UCLA Resnick Neuropsychiatric Hospital

Resnick Neuropsychiatric Hospital at UCLA

Community Health Needs Assessment

2022

Report adopted by the Vice Chancellor and the Governing Body of UCLA Health in June 2022.

Table of Contents

Executive Summary

Resnick Neuropsychiatric Hospital at UCLA is a part of UCLA Health, a world-renowned, nonprofit academic medical center located in Los Angeles, California. UCLA Health is comprised of Ronald Reagan UCLA Medical Center, UCLA Santa Monica Medical Center, Resnick Neuropsychiatric Hospital at UCLA and the UCLA Medical Group, which has a wide-reaching system of primary-care and specialty-care offices throughout the region.

Community Health Needs Assessment

The UCLA Health hospitals have undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy/community benefit plan that responds to community needs.

Service Area

Resnick Neuropsychiatric Hospital at UCLA is located at 150 UCLA Medical Plaza, Los Angeles, California 90095. The service area is shared by the UCLA Health hospitals and includes 28 ZIP Codes, representing 18 cities or communities, exclusively in Service Planning Area (SPA) 5 of Los Angeles County. The UCLA Health service area is detailed below by community and ZIP Code and was determined from the ZIP Codes that reflect a majority of patient admissions from the local geographic area.

UCLA Health Service Area

Geographic Area	ZIP Code
Bel Air	90077
Beverly Hills	90210, 90211, 90212
Brentwood	90049
Century City	90067
Culver City	90230, 90232
Ladera Heights	90056
Malibu	90263, 90265
Marina del Rey	90292
Pacific Palisades	90272
Palms	90034
Playa del Rey	90293
Playa Vista	90094
Santa Monica	90401, 90402, 90403, 90404, 90405
Venice/Mar Vista	90066, 90291
West Los Angeles	90025, 90035, 90064
Westchester	90045
Westwood	90024

Collaboration

For this CHNA, Resnick Neuropsychiatric Hospital at UCLA, UCLA Santa Monica Medical Center and Ronald Reagan UCLA Medical Center worked in partnership with Cedars-Sinai Medical Center, Cedars-Sinai Marina del Rey Hospital, and Providence Saint John's Health Center. Given that these partners share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

Methodology

Secondary Data

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

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

Primary Data

Thirty-seven (37) phone interviews were conducted during October and November 2021. Community stakeholders identified by the hospital partners were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in SPA 5 of Los Angeles County, who spoke to issues and needs in the communities served by the hospital.

Significant Community Needs

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

- Access to health care (i.e., primary care, specialty care, dental care)
- Chronic diseases (i.e., asthma, cancer, diabetes, heart disease, liver disease, stroke)
- Community safety
- COVID-19
- Economic insecurity

- Environmental conditions (i.e., air and water quality, pollution)
- Food insecurity
- Housing/homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices (i.e., vaccines, screenings, fall prevention)
- Sexually transmitted infections
- Substance abuse
- Transportation

COVID-19

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

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. Mental health, COVID-19, housing and homelessness, access to care and economic insecurity were ranked as the top five priority needs in the service area.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Vice Chancellor and the Governing Body of UCLA Health in June 2022. The report is widely available to the public on the hospital's web site at: https://www.uclahealth.org/why-choose-us/about/office-community. To send comments or questions about this report, please send your feedback to: CHNA@mednet.ucla.edu.

Introduction

Background and Purpose

The Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA is among the leading centers in the world for comprehensive patient care, research and education in the fields of mental health, developmental disabilities and neurology. It is the major psychiatry teaching facility of the David Geffen School of Medicine at UCLA and Ronald Reagan UCLA Medical Center, one of the nation's top-ranked medical centers.

The Resnick Neuropsychiatric Hospital has 74 inpatient beds and is an independently accredited and licensed hospital located on the fourth floor of the Ronald Reagan UCLA Medical Center, with its own entrance and address. The Resnick Neuropsychiatric Hospital's vision is to serve the health care needs of the community, its patients and their families through excellence in research, education and the delivery of neuropsychiatric and behavioral health services.

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

Service Area

Resnick Neuropsychiatric Hospital at UCLA is located at 150 UCLA Medical Plaza, Los Angeles, California 90095. The service area is shared by the UCLA Health hospitals and includes 28 ZIP Codes, representing 18 cities or communities, exclusively in Service Planning Area (SPA) 5 of Los Angeles County. The UCLA Health service area is detailed below by community and ZIP Code and was determined from the ZIP Codes that reflect a majority of patient admissions from the local geographic area.

UCLA Health Service Area

Geographic Area	ZIP Code
Bel Air	90077
Beverly Hills	90210, 90211, 90212
Brentwood	90049
Century City	90067
Culver City	90230, 90232
Ladera Heights	90056
Malibu	90263, 90265

Geographic Area	ZIP Code
Marina del Rey	90292
Pacific Palisades	90272
Palms	90034
Playa del Rey	90293
Playa Vista	90094
Santa Monica	90401, 90402, 90403, 90404, 90405
Venice/Mar Vista	90066, 90291
West Los Angeles	90025, 90035, 90064
Westchester	90045
Westwood	90024

Map of the UCLA Health Service Area

Source: https://www.communities-motion.com/spa-5-homeless-count-portal/

Collaboration

For the CHNA, Resnick Neuropsychiatric Hospital at UCLA, UCLA Santa Monica Medical Center and Ronald Reagan UCLA Medical Center worked in partnership with Cedars-Sinai Medical Center, Cedars-Sinai Marina del Rey Hospital, and Providence Saint John's Health Center. Because these partners share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

Project Oversight
The CHNA process was overseen by:
Indu Bulbul Sanwal, MBA & MPH
Strategic Development Manager
Office of Health System Strategy and Business Development
UCLA Health

Consultant
Biel Consulting, Inc. conducted the Community Health Needs Assessment. Dr. Melissa Biel was joined by Victoria Derrick and Vanessa Ivie, BS, MSG to complete the data collection. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.
www.bielconsulting.com

Board Approval
This CHNA report was adopted by the Vice Chancellor and the Governing Body of UCLA Health in June 2022.

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, access to health care, leading causes of death, acute and chronic disease, COVID-19, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community.

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

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Significant Community Needs

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

- Access to health care (i.e., primary care, specialty care, dental care)
- Chronic diseases (i.e., asthma, cancer, diabetes, heart disease, liver disease, stroke)
- Community safety
- COVID-19
- Economic insecurity
- Environmental conditions (i.e., air and water quality, pollution)
- Food insecurity
- Housing/homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices (i.e., vaccines, screenings, fall prevention)
- Sexually transmitted infections

- Substance abuse
- Transportation

Primary Data Collection

The following hospitals partnered to conduct interviews with community stakeholders to obtain input on significant community needs, barriers to care and resources available to address the identified health needs:

- Ronald Reagan UCLA Medical Center
- UCLA Santa Monica Medical Center
- Resnick Neuropsychiatric Hospital at UCLA
- Cedars-Sinai Medical Center
- Cedars-Sinai Marina del Rey Hospital
- Providence Saint John's Health Center

Thirty-seven (37) phone interviews were conducted during October and November 2021. Community stakeholders identified by the hospital partners were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in SPA 5 of Los Angeles County, who spoke to issues and needs in the communities served by the hospital. The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

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

Public Comment

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

Prioritization of Significant Needs

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

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

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

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	69.7%	25.0%	56.3%
Chronic diseases	65.6%	29.0%	51.6%
Community safety	68.8%	54.8%	58.1%
COVID-19	96.8%	23.3%	26.7%
Economic insecurity	90.6%	80.6%	90.3%
Environmental conditions	46.9%	48.4%	45.2%
Food insecurity	87.1%	60.0%	60.0%
Housing and homelessness	100%	100%	96.7%
Mental health	93.8%	80.6%	87.1%
Overweight and obesity	35.5%	23.3%	40.0%
Preventive practices	64.5%	20.0%	20.0%
Sexually transmitted infections	19.4%	27.6%	20.7%
Substance use	78.1%	76.7%	70.0%
Transportation	51.6%	24.1%	37.9%

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

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.94
COVID-19	3.78
Housing and homelessness	3.76
Access to care	3.75
Economic insecurity	3.75
Substance use	3.69
Food insecurity	3.59
Community safety	3.57
Chronic diseases	3.56
Preventive practices	3.42
Environmental conditions	3.32
Transportation	3.03
Sexually transmitted infections	3.00
Overweight and obesity	2.87

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

Resources to Address Significant Needs

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

Review of Progress

In 2019, UCLA Health conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The Implementation Strategy associated with the 2019 CHNA addressed: access to care, heart disease, mental health, and overweight and obesity through a commitment of community benefit programs and resources. The impact of the actions that UCLA Health used to address these significant needs can be found in Attachment 5.

Community Demographics

Population

The population of the UCLA Health service area is 656,748. From 2016 to 2019, the population decreased by 1.2%.

Total Population and Change in Population, 2016 to 2019

	UCLA Health Service Area			Los Angeles County		
	2012-2016	2015-2019	Change	2012-2016	2015-2019	Change
Total population	664,730	656,748	-1.2%	10,057,155	10,081,570	0.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 & 2015-2019, DP05. https://data.census.gov/cedsci

In the hospital service area, 48.8% of the population are male and 51.2% are female.

Population, by Gender

	UCLA Health Service Area	Los Angeles County
Male	48.8%	49.3%
Female	51.2%	50.7%

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

Children and teens, ages 0 to 17, make up 15.7% of the population. In the service area, 68.4% of the population are adults, ages 18 to 64, and 15.9% of the population are seniors, ages 65 and older. The service area has a lower percentage of youth and a higher percentage of seniors when compared to the county.

Population, by Age

	UCLA Health Service Area	Los Angeles County
0 – 4	4.8%	6.1%
5 – 9	4.2%	5.9%
10 – 14	4.3%	6.2%
15 – 17	2.5%	3.8%
18 – 20	4.9%	4.0%
21 – 24	5.8%	5.7%
25 – 34	19.3%	16.1%
35 – 44	14.3%	13.7%
45 – 54	12.8%	13.4%
55 – 64	11.2%	11.8%
65 – 74	8.7%	7.5%
75 – 84	4.6%	3.9%
85 and older	2.7%	1.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B01001. https://data.census.gov/cedsci

In the service area, Pacific Palisades has the largest percentage of youth, ages 0 to 17 (23.8%). Century City has the highest percentage of seniors, ages 65 and older (51.6%). The average median age in the service area is 40.5 years, higher than the median county age of 36.5. The median age of Malibu 90263, where Pepperdine

University is located, is 19.8 years, with no residents over the age of 30.

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

	ZIP Code	Total Population	Youth, Ages 0 – 17	Seniors, Ages 65 and Older	Median Age
Bel Air	90077	8,382	22.1%	26.4%	48.5
Beverly Hills	90210	19,314	20.2%	27.6%	49.2
Beverly Hills	90211	8,019	18.6%	16.8%	42.2
Beverly Hills	90212	13,314	20.4%	18.0%	41.1
Brentwood	90049	36,418	18.1%	20.2%	40.6
Century City	90067	2,428	7.9%	51.6%	66.4
Culver City	90230	32,687	20.6%	16.3%	40.4
Culver City	90232	14,780	15.9%	14.5%	40.4
Ladera Heights	90056	7,649	18.2%	25.0%	49.3
Malibu	90263	1,838	1.2%	0.0%	19.8
Malibu	90265	17,954	16.5%	23.7%	50.9
Marina del Rey	90292	23,549	10.3%	15.2%	39.6
Pacific Palisades	90272	21,629	23.8%	23.8%	47.7
Palms	90034	53,861	13.6%	9.3%	34.0
Playa del Rey	90293	12,728	10.5%	16.3%	37.9
Playa Vista	90094	9,827	22.0%	8.2%	36.2
Santa Monica	90401	7,111	5.6%	18.7%	37.2
Santa Monica	90402	11,882	23.4%	25.2%	48.6
Santa Monica	90403	23,902	13.6%	19.6%	41.3
Santa Monica	90404	22,929	16.4%	14.4%	37.4
Santa Monica	90405	28,156	15.1%	16.0%	40.2
Venice	90291	26,950	13.2%	13.2%	38.5
Venice/Mar Vista	90066	59,167	16.2%	14.7%	38.1
West Los Angeles	90025	46,883	11.7%	12.5%	34.0
West Los Angeles	90035	27,272	21.7%	14.3%	36.3
West Los Angeles	90064	25,925	19.5%	16.9%	40.3
Westchester	90045	40,567	15.7%	13.3%	35.1
Westwood	90024	51,627	8.1%	11.3%	22.6
UCLA Health Service Area		**656,748**	**15.7%**	**15.9%**	**40.5**
Los Angeles County		**10,081,570**	**22.0%**	**13.2%**	**36.5**

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

Race/Ethnicity

Over half of the population in the service area is White (59.2%). This is a higher percentage than the county (26.2%). Hispanics/Latinos account for 16.1% of the service area population as compared to 48.5% in the county. Asians are 13.6% of the population and Black/African Americans are 5.8% of the population.

Race/Ethnicity

	UCLA Health Service Area		Los Angeles County	
	Number	Percent	Number	Percent
White	388,940	59.2%	2,641,770	26.2%
Hispanic/Latino	105,675	16.1%	4,888,434	48.5%
Asian	89,471	13.6%	1,454,769	14.4%

	UCLA Health Service Area		Los Angeles County	
	Number	Percent	Number	Percent
Black/African American	38,085	5.8%	790,252	7.8%
Other/Multiple	29,982	4.6%	260,917	2.6%
American Indian/Alaska Native	917	0.1%	20,831	0.2%
Native Hawaiian/Pacific Islander	739	0.1%	24,597	0.2%

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

Within the service area, Pacific Palisades and Beverly Hills 90210 have the highest percentage of White residents (83.4%). Venice/Mar Vista has the highest percentage of Hispanic/Latino residents (28.6%). Westwood has the highest percentage of Asian residents (27.8%). Ladera Heights has the highest percentage of Black residents (68.8%).

Population, by Race and Ethnicity and ZIP Code

	ZIP Codes	White	Hispanic/Latino	Asian	Black
Bel Air	90077	79.9%	3.7%	8.5%	2.7%
Beverly Hills	90210	83.4%	4.1%	7.2%	1.2%
Beverly Hills	90211	71.4%	9.0%	11.5%	4.5%
Beverly Hills	90212	76.7%	5.6%	10.0%	1.4%
Brentwood	90049	80.8%	5.6%	7.9%	1.6%
Century City	90067	74.4%	3.1%	18.1%	1.4%
Culver City	90230	36.1%	33.1%	15.7%	10.0%
Culver City	90232	47.7%	24.5%	17.5%	5.0%
Ladera Heights	90056	11.4%	9.0%	4.7%	68.5%
Malibu	90263	44.9%	19.7%	22.4%	5.7%
Malibu	90265	80.1%	9.7%	3.8%	1.5%
Marina del Rey	90292	69.4%	8.4%	10.5%	7.2%
Pacific Palisades	90272	83.4%	4.7%	5.7%	0.4%
Palms	90034	39.6%	25.6%	19.5%	10.0%
Playa del Rey	90293	61.7%	14.2%	12.8%	5.8%
Playa Vista	90094	51.3%	12.4%	26.0%	6.6%
Santa Monica	90401	67.9%	10.8%	7.0%	9.7%
Santa Monica	90402	76.6%	10.0%	8.4%	0.9%
Santa Monica	90403	74.6%	7.5%	9.7%	2.5%
Santa Monica	90404	46.3%	27.9%	13.9%	7.2%
Santa Monica	90405	66.0%	15.6%	7.4%	3.4%
Venice	90291	67.9%	19.5%	3.6%	5.2%
Venice/Mar Vista	90066	48.2%	28.6%	13.5%	4.2%
West Los Angeles	90025	55.8%	14.1%	20.2%	4.2%
West Los Angeles	90035	70.8%	10. 6%	7.4%	6.2%
West Los Angeles	90064	60.9%	13.9%	18.1%	2.8%
Westchester	90045	50.1%	18.0%	14.0%	11.7%
Westwood	90024	50.4%	13.2%	27.8%	2.4%
UCLA Health Service Area		**59.2%**	**16.1%**	**13.6%**	**5.8%**
Los Angeles County		**26.2%**	**48.5%**	**14.4%**	**7.8%**

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

Citizenship

In the service area, 25.3% of the residents are foreign born. Of the foreign born, 57.2% are naturalized U.S. citizens and 42.8% are not U.S. citizens. The service area has a smaller foreign-born population compared to the county (34.0%) and state (26.8%). The service area has a higher percentage of naturalized U.S. citizens and a lower percentage of individuals who are not U.S. citizens as compared to the county and state.

Foreign Born Residents and Citizens

	UCLA Health Service Area	Los Angeles County	California
Foreign born	25.3%	34.0%	26.8%
Naturalized U.S. citizen	57.2%	52.3%	51.7%
Not a U.S. citizen	42.8%	47.7%	48.3%

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

Language

Of the service area population, ages 5 and older, 66.4% speak English only at home, compared to 43.4% of residents in the county, and 55.8% of residents in the state. In the service area, 12.5% of the population speak Spanish in their homes, while 11.0% speak Indo-European languages, and 8.0% speak an Asian/Pacific Islander language.

Language Spoken at Home, Population Ages 5 and Older

	UCLA Health Service Area	Los Angeles County	California
Speaks only English	66.4%	43.4%	55.8%
Speaks Spanish	12.5%	39.2%	28.7%
Speaks Indo-European language	11.0%	5.3%	4.5%
Speaks Asian/Pacific Islander language	8.0%	10.9%	10.0%
Speaks other language	2.2%	1.1%	1.0%

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

Culver City 90230 has the highest percentage of Spanish speakers in the service area (26.7%). Playa Vista has the area's highest percentage of Asian/Pacific Islander speakers (15.5%). Beverly Hills 90210 has the highest percentage of speakers of an Indo-European language (27.8%).

Language Spoken at Home, by ZIP Code

	ZIP Codes	English	Spanish	Asian/PI	Indo European
Bel Air	90077	68.3%	3.7%	4.9%	21.0%
Beverly Hills	90210	58.5%	4.8%	4.9%	27.8%
Beverly Hills	90211	56.1%	8.5%	6.6%	20.6%
Beverly Hills	90212	61.7%	6.2%	7.7%	21.4%
Brentwood	90049	79.0%	3.8%	2.9%	12.8%
Century City	90067	70.7%	2.2%	13.1%	14.0%

	ZIP Codes	English	Spanish	Asian/PI	Indo European
Culver City	90230	55.3%	26.7%	10.5%	5.7%
Culver City	90232	61.8%	19.7%	9.5%	6.5%
Ladera Heights	90056	86.6%	6.3%	1.9%	3.9%
Malibu	90263	66.5%	13.4%	15.3%	4.4%
Malibu	90265	84.9%	7.0%	2.0%	5.2%
Marina del Rey	90292	71.5%	8.4%	7.1%	11.6%
Pacific Palisades	90272	84.5%	5.1%	2.7%	7.3%
Palms	90034	55.7%	21.5%	9.8%	10.3%
Playa del Rey	90293	74.4%	11.1%	6.1%	5.9%
Playa Vista	90094	69.7%	5.8%	15.5%	7.8%
Santa Monica	90401	74.0%	5.5%	3.6%	14.9%
Santa Monica	90402	80.1%	5.4%	4.9%	8.0%
Santa Monica	90403	76.7%	3.8%	5.3%	12.4%
Santa Monica	90404	58.3%	22.2%	9.7%	7.5%
Santa Monica	90405	75.0%	11.3%	4.3%	8.3%
Venice	90291	76.6%	15.0%	1.4%	6.2%
Venice/Mar Vista	90066	59.6%	22.8%	8.1%	7.9%
West Los Angeles	90025	60.1%	10.1%	12.2%	15.5%
West Los Angeles	90035	66.0%	6.6%	5.0%	13.5%
West Los Angeles	90064	63.5%	12.0%	10.3%	11.7%
Westchester	90045	72.6%	12.6%	7.4%	6.6%
Westwood	90024	55.5%	9.4%	17.7%	15.5%
UCLA Health Service Area		**66.4%**	**12.5%**	**8.0%**	**11.0%**
Los Angeles County		**43.4%**	**39.2%**	**10.9%**	**5.3%**

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

Linguistic Isolation

Linguistic isolation is defined as the population, over age 5, who speaks English "less than very well." In the service area, 26.9% of the population is linguistically isolated.

Linguistic Isolation, Population Ages 5 and Older

	Percent
UCLA Health Service Area	26.9%
Los Angeles County	23.6%
California	17.8%

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

English Learners

The percentage of students who are English learners in service area school districts ranges from 6.7% in the Beverly Hills Unified School District to 21.7% in the Inglewood Unified School District.

English Learners, by School District

	Percent
Beverly Hills Unified School District	6.7%
Culver City Unified School District	9.7%
Inglewood Unified School District	21.7%

	Percent
Los Angeles Unified School District	20.0%
Santa Monica – Malibu Unified School District	8.6%
Los Angeles County	**18.0%**
California	**18.6%**

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

Veterans

In the service area, 3.1% of the population, 18 years and older, are veterans.

Veterans

	UCLA Health Service Area	Los Angeles County	California
Veteran status	3.1%	3.3%	5.2%

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

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings order counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. California's 58 evaluated counties were ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. For social and economic factors, in 2021, Los Angeles County is ranked 34, showing a decreased rank from 2019 (30).

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	34

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

Poverty

The U.S. Department of Health and Human Services annually updates official poverty levels. In 2019, the Federal Poverty Level (FPL) was an annual income of $12,490 for one person and $25,750 for a family of four. Among residents in the service area,10.6% or below 100% FPL and 20.1% are below 200% FPL. Westwood had the highest rate of individuals below 100% FPL and 200% FPL. Bel Air and Pacific Palisades had the lowest rates of individuals below 100% FPL and 200% FPL.

Income below 100% and 200% of Federal Poverty Level, by ZIP Code

	ZIP Codes	Below 100% Poverty	Below 200% Poverty
Bel Air	90077	4.4%	9.2%
Beverly Hills	90210	6.0%	13.2%
Beverly Hills	90211	7.9%	17.9%
Beverly Hills	90212	9.8%	16.7%
Brentwood	90049	7.1%	12.2%
Century City	90067	6.3%	18.7%
Culver City	90230	11.4%	21.1%
Culver City	90232	6.7%	17.0%
Ladera Heights	90056	6.5%	13.6%
Malibu	90263	*	*
Malibu	90265	6.3%	12.2%
Marina del Rey	90292	13.7%	21.2%
Pacific Palisades	90272	4.4%	8.2%
Palms	90034	9.8%	23.1%
Playa del Rey	90293	6.3%	14.0%
Playa Vista	90094	10.9%	13.5%
Santa Monica	90401	13.9%	29.5%
Santa Monica	90402	5.9%	11.5%
Santa Monica	90403	7.5%	15.1%
Santa Monica	90404	12.0%	28.9%

	ZIP Codes	Below 100% Poverty	Below 200% Poverty
Santa Monica	90405	10.6%	22.3%
Venice	90291	10.5%	19.4%
Venice/Mar Vista	90066	9.7%	22.9%
West Los Angeles	90025	11.6%	23.7%
West Los Angeles	90035	8.3%	20.4%
West Los Angeles	90064	9.4%	18.2%
Westchester	90045	9.1%	16.0%
Westwood	90024	31.8%	40.9%
UCLA Health Service Area		**10.6%**	**20.1%**
Los Angeles County		**14.9%**	**34.8%**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. *No sample observations or too few sample observations were available to compute an estimate. https://data.census.gov/cedsci*

Examining poverty levels by community paints an important picture of the population within the service area. Of service area children, 7.9% live in poverty. For seniors in the service area, 10.0% live in poverty. These rates of poverty are lower than the county or state levels. Of women who are the head of household (HOH) with children, less than 18 years old, the percentage of those living in poverty ranged from 0.0% to 29.2%. Marina del Rey has the highest rate of children (26.0%) living in poverty. Century City and Santa Monica 90401 have no measurable rates of children under 18 living in poverty. Santa Monica 90401 has the highest rate of seniors (23.8%) living in poverty. Culver City 90230 has the highest rate of poverty for females who are head of household with children (29.2%).

