

2019

Resnick Neuropsychiatric Hospital

Community Health Needs Assessment



UCLA

Resnick Neuropsychiatric Hospital

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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 Medical Center, Santa Monica, Resnick Neuropsychiatric Hospital at UCLA, Mattel Children's Hospital UCLA, and the UCLA Medical Group, which has a wide-reaching system of primary-care and specialty-care offices throughout the region.

As required by state and federal law, Resnick Neuropsychiatric Hospital at UCLA, has undertaken a Community Health Needs Assessment (CHNA). California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Resnick Neuropsychiatric Hospital at UCLA. The health needs identified in this report help to guide the hospital's community benefit activities.

UCLA Health hospitals participated in a collaborative process for the Community Health Needs Assessment, in partnership with Cedars-Sinai Marina del Rey Hospital, Cedars-Sinai Medical Center, Kaiser Permanente West Los Angeles Medical Center, and Providence St. John's Health Center.

Service Area

Resnick Neuropsychiatric Hospital at UCLA is located at 150 UCLA Medical Plaza, Los Angeles, California 90095. The service area 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 was determined from the ZIP Codes that reflect a majority of patient admissions from the local geographic area.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through interviews with 31 key community stakeholders, including public health, and individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

Significant Health Needs

The community stakeholders were asked to prioritize the significant health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided and resulted in an overall average for each health need. Among the interviewees, mental health, access to health care, and housing and homelessness were ranked as the top three priority needs in the service area. A brief description of the significant health needs follows, listed in priority order:

1. Mental health – In the hospital service area, 7.2% of adults in SPA 5 had experienced serious psychological distress in the past year. 35% of adults who sought help did not receive it. Stakeholders noted there is an increase in people experiencing mental health issues. Partner abuse, sexual abuse, harassment, and poverty all influence and contribute to depression and anxiety.
2. Access to health care – Health insurance coverage is a key component to accessing health care. Among service area children, 96.4% are insured. 88.6% of area adults have insurance coverage. In the service area, 83.6% of children and 81.1% of adults have a regular source of health care. A community stakeholder commented there is not enough accessible health care. “Many times, people have to wait a very long time to see a doctor. Once they do get an appointment, the challenge is transportation. We’ve noticed the number one reason people tend to miss appointments is a lack of transportation.”
3. Housing and homelessness – Data from the annual Greater Los Angeles Homeless Count showed a large increase in homelessness from 2015 to 2018. 46.3% of service area households spend 30% or more of their income on housing. Stakeholders noted there is not a sufficient supply of housing. “Even if we had the supply, many don’t have the means to live here. For some a financial

set back would likely put them on the street. They live in a very tenuous situation. People who are forced to spend too much of their income on housing, live in substandard housing, live in garages, or live six to a room.”

4. Substance use and misuse – Prescription drug misuse and its related problems are among society’s most pervasive health and social concerns. In SPA 5, 21% of the population had misused prescription drugs. Among SPA 5 adults, 34.5% had engaged in binge drinking in the past year Stakeholders commented there is so much media coverage about opioid use but there are many other issues that need attention. Opioid use is eclipsing other issues like meth and alcohol use.
5. Dental care – 28.9% of adults in SPA 5 had not obtained dental care in the past year, compared to 40.7% in LA County. 24.5% of children in SPA 5 have never been to a dentist. Cost was listed as a reason for 13.3% of SPA 5 children, ages 3 to 17, to not receive dental care or checkups in the past year. Stakeholders noted Denti-Cal is not reimbursing enough, so the limited reimbursement stream is a challenge and leads to more access to care issues.
6. Preventive practices – In the service area, 67.7% of children, 6 months to 17 years, and 45.8% of adults have been vaccinated for influenza. The Healthy People 2020 objective is to have 70% of the population receive a flu shot. The Healthy People 2020 objective for mammograms is 81.1% of women, ages 50-74 years, have a mammogram in the past two years. In the service area, 82% of women had a mammogram in the past two years.
7. Overweight and obesity – In SPA 5, 34.4% adults are overweight. 31.1% of SPA 5 teens are reported to be overweight, which is above county and state levels. Over half of adult African-Americans (63.5%) and Latinos (62.1%) in SPA 5 are overweight or obese. 44% of Whites and 33.8% of Asians in SPA 5 are overweight or obese. Stakeholders noted inexpensive food is usually unhealthy. There are communities that lack green spaces for people to gather and be active.
8. Heart disease – Heart disease is the second leading cause of death in the service area. 5.3% of adults in SPA 5 reported they have been diagnosed with heart disease. SPA 5 has higher rates of heart disease among African Americans (7.1%) than were reported in the county and state (5.8%).
9. Transportation – LA County workers spend, on average, 30.4 minutes a day commuting to work. 73.3% of workers drive alone to work and 47.1% of solo drivers have a long commute. In the county, the rate of bicycle-involved collisions is 41.2 per 100,000 persons. The collision rate in LA County is higher than the state rate (32.7 per 100,000 persons). Stakeholders noted that transportation is always an issue in LA. Transportation barriers have a big impact on health care access because patients will forgo care if they don’t have transportation.
10. Cancer – In the service area, cancer is the leading cause of death. The age-adjusted cancer mortality rate is 141.1 per 100,000 persons. This is lower than

the county rate of 150.6 per 100,000 persons and the state rate of 158.4 per 100,000 persons. The cancer death rate in the service area meets the Healthy People 2020 objective of 161.4 per 100,000 persons.

11. Liver disease – Mortality from liver disease is lower in the service area (8.6 deaths per 100,000 persons) than in the county (14.4 deaths per 100,000) and the state (13.8 deaths per 100,000 persons). However, the area exceeds the Healthy People 2020 objective for liver disease death of 8.2 per 100,000 persons.

Report Adoption, Availability and Comments

This CHNA report was adopted by the UCLA Health Governing Board in June, 2019.

This report is widely available to the public on the hospital's web site, <https://www.uclahealth.org/community-health>. Written comments on this report can be submitted to CHNA@mednet.ucla.edu.

Introduction

Background and Purpose

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 Medical Center, Santa Monica, Resnick Neuropsychiatric Hospital at UCLA, Mattel Children's Hospital UCLA, and the UCLA Medical Group, which has a wide-reaching system of primary-care and specialty-care offices throughout the region.

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 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. The Resnick Neuropsychiatric Hospital is an independently accredited and licensed hospital with 74 inpatient beds located on the fourth floor of the Ronald Reagan UCLA Medical Center, with its own entrance and address.

Child and adolescent psychiatry services provide care for young patients with disorders such as autism, schizophrenia and eating disorders. Adult psychiatry services provide comprehensive care for patients with psychiatric illness, ages 18 and over. Geriatric psychiatry services provide comprehensive care for adults, 55 and older. Common services in the geriatric services program include evaluation and differential diagnosis of acute emotional and behavioral problems such as mood disorders, dementia psychosis and complex behavioral disturbances that may be associated with underlying medical illnesses.

Resnick Neuropsychiatric Hospital at UCLA has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

Service Area

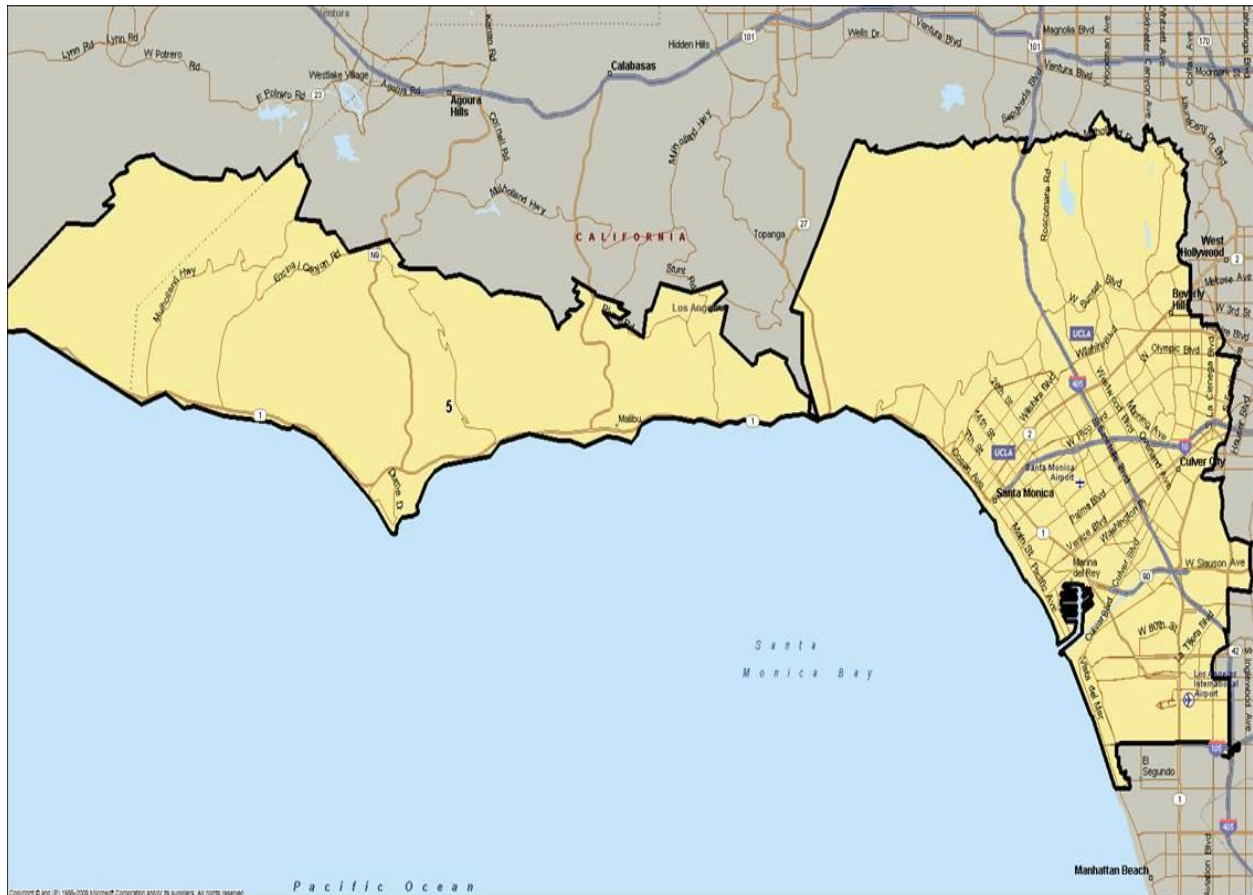
Resnick Neuropsychiatric Hospital at UCLA is located at 150 UCLA Medical Plaza, Los Angeles, California 90095. The service area includes 28 ZIP Codes, representing 18

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

Map of UCLA Health Service Area



Collaborative Process

UCLA Health hospitals participated in a collaborative process for the Community Health Needs Assessment in partnership with Cedars-Sinai Marina del Rey Hospital, Cedars-Sinai Medical Center, Kaiser Permanente West Los Angeles Medical Center, and Providence St. John's Health Center. Given these hospital facilities share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

UCLA Health is actively engaged as a member of the LA Partnership, a collaboration of local health departments, Hospital Association of Southern California, California Community Foundation, and over 20 non-profit health systems in LA County. The group aims to promote best practices and alignment of CHNAs and prevention-oriented Implementation Strategies among hospitals and community partners. For this CHNA, members of the LA Partnership developed a set of core primary data collection questions for hospitals, health systems and public health agencies to create a consistent picture of community health across the county.

Project Oversight

The Community Health Needs Assessment 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. Biel Consulting, Inc. has over 24 years' experience conducting hospital Community Health Needs Assessments and working with hospitals to develop, implement, and evaluate community benefit programs. Dr. Melissa Biel conducted the Resnick Neuropsychiatric Hospital at UCLA Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. www.bielconsulting.com

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, health care access, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Los Angeles County and California to help frame the scope of an issue as it relates to the broader community.

Sources of data include: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Los Angeles County Department of Public Health, Think Health LA, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, 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 2020 objectives, where appropriate. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

Resnick Neuropsychiatric Hospital at UCLA conducted targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Thirty-one (31) interviews were completed from November 2018 to January 2019.

Resnick Neuropsychiatric Hospital at UCLA participated in a collective process to establish a standardized set of primary data questions for use across Los Angeles County. This effort was accomplished through the LA Partnership, a collaborative of nonprofit hospitals, the Los Angeles County Department of Public Health, California Community Foundation and the Hospital Association of Southern California. Interview questions focused on the following topics:

- Most significant health issues in the community
- Social, cultural, behavioral, environmental or medical factors contributing to poor health in the community
- Who is most affected by the significant needs
- Effective strategies or actions for addressing the needs
- Services most challenging to access
- Potential resources to address the identified health needs, such as services, programs and/or community efforts
- Potential areas for coordination or collaboration to address community health needs
- Additional comments and concerns

Community stakeholders identified by the collaborative hospital partners were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the Los Angeles County Department of Public Health.

The identified stakeholders were invited by email to participate in a 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 needs assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 2.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://www.uclahealth.org/community-health>. Comments received were incorporated in the report as appropriate.

Identification and Prioritization of Significant Health Needs

Review of Primary and Secondary Data

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs, which performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant health needs were determined:

- Access to health care
- Cancer
- Dental care
- Heart disease
- Housing and homelessness
- Liver disease
- Mental health care
- Overweight and obesity
- Preventive practices (screenings, vaccines)
- Substance use and misuse
- Transportation

Priority Health Needs

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. Community stakeholder interviews were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

The stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the interviewees, housing and homelessness, mental health and dental care received the highest rankings for severe and significant impact on the community. Housing and homeless, substance use and misuse, and mental health had the highest scores for worsened over time. Housing and homelessness, dental care and mental health received the highest rankings for insufficient or absent resources.

