaged in binge drinking; 17.8% of teens indicated they had tried an alcoholic drink (*CHIS, 2014*).

Drug Use – In SPA 6, 31.9% of teens have tried drugs and 3.5% have used marijuana in the past year. In SPA 4, 18.2% of teens have tried illegal drugs and 17.2% has used marijuana in the past year. Teen drug use in the county is 14.7% and the state 12.4% (*CHIS, 2012*).

Community Assets & Opportunities

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

AIDS Project Los Angeles – APLA Health & Wellness provides medical, dental, and behavioral health care to everyone in L.A. County, regardless of their HIV status. In addition, APLAHW offers HIV prevention and education programs that address the specific needs of different parts of our diverse communities.

Planned Parenthood – Offers STD testing, treatment and vaccines, and HIV testing.

County of Los Angeles Public Health – Provides STD clinics including the Los Angeles LGBT Center Sexual Health Program, which is dedicated to providing sexual health services to the gay, lesbian, bisexual and transgender community (though everyone is welcome). **Free** testing and treatment for STDs and HIV is offered.

BIENESTAR – BIENESTAR is a Southern California-based social services organization primarily serving the Latino LGBT, HIV/AIDS and at-risk communities. They offer HIV testing and education.

Community Input

“Prevention education is needed at a younger age. The age for contraction of STDs keeps dropping.”

“Education needs to come from home. I see a lot of young teenagers with HIV from drugs and sex. It worries me they aren’t getting the right information.”

“There is a need for condoms and sex education in jails.”

“Kids think they can’t get HIV/AIDS anymore; that it’s something that used to happen.”

Health Profile: Substance Abuse (Alcohol/Drugs/Tobacco)

Smoking is a contributing cause to disease and death. It increases the risk of developing heart disease, stroke and cancer. Alcohol and drug abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems (*Healthy People 2020*).

SNAPSHOT

Alcohol Use –In SPA 6, 31.9% of adults engaged in binge drinking; 17.8% of teens indicated they had tried an alcoholic drink.

In SPA 4, 31.1% of adults engaged in binge drinking; 5.6% of teens indicated they had tried an alcoholic drink.

(CHIS, 2014)

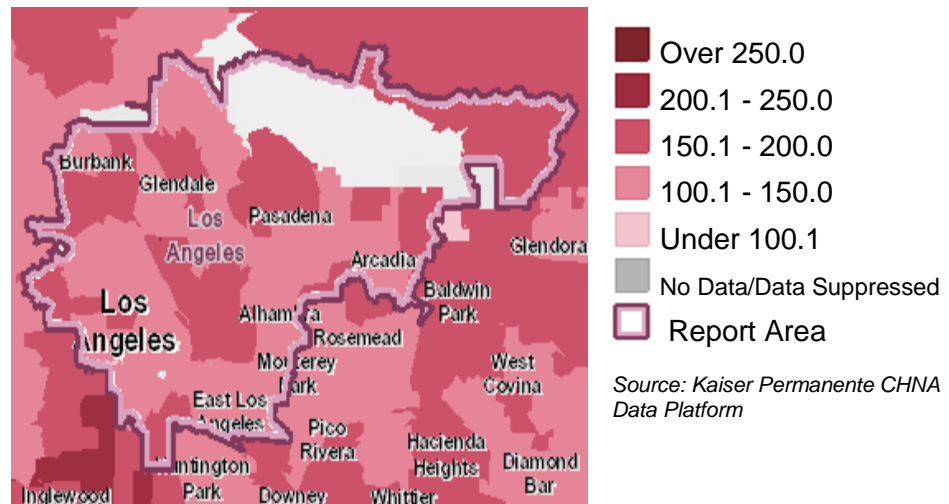
Drug Use – In SPA 6, 31.9% of teens have tried drugs and 3.5% have used marijuana in the past year.

In SPA 4, 18.2% of teens have tried illegal drugs and 17.2% has used marijuana in the past year. SPA 4 and SPA 6 teens' use of drugs is higher than among teens in the county (14.7%) and state (12.4%).

(CHIS, 2012)

Health Outcome Statistics

Cancer Mortality, Age-Adjusted Rate per 100,000 Pop. by ZCTA, 2010-2012



Substance abuse is a contributing cause to disease and death. Cancer is the second highest cause of death in the service area. The rate of age-adjusted death due to cancer is 142.8 per 100,000 persons in the service area.

Health Disparities

Blacks in SPA 2 and SPA 3 and Latinos in SPA 4 and SPA 6 have the highest rates of binge drinking in the service area.

Adults Binge Drinking in Past Year, by Race/Ethnicity

	SPA 2	SPA 3	SPA 4	SPA 6	California
Latino	30.8%	30.4%	35.0%	35.2%	38.2%
White	27.4%	31.2%	32.2%	5.3%	35.7%
Black	49.5%	39.8%	No Data	29.6%	20.7%
Asian	21.4%	23.1%	27.2%	No Data	20.3%

Source: California Health Interview Survey, 2014.

Key Health Drivers

Homelessness – Substance abuse issues are prevalent among the homeless. 26.9% of homeless in SPA 2, 23.9% in SPA 3, 24.3% in SPA 4 and 17.1% of the homeless in SPA 6 are substance abusers (*Los Angeles Homeless Services Authority, 2015*).

Mental Health Issues – Substance abuse is often a behavior associated with mental health issues. In SPA 2, 10.7% of adults had serious psychological distress, and 9.4% of adults in SPA 4 had serious psychological distress compared to 9.6% of adults in California (*CHIS, 2014*).

Community Assets & Opportunities

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

Alcoholism Center for Women – ACW provides comprehensive substance abuse programs exclusively for women in Service Planning Area 4. ACW offers a continuum of programs with the goal that each person will maintain abstinence, recognize relapse factors, build self-esteem and a sense of responsibility, and restructure their lifestyles to include recovery support systems.

Tarzana Treatment Centers – Tarzana Treatment Centers, Inc. is a full-service behavioral health care organization that provides high quality, cost-effective substance abuse and mental health treatment to adults and youth. They operate a psychiatric hospital, residential and outpatient alcohol and drug treatment centers, adolescent drug treatment centers, and family medical clinics.

Boys & Girls Clubs – The SMART Moves (Skills Mastery and Resistance Training) prevention/education program addresses problems such as drug and alcohol use and premature sexual activity. The program promotes abstinence from substance abuse and adolescent sexual involvement through the practice of responsible behavior.

Community Input

“Availability of alcohol and drugs is getting easier for kids. They get drugs and alcohol in the home.”

“The stigma of drug use is dissipating.”

“In Korea Town there a lot of problems with underage drinking and bars and restaurants open very late. They serve underage drinkers and drinking under the influence are big problems.”

“There is popularity of e-cigs. People perceive it’s not as dangerous as traditional cigarettes.”

Appendix E: 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.

Relative worth method. The Relative Worth method is a ranking strategy where each participant receives a fixed number of points. The points are then assigned to health needs based on the size of the problem (relative portion of population afflicted by the problem); or seriousness of the problem (impact at individual, family, and community levels).

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.