Poverty Levels of Children, Seniors, and Females Head of Household with Children

	ZIP Codes	Children Under 18 Years Old	Seniors	Female HoH With Children
Bel Air	90077	4.2%	3.6%	16.4%
Beverly Hills	90210	4.4%	7.6%	16.9%
Beverly Hills	90211	6.2%	17.0%	24.9%
Beverly Hills	90212	10.2%	5.6%	28.8%
Brentwood	90049	5.1%	6.0%	18.8%
Century City	90067	0.0%	3.0%	0.0%
Culver City	90230	14.8%	13.3%	29.2%
Culver City	90232	1.2%	14.7%	6.8%
Ladera Heights	90056	1.3%	7.8%	0.0%
Malibu	90263	*	*	*
Malibu	90265	3.0%	3.6%	16.3%
Marina del Rey	90292	26.0%	13.9%	35.7%
Pacific Palisades	90272	1.8%	6.4%	16.3%
Palms	90034	10.7%	10.7%	21.2%
Playa del Rey	90293	4.2%	2.5%	5.6%
Playa Vista	90094	4.8%	5.4%	0.0%
Santa Monica	90401	0.0%	21.8%	0.0%
Santa Monica	90402	3.7%	6.1%	7.3%
Santa Monica	90403	3.0%	16.8%	14.0%
Santa Monica	90404	7.1%	20.3%	7.9%
Santa Monica	90405	6.0%	12.9%	16.4%
Venice	90291	17.4%	12.2%	27.6%

	ZIP Codes	Children Under 18 Years Old	Seniors	Female HoH With Children
Venice/Mar Vista	90066	11.5%	9.0%	29.0%
West Los Angeles	90025	6.0%	11.7%	8.3%
West Los Angeles	90035	3.9%	15.3%	16.5%
West Los Angeles	90064	6.7%	11.2%	5.4%
Westchester	90045	6.1%	5.4%	6.9%
Westwood	90024	5.4%	10.9%	26.1%
UCLA Health Service Area		**7.9%**	**10.0%**	**^No Data**
Los Angeles County		**20.8%**	**13.2%**	**33.3%**
California		**18.1%**	**10.2%**	**33.1%**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701, DP03. *No sample observations or too few sample observations were available to compute an estimate. ^UCLA Health Service Area data cannot be calculated as the baseline data are provided in percentages by ZIP Code. https://data.census.gov/cedsci*

Unemployment

In 2020, the unemployment rates in the service area cities, where available, ranged from 6.1% in Marina del Rey to 17.7% in Ladera Heights. High unemployment may be attributed, in part, to the COVID-19 pandemic.

Unemployment Rate, 2020 Annual Average

	Percent
Beverly Hills, city	10.3%
Culver City, city	10.8%
Ladera Heights, CDP	17.7%
Los Angeles, city	12.9%
Malibu, city	7.6%
Marina del Rey, CDP	6.1%
Santa Monica, city	10.5%
Los Angeles County	**12.8%**
California	**10.1%**

Source: California Employment Development Department, Labor Market Information, 2020.
http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html

Free and Reduced-Price Meals

The percentage of students eligible for the free and reduced-price meal program is one indicator of socioeconomic status. Among Los Angeles Unified and Inglewood Unified School District schools, over three-fourths (80.3% and 83.3%, respectively) of the student population are eligible for the free and reduced-price meal program, indicating a high level of low-income families. In the Culver City Unified School District, 30.5% of students qualify for the program, and 27.0% of Santa Monica-Malibu Unified School District students are eligible. Beverly Hills Unified has the lowest percentage of service area school districts, with 17.1% of eligible students.

Free and Reduced-Price Meals Eligibility

	Percent of Eligible Students
Beverly Hills Unified School District	17.1%
Culver City Unified School District	30.5%
Inglewood Unified School District	83.3%
Los Angeles Unified School District (LAUSD)	80.3%
Santa Monica – Malibu Unified School District	27.0%
Los Angeles County	**68.9%**
California	**59.3%**

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

Community Input – Economic Insecurity

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

- We may be entering a world where we need fundamentally different health care systems for two distinct populations caused by an economic divide.
- Increasing economics comes down to education, understanding how to manage money, as well as mentorship and home ownership to help stabilize at-risk families and community members.
- There's a growing gap between rich and poor and we're seeing this in the housing crisis. The cost of housing in LA County is so high that minimum wage earners can't afford to live here, so we see dense multi-families in one apartment, which is terrible for public health. Lower-income communities of color are disproportionately affected.
- Many of our clients are trying to stay safer, move away from drugs, etc. and want to live in SPA 5 as they deem it to be a better living environment, but can't afford it.
- Economic insecurity is an invisible issue in SPA 5, where affluence covers up poverty. Seniors get priced out of their community, so they move to the streets.
- Many people don't have enough money for housing and basic living expenses. Even if they are working full-time, sometimes with two jobs, it's still not enough to take care of their families.
- Many lack insurance and other benefits. The cost of living is rising, and food costs are increasing. They may be paying 70-80% of their income toward housing and are on the cusp of homelessness.
- Many are a paycheck away from the lights going off or not being to pay rent, creating desperation. The lack of adequate affordable housing leaves little room to pivot when something bad happens.
- We see anxiety around housing instability, as well as hopelessness among those who feel like they have no options, especially immigrants, people of color, temporary workers, those in the service industry and older adults living on limited incomes.
- In the Asian Pacific Islander community, housing insecurity is huge. During COVID, many worked under the radar for cash only, so they couldn't access government benefits, i.e., Paycheck Protection Program, unemployment supplements. Nail salon

and restaurant workers were laid off or had to stay home for childcare reasons. There was a flood of desperation.
- Those without economic fallback protections have no payer for treatments or recuperative care so they can return to mainstream systems, affecting older adults and those with chronic diseases.
- Each assisting government agency has its own very bureaucratic application form, requiring much eligibility info every year. This is too cumbersome.
- Many students lost restaurant or retail jobs. Rescue plans helped but didn't provide ongoing support to buy books, etc. Most impacted are persons who are homeless, low-income, foster youth, black and Latinx.
- Many underinsured persons are in the restaurant or service industry and have been affected by job loss or job change. They do not have the ability to work from home.
- Black women disproportionately lost jobs during the pandemic, leading to risk of losing housing.
- Unemployment relief ended and many haven't maximized other benefits such as CalFresh. Day laborers and undocumented are often paid under the table so they're afraid to sign up for benefits. This is primarily affecting blacks, Latinx, essential workers, and undocumented workers.
- For persons who are homeless who aren't employed but are employable, how do we get them trained, out of encampments, and off the street?
- Employment for veterans can be a challenging when translating one's experience in the service to a civilian job as they work to reintegrate in civilian life. This challenge can be compounded by mental health issues. Some are living temporarily in Airbnb's so not covered by eviction moratorium.
- As employers, we all need to evaluate our wage scales. We have an opportunity to be an engine of change and increase economic mobility.

Households

In the service area, there were 289,838 households and 324,121 housing units in 2019. From 2016-2019, the population decreased by 1.2%, with the number of households decreasing by 0.5% The area had a small gain in housing units during the time period (2.0%). However, vacant units increased by 23.1%. Home-ownership increased slightly, with 1.0% more units occupied by owners. Renter-occupied units decreased by 1.5%.

Households and Housing Units, and Percent Change, 2016-2019

	UCLA Health Service Area			Los Angeles County		
	2016	2019	Percent Change	2016	2019	Percent Change
Households	291,375	289,838	-0.5%	3,281,845	3,316,795	1.1%
Housing units	317,737	324,121	2.0%	3,490,118	3,542,800	1.5%
Owner occ.	114,730	115,446	1.0%	1,499,576	1,519,516	1.3%
Renter occ.	176,645	173,992	-1.5%	1,782,269	1,797,279	0.8%
Vacant	26,362	34,283	23.1%	208,273	226,005	8.5%

Source: U.S. Census Bureau, American Community Survey, 2011-2016 & 2015-2019, DP04. https://data.census.gov/cedsci

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Less than half (44.5%) of all service area households spend 30% or more of their income on housing. This includes those living in owner-occupied housing units with a mortgage and those without a mortgage (where costs are the costs of ownership), as well as those who rent. This is lower than households countywide (47.3%) who spend 30% or more on housing.

Households that Spend 30% or More of Their Income on Housing*

	UCLA Health Services	Los Angeles County	California
All occupied households	44.5%	47.3%	41.7%
Owner occupied households with or without mortgage	37.0%	35.7%	31.4%
Renter occupied households	49.6%	57.6%	54.8%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. *Excludes units were SMOPI and GRAPI cannot be computed.*

The median household income in the service area is $99,652 and the average household income is $176,081. Service area incomes are higher than county and state incomes.

Household Income

	UCLA Health Service Area	Los Angeles County	California
Median household income*	$99,652	$68,044	$75,235
Mean (average) household income	$176,081	$99,133	$106,916

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. https://data.census.gov/cedsci *Median income is the amount that divides the income distribution into two equal groups, half having income above that amount, and half having income below that amount.*

Homelessness

Since 2005, the Los Angeles Homeless Services Authority (LAHSA) had conducted the annual Greater Los Angeles Homeless Count to determine how many individuals and families are homeless on a given day. Data from this survey show an increase in

homelessness from 2018 to 2020. In should be noted that the 2021 Homeless County was postponed by the Los Angeles County Board of Supervisors due to COVID-19.

In SPA 5, 82.0% of the homeless population in 2020 were individual adults and 13.0% were families. From 2018 to 2020, the percent of sheltered homeless in SPA 5 decreased. Shelter includes cars, RVs, tents, and temporary structures (e.g., makeshift shelters), in addition to official homeless shelters. In 2020, no unaccompanied minors who were homeless were identified.

Los Angeles Continuum of Care Homeless Population*, 2018-2020 Comparison

	SPA 5		Los Angeles County	
	2018	2020	2018	2020
Total homeless	4,401	6,009	49,955	63,706
Sheltered	20.9%	16.0%	24.8%	27.7%
Unsheltered	79.0%	83.9%	75.2%	72.3%
Individual adults	80.0%	82.0%	80.0%	76.0%
Families/family members	14.0%	13.0%	16.0%	19.0%
Unaccompanied minors (<18)	0.1%	0%	0.1%	0.1%

*Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count. https://www.lahsa.org/homeless-count/ *Data represents the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.*

The percentage of chronic homelessness increased in SPA 5 from 26% in 2018 to 40% in 2020. Homeless individuals with a developmental and/or physical disability increased from 13% in 2018 to 19% in 2020. Homeless individuals with a substance abuse disorder increased in SPA 5 from 12% in 2008 to 25% in 2020. From 2018 to 2020 the percentage of homeless veterans increased 11% to 13% in SPA 5.

Los Angeles County Continuum of Care Homeless Subpopulations*

	SPA 5		Los Angeles County	
	2018	2020	2018	2020
Chronically homeless	26.0%	40.0%	27.0%	38.0%
Domestic violence experience	8.0%	6.0%	30.0%	33.0%
Persons with HIV/AIDS	1.0%	1.0%	1.0%	2.0%
Physical disability	13.0%	19.0%	15.0%	19.0%
Developmental disability	6.0%	13.0%	6.0%	9.0%
Serious mental illness	31.0%	28.0%	27.0%	25.0%
Substance abuse disorder	12.0%	25.0%	15.0%	27.0%
Veterans	11.0%	13.0%	7.0%	6.0%

*Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count. https://www.lahsa.org/homeless-count/ *Data represents the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.*

The percentage of children under 18 who are homeless decreased in SPA 5 from 9% in 2018 to 8% in 2020. However, in Los Angeles County, the percentage of children who were homeless increased from 9% to 12%. The percentage of youth, ages 18 to 24, remained comparatively the same from 2018 to 2019 in SPA 5 and the county.

Los Angeles County Continuum of Care Homeless Children and Youth*

	SPA 5		Los Angeles County	
	2018	2020	2018	2020
Under 18	9%	8%	9%	12%
Transitional Age Youth (TAY) Ages 18-24	6%	6%	6%	7%

*Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count. https://www.lahsa.org/homeless-count/ *Data represents the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.*

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

Homeless Students, by School District

	Number	Percent
Beverly Hills Unified School District	1	0%
Culver City Unified School District	79	1.1%
Inglewood Unified School District	101	1.0%
Los Angeles Unified School District	6,677	1.2%
Santa Monica – Malibu Unified School District	19	0.2%
Los Angeles County	**40,301**	**2.9%**
California	**183,312**	**3.1%**

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

Community Input – Housing and Homelessness

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

- Homelessness today is different than 10 years ago; economic factors are more severe now. Before it was lack of resources, now it's economic growth in a fractured economic system. Growth on one side brought a wave of homelessness bigger than we can catch up with, primarily impacting young adults, older adults, blacks, and persons with disabling conditions.
- The county has not increased the affordable housing supply, but they're in a planning process that could make a change. There are many regional planning issues that the state is trying to address, but the political response to homelessness may affect progress and programming. The idea of housing first is exciting but has a political dynamic, and political fatigue may impact progress.
- NIMBYism pushback on the Westside is frustrating. Every element of the city should be investing in affordable housing to address homelessness, but every time a developer tries to build, there's huge pushback. We need more communication to change hearts and minds.
- Santa Monica and Culver City are high resource areas that do not have enough affordable housing.
- The housing crisis is structural and impacts older adults due to a lack of affordable

senior housing.

- People need places to live near their workplace, but there is institutional resistance to new housing, especially for lower income populations.
- A challenge is capturing student data on homelessness; they don't consider themselves homeless if they are couch surfing or living in their car for a couple days.
- It's important for organizations to look at why an individual has become homeless, to understand the root cause. There needs to be deeper understanding so we can institute long-term efforts to resolve deep-rooted community issues.
- Everyone's pinning hopes on massive relief packages. As a society, we said yes to taxing ourselves to support change; it took COVID to get us to rehouse large numbers but how do we make sure rescue dollars stay with housing and homelessness?
- Clinics created street teams to establish relationships with patients who became homeless. They had success until the City of Los Angeles prohibited camping in public spaces. The patients were displaced and unable to be located, resulting in a disruption in care, especially in the Venice area.
- There are a disproportionate number of African Americans who are homeless as compared to whites and other groups.
- We need data on pregnant/new mothers who are housing insecure as there is no way to measure it currently.
- We're worried about evictions, discriminatory targeting of black and brown and Asian Pacific Islander communities, and people not knowing the housing system. Many get illegal rent increases or eviction notices, so they leave not realizing they can fight it. Tenant protections are needed.
- Lack of affordable housing is what makes people homeless. Mental health, substance abuse, and intimate partner violence are also underlying causes of homelessness.
- Lack of non-congregate housing is an issue, with Venice, Mar Vista, and West LA more impacted.
- We need oversight regarding adequate affordable housing developments in keeping with population growth, and where they're located based on need.
- With families who are experiencing homelessness, the biggest issue is that they are unsure how long they will be with the school district, so they can't commit to anything and, often, the kids can't fully focus in class.
- There is drug use among persons who are homeless, but what's the cause? Part of that is trauma, part is lack of access to jobs, part is generational issues, and part goes back to discrimination. We need early intervention to try to prevent homelessness.
- Persons who are homeless, especially those with mental illness, need support to keep them housed. We need to fund wrap-around services, otherwise homeless

outreach efforts fail if all efforts are only on front end.

- There are not enough adequate shelters, and many are rife with drugs. Addiction can't be treated when one is surrounded by that.
- There's a significant population of youth who are homeless and in the foster care system. Health-related decisions, i.e., vaccine mandate, needs to be addressed in a different way for these youth.
- Many people live in cars and RVs, but then they need money for gas, impound fees, or car repairs.
- There are not enough bathroom and shower facilities.
- Those who receive financial support have experienced checks getting stolen or other financial fraud. Then, how can they pay their rent?
- A challenge is lack of housing that is accepting of people with mental health issues. Landlords aren't always kind to those with mental health issues and will sometimes evict when they have the chance.
- It's hard to find housing for those with chronic and long-term disabilities, which impacts older adults and those with long-term chronic diseases.

Public Program Participation

Among adults in SPA 5, 5.1% reported avoiding government benefits due to concerns about disqualification from obtaining a green card or US citizenship. In SPA 5, 12.8% of adults reported using food stamps and 22.9% of parents/guardians indicated they accessed WIC benefits as compared to the county at 66.2%. Among low-income older and disabled adults in SPA 5, 24.0% received Supplemental Security Income (SSI). SSI was the only category of benefits that was higher in SPA 5 than in the county.

Public Program Participation

	SPA 5	Los Angeles County	California
Avoided government benefits	5.1*%	18.8%	16.1%
Food stamp recipients (<200% FPL)	12.8%*	25.2%	23.7%
Child ≤5 years, ever participated in WIC‡	22.9%*	66.2%	No Data
Supplemental Social Security Income (SSI) (adults, ≤200% FPL)	24.0%*	10.5%	10.9%

*Source: California Health Interview Survey, 2019. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*
*‡2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. *Statistically unstable due to sample size. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm*

Food Insecurity

Food insecurity refers to U.S. Department of Agriculture (USDA) measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods to acquire these foods in socially-acceptable ways.

In 2019, 10.7% of the population in Los Angeles County experienced food insecurity, as

compared to the state (10.2%). Among children in the county, 14.5% were food insecure, as compared to the state at 13.6%. Note, these data were collected prior to the COVID-19 pandemic.

Food Insecurity, by Population

	Los Angeles County	California
Total population experiencing food insecurity	10.7%	10.2%
Children, experiencing food insecurity	14.5%	13.6%

Source: Feeding America, 2019. https://map.feedingamerica.org/county/2019/overall/California

In SPA 5, 18.0% of households, living below 300% of the Federal Poverty Level, reported food insecurity. Among adults, below 200% FPL, 28.2% cannot afford food.

Food Insecurity, by Income

	SPA 5	Los Angeles County
Households, <300% FPL that are food insecure	18.0%	26.8%
Not able to afford food (<200% FPL)‡	28.2%*	37.8%

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm. ‡California Health Interview Survey, 2018-2019. 2018 and 2019 pooled to increase sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Farmers Markets Accepting Public Benefits

Eligible individuals in the Women, Infants, and Children Program (WIC) and CalFresh, California's Supplemental Nutrition Assistance Program (SNAP) are able to use their California WIC card or Electronic Benefit Transfer Card to obtain fruits and vegetable at approved farmers markets. The table below provides information about local farmers markets in the service area.

Farmers Markets Accepting Public Benefits

	ZIP Codes	Number of Farmers Markets	Accepting EBT and/or WIC
Beverly Hills	90210	1	EBT and WIC
Brentwood	90049	2	EBT and WIC
Century City	90067	2	EBT and WIC
Culver City	90232	1	EBT and WIC
Malibu	90263	1	Not available
Malibu	90265	1	Not available
Marina del Rey	90292	2	EBT
Pacific Palisades	90272	1	EBT and WIC
Palms	90034	1	EBT
Playa del Rey	90293	1	EBT and WIC
Playa Vista	90094	1	EBT and WIC
Santa Monica	90401	2	EBT and WIC
Santa Monica	90404	1	EBT and WIC
Santa Monica	90405	1	EBT and WIC
Venice	90291	1	Not available
Venice/Mar Vista	90066	1	EBT and WIC

	ZIP Codes	Number of Farmers Markets	Accepting EBT and/or WIC
West Los Angeles	90025	1	EBT
West Los Angeles	90035	1	EBT and WIC
Westchester	90045	1	EBT
Westwood	90024	2	EBT

Source: Ecology Center. https://ecologycenter.org/fmfinder. Accessed 5/3/2021.

Community Input – Food Insecurity

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

- It was shocking how many people lost basic food security during the pandemic. Our agency did the most work we've done in 10 years in this area of need.
- Many families aren't comfortable admitting need, so the numbers of food insecure are likely underrepresented.
- Food access to healthy and nutritious food is big issue impacting black and brown communities, those working on the front lines, unemployed, and seniors as they lost touch with loved ones.
- Seniors and those with disabilities often had to choose between rent, medicine, and meals. With senior centers closed, many became homebound.
- 90% of students come from low-income communities; they're not getting enough nutrition at home.
- Schools provided meals and mental health resources, but this required access to transportation.
- We need more fresh grocery outlets and affordable farmers markets.
- With food deserts in many communities, many rely on food pantries. They are unable to just run to the store to stock up. This is exacerbated by racial and wealth disparities impacting black and brown communities, children, and those who are unhoused.
- Low-income families are often on limited incomes eating unhealthy items like ramen, which exacerbates physical health conditions.
- Many aren't aware of SNAP benefits, so we need an education focus.
- The increase in food stamp resources and enhancements to CalFresh were appreciated. We need to think strategically and use food as an incentive to link people to other services and resources.
- Many agencies are still providing food; the need is steady or even increasing, resulting in wait lists.
- Food distribution logistics are problematic; we can't do in a group setting due to COVID. We're worried about the continuing need as we return to normalcy.
- During the pandemic, there was a food surplus. Organizations couldn't take all that was donated by restaurants and vendors, and there was a disconnect in matching food to those who needed it. Some organizations passed out food on the streets, but

food safety issues and waste were concerns.

- We're trying to normalize the food pantry, so students aren't ashamed. It's set up like a store, so students will want to go there.
- Food distribution programs aren't always well-tailored to the dietary needs of the Asian Pacific Islander community, so many won't go as it's not what they eat, or they worry about stigma. Some smaller churches or temples tailor programs to audiences like Chinese seniors.
- For persons who are homeless, the quality of food is a concern. They eat what's available, which isn't always medically appropriate for diabetes, for example.
- Many community clinics started food distribution programs. There's opportunity to strengthen relationships with food banks and clinics for referral relationships, i.e., food is medicine program.
- Not enough organizations provide home-delivered meals. Often the delivery person is the only contact for homebound individuals.

Educational Attainment

Among service area adults, ages 25 and older, 2.5% lack a high school diploma. 9.0% are high school graduates and 36.8% have a bachelor's degree. The service area has higher rates of bachelor and graduate/professional level education than the county.

Educational Attainment, Adults, Ages 25 and Older

	UCLA Health Service Area	Los Angeles County
Population, ages 25 and older	**483,043**	**6,886,895**
Less than 9th grade	3.1%	8.6%
9th to12th grade, no diploma	2.5%	9.2%
High school graduate	9.0%	20.6%
Some college, no degree	15.1%	19.0%
Associate degree	5.0%	7.0%
Bachelor degree	36.8%	21.2%
Graduate or professional degree	28.6%	11.3%

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

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four years earlier. The Healthy People 2030 high school graduation objective is 90.7%. Beverly Hills Unified (96.0%), Culver City Unified (94.4%), and Santa Monica-Malibu Unified (94.4%) exceed the Healthy People 2030 objective for high school graduation.

High School Graduation Rates, 2019-2020

	High School Graduation Rate
Beverly Hills Unified School District	96.0%
Culver City Unified School District	94.4%
Inglewood Unified School District	81.3%
Los Angeles Unified School District	80.1%

	High School Graduation Rate
Santa Monica – Malibu Unified School District	94.4%
Los Angeles County	**86.5%**
California	**87.6%**

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

Preschool Enrollment

The percentage of children, ages 3 and 4, enrolled in preschool in the service area ranged from 61.5% in West Los Angeles (90025) to 100% in Beverly Hills (90211, 90212) and Playa del Rey. Malibu 90263 did not report any children ages 3-4 years.

Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Total Population Ages 3-4	Percent Enrolled
Bel Air	90077	268	84.3%
Beverly Hills	90210	289	88.2%
Beverly Hills	90211	73	100%
Beverly Hills	90212	286	100%
Brentwood	90049	540	87.2%
Century City	90067	55	63.6%
Culver City	90230	783	68.8%
Culver City	90232	112	74.1%
Ladera Heights	90056	91	57.1%
Malibu	90263	0	0
Malibu	90265	223	77.1%
Marina del Rey	90292	462	70.8%
Pacific Palisades	90272	721	83.5%
Palms	90034	953	71.6%
Playa del Rey	90293	77	100%
Playa Vista	90094	435	89.0%
Santa Monica	90401	38	57.9%
Santa Monica	90402	207	68.1%
Santa Monica	90403	300	75.3%
Santa Monica	90404	227	81.5%
Santa Monica	90405	517	83.6%
Venice	90291	485	69.1%
Venice/Mar Vista	90066	1,184	62.2%
West Los Angeles	90025	634	61.5%
West Los Angeles	90035	685	86.3%
West Los Angeles	90064	631	81.1%
Westchester	90045	810	77.3%
Westwood	90024	581	79.9%
UCLA Health Service Area		**11,667**	**76.5%**
Los Angeles County		**255,273**	**54.5%**
California		**1,021,926**	**49.6%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. https://data.census.gov/cedsci/

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members in a typical week. Of adults in SPA 5, 75.1% responded yes to this question as compared to the county at 51.9%.

Children Who Were Read to Daily, by a Parent or Family Member

	SPA 5	Los Angeles County
Children, ages 0 to 5, who were read to daily	75.1%	51.9%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Childcare Access

Of adults with children, ages 0 to 5, 24.4% in SPA 5 reported difficulty in finding needed childcare on a regular basis.

Difficult to Find Childcare on a Regular Basis

	SPA 5	Los Angeles County
Difficulty finding regular childcare	24.4%	29.6%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Transportation

In the service area, of individuals, ages 16 and older, 70.3% drove alone to work. Notably, of workers, 9.9% worked from home, 5.9% walked to work, and 4.3% used other means to get to work as compared to the county and state. The average service area commute time was 26.3 minutes.

Transportation for Workers, Ages 16 and Older

	UCLA Health Service Area	Los Angeles County	California
Drove alone to work	70.3%	74.0%	73.7%
Carpooled to work	5.4%	9.5%	10.1%
Commuted by public transportation	4.2%	5.8%	5.1%
Walked	5.9%	2.7%	2.6%
Other means	4.3%	2.4%	2.6%
Worked from home	9.9%	5.6%	5.9%
Mean travel time to work (minutes)	26.3	31.8	29.8

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

Community Walkability

WalkScore.com ranks over 2,800 cities in the United States (over 10,000 neighborhoods) with a walk score. The Walk Score is determined by access to amenities and pedestrian friendliness, with a scoring range of 0 to 100. A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle dependent location. Service area communities ranged from a low of 14 in Bel Air to a high of 90 for West Los Angeles.