Significant Health Need	Severe and Significant Impact on the Community	Worsened over Time	Insufficient or Absent Resources
Access to health care	77.3%	13.6%	86.4%
Cancer	66.7%	14.3%	60%
Dental care	85%	35%	95%
Heart disease	75%	33.3%	60%
Housing and homelessness	95.5%	90.9%	100%
Liver disease	54.5%	25%	37.5%
Mental health care	95.5%	76.2%	90.9%
Overweight and obesity	75%	52.4%	71.4%
Preventive practices	61.9%	19%	76.2%
Substance use and misuse	80%	77.8%	75%
Transportation	50%	29.4%	63.2%

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Among the interviewees, mental health care, access to health care, and housing and homelessness were ranked as the top three priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Mental health care	3.91
Access to health care	3.86
Housing and homelessness	3.86
Substance use and misuse	3.80
Dental care	3.76
Preventive practices	3.61
Overweight and obesity	3.50
Heart disease	3.47
Transportation	3.45
Cancer	3.43
Liver disease	3.19

Resources to Address Significant Health Needs

Through the interview process, stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

Review of Progress

In 2016, Resnick Neuropsychiatric Hospital at UCLA conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2016 CHNA addressed: chronic conditions, mental health and substance abuse, social determinants of health and dental care. A review of the impact of the actions to address these significant health needs can be found in Attachment 4.

Community Demographics

Population

The population of the Resnick Neuropsychiatric Hospital at UCLA service area is 664,730. From 2011 to 2016, the population increased by 2.6%, slightly lower than the 2.8% increase in population countywide.

Total Population and Change in Population, 2011-2016

	UCLA Health Service Area	Los Angeles County
Total population	664,730	10,057,155
Change in population, 2011-2016	2.6%	2.8%

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP05. <http://factfinder.census.gov>

Of the area population, 48.6% are male and 51.4% are female.

Population by Gender

	UCLA Health Service Area	Los Angeles County
Male	48.6%	49.3%
Female	51.4%	50.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Children and youth, ages 0-17, make up 15.5% of the population; 69.3% are adults, ages 18-64; and 15.2% of the population are seniors, 65 and over. The service area has a lower percentage of children and adults, 45 to 54, and a higher percentage of adults, 18 to 44, and 65 and older, than the county.

Population by Age

	UCLA Health Service Area	Los Angeles County
0 – 4	4.8%	6.3%
5 – 9	4.2%	6.2%
10 – 14	4.1%	6.3%
15 – 17	2.5%	4.0%
18 – 20	4.9%	4.3%
21 – 24	6.5%	6.1%
25 – 34	19.0%	15.6%
35 – 44	14.5%	13.9%
45 – 54	13.1%	13.7%
55 – 64	11.3%	11.3%
65 – 74	8.2%	6.8%
75 – 84	4.4%	3.7%
85+	2.6%	1.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Pacific Palisades has the largest percentage of youth, ages 0-17 (just over a quarter of

their total population, at 25.2%). Century City has the highest percentage of residents 65 and older (over half, at 52.4%). The weighted average of the median age in the service area is 38.0 years, higher than the median county age of 35.8. The median age of Malibu 90263, where Pepperdine University is located, is 19.9 years of age, with no residents over the age of 54.

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+	Median Age
Bel Air	90077	8,912	20.3%	25.0%	47.9
Beverly Hills	90210	20,957	19.5%	24.4%	47.5
Beverly Hills	90211	8,129	17.9%	16.0%	41.0
Beverly Hills	90212	12,915	21.7%	16.1%	41.0
Brentwood	90049	35,581	16.4%	20.2%	41.2
Century City	90067	2,355	9.4%	52.4%	65.8
Culver City	90230	32,692	19.2%	15.7%	39.1
Culver City	90232	14,810	15.7%	13.8%	41.3
Ladera Heights	90056	8,118	21.0%	23.3%	50.1
Malibu	90263	1,887	2.1%	0.0%	19.9
Malibu	90265	18,394	17.3%	21.5%	49.6
Marina del Rey	90292	22,482	9.4%	15.8%	39.8
Pacific Palisades	90272	23,151	25.2%	22.8%	47.5
Palms	90034	57,443	14.8%	9.6%	33.4
Playa del Rey	90293	12,649	8.3%	14.9%	38.4
Playa Vista	90094	8,072	18.7%	5.0%	34.3
Santa Monica	90401	7,621	6.2%	15.6%	38.2
Santa Monica	90402	11,410	19.3%	26.1%	50.1
Santa Monica	90403	24,539	12.9%	15.7%	40.1
Santa Monica	90404	22,201	15.1%	13.4%	37.5
Santa Monica	90405	28,861	15.2%	15.9%	41.3
Venice	90291	27,277	12.6%	12.4%	38.6
Venice/Mar Vista	90066	59,258	17.4%	13.3%	37.5
West Los Angeles	90025	46,520	11.1%	11.8%	34.1
West Los Angeles	90035	30,582	19.4%	15.6%	36.4
West Los Angeles	90064	27,032	21.4%	15.9%	38.3
Westchester	90045	41,145	15.2%	12.4%	34.7
Westwood	90024	49,737	7.7%	11.5%	23.0
UCLA Health Service Area		664,730	15.5%	15.2%	38.0*
Los Angeles County		10,057,155	22.8%	12.2%	35.8

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

*weighted average of the median

Race/Ethnicity

Over half of the population (59.4%) in the service area is White. This is a higher percentage than the county (26.7%). Hispanics/Latinos account for 16.7% of the area population, Asians are 13.6% of the population and Black/African Americans are 5.6%

of the population.

Race/Ethnicity

	UCLA Health Service Area		Los Angeles County
	Number	Percent	
White	395,089	59.4%	26.7%
Hispanic/Latino	110,727	16.7%	48.3%
Asian	90,109	13.6%	14.1%
Black/African American	37,416	5.6%	8.0%
Native Hawaiian/Pacific Islander	754	0.1%	0.2%
American Indian/Alaska Native	694	0.1%	0.2%
Other/Multiple	29,941	4.5%	2.5%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Within the service area, Pacific Palisades has the highest percentage of White residents (83.5%), Malibu 90263 (Pepperdine University) has the highest percentage of Asians (29.8%). Culver City 90230 has the highest percentage of Hispanic or Latino residents (33%), and Ladera Heights has the highest percentage of Black residents (73.1%).

Population by Race and Ethnicity and ZIP Code

	ZIP Codes	White	Asian	Hispanic/Latino	Black
Bel Air	90077	76.8%	9.7%	7.6%	2.4%
Beverly Hills	90210	81.5%	9.6%	4.7%	1.2%
Beverly Hills	90211	76.0%	11.2%	7.5%	1.6%
Beverly Hills	90212	78.3%	7.2%	6.6%	0.8%
Brentwood	90049	80.3%	9.0%	5.9%	1.3%
Century City	90067	76.5%	19.2%	1.7%	0.3%
Culver City	90230	38.6%	15.8%	33.0%	8.3%
Culver City	90232	49.3%	16.0%	24.0%	6.4%
Ladera Heights	90056	12.5%	3.4%	8.0%	73.1%
Malibu	90263	41.9%	29.8%	17.4%	3.9%
Malibu	90265	80.0%	4.7%	9.0%	1.9%
Marina del Rey	90292	73.0%	7.8%	8.2%	6.4%
Pacific Palisades	90272	83.5%	5.2%	4.7%	1.2%
Palms	90034	38.4%	19.2%	28.3%	9.1%
Playa del Rey	90293	62.6%	11.6%	14.5%	5.1%
Playa Vista	90094	45.5%	27.3%	10.6%	12.8%
Santa Monica	90401	62.3%	9.7%	15.7%	7.2%
Santa Monica	90402	81.4%	7.9%	6.7%	0.8%
Santa Monica	90403	75.6%	9.3%	9.2%	2.0%
Santa Monica	90404	48.5%	12.1%	28.4%	6.8%
Santa Monica	90405	65.2%	9.3%	16.1%	3.5%
Venice	90291	67.1%	4.1%	19.5%	5.1%
Venice/Mar Vista	90066	47.0%	14.2%	30.0%	3.3%
West Los Angeles	90025	53.2%	20.4%	18.6%	2.8%
West Los Angeles	90035	70.2%	7.4%	10.5%	7.2%

	ZIP Codes	White	Asian	Hispanic/Latino	Black
West Los Angeles	90064	61.4%	17.7%	13.6%	3.7%
Westchester	90045	49.9%	13.5%	17.8%	12.9%
Westwood	90024	54.4%	28.0%	11.1%	1.7%
UCLA Health Service Area		59.4%	13.6%	16.7%	5.6%
Los Angeles County		26.7%	14.1%	48.3%	8.0%

Source: U.S. Census Bureau, 2012-2016 American Community Survey, DP05. <http://factfinder.census.gov>

Citizenship

In the service area, 26.3% of the residents are foreign born. Of the foreign born 43% are not citizens. These percentages are below those in the county and state.

Foreign Born Residents and Citizenship

	ZIP Codes	Foreign Born	Percent of Foreign Born, Not a U.S. Citizen
Bel Air	90077	26.0%	20.9%
Beverly Hills	90210	38.5%	20.6%
Beverly Hills	90211	37.4%	32.2%
Beverly Hills	90212	35.8%	34.9%
Brentwood	90049	22.1%	29.6%
Century City	90067	25.4%	14.0%
Culver City	90230	30.7%	43.1%
Culver City	90232	24.0%	34.9%
Ladera Heights	90056	9.8%	8.7%
Malibu	90263	16.0%	92.7%
Malibu	90265	17.5%	41.6%
Marina del Rey	90292	24.8%	50.0%
Pacific Palisades	90272	14.7%	30.5%
Palms	90034	35.2%	53.7%
Playa del Rey	90293	17.7%	33.8%
Playa Vista	90094	20.5%	57.8%
Santa Monica	90401	23.9%	36.2%
Santa Monica	90402	17.8%	22.5%
Santa Monica	90403	21.3%	43.4%
Santa Monica	90404	31.4%	46.4%
Santa Monica	90405	19.8%	38.0%
Venice	90291	19.1%	52.4%
Venice/Mar Vista	90066	29.2%	55.0%
West Los Angeles	90025	33.8%	45.2%
West Los Angeles	90035	26.8%	33.0%
West Los Angeles	90064	25.8%	33.9%
Westchester	90045	19.2%	46.1%
Westwood	90024	28.7%	52.2%
UCLA Health Service Area		26.3%	43.0%
Los Angeles County		34.5%	50.1%
California		27.0%	50.8%

Source: U.S. Census Bureau, 2012-2016 American Community Survey, DP02. <http://factfinder.census.gov>

Language

Almost two-thirds (64.2%) of the residents in the service area speak English only, compared to 43.3% of residents in the county, and 56% of residents in the state. In the service area 13.3% of the population speaks Spanish in their homes, while 12% speak another Indo-European language.

Language Spoken at Home, Population 5 Years and Older

	UCLA Health Service Area	Los Angeles County	California
Speaks only English	64.2%	43.3%	56.0%
Speaks Spanish	13.3%	39.4%	28.8%
Speaks other Indo-European	12.0%	5.4%	4.4%
Speaks Asian/PI language	8.2%	10.9%	9.8%
Speaks other language	2.3%	1.1%	1.0%

Source: U.S. Census Bureau, 2012-2016 American Community Survey, DP02. <http://factfinder.census.gov>

Culver City 90230 has the highest percentage of Spanish speakers in the service area (28.7%). Malibu 90263 has the area's highest percentage of Asian/Pacific Islander speakers (21.4%). Beverly Hills has the highest percentage of speakers of an Indo-European language. Persian is spoken in the home by 4.5% of the service area population.

Language Spoken at Home

	ZIP Codes	English	Spanish	Asian/PI	Indo European
Bel Air	90077	68.5%	6.9%	5.0%	17.4%
Beverly Hills	90210	49.3%	5.4%	7.4%	34.7%
Beverly Hills	90211	45.5%	7.5%	6.6%	31.0%
Beverly Hills	90212	54.7%	6.3%	4.0%	28.0%
Brentwood	90049	74.3%	4.2%	4.7%	15.4%
Century City	90067	63.4%	4.0%	18.8%	10.3%
Culver City	90230	53.0%	28.7%	10.5%	5.8%
Culver City	90232	63.6%	19.1%	9.1%	6.5%
Ladera Heights	90056	88.7%	7.1%	1.5%	0.6%
Malibu	90263	61.4%	11.9%	21.4%	4.0%
Malibu	90265	83.0%	5.4%	2.1%	8.6%
Marina del Rey	90292	70.2%	8.0%	6.2%	11.9%
Pacific Palisades	90272	82.8%	4.5%	3.7%	8.1%
Palms	90034	52.1%	24.0%	10.6%	11.0%
Playa del Rey	90293	77.8%	9.8%	6.0%	5.4%
Playa Vista	90094	67.2%	7.7%	12.6%	12.1%
Santa Monica	90401	68.3%	10.4%	6.5%	12.3%
Santa Monica	90402	81.2%	4.2%	4.4%	8.2%
Santa Monica	90403	75.8%	5.3%	5.2%	12.5%
Santa Monica	90404	56.6%	22.0%	8.7%	11.8%
Santa Monica	90405	74.9%	11.0%	4.5%	8.0%

	ZIP Codes	English	Spanish	Asian/PI	Indo European
Venice	90291	75.7%	15.6%	2.0%	6.2%
Venice/Mar Vista	90066	57.7%	24.5%	9.1%	7.0%
West Los Angeles	90025	56.9%	14.1%	11.4%	16.2%
West Los Angeles	90035	60.1%	9.6%	5.4%	16.9%
West Los Angeles	90064	62.7%	12.5%	11.1%	11.0%
Westchester	90045	70.4%	12.9%	7.7%	7.1%
Westwood	90024	57.1%	7.8%	17.4%	15.7%
UCLA Health Service Area		64.2%	13.3%	8.2%	12.0%
Los Angeles County		43.3%	39.4%	10.9%	5.4%

Source: U.S. Census Bureau, 2012-2016 American Community Survey, DP02. <http://factfinder.census.gov>

The percentage of students who are English learners at area school districts ranges from 8.7% in the Santa Monica – Malibu Unified School District to 27.4% in Inglewood Unified.

English Learners by School District

	Percent
Beverly Hills Unified School District	6.3%
Culver City Unified School District	11.0%
Inglewood Unified School District	27.4%
Los Angeles Unified (LAUSD)	23.0%
Santa Monica – Malibu Unified School District	8.7%
Los Angeles County	20.5%
California	20.4%

Source: California Department of Education, 2017-2018. <http://data1.cde.ca.gov/dataquest/>

Veterans

3.7% of the residents in the UCLA Medical Center service area are veterans.