Walkability

	Walk Score	Definition
Bel Air	14	Car Dependent
Beverly Hills	75	Very Walkable
Brentwood	35	Car Dependent
Century City	66	Somewhat Walkable
Culver City	75	Very Walkable
Ladera Heights	50	Somewhat Walkable
Malibu	Not available	Not available
Marina del Rey	67	Somewhat Walkable
Mar Vista	74	Very Walkable
Pacific Palisades	35	Car Dependent
Palms	89	Very Walkable
Playa del Rey	60	Somewhat Walkable
Playa Vista	70	Very Walkable
Santa Monica	82	Very Walkable
Venice	83	Very Walkable
West Los Angeles	90	Walker's Paradise
Westchester	64	Somewhat Walkable
Westwood	69	Somewhat Walkable

Source: WalkScore.com, 2021. http://www.walkscore.com.

Community Input – Transportation

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

- The ability to navigate Los Angeles is very hard – we lack robust public transportation service.
- Many lack cars as gas and maintenance is expensive.
- The lack of education related to transportation and health outcomes is an issue, i.e., people don't change their car cabin air filters because they don't know that car interior pollution can be just as bad as outside pollution.
- Transportation is a huge barrier to accessing care, some may have to travel quite a distance and use multiple busses; hospital-based services may be even further away.
- The distance between where people can afford to live, where they work and where health supports are available is an issue. Having more health supports built into transport nodes is a possibility.
- Need investment in policy and advocacy. Need innovative project to invest heavily in bike lanes – overwhelmingly low-income people of color use these bike lanes to get to work.
- The Westside is not public transportation friendly. There are a lot of broken-down cars and many living in vehicles. Clients often can't afford a car or gas.
- We need a network of free transportation, i.e., for moms, pregnant women and the very sick.
- Access issues impact those who are undocumented. Many want to go to culturally

specific service providers, who may be located all throughout LA and are hard to get to.
- A barrier is technology; the ease of accessing public transportation isn't there, especially for older adults, the disabled or cognitively impaired. Door-to-door services are needed.
- Many Vietnam veterans tend to have more mobility issues so getting on a bus may be difficult.
- Maintaining public transit access is a concern due to COVID and reduced use of public transit.
- We have safety concerns for older adults using public transportation right now, particularly with the number of people in the bus and proper use of masks.
- A big challenge has been the limited number of students in a bus with social distancing; we had to increase transportation staff so all students who need transportation have it.
- Drug Medi-Cal pays for transportation, but lower income persons who don't qualify still lack access.
- The Medi-Cal transportation benefit has too much administrative work to get people connected.
- Some bus services have limited transportation.
- Poor community members, specifically Tongans, Samoans, Vietnamese, Thai, Cambodians, and seniors without a car rely on public transportation.
- We need more micro-transit options, i.e., a pilot shuttle for on demand services.
- Non-emergency transportation to follow up appointments is challenging; there's an expectation that they can get there.

Environmental Indicators

Air Quality

Los Angeles air quality averages a US AQI or air quality index rating of "moderate." Monthly averages in 2019 varied from AQI 32 ("good") in February to AQI 64 ("moderate") in November[1]. Despite seemingly optimistic ratings, Los Angeles' air pollution is among the worst in the United States, both for PM2.5 and ozone. The American Lung Association State of Air report rated Los Angeles County as unhealthy under Ozone, Particle Pollution (24 hours), and receiving a FAIL grade for annual particle pollution.[2]

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

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

Water Quality

Water quality reports[3] from the Los Angeles County Water and Power District (2019), City of Beverly Hills (2019), City of Brentwood (2019), and City of Santa Monica (2020) identified that city drinkable water supplies met Primary Drinking Water Standards (PDWS) and Secondary Drinking Water Standards (SDWS).

Climate Change

Climate change affects the social and environmental determinants of health, including, but not limited to, clean air, safe drinking water, sufficient food, and secure shelter. More so, experts have recognized the impact of climate change in exacerbating health and mental health conditions and the compounded risks of adverse health outcomes. The table below identifies of public health impacts of climate change.

Public Health Impacts of Climate Change in California

Climate Change Exposures	Health Impacts	Population Most Effected
All Impacts	Mental Health Disorders Depression, anxiety, Post-Traumatic Stress Disorder, substance abuse, and other conditions caused by: • Disruption, displacement, and migration • Loss of home, lives, and livelihood Health Care Impacts • Increased rates of illness and disease, emergency room use, and related costs borne by employers, health plans, and residents • Damage to health facilities	All populations • Low income • Health care staff
Extreme heat	Premature death • Cardiovascular stress and failure • Heat-related illnesses such as heat stroke, heat exhaustion, and kidney stones	Elderly • Children • Diabetics • Low-income • Urban residents • People with respiratory diseases • Agricultural workers • Those active outdoors
Poor air quality/air pollution	Increased asthma, allergies, chronic obstructive pulmonary disease (COPD), and other cardiovascular and respiratory diseases	Children • Elderly • People with respiratory disease • Low income • Those active outdoors
Wildfires	Injuries and death from burns and smoke inhalation • Eye and respiratory illnesses due to air pollution • Exacerbation of asthma, allergies, chronic obstructive pulmonary disease (COPD), and other cardiovascular and respiratory diseases • Risk from erosion and land slippage after wildfires • Displacement and loss of homes	People with respiratory diseases

[3] *Source: Los Angeles County Water and Power District https://ladwp.com, City of Brentwood https://www.brentwoodca.gov/gov/pw/water/reports.asp City of Beverly Hills http://www.beverlyhills.org/departments/publicworks/web.jsp, City of Santa Monica https://www.smgov.net/departments/publicworks/*

Climate Change Exposures	Health Impacts	Population Most Effected
Severe weather, extreme rainfall, floods, water issues	Population displacement, loss of home and livelihood • Death from drowning • Injuries • Damage to potable water, wastewater, and irrigation systems, resulting in decrease in quality/quantity of water supply and disruption to agriculture • Water and food-borne diseases from sewage overflow	Coastal residents, and residents in flood-prone areas • Elderly • Children • Low income
Increased average temperature	Cardiovascular disease • Increased number and range of: • Vector-borne disease, such as West Nile virus, malaria, Hantavirus, or plague • Water-borne disease, such as cholera and E. coli • Food-borne disease, such as salmonella poisoning • Harmful algal blooms causing skin disease and poisoning • Allergies caused by pollen, and rashes from plants such as poison ivy or stinging nettle • Vulnerability to wildfires and air pollution	Children • Elderly • Agricultural workers • Those active outdoors • People with respiratory disease • People with acute allergies
Agricultural changes	Changing patterns and yields of crops, pests, and weed species, resulting in higher prices for food and food insecurity, hunger, and malnutrition • Changes in agriculture/forestry, leading to lost or displaced jobs and unemployment	Agricultural workers • Rural communities • Low income • Elderly • Children
Drought	Hunger and malnutrition caused by disruption in food and water supply, increased cost and conflict over food and water • Food and water-borne disease • Emergence of new contagious and vector-borne disease	Low income • Elderly • Children

Source: Maizlish N, English D, Chan J, Dervin K, English P. Climate Change and Health Profile Report: Los Angeles County. Sacramento, CA: Office of Health Equity, California Department of Public Health; 2017. https://www.cdph.ca.gov/Programs/OHE/pages/climatehealthprofilereports.aspx

When queried about concerns due to climate change, adults in SPA 5 identified droughts and water shortages (92.4%) and worsening wildfires (92.0%) as their highest concerns.

Concerns Due to Climate Change, Adults

	SPA 5	Los Angeles County
Concerned about droughts and water shortages	92.4%	84.4%
Concerned about worse wildfires	92.0%	78.0%
Concerned about worse air pollution	85.1%	79.4%
Contamination of drinking water	73.2%	74.9%
Concerned about more heat waves	73.0%	71.1%
More diseases from mosquitos	57.5%	62.2%
Concerned about very heavy rainstorms	42.9%	44.9%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Parks, Playgrounds and Open Spaces

Children and teens who live in close proximity to safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities.

Among youth, 84.9% lived within walking distance to a playground or open space and 100% visited a park, playground, or open space within the past month in SPA 5.

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

	SPA 5	Los Angeles County	California
Walking distance to park, playground or open spaces	84.9%*	92.3%*	89.2%
Visited a park/playground/open space	100%*	74.2%	81.4%

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

Among SPA 5 families, 94.6% with children and 100% with teens agreed/strongly agreed parks and playgrounds closest to where they lived were safe during the day.

Parks and Playgrounds Perceived as Safe During the Day

	SPA 5	Los Angeles County	California
Children, ages 1-11	94.6%*	86.5%	89.2%
Teens, ages 12-17	100%*	82.5%	85.7%

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

Community Input – Environmental Conditions

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

- We have a global climate crisis. We're all impacted by fires and the resulting bad air quality due to wind patterns.
- Many buildings lack air conditioning and are near freeways; the air quality is bad for those who keep their windows open. Many live in unhealthy units with overcrowding and mold.
- There is lead paint in many old homes.
- The 10 freeway runs right through Santa Monica, bringing pollution to the city.
- Some patients, especially those with asthma, have been affected by poor air quality due to smoke from fires. Some clinics have even had to close for a time due to fires.
- Water quality is a concern, especially the creek that's part of the Sepulveda channel. Trash from the streets goes into our water. There's an increased smell that affects the neighborhood.
- Certain areas have significant sewage issues, toxic smells, and air filter needs due to a lack of infrastructure that's unacceptable.
- Generally, this is an issue of equity and system structure. Poor communities don't have same high quality environmental standards. Instead, they have oil drilling, meat processing plants, and less infrastructure for safe, active recreation.
- There's disproportionate overexposure to environmental toxins, especially with black and brown communities living closer to freeways and high traffic corridors. Many of

these areas have an increased incidence of exposure to toxins. A lack of tree canopy compounds the issue.
- Certain ethnic groups within the Asian Pacific Islander community live in high pollution areas.
- There's too much trash and human waste from encampments.
- LA County has a lot of oil drilling and oil fields, primarily in minority communities. There are oil and gas extraction sites and heavy industrial use sites next to residential areas.
- Need equity-based access to parks, nature, and trees. Creating open spaces where the community can gather safely outdoors has positive health impacts.

Adverse Childhood Events

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. In Los Angeles County 15.7% of children, ages 0 to 17, have experienced two or more adverse events as compared to the state at 14.9%.

Children with Two or More Adverse Experiences, Parent Reported

	Los Angeles County	California
Two or more ACEs	15.7%	14.9%

Source: U.S. Department of Health and Human Services, National Survey of Children's Health, 2016-2019 (October 2020). http://www.kidsdata.org

Crime and Violence

People can be exposed to violence in many ways. They may be victimized directly, witness violence or property crimes in their community, or hear about crime and violence from other residents, all of which can affect quality of life. Safe neighborhoods are a key component of physical and mental health. Among adults, 88.8% in SPA 5 perceived their neighborhoods to be safe from crime.

Safe Neighborhoods, Adults

	SPA 5	Los Angeles County
Neighborhoods safe from crime	88.8%	85.0%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

When adults and teens were asked about neighborhood cohesion, the majority of residents in SPA 5 agreed their neighborhood was safe most of the time, neighbors were willing to help, and people in their neighborhood could be trusted.

Neighborhood Cohesion, Adults

	SPA 5	Los Angeles County
Feels safe all or most of time	93.1%	81.3%
People in neighborhood are willing to help	77.3%	72.6%
People in neighborhood can be trusted	90.0%	75.3%

Source: California Health Interview Survey, 2019. http://ask.chis.ucla.edu/

Neighborhood Cohesion, Teens, Ages 12-17

	SPA 5	Los Angeles County
People in neighborhood are willing to help	87.3%*	85.0%
People in neighborhood can be trusted	90.5%*	79.3%

*Source: California Health Interview Survey, 2018-2019. Years 2018- 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Child Abuse

In Los Angeles County, the rate of children, under 18 years of age, who experienced abuse or neglect, was 8.5 per 1,000 children. This is higher than the state rate of 6.6 per 1,000 children. These rates were based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children

	Los Angeles County	California
Substantiated cases of child abuse and neglect	8.5	6.6

Source: California Child Welfare Indicators Project, 2020. http://cssr.berkeley.edu/ucb_childwelfare/Allegations.aspx

In Los Angeles County, the majority of reported allegations of child abuse and neglect of children, under 18 years old, were from general neglect (42.1%).

Child Maltreatment Allegations, by Type of Abuse

	Los Angeles County	California
General neglect	42.1%	49.1%
At risk, sibling abuse	16.8%	10.0%
Emotional abuse	16.0%	11.9%
Physical abuse	13.7%	16.3%
Sexual abuse	9.2%	10.0%
Severe neglect	1.2%	1.6%
Care taker absence/Incapacity	1.0%	0.9%
Exploitation	0.2%	0.1%

Source: California Child Welfare Indicators Project, 2020. http://cssr.berkeley.edu/ucb_childwelfare/Allegations.aspx

Crime Statistics

Violent crimes include homicide, rape, robbery, and aggravated assault. Property crimes include burglary, larceny theft, and motor vehicle theft. Arson includes fires set to structural, mobile, or other property.

Violent Crimes, Property Crimes, Arson, by Jurisdiction

	Violent Crimes	Property Crimes	Arson
	Number	Number	Number
Beverly Hills Police Department	103	1,499	6
Culver City Police Department	182	1,647	1
Los Angeles Police Department	29,400	95,704	1,672
LA County Sheriff's Department	5,564	15,040	220
LA Transit Service Bureau	150	155	1
Malibu Police Department	44	416	3
Santa Monica Department	664	3,964	19
UCLA Police Department	89	756	2
Los Angeles County	**54,416**	**224,192**	**2,711**
California	**173,205**	**915,197**	**8,266**

Source: California Department of Justice, Office of the Attorney General, 2019. State of California Department of Justice - OpenJustice

Hate Crimes

Hate crimes are reported as an event. There may be one or more victims involved for each event. The table below identifies hate crimes reported in service area police jurisdictions.

Hate Crimes, by Jurisdiction

	Hate Crime Events	Victims
	Number	Number
Beverly Hills Police Department	9	9
Culver City Police Department	N/A	N/A
Los Angeles Police Department	283	331
LA County Sheriff's Department	15	19
LA Transit Service Bureau	4	4
Malibu Police Department	1	1
Los Angeles County	**405**	**471**
California	**1,015**	**1,247**

Source: California Department of Justice. 2019 Hate Crime in California Report. Hate Crime in CA 2019.pdf

Intimate Partner Violence

Physical violence is defined by being hit, slapped, pushed, kicked, or hurt by an intimate partner. In SPA 5, 13.7% of women and 21.5% of men experienced physical violence by a partner. Sexual violence is defined by experiencing unwanted sex by an intimate partner. In SPA 5, 13.5% of women and 6.7% of men experienced sexual violence.

Intimate Partner Violence, by Gender

	SPA 5	Los Angeles County
Women have experienced physical violence	13.7%	16.0%
Men have experienced physical violence	21.5%	11.8%

	SPA 5	Los Angeles County
Women have experienced sexual violence	13.5%	10.1%
Men have experienced sexual violence	6.7%*	3.3%

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. *Statistically unstable due to sample size. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm*

Domestic Violence Calls

Calls for domestic violence are categorized as with or without a weapon, and since 2018 strangulation and suffocation. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). For Weapon Involved, personal weapon was the most often category reported for all locations below.

Domestic Violence Calls, by Jurisdiction

	Total Calls	No Weapon	Weapon Involved	% Using Weapon	Strangulation/ Suffocation
Beverly Hills Police Dept.	96	38	58	60.4%	0
Culver City Police Dept.	50	0	50	100%	13
Los Angeles Police Dept.	17,721	0	17,721	100%	2,049
LA County Sheriff's Dept.	3,623	718	2,905	80.1%	0
LA Transit Service Bureau	35	2	33	94.2%	0
Malibu Police Dept.	26	4	22	84.6%	0
Santa Monica Dept.	227	100	127	55.9%	34
UCLA Police Dept.	70	43	27	38.5%	0
Los Angeles County	**36,707**	**7,992**	**28,715**	**78.2%**	**2,773**
California	**161,123**	**85,995**	**75,128**	**46.6%**	**8,552**

Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime/cjsc/stats/domestic-violence

Community Input – Community Safety

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

- Drugs, robberies, violence, and drive by shootings are all happening more. Families already don't feel safe because of COVID, then layering on these issues causes more stress and anxiety.
- We are seeing an influx of violent and threatening behavior, reflecting overall stress in the world.
- The increasing gap of rich and poor results in people being bolder in committing crimes.
- Prevalence of guns and gun violence is a concern.
- Some teen clients live in gang infested areas, so it's not safe to walk around the neighborhood due to gang and violence exposure. School was their safety net.
- Many can't exercise outdoors as it's not safe to be outside.
- The biggest threat to community safety is untreated mental health issues.
- Gang violence and drug use were exacerbated by the pandemic. Children from low-income families are easier to influence into gangs and violence. Parts of Venice and

Culver City are a concern.
- Need more violence prevention or gang intervention at hospitals and/or urgent cares.
- Domestic violence and intimate partner violence are concerns, especially during the quarantine. Being at home isn't always safe.
- Predatory behavior is a concern, specifically women and children who are homeless who have a high incidence of sexual and domestic assault and with sex trafficking.
- Anti-Asian hate attacks, crimes, and discrimination in the workplace have created panic and anxiety. Gender-based violence is also an issue; concerned about women and seniors.
- The impact of policing/over-policing of black and brown communities can be a concern. We hear worries about the threat of police violence.
- Safety concerns in Santa Monica have increased. People in encampments may be safer because they are together.
- Concerned with pedestrian accidents in lower-income parts of Santa Monica. We had one client involved who passed away.
- Safety is a huge issue on college campuses; the key is education.
- There's a lack of safe streets for pedestrians and bicyclists. Children are disproportionately impacted. Road speeds are too high and traffic cameras can't always be used to control traffic.
- Concerned with safe passage to and from school for students.
- Concerned for older adults' in-home safety.
- Homelessness and drug-induced psychosis is a huge issue in West Hollywood and Hollywood areas. This is a safety concern for those on the street and the community in general. Within this population, we know traumatic childhood events are often involved.
- Many people living on the streets are brutalized – often, women.
- The high rate of murder of transwomen is an epidemic, as well as LGBT violence in general.
- Cambodian or Vietnamese persons tend to have intergenerational trauma, tied to refugee communities.
- Older adults and transition-age youth who are homeless are more vulnerable to being victimized.
- Violence among persons who are homeless will continue to be a challenge; the violence is often due to co-occurring substance abuse/mental health disorders. Mental health is the upstream issue to deal with.
- With Adverse Childhood Experiences (ACEs), we're thinking about how to embed trauma consideration in all care provided. The higher the ACEs score, the more likely to see chronic disease and mental health issues. If we can provide timely intervention to kids with high ACEs scores, then we will impact long-term health

outcomes.

- ACEs measures may ask about substance use within a family. We see a concern that if substance use is affirmed, then the child may be removed from parent/caregiver. There's an unintended consequence so people may have reluctance to answer truthfully.
- Our goal is to coordinate with mental health programs to create a universal trauma-informed program for teachers and staff to understand impact of ACEs on childhood and adulthood. A lens of empathy is needed - ask "what happened to this child?" instead of "what's wrong with this child?"
- We're implementing ACEs screening once for adults and annually for children. The challenge is workflow – who will do the screening? A challenge is having robust behavioral health resources.
- LGBT youth often have ACEs trauma. When their family rejects them, that creates a huge factor in having a difficult life, which downstream creates challenges for us all as a society.

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2030 objective for health insurance coverage for all population groups is 92.1%. In the service area, 95.1% of the population has health insurance coverage, which is higher than county (90.4%) and state (92.5%) rates. Among children, ages 0 to 18, 97.1% are insured. Among adults, ages 19 to 64, 93.4% have health insurance coverage in the service area.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 18	19 to 64
Bel Air	90077	98.1%	98.6%	97.1%
Beverly Hills	90210	98.0%	98.2%	96.8%
Beverly Hills	90211	95.9%	98.4%	94.4%
Beverly Hills	90212	94.2%	88.7%	94.4%
Brentwood	90049	98.1%	98.9%	97.2%
Century City	90067	98.1%	100%	95.2%
Culver City	90230	94.3%	98.8%	91.4%
Culver City	90232	95.0%	97.9%	93.4%
Ladera Heights	90056	97.1%	95.6%	96.2%
Malibu	90263	99.4%	100%	99.1%
Malibu	90265	95.5%	94.8%	94.2%
Marina del Rey	90292	96.6%	99.2%	95.5%
Pacific Palisades	90272	99.1%	100%	98.4%
Palms	90034	91.3%	96.6%	89.5%
Playa del Rey	90293	96.4%	97.9%	95.3%
Playa Vista	90094	97.1%	99.2%	96.6%
Santa Monica	90401	98.2%	100%	98.0%
Santa Monica	90402	98.3%	99.5%	97.1%
Santa Monica	90403	96.8%	96.7%	96.1%
Santa Monica	90404	93.0%	90.6%	92.3%
Santa Monica	90405	94.6%	97.9%	92.5%
Venice	90291	93.0%	98.3%	90.9%
Venice/Mar Vista	90066	90.9%	96.9%	87.8%
West Los Angeles	90025	93.5%	99.5%	91.7%
West Los Angeles	90035	95.2%	98.4%	93.5%
West Los Angeles	90064	96.8%	99.3%	95.3%
Westchester	90045	97.8%	98.2%	97.3%
Westwood	90024	96.1%	98.3%	94.9%
UCLA Health Service Area		**95.1%**	**97.1%**	**93.4%**
Los Angeles County		**90.4%**	**96.1%**	**86.6%**
California		**92.5%**	**96.7%**	**89.3%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019. S2701. https://data.census.gov/cedsci

In SPA 5, 13.0% of the population had Medi-Cal coverage, and over half the population (53.3%) had employment-based insurance. Levels of Medi-Cal coverage were lower in SPA 5 than for the county or state, while employment-based, Medicare and other, and

private-purchase insurance coverage rates were higher.

Insurance Coverage, by Type of Insurance

	SPA 5	Los Angeles County	California
Employment based	53.3%	42.6%	46.4%
Medicare and others	11.5%	8.1%	9.7%
Private purchase	11.8%	5.7%	5.7%
Medi-Cal	13.0%	27.5%	24.0%
Uninsured	5.6%	8.4%	7.2%
Medi-Cal/Medicare	3.5%	5.0%	4.1%
Medicare only	0.9%*	1.4%	1.6%
Other public	0.5%*	1.2%	2.3%

*Source: California Health Interview Survey, 2017-2019. Years 2017-2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Sources of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Children in SPA 5 (94.0%) are more likely to have a usual source of care than children countywide (92.2%). Among adults in SPA 5, 80.7% have a usual source of care. Seniors in SPA 5 (95.8%) are more likely to have a usual source of care than seniors in the county (92.5%) and state (94.8%).

Has a Usual Source of Care

	SPA 5	Los Angeles County	California
Ages 0-17	94.0%*	92.2%	91.5%
Ages 18-64	80.7%	80.8%	83.6%
Ages 65 and older	95.8%	92.5%	94.8%

*Source: California Health Interview Survey, 2018-2019. Years 2018 & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

When access to a usual source of care is examined by race/ethnicity, Latinos in SPA 5 are the least likely to have a usual source of care (74.2%). Whites are the most likely to have a usual source of care (92.3%).

Usual Source of Care, by Race/Ethnicity, All Ages

	SPA 5	Los Angeles County	California
White	92.3%	90.5%	91.2%
African American	82.0%*	90.5%	90.4%
Asian	80.3%*	86.7%	87.5%
Latino	74.2%	80.7%	82.5%

*Source: California Health Interview Survey, 2018-2019. Years 2018 & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

In SPA 5, 71.2% of the population access care at a doctor's office, HMO or Kaiser, 13.1% access care at a clinic or community hospital, and less than 1.0% access care at

an ER or urgent care.

Source of Care, All Ages

	SPA 5	Los Angeles County	California
Doctor's office/HMO/Kaiser	71.2%	58.5%	61.8%
Community clinic/government clinic/community hospital	13.1%	24.2%	22.8%
ER/Urgent Care	0.4%*	1.7%	1.4%
Other	0.9%*	0.7%	1.0%

*Source: California Health Interview Survey, 2018-2019. Years 2018 & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Telehealth

Telehealth connects patients to vital health care services through videoconferencing, remote monitoring, electronic consults, and wireless communications. Among SPA 5 adults, 12.1% have received care from a health care provider through video or telephone conversations in the past year. It should be noted that these data were collected prior to the COVID-19 pandemic. Anecdotally, recent policy changes during the COVID-19 pandemic have reduced barriers to telehealth access and have promoted the use of telehealth as a way to deliver acute/chronic primary and specialty care. It is uncertain if these changes will remain permanent or are only temporary.

Telehealth, Adults

	SPA 5	Los Angeles County	California
Received care from a health care provider through video or telephone	12.1%	11.7%	12.4%

Source: California Health Interview Survey, 2018. http://ask.chis.ucla.edu/

Difficulty Accessing Care

In SPA 5, 2.7% of children, ages 0-17, and 9.3% of adults had difficulty accessing medical care in the previous 12 months.

Difficulty Accessing Care in the Past Year

	SPA 5	Los Angeles County
Child reported to have difficulty accessing medical care	2.7%*	9.3%
Adults who reported difficulty accessing medical care	12.5%	21.3%

*Source: Los Angeles County Health Survey, 2018. *Statistically unstable due to sample size.*
http://publichealth.lacounty.gov/ha/hasurveyintro.htm

Difficulty Accessing Primary Care and Specialty Care

Among adults in SPA 5, 9.6% had difficulty finding primary care. In SPA 5, 16.2% of adults at or below 100% FPL and 13.4% of adults at or below 200% FPL had difficulty finding primary care.

Typically, individuals find it more difficult to access specialty care than primary care. Among SPA 5 adults, 17.7% had difficulty finding specialty care. In SPA 5, 23.9% of adults at or below 200% FPL had difficulty finding specialty care.

Difficulty Finding Primary and Specialty Care, Adults

	SPA 5	Los Angeles County	California
Difficulty finding primary care	9.6%	8.2%	8.1%
≤100% of poverty level	16.2%*	9.8%	9.6%
≤200% of poverty level	13.4%*	9.4%	10.5%
Difficulty finding specialty care	17.7%	17.1%	15.8%
≤100% of poverty level	**	14.5%	22.3%
≤200% of poverty level	23.9%*	15.8%	20.6%

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

Difficulty Finding Affordable Health Insurance Plans

Among SPA 5 adults looking for insurance coverage, 100% reported it very difficult or somewhat difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO).

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO, Adults

	SPA 5	Los Angeles County	California
Very Difficult	35.4%*	51.8%	45.7%
Somewhat Difficult	64.2%*	25.6%	28.4%
Not too Difficult	**	10.0%	14.3%
Not at all Difficult	**	12.6%	11.6%

*Source: California Health Interview Survey, 2018-2019. **Suppressed due to small sample size. http://ask.chis.ucla.edu/*

Among SPA 5 adults looking for insurance coverage, 52.8% reported it very difficult or somewhat difficult to find an affordable health plan directly through Covered California.

Difficulty Finding Affordable Health Insurance Plan - Covered California, Adults

	SPA 5	Los Angeles County	California
Very Difficult	13.6%*	40.0%	38.1%
Somewhat Difficult	39.2%	27.7%	27.3%
Not too Difficult	43.2%	21.1%	21.1%
Not at all Difficult	**	11.2%	13.5%

*Source: California Health Interview Survey, 2018-2019. Years 2018-2019 pooled to increase sustainability of data. *Statistically unstable due to sample size. **Suppressed due to small sample size. http://ask.chis.ucla.edu/.*

Appointment Availability

A delay of care can lead to an increased risk of health care complications. Among adults in SPA 5, 33.3% were always able to get a doctor's appointment within two days due to sickness or injury in the past 12 months.

Ability to Get Doctor Appointment Within 2 Days in the Past 12 Months, Adults

	SPA 5	Los Angeles County	California
Always able	33.3%	26.0%	30.0%
Usually able	28.6%	25.0%	26.3%
Sometimes able	24.9%	33.7%	29.3%
Never able	13.3%	15.3%	14.4%

Source: California Health Interview Survey, 2019. http://ask.chis.ucla.edu/.

Access to Primary Care Community Health Centers

Funded under section 330 of the Public Health Act, Federally Qualified Health Centers (FQHC) provide primary care services including, but not limited to, medical, dental, and mental health services to low-income, uninsured, and medically-underserved populations. There are four FQHC and/or FQHC Look-Alike entities located in the service area, including the Achievable Foundation, Complete Care Community Health Center, Venice Family Clinic, and Westside Family Health Center. The majority of these FQHCs operate multiple clinic sites across the service area. However, patients may utilize FQHCs outside of the service area (i.e., Saban Community Clinic). Data from the UDS Mapper identifies the number of FQHCs serving patients and most penetrated FQHC by patients in the service area ZIP Codes.

Predominant FQHC, by ZIP Code

	ZIP Code	Predominant FQHC Clinic
Bel Air	90077	Venice Family Clinic
Beverly Hills	90210	Saban Community Clinic
Beverly Hills	90211	Saban Community Clinic
Beverly Hills	90212	Saban Community Clinic
Brentwood	90049	Venice Family Clinic
Century City	90067	Venice Family Clinic
Culver City	90230	Venice Family Clinic
Culver City	90232	Venice Family Clinic
Ladera Heights	90056	Venice Family Clinic
Malibu	90263	Not available
Malibu	90265	Venice Family Clinic
Marina del Rey	90292	Venice Family Clinic
Pacific Palisades	90272	Venice Family Clinic
Palms	90034	Venice Family Clinic
Playa del Rey	90293	Venice Family Clinic
Playa Vista	90094	Venice Family Clinic
Santa Monica	90401	Venice Family Clinic
Santa Monica	90402	Westside Family Health Center
Santa Monica	90403	Venice Family Clinic
Santa Monica	90404	Venice Family Clinic
Santa Monica	90405	Venice Family Clinic
Venice	90291	Venice Family Clinic
Venice/Mar Vista	90066	Venice Family Clinic
West Los Angeles	90025	Venice Family Clinic
West Los Angeles	90035	Saban Community Clinic
West Los Angeles	90064	Venice Family Clinic

	ZIP Code	Predominant FQHC Clinic
Westchester	90045	Venice Family Clinic
Westwood	90024	Westside Family Health Center

Source: UDS Mapper, 2019 UDS Reports. http://www.udsmapper.org

Even with four Community Health Center entities in the service area as well as many Health Centers within ten miles of the service area, there are many low-income residents who are not served by one of these clinic providers. In 2019, FQHCs and FQHC Look-Alikes served a total of 42,201 patients in the UCLA Health service area, which equates to 33.1% coverage among low-income patients and 6.4% coverage among the total population. However, 66.9% of the population (85,341), at or below 200% FPL, were not served by a Community Health Center. It should be noted that these individuals may be accessing health care services through another provider (private county, other) or not using health care services.

Low-Income Patients Served and Not Served by FQHCs and Look-Alikes

Patients Served by Section 330 Grantees in Service Area ZIP Codes	FQHC Penetration Low-Income Patients	FQHC Penetration Total Population	Low-Income Not Served	
			Number	Percent
42,201	33.1%	6.4%	85,341	66.9%

Source: UDS Mapper, 2019 UDS Reports. http://www.udsmapper.org

Delayed or Forgone Care

A delay of care can lead to an increased risk of complications. In SPA 5, 48.3% of the population that delayed or did not get health care attributed it to personal reasons. Cost, lack of insurance or issues with insurance were also reasons to delay care or forego care (43.2%) in SPA 5. Barriers and issues pertaining to health care systems and providers were also identified as a reason to delay care. Among the SPA 5 population, 8.5% delayed care because of health care systems and provider issues and barriers.

Delayed Care, All Ages

	SPA 5	Los Angeles County	California
Personal reasons	48.3%	32.3%	33.9%
Cost, lack of insurance or other insurance issue	43.2%	51.6%	47.5%
Health care system/provider issues and barriers	8.5%	16.0%	18.6%

Source: California Health Interview Survey, 2019 http://ask.chis.ucla.edu/.

Lack of Care Due to Cost

Among SPA 5 parents of children, ages 0-17 years, 1.7% were unable to afford a checkup or physical exam within the prior 12 months, 2.6% were unable to afford to see

the doctor for illness or other health problems in the past year, and 3.7% were unable to afford prescription medication in the past year.

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

	SPA 5	Los Angeles County
Unable to afford medical checkup or physical exam	1.7%*	5.5%
Unable to afford to see doctor for illness or other health problem	2.6%*	5.2%
Unable to afford prescription medication	3.7%*	5.8%

*Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. *Statistically unstable due to sample size. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm*

Community Input – Access to Care

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

- There's already a shortage of providers in primary care, especially in medically underserved areas, but that's now at critical high in health care, with burnout being a top reason. Also, many clinics had to furlough/lay off staff and are not able to bring them back yet.
- Providers say it's challenging to hire medical assistants; many left the workforce to care for kids.
- It's tough to find specialists. Many must go through insurance networks for referrals; specialists breaking up with insurers over contract issues affects LGBT care.
- A big issue is health insurance, whether that's public or private. A person may be insured, but not know how to navigate the system, whether it's free clinics or large health care systems.
- Health insurance is a barrier, as well as fears due to COVID, money to afford prescriptions, and care options close to work or home. This specifically impacts older adults and Latinx populations as well as Samoans and Pacific Islanders.
- Dental care is either inaccessible due to lack of insurance or too costly, so many delay preventive dental care. This can result in health emergencies.
- Need urgent care located in vulnerable communities.
- There are few options for people who can't access care from 9a-5p, other than emergency care. This impacts low wage earners, single parents, and minority populations. Telemedicine works if one has access.
- Telehealth became an access portal but also a barrier. SPA 6 didn't do the same work on internet technology as other areas, creating a digital divide affecting students and people trying to sign up for vaccine appointments.
- Moving forward post-pandemic, we need to look at what was beneficial to determine what should be sustained rather than abandoning what was put in place for COVID.
- Technological barriers due to many remote services, especially with the older

generation, those with lower socioeconomic status, and those living in lower quality housing with poor broadband access.

- We see many clients who aren't willing to see a health care provider. Linking/co-locating health care and mental health care is so important. The severely mentally ill die earlier due to health issues.
- There's a tendency for large health care provider organizations to provide an array of high revenue producing specialty services, but avoid low revenue/high demand services, such as psychiatric and substance use disorder detox. This impacts low-income communities.
- As a system, we need to look at how to integrate to treat the whole person - physical, mental health, substance use - and coordinate care better utilizing onsite partnerships and shared space with mental health and primary care to create a "one stop" system of care.
- Need education regarding what care options are available for homeless students and foster youth.
- Many are fearful that seeking health care will impact their immigration status.
- Diversity of communities leads to diversity of health care needs. Language barriers are challenging. We need the ability to accommodate different languages, understand cultural beliefs and stigma with certain needs like mental health and depression.
- Transportation is a long-standing issue, which is why telehealth is successful. Latino women are primarily affected as they are often caregivers or domestic workers so it's challenging for them to access health care as rent is expensive for clinics on the Westside where these women are working.
- Transportation barriers affect low-income, apartment dwellers, and LA's Del Rey community.
- With prenatal care, transportation is challenging especially for those who need to travel far for specialty care. Lack of childcare can lead to missed appointments.
- Trusted faith- and community-based organizations assist individuals/communities in increasing knowledge. For example, there's a movement to increase access to doulas, especially with infant mortality concerns among low-income and at-risk women. Sometimes it's supporting the home during a very stressful time for women who don't have resources.
- For homeless individuals, their lives are chaotic living on the street, they're not likely to get/keep appointments or manage medications. Poor hygiene becomes a barrier to getting care.
- Persons who are homeless have trouble accessing services in a mainstream way so they utilize emergency rooms. This is also true for those with physical or cognitive limitations.
- Homeless efforts are innovating street medicine, but rarely get to chronic disease

management. Need more resources to provide mental health and medical services where people are. Peer interventions covered through Medi-Cal was an important step forward.

Dental Care

Oral health is essential to a person's overall health and wellbeing. In SPA 5, 3.6% of children, under 17 years old, and 29.1% of adults lack dental insurance.

Dental Insurance, Adults and Children

	SPA 5	Los Angeles County	California
Children without dental insurance	3.6%*	11.4%	9.8%
Adults without dental insurance	28.6%	36.9%	32.9%

*Source: California Health Interview Survey, 2018-2019. Years 2018 & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Regular dental visits are essential for the maintenance of healthy teeth and gums. Among SPA 5 adults, 89.8% have been to a dentist in the last two years.

Dental Utilization and Condition of Teeth, Adults

	SPA 5	Los Angeles County	California
Never been to a dentist	1.2%*	3.6%	2.5%
Visited dentist < 6 months to 2 years ago	89.8%	80.6%	82.3%
Visited dentist more than 5 years ago	3.7%*	6.6%	7.0%
Condition of teeth: good to excellent	80.0%	70.4%	72.5%
Condition of teeth: fair to poor	18.8%	27.4%	25.1%
Condition of teeth: has no natural teeth	1.2%*	2.2%	2.3%

*Source: California Health Interview Survey, 2018-2019. Years 2018 & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Among SPA 5 children, ages 3-11, 81.4% have seen a dentist in the past six months.

Dental Utilization, Children, Ages 3-11

	SPA 5	Los Angeles County	California
Never been to the dentist	13.6%*	15.8%	14.2%
Been to dentist ≤ 6 months ago	81.4%*	71.3%	71.8%
Been to dentist > 6 months to 1 year ago	5.0%	10.1%	10.1%
Been to dentist < 1 to 2 years ago	**	2.0%*	2.9%
Parent could not afford needed dental care for child	**	5.4%	5.3%

*Source: California Health Interview Survey, 2018-2019. Years 2018 & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. **Suppressed due to small sample size. http://ask.chis.ucla.edu/*

Leading Causes of Death

Life Expectancy at Birth

Prior to the COVID-19 Pandemic, life expectancy in Los Angeles County was 82.4 years. 260 residents of Los Angeles County per 100,000 residents, died before the age of 75, which is considered a premature death. The total of the Years of Potential Life Lost (the difference between the age of persons who died and the age of 75, totaled) for the county was 5,000 years.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Los Angeles County	California
Life expectancy at birth in years	82.4	81.7
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	260	270
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	5,000	5,300

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. http://www.countyhealthrankings.org*

Leading Causes of Death

The causes of death are reported as age-adjusted death rates. Age-adjusting eliminates the bias of age in the makeup of the populations that are compared. When comparing across geographic areas, age-adjusting is used to control the influence that population age distributions might have on health event rates. Heart disease, cancer, and Alzheimer's disease are the top three causes of death in the service area, followed by stroke and chronic lower respiratory disease.

Mortality Rates, Age-Adjusted, per 100,000 Persons, Annual Average, 2014-2018

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart Disease	1,090	114.9	146.9	142.7
Cancer	1,048	124.1	134.3	139.6
Alzheimer's Disease	340	32.0	34.2	35.4
Stroke	236	24.7	33.3	36.4
Chronic Lower Respiratory Disease	165	17.8	28.1	32.1
Pneumonia and Influenza	149	15.5	19.2	14.8
Unintentional Injuries	143	18.3	22.6	31.8
Diabetes	93	10.7	23.1	21.3
Kidney Disease	79	8.6	11.2	8.5
Suicide	66	8.8	7.9	10.5
Liver Disease	52	6.7	13.0	12.2
Homicide	11	1.5	5.7	5.0
HIV	8	1.2	2.1	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Heart Disease and Stroke

The age-adjusted mortality rate for heart disease (114.9 per 100,000 persons) was lower than the county (146.9 per 100,000 persons) and the state rates (142.7 per 100,000 persons). The rate of ischemic heart disease deaths (a sub-category of heart disease) was 78.0 per 100,000 persons in the service area. The Healthy People 2030 objective is 71.1 heart disease deaths per 100,000 persons.

The age-adjusted rate of death from stroke was lower in the service area (24.7 per 100,000 persons) than in the county (33.3 per 100,000 persons) and the state (36.4 deaths per 100,000 persons). The rate of stroke death is lower than the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	1,090	114.9	146.9	142.7
Ischemic heart disease death rate	294	78.0	106.8	88.1
Stroke death rate	236	24.7	33.3	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate was 124.1 per 100,000 persons. This is lower than county (134.3 per 100,000 persons) and state rates (139.6 per 100,000 persons). The cancer death rate in the service area is higher than the Healthy People 2030 objective of 122.7 per 100,000 persons.

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	1,048	124.1	134.3	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

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

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

	Los Angeles County	California
Cancer all sites	**136.9**	**140.0**
Lung and bronchus	25.4	28.0
Prostate (males)	20.1	19.8
Breast (female)	19.5	19.3
Colon and rectum	13.1	12.5
Pancreas	10.3	10.3
Liver and intrahepatic bile duct	8.2	7.7
Cervical and Uterine (female)*	8.0	7.2
Ovary (females)	7.2	6.9
Non-Hodgkin lymphoma	5.2	5.2
Stomach	5.1	3.9
Urinary bladder	3.4	3.8
Myeloid and monocytic leukemia	3.0	3.0
Kidney and renal pelvis	3.1	3.3
Myeloma	2.8	2.9
Esophagus	2.5	3.1

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

Alzheimer's Disease

The World Health Organization notes that Alzheimer's disease is the most common form of dementia and may contribute to 60-70% of cases.[4] In the service area, the Alzheimer's disease death rate was 32.0 per 100,000 persons. This rate is lower than county and state levels.

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	340	32.0	34.2	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area was 17.8 per 100,000 persons, which was lower than county (28.1 deaths per 100,000 persons) and state rates (32.1 deaths per 100,000 persons).

[4] *Source: World Health Organization, Dementia Fact Sheet, September 21, 2020. https://www.who.int/news-room*

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	165	17.8	28.1	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 15.5 per 100,000 persons, which was lower than the county rate (19.2 deaths per 100,000 persons) and higher than the state rate (14.3 deaths per 100,000 persons).

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	149	15.5	19.2	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area was 18.3 per 100,000 persons, as compared to the county (22.6 deaths per 100,000 persons) and the state (31.8 deaths per 100,000 persons). In the service area the death rate from unintentional injuries was lower than the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	143	18.3	22.6	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Diabetes

Diabetes may be underreported as a cause of death. Studies have found that 35% to 40% of people with diabetes who died did not have diabetes listed on the death certificate and 10% to 15% had it listed as an underlying cause of death.[5] The age-

[5] *Source: American Diabetes Association. Statistics about Diabetes, 2020. Down loaded April 2021.* *https://www.diabetes.org/resources/statistics/statistics-about-diabetes*

adjusted mortality rate from diabetes in the service area (10.7 deaths per 100,000 persons) was lower than county (23.1 deaths per 100,000 persons) and state rates (21.3 deaths per 100,000 persons).

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	93	10.7	23.1	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Kidney Disease

In the service area, the kidney disease death rate was 8.6 per 100,000 persons. This rate is lower than the county rate (11.2 deaths per 100,000 persons) and slightly higher than the state rate (8.5 deaths per 100,000 persons).

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	79	8.6	11.2	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Suicide

In the service area, the age-adjusted death rate due to suicide was 8.8 per 100,000 persons, which is higher than the county rate (7.9 death per 100,000 persons). The Healthy People 2030 objective for suicide is 12.8 per 100,000 persons.

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	66	8.8	7.9	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Liver Disease

Mortality from liver disease in the service area is 6.7 deaths per 100,000 persons. This rate is lower than in the county (13.0 deaths per 100,000 persons) and the state (12.2 deaths per 100,000 persons). The Healthy People 2030 objective for liver disease death of 10.9 per 100,000 persons.

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	52	6.7	13.0	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Homicide

In the service area, the age-adjusted death rate from homicides was 1.5 per 100,000 persons. This rate was lower than the county and state rates for homicides. The Healthy People 2030 objective for homicide is 5.5 per 100,000 persons.

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	11	1.5	5.7	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

HIV

In the service area, the death rate from HIV was 1.2 per 100,000 persons. This rate was lower than the county rate (2.1 per 100,000 persons) and state rate of HIV death (1.6 per 100,000 persons).

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

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	8	1.2	2.1	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 10 or less are withheld per HIPAA guidelines.

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

At Resnick Neuropsychiatric Hospital at UCLA, the top two primary diagnoses resulting in hospitalization were mental, behavioral and neurodevelopment disorders, and diseases of the nervous system.

Hospitalization Rates, by Principal Diagnoses, Top Ten Causes

	Percent
Mental, Behavioral and Neurodevelopment Disorders	47.5%
Diseases of the Nervous System	1.4%
Pregnancy, Childbirth and the Puerperium	0.06%
Diseases of the Circulatory System	0.06%
Injury, Poisoning and Certain Other Consequences of External Causes	0.06%

Source: Office of Statewide Health Planning and Development, Facility Summary Report Hospital Inpatient, 2020.
https://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Unintentional Injuries

The leading causes of non-fatal unintentional injuries are falls, motor vehicle accidents, and being struck by an object. The most common types of non-fatal self-inflicted injuries are from poisoning and cutting or piercing. The number of hospitalizations, not number of children hospitalized (emergency room visits that did not require admission were excluded), are listed below. In Los Angeles County, the unintentional injury rate for children/youth is 193.9 per 100,000 children/youth, ages 20 and under.

Unintentional Injury Hospitalization Rate, per 100,000 Children/Youth

	Los Angeles County	California
Under age 1	278.1	253.6
Ages 1 to 4	257.5	208.3
Ages 5 to 12	150.9	117.9
Ages 13 to 15	167.0	152.2
Ages 16 to 20	207.7	203.6
Ages 20 and under	193.9	168.1

*Source: California Department of Public Health, EpiCenter (February 2020); California Department of Finance, Population Estimates and Projections (January 2020); CDC, WISQARS (May 2020). **Data suppressed due to fewer than 20 injury hospitalizations.*
http://www.kidsdata.org

Diabetes

Among SPA 5 adults, 17.7% have been diagnosed as pre-diabetic and 5.0% have been diagnosed with diabetes. For SPA 5 adults with diabetes, 46.8% felt very confident they could control their diabetes.

Diabetes, Adults

	SPA 5	Los Angeles County	California
Diagnosed as pre-diabetic	17.7%	17.1%	15.7%
Diagnosed with diabetes‡	5.0%	11.0%	10.2%
Very confident to control diabetes	46.8%	55.5%	59.6%
Somewhat confident	41.9%	35.1%	32.7%
Not confident	11.3%*	9.4%*	7.7%

*Source: California Health Interview Survey, 2017-2018, Years 2017 & 2018 pooled to improve sustainability of data. ‡2017-2019. ‡Years 2017, 2018, & 2019 pooled to improve sustainability of data *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

When queried by race and ethnicity, Asians have the highest diabetes rate in SPA 5 (7.6%) and Whites had the lowest diabetes rate (4.8%).

Diabetes, Adults, by Race/Ethnicity

	SPA 5	Los Angeles County	California
Asian	7.6%*	10.2%	9.7%
African American	6.9%*	16.1%	15.7%
Latino	5.4%*	12.4%	11.6%
White	4.8%*	8.1%	8.5%

*Source: California Health Interview Survey, 2017-2019. Years 2017, 2018, & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Heart Disease

For adults in SPA 5, 5.3% have been diagnosed with heart disease. Among SPA 5 adults diagnosed with heart disease, 89.6% were given a management care plan by a health care provider.

Heart Disease, Adults

	SPA 5	Los Angeles County	California
Diagnosed with heart disease	5.3%	6.4%	6.8%
Has a Management Care Plan‡	89.6%*	77.8%	78.2%

*Source: California Health Interview Survey, 2017-2019, Years 2017, 2018 & 2019 pooled to improve sustainability of data. ‡2017-2018. Years 2017 & 2018 pooled to improve sustainability of data. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

When queried by race and ethnicity, Whites in SPA 5 have the highest percentage (7.6%) and African Americans have the lowest rates of heart disease (2.8%).

Heart Disease, Adults, by Race/Ethnicity

	SPA 5	Los Angeles County	California
White	7.6%*	9.9%	9.6%
Latino	3.1%*	4.9%	4.3%
African American	2.8%*	8.2%	6.4%
Asian	**	4.2%	5.3%

*Source: California Health Interview Survey, 2017-2019. Years 2017, 2018, & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. **Data suppressed due to small sample size. http://ask.chis.ucla.edu/*

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In SPA 5, 15.8% of adults were diagnosed with high blood pressure and 8.9% were diagnosed with borderline high blood pressure.

High Blood Pressure, Adults

	SPA 5	Los Angeles County	California
Diagnosed with high blood pressure	15.8%	25.5%	25.9%
Diagnosed with borderline high blood pressure	8.9%	7.2%%	7.2%

Source: California Health Interview Survey, 2019. http://ask.chis.ucla.edu/

When queried by race and ethnicity, Whites 5 have the highest percentage (20.1%) and Asians have the lowest percentage of high blood pressure (4.4%) in SPA 5. Rates for African Americans were unavailable due to a small sample size.

High Blood Pressure, Adults, by Race/Ethnicity

	SPA 5	Los Angeles County	California
White	20.1%	27.2%	28.9%
Latino	10.4%*	22.9%	22.9%
Asian	4.4%*	23.8%	21.6%
African American	**	38.2%	38.3%

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

Asthma

Asthma is a common chronic illness, especially affecting children, and it can significantly impact quality of life. In SPA 5, 10.7% of adults and 8.7% of children, ages 1 to 17, have been diagnosed with asthma. These percentages are lower than county and state rates.

Asthma, Adults and Children

	SPA 5	Los Angeles County	California
Ever diagnosed with asthma, adults	10.7%	14.6%	15.9%
Has had an asthma episode/attack in past 12 months, adults	19.2%*	26.7%	28.6%
Takes daily medication to control asthma, adults	38.8%	45.6%	44.7%
Ever diagnosed with asthma, ages 1-17	8.7%*	14.5%	13.7%
Has had an asthma episode/attack in past 12 months, ages 1-17	**	27.1%	27.3%
Takes daily medication to control asthma, ages1-17	**	48.2%	46.8%

*Source: California Health Interview Survey, 2017-2019. Years 2017 2018, & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. **Data suppressed due to small sample size. http://ask.chis.ucla.edu/*

When queried by race and ethnicity, African Americans have the highest percentage of Asthma (20.1%) and Asians have the lowest percentages of asthma (6.4%) in SPA 5.