Veterans

	UCLA Health Service Area	Los Angeles County	California
Veteran status	3.7%	3.8%	5.9%

Source: U.S. Census Bureau, 2012-2016 American Community Survey, DP02. <http://factfinder.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings examines social and economic indicators as a contributor to the health of a county’s residents. California’s 57 evaluated counties (Alpine excluded) are ranked with 1 being the county with the best ranking to 57 for the county with the poorest ranking. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and other factors. Los Angeles County is ranked as 29, at the midpoint of California counties.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Los Angeles County	29

Source: County Health Rankings, 2018. www.countyhealthrankings.org

The 2018 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need within each county, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value.

The service area community with the highest Index Value (highest socioeconomic need) is Palms (37.4 out of 100, for a rank of 3). The communities with the lowest socioeconomic need were Pacific Palisades (0.2 out of 100) and Bel Air (0.3).

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Palms	90034	37.4	3
Santa Monica	90404	30.4	2
Venice/Mar Vista	90066	24.9	2
Culver City	90230	24.6	2
Culver City	90232	17.4	2
West Los Angeles	90035	12.9	1
West Los Angeles	90025	12.8	1
Westchester	90045	11.3	1
Santa Monica	90401	11.2	1
Venice	90291	9.4	1
Westwood	90024	9.4	1
Santa Monica	90405	8.7	1
Beverly Hills	90211	7.2	1
Beverly Hills	90212	7.0	1
Santa Monica	90403	7.0	1
Ladera Heights	90056	6.4	1

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Playa del Rey	90293	5.3	1
Marina del Rey	90292	5.1	1
Playa Vista	90094	4.2	1
West Los Angeles	90064	3.8	1
Malibu	90265	1.9	1
Malibu	90263	1.7	1
Brentwood	90049	1.2	1
Beverly Hills	90210	1.1	1
Century City	90067	1.1	1
Santa Monica	90402	0.7	1
Bel Air	90077	0.3	1
Pacific Palisades	90272	0.2	1
Los Angeles County		48.4	N/A

Source: 2018 SocioNeeds Index from Conduent.com via Think Health L.A. <http://www.thinkhealthla.org/>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2016 (the most recent year the American Community Survey poverty data were available), the federal poverty level (FPL) was an annual income of \$11,880 for one person and \$24,300 for a family of four.

Among area residents, 11.9% are at or below 100% of the federal poverty level (FPL) and 23.0% are at 200% of FPL or below, which is considered low-income. The highest percentage of poverty was found in Westwood (33.4%).

Residents Living in Poverty

	ZIP Codes	Below 100% Poverty	Below 200% Poverty
Bel Air	90077	3.5%	10.0%
Beverly Hills	90210	9.1%	15.5%
Beverly Hills	90211	10.8%	19.2%
Beverly Hills	90212	9.3%	16.3%
Brentwood	90049	6.8%	12.3%
Century City	90067	7.5%	13.7%
Culver City	90230	11.2%	26.0%
Culver City	90232	9.1%	21.4%
Ladera Heights	90056	6.0%	11.3%
Malibu	90263	N/A*	N/A*
Malibu	90265	8.9%	13.8%
Marina del Rey	90292	13.9%	20.1%
Pacific Palisades	90272	3.9%	7.2%
Palms	90034	14.9%	30.2%
Playa del Rey	90293	7.0%	15.0%
Playa Vista	90094	11.3%	13.5%
Santa Monica	90401	12.0%	25.7%

	ZIP Codes	Below 100% Poverty	Below 200% Poverty
Santa Monica	90402	7.4%	13.4%
Santa Monica	90403	9.0%	16.1%
Santa Monica	90404	15.6%	32.1%
Santa Monica	90405	10.6%	22.8%
Venice	90291	11.2%	22.8%
Venice/Mar Vista	90066	10.9%	27.6%
West Los Angeles	90025	12.7%	29.8%
West Los Angeles	90035	11.4%	25.2%
West Los Angeles	90064	8.4%	20.6%
Westchester	90045	11.2%	21.0%
Westwood	90024	33.4%	41.6%
UCLA Health Service Area		11.9%	23.0%
Los Angeles County		17.8%	39.6%
California		15.8%	35.2%

Source: U.S. Census Bureau, 2012-2016 American Community Survey, S1701. <http://factfinder.census.gov>

*Malibu 90263 has no associated households, with all residents associated with households located elsewhere, and therefore household poverty levels could not be determined.

Examining poverty levels by community paints an important picture of the population within the service area. 9.4% of children in the service area live in poverty. For seniors in the service area, 9.7% live in poverty. These rates of poverty are lower than the county or state averages. Marina del Rey 90292 has the highest rate of children (20.9%) living in poverty. West Los Angeles 90035 has the highest rate of seniors (18.1%) living in poverty. Beverly Hills 90210 has the highest rates of poverty for females who are head of household with children (41.1% out of a total of 105 female HoH households).

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	2.8%	2.3%	7.6%
Beverly Hills	90210	4.0%	16.0%	41.1%
Beverly Hills	90211	8.7%	13.3%	34.4%
Beverly Hills	90212	10.4%	11.2%	18.2%
Brentwood	90049	4.4%	5.7%	27.8%
Century City	90067	11.7%	7.5%	32.9%
Culver City	90230	15.5%	11.0%	33.4%
Culver City	90232	9.1%	9.9%	12.8%
Ladera Heights	90056	8.1%	7.5%	8.8%
Malibu	90263	N/A*	NA*	N/A*
Malibu	90265	6.1%	6.7%	20.5%
Marina del Rey	90292	20.9%	12.1%	35.6%
Pacific Palisades	90272	3.4%	2.9%	27.0%
Palms	90034	18.1%	15.4%	26.8%
Playa del Rey	90293	6.8%	1.5%	5.4%

	ZIP Codes	Children Under 18 Years Old	Seniors	Female HoH with Children
Playa Vista	90094	5.4%	7.9%	0.0%
Santa Monica	90401	0.0%	14.5%	0.0%
Santa Monica	90402	8.6%	3.9%	17.0%
Santa Monica	90403	4.0%	14.3%	14.7%
Santa Monica	90404	15.9%	15.7%	22.3%
Santa Monica	90405	3.9%	13.1%	11.5%
Venice	90291	15.7%	9.4%	31.1%
Venice/Mar Vista	90066	11.8%	8.9%	22.4%
West Los Angeles	90025	9.5%	8.1%	9.8%
West Los Angeles	90035	7.8%	18.1%	26.3%
West Los Angeles	90064	7.1%	8.6%	16.9%
Westchester	90045	8.5%	4.9%	10.7%
Westwood	90024	6.7%	9.9%	20.0%
UCLA Health Service Area		9.4%	9.7%	21.3%
Los Angeles County		25.3%	13.5%	38.3%
California		21.9%	10.3%	37.5%

Source: U.S. Census Bureau, 2012-2016 American Community Survey, S1701, DP03. <http://factfinder.census.gov>

*Malibu 90263 has no associated households, with all residents associated with households located elsewhere, and therefore household poverty levels could not be determined.

Unemployment

The unemployment rates of those cities whose rates were reported for the service area range from 3.3% in Culver City to 6.7% in Ladera Heights. Los Angeles County has an unemployment rate of 4.7%, which is below the state unemployment rate of 4.8%.

Unemployment Rate, 2017 Average

	Percent
Beverly Hills	4.2%
Culver City	3.3%
Ladera Heights	6.7%
Los Angeles City	4.8%
Malibu	3.2%
Marina del Rey	3.5%
Santa Monica	4.4%
Los Angeles County	4.7%
California	4.8%

Source: California Employment Development Department, Labor Market Information;

<http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>

Data available by city, therefore, ZIP Code-only areas in the service area are not listed.

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, well over three-fourths (81.1% and 82.1%, 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, 33.8% of students qualify for the program, and 24.4% of Santa Monica-Malibu Unified School District students are eligible for the free and reduced-price meal program. Beverly Hills Unified has the lowest percentage off service area school districts, with 16.9% of students who are eligible.

Free and Reduced Price Meals Eligibility

	Percent Eligible Students
Beverly Hills Unified School District	16.9%
Culver City Unified School District	33.8%
Inglewood Unified School District	82.1%
Los Angeles Unified School District (LAUSD)	81.1%
Santa Monica – Malibu Unified School District	24.4%
Los Angeles County	69.3%
California	60.1%

Source: California Department of Education, 2017-2018. <http://data1.cde.ca.gov/dataquest/>

Households

In the service area, there are 291,375 households and 317,737 housing units. Over the last five years, the population grew by 2.6% and households grew by 0.6%. The area had a small gain in housing units during that time (0.6%) and vacant units increased by 1.4%. Home-ownership decreased, with 3.9% fewer units occupied by owners and renter-occupied units increased by 3.7%. The 0.6% growth in households in the service area was less than the county (2.0%) and state (3.0%) rates of growth. The 0.6% increase in housing units was also behind the growth in units in the county (1.5%) and state (2.1%), but the increase in vacancies indicates less housing pressure than seen at the county and state level.

Households and Housing Units, and Percent Change, 2011-2016

	UCLA Health Service Area			Los Angeles County			California		
	2011	2016	Percent Change	2011	2016	Percent Change	2011	2016	Percent Change
Households	289,758	291,375	0.6%	3,218,518	3,281,845	2.0%	12,433,172	12,807,387	3.0%
Housing units	315,763	317,737	0.6%	3,437,584	3,490,118	1.5%	13,631,129	13,911,737	2.1%
Owner occ.	119,402	114,730	(-3.9%)	1,539,554	1,499,576	(-2.6%)	7,055,642	6,929,007	(-1.8%)
Renter occ.	170,356	176,645	3.7%	1,637,009	1,782,269	8.9%	5,201,849	5,878,380	13.0%
Vacant	26,005	26,362	1.4%	219,066	208,273	(-4.9%)	1,197,957	1,104,350	(-7.8%)

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP04. <http://factfinder.census.gov>

Less than half (46.3%) of 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 the 49.5% of households countywide who spend 30% or more on housing.

The community with the highest percent of households that spent 30% of their income on housing was Westwood (56.5%). Five other communities: Beverly Hills 90211, Ladera Heights, Santa Monica 90401, and West Los Angeles 90035 and 90025, had rates higher than the county.

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

	ZIP Code	Percent
Bel Air	90077	44.0%
Beverly Hills	90210	45.9%
Beverly Hills	90211	53.2%
Beverly Hills	90212	47.8%
Brentwood	90049	42.8%
Century City	90067	48.5%
Culver City	90230	43.3%
Culver City	90232	38.8%
Ladera Heights	90056	51.2%
Malibu	90263	N/A
Malibu	90265	44.1%
Marina del Rey	90292	46.0%
Pacific Palisades	90272	33.9%
Palms	90034	48.6%
Playa del Rey	90293	44.5%
Playa Vista	90094	48.3%
Santa Monica	90401	50.8%
Santa Monica	90402	40.7%
Santa Monica	90403	43.0%
Santa Monica	90404	45.8%
Santa Monica	90405	46.7%
Venice	90291	46.4%
Venice/Mar Vista	90066	43.5%
West Los Angeles	90025	49.7%
West Los Angeles	90035	51.3%
West Los Angeles	90064	45.1%
Westchester	90045	46.4%
Westwood	90024	56.5%
UCLA Health Service Area		46.3%
Los Angeles County		49.5%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP04. <http://factfinder.census.gov>

The median household income in the service area is \$87,821 and the average household income is \$134,957. These incomes are well above the county incomes.

Household Income

	UCLA Health Service Area	Los Angeles County
Median* household income	\$87,821	\$57,952
Average household income	\$134,957	\$85,514

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

*Weighted mean across Service Area cities' medians. 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) has conducted an annual Greater Los Angeles Homeless Count to determine how many individuals and families are homeless on a given day. The survey showed an increase in homelessness in the three years from 2015 to 2018. However, from 2017 to 2018 there was a decrease. In 2018, SPA 5 had 4,485 homeless individuals (a 4.9% increase from 2015, but an 18.6% decrease from 2017). In SPA 5, 85.8% of the homeless are single adults and 14.1% are families. The percent of unsheltered homeless has increased from 2015 through 2018 while the percent of sheltered homeless has decreased. Shelter includes cars, RVs, tents and temporary structures (e.g. cardboard), in addition to official homeless shelters. The largest increases are among single adults. The percentage of homeless families and unaccompanied minors has decreased from 2015 to 2018.

Homeless Populations*, 2015-2018 Comparison

	SPA 5		Los Angeles County	
	2015	2018	2015	2018
Total homeless	4,276	4,485	41,174	50,385
Sheltered	29.8%	20.5%	29.7%	24.6%
Unsheltered	70.2%	79.5%	70.3%	75.4%
Individual adults	83.3%	85.8%	81.1%	84.3%
Family members	16.6%	14.1%	18.2%	15.5%
Unaccompanied minors (<18)	0.1%	0.1%	0.7%	0.1%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count.

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

Among the homeless population, 26.3% in SPA 5 are chronically homeless. The rates of chronic homelessness have decreased from 2015 to 2018 for individuals and families in SPA 5 as well as the LA County Continuum of Care. Rates of serious mental illness and substance abuse rates have also gone down in SPA 5 and at the county level. SPA 5 has a relatively high rate of homeless veterans (10.7%). On a positive note, the rates of homeless veterans have been dropping steadily as a percentage of total homelessness. There has been a continuing increase in the homeless population with domestic violence experience, and an increase in those reporting a chronic illness.

Homeless Subpopulations*

	SPA 5		Los Angeles County	
	2015	2018	2015	2018
Chronically homeless individuals	35.0%	26.3%	30.0%	27.0%
Chronically homeless family members	8.0%	1.4%	4.9%	0.9%
Brain injury	7.7%	6.1%	5.0%	3.5%
Chronic illness	6.4%	29.3%	6.7%	23.2%
Domestic violence experience	27.0%	32.0%	21.5%	26.9%
Persons with HIV/AIDS	1.8%	0.9%	1.9%	1.4%
Physical disability	25.2%	12.4%	19.5%	13.6%
Serious mental illness	40.9%	28.9%	29.6%	24.5%
Substance abuse disorder	26.8%	11.4%	25.2%	13.5%
Veterans	20.8%	10.7%	10.6%	7.1%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count.