Asthma, All Ages, by Race/Ethnicity

	SPA 5	Los Angeles County	California
African American	20.2%*	18.0%	20.2%
White	9.2%	16.9%	16.6%
Latino	8.6%*	13.6%	14.4%
Asian	6.4%*	10.9%	11.5%

Source: California Health Interview Survey, 2017-2019. Years 2017 2018, & 2019 pooled to improve sustainability of data.
**Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Pediatric Asthma Hospitalization

The rate of asthma-related hospitalizations among children, ages 2 to 17, in Los Angeles County is 57.1 hospitalizations per 100,000 children.

Pediatric Asthma Hospital Admission Rates, per 100,000 Children

	Los Angeles County	California
Pediatric asthma admissions	57.1	53.4

Source: California Office of Statewide Health Planning & Development, 2019. AHRQ Quality Indicators - OSHPD

Cancer

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

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

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

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

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

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

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

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

Community Input – Chronic Disease

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

- COVID took up our bandwidth. We now need a broad health educational campaign urging people to live healthier lifestyle and manage chronic diseases.
- We're starting to see poorer health outcomes due to deferred care during the pandemic. We're looking at deeper investments into things like blood pressure cuffs and electronic scales so patients can self-monitor and providers can track health outcomes data.
- Many persons delayed or fell out of care because of COVID and that continues. Some services require being in-person so that's a challenge, i.e., blood draw. How do we re-engage folks?
- Need to get those with existing chronic diseases back into care with their provider and ensure access to telehealth, although we do still need in-person monitoring of health and wellbeing.
- Culturally, we have to overcome stigmas around preventive care.

- There’s an interplay of chronic disease, the built environment and food access, underscoring that we need to think beyond a doctor’s four walls.
- Many community organizations are helping physicians manage patients with chronic disease through programs such as the Diabetes Prevention Program.
- Women’s health issues particularly need emphasis.
- Hypertension and diabetes are big issues.
- Obesity, diabetes, heart issues, blood pressure are issues with blacks and Latinx populations, often attributed to environment, stigma, and living in poor neighborhoods.
- Diabetes continues to be a challenge and there’s not enough information available. Patients usually must pay for access to evidence-based best practices – that’s a barrier. Transportation is also a challenge as many best practices are group therapy or group sessions, which need to be in person.
- Obesity worsened tenfold during the pandemic. Kids had too much screentime and not enough activity.
- Indoor air pollution can be worse than outdoors. We need to gradually get rid of gas inside residential dwellings, improve transportation-related emissions, and watch for extreme heat-related heart disease.
- Pacific Islanders specifically have high levels of obesity and obesity-related chronic disease.
- Asthma is a big problem among children and adults. During the pandemic, many had flare-ups and never saw a doctor.
- Addiction and psychiatric disorders are chronic diseases, but there’s a lack of interest by health care organizations to provide services.
- Home care options are awful. As the community ages, chronic diseases worsen. We need to ask ourselves: do we learn how to take care of them at home or institutionalize them as a solution?
- Medication management is a huge issue, especially for seniors and persons who are homeless who lack a place to safely store and take meds regularly.
- The shift in Alzheimer’s Association focus away from provision of services affected many families and it was challenging for private philanthropy to pick up that slack. The result is not there is not a lot of Spanish language services with cultural competency on how to address stigma in Latinos with dementia.
- Lack of specialty care options for those who are mentally ill.
- Among persons who are homeless, we see issues with Hepatitis C, HIV, and skin problems, as well as sanitary issues, and lack of medical equipment, dialysis access, and recuperation options.
- Lower-income individuals usually don’t have time for self-care, so they don’t access services; they’re overstressed already with money and childcare issues.

Sexually Transmitted Infections

In SPA 5, there were 387 cases of Chlamydia per 100,000 persons, 124 cases of Gonorrhea per 100,000 persons, and 23 cases per 100,000 persons of early syphilis, which includes primary and secondary syphilis, and early latent. These rates are lower than county rates.

Sexually Transmitted Infection Rates, per 100,000 Persons

	SPA 5	Los Angeles County
Chlamydia	387	555
Gonorrhea	124	171
Early (primary/secondary + early latent) syphilis	23	33

Source: County of Los Angeles, Public Health, Division of HIV and STD Programs, 2015 Annual HIV/STD Surveillance Report, May 2018. http://publichealth.lacounty.gov/dhsp/Reports.htm

HIV

In SPA 5, the rate and number of individuals with newly diagnosed with HIV remained unchanged from 2017 to 2018 with 10 persons per 100,000 newly diagnosed. In 2018, Black and Latino individuals had the highest rates of HIV diagnoses.

New HIV Diagnoses Rates, per 100,000 Persons, Ages 13 and Older

	2017		2018	
	Number	Rate	Number	Rate
SPA 5	61	10	61	10
Los Angeles County	1,756	20	1,660	19

Source: Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2019. Published May 2020. Annual HIV Surveillance Report 2019 - 08202020 Final Trebuchet Figure 4 and 40 Update (lacounty.gov)

In 2019, the rate of persons in SPA 5 living with diagnosed HIV (PLWDH) was 428 per 100,000 persons, as compared to the county rate of 599 per 100,000 persons.

Living with Diagnosed HIV Rates, per 100,000 Persons, Ages 13 and Older

	Number	Rate
SPA 5	2,508	428
Los Angeles County	51980	599

Source: Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2019. Published May 2020. Annual HIV Surveillance Report 2019 - 08202020 Final Trebuchet Figure 4 and 40 Update (lacounty.gov)

Community Input – Sexually Transmitted Infections

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

- The Department of Public Health had to delay work on sexually transmitted infections to address COVID. Unless something more is done, we'll see increases.

- Need increased education, especially for transitional age youth. Sexually transmitted infections get overlooked with public health currently.
- The lack of access to consistent preventive care means there is no safety net. Sexually transmitted infections don't get addressed until presented as a problem. Issues that are uncomfortable or awkward don't get talked about.
- Issues exist around easy access to condoms, contraceptives, hygiene, testing, treatment and contact tracing.
- The threat of defunding Planned Parenthood is a concern; we need to be thinking about how to keep those resources going. Having various locations make a significant difference in access.
- We see many in need of housing assistance who are also suffering from sexually transmitted infections, often HIV.
- Families are often embarrassed to speak about sexually transmitted infections.
- We're seeing an increase in congenital syphilis across all population groups.
- Rates of sexually transmitted infections are skyrocketing, specifically congenital syphilis in communities of color. This can be solved with access to regular screening, trust in medical systems, and culturally competent providers.
- Sex trafficking victims and sex workers need access to education and treatment.
- People don't think of seniors having sex, but there's an issue of sexually transmitted infections among seniors.
- It's a win that PrEP HIV treatment is now covered by Medi-Cal, although now we see increases in other sexually transmitted infections due to lack of condom use because they're using PrEP. This is most prevalent among LGBTQ communities and African American women.

COVID-19

COVID-19, Incidence, Mortality and Vaccination Rates

As of February 28, 2022, there have been 2,666,804 confirmed cases of COVID-19 in Los Angeles County, with a rate of 26,630.7 cases per 100,000 residents. This rate was higher than the statewide average of 21,201.4 cases per 100,000 persons. Through February 28, 2022, 30,410 residents of Los Angeles County had died due to COVID-19 complications, at a rate of 303.7 deaths per 100,000 persons. This was higher than the statewide rate of 214.3 deaths per 100,000 residents.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, 2/28/22

	Los Angeles County		California	
	Number	Rate	Number	Rate
Cases	2,666,804	26,630.7	8,382,656	21,201.4
Deaths	30,410	303.7	84,712	214.3

Source for LA County and California case and death numbers: California State Health Department, COVID19 Dashboard, Updated March 1, 2022, with data from February 28, 2022. https://covid19.ca.gov/state-dashboard Rates calculated using U.S. Decennial Population 2020 P1 Redistricting data.

The number of Los Angeles County residents, ages 5 and older, who have received at least one dose of a COVID-19 vaccine was 8,018,395 or 83% of that population. This was similar to the 83.1% statewide COVID-19 vaccination rate for those ages 5 and older. Among seniors, 86.4% received at least one vaccine dose, which was lower than the statewide rate of 91.7% for seniors. For adults, ages 50 to 64, the county rate of any level of vaccination was 89.6%, compared to 91.8% statewide. For youth, ages 12-17, the rate of at least partial vaccination was 80.2%, compared to 73.3% for California.

COVID-19 Vaccinations, by Age, as of 2/22/22

	Los Angeles County		California	
	Partially Vaccinated	Completed	Partially Vaccinated	Completed
Population, ages 5-11	6.7%	29.1%	7.0%	30.2%
Population, ages 12-17	8.3%	71.9%	8.3%	65.0%
Population, ages 18-49	9.1%	79.5%	10.3%	76.6%
Population, ages 50-64	7.5%	82.1%	8.9%	82.9%
Population, ages 65+	7.2%	79.2%	9.2%	82.5%

Source: California Department of Public Health. https://covid19.ca.gov/vaccination-progress-data/#progress-by-group Updated February 23, 2022 with data from February 22, 2022[h]. https://covid19.ca.gov/vaccination-progress-data/

In Los Angeles County, Hispanic/Latino and non-Hispanic Black residents appear to be underrepresented among the number of vaccines administered compared to the corresponding vaccine-eligible population.

COVID-19 Vaccinations, by Race, as of 2/22/2022

	Percent of Vaccines Administered*	Percent of Vaccine Eligible Population
Latino	38.3%	49.6%
White	25.3%	26.3%
Asian	15.0%	13.5%
Multiracial	2.2%	2.0%
Black	5.9%	8.1%
Native Hawaiian/Pacific Islander	0.3%	0.2%
American-Indian/Alaska Native	0.2%	0.2%

*Source: California State Health Department, COVID19 Vaccination Dashboard, Updated February 23, 2022 with data from February 22, 2022[h]. https://covid19.ca.gov/vaccination-progress-data/ *Where race/ethnicity was known.*

Community Input – COVID-19

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

- We saw many financial issues and then families losing their homes and lives being uprooted.
- Many service workers were impacted by businesses closing.
- Many families started living together, but then some families could get assistance while other families couldn't as they shared the same (duplicated) address.
- Many families elected not to have their kids return to educational programs, primarily our Latinx families. They have many families living together and feared COVID exposure and rapid spreading.
- Families didn't have money for basic needs, i.e., food, rent, especially prevalent among older adults and health care workers.
- Isolation was an issue, especially for older folks.
- Returning back to school is challenging for some who were protected from bullying while at home.
- Technology challenges impacted seniors and low-income persons who lack stable internet or computers.
- We saw increased intimate partner violence due to the quarantine.
- COVID further limited access to services for those most in-need. Many public spaces and services were no longer available, having a tremendous negative impact.
- For persons who are homeless, barriers were access to care for the most vulnerable - older adults and those with chronic conditions - and recuperation options if they were COVID positive.
- Women haven't been able to get their mammograms, so we're catching breast cancer later, which may require more invasive treatment at the hospital.
- Mental health became a giant problem, and the system has not expanded to meet the need.

- College campuses lost the sense of community among teachers and classmates, resulting in isolation and depression.
- After the pandemic, we will all deal with mental health effects, i.e., anxiety, depression, PTSD.
- Health care provider burnout is an ongoing issue. With the rates of doctors and nurses retiring, there aren't enough in the pipeline, and those staying have their own anxiety and depression.
- It's going to be difficult to go back in person for many providers. Many will continue virtual mental health care options, but we foresee hybrid versions will be a challenge.
- There was tremendous cost associated with unnecessary hospitalizations, which deferred other critical services. We need to figure out how to address vaccine hesitancy.
- We know there was disparity in vaccine access, but many black and brown communities stood up to make sure resources were available locally for those most vulnerable.
- My Turn wasn't easy to navigate and wasn't in all languages for the Asian Pacific Islander community. Many didn't have email addresses, so an organization would have to create an email address, but then family members couldn't translate emails with health care language.
- Need continued resources for community-based organizations to support COVID response.
- Racial disparity is very real. The pandemic highlighted a broad lack of positive experiences, specifically with blacks and Latinx who are fundamentally disenfranchised. Their experiences caused them to see that vaccine will cause harm.
- There is significant grassroots level misinformation around COVID and the vaccine. We saw this in public housing projects, making it challenging to provide services.
- We need more community health workers integrated into communities with high rates of unvaccinated to help dispel myths/misinformation through one-on-one conversations.
- With COVID vaccination, there's a differential between attitudes and behavior. There are three groups: 1) don't believe in any vaccines; 2) don't believe in COVID vaccine; and 3) don't understand science. We need different approaches for each group.
- Now, long-haul COVID is the focus – what should a clinical program of excellence look like? It needs to be invented.

Health Behaviors

Health Behaviors Ranking

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

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

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

Health Status

Among the adult residents of SPA 5, 67.8% rated themselves as being in excellent and very good health.

Self-Reported Health Status, Adults

	SPA 5	Los Angeles County	California
Excellent health status	26.0%	18.7%	18.6%
Very good health status	41.8%	33.3%	35.0%
Good health status	25.1%	32.6%	31.0%
Fair health status	7.7%	12.2%	12.4%
Poor health status	**	3.2%	3.0%

*Source: California Health Interview Survey, 2019. **Data repressed due to small sample size. http://ask.chis.ucla.edu/*

In SPA 5, 85.2% of children, ages 0 to 17, were reported to be in excellent and very good health.

Self-Reported Health Status, Children, Ages 0-17

	SPA 5	Los Angeles County	California
Excellent health status	64.7%	49.2%	50.9%
Very good health status	20.5%*	33.4%	32.1%
Good health status	14.8%*	15.0%	14.3%
Fair health status	**	2.2%*	2.6%
Poor health status	**	**	0.2%*

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

Limited Activity Due to Poor Health

In SPA 5, adults limited their activities due to poor mental health an average of 3.5 days per month. Similarly, SPA 5 adults limited their activities due to poor physical health an average of 3.1 days per month.

Activities Limited from Poor Mental/Physical Health, Average Days in Past Month

	SPA 5	Los Angeles County
Poor mental health days	3.5	4.0
Poor physical health days	3.1	3.9

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Disability

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. Among SPA 5 adults, 24.1% reported a physical, or mental or emotional disability. In SPA 5, 16.8% of children were reported by their caretakers to have special health care needs.

Disability, Adults and Children, Ages 0-17

	SPA 5	Los Angeles County
Adults with a disability	24.1%	24.6%
Children, 0-17, with special health care needs	16.8%	14.7%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Students with Autism, by School District

	Number	Percent
Beverly Hills Unified School District	63	12.2%
Culver City Unified School District	94	13.3%
Inglewood Unified School District	262	16.7%
Los Angeles Unified School District	16,607	18.9%
Santa Monica – Malibu Unified School District	193	15.4%
Los Angeles County	**33,834**	**17.7%**
California	**120,095**	**15.1%**

Source: California Department of Education, 2018-2019. http://data1.cde.ca.gov/dataquest/

Teen Sexual History

In SPA 5, 88.8% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex; this was a lower rate of abstinence than in the county (90.3%).

Teen Sexual History, Ages 14 to 17

	SPA 5	Los Angeles County	California
Never had sex	88.8%*	90.3%*	87.9%

*Source: California Health Interview Survey, 2018-2019. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Overweight and Obesity

In SPA 5, 26.5% of adults were overweight, and 3.2% of children were overweight for their age. Data for teens in SPA 5 were not available due to a small sample size.

Overweight, Adults, Teens and Children

	SPA 5	Los Angeles County	California
Adults, ages 18 and older	26.5%	32.8%	33.1%
Teens, ages 12-17	**	16.8%	15.6%
Children, ages 12 and younger	3.2%*	11.4%	14.3%

*Source: California Health Interview Survey, 2017-2019. Years 2017, 2018, & 2019 pooled to improve sustainability of data. *Statistically unstable due to sample size. **Data suppressed due to small sample size. http://ask.chis.ucla.edu/*

The Healthy People 2030 objectives for obesity are 36% of adults, ages 20 and older, and 15.5% for children and teens, ages 2 to 19. Data for teens in SPA 5 were not available due to a small sample size.

Obesity, Adults and Teens

	SPA 5	Los Angeles County	California
Adults, ages 18 and older	17.4%	28.0%	26.9%
Teens, ages 12-17	**	19.7%	17.6%

*Source: California Health Interview Survey, 2017-2019. Years 2017-2019 pooled to improve sustainability of data. **Data suppressed due to sample size. http://ask.chis.ucla.edu/*

When overweight and obesity measures are combined, Latino (55.5%) and African American (50.1%) adults have the highest rates in SPA 5. White adults have the lowest rates (38.8%) of overweight/obesity in SPA 5.

Overweight or Obese, Adults, by Race/Ethnicity

	SPA 5	Los Angeles County	California
Latino	55.5%	71.0%	70.3%
African American	50.1%	68.3%	68.6%
Asian	44.0%	38.1%	29.1%
White	38.8%	54.8%	57.3%

Source: California Health Interview Survey, 2017-2019. Years 2017, 2018, & 2019 pooled to improve sustainability of data. http://ask.chis.ucla.edu/

Sugar-Sweetened Beverage Consumption

Among SPA 5 children and adolescents, ages 17 and younger, 16.7% drink one or more sodas or sweetened beverages (SSB) a day.

Consumed 1 or More Sodas or Sweetened Beverages Daily, Ages 17 and Younger

	SPA 5	Los Angeles County
Drank ≥ 1 SSBs daily, 17 and younger	16.7%	37.2%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

In Los Angeles County, adolescents are the highest consumers of soda and sugar-sweetened beverages (SSB).

Consumed 1 or More Sodas or Sweetened Beverages Daily, by Age Group

	Los Angeles County
Drank ≥ 1 SSBs daily, children, ages 0-5	26.5%
Drank > 1 SSBs daily, children, ages 6-11	39.3%
Drank > 1 SSBs daily, teens, ages 12-17	45.0%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Adequate Fruit and Vegetable Consumption

In SPA 5, 30.1% of children and 10.9% of teens ate five or more servings of fruit and vegetables daily. 17.6% of SPA 5 adults ate five or more servings of fruits and vegetables in the previous day.

Five or More Servings Daily of Fruits and Vegetables

	SPA 5	Los Angeles County
Children, ages 0-11	30.1%*	28.3%
Teens, ages 12-17	10.9%*	23.7%
Adults, ages 18 and older‡	17.6%	12.1%

*Source: California Health Interview Survey, 2017-2019. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*
‡2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Access to Fresh Produce

In SPA 5, 96.1% of parents/guardians rated their community's access to fresh fruits and vegetables as good or excellent compared to the county at 78.2%.

Community Access to Fresh Produce, Parents/Guardians

	SPA 5	Los Angeles County
Access to fresh produce good or excellent	96.1%	78.2%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Physical Activity

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the "Healthy Fitness Zone" criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese).

- In the Beverly Hills Unified School District, less than ten percent of 5th, 7th, and 9th grade students tested for a body composition at health risk.
- In the Culver City Unified School District, 16% or less of 5th, 7th, and 9th grade students tested for a body composition at health risk.

- In the Inglewood School District, over a quarter of 5th, 7th, and 9th grade students tested for a body composition at health risk.
- In the Los Angeles Unified School District, over a quarter of 5th, 7th, and 9th grade students tested for a body composition at health risk.
- In the Santa Monica-Malibu Unified School District, 11% or less of 5th, 7th, and 9th grade students tested for a body composition at health risk.

Body Composition, 'Needs Improvement' and 'Health Risk', 5th, 7th, and 9th Grade Youth

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Beverly Hills USD	17.6%	9.5%	17.9%	8.9%	12.2%	6.9%
Culver City USD	13.3%	16.2%	16.4%	14.4%	20.5%	12.5%
Inglewood USD	23.4%	29.2%	20.5%	27.6%	24.5%	30.1%
Los Angeles USD	20.6%	30.5%	20.5%	27.3%	21.9%	26.5%
Santa Monica - Malibu USD	17.8%	11.6%	15.7%	10.4%	14.1%	9.6%
Los Angeles County	**20.2%**	**25.4%**	**19.8%**	**23.2%**	**20.3%**	**21.0%**
California	**19.4%**	**21.9%**	**19.4%**	**20.6%**	**18.9%**	**18.9%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.
http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

Vigorous-intensity aerobic activity should make up most of a child's 60 or more minutes of daily physical activity at least three days per week. Among SPA 5 children, ages 5 to 11, 58.0% engaged in vigorous activity at least three days a week.

Vigorous Physical Activity, at Least 3 Days per Week, Children

	SPA 5	Los Angeles County	California
Children engaged in vigorous physical activity	58.0%*	70.3%	76.0%

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

One of the components of the physical fitness test (PFT) is the measurement of students' aerobic capacity through run and walk tests. Inglewood Unified School District and Los Angeles Unified School District scored lower for all grades as compared to other service area school districts and the county and state.

Aerobic Capacity

	Fifth Grade	Seventh Grade	Ninth Grade
	Healthy Fitness Zone	Healthy Fitness Zone	Healthy Fitness Zone
Beverly Hills USD	75.7%	75.5%	76.4%
Culver City USD	89.5%	73.2%	84.6%
Inglewood USD	36.9%	35.7%	38.1%

	Fifth Grade	Seventh Grade	Ninth Grade
	Healthy Fitness Zone	Healthy Fitness Zone	Healthy Fitness Zone
Los Angeles USD	50.5%	48.4%	48.1%
Santa Monica – Malibu USD	73.3%	80.0%	76.3%
Los Angeles County	**57.1%**	**57.3%**	**54.1%**
California	**60.2%**	**61.0%**	**60.0%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.
http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

Sedentary Children and Teens

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among SPA 5 children, ages 2 to 11, 1.8% spent five or more hours in sedentary activities on weekend days.

Sedentary Children, Ages 2-11

	SPA 5	Los Angeles County	California
2 to <3 hours	19.2%*	28.6%	25.2%
3 to < 5 hours	29.2%*	25.2%	30.3%
5 or more hours	1.8%*	10.4%	13.5%

*Source: California Health Interview Survey, 2018-2019.Years 2018-2019 pooled to increase sustainability of data. *Statistically unstable due to sample size*

Among SPA 5 teens, ages 12 to 17, 51.7% spent five or more hours in sedentary activities on weekend days as compared to county (26.4%) and state (26.9%) teens.

Sedentary Teens, Ages 12-17

	SPA 5	Los Angeles County	California
2 to <3 hours	**	15.2%	15.0%
3 to < 5 hours	24.0%*	34.3%	26.0%
5 or more hours	51.7%*	26.4%	26.9%

*Source: California Health Interview Survey, 2018-2019. Years 2018-2019 pooled to increase sustainability of data. *Statistically unstable due to sample size. **Data suppressed due to sample size. http://ask.chis.ucla.edu/*

The U.S. Department of Health and Human Service has established physical activity guidelines for adults, and children and adolescents.[6] Physical activity guidelines for adults include 1) vigorous activity for at least 75 minutes a week, or 2) moderate activity for at least 150 minutes a week, or 3) an equivalent combination of vigorous and moderate activity. Additionally, adults should engage in muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on two or more days a week.

[6] Source: Physical Activity Guidelines for Americans, 2nd edition. 2018 U.S. Department of Health and Human Services. https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

For children and adolescents, ages 6 to17, aerobic physical activity guidelines advise 60 minutes or more of physical activity each day. Additionally, to meet physical activity guidelines for muscle-strengthening exercises, children and adolescents must do muscle-strengthening physical activity at least three days a week.

In SPA 5, 45.2% of adults, ages 18 and older, meet the aerobic and muscle strengthening guidelines. Among SPA 5 children and adolescents, ages 6 to 17, 8.9% meet the aerobic and muscle strengthening guidelines.

Physical Activity Guidelines, Adults and Children

	SPA 5	Los Angeles County
Met aerobic guidelines, adults	70.5%	64.4%
No aerobic activity, adults	8.1%	11.2%
Met strengthening guidelines, adults	52.3%	43.1%
Met both aerobic and strengthening guidelines, adults	45.2%	35.1%
Met aerobic guidelines, children, ages 6-17	18.4%	23.7%
Met strengthening guidelines, children, ages 6-17	44.5%	50.8%
Met both aerobic and strengthening guidelines, children, ages 6-17	8.9%	15.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Input – Overweight and Obesity

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

- Many things contribute to obesity, i.e., lack of portion control, accessibility of fast food, lack of affordable healthy options, food deserts, and sedentary lifestyles.
- There's a need to evaluate what food is available to the community. Often, healthy affordable food options are too costly, too far way, or take too long to prepare.
- Cheap food is unhealthy; this is a systemic problem.
- Many people can't focus on healthy food/activities when other stressors are present.
- As a result of COVID, people chose safety over movement; movement suffered.
- Many eat to address mental health challenges, especially when mental health care options are limited.
- Food deserts and lack of access to fresh fruits and vegetables has long-term chronic disease impacts.
- Food pantries are trying to promote healthier eating, i.e., refusing to put soda out, trying to upgrade what is available. The quality of food that people are okay giving to people who are homeless is a huge problem. If that could be stopped then it may change obesity and other chronic diseases.
- Culturally sensitive food education programs that work with varying budgets are needed.

- The general norm of unhealthy eating is an issue, despite listing calories and nutrient content.
- Those who rent often lack access to green space for activity.
- It would be great if there were more places where clients could go to exercise, but those with mental health issues are stigmatized. People will hold their children if someone different walks by. If clients are in parks, they may be harassed when they're just trying to take care of their health.
- Need increased education for seniors and how they can exercise safely.
- There's a need for more youth programs to keep kids active. Physical activity is especially important now as it relieves stress.
- Eating disorders are an observed issue among students, but only confirmed if a student discloses.
- Need more access to green space, but the bigger challenge is that youth sports programs are expensive; we need free programs. Lower income communities are most impacted, especially near Venice Beach.
- Obesity impacts older adults significantly.
- We must help make a plan for those who are concerned with obesity. They often aren't aware they can have diabetes, high blood pressure and other chronic disease.
- The Asian Pacific Islander community has a high rate of obesity and related issues.
- The side effects of medications can include lethargy, obesity, and lack of energy to exercise. It's always a challenge to navigate that balance.
- Many are surprised that persons who are homeless are overweight, but they're surviving on whatever food is available. Unhealthy food often contributes to chronic disease. Also, some health issues get overlooked and once exacerbated, these issues can impact weight.

Mental Health

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals handle stress, relate to others, and make choices.

Mental Health, Adults

In SPA 5, 7.2% of adults were at risk for major depression and 15.8% were currently diagnosed with depression.

Depression, Adults

	SPA 5	Los Angeles County
Adults at risk for major depression	7.2%	13.0%
Adults with current diagnosed depression	15.8%	11.5%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

When queried by race and ethnicity, Whites in Los Angeles County have the highest percentage of depression (16.5%) and Asians have the lowest percentage of depression (5.8%).

Current Depression, Adults, by Race/Ethnicity

	Los Angeles County
White	16.5%
African American	15.3%
Latino	9.5%
Asian	5.8%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Mental Health Indicators, Adults

Among adults in SPA 5, 10.9% likely had serious psychological distress in the past year. Higher rates of serious psychological distress were found among low-income residents (20.6%), males (14.7%), Whites (12.8%) and Latinos (12.7%), young adults, ages 18-24 (22.3%), and persons who identify as bisexual (20.5%).

Mental Health Indicators, Adults

	SPA 5	Los Angeles County	California
Adults who had serious psychological distress during past year	10.9%	12.2%	12.0%
0-99% Federal Poverty Level	15.9%	16.0%	18.2%

	SPA 5	Los Angeles County	California
100-199% FPL	11.4%	15.4%	14.1%
200-299% FPL	20.6%	12.3%	13.4%
300%+ FPL	8.9%	9.4%	9.3%
Male	14.7%	10.5%	10.4%
Female	7.7%	13.7%	13.6%
White	12.8%	10.2%	11.2%
Black	**	10.0%	10.7%
Latino	12.7%*	14.3%	13.4%
Asian	4.7%*	9.9%	9.7%
Two or More Races	**	18.1%*	19.1%
18 - 24 years old	22.3%	28.7%	25.8%
25 - 39 years old	18.0%	17.0%	16.2%
40 - 64 years old	3.4%*	7.5%	8.4%
65 - 79 years old	**	3.6%	4.1%
80 years and older	**	1.7%*	3.6%
Straight or heterosexual	10.2%	10.3%	10.3%
Gay, Lesbian, or homosexual	12.1%*	24.5%	20.4%
Bisexual	20.5%*	41.9%	43.2%
Asexual/Celibate/None/Other	**	16.7%*	13.7%

*Source: California Health Interview Survey, 2018-2019. Years 2018 & 2019 pooled to increase sustainability of data. *Statistically unstable due to sample size. **Data suppressed due to small sample size. http://ask.chis.ucla.edu/*

Among adults in available service area ZIP Codes, those who were likely to have had serious psychological distress in the past year ranged from 5.3% (Century City) to 17.1% (Malibu 90263).

Serious Psychological Distress in the Past 12 Months, Adults, by ZIP Code

	ZIP Code	Percent
Bel Air	90077	7.3%
Beverly Hills	90210	8.8%
Beverly Hills	90211	11.3%
Beverly Hills	90212	8.4%
Brentwood	90049	8.5%
Century City	90067	5.3%
Culver City	90230	8.9%
Culver City	90232	9.3%
Ladera Heights	90056	8.0%
Malibu	90263	17.1%
Malibu	90265	9.8%
Marina del Rey	90292	8.8%
Pacific Palisades	90272	7.3%
Palms	90034	10.1%
Playa del Rey	90293	8.5%
Playa Vista	90094	10.2%
Santa Monica	90401	9.7%
Santa Monica	90402	7.6%
Santa Monica	90403	8.9%
Santa Monica	90404	9.5%
Santa Monica	90405	8.9%
Venice	90291	9.6%

	ZIP Code	Percent
Venice/Mar Vista	90066	9.3%
West Los Angeles	90025	9.8%
West Los Angeles	90035	11.1%
West Los Angeles	90064	8.5%
Westchester	90045	10.3%
Westwood	90024	10.8%

Source: California Health Interview Survey Neighborhood Edition, 2018. http://askchisne.ucla.edu/

Among adults in SPA 5, 12.3% have taken prescription medicine for emotional/mental health issue for at least two weeks in the past year. In SPA 5, 18.2% to 23% of adults reported moderate to severe family life, social life, household chore, or work life impairments in the past year.

Emotional/Mental Health, Prescription Medicine, and Life Impairments, Adults

	SPA 5	Los Angeles County	California
Adults on prescription medicine at least 2 weeks for emotional/mental health issue in past year	12.3%	8.2%	10.3%
Adults reporting family life impairment during the past year	20.4%	20.9%	20.8%
Adults reporting social life impairment during the past year	18.2%	20.8%	20.9%
Adults reporting household chore impairment during the past year	20.2%	20.2%	20.3%
Adults reporting work impairment during the past year	23.0%	21. 1%	20.2%

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

Utilizing the UCLA 3-Item Loneliness Scale, among SPA 5 adults, ages 65 years and older, 20.5% were lonely some of the time. It should be noted these data were collected prior to the COVID-19 pandemic.

Loneliness, Elder Adults

	SPA 5	Los Angeles County	California
Hardly lonely	79.5%*	77.4%	77.6%
Lonely some of the time	20.5%*	21.3%	19.2%
Often lonely	**	1.3%	3.2%

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

Mental Health Care Access, Adults

Among SPA 5 adults who received care for mental or emotional problems, 52.0% visited a mental health professional. 28.2% of SPA 5 adults visited a primary care provider and mental health professional.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year, Adults

	SPA 5	Los Angeles County	California
Primary care physician only	19.8%	27.8%	25.5%
Mental health professional only	52.0%	35.9%	34.0%
Both	28.2%*	36.3%	40.5%

Source: California Health Interview Survey, 2019. http://ask.chis.ucla.edu/.

Among SPA 5 adults, 6.2% sought on-line help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs in the past 12 months. In SPA 5, 13.4% of adults connected on-line with a mental health professional and 2.7% connected online with people sharing similar issues.

Online Mental Health Utilization, Adults

	SPA 5	Los Angeles County	California
Sought help from an online tool	6.2%	5.8%	6.2%
Connected with a mental health professional on-line in last 12 months	13.4%	6.1%	5.5%
Connected with people on-line with similar mental health or alcohol/drug status	2.7%*	4.3%	4.6%

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

Mental Health, Teens and Children

In SPA 5, 15.8% of children, ages four years and older, have had difficulties with emotion/concentration/behavior in the past six months. Parents of children who have had difficulties with emotions/concentration, or behavior, provided a rank of severity from mild, or definite/severe. Among SPA 5 children, 53.1% had minor problems and 46.9% had definite and/or severe problems.

Emotion/Concentration/Behavior Problems, Difficulty and Severity, Children

	SPA 5	Los Angeles County	California
Has had emotion/concentration/behavior problem difficulty	15.8%*	15.6%	18.5%
Mild problems	53.1%*	57.8%	63.0%
Definite/severe problems	46.9%*	42.2%	37.0%

Source: California Health Interview Survey, 2017-2019 Years 2017, 2018, 2019 pooled to increase sustainability of data.
**Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Among SPA 5 teens, 52.8% likely had serious psychological distress during the past year, which was higher than county (37.3%) and state (29.4%) rates.

Serious Psychological Distress Past Year, Teens

	SPA 5	Los Angeles County	California
Teens who had serious psychological distress during past year	52.8%*	37.3%	29.4%

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

Among SPA 5 teens, ages 12 to 17, 42.6% needed help in the past year for emotional or mental health problems. Female teens (75.4%) reported needing help more frequently than males (40.0%).

Needed Help for Emotional or Mental Health Problems in Past Year, Teens

	SPA 5	Los Angeles County	California
Needed Help, ages 12-17 years old	42.6%	23.5%	25.6%
Male	40.0%*	16.7%	15.6%
Female	75.4%*	31.0%	36.0%

Source: California Health Interview Survey, 2017-2019 Years 2017,2018, 2019 pooled to increase sustainability of data.
**Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Among SPA 5 teens, ages 12 to 17, 33.5% received psychological/emotional counseling. Female teens (75.4%) reported receiving psychological/emotional counseling. Data for male teens were unavailable due to a small sample size.

Received Psychological/Emotional Counseling in Past Year, Teens

	SPA 5	Los Angeles County	California
Received Counseling	33.5%	12.0%	15.9%
Male	**	12.4%*	13.4%
Female	75.4%*	12.3%	18.4%

Source: California Health Interview Survey, 2017-2019 Years 2017,2018, 2019 pooled to increase sustainability of data.
**Statistically unstable due to sample size. **Data suppressed due to sample size. http://ask.chis.ucla.edu/*

Bullying

Bullying has been shown to affect the mental health of children and teens. Among California children and teens, ages 6 to 17 years, 30.8% reported being bullied, picked on or excluded at least 1-2 times in past 12 months. In contrast,13.3% of California children and teens reported bullying others, picking on others, or excluding others in the past 12 months.

Children/Teens Bullies, Picks On, or Excludes Other Children, or Is Bullied

	California		United States	
	Was Bullied	Bullied Others	Was Bullied	Bullied Others
Never in past 12 months	57.0%	80.0%	52.5%	80.0%
1-2 times in past 12 months	30.8%	13.3%	32.6%	15.5%
1-2 times in past month	7.5%	3.9%	8.8%	2.8%

	California		United States	
	Was Bullied	Bullied Others	Was Bullied	Bullied Others
1-2 times per week	3.0%	1.8%	4.2%	1.3%
Almost every day	1.8%	0.9%	1.9%	0.5%

Source: Data Resource Center for Child and Adolescent Health, The Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health. www.childhealthdata.org.

The ability to form and maintain friendships is important for the mental wellbeing of children and teens. In California, 15.6% of parents/guardians characterized their child as having a little difficulty with making or keeping friends his own age as compared to peers.

Difficulty Making or Keeping Friends, Compared to Peers, Children, Ages 6-17

	California	United States
No difficulty	79.0%	77.6%
A little difficulty	15.6%	17.7%
A lot of difficulty	5.4%	4.6%

Source: Data Resource Center for Child and Adolescent Health, The Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health. www.childhealthdata.org.

Among parents/guardians in California, 4.8% perceived their children, ages 6 to17, always argued too much.

Argues Too Much, Children, Ages 6-17

	California	United States
Always	4.8%	5.2%
Usually	10.8%	10.2%
Sometimes	59.8%	58.5%
Never	24.5%	26.1%

Source: Data Resource Center for Child and Adolescent Health, The Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health. www.childhealthdata.org.

Suicide Contemplation

Among adults in SPA 5, 14.5% have seriously thought about committing suicide. Higher rates of suicide contemplation were found among low-income residents (32.1%), males (16.2%), two or more races (23.4%) and Whites (18.9%), young adults, ages 18-24 (19.1%) and adults, ages 25-39 (19%), and persons who identify as gay, lesbian or homosexual (31%).

Suicide Contemplation, Adults

	SPA 5	Los Angeles County	California
Seriously considered suicide, adults	14.5%	12.3%	13.7%
0-99% Federal Poverty Level (FPL)	12.1%*	12.9%	14.9%
100-199% FPL	26.5%*	12.8%	15.0%

	SPA 5	Los Angeles County	California
200-299% FPL	32.1%*	13.6%	16.2%
300%+ FPL	10.4%	11.5%	12.3%
Male	16.2%	12.5%	13.1%
Female	13.0%	12.1%	14.3%
White	18.9%*	14.7%	15.9%
Black	**	13.7%	12.7%
Latino	10.4%*	11.5%	12.4%
Asian	3.1%*	8.5%	9.3%
Two or More Races	23.4%*	19.4%	26.3%
18 - 24 years old	19.1%*	20.2%	22.3%
25 - 39 years old	19.0%	15.7%	18.3%
40 - 64 years old	8.9%*	9.8%	11.2%
65 - 79 years old	11.9%*	7.9%	7.5%
80 years and older	**	4.3%*	4.3%
Straight or heterosexual	13.4%	10.5%	11.9%
Gay, Lesbian, or homosexual	31.0%*	23.2%	24.6%
Bisexual	26.7*	39.4%	45.6%
Asexual/Celibate/None/Other	**	17.2%	16.9%

*Source: California Health Interview Survey, 2018-2019. Years 2018 & 2019 pooled to increase sustainability of data. *Statistically unstable due to sample size. **Data suppressed due to small sample size. http://ask.chis.ucla.edu/*

Among students in 7th, 9th, and 11th grades enrolled in service area school districts, 12.0% to 19.0% seriously considered attempting suicide in the past 12 months.

Suicide Contemplation, Teens

	7th Grade	9th Grade	11th Grade
Beverly Hills Unified School District‡‡	Not asked	16.0%	16.0%
Culver City Unified School District	13.0%	12.0%	12.0%
Inglewood Unified School District‡‡	Not asked	18.0%	19.0%
Los Angeles Unified School District‡	15.0%	14.0%	12.0%
Santa Monica – Malibu Unified School District	14.0%	18.0%	16.0%

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

Community Input – Mental Health

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

- We're seeing alarming rates of mental health issues among clinic patients, especially depression and anxiety. Access to mental health services is a challenge, especially for those who don't speak English. This is a workforce issue too – finding those who speak the language and understand cultural beliefs.
- There are not enough LGBTQ trained clinicians.
- Mental health is a huge need. There's a gap in providers and a stigma around treatment and many are unsure about treatment benefits, especially for those on state programs. We need an anti-stigma campaign using ambassadors to share their

stories.

- Mental health issues are prevalent among blacks, Latinx, and those with little family support. There is a disconnect with serving the undocumented.
- General access to mental health care is challenging for those who need it the most, including the privately insured, but especially those with Medi-Cal or the un/underinsured who lack options. If I'm a schizophrenic having a psychotic break, our system will find care. If I'm a 30-year-old black female with significant depression, it's going to be difficult for me find care immediately.
- Access barriers include childcare, transportation, lack of awareness where to go for bilingual clinicians and locations that are culturally responsive.
- Many parents see mental health issues in their children, across all economic groups, such as extensive problems with reentering school, anxiety, and depression.
- There's going to be long lasting emotional and psychological impact on the kids from the pandemic- we don't even understand that impact yet.
- During quarantine, many mental health needs were highlighted with families home together and without the capacity to support one another. Many students aren't doing well back in school.
- During the pandemic, depression among college students sometimes led to drop out. If they got connected to counseling, students would time out in terms of how many sessions they could have.
- We saw huge increases in mental health and substance use issues during the pandemic, especially with adolescents due to fear and social isolation.
- Mental health providers are alarmed, overwhelmed, and can't take new patients due to a high caseload. People are reaching out, but we're concerned about who isn't reaching out.
- Many are providing group or informational sessions, but more one-on-one services are clearly needed and more directed group sessions, especially for kids.
- The impact of the pandemic has been superimposed on generational trauma that communities have experienced. It'd be wise to start addressing the acute trauma layered on the chronic trauma.
- The blessing of the pandemic is that we've suffered a collective trauma, resulting in an empathetic lens around mental health and how we should prioritize it. We should lean into this opportunity.
- We need to address stigma early on with kids and reinforce that it's okay to ask for help.
- There are challenges with making care more patient-centric. Currently, community clinics can't bill mental health visits and primary care visits on the same day – all while community clinics are trying hard to integrate care to address all needs. Many clinics just provide the care and don't get paid. There's work being done to try to get state to include this as a benefit; it's mostly an FQHC issue.

- Many providers focus on the diagnosis and not the needs, so they are only addressing part of the problem, not the whole person.
- We need a mapping project to understand gaps, showing the ratio of mental health providers to regions. Maybe the best we can do is ensure some progress; not sure we can get ahead of the issue.
- This is a systemic issue. There aren't enough intensive levels of therapy for persons who are homeless and not enough affordable/covered resources for older adults. More peer-to-peer support is needed.
- Post-partum mood disorders and perinatal mental health are issues of concern across all groups, but with black mothers in particular.
- People are experiencing eco-grief, which is mental health issues related to climate events or grief around someone who dies after a heat wave, or with indigenous people impacted by wildfires.
- There's a structural problem with inability to treat psychosis and paranoia because a patient is unwilling to accept treatment – it's a legal issue.
- We need emergency psychiatric care that treats underlying substance abuse disorders.
- Risk assessments for self-harm and suicide ideation should be done when individuals leave the hospital. Hospitals are great partners in this.
- Adverse Childhood Experiences screening is now being implemented with clients; suicidal thoughts is part of the assessment. Highest call volume ZIP Code is Beverly Hills.
- Screening for depression and anxiety should be routine and built-in for all who are getting primary care.
- Eating disorders are a mental health condition, not a lifestyle choice.
- Many are providing mental health services virtually. Many families resist this as they are unsure how to access virtual services or they live where there's too many people and they don't feel comfortable.
- Older adults need help with remote access, i.e., training and connection via chrome books already loaded with software and someone to help them navigate appointments and technology.
- We can do therapy over phone or zoom with good outcomes but lack psychiatrists to work with acute mental health issues. It's difficult to access this care; many don't take insurance (cash only).
- We don't have enough beds available in the county for inpatient and outpatient services.
- Veterans with moral injury has come up in science; this is often misdiagnosed as PTSD. Misdiagnosis and mistreatment can exacerbate the issue.
- There's limited psychiatric urgent care centers and a gap in treatment beds for persons who are homeless. We're getting better on the street medicine side, but

more could be done, i.e., mobile psychiatric vans.

- Those who need help won't come to us, we must go to them, especially persons who are homeless.
- Some persons who are homeless have psychotic breaks on the streets, but milder mental health issues are also concerning. We need them housed in a trauma free environment so we can address their issues.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5.0%. Among SPA 5 adults, 7.9% are current smokers, and 3.1% are e-cigarette smokers.

Smoking, Adults

	SPA 5	Los Angeles County	California
Current smoker	7.9%*	6.0%	6.7%
Former smoker	20.2%	18.4%	19.5%
Never smoked	71.8%	75.5%	73.8%
Thinking about quitting in the next 6 months	64.2%*	63.1%	66.4%
Current e-cigarette user	3.1%*	4.0%	4.2%

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

Among SPA 5 teens, ages 12 to 17, 1.4% have engaged in cigarette smoking in the past month, and 2.7% have used tobacco products, such as cigarettes, smokeless tobacco, cigars, or tobacco pipes.

Tobacco Use, Teens, Ages 12-17

	SPA 5‡	Los Angeles County	California
Cigarette smoking in past month	1.4%	1.7%	1.8%
Tobacco product use	2.7%	3.0%	3.0%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. ‡Includes SPA 1 and SPA 5.
https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020

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 SPA 5 teens, ages 12 to 17, 9.2% have used alcohol and 4.5% have engaged in binge drinking in the past month.

Alcohol Use, Teens, Ages 12-17

	SPA 5‡	Los Angeles County
Alcohol use in past month	9.2%	8.1%
Binge drinking in past month	4.5%	4.3%
Perception of great risk from having 5+ drinks once or twice a week	46.0%	46.8%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. ‡Includes SPA 1 and SPA 5.
https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020

Among adults in SPA 5, 70.6% have used alcohol and 20.3% have engaged in binge drinking in the past month.

Alcohol Use, Adults

	SPA 5	Los Angeles County
Alcohol use in past month	70.6%	53.8%
Binge drinking in past month	20.3%	17.9%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Marijuana Use

Among SPA 5 teens, ages 12 to 17, 7.2% have used marijuana in the past month and 15.0% have used marijuana in the past year.

Marijuana Use, Teens, Ages 12-17

	SPA 5‡	Los Angeles County
Marijuana use in past month	7.2%	6.9%
Marijuana use in past year	15.0%	13.0%
Perception of great risk from smoking marijuana once a month	23.7%	23.0%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. ‡Includes SPA 1 and SPA 5.
https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020

Among adults In SPA 5, 19.9% have used marijuana in the past month and 26.7% have used marijuana in the past year.

Marijuana Use, Adults

	SPA 5	Los Angeles County
Marijuana use in past 30 days	19.9%	12.9%
Marijuana use in past year	26.7%	18.2%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Drug Use

The age-adjusted death rate from drug-induced causes in Los Angeles County was 8.5 per 100,000 persons, which is lower than the state rate (12.7 per 100,000 persons). The Healthy People 2030 objective for drug-induced deaths is 20.7 per 100,000 persons.

Drug-Induced Death Rates, Age-Adjusted, per 100,000 Persons

	Rate
Los Angeles County	8.5
California	12.7

Source: California Department of Public Health, County Health Status Profiles, 2019.
https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Opioid Use

The Los Angeles County emergency department visit rate for any opioid overdose was 10.2 per 100,000 persons and the hospitalization rate for opioid overdose was 5.1 per 100,000 persons. These rates are lower than state levels. The age adjusted opioid death rate was 5.1 per 100,000 persons in Los Angeles County as compared to the state at 6.4 per 100,000 persons. The rate of opioid prescriptions in Los Angeles County (315.8 per 1,000 persons) was lower than the state rate (383.53 per 1,000 persons).

Opioid Use and Death Rates, per 100,000 Persons and 1,000 Persons

	Los Angeles County	California
ED visit rate for any opioid overdose per 100,000 persons	10.2	15.8
Hospitalization rate for any opioid overdose per 100,000 persons	5.1	6.4
Age-adjusted opioid overdose deaths per 100,000 persons	6.7	7.9
Opioid prescriptions, per 1,000 persons	315.8	383.5

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019. https://discovery.cdph.ca.gov/CDIC/ODdash/

Drug Misuse

Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. In SPA 5, adults, ages 18 to 25, had the highest rate of pain reliever misuse (5.4%).

Pain Reliever Misuse in Past Year, All Ages

	SPA 5‡	Los Angeles
Ages 12 - 17	3.2%	3.4%
Ages 18 - 25	5.4%	5.8%
Ages 26 years and older	3.7%	3.4%
Ages 18 and older	4.0%	3.8%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. ‡Includes SPA 1 and SPA 5.
https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020

Community Input – Substance Use

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

- Substance abuse is increasing substantially. We're starting to see spread of opioid epidemic and an explosion of methamphetamine use, highlighting how addictive, cheap and accessible it is.
- Street drug usage and overdoses are current challenges, specifically with fentanyl and meth. Easy and cheap access is a problem.
- Substance abuse worsened during COVID. People used drugs/alcohol to manage

stress and since people were in isolation, there was no peer support to intervene.

- Substance abuse may be a negative coping strategy for a mental health condition.
- We worry that those with mental health conditions aren't taking their medications properly.
- Substance abuse is an area with disparity for supports for those with low versus high income – the options are dramatic and different, like the area of mental health was 10 years ago.
- We see a lot of alcohol use among clients' families.
- We're seeing substance abuse among staff, mostly alcohol; we're providing education and services.
- Alcohol abuse is a problem for many Asian Pacific Islander communities, and it's hard to get them to access services and treatment due to language and cultural barriers.
- Some Asian Pacific Islander communities also have issues with cannabis and opioid use.
- Alcohol is a problem among Korean teens; parents don't know where to get help and resources.
- Smoking and e-cigarettes are a concern among college students. Campuses are non-smoking, so they go into the neighborhoods to smoke. Policing them in neighboring streets is a challenge.
- Lack of needle exchange/disposal programs to safely administer drugs and seek addiction services.
- One present crisis is fentanyl contamination; test strips can be distributed to test for this.
- This is a challenging, fragmented territory to navigate, even with integrated services. There are different approaches so it's hard to align among agencies and there are coverage issues, i.e., when do you get paid by Medi-Cal vs Drug Medi-Cal?
- Need more providers enrolled in Drug Medi-Cal and infrastructure to bill against it, otherwise it affects treatment options available, especially for those on the street.
- Biggest issue is that substance abuse and mental health are two different systems funded by different agencies. If someone needs both services, as they often do, they need two separate assessments, and sometimes have different clinicians and different locations for services. We need a whole person approach and integration of services, funding, and payment mechanisms.
- Clinics are starting to do more in this area rather than just referring out. It's becoming common practice to bring resources in-house to provide more patient centric care.
- Screening for substance abuse should be routine and built into primary care services.
- We're concerned with drug overdoses among young people and the unhoused

population.