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

Community Input – Housing and Homelessness

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

- The Section 8 housing program, as designed, was meant to serve less than 20% of the people in need and the resources are just not there.
- We have many homeless people who need services and are unwilling to get them. The street teams have been helpful but the need is so large it is not enough. Populations are different, even the homeless are different in different areas and we can't apply one model to all. The homeless are very resourceful and gravitate to like-minded people and form a community.
- Homeless youth are hard to provide assistance for because they blend in very easily with others. You can't always tell when they are homeless.
- There just is not enough housing. There are efforts by cities and the county to have more housing resources but the communities and neighborhoods are very opposed to it. Housing is a top intervention to keep someone healthy.
- The homeless die early because of their homelessness.
- We became an FQHC five years ago. Homelessness is rising, and we are a safe place. We let people in that others might not let in. We have public restrooms, a cool room when it is hot outside, and a safe place. With ACA qualifying more people for health care, we are seeing more homeless patients and higher acuity patients.
- There is resistance to building affordable housing in our neighborhoods. Another barrier is the high cost of land on the Westside.
- There are many people who are stable in their housing but they can't move and there are people who are unstable and facing eviction. With older adults, this is

related to behavioral health issues as well. Behavioral health issues can impact their functionality, to the point where their housing is in jeopardy.

- There is not a sufficient supply of housing, and even if we had the supply, many people don't have the means to live here. For some, a financial set back would likely put them on the street. They live in a very tenuous situation. People who are forced to spend too much of their income on housing live in substandard housing, live in garages, live six to a room; it is a crisis.
- There is an intersection with mental health, substance use and homelessness. With mental health, the challenge becomes economic security and access to affordable housing. There is a significant gap in how we support our unsheltered neighbors who have multiple health challenges and substance abuse to get them linked to services. They are linked with first responders and law enforcement versus a holistic system to link them to a system of care.
- The cost of housing is significant for working class people on low or fixed incomes.
- There is not enough LGBTQ and trans housing. And our youth housing is full.
- People can go in and out of housing and homelessness doesn't just mean living on the street, it's about not having secure housing. Pregnant women are especially vulnerable to homelessness. There is not enough stable low-income housing for those who are pregnant and parenting young children.
- The coordinated entry system that exists to provide stable housing is not working very well; maybe because of the high volume of needs.
- The cost of rent in Los Angeles is extremely high and the lack of education inhibits a person from getting a living wage job.
- There is a disproportionate number of homeless living on the Westside along Santa Monica and the beach. 75% of the homeless are unsheltered with no place to go. This remains a very significant problem here as the housing crisis continues. Finding land to build on is slowly happening.
- We wish to repurpose some existing properties to accommodate families. We are also looking at safe parks. For those people living in cars and trailers, if they can park in a secure area with a restroom and security, they can have peace of mind.

Public Program Participation

Residents in SPA 5 have lower rates of participation in government-sponsored public programs compared to residents of the county. In SPA 5, 34.9% of adults below 200% of the FPL cannot afford food, but only 7.3% reported utilizing food stamps; these rates indicate a considerable percentage of residents who may qualify for food stamps but do not access this resource. WIC benefits are also under-utilized. Among children, 6 and under, in SPA 5, 1.4% were reported to be accessing WIC benefits, compared to 54.1% for LA County. 2.5% of SPA 5 respondents are TANF/CalWorks recipients.

Public Program Participation

	SPA 5	Los Angeles County
Not able to afford food (<200%FPL)	34.9%*	42.6%
Food stamp recipients (<300% FPL)	7.3%*	21.6%
WIC usage among children, 6 years and under	1.4%*	54.1%
TANF/CalWorks recipients	2.5%*	10.5%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 1,776,820 individuals in LA County are eligible to receive food stamps (CalFresh), however only 1,172,041 (66%) of them do. In the area cities where data were available, participation is lower than the county level: 32% of those eligible in Culver City utilize their benefits, 26% of those in Santa Monica, and 22% of those eligible in Beverly Hills utilize their benefits.

CalFresh Eligibility and Participation

	Number Eligible	Participation Rate
Beverly Hills	3,124	22%
Culver City	4,216	32%
Santa Monica	12,333	26%
Los Angeles County	1,776,820	66%

Source: Los Angeles Department of Public Health, City and Community Health Profiles, based on California Department of Social Services' CalFresh Geocoding Data, 2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Access to Food

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. In SPA 5, 30.5% of adult residents living below 300% of the Federal Poverty Level reported food insecurity. This is a higher rate of food insecurity than found in the county (29.2%).

Food Insecurity, Adults below 300% of Poverty

	Percent
SPA 5	30.5%
Los Angeles County	29.2%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Farmers Markets Accepting EBT or WIC

EBT stands for Electronic Benefits Transfer, which is how CalFresh (the California food stamp program), CalWORKs and other food and cash aid benefits are accessed in California. WIC stands for the Special Supplemental Nutrition Program for Women, Infants and Children, a federal assistance program.

Of the cities and LA City Council Districts in the service area, which report Farmers Markets accepting public benefit programs (EBT or WIC), only Culver City hosts no Farmers Markets. Farmers Markets located in City Council District 11 (10 markets), Santa Monica (four markets) and Beverly Hills (one market) accept EBT or WIC. LA City Council District 5 accepts public benefits programs at four of its six Farmers Markets.

Farmers Markets Accepting EBT or WIC

	Farmers Markets	Accepting EBT or WIC
Beverly Hills	1	1
Culver City	0	0
LA City Council District 5	6	4
Los Angeles City Council District 11	10	10
Santa Monica	4	4

Source: Los Angeles Department of Public Health, City and Community Health Profiles, from the Ecology Center's Farmers' Market Finder, 2017. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Educational Attainment

Among area adults, ages 25 and older, 6.1% lack a high school diploma. 9.8% are high school graduates and 67.8% of adults are college graduates. The population of the service area has higher levels of education than the residents of LA County.

Educational Attainment of Adults, 25 Years and Older

	UCLA Health Service Area	Los Angeles County
Less than 9 th grade	3.3%	13.1%
Some high school, no diploma	2.8%	9.2%
High school graduate	9.8%	20.7%
Some college, no degree	16.3%	19.4%
Associate degree	5.5%	6.9%
Bachelor degree	35.3%	20.1%
Graduate or professional degree	27.0%	10.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshman enrolled four years earlier. The high school graduation rate for Los Angeles Unified School District (76.1%) is lower than the county (81.6%). The Inglewood Unified School District graduation rate is 86.2. These rates do not meet the Healthy People 2020 objective of an 87% high school graduation rate. The graduation rates at Beverly Hills Unified (95.5%), Culver City Unified (93%), and Santa Monica-Malibu Unified (91%) exceed the Healthy People 2020 objective for high school graduation.

High School Graduation Rates, 2017-2018

	High School Graduation Rate
Beverly Hills Unified School District	95.5%
Culver City Unified School District	93.0%
Inglewood Unified School District	86.2%
Los Angeles Unified School District (LAUSD)	76.1%
Santa Monica – Malibu Unified School District	91.0%
Los Angeles County	84.8%
California	86.6%

Source: California Department of Education, 2018. <https://data1.cde.ca.gov/dataquest/>

Preschool Enrollment

The percentage of 3 and 4 year olds enrolled in preschool in the service area (where data were available) ranged from 74% in LA City Council District 11 to 87% in Beverly Hills, which are higher rates than found in LA County (54%).

Children, 3 and 4 Years of Age, Enrolled in Preschool

	Percent
Beverly Hills	87%
Culver City	77%
LA City Council District 5	75%
Los Angeles City Council District 11	74%
Santa Monica	75%
Los Angeles County	54%

Source: Los Angeles Department of Public Health, City and Community Health Profiles, from the Census Bureau's American Community Survey, 2011-2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

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. 56.4% of adults in LA County responded yes to this question. 82.7% of adults in SPA 5 said children were read to daily.

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	82.7%	56.4%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Learning Assistance for Children

Adults with children, ages 0 to 5, in their care were asked if they knew where to go when they needed assistance to help their children to learn. 80.5% of adults interviewed in LA County responded yes to this question. 87.3% of adults residing in SPA 5 said they knew where to get learning assistance for their children.

Know Where to Get Learning Assistance for Children, Ages 0-5

	SPA 5	Los Angeles County
Adults with children know where to get learning assistance	87.3%	80.5%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Age-Appropriate TV Viewing Guidelines Not Met

The American Academy of Pediatrics recommends children, ages 6 to 23 months, watch no television on an average day, and children, ages 2 to 17, watch less than 3 hours per day. 58.6% of SPA 5 children, between ages 6 to 23 months, were reported to watch some TV on an average day. 9.5% of children in SPA 5, ages 2 to 17, watched more than the recommended amount of TV on an average day.

Children Who Watched More TV Than Recommended

	SPA 5	Los Angeles County
Children, ages 6 to 23 months	58.6%	58.9%
Children, 2 to 17 years	9.5%	20.2%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Childcare Access

Adults with children, ages 0 to 5, in their care were asked how difficult it was to find child care on a regular basis. 31.6% of adults interviewed in LA County responded “Very Difficult” or “Somewhat Difficult” to this question. 37.2% of adults in SPA 5 said finding childcare was difficult.

Childcare is Very or Somewhat Difficult to Find on a Regular Basis

	SPA 5	Los Angeles County
Children, ages 0 to 5	37.2%	31.6%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Transportation

LA County workers spend, on average, 30.4 minutes a day commuting to work. 73.3% of workers drive alone to work and 47.1% of solo drivers have a long commute. Few workers commute by public transportation (6.5%) or walk to work (2.8%). The Healthy People 2020 objective is for 5.5% of workers to use public transportation. The Healthy People 2020 objective is for 3.1% of workers to walk to work.

Transportation/Commute to Work

	Los Angeles County	California
Mean travel time to work (in minutes)	30.4	28.4
Workers who drive alone	73.3%	73.5%
Solo drivers with a long commute	47.1%	39.3%

	Los Angeles County	California
Workers commuting by public transportation	6.5%	5.2%
Workers who walk to work	2.8%	2.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016. Conduent Healthy Communities, www.thinkhealthla.org

Two of the service area ZIP Codes experience a longer commute time than the county average: Ladera Heights, and Malibu ZIP 90265. All area ZIP Codes have a higher percentage of commuters driving solo than found in the county. The lowest travel time to work is 11.7 minutes, which is in Malibu 90263, where Pepperdine University is located, and where the majority of residents are undergraduate college students. Malibu 90263 is also where the highest percentage of workers who walk to work is found (62.7%) and the lowest percentage of drivers who drive solo (17.6%). The highest percentage of workers using public transportation for their commute is found in Palms (8.6%).

Transportation/Commute to Work by ZIP Code

	ZIP Code	Mean Travel Time (in minutes)	Drive Alone	Public Transport	Walking
Bel Air	90077	29.8	75.2%	0.0%	0.5%
Beverly Hills	90210	25.5	72.9%	0.8%	2.0%
Beverly Hills	90211	24.5	70.2%	2.9%	4.0%
Beverly Hills	90212	23.4	67.2%	3.0%	7.1%
Brentwood	90049	24.6	72.4%	2.9%	5.3%
Century City	90067	20.8	71.2%	3.0%	4.3%
Culver City	90230	28.2	76.5%	5.2%	3.6%
Culver City	90232	24.5	78.4%	3.5%	3.1%
Ladera Heights	90056	32.3	82.1%	1.5%	0.8%
Malibu	90263	11.7	17.6%	3.9%	62.7%
Malibu	90265	33.9	66.8%	0.6%	4.2%
Marina del Rey	90292	30.0	74.4%	1.3%	3.3%
Pacific Palisades	90272	28.6	76.2%	1.1%	2.2%
Palms	90034	27.0	74.2%	8.6%	1.5%
Playa del Rey	90293	27.2	84.5%	0.7%	1.0%
Playa Vista	90094	26.9	83.1%	0.9%	2.8%
Santa Monica	90401	24.5	61.4%	3.3%	14.9%
Santa Monica	90402	26.8	71.5%	0.8%	0.6%
Santa Monica	90403	26.6	71.7%	4.2%	4.8%
Santa Monica	90404	23.8	63.0%	6.4%	6.9%
Santa Monica	90405	25.8	67.8%	3.6%	5.9%
Venice	90291	27.1	65.0%	3.6%	6.2%
Venice/Mar Vista	90066	26.4	69.5%	7.2%	1.7%
West Los Angeles	90025	24.1	66.7%	7.9%	6.5%
West Los Angeles	90035	24.8	76.0%	4.2%	3.9%
West Los Angeles	90064	24.0	78.2%	3.5%	1.9%
Westchester	90045	24.8	76.5%	3.0%	6.9%

	ZIP Code	Mean Travel Time (in minutes)	Drive Alone	Public Transport	Walking
Westwood	90024	21.6	52.4%	4.7%	28.2%
Los Angeles County		30.4	47.1%	6.5%	2.8%

Source: U.S. Census Bureau, American Community Survey, 2012-2016. Conduent Healthy Communities, www.thinkhealthla.org

Bicycling

In 2012, Los Angeles County published a Bicycle Master Plan, outlining projects, maintenance, and programs to be completed throughout the county unincorporated communities by 2032. The Bicycle Master Plan provides direction for improving mobility of bicyclists and encouraging more bicycle ridership within the county by expanding the existing bikeway network, connecting gaps, addressing constrained areas and providing for greater local and regional connectivity and encouraging more residents to bicycle more often. The plan allowed for the addition of 71.2 miles of bicycle paths to the then-existing 100.3 miles, an increase to 273.8 miles of bicycle lanes in addition to the then-current 20.2, and an increase to 463.6 miles of ‘bicycle routes’, which are lanes shared with motor vehicles but which are designated by signs, to the existing 23.5 miles. In addition, it provides for 22.8 miles of ‘bicycle boulevards’, which are low-traffic/low-volume roads or residential streets that have been enhanced with signage, traffic calming and other treatments to prioritized bicycle travel, of which in 2012 there were none in LA County. Details of the plan, as well as the work that has been completed since 2012, is currently underway or is planned can be found at the Los Angeles County Public Works website: <http://dpw.lacounty.gov/pdd/bike> .

In Los Angeles County, the rate of bicycle-involved collisions is 41.2 per 100,000 persons; this is decreased from 2012 when there were 49.8 bicycle-involved collisions per 100,000 persons. The collision rate in LA County is higher than the state rate (32.7 per 100,000 persons).

Bicycle-Involved Collisions, per 100,000 Persons

	Percent
Los Angeles County	41.2
California	32.7

Source: U.S. Census Bureau, American Community Survey, 2012-2016. Conduent Healthy Communities, www.thinkhealthla.org

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of the city. A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle dependent location. WalkScore.com has established the range of scores as follows:

0-24: Car Dependent (Almost all errands require a car)

25-49: Car Dependent (A few amenities within walking distance)

50-69: Somewhat Walkable (Some amenities within walking distance)

70-89: Very Walkable (Most errands can be accomplished on foot)

90-100: Walker's Paradise (Daily errands do not require a car)

Area communities range from a low of 12 in Bel Air (almost completely car dependent) to a high of 87 for Venice (very walkable).

Walkability

	Walk Score	Definition
Bel Air	12	Car Dependent
Beverly Hills	78	Very Walkable
Brentwood	51	Somewhat Walkable
Century City	76	Very Walkable
Culver City	73	Very Walkable
Ladera Heights	59	Somewhat Walkable
Malibu	21	Car Dependent
Mar Vista	71	Very Walkable
Marina del Rey	64	Somewhat Walkable
Pacific Palisades	36	Car Dependent
Palms	80	Very Walkable
Playa del Rey	60	Somewhat Walkable
Santa Monica	83	Very Walkable
Venice	87	Very Walkable
Westchester/LA	59	Somewhat Walkable
Westwood	69	Somewhat Walkable

Source: WalkScore.com, 2017. <http://www.walkscore.com> Not all cities/communities have a walkability score.

Community Input – Transportation

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

- Public transportation is good but it could be much better. It is very difficult for people who don't have funding to get to where they need to go. This is especially true for seniors.
- There are some good local bus systems but they do not get everywhere people need to go, especially if they are trying to access specialty care.
- Living in LA, transportation is always an issue. Transportation barriers have a big impact on health because patients will forgo care if they don't have transportation. Some patients rely on Access, but often, there are a lot of delays when using the service. A lot of the time is spent waiting for transportation to or from an appointment.
- What Access provides is not door-to-door service. Many times, older adults call Access and they live in an apartment or house and they have to find their own way to the curb to be picked up.

- More health providers are providing access to transportation. It is an area that has shown improvement.
- On the Westside we complain about traffic. Santa Monica is very progressive about encouraging walking and biking and deemphasizing the primary use of cars as a way to get around. We need to do more to get out of cars and use alternative transportation. It will help the environment and decrease congestion. We built all these great train services, but ridership has not gone up to the levels that were projected. We need to make it more difficult to drive a car a short distance.
- There is an environmental impact from exhaust fumes from our cars.
- The Westside is increasingly bike friendly. They've made safe bike lanes and crossing lanes where bikes and pedestrians all cross at the same time.
- Taking the Metro still requires a great deal of work and it is unreliable. There is a need for bike lanes. Overwhelmingly, low-income residents' only mode of transportation to get to work is by bike.
- There is constituency of Hispanics and undocumented populations who may not have access to car and tend to ride bikes at a higher rate.
- Transportation is key to how we live our lives and access a range of opportunities. If you do not have a car or a reliable bus route to see your health care provider, you are more likely to not seek care. How far do you have to travel to buy healthy food and take recreational opportunities and how far away is your job and how far do you travel and how good is the transportation? If it takes two hours to get there, do you have time to exercise and buy healthy food and get health care? Transportation is a root cause of a lot of inequality.

Parks, Playgrounds and Open Spaces

86.8% of county children, 1-17 years of age, were reported to have easy access to a park, playground or other safe place to play; children in SPA 5 are more likely to have such access (90.2%). While ease of access does not necessarily correlate with utilization, 88.7% of SPA 5 children visited one of these areas in the past month. 13.2% of SPA 5 adults indicate their neighborhoods have no parks, playgrounds or open spaces, which equates to 86.8% who do have such a space in their neighborhood. However, only 54.9% of adults utilized those areas.

Access to and Utilization of Parks, Playgrounds and Open Space

	SPA 5	Los Angeles County
Can easily get to a park, playground, or other safe place to play, ages 1 to 17	90.2%	86.8%
Visited park, playground or open space in past month, ages 1 to 17**	88.7%*	85.1%
Adults who use walking paths, parks, playgrounds or sports fields in their neighborhood	54.9%	47.5%

	SPA 5	Los Angeles County
Adults who say their neighborhood has no parks, playgrounds or open space	13.2%	15.2%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

**Source: California Health Interview Survey, 2014-2016; <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

The LA County Department of Public Health report, *Parks and Public Health in Los Angeles County*, reports the park space per capita in 120 cities, communities and LA Council Districts. The report also includes premature mortality rates from cardiovascular disease and diabetes, rates of childhood obesity, and an index of economic hardship. The report shows an inverse correlation among premature mortality, childhood obesity, and the amount of park space per capita. The report also indicated that poorer neighborhoods and those with higher percentages of African American and Latino residents have a smaller amount of park space per capita.

Of the service area cities and City Council Districts listed in the report, Malibu has the highest amount of park space: 55.5 acres per 1,000 residents, which places it 2nd out of 120 ranked areas. LA City Council District 5 has the lowest amount: 0.6 acres of park space per 1,000 residents, which places it in 93rd place. Santa Monica has 1.3 acres per 1,000 persons, which places it in 61st place.

Park Space per Capita

	Acres per 1,000 Persons	Rank out of 120 Cities or Communities
Beverly Hills	2.8	29
Culver City	2.9	26
LA City Council District 5	0.6	93
LA City Council District 11	35.1	3
Malibu	55.5	2
Santa Monica	1.3	61

Source: *Parks and Public Health in Los Angeles County, A Cities and Communities Report*, May 2016.

http://publichealth.lacounty.gov/chronic/docs/Parks%20Report%202016-rev_051816.pdf

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Violent crime rates in 2017 were lower than county rates, in Malibu, Beverly Hills and Culver City, but higher in Santa Monica and LA City. Property crime rates were higher in all five cities. Violent crime and property crime rates increased from 2014 to 2017.

Violent Crimes Rates and Property Crime Rates, per 100,000 Persons, 2014 and 2017

	Property Crimes				Violent Crimes			
	Number		Rate		Number		Rate	
	2014	2017	2014	2017*	2014	2017	2014	2017*
Beverly Hills P.D.	1,071	1,819	3,078.6	5,228.7	111	118	319.1	339.2
Culver City P.D.	1,693	1,886	4,279.5	4,767.4	169	183	427.2	462.6
Los Angeles P.D.	83,139	101,618	2,128.1	2,601.1	19,171	30,507	490.7	780.9
Los Angeles Sherriff's Dept.	15,402	17,336	N/A	N/A	5,091	6,118	N/A	N/A
Malibu	312	366	2,416.4	2,834.6	25	38	193.6	294.3
Santa Monica P.D.	3,026	4,374	3,248.5	4,695.6	338	705	362.9	756.9
Los Angeles County*	217,493	248,714	2,163.1	2,473.6	42,725	59,924	424.9	595.9
California*	946,682	986,769	2,459.0	2,491.0	151,425	178,553	393.3	450.7

Source: CA Department of Justice, Office of the Attorney General, 2017. <https://oag.ca.gov/crime>

Source for 2014 city data (number and rate): US Bureau of Justice Statistics <https://www.bjs.gov/ucrdata/Search/Crime/Crime.cfm>

*State rates were provided by the CA DOJ; 2014 rates for the county were calculated based on population totals provided by CA DOJ and all 2017 rates for cities and county were calculated based on 2014 populations extrapolated from bjs.gov data and are, therefore, only estimates.

A subsample of adults, 18 years and older, was asked if they perceived their neighborhood to be safe from crime. 97.4% of adults living in SPA 5 felt safe from crime, which was higher than the county rate of 84%.

Perceived Neighborhood Safe from Crime

	SPA 5	Los Angeles County
Adults, 18+	97.4%	84.0%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015

<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Intimate Partner Violence

Among women in SPA 5, 13.9% experienced physical violence by an intimate partner and 8.9% experienced sexual violence. 12.8% of men in SPA 5 experienced physical violence and 2.7% experienced sexual violence at the hands of an intimate partner.

Intimate Partner Violence

	SPA 5	Los Angeles County
Women have experienced physical violence	13.9%	14.8%
Women have experienced sexual violence	8.9%	7.0%
Men have experienced physical violence	12.8%	9.1%
Men have experienced sexual violence	2.7%*	2.0%

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm> *Statistically unstable due to sample size.

Domestic violence calls are categorized as with or without a weapon. Weapons include firearms, knives, other weapons, and fists or other parts of the body that inflict great bodily harm. The 'with weapon' domestic violence call rate for most area cities was

higher than the county rate, which in turn is higher than the state rate. Santa Monica and UCLA have lower percentages of domestic violence calls with a weapon.

Domestic Violence Calls

	Total	Without Weapon	With Weapon	Percent Using Weapon
Beverly Hills	46	2	44	95.7%
Culver City	50	3	47	94.0%
Los Angeles	23,197	5,876	17,321	74.7%
LA County Sheriff's Dept.	3,717	674	3,043	81.9%
Los Angeles Transit Service	55	3	52	94.5%
Malibu	42	3	39	92.9%
Santa Monica	238	184	54	22.7%
UCLA	87	61	26	29.9%
Los Angeles County	42,702	14,535	28,167	66.0%
California	169,362	94,260	75,102	42.6%

Source: California Department of Justice, Office of the Attorney General, 2017. <https://oag.ca.gov/crime>

Data available by city, therefore, ZIP Code-only areas in the service area are not listed.

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2020 objective is 100% insurance coverage for all population groups. In the service area, 91.4% of the population has insurance coverage, which is higher than the county (84.1%) and state (87.4%) rates. Among children, ages 0 to 17, 96.4% are insured. 88.6% of adults, ages 18 to 64, in the area have insurance coverage.

In Malibu 90263 (Pepperdine), 99.1% are insured, and in Pacific Palisades 97.9% have health insurance coverage. Century City, Playa Vista and Santa Monica 90402 have insurance coverage for 100% of children, under 18 years old. The lowest overall rate of insurance coverage is found in Palms (84.7%). The lowest rate of insurance coverage for children is in Marina del Rey (87.2%).

Health Insurance Coverage

	ZIP Code	All Ages	0 to 17	18 to 64
Bel Air	90077	96.1%	96.0%	94.5%
Beverly Hills	90210	94.3%	96.2%	91.5%
Beverly Hills	90211	90.7%	92.6%	87.9%
Beverly Hills	90212	90.8%	88.2%	89.3%
Brentwood	90049	96.5%	98.8%	94.8%
Century City	90067	95.5%	100.0%	88.1%
Culver City	90230	88.5%	96.4%	84.0%
Culver City	90232	90.9%	98.2%	87.5%
Ladera Heights	90056	95.7%	97.7%	93.2%
Malibu	90263	99.1%	100.0%	99.1%
Malibu	90265	93.9%	94.6%	91.8%
Marina del Rey	90292	91.7%	87.2%	90.4%
Pacific Palisades	90272	97.9%	99.0%	96.6%
Palms	90034	84.7%	95.6%	80.9%
Playa del Rey	90293	92.2%	98.9%	90.7%
Playa Vista	90094	95.4%	100.0%	93.9%
Santa Monica	90401	90.9%	97.0%	88.9%
Santa Monica	90402	97.6%	100.0%	95.7%
Santa Monica	90403	94.2%	94.8%	92.8%
Santa Monica	90404	89.9%	94.2%	87.5%
Santa Monica	90405	91.5%	96.6%	88.5%
Venice	90291	89.5%	98.1%	86.5%
Venice/Mar Vista	90066	86.4%	96.4%	81.4%
West Los Angeles	90025	89.4%	98.8%	86.5%
West Los Angeles	90035	90.7%	96.7%	87.4%
West Los Angeles	90064	92.6%	97.7%	89.4%
Westchester	90045	92.6%	95.2%	90.9%

	ZIP Code	All Ages	0 to 17	18 to 64
Westwood	90024	94.9%	96.8%	94.0%
UCLA Health Service Area		91.4%	96.4%	88.6%
Los Angeles County		84.1%	93.8%	78.2%
California		87.4%	94.6%	82.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2701. <http://factfinder.census.gov>

When insurance coverage is examined by SPA, 92.2% of SPA 5 residents have health insurance, compared to 89% for the county and 90.7% for California.

	SPA 5	Los Angeles County	California
Insured	92.2%	89.0%	90.7%
Uninsured	7.8%	11.0%	9.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

When the type of insurance coverage was examined at the Service Planning Area level, 10.4% of the population in SPA 5 had Medi-Cal coverage, and over half the population (51.4%) had employment-based insurance. Levels of Medi-Cal were lower for SPA 5 than for the county or state, while employment-based and private-purchase insurance rates were higher.

Insurance Coverage by Type

	SPA 5	Los Angeles County	California
Medi-Cal	10.4%	28.6%	26.1%
Medicare only	0.6%*	1.2%	1.3%
Medi-Cal/Medicare	2.7%*	4.5%	3.8%
Medicare and others	13.9%	7.5%	8.8%
Other public	1.2%*	1.1%	1.3%
Employment based	51.4%	39.8%	43.3%
Private purchase	12.0%	6.4%	6.2%
No insurance	7.8%	11.0%	9.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

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 are less likely to have a usual source of care (83.6%) than children at the county (90.2%) or state level (90.7%). Adults in SPA 5 (81.1%) are more likely than county adults (80.2%) to have a usual source of care. Seniors in SPA 5 (98.5%) are more likely to have a usual source of care than are seniors in the county (93.4%) and state (93.9%).

Has Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65+
SPA 5	83.6%	81.1%	98.5%*
Los Angeles County	90.2%	80.2%	93.4%
California	90.7%	82.1%	93.9%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

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 (72.5%), while Whites are the most likely (89.2%);

Usual Source of Care by Race/Ethnicity

	SPA 5	Los Angeles County	California
African American	88.9%*	87.9%	88.6%
Asian	85.3%*	81.4%	83.1%
Latino	72.5%	80.3%	80.9%
White	89.2%	91.3%	90.8%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In SPA 5, 69.8% of adults access care at a doctor's office, HMO or Kaiser, while only 12.1% access care at a clinic or community hospital. In SPA 5 13.8% of the population have no source of care.