- Substance abuse is an issue among foster care and congregate care providers. The level of substance abuse among young people is worse and it's now mostly hard drugs. If they have a reaction, they go to the hospital, may be put on a 5150 hold, but then become lost in the system after that. There aren't many youth programs to address substance abuse.
- The absence of hospital-based detoxification is a huge problem. Therapeutic use of Ketamine should be highly monitored; people with addiction need precautions for use in outpatient settings.
- Access to evidence-based treatment is challenging. The silo of treatment means we lose integration with health care and, therefore, medical innovations and partnerships.
- Many substance use providers won't accept those who are lower functioning due to mental illness. It's challenging for these patients to stay in structured treatment. Harm reduction is also a needed focus, but hard to find providers who work in this space.
- It's challenging to link to services and beds when an individual is ready. Often, resources aren't available for those not privately insured or privately funded.
- Criminal reentry makes this issue really challenging as it can be harder to locate treatment.
- This issue impacts persons who are homeless due to the trauma they face, but we need them off the street to address it. Also impacts those who are housing insecure and rent-burdened.
- Outreach teams need more substance abuse providers on the street, but they need the ability to get someone into an addiction program on a same day basis.
- There's a need for cannabis dispensaries zoning. A dispensary moved right next to a local treatment program – a terrible problem.

Preventive Practices

Immunizations

For the academic year 2018-2019, in service area school districts, rates of children with up-to-date immunization upon entry into kindergarten ranged from 87.0%-98.0%.

Up-to-Date Immunization Rates, Children Entering Kindergarten, 2018-2019*

	Immunization Rate
Beverly Hills Unified School District	92.9%
Culver City Unified School District	98.0%
Inglewood Unified School District	87.0%
Los Angeles Unified School District (LAUSD)**	94.6%
Santa Monica – Malibu Unified School District	92.8%
Los Angeles County*	**94.5%**
California*	**95.3%**

*Source: California Department of Public Health, Immunization Branch,2018-2019. *Excludes schools with 10 or less children enrolled in kindergarten and private schools. **Includes all schools in LAUSD with kindergarten enrollment. https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year*

Human Papilloma Virus Vaccine

In SPA 5, 57.6% of children, ages 11 to 17, have received at least one dose of the Human Papilloma Virus (HPV) vaccine. 66.2% of females, ages 11 to 17, received at least one dose of the HPV vaccine as compared to 47.7% of males of the same age. Rates of HPV vaccination in SPA 5 were higher for the 11- to 17-year-old population, and both genders, when compared to the county.

HPV Vaccinations, Ages 11-17, by Gender

	SPA 5	Los Angeles County
Children ages 11-17	57.6%	47.2%
Female	66.2%	53.4%
Male	47.7%	41.2%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Influenza (Flu) Vaccination

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. In SPA 5, adults 65 years and older met the Healthy People 2030 objective (78.1%). 67.8% of children and 53.4% of adults had received a flu vaccine.

Flu Vaccine

	SPA 5	Los Angeles County
Reported having flu vaccination in past 12 months, 6 months to 17 years	67.8%	59.9%

Reported having flu vaccination in past 12 months, 18 years and older	53.4%	47.1%
Reported having flu vaccination in past 12 months, 65 years and older	78.1%	73.2%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Pneumococcal Vaccine

Among SPA 5 seniors, 72.3% have received a pneumonia vaccine.

Pneumococcal Vaccine, Adults, Ages 65 and Older

	SPA 5	Los Angeles County
Ever had a pneumonia vaccine	72.3%	72.3%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Mammograms

The Healthy People 2030 objective for mammograms is 77.1% of women, ages 50 to 74 years, to have a mammogram in the past two years. Among women in SPA 5, 79.3% had a mammogram in the past two years. The service area SPA exceeds the Healthy People 2030 objective.

Mammogram, Ages 50-74

	SPA 5	Los Angeles County
Had a mammogram	79.3%	77.0%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Pap Smears

The Healthy People 2030 objective for Pap smears is 84.3% of women, ages 21 to 65 years, to be screened in the past three years. Among SPA 5 women, 90.2% had a Pap smear in the prior 3 years, which exceeds the Healthy People 2030 objective.

Pap Smear, Ages 21-65

	SPA 5	Los Angeles County
Pap smear within past 3 years	90.2%	81.4%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Colorectal Cancer Screening

The Healthy People 2030 objective for colorectal cancer screening is 74.4% of adults, ages 50 to 74 years, to be screened. Among SPA 5 adults, ages 50 to 74 years, 18.6% had a blood stool test in the past 12 months, and 61.4% had a sigmoidoscopy within the past five years or colonoscopy within the past 10 years. SPA 5 does not meet the Healthy People 2030 objective.

Colorectal Cancer Screening, Adults, Ages 50-74

	SPA 5	Los Angeles County
Blood stool test in past 12 months	18.6%	20.0%
Sigmoidoscopy w/in past 5 years or Colonoscopy w/in past 10 years	61.4%	54.6%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Senior Falls and Injuries from Falls

Among seniors in SPA 5, 26.5% experienced at least one fall in the past year and 12.6% of seniors were injured due to a fall.

Falls and Injuries from Falls, Past Year, Seniors 65 and Older

	SPA 5	Los Angeles County
Experienced at least one fall	26.5%	26.5%
Injured due to a fall	12.6%	11.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Input – Preventive Practices

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

- Prevention is always a big challenge; it's hard to quantify impact.
- Services are underfunded and there's an overall lack of awareness. Additional investments are needed for black-led or culturally congruent community-based organizations doing the work.
- We've seen delay with colonoscopies, and breast and cervical cancer screenings. Unless people get back on schedule, we'll see significant increase of preventable, treatable, detectable diseases – especially among black and Latinx communities.
- Access is a concern. Required student physicals and immunizations can be challenging to get.
- Understanding insurance is the biggest barrier to preventive care. Many people are afraid of incurring costs.
- Fears and language barriers among undocumented populations result in them not seeking preventive care.
- There's a need for specialists who are culturally competent in treating LGBT patients. For example, we know of LGBT clients who were shamed for their sexual choices if they had abnormal colon cancer screenings, or others who were treated poorly by their OB doctor.
- We're seeing a lot of additional patients with acute illness that could have been prevented. Many are overdue for their preventive screenings; we're trying to get through a huge backlog.

- With childhood vaccines, clinic data shows many are way behind with getting kids up to date.
- The greatest challenge is for school districts to provide access and education for the COVID vaccine.
- School-based health centers need to continue, but funding can be limited.
- Fall prevention safety education is an issue; needs to address safety in the home and community.
- With persons who are homeless, there's a big issue with anything that requires more than one encounter. Getting them access to vaccines on the street and connecting to care for regular screening is a challenge.
- For the unhoused population, the challenge is patient tracking and lack of patient records, personal contact info and care relationships. We need advancement in field-based care but how does that become a series of care visits or care relationship? That's a big issue for us to solve.

Attachment 1: Benchmark Comparisons

Where data were available, health and social indicators in the hospital service area were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**80.1%**-96.0%	90.7%
Child health insurance rate	97.1%	92.1%
Adult health insurance rate	93.4%	92.1%
Unable to obtain medical care	**13.3%**	3.3%
Ischemic heart disease deaths	**78.0**	71.1 per 100,000 persons
Stroke deaths	24.7	33.4 per 100,000 persons
Cancer deaths	**124.1**	122.7 per 100,000 persons
Colon/rectum cancer death	**13.1**	8.9 per 100,000 persons
Lung and bronchus cancer deaths	**25.4**	25.1 per 100,000 persons
Female breast cancer deaths	**19.5**	15.3 per 100,000 persons
Prostate cancer deaths	**20.1**	16.9 per 100,000 persons
Drug-induced deaths	8.5	20.7 per 100,000 persons
Overdose deaths involving opioids	6.7	13.1 per 100,000 persons
Unintentional injury deaths	18.3	43.2 per 100,000 persons
Suicides	8.8	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	6.7	10.9 per 100,000 persons
Homicides	1.5	5.5 per 100,000 persons
Obese adults	17.4%	36%
Adults engaging in binge drinking	20.3%	25.4%
Cigarette smoking by adults	**7.9%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	90.2%	84.3%
Annual adult influenza vaccination	**53.4%**	70.0%
Mammograms, ages 50-74, screened in the past 2 years	79.3%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**66.4%**	74.4%

Attachment 2: Community Stakeholder Interviewees

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

Name	Title	Organization
Vishesh Anand	Field Deputy	Councilmember Mike Bonin, 11th District, City of Los Angeles
Thomas V. Babayan MS LMFT	Director	UCLA/VA Veteran Family Wellness Center
Chris Baca	Executive Director	Meals on Wheels West
Tara Barauskas	Executive Director	Community Corporation of Santa Monica
Grace Cheng Braun MSPH	President and Chief Executive Officer	WISE & Healthy Aging
Ward Carpenter MD	Co-Director, Health Services (he)	The Los Angeles LGBT Center
Mary Carr, LCSW	Mental Health Clinical Supervisor	LA County Department of Health Services
Stephanie Cohen	Health Services Deputy	Office of Supervisor Sheila Kuehl (LA County District 3)
Lucia Diaz	Chief Executive Officer	The Mar Vista Family Center
Sue Dunlap	President and Chief Executive Officer	Planned Parenthood Los Angeles
Cheryl Karp Eskin MA, MFT	Program Director	Teen Line
Connie Chung Joe JD	Chief Executive Officer	Asian Americans Advancing Justice – Los Angeles
Dr. Va Lecia Adams Kellum	President and Chief Executive Officer	St. Joseph Center
Jan King MD, MPH	Area Health Officer, SPA 5	Los Angeles County Department of Public Health
Alison Klurfeld MPP, MPH	Director, Safety Net Programs and Partnerships	L.A. Care Health Plan
Chris Ko	Vice President, Impact & Strategy	United Way of Greater Los Angeles
David Lisonbee	President and Chief Executive Officer	Twin Town Treatment Centers
John Maceri	Chief Executive Officer	The People Concern
Lidia Magarian	Chronic Disease Prevention Director	Santa Monica Family YMCA
Smita Malhotra MD	Medical Director	Los Angeles Unified School District
Lyn Morris LMFT	Chief Operating Officer	Didi Hirsch Mental Health Services
Kari Pacheco	Co-Director, Health Services (she/her/hers)	The Los Angeles LGBT Center
Kristen Pawling	Sustainability Program Director	County of Los Angeles Chief Sustainability Office
Lorri Perreault	Regional Director	Catholic Charities of Los Angeles, Inc.
Daniel Reti	Healthcare Integration Coordinator	Los Angeles Homeless Services Authority
Erin Raftery Ryan	Executive Director	National Alliance on Mental Illness (NAMI) - Westside Los Angeles

Name	Title	Organization
Susan Samarge-Powell, EdD	Director of Early Learning	Santa Monica-Malibu Unified School District
Dana Sherrod MPH	Birth Equity & Racial Justice Manager Lead, Cherished Futures for Black Moms & Babies	Public Health Alliance of Southern California
Michael Tuitasi	Vice President of Student Affairs	Santa Monica College
Nina L. Vaccaro MPH	Chief Operating Officer	Community Clinic Association of Los Angeles County
Jennifer Vanore	President and Chief Operating Officer	UniHealth Foundation
Eli Veitzer	Chief Executive Officer	Jewish Family Service LA
Rosemary C. Veniegas PhD	Senior Program Officer, Health	California Community Foundation
Jacquelyn Wilcoxen	Service Area Chief	Los Angeles County Department of Mental Health
Margaret Willis	Housing and Human Services Administrator	City of Santa Monica
Setareh Yavari	Housing and Human Services Manager	City of Santa Monica
Anita Zamora	Deputy Director/Chief Operations Officer	Venice Family Clinic

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- Behavioral health and mental health issues. Now that kids are back to school, teachers are dealing with issues such as anxiety, depression, and post-traumatic stress. There is a stigma around mental health that must be addressed so people will get help, especially with the veteran population.
- The biggest thing is COVID-19 and the changing variants, which is prolonging the pandemic.
- Social isolation and the lack of an adequate support system of family, friends, and trusted individuals.
- Chronic conditions - hypertension, diabetes, cancer, lung disease, colon cancer. For those with deficits in activities of daily living, their chronic conditions require significant management.
- We are waiting to see the overall impact of the pandemic, with lack of face-to-face visits and lost prevention opportunities.
- Access to COVID vaccines and medications, especially in low-income pockets that exist on the Westside; they got lost among the more affluent in that area.
- There are new climate-related health risks and an increase in the number of extreme heat days, which is linked to cardiovascular risks. We're concerned about air pollution and traffic safety issues, too – specifically pedestrian injuries/ fatalities.
- Access to care in general is difficult for anyone who does not have financial resources. There's a need for timely, quality specialty care and providers compassionate to struggles with mental health, sexually transmitted infections, and substance abuse.
- Easy access to medical professionals in a timely manner; access one month out isn't helpful.
- Lack of mental health support and resources is problematic. Many teens lack a medical provider, resources at school, access to meds, and therapy options.
- The most at-risk may fall through cracks and find themselves in jail, in part due to severe mental illness and substance use. Those who are mentally ill can't stand trial and jail isn't a good place for receiving appropriate mental health services.
- Accessible health care options for those who are homebound or have limited transportation.
- A "no wrong door" to integrated care is needed, taking into account social determinants and their impacts on health. Case managers work tirelessly to connect patients to health care as, often, there are medication issues, chronic diseases, or they are dying because of untreated ailments.
- The Asian Pacific Islander community is diverse in the range of "haves" and "have nots" with educational attainment and income. Many are front line workers. Mental

health issues occur frequently in this community. Pacific Islanders were hit hard with COVID hospitalizations and deaths.

- Homelessness, plus underlying issues, i.e., chronic disease, COVID, lack of affordable housing, access to care and substance abuse treatment. We need street-based medicine to meet people where they are, address complicated health needs, and help them not die on the streets. We see many persons who are homeless near the Santa Monica 3rd Street Promenade. The streets are very dirty in this area, affecting hygiene and presenting a challenge with COVID.
- We see many persons who are homeless near the Santa Monica 3rd Street Promenade. The streets are very dirty in this area, affecting hygiene and presenting a challenge with COVID.
- Inadequate amount of sober or bridge housing.
- Inadequate career preparation, remedial educational resources, and occupation assistance and/or placement for those looking to better their economic stability.
- Birth inequities, specifically affecting black, indigenous mothers.
- Housing and economic security is a crisis impacting black families in the region and older adults who need affordable housing options so they can age in place. There is stress and anxiety tied to unstable housing circumstances, especially with the lifted eviction moratorium and rising housing costs.
- Housing is a key component of health. It's really about having resources or lack of resources, such as in South Los Angeles and pockets of SPA 5. If you don't have access to resources, education, safe places to live, work, and exercise, and you're having challenges - it's impacting your health.
- Food insecurity is significant for low-income and rose to a disturbing high during the pandemic.
- Lack of exercise opportunities for seniors, families, and those without accessible green spaces.
- Lack of transportation. We have great hospitals with great networks, but many can’t access them.

Interview participants were asked about socio-economic, behavioral, or environmental factors or conditions contributing to poor health in the community. Their responses included:

- Many are impacted by the wealth gap in Los Angeles County. People are priced out of their communities, so they are not getting health care resources that meet their needs.
- Structural racism and capitalism are prevalent in Los Angeles. There’s a mix of poverty and structural issues in allocation of resources.
- The Westside is privileged compared to the rest of Los Angeles; inequities are extreme.

- It’s important to call out structural racism, with disenfranchised black communities in Los Angeles in particular. We call out harmful historical practices, but folks are still pushed into areas we’re largely divested from – where there are underfunded schools, housing insecurity and food insecurity. Living close to freeways exposes families to environmental toxins with negative impacts.
- Structural racism is pervasive. There’s inherent bias present against brown, black, poor people, and women, in the community, the educational system, and health care system. This bias can change how symptoms are heard and types of treatment prescribed, i.e., African American infant mortality is a significant concern, and these women have challenges seeking care and being understood.
- If we could increase pay for medical providers to work in and serve South Los Angeles, maybe more would be willing.
- There are affordability, access, and structural barriers, including structural racism. It almost always comes back to access - lacking health insurance, good schools, good food, primary care, etc.
- Health system structural issues result in lack of specialty care for many due to payer contracts.
- Differences in life span can be attributed to economics, racial/ethnic demographics, and geographic challenges.
- There’s an inability to access care in one’s own community with providers who understand cultural beliefs/norms and speak their language. The economic downturn, food insecurity, and homelessness all escalate health issues.
- Families use home remedies or see the doctor too late due to worry about immigration status.
- Housing instability and lost jobs/reduced work hours fuel anxiety. Immigrant populations are significantly impacted; they also have great stress related to what’s happening in other countries.
- We see socioeconomic and social diversity factors on the Westside with lower income and ethnic groups who don’t have the same resources or familial support systems that others benefit from.
- Lack of affordable housing is a structural crisis, in particular for seniors who are outliving their savings.
- The Pacific Islander community has high levels of poverty and low-income residents, which are correlated with lower educational attainment rates. Older adults and those who are undocumented and speak limited English have higher vulnerability for safety net support, leading to mental health issues, depression, and anxiety. Anti-Asian hate led to much more fear in our community.
- The LGBTQ and HIV community experience stigma, discrimination, and economic inequity.
- Socio-economic factors affect mental health. If there is not enough money for food,

how do individuals who are suffering afford a therapist? There is also a lack of knowledge around mental health prevention and treatment.
- The most at-risk who struggle with mental illness and/or substance abuse often have had experiences with racial factors, childhood trauma, poverty, food insecurity, low socio-economic status, lack of family/community support and homelessness.
- A majority of persons who are homeless are unsheltered so living conditions contribute to poor health. The stigma around mental illness exacerbates the number of those who are unsheltered and who go untreated.
- In Santa Monica, everything is close but it is still challenging to get around without a car. And who can they see for health care after work?

Interview participants were asked who or what groups in the community are most affected by the identified health-related issues. Their responses included:
- Lower income people, specifically black and brown, are at high risk for poor health and have experienced underinvestment.
- Under-resourced families are often not English speaking and lack knowledge about where to seek care. Infants and toddlers are seen for health concerns quickly, but it is harder to get children, ages two to three, in for care.
- Black women who are often heads of households are especially impacted, as well as young people in communities with stigma around mental illness; they go untreated due to lack of access to options/resources.
- Discrimination and racism results in limited job options for brown and black communities, so they're more exposed to COVID as frontline workers. Because of how they've been treated, they are more suspect of interventions, leading to possible hospitalization, maybe death, and family trauma.
- More blacks tend to be overrepresented among those with chronic conditions, driven by intersections with race, income, wealth disparities and access to resources.
- Immigrant communities are impacted especially in areas where FQHCs are not densely located. Trans individuals have hard time accessing appropriate care, as are veterans who aren’t able to access VA, possibly due to dishonorable discharge.
- The medical vulnerability index is greatest among blacks, Latinx, and Asian Pacific Islanders. Regions of SPA 5 have pockets with native Hawaiians who are disproportionately impacted by the pandemic, plus they were already suffering with health conditions.
- We see an overall lack of access among seniors and in Hispanic neighborhoods, specifically Del Rey in Los Angeles, which has pockets of housing projects and apartments with working class families.
- LGBTQ and HIV positive clients and youth who are homeless often have every possible barrier.
- For low-income, people of color, and disabled individuals, they are impacted by lack

of access to financial, housing, health care, and knowledge resources - a vicious cycle of poverty and oppression.

- Mental health concerns are exceptionally high among school-aged youth, including black and Latinx.
- Hispanic and black clients are impacted at greater level with stigma around mental health issues. Then, factor in worry about law enforcement troubles. With the time change, many clients won't come in for services after dark; it's dangerous to be out.
- Health care workers, first responders, Asian American doctors and nurses were hit hard with mental health issues, depression, and anxiety.
- Mental illness disproportionately impacts seniors and African Americans who are homeless.
- We see mental health issues disproportionately impacting BIPOC, low income, women, older adults, and persons with disabling conditions.
- Child and teen mental health is a massive crisis, a hidden epidemic.
- LGBTQ youth may not have environments or parents who are accepting. Also, those on the autism spectrum and those who are developmentally delayed are affected by the lack of structure as a result of COVID.
- We see substance abuse issues disproportionately impacting youth and persons who are homeless.
- We see immigrant populations who are stressed about recent hate incidents and what is happening in other countries, i.e., Ethiopia. Cultural norms prevent them asking for help with mental health.
- We're seeing a tremendous issue with homelessness in SPA 5 that looks very different than SPA 6.
- Mental health issues affect older people who are isolated. With the increase in virtual communication, it becomes harder for them to stay connected. Certain pockets of Westside have seniors with great need for assistance and support.
- Older adults in Santa Monica often don't feel safe being outside. They may fear persons who are homeless, exposure to COVID, and safety around increased scooter use on the streets.
- There is a gap in understanding of the veteran experience.
- Mental health needs are seen in Persian, Latinx, Asian American and Pacific Islander, religious, veteran and first responder communities. Needs are also prevalent in affluent communities.
- There's a disproportionate increase in persons who are homeless from previous counts for ages 55 and older, possibly attributed to high rates of elder abuse, predatory property management and illegal evictions.
- With housing, we see the impact of structural racism in an extreme way. Black/African American make up most of homeless – it doesn't get that way by accident.

- Structural issues and racism contribute to homelessness, with blacks being overrepresented.
- Among those who are homeless, there are disproportionate numbers of blacks, veterans, and LGBTQ.
- Impoverished areas, homeless, and underemployed lack access to substance abuse treatment options, as well as educational/occupational resources to help them improve their living situations.

Interview participants were asked what health inequities they have observed, and the solutions needed to address those inequities. Their responses included:

- Consider supporting/increasing home ownership as a solution to equity and stabilization for low-income persons and persons of color. Persons of color will not get out of this centuries-long disparity without economic growth and protection of home ownership.
- Invest early in communities and infrastructure, targeting communities that are falling behind.
- Our freeway system is a big driver for air pollution health-related issues.
- Black, African American and Latinx are overrepresented with homelessness and most areas of health need. We need community investment into social determinants and community conditions, i.e., affordable housing and healthy food options, transportation, and prioritizing the most vulnerable.
- There's significant income disparity in the Pico neighborhood where the majority are families of color.
- Intervene early and focus on prevention strategies in areas such as education, and access to jobs and educational advancement opportunities so that income can improve.
- We need to focus on developing better workforce pipelines and linking people to jobs and job training.
- There are differences in social supports and care that people receive. Focus on negotiating affordable drug prices, fixing means-testing rules, reinventing care to be less episodic, fixing SSI and Social Security, and ensuring allowances for secure housing.
- Evaluate structural needs and band together to build step-down facilities around inpatient hospitals.
- A long-term issue is negative health care experiences among communities of color. Repeated positive experiences are needed to build trust, such as making institutions more people-friendly with less red tape. Consider a campaign to highlight good processes and outcome from health care institutions.
- There is inequity with agencies receiving County Department of Mental Health funding. Agencies can only break even or receive limited extension funding,

therefore, we had to turn people away during the pandemic when they needed help the most.

- Housing costs are inequitable. Gentrification is impacting people's ability to stay in their communities.
- Access to care and equitable density of clinics and FQHCs in certain areas is challenging. Need to locate clinics and health access points near where people live, which ensures providers are familiar with the neighborhood and able to provide a more intimate level of care.
- Access to health care is difficult for those who are undocumented. Often, resources aren't available or there are long wait times. Many hesitate to access care through hospital systems, fearing large bills. We need insurance navigators to help people understand benefits and access.
- Lack of universal health care. There are gaps in economics, access, and health care knowledge. Need better campaigns about access to health care and health issues in general.
- Knowledge is key. Many don't understand facts about immunizations and the importance of dental care. We need bilingual liaisons who are part of the community
- People with diabetes and high blood pressure are at risk of stroke, heart attack, and are more likely to get severely ill from COVID. It's time for health care providers to work together with the communities to address those with chronic diseases to prevent more death and serious illness.
- Many college students lack health care options. Campus health centers provide limited services.
- There's a need for funding to create seamless transitions especially for the frail elderly who otherwise would become hospital patients. Let's help them with make doctor appointments, compliance with medications and coordination of community services to age in place.
- Telehealth and street-based care must continue for physical and mental health. We need access and connectivity, otherwise disparities worsen, negative impacts accelerate, and people get sicker.
- Need large scale policy conversations around free internet access. There are now telehealth reimbursement opportunities, but people need stable internet, which many can't afford.
- Increase health care providers who accept Medi-Cal on a nondiscriminatory basis. Increase services that may not be revenue producing, such as mental health and substance abuse detox.
- Improve access to mental health services as people need them, from medication to occasional therapy.
- Many transitional-age youth enter the mental health system – an important population to emphasize for prevention/early intervention. Low barrier access

centers are needed, including sobering centers, where people can walk in to get services. There are not enough on the Westside where NIMBYism exists.

- In schools, wait lists are long for mental health and substance use services.
- Many who resort to sex work may be HIV positive and need connection to health care services.
- There's a lack of appropriate facilities; we're losing board and care homes. We all need to come together to fund long-term and skilled nursing beds to meet needs of the population.
- Mental health access, stigma and cost are all barriers. The pandemic shifted all programs online, so transportation and social anxiety were removed as barriers. A solution would be an anti-stigma campaign using high profile ambassadors to share their mental health stories.
- Need mental health support consultants for students who can offer outside counseling and also in-classroom support.
- Focus on more substantial investments in strategies to increase access to food, i.e., food banks, food home delivery (Meals on Wheels), and medically tailored meals.
- Need policy change to expand safety net programs, i.e., food stamps and eviction moratoriums.
- Access to housing is the key to making people healthier. Prioritize affordable housing options and build partnerships to bring shared expertise to the problem.
- Need to consider both language and race/ethnicity in addressing health needs. Draw a map based on the number of languages people speak, then if we only have information in a few of the spoken languages, we're not reaching those who may need it most.
- Community-based organizations are struggling with limited funding and limited ability to change midstream. A solution may be to invest sustained funding in organizations to help them build stability and grow stronger, provide mentorship, and help leaders get advanced degrees or training, particularly with black-led organizations that are often grossly underfunded.
- Invest in legal service providers for low-income residents who are experiencing threat of eviction.
- Invest in navigation, case management, and wrap-around services for those persons who are homeless and who are highly using/mis-utilizing health care systems.
- Need a system of care for those who need long-term support, especially for persons who are homeless with ADL deficits and for mentally ill with wrap-around services.
- Need accessible dental and hearing services. There are dental deserts where children lack access.
- Need more spaces within neighborhoods for exercise, i.e., the Slow Streets program.

Interview participants were asked how the COVID-19 pandemic influenced or changed unmet health-related needs in the community. Responses included:

- The pandemic highlighted the needs, it didn't change them.
- The pandemic ripped the roof off the of the disparities we know. It exposed them for what they are in terms of access to care and resources and ability for people to take care of themselves.
- The focus on COVID took up everyone's bandwidth so other health issues weren't top of mind.
- Fundamental human rights were impacted – access to food and housing, which impacts health. Many agencies' services shifted to addressing these basic needs, even if they didn't before.
- Healthy food distribution was a big need, as well as emergency supplies.
- Agencies needed to get creative in how to provide essential service under public health orders. Still grappling with decisions about reopening using evidence-based or safety-based guidance.
- There is a need for more access to COVID vaccines. There's a lot of delayed care due to fear and hesitancy. It's likely that over the next few years, we'll see an increase in preventable deaths.
- In trying to understand vaccine hesitancy, we need to understand how challenging it must be for an individual who may want to get vaccinated but can't take time off work or get childcare, then add structural racism and distrust of system as a whole – this all affects one's decision.
- Teens may want to get vaccinated, but parents don't want them to, which is a tough issue to navigate.
- How does one decide about the vaccine when information is only in English and Spanish?
- Hospital staffing was a huge challenge. When beds were full, diversion disrupted the system. We need to learn how do we effectively manage emergencies when they are health emergencies?
- If you're unemployed, it's more difficult to purchase healthy foods. Those employed sometimes see an increase in their assets, whether that's housing, securities, investments, but those in low-income communities have difficulty securing that.
- Shutting down schools where children got food, exercise, interaction with peers, and a consistent adult had significant negative effects. Children are returning to school with even more unmet needs.
- The education system was disrupted and there's a ripple effect - getting kids into school and keeping them in school. If they're having problems now, this may affect their ability to finish high school and get a higher education, which has direct impact on employment, wealth, and where they can afford to live. This all has influence on violence in the communities, which impacts health.

- The rise in child abuse was mind-blowing. With remote learning, there was no one to notice and make reports. School counselors couldn't connect with kids and the students often wouldn't attend Zoom meetings. Kids need safe spaces for intervention, and many didn't have this.
- A positive - many schools now require seeing a health care provider for certain symptoms. School nurses are finally highlighted as huge resources due to their liaison role with families and doctors.
- The needs of college students were compounded – stress, food insecurity, and lack of student housing.
- Kids didn't go to the dentist during the pandemic, so we're seeing teeth extractions and root canals.
- Inability to socialize negatively affected mental well-being and physical activity levels. It increased isolation among older generation.
- Seeing tremendous increase in mental and behavioral health issues/crises in adults and children. Many families had loved ones pass away due to COVID. Grief and fears need to be addressed.
- Scapegoating of Asian Americans drove many into hiding so they weren't accessing needed services.
- Many Asian community members were afraid if they tested positive for COVID that they'd be shunned or stigmatized in the community, especially Pacific Islander communities.
- Increased need but created solutions and innovations, i.e., advancement in infrastructure in community clinics and community access. Telecare and digital visits have improved. What hasn't improved is correlated technology gap around hardware and internet.
- Overall access has improved with remote telehealth services. Missed appointments decreased with work, transportation and childcare barriers removed, but the digital divide is real. Many lack access to smart phones with people of color disproportionately impacted.
- Silver lining is that mental health care was forced to shift to remote work, not a common practice previously. We didn't receive more contract money, but we saw more efficiency.
- Telehealth should continue to be part of the model of care and technology infrastructure.
- The housing crisis plus multiple families living together meant COVID ripped through these families.
- Seeing many foreclosures emerge as an economic effect of the pandemic.
- There's a lot of displacement with unemployment being so high. It's a challenge to maintain secure housing; many have been evicted despite moratoriums. Homelessness has increased.

- Need economic protections among people of color. Anticipating seeing increase in evictions, exacerbating an already tense housing crisis.
- Homelessness was already seen as a public health concern, but we really saw the crisis when persons who were homeless couldn't be safely housed with protections from COVID/illness. Hotels were converted into Project Roomkey housing; we need this to be continuous.
- Underscored need for sustainable street outreach teams for persons who are homeless, providing an ongoing connection to primary care, provision of vaccines and psych meds.
- More substance use and more death on the streets, especially among younger people.
- We see an unemployment crisis, and now a workforce crisis. It's hard to find frontline workers, possibly due to fear of COVID, burnout, low pay. There is homeless services funding so many are hiring, but some may not be looking for work if collecting unemployment.
- Caregiving has very limited systems already; need advocacy in this area. Paid family leave is needed.
- Need to address workers' rights and protections, i.e., paid leave - who has it/who doesn't. Many frontline workers were going into work sick because they couldn't take time off.
- Some lost jobs and then health insurance, which is often tied to employment. Help needs to come from trusted organizations as many are afraid because their immigration status is complicated.

Attachment 4: Resources to Address Community Needs

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

Significant Needs	Community Resources
Access to health care	Asian Pacific Health Care Venture, Black Infant Health Program, Black Infants and Families Los Angeles, Charles R. Drew University of Medicine and Science, Chinatown Service Center, CinnaMoms, Community Clinic Association of Los Angeles, Disability Community Resource Center, Give an Hour, Jewish Family Service LA, KHEIR Center, Los Angeles Christian Health Centers, Los Angeles County Department of Health Services, Los Angeles Unified School District, Mar Vista Family Center, Northeast Valley Health Center, Project Room Key, Refresh Spot, R.O.A.D.S. Community Care Clinic, Saban Community Clinic, Santa Monica College Student Health & Wellness Center, St. John's Well Child & Family Center, St. Joseph's Center, The People Concern, UCLA Family STAR Clinic, UCLA/VA Veteran Family Wellness Center, Venice Family Clinic, Westside Family Health Center, WISE & Healthy Aging
Chronic diseases	Charles R. Drew University of Medicine and Science, Jewish Family Service LA, Los Angeles Christian Health Centers, Los Angeles County Department of Health Services, Northeast Valley Health Center, Saban Community Clinic, SmartAirLA, St. John's Well Child & Family Center, St. Joseph's Center, UCLA/Alzheimer's and Dementia Care Program, Universal Community Health Center, Venice Family Clinic, Westside Family Health Center, YMCA
Community safety	Advancing Justice, Asian Pacific Policy and Planning Council (A3PCON), Boys & Girls Clubs, City of West Hollywood Security Ambassador Program, Jenesse Center, Jewish Family Service LA, LA vs. Hate, LA Walks, Los Angeles County Bicycle Coalition, Los Angeles County Department of Mental Health (Veteran Peer Access Network), Los Angeles County Parks After Dark, Sahara, South Asian Network, Southern California Crossroads, Stop the Violence Program, The Los Angeles LGBT Center, The People Concern, The Positive Results Corporation, TransLatina Coalition, U.S. VETS, Westside Infant-Family Network, YMCA
COVID-19	Charles R. Drew University of Medicine and Science, Connections for Children, Empowering Pacific Islander Communities (EPIC), Kedren Community Health Center, Los Angeles County Department of Health Services, LA County Department of Mental Health and UCLA Partnership for Wellbeing, Mar Vista Family Center, Pacific Islander Health Partnership, Prtizker Center for Strengthening Families, Search to Involve Pilipino Americans (SIPA), Together Toward Health, Venice Family Clinic
Economic insecurity	American Legion, Basic Income Guaranteed: Los Angeles Economic Assistance Pilot (BIG LEAP), Charles R. Drew University of Medicine and Science, Chrysalis, City of Santa Monica, Disability Community Resource Center, Harbor Interfaith Services, HOPICS, Korea Town Youth and Community Center, Korean American Family Services, Lift Los Angeles, LISC Los Angeles, Little Tokyo Service Center, Los Angeles County Department of

Significant Needs	Community Resources
	Public Social Services, Neighborhood Housing Services of Los Angeles County, Pilipino Workers Center, Special Service for Groups, Inc., St. Joseph's Center, The People Concern, Trans Wellness Center, Upward Bound Study Center, United Way, Village for Vets, WISE & Healthy Aging
Environmental conditions	City of Los Angeles, County of Los Angeles, Friends of Ballona Wetlands, Heal the Bay, SmartAirLA
Food insecurity	American Red Cross, CalFresh, Catholic Charities of Los Angeles, Inc., City of Santa Monica, Everytable, Food Forward, H.E.L.P.E.R. Foundation, HOPICS, Jewish Family Service LA, Let's Feed L.A., Los Angeles Regional Food Bank, Los Angeles Unified School District, Meals on Wheels, MOA Wellness Center, Project Angel Food, SEE-LA, St. Joseph Center, St. Mark's Food Pantry, St. Paul's Food Pantry, The Los Angeles LGBT Center, The Mar Vista Family Center, The People Concern, Venice Family Clinic, West Los Angeles VA, Westside Food Bank, WISE & Healthy Aging, World Central Kitchen
Housing and homelessness	Asian Americans Advancing Justice-Los Angeles, Community Corporation of Santa Monica, Exodus Recovery, Inc., Harbor Interfaith Services, HOPICS, Housing for Health, Inner City Law Center, Legal Aid Foundation of Los Angeles, Los Angeles Homeless Services Authority (LAHSA), People Assisting the Homeless (PATH), Project Roomkey, Saban Community Clinic, Safe House, Safe Place for Youth, Skid Row Housing Trust, St. Joseph Center, Step Up, Students Helping Students, The Mar Vista Family Center, The People Concern, Union Station Homeless Services, Venice Family Clinic, Weingart Center for the Homeless
Mental Health	Airport Marina Counseling Services, Alcott Center, Asian Pacific Counseling and Treatment Centers, California Black Women's Health Project, California Department of Developmental Services (DDS) Regional Centers, Chinatown Service Center, Community Coalition, Didi Hirsch Mental Health Services, Edelman Westside Mental Health Center, Exodus Recovery, Inc., Family Service of Santa Monica, Hathaway-Sycamores Child and Family Services, Jewish Family Service LA, Korea Town Youth and Community Center, Korean American Family Services, Los Angeles County Department of Mental Health (Veteran Peer Access Network), Maternal Mental Health Now, Mental Health Advocacy Services, Mental Health First Aid, National Alliance on Mental Illness (NAMI), OUR HOUSE Grief Support Center, Pacific Clinics, Painted Brain, Pathways, Prevention Center of Excellence, Public Mental Health Partnerships, Rape Treatment Center/Stuart House, Santa Monica-Malibu Unified School District, South Asian Network, Special Service for Groups, Inc., St. John's Well Child & Family Center, St. Joseph Center, Step Up, Strength In Support, The Los Angeles LGBT Center, The People Concern, The Trevor Project, The Village Family Services, Together for Wellness, UCLA/VA Veteran Family Wellness Center, U.S. VETS, Venice Family Clinic, Westside Infant-Family Network, WISE & Healthy Aging
Overweight and obesity	Community Coalition, St. John's Well Child & Family Center, The Mar Vista Family Center, Venice Family Clinic, Westside Family Health Center, YMCA
Preventive practices	Alzheimer's Association, Black Women for Wellness, Essential Health Access, Housing for Health, KHEIR Center, Los Angeles County Department of Health Services, Northeast Valley Health Center, Partners in Care Foundation,

Significant Needs	Community Resources
	Planned Parenthood, Saban Community Clinic, St. John's Well Child & Family Center, Venice Family Clinic
Sexually transmitted infections	APLA Health, Asian Pacific AIDS Intervention Team (APAIT), Homeless Health Care Los Angeles, Los Angeles County Department of Health Services, Planned Parenthood, The Los Angeles LGBT Center
Substance abuse	Airport Marina Counseling Services, Alcoholics Anonymous, Asian American Drug Abuse Program, Clare Matrix, Didi Hirsch Mental Health Services, Exodus Recovery, Inc., Homeless Health Care Los Angeles - Center For Harm Reduction, HOPICS, JWCH Institute, Narcotics Anonymous, Pacific Clinics, Phoenix House, Special Service for Groups, Inc., St. Joseph Center, Tarzana Treatment Centers, Inc., The Beacon House, Twin Town Treatment Centers, UCLA Integrated Substance Abuse Programs, Venice Family Clinic, Vista Del Mar Child and Family Services
Transportation	Access, Alliance for Community Transit (ACT-LA), Big Blue Bus, LAnow On-Demand Shared Ride, Metro Bike Share, People for Mobility Justice, WISE & Healthy Aging

Attachment 5: Report of Progress

UCLA Health developed and approved an Implementation Strategy to address significant health needs identified in the 2019 Community Health Needs Assessment. The hospital addressed: access to care, heart disease, mental health and overweight and obesity through a commitment of community benefit programs and charitable resources.

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

Health Focus Area: Access to Care

Care Harbor provided free medical, dental, vision and preventive care to approximately 1,000 underinsured and underserved Angelenos during a three-day clinic at The Reef in downtown Los Angeles from November 15-17, 2019, including 262 free eye exams provided by the UCLA Mobile Eye Clinic. 350 UCLA health professionals volunteered, including physicians, dentists, optometrists and nurses.

UCLA Health Operation Mend served 381 veterans (with 200 caregivers), providing medical diagnoses and advanced surgical/medical services, as well as intensive treatment for post-traumatic stress disorder and mild traumatic brain injury.

UCLA Blood & Platelet Center organized and completed 270 community blood drives, in which 12,835 units of lifesaving blood were collected. Between April 21 and June 30, 2020, they also completed 150 collections of convalescent plasma from people who were diagnosed and recovered from COVID-19.

The UCLA Ambulatory Community Outreach team led or participated in more than 300 free community events for thousands of attendees, including a six-part remote series on health and safety during COVID-19.

The UCLA Health Nursing Structural Empowerment Council Community Outreach Subgroup held eight workshops on hygiene, coping with stress, diabetes education and other health topics for about 50 attendees with The People Concern, an organization that provides transitional housing in Santa Monica. The groups also partnered to host a free flu clinic in 2019, during which they administered 70 free flu shots to the local homeless population.

UCLA Health 50 plus members redeemed 483 vouchers for flu shots.

The UCLA Health Homeless Healthcare Collaborative launched in January 2022 as a direct-in-community program to expand access to efficient, equitable and high-quality health care for people experiencing homelessness in Los Angeles. Two mobile medical units provided a suite of medical services to unhoused people across Los Angeles. Additionally, the program connected people to valuable social services through trusted community partner agencies. By visiting a variety of sites including encampments, shelters, and interim housing sites, the Homeless Healthcare Collaborative removed traditional barriers to care in order to provide more accessible and equitable care to our neighbors experiencing homelessness.

In cooperation with the Los Angeles Dodgers:

- Provided free dental screenings and offered community health resources and giveaways at community parks. Over 4,450 total attendees; 8 events held.
- Provided free BP, eye and dental screenings as well as nutrition information, responding to questions about COVID-19 and vaccinations. 10,975 attendees at 3 events held.
- Provided free health services including nutritional education, free dental cleanings and exams, free eye exams, dermatology services, family medicine exams and blood pressure screenings. Up to 10,000 attendees.
- Offered free dental cleanings and screenings, physical fitness assessments, free vision screenings and had a physician available to answer health care questions at this annual back-to-school event. 6,900 students from downtown LA and public assisted housing projects attended 2 events.

The Nickerson Gardens Holiday Event provided educational and community health resources and giveaways for kids who live in Nickerson Gardens and surrounding housing projects. Facilitated the presence of Vision to Learn, which provided free eye exams and glasses. Over 2,500 attendees at events in 2019 & 2020.

The Emergency Intake Shelter (EIS) provided housing and support for unaccompanied migrant children aged 3-17 years at the Long Beach Convention Center until they could be reunified with their parents/sponsor families or placed in long term shelters. In Spring of 2021, over 13,000 children per month were received at the southern US border and overwhelmed capacity and capabilities at US Customs and Border Patrol (CBP) Stations. Long Beach was one of 15 sites in the US that was created to provide care for the children. A 1,000-bed shelter with 200 isolation beds was made available through a partnership between UCLA Health, UC Irvine Health and Children's Hospital of Orange County. UCLA Mattel's Children's Hospital participated in

the EIS by providing logistics, medical staff, supplies, laboratory, pharmacy and radiology testing, plus other support services. The medical mission consisted of intake screening and medical assessment, pediatric clinic, 24x7 urgent care, an isolation area, staff surveillance testing, and wrap around services including clinic visits as well as admissions to ED and inpatient services. During the time that the Long Beach EIS was functioning, 1,698 children were housed in the shelter and received over 5,875 urgent care visits, 1,698 complete medical exams, over 3,500 vaccinations were given (MMR/V, Hep A, COVID-19), and 170 radiological studies on site. Over 1,550 children were reunited with their families.

UCLA Health administered Pfizer and Moderna vaccines to patients. Following state and local guidance, UCLA Health invited the highest-risk patients first, based on age, clinical and social risk as defined by the Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI). UCLA Health has an organizational commitment to acknowledging, addressing and reducing health inequities, and recognizes the profound disparities in COVID-19 case and death rates in California's low income, Latino, Black and Pacific Islander communities. Because of these pervasive health inequities and to develop more equitable distribution of the vaccine over a first-come, first-served model, UCLA Health incorporated these factors in determining overall risk for COVID-19. Approximately 630,000 patients, over the age of 16, met the attribution criteria. Patients were proactively invited by overall risk, dependent on available vaccine inventory. Vaccine acceptance results as compared to LA County (as of mid-May 2021).

	UCLA Health	Black/ African American	Hispanic/ Latinx
UCLA overall	65%	57.7%	60.2%
UCLA high SVI	N/A	51.3%	55.4%
LA County	61%	39.2%	44.4%

Health Focus Area: Heart Disease

UCLA Health physicians, providers and staff led 134 free community health seminars for more than 3,875 attendees, covering topics including heart health, heart disease and managing stress and anxiety. They participated in 12 community events, providing free health information and resources to more than 2,800 total attendees.

Participated in health expos and community events, including the Movember, I Heart Walking, and AHA Go Red for Women events that engaged 1,250 participants. 450 families were served at a community event hosted in partnership with the Los Angeles

Dodgers Foundation at MLK, Jr. Park. At this event the following services were offered: eye exams, blood pressure screenings, and nutritional education.

In partnership with the American Heart Association provided heart disease prevention materials and education:

- Social media outreach and prevention messages
- Four heart health education events at the Inglewood Active Communities Virtual Townhalls
- Hosted three Lunch and Learns on topics of cardiovascular health
- Kids Heart Challenge provided health education materials for elementary and middle school teachers, students and their parents in Redondo Beach, Venice, Marina del Rey, Culver City, Los Angeles and Santa Monica schools.

Health Focus Area: Mental Health

Stuart House provided free services to 1,256 child sexual abuse victims, including forensic interviews and specialized therapy services.

The Rape Treatment Center provided free, state-of-the-art treatment to 2,447 victims of sexual abuse or assault, including medical care, forensic services and trauma-informed therapy.

The comprehensive services model pioneered by the **Rape Treatment Center** and **Stuart House** allowed for the provision of assistance and advocacy to 668 victims during the criminal justice process: including orientation to the criminal justice system, support with law enforcement, accompaniment to court and post-sentencing support.

UCLA Health provided behavioral health services to Angelenos with Medi-Cal and other insurance types. Through a Medicaid waiver, Behavioral Health Associate (BHA) providers were embedded into 12 primary care offices, including locations in Culver City, Santa Clarita and Manhattan Beach.

UCLA Health Operation Mend served 381 veterans and 200 caregivers, providing medical diagnoses and advanced surgical/medical services, as well as intensive treatment for post-traumatic stress disorder and mild traumatic brain injury.

UCLA Health physicians, providers and staff led free community health seminars for more than 260 attendees, providing a variety of mental health topics.

UCLA TIES (Training, Intervention, Education, and Services) for Families is an interdisciplinary program dedicated to optimizing the growth and development of

foster/adoptive children from birth to age 21, and their families. UCLA TIES trained 10 interdisciplinary interns/postdocs, provided 23 community trainings to 575 attendees, provided 8,603 clinical encounters (therapy sessions, evaluation, medication support, and case management) to 187 child welfare involved youth and their families.

The UCLA Family Development Program (FDP) provides evaluation, consultation, prevention, and treatment services for parents and families who are facing early life medical challenges with their infant, including high-risk pregnancies and NICU stays. FDP served 72 families in 706 therapy sessions.

EMPWR promotes well-being and resilience in LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning) children, teenagers, and adults. The program served 158 clients in 1,488 therapy sessions.

Stress, Trauma and Resilience (STAR) clinic provides evaluation, consultation, prevention, and treatment services for children and family members affected by trauma and other challenging events, including medical illness, traumatic loss, community violence, disasters, and combat deployment stress. The STAR clinic served 164 families in 1,927 therapy sessions.

Public Partnership for Wellbeing and its affiliated programs, Prevention Center of Excellence, Pritzker Center for Strengthening Children and Families, and the Public Mental Health Partnership, provided free trainings and support to reduce burnout, secondary traumatic stress, and moral distress for providers in LA County who were heavily impacted by COVID-19 (e.g., first responders, health care workers, educators). PPFW engaged over 23,300 community providers in trainings from July 2019-January 2022.

Expanded behavioral health care capacity through UCLA Health's plans to build a world-class, state-of-the-art behavioral health campus in Mid-Wilshire. An anticipated investment of $400 million will help address a long-standing regional need for additional behavioral health services. The Mid-Wilshire campus will be designed to support individuals, their families, and the broader community by significantly expanding access to a healing environment with a full continuum of behavioral health services. This new campus will be in addition to UCLA Health's Santa Monica and Westwood campuses.

For more than 60 years, UCLA Health has strived to provide the best in health care and the latest in medical technology to the people of Los Angeles. This project is an extension of that commitment to our community. When this project is completed, UCLA

Health will be able to significantly expand services for behavioral health care in Los Angeles County.

Health Focus Area: Overweight and Obesity

UCLA Health Sound Body Sound Mind (SBSM) supports a school network of more than 145 middle schools and high school in Los Angeles County. 185,000 students across six school districts (Los Angeles Unified, Long Beach Unified, Glendale Unified, Compton Unified, Culver City Unified and Santa Monica-Malibu Unified) have access to state-of-the-art fitness centers, fitness accessories, and a physical activity and nutrition curriculum. Physical education teachers at the schools have access to professional development to ensure the successful implementation of the program. To support remote learning during the 2020-2021 school year, SBSM ensured teachers had access to unique online resources and distributed over 5,500 home fitness kits across the highest need communities to encourage more home-based physical activity. These home fitness kits were distributed across nine different events during the height of the pandemic when schools, community centers, gyms, and other recreation facilities were closed and families were frequently under stay-at-home orders. SBSM developed a new mindfulness curriculum in collaboration with the UCLA Mindful Awareness Research Center to further support the development of healthy lifestyle choices for youth in Los Angeles. The organization expanded to the Glendale Unified School District, implementing their program in all district middle schools and high schools.

Beyond the school-based programs, SBSM upgraded two city Parks and Recreation gym facilities, built a new outdoor park workout space, brought additional resources to the city's annual health expo, and launched a free monthly nutrition class. UCLA Health partnered with the YMCA and nonprofit Ready, Set, Gold! to provide a digital 8-week program series featuring Olympians and Paralympians to encourage kids to stay active while learning from home. The free program is for children in fifth through 12th grades. UCLA Health Sound Body, Sound Mind has joined in this relationship with Ready, Set, Gold and LA28 to create a long-range youth fitness program for middle school students that will lead up to the high school graduating class of 2028 serving as Olympic Volunteer Ambassadors in the summer prior to their freshman year of college.

UCLA Health physicians, providers and staff led free community health seminars for more than 275 attendees, providing a variety of topics related to healthy eating and physical activity.