Sources of Care

	SPA 5	Los Angeles County	California
Dr. office/HMO/Kaiser	69.8%	56.8%	59.4%
Community clinic/government clinic/ community hospital	12.1%	24.3%	23.7%
ER/Urgent Care	1.5%*	2.1%	1.7%
Other	2.8%*	1.0%	0.9%
No source of care	13.8%	15.8%	14.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

18.5% of the SPA 5 population visited an ER in the past 12 months; this is lower than the county (20.8%) or state (20.6%). In SPA 5, seniors visited the ER at the highest rates (23.1%). Low-income and poverty-level residents tend to visit the ER at higher rates than the total population.

Use of the Emergency Room

	SPA 5	Los Angeles County	California
Visited ER in last 12 months	18.5%	20.8%	20.6%
0-17 years old	20.7%*	18.6%	19.4%
18-64 years old	16.8%	21.1%	20.5%
65 and older	23.1%	23.0%	23.2%

	SPA 5	Los Angeles County	California
<100% of poverty level	16.2%*	22.5%	25.1%
<200% of poverty level	20.3%	21.8%	23.5%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Difficulty Accessing Care

4.3% of SPA 5 children had difficulty accessing medical care in the previous 12 months, and for adults the rate was 13.1%.

Difficulty Accessing Care in the Past Year

	SPA 5	Los Angeles County
Child reported to have difficulty accessing medical care	4.3%	11.0%
Adults who reported difficulty accessing medical care	13.1%	23.6%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the UCLA Medical Center service area and information from the Uniform Data System (UDS)¹, 23.0% of the population in the service area is categorized as low-income ($\leq 200\%$ of Federal Poverty Level) and 11.9% of the population are living in poverty.

There are 17 Section 330 funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area, including: The Achievable Foundation; All for Health, Health for All; AltaMed Health Services Corp., Central City Community Health Center Inc., Eisner Pediatric & Family Medical Center, El Proyecto del Barrio Inc.; Korean Health, Education, Information and Research Center; The Los Angeles Free Clinic, Los Angeles LGBT Center, Northeast Community Clinic Inc., Northeast Valley Health Corp., South Bay Family Healthcare Center, St. John’s Well Child & Family Center, T.H.E. Clinic Inc., Venice Family Clinic, Ventura County Health Services Agency, and Westside Family Health Center.

Even with Community Health Centers serving the area, there are many low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes serve a total of 38,869 patients in the service area, which equates to 26.3% coverage among low-income patients and 5.9% coverage among the total population.

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

From 2015-2017, the clinic providers added 4,789 patients for a 14.1% increase in patients served by Community Health Centers. However, there remain 108,689 low-income residents, approximately 73.7% of the population at or below 200% FPL not served by a Community Health Center.

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

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Coverage Among Low-Income Patients	Coverage of Total Population	Low-Income Not Served	
				Number	Percent
147,558	38,869	26.3%	5.9%	108,689	73.7%

Source: UDS Mapper, 2017. <http://www.udsmapper.org>

Delayed or Forgone Care

Residents of SPA 5 delayed medical care or did not get care (14.6%) at higher rates than the county (11.7%) or state (10.9%). The percent of respondents who went without needed medical care was 8.1%. These rates are higher than the Healthy People 2020 objective of 4.2% of the population who forgo care. 44.8% of SPA 5 residents who delayed or went without care listed 'Cost/Insurance Issues' as a barrier. 8.4% of SPA 5 residents delayed or did not fill prescriptions.

Delayed Care in Past 12 Months, All Ages

	SPA 5	Los Angeles County	California
Delayed or did not get medical care	14.6%	11.7%	10.9%
Had to forgo needed medical care	8.1%	6.7%	4.7%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	44.8%	46.8%	49.4%
Delayed or did not get prescription meds	8.4%	8.5%	9.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Lack of Care Due to Cost

9.7% of children in SPA 5 were unable to afford a checkup or physical exam within the prior 12 months, which was higher than the rate reported at the county level (8.3%). 6.3% were unable to afford to see the doctor for illness or other health problems, and 4.7% of SPA 5 children were unable to afford prescription medication.

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

	SPA 5	Los Angeles County
Child unable to afford medical checkup or physical exam	9.7%*	8.3%
Child unable to afford to see doctor for illness or other health problem	6.3%*	6.4%
Child unable to afford prescription medication	4.7%*	6.3%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm> *Statistically unstable due to sample size.

Community Input – Access to Care

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

- There is not enough accessible health care. Many times, people have to wait a very long time to see a doctor. Once they do get an appointment, the challenge is transportation. We've noticed the number one reason people tend to miss appointments is a lack of transportation.
- For the undocumented, access continues to be a big issue. There are some programs for them to have access to primary care providers, but it is not good access to services. With the current political climate, they need to feel safe accessing services.
- There are significant issues with care access for those on Medi-Cal. Often, they have to travel far to get their care. They may be able to get their primary care at an FQHC or community clinic, but when it comes to other medical needs, they have to travel quite a distance to get what they need.
- There are senior health access issues in Mar Vista, Culver City, and parts of Venice. There is not as much access because there is not enough awareness of what is available. There is a perception the Westside has fewer issues because it is wealthier. But the poverty level in the Westside is very similar to LA County. It's a misperception the Westside has access to health care because it has medical centers. The facilities are there, but I'm not sure people are aware of the available programs.
- People experiencing mental health and substance abuse are often not accessing primary health care. Those who are experiencing homelessness are not accessing primary care on a regular basis and, add to that the struggle serious mental health and substance abuse, which creates additional barriers to access ongoing care.
- Health care is extremely bureaucratic. Transportation is difficult. People need help with access to care.
- With primary care, the biggest challenge is the political climate around immigration. There is an uptick in people not going to their medical appointments based on their immigration status, which has an impact on access to care.
- With specialty care, there are certain specialists who are hard to access if you have Medi-Cal or on a Medi-Cal payor platform. Geography and time also impact access.
- As a result of the Affordable Care Act, the homeless may be enrolled with a primary care provider but they have no idea they have a provider. And they may be enrolled with a provider who is nowhere near where they are. It is not helpful if you live on the Westside and your provider is in the San Fernando Valley.
- We need more support staff to get patients quick access and help them navigate through the health care system. People don't know how to sign up for health care, how to use health care, or what their health care plans cover. It is amazing how little

people know about their health care.

- For new mothers, barriers to accessing health care are a lack of transportation and child care.
- For low-income populations, when they go to the hospital and return to their primary care clinic, we cannot assume information about the hospital visit and discharge is shared with the primary care medical home. No one has transmitted the information from the hospital to the clinic, so then we have to start the process again. This is an ongoing challenge that hasn't been resolved even with our own county system.
- There are not enough resources available. Optometry and ophthalmology are especially difficult to access.

Dental Care

24.5% of children in SPA 5 have never been to a dentist. Cost was listed as a reason for 13.3% of SPA 5 children, ages 3 to 17, to not receive dental care or checkups in the past year. Teens obtained dental care at a higher rate than children. 100% of teens in SPA 5 had been to the dentist within the past 6 months to two years.

Delay of Dental Care among Children and Teens

	SPA 5	Los Angeles County
Children never been to the dentist	24.5%*	14.8%
Children been to dentist less than 6 months to 2 years	75.3%*	84.0%
Children, 3 to 17, unable to afford dental care and checkups in the past year**	13.3%	11.5%
Teens never been to the dentist	0%*	1.8%*
Teens been to dentist less than 6 months to 2 years	100%*	95.0%

Source: California Health Interview Survey, Children 2014-2016, Teens 2012-2014. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size. ** Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

28.9% of adults in SPA 5 had not obtained dental care in the past year, compared to 40.7% in LA County.

Adult Dental Care

	SPA 5	Los Angeles County
Adults who did not see a dentist or visit a dental clinic for any reason in past year	28.9%	40.7%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Community Input – Dental Care

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

- Dental care has never been funded properly through Medicaid. It was never considered a part of benefits.

- There aren't enough accessible dental services in the community. It is not just geographically unavailable, but also economically unavailable.
- There are not a lot of providers on the Westside who take Medi-Cal and My Health LA, so having enough providers is the biggest issue.
- Although Medi-Cal now offers dental care, for adults the scope is very limited and the rates are not great. Many dentists don't accept Denti-Cal so there is not enough access for our adult patients. Children have more options. The other issue we have is we need to have anesthesia for some procedures and that complicates things because not a lot of providers can provide this and/or work with hospitals to do this service. For a patient with an intellectual or mental disability, who cannot handle the procedure, it can trigger behavioral issues.
- Many older adults don't understand that not taking care of their dental work will have impact on their entire body. We need education on how good dental care will impact one's overall health.
- There are issues in the geriatric population that can become severe if they do not have access to dental care. If dentures don't fit anymore that impacts nutrition, and emotional and social wellbeing.
- Denti-Cal is not reimbursing enough, so the limited reimbursement stream is a challenge and leads to more access to care issues. More FQHCs offer dental care, but not all do. And getting in early for prevention and developing good habits is a major problem.
- In the homeless population, dental care is an enormous need. If they neglect their health they also neglect their dental needs. After people get stabilized and housed, dental is often the number one thing people request. They want to get their teeth fixed because of years and years of neglect.
- There is a kindergarten mandate where all kindergarteners, before they start school, have to visit a dentist. Their dental screening gets put in the system when they enroll in school.

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in the service area ranged from 82.4 years in Culver City to 86.4 years in Beverly Hills.

Life Expectancy at Birth

	Years of Life Expected
Beverly Hills	86.4
Culver City	82.4
Los Angeles City Council District 5	84.9
Los Angeles City Council District 11	85.8
Santa Monica	84.0
Los Angeles County	82.3

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2016.

<http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Child/Youth Death Rate, by Race/Ethnicity

From 2013 to 2015, African American children and youth, ages 1 to 24 years, were almost twice as likely to die as White children and youth, and almost three times as likely to die as Asian/Pacific Islander children and youth. White and Hispanic/Latino children and youth had similar death rates.

Mortality Rates, per 100,000 Children and Youth, Ages 1 to 24

	Los Angeles County	California
Asian/Pacific Islander	18.3	19.5
White	28.0	31.6
Hispanic/Latino	27.4	28.4
Black/African American	54.3	61.9
Multiracial	16.5	19.2

Source: kidsdata.org, a Program of the Lucile Packard Foundation for Children's Health, based on CA Dept. of Public Health data, 2013-2015 three-year totals; <https://www.kidsdata.org/>

Leading Causes of Death

Cancer, heart disease, and Alzheimer's disease are the top three causes of death in the service area. When compared to the county and state, the service area has lower death rates for these top three causes of death. Stroke is the fourth leading cause of death and Chronic Lower Respiratory Disease is the fifth leading cause of death. The service area has a lower rate of death than the county or state for every listed cause, with the exception of pneumonia and flu, where the rate (19.3 deaths per 100,000 persons) is lower than the county (22.7) but higher than the state (16.8 deaths per 100,000 persons), and suicide, where the rate (8.6 deaths per 100,000) is higher than the county (7.8) but lower than the state (11 deaths per 100,000 persons).

These leading causes of death are reported as age-adjusted death rates. Age adjusting eliminates the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2013-2015

	UCLA Health Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Cancer	3,166	141.1	150.6	158.4	161.4
Heart disease	3,284	132.7	166.9	161.5	No Objective
Ischemic heart disease	2,222	90.7	120.4	103.8	103.4
Alzheimer's disease	804	29.8	32.2	35.5	No Objective
Stroke	686	27.4	35.6	38.2	34.8
Chronic Lower Respiratory Disease	499	20.3	30.9	36.0	Not Comparable
Pneumonia and influenza	495	19.3	22.7	16.8	No Objective
Unintentional injuries	385	17.7	21.5	31.8	36.4
Diabetes	238	10.3	23.9	22.6	Not Comparable
Suicide	183	8.6	7.8	11.0	10.2
Liver disease	171	8.6	14.4	13.8	8.2
Kidney disease	200	8.1	11.1	8.5	Not Comparable
Homicide	36	1.6	5.4	4.9	5.5
HIV	24	1.2	2.4	1.9	3.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease (a sub-category of heart disease) is lower in the community service area (90.7 deaths per 100,000 persons) than in the county (120.4 deaths per 100,000 persons) or state (103.8 deaths per 100,000 persons). The rate of ischemic heart disease death in the service area meets the Healthy People 2020 objective of 103.4 per 100,000 persons.

The age-adjusted rate of death from stroke is lower in the community service area (27.4 deaths per 100,000 persons) than in the county (35.6 deaths per 100,000 persons) and the state (38.2 deaths per 100,000 persons). The rate of stroke death in the service area also meets the Healthy People 2020 objective of 34.8 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	2,222	90.7	120.4	103.8
Stroke death rate	686	27.4	35.6	38.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

The age-adjusted cardiovascular disease death rate among the three service area cities and two LA City Council Districts (where data were available) ranged from a low of 138.6 deaths per 100,000 persons in Beverly Hills, to a high of 199.2 deaths per 100,000 persons in Culver City.

Cardiovascular Disease Mortality Rates, Age-Adjusted, per 100,000 Persons

	Rate
Beverly Hills	138.6
Culver City	199.2
Los Angeles City Council District 5	166.9
Los Angeles City Council District 11	153.1
Santa Monica	169.7
Los Angeles County	204.8

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.

<http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Cancer

In the service area, the age-adjusted cancer mortality rate is 141.1 per 100,000 persons. This is lower than the state rate of 158.4 per 100,000 persons and the county rate of 150.6. The cancer death rate in the service area meets the Healthy People 2020 objective of 161.4 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	3,166	141.1	150.6	158.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

For LA County, cancer mortality rates are slightly lower, overall, than state rates. In the county the rates of death from female breast cancer (20.5 per 100,000 women), colorectal cancer (13.8 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), Non-Hodgkin Lymphoma (5.5 per 100,000 persons), stomach cancer (5.2 per 100,000 persons), and

uterine cancers (4.8 per 100,000 women), exceed the state rates of death.

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

	Los Angeles County	California
Cancer all sites	142.1	146.6
Lung and bronchus	28.4	32.0
Breast (female)	20.5	20.1
Prostate (males)	19.1	19.6
Colon and rectum	13.8	13.2
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.6
Ovary (females)	7.0	7.1
Leukemia*	6.1	6.3
Non-Hodgkin lymphoma	5.5	5.4
Stomach	5.2	4.0
Uterine** (females)	4.8	4.5
Urinary bladder	3.5	3.9
Kidney and renal pelvis	3.2	3.5

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> *Myeloid and Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

The age-adjusted lung cancer death rate among service area cities and LA City Council Districts (where data were available) ranged from a low of 22.7 deaths per 100,000 persons in Beverly Hills, to a high of 27.5 deaths per 100,000 persons in Culver City.

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

	Rate
Beverly Hills	22.7
Culver City	27.5
Los Angeles City Council District 5	24.2
Los Angeles City Council District 11	23.9
Santa Monica	25.8
Los Angeles County	27.1

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.
<http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Alzheimer's Disease

The mortality rate from Alzheimer's disease in the service area (29.8 per 100,000 persons, age-adjusted) is lower than the LA County rate (32.2 per 100,000 persons, age-adjusted) and the state rate (35.5 per 100,000 persons).

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	804	29.8	32.2	35.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Diabetes

The age-adjusted mortality rate from diabetes in the service area (10.3 deaths per 100,000 persons) is lower than the county rate (23.9 deaths per 100,000 persons) and the state rate (22.6 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	238	10.3	23.9	22.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

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 is 20.3 per 100,000 persons, which is lower than county (30.9 per 100,000 persons) and state rates (36.0 per 100,000 persons).

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	499	20.3	30.9	36.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

The age-adjusted death rate from COPD among the service area cities and LA City Council Districts (where data were available) ranged from a low of 13.6 deaths per 100,000 persons in Beverly Hills, to a high of 24.8 deaths per 100,000 persons in Culver City. All rates are below the county rate of 27.9 deaths per 100,000 persons.

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

	Rate
Beverly Hills	13.6
Culver City	24.8
Los Angeles City Council District 5	19.2
Los Angeles City Council District 11	17.1

	Rate
Santa Monica	21.6
Los Angeles County	27.9

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.
<http://publichealth.lacounty.gov/oha/cchp/index.htm>

Liver Disease

Mortality from liver disease is lower in the service area (8.6 deaths per 100,000 persons, age-adjusted) than in the county (14.4 deaths per 100,000) and the state (13.8 deaths per 100,000 persons). However, the area exceeds the Healthy People 2020 objective for liver disease death of 8.2 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	171	8.6	14.4	13.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 17.7 per 100,000 persons. The death rate from unintentional injuries is less than the Healthy People 2020 objective of 36.4 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	385	17.7	21.5	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Suicide and Homicide

The age-adjusted death rate from suicide is 8.6 per 100,000 persons. This rate is higher than the LA County rate (7.8 per 100,000 persons). The death rate from homicides (1.6 per 100,000 persons) is lower than the county (5.4 per 100,000 persons) and state (4.9 per 100,000 persons) rates. The Healthy People 2020 objective for homicide deaths is 5.5 per 100,000 persons.

Suicide and Homicide Rates, Age-Adjusted, per 100,000 Persons

	UCLA Health Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	183	8.6	7.8	11.0
Homicide	36	1.6	5.4	4.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

The age-adjusted death rate from suicides among the service area cities and LA City Council Districts (where data were available) ranged from a low of 5.8 suicides per 100,000 persons in Culver City, to a high of 10.8 suicides per 100,000 persons in Santa Monica. The Healthy People 2020 objective for suicides is 10.2 per 100,000 persons.

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

	Rate
Beverly Hills	8.4
Culver City	5.8
Los Angeles City Council District 5	8.1
Los Angeles City Council District 11	8.6
Santa Monica	10.8
Los Angeles County	7.6

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Drug Overdose

The age-adjusted death rate from unintentional drug overdose in LA City Council District 5 is 6.5 deaths per 100,000 persons, and in LA City Council District 11 it is 6.8 deaths per 100,000 persons, which is higher than the county rate of 6.6. The rate of death from drug overdose in Santa Monica is 9.6 deaths per 100,000 persons.

Unintentional Drug Overdose Mortality Rates, Age-Adjusted, per 100,000 Persons

	Rate
Beverly Hills	N/A*
Culver City	N/A*
Los Angeles City Council District 5	6.5
Los Angeles City Council District 11	6.8
Santa Monica	9.6
Los Angeles County	6.6

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016. *N/A = too few cases were reported to protect confidentiality and/or to reach a statistically reliable result. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Acute and Chronic Disease

Diabetes

The percent of adults diagnosed with diabetes in the service area (where data were available) ranged from a low of 5% in City Council Districts 5 and 11 to a high of 7% in Culver City.

Diabetes, Adults 18+

	Percent
Beverly Hills	N/A*
Culver City	7%
Los Angeles City Council District 5	5%
Los Angeles City Council District 11	5%
Santa Monica	6%
Los Angeles County	10%

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from L.A. County Health Survey, 2015. *N/A = too few cases were reported to protect confidentiality and/or to reach a statistically reliable result. <http://publichealth.lacounty.gov/oha/cchp/index.htm>

Among adults in SPA 5, 6.3% have been diagnosed with diabetes, and 6.9% are pre-diabetic. For adults with diabetes, 74.7% in SPA 5 felt very confident they could control their diabetes, while 7.2% were not at all confident.

Adult Diabetes

	SPA 5	Los Angeles County
Diagnosed pre-diabetic	6.9%	12.4%
Diagnosed with diabetes	6.3%	9.7%
Very confident to control diabetes	74.7%*	56.5%
Somewhat confident	18.1%*	32.8%
Not confident	7.2%*	10.7%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Rates of diabetes are highest for Latinos in SPA 5 (11.5%). Asians have the lowest diabetes rates in SPA 5 (5.1%).

Adult Diabetes by Race/Ethnicity

	SPA 5	Los Angeles County	California
African American	6.0%*	12.6%	11.0%
Latino	11.5%*	11.1%	10.9%
Asian	5.1%*	8.1%	8.2%
White	5.5%	7.1%	7.3%

Source: California Health Interview Survey, 2011-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In SPA 5, 24.3% of adults are diagnosed with high blood pressure. Of those diagnosed with high blood pressure, 69.9% reported taking medication to manage their high blood pressure.

High Blood Pressure

	SPA 5	Los Angeles County
Diagnosed with high blood pressure	24.3%	28.2%
Takes medication for high blood pressure	69.9%	66.9%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In SPA 5, 27.3% of Latino adults indicated they have high blood pressure; this is higher than the rates of high blood pressure reported among Latinos in LA County and California. 29.4% of African Americans, 23.9% of Whites, and 19.9% of Asians reported high blood pressure; these rates are lower than county and state rates.

Adult High Blood Pressure by Race/Ethnicity

	SPA 5	Los Angeles County	California
African American	29.4%	42.0%	38.6%
White	23.9%	28.7%	30.6%
Latino	27.3%	25.4%	25.1%
Asian	19.9%	26.0%	23.2%

Source: California Health Interview Survey, 2012-2016. <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, 88.7% were given a management care plan by a health care provider; however, 10.1% were not confident they could control their condition.

Adult Heart Disease

	SPA 5	Los Angeles County
Diagnosed with heart disease	5.3%	5.6%
Has a Management Care Plan	88.7%*	66.5%
Very Confident to Control Condition**	64.1%*	57.7%
Somewhat Confident to Control Condition**	25.8%*	35.7%
Not Confident to Control Condition**	10.1%*	6.6%*

Source: California Health Interview Survey, 2014-2016. **2015-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

SPA 5 has the highest rates of heart disease among Whites (7.5%) and African Americans (7.1%).

Adult Heart Disease by Race/Ethnicity

	SPA 5	Los Angeles County	California
African American	7.1%*	5.8%	5.8%
Asian	1.3%*	4.9%	4.4%
Latino	1.8%*	3.9%	4.1%
White	7.5%	7.9%	8.3%

Source: California Health Interview Survey, 2011-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Cancer

Cancer incidence rates are available at the county level. In LA County, cancer rates are lower overall than at the state level. However, the county rates of colorectal cancer (36.3 per 100,000 persons), uterine cancers, (25.9 per 100,000), thyroid cancer (13.6 per 100,000 persons), and ovarian cancer (12.0 per 100,000) exceed the state rates.

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

	Los Angeles County	California
Cancer all sites	375.5	395.2
Breast (female)	115.0	120.6
Prostate (males)	95.2	97.1
Lung and bronchus	36.7	42.2
Colon and rectum	36.3	35.5
In situ breast (female)	26.1	28.2
Uterine** (females)	25.9	24.9
Non-Hodgkin lymphoma	17.8	18.2
Urinary bladder	15.1	16.8
Thyroid	13.6	12.8
Melanoma of the skin	13.3	21.6
Kidney and renal pelvis	13.2	13.9
Ovary (females)	12.0	11.6
Leukemia*	11.6	12.3

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> *Myeloid & Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

Rates of newly diagnosed breast cancer per 100,000 females, ranged from 110.3 per 100,000 women in LA City Council District 5 to 193.5 in Beverly Hills.

Newly Diagnosed Breast Cancer Cases, per 100,000 Females

	Rate
Beverly Hills	193.5
Culver City	159.6
Los Angeles City Council District 5	110.3
Los Angeles City Council District 11	186.0
Santa Monica	173.9
Los Angeles County	140.5

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Rates of newly diagnosed colon cancer per 100,000 persons, ranged from a low of 32.6 per 100,000 persons in LA City Council District 11 to a high of 46.1 per 100,000 persons in Culver City.

Newly Diagnosed Colon Cancer Cases, per 100,000 Persons

	Rate
Beverly Hills	33.0
Culver City	46.1
Los Angeles City Council District 5	38.6
Los Angeles City Council District 11	32.6
Santa Monica	35.3
Los Angeles County	37.9

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Asthma

In SPA 5, 13.1% of the population has been diagnosed with asthma, which is higher than the county (12.4%). Among those with asthma, 38.8% in SPA 5 take daily medication to control their symptoms. Among youth in SPA 5, 6.7% have been diagnosed with and currently have asthma, and 23.4% had been to an ER or Urgent Care for an asthma-related incident in the past year.

Asthma

	SPA 5	Los Angeles County
Ever diagnosed with asthma, total population	13.1%	12.4%
ER or urgent care visit in past year due to asthma, total asthmatic population	6.1%*	11.2%
Takes daily medication to control asthma, total asthmatic population	38.8%	43.8%
Diagnosed with and currently has asthma and/or had an attack in past year, 0-17 years old**	6.7%	7.4%
ER or Urgent Care visit in past year due to asthma, 0-17 years old**	23.4%*	38.7%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

**Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

The rate of asthma-related hospitalizations among children in Los Angeles County is 10.9 hospitalizations per 10,000 children.

Pediatric Asthma Hospital Admissions, per 10,000 Children

	Los Angeles County	California
Pediatric asthma hospitalization rate	10.9	9.8

Source: California Office of Statewide Health Planning & Development, accessed via Think Health L.A.. www.thinkhealthla.org
Age-adjusted annual rates per 10,000 persons under 18

HIV

The HIV rate in LA County has been decreasing since 2007. In 2015, 90 cases of HIV were diagnosed in SPA 5 (14 per 100,000 persons). The rate of HIV diagnosed in 2015 has decreased slightly from 2014 in SPA 5 and the county. Rates of new HIV diagnoses are highest among males, young adults 20-29, and Blacks/African Americans.

New HIV Diagnoses, Number and Rate per 100,000 Persons

	2014		2015	
	Number	Rate	Number	Rate
SPA 5	101	15	90	14
Los Angeles County	2,057	20	1,952	19

Source: County of Los Angeles, Public Health, Division of HIV and STD Programs, Annual HIV Surveillance Report 2016, June 2018. <http://publichealth.lacounty.gov/dhsp/Reports.htm>

In SPA 5, the rate of persons living with HIV is 378 per 100,000 persons, which is below the county level of 492 persons per 100,000 living with HIV.

Persons Living With HIV, Number and Rate per 100,000 Persons

	Number	Rate
SPA 5	2,510	378
Los Angeles County	50,289	492

Source: County of Los Angeles, Public Health, Division of HIV and STD Programs, Annual HIV Surveillance Report 2016, June 2018. <http://publichealth.lacounty.gov/dhsp/Reports.htm>

Community Input – Chronic Diseases

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

- Prevention is key. People need education about available resources.
- Chronic diseases are more prevalent with health disparities among low -income and homeless patients. It is difficult to manage chronic illnesses without access to medications or appropriate food.
- There is a great benefit to provide access to mental health and social service assessments for anyone who is managing a chronic disease. We know decreasing depression symptoms improves disease self-management. To increase outcomes and reduce costs, invest in behavioral health.
- Diabetes, if it is diagnosed, is not always appropriately treated. There is limited access to specialists.
- There are limited resources available to manage chronic diseases when a person has limited access to healthy foods and safe neighborhoods.
- Homeless individuals with chronic conditions get worse because they are not treated with preventive care. They haven't had access to care or haven't been treated for an illness or disease that could have been prevented or slowed down over a period of time. And they decline if they are not on medications and have no access to follow-

up care. We see this over and over again when someone does not have access to care.

- Let's challenge health providers to move beyond repairing broken organs and become advocates of a healthy environment and infrastructure to improve the impact on population health.
- Healthy transportation initiatives (i.e. less time in cars) can positively impact heart disease, cancer, obesity, mental health and other diseases.
- For HIV, as a result of the intervention of PrEP and having more access to early intervention and testing, we have not seen HIV rates in our population go up significantly. In fact, HIV rates have probably decreased slightly.
- Liver disease is often associated with alcohol use.
- Stroke, diabetes, and high blood pressure are common problems and are the causes of early deaths in our clients.
- Health literacy is how people can absorb health education. When they become more health literate they focus on prevention. Promotoras, home visitors, teachers and student peers can play an important role in educating the community.
- We've come a long way since the Affordable Care Act was instituted and more people now have health insurance. But we know insurance doesn't equal care. If you have insurance that doesn't mean timely access to care. There are social factors and risk factors that influence a person's ability to stay healthy. Example, when I worked in a clinic, we had a diabetic clinic and we did home visits for those who were struggling. The housing conditions, the poverty they were experiencing, the lack of employment and the lack of fresh fruits and vegetables were barriers. People are working three jobs and what they can afford are tortillas, but they are diabetic. We aren't making any meaningful changes with health and wellness.
- People may be able to see a primary care provider because they now have Medi-Cal or My Health LA, but the wait for specialists can be extensive. Clinics may have to wait six months or more for their clients to get access to a specialist.
- For persons with chronic diseases, medications are costly.
- There are not enough programs in the community to educate people to better manage their chronic diseases.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examines social and economic indicators as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked with 1 being the county with the best ranking to 57 for the county with the poorest ranking. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and other factors. Los Angeles County is ranked as 29, at the midpoint of California counties.

Health Behaviors Ranking

	County Ranking (out of 57)
Los Angeles County	11

Source: County Health Rankings, 2018. www.countyhealthrankings.org

Health Status

Among the adult residents in SPA 5, 10% rate themselves as being in fair or poor health, which is less than the county rate of 21.5%. 4.7% of children, ages 0 to 17, were reported as being in fair or poor health in SPA 5.

Health Status, Fair or Poor Health

	SPA 5	Los Angeles County
Adults, 18+	10.0%	21.5%
Children, 0-17	4.7%*	6.5%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm> *Statistically unstable due to sample size

Limited Activity Due to Poor Health

In LA County, adults limited their activities due to poor mental or physical health on an average of 2.3 days in the previous month. This rate is lower for SPA 5 adults (1.8 poor health days in the previous month).

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

	SPA 5	Los Angeles County
Adults, 18+	1.8	2.3

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Disability

In SPA 5, 21.5% of adults reported they had a physical, mental or emotional disability. The rate of disability in the county is 22.6%. In LA County, 14.5% of children were reported by their caretakers to meet the criteria of having a Special Health Care Need.

This negative metric is higher in SPA 5 (20.2%). It is suggested that children living in higher socioeconomic areas are evaluated for special needs at higher rates.

Population with a Disability

	SPA 5	Los Angeles County
Adults with a disability	21.5%	22.6%
Children, 0-17, with special health care needs	20.2%	14.5%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Autism

The prevalence rates of autism and Autism Spectrum Disorder (ASD) were 3.6% of children, ages 3 to 17, in California.

Prevalence of Autism, Asperger's, and/or Pervasive Developmental Disorder, Ages 3-17

	California	United States
Autism, Asperger's and/or Pervasive Developmental Disorder prevalence	3.6%	2.8%

Source: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Dept. of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 11/26/18 from www.childhealthdata.org. CAHMI: www.cahmi.org.

The percentage of students with autism at area school districts ranged from 1.6% in the Culver City Unified School District to 2.5% in Los Angeles Unified School District, which is higher than the percentage of autistic students enrolled in Los Angeles County schools (2.2%).

Students with Autism, by School District

	Number	Percent
Beverly Hills Unified School District	82*	2.1%
Culver City Unified School District	111*	1.6%
Inglewood Unified School District	273*	2.3%
Los Angeles Unified (LAUSD)	15,561	2.5%
Santa Monica – Malibu Unified School District	194	1.8%
Los Angeles County	32,456	2.2%
California	112,318	1.8%

Source: California Department of Education, 2017-2018. <http://data1.cde.ca.gov/dataquest/> *Estimate, due to suppression of subcategories with low numbers; could be 1 to 40 students higher.

The percentage of students with autism who are enrolled in county and state school districts has risen steadily year over year, over the past four years. The rate of enrolled students with autism is higher in Los Angeles schools than statewide.

Students with Autism, by Year, as a Percentage of School Enrollment

	Los Angeles County		California	
	Number	Percentage	Number	Percentage
2017-2018	32,456	2.2%	112,318	1.8%
2016-2017	30,983	2.1%	104,573	1.7%
2015-2016	29,400	1.9%	97,162	1.6%
2014-2015	27,815	1.8%	90,794	1.5%

Source: California Department of Education, 2017-2018. <http://data1.cde.ca.gov/dataquest/>

Sexually Transmitted Infections

Rates of STIs are continuing to rise; however, in SPA 5 rates are lower than in the county. 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.

Sexually Transmitted Infections, Rate 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>

Teen Sexual History

In SPA 5, 48.2% 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 seen at the county level (88.9%).

Teen Sexual History, 14 to 17 Years Old

	SPA 5	Los Angeles County	California
Never had sex	48.2%*	88.9%*	81.2%

Source: California Health Interview Survey, 2015-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Overweight and Obesity

In SPA 5, 34.4% adults are overweight, and 31.1% of SPA 5 teens are reported to be overweight. 6.8% of children under 12 were reported overweight.

Overweight

	SPA 5	Los Angeles County	California
Adult, 18+	34.4%	34.8%	35.0%
Teen, 12-17**	31.1%*	20.1%	17.4%
Child, under 12**	6.8%*	13.4%	13.6%

Source: California Health Interview Survey, 2014-2016. **2011-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In SPA 5, 13.8% of adults are obese, which is less than half the rate of adult obesity

seen in the county (28.9%) and state (28.1%). 6.1% of teens were reported to be obese, which is less than county (14.6%) and state (16.6%) rates. The Healthy People 2020 objectives for obesity are 30.5% of adults aged 20 and over, and 16.1% of teens. Adults and teens in SPA 5 met these objectives.

Obesity

	SPA 5	Los Angeles County	California
Adult, 20+	13.8%	28.9%	28.1%
Teen, 12-17**	6.1%*	14.6%	16.6%

Source: California Health Interview Survey, 2014-2016. **2011-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Over half of the adult population of African Americans (63.5%) and Latinos (62.1%) in SPA 5 are overweight or obese. 44% of Whites and 33.8% of Asians in SPA 5 are overweight or obese.

Adults, 20+ Years of Age, Overweight and Obesity by Race/Ethnicity

	SPA 5	Los Angeles County	California
African American	63.5%	74.9%	73.9%
Latino	62.1%	73.3%	74.1%
White	44.0%	55.2%	58.6%
Asian	33.8%*	41.3%	42.4%

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

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). Over a quarter of 5th grade students in Culver City Unified, Santa Monica-Malibu, and Beverly Hills Unified School Districts tested as body composition needing improvement (overweight) or at health risk (obese), and in Inglewood Unified and LA Unified it was about half. By 9th grade there were some improvements, but many students remain at health risk (obese). Culver City Unified, Santa Monica-Malibu and Beverly Hills Unified have percentages below the county and state rates, but Inglewood Unified and LAUSD exceed these rates.

5th, 7th and 9th Graders; Body Composition, ‘Needs Improvement’ and ‘Health Risk’

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Beverly Hills Unified School District	15.7%	9.8%	18.3%	7.0%	12.7%	7.0%
Culver City Unified School District	16.8%	13.0%	19.5%	14.8%	12.0%	9.2%

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Inglewood Unified School District	21.3%	28.5%	26.8%	24.8%	21.3%	28.3%
Los Angeles Unified School District (LAUSD)	20.4%	30.1%	21.2%	25.9%	22.1%	24.3%
Santa Monica – Malibu Unified School District	16.6%	8.7%	14.4%	10.3%	13.8%	9.9%
Los Angeles County	19.9%	25.3%	19.9%	21.9%	20.4%	20.1%
California	19.2%	21.5%	19.1%	19.6%	19.2%	18.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.

<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Families Who Eat Meals Together

Adults with children, ages 0 to 17, were asked whether they ate meals as family every day in a typical week. 62.1% of adults interviewed in LA County responded yes to this question. Interviewees residing in SPA 5 were less likely to say the family dined together daily (49.6%).

Families Who Eat Meals Together Every Day in a Typical Week

	SPA 5	Los Angeles County
Children, 0 to 17	49.6%	62.1%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Fast Food

Adults, ages 18-64, consumed fast food at higher rates than youth or seniors. In SPA 5, 20.8% of adults, 17.6% of children and 8.1% of seniors consumed fast food three or more times per week. These rates were lower than county rates.

Fast Food Consumption, Three or More Times a Week

	SPA 5	Los Angeles County
Adults, 18-64	20.8%	29.6%
Children and youth, 0-17	17.6%*	20.7%
Seniors, 65+	8.1%*	13.4%

Source: California Health Interview Survey, 2014-2016.; <http://ask.chis.ucla.edu/>

Soda/Sugar-Sweetened Beverage (SSB) Consumption

In SPA 5, 14.3% of children and 21.7% of adults drink one or more SSB a day. These rates are lower than found in the county, particularly for children.

Soda or Sugar-Sweetened Beverage Consumption

	SPA 5	Los Angeles County
Children, 0-17, 1 or more per day	14.3%	39.2%

	SPA 5	Los Angeles County
Adults, 18+, 1 or more per day	21.7%	31.4%

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Adequate Fruit and Vegetable Consumption

Teens are less likely than children to eat five or more servings of fruits and vegetables a day. In SPA 5, 62.4% of children and 30.1% of teens ate five or more servings of fruit and vegetables a day.

Adults are the least likely to eat adequate fruits and vegetables: 20.9% of adults in SPA 5, and 14.7% of county adults ate five or more servings of fruits and vegetables the previous day.

Five or More Servings of Fruits and Vegetables Daily

	SPA 5	Los Angeles County
Children	62.4%	31.4%
Teens	30.1%*	19.5%
Adults**	20.9%	14.7%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

**Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Access to Fresh Produce

Parents/guardians of children were asked to rate their community's access to fresh fruits and vegetables; 92.7% of families in SPA 5 said they had access to fresh produce.

Children Living in Communities with Good or Excellent Access to Fresh Produce

	SPA 5	Los Angeles County
Children, 17 and under	92.7%	75.0%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Physical Activity

Current recommendations for physical activity for adults include both aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises. 42% of SPA 5 adults meet both physical activity guidelines, while 8.3% do not engage in any aerobic exercise. The Healthy People 2020 objective is for 32.6% of adults to engage in no leisure-time activity. SPA 5 is meeting this goal. However, only 17.6% of SPA 5 children are meeting both physical activity guidelines.

Physical Activity Guidelines Met

	SPA 5	Los Angeles County
Adults 18+ meeting both aerobic and strengthening guidelines	42.0%	34.1%
Adults meeting aerobic guideline	73.4%	65.1%
Adults meeting strengthening guideline	48.5%	41.3%
Adults, NO aerobic activity	8.3%	10.9%
Children, 6-17, meeting aerobic and strengthening guidelines	17.6%	17.7%
Children meeting aerobic guideline	22.7%	28.5%
Children meeting strengthening guideline	56.9%	59.7%

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

17% of SPA 5 children and teens spent over five hours in sedentary activities after school on a typical weekday, and 2.3% spent over 8 hours a day on sedentary activities on weekend days. No SPA 5 teens were reported to have been completely sedentary – (not engaging in any physical activity for at least one hour on any day of the previous week).

Sedentary Children

	SPA 5	Los Angeles County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	17.0%*	12.8%	12.8%
8+ hours spent on sedentary activities on a typical weekend day - children and teens	2.3%*	8.4%	7.8%
Teens no physical activity in a typical week	0.0%*	10.4%	10.3%

Source: California Health Interview Survey, 2013-2016; <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Community Input – Overweight and Obesity

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

- There is not enough park space for people to exercise and people do not have access to healthy foods.
- A poor diet will lead to a weight problem. If you can only afford to buy beans and rice and ramen you will end up with a weight problem. It is hard to afford foods that are highest in nutritional value.
- The most important issue is obesity, lack of activity and lack of active transportation options. Hospitals should play a more important role in facilitating and encouraging people to get out of their cars.
- Obesity in youth and the diabetes consequences are frightening. Youth and schools

are very affected by the environment that allows them to walk or cycle to school. Older riders are particularly affected as collisions involving older cyclists are increasing. Youth are also affected because we do not have an inviting infrastructure. This applies all over.

- There needs to be more comprehensive, aggressive public health initiatives with healthy education around prevention and the long-term impact of obesity and diabetes for children.
- We need to get more activity integrated into daily life. We need healthy and active modes to encourage walking and cycling. We have too much of a focus on motorized modes. It is difficult to get out of cars. But the scale of growth of electric scooters shows the demand is there to get out of our cars and travel short distances with a scooter ride and get some fresh air. CicLAvia has been successful with closing streets to cars and opening them to pedestrians and cyclists.
- There are opportunities for health providers to support active, healthy living.
- Food that is cheap is usually unhealthy. There are communities that are food deserts and lack green spaces for people to gather and be active.
- People do not feel safe to go outside in their neighborhoods. This reduces their physical activity.
- Fear of traffic violence, a leading factor keeping people from engaging in activities, deserves much more attention.
- Lack of access to healthy food is a challenge with vulnerable, low-income populations. More classes and group walks for pregnant women would be helpful.
- If you live in a neighborhood that isn't safe, you don't have parks and it is not safe to play in your front yard, you don't.
- There is a lack of affordable, organized physical activity programs.
- Food insecurity, safety and obesity are linked. Greater food insecurity is associated with obesity when people eat cheaper, high density calories that aren't healthy. It may not be safe for some in communities or they are not able to access parks if they are working multiple jobs.
- How do we have a conversation with parents to provide healthier options for their children and be role models to their children? The food on the hot menu in schools is incredibly unhealthy. What role do the schools have in healthier food options, especially for those children on the reduced price meal programs?

Mental Health

Mental Health, Adults

In SPA 5, 8.1% of adults experienced serious psychological distress in the past year. SPA 5 residents at poverty level (22.7%) had higher rates of serious psychological distress than in the county (13.4%) and among persons with higher incomes. Among males, 8.5% experienced serious distress and 7.9% of females had serious psychological distress. Examined by race/ethnicity, Latinos had the highest percentages of psychological distress (14.1%) in SPA 5. Young adults had the highest rates of psychological distress (9.9%) in SPA 5. Gay, lesbian, homosexual and persons who were asexual had higher rates of distress.

Serious Psychological Distress in Past Year, Adults

	SPA 5	Los Angeles County
Adult population	8.1%	8.8%
0-99% Federal Poverty Level (FPL)	22.7%*	13.4%
100-199% FPL	14.7%*	9.3%
200-299% FPL	9.7%*	7.9%
300%+ FPL	5.1%	6.7%
Male	8.5%	7.7%
Female	7.9%	9.9%
White	7.7%	8.5%
Black	6.1%*	10.5%
Latino	14.1%*	9.3%
Asian	3.3%*	6.2%
18 - 24 years old	7.8%*	12.3%
25 - 39 years old	9.9%*	10.5%
40 - 64 years old	8.8%	8.4%
65 - 79 years old	2.4%*	3.8%
80+ years old	No data	4.7%
Straight or heterosexual	8.6%	8.8%
Gay, Lesbian, or homosexual	16.9%*	15.0%
Bisexual	8.1%*	23.3%
Asexual/Celibate/None/Other	17.2%*	9.0%*

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Using a sophisticated modeling technique called Small Area Estimation (SAE), data on serious psychological distress within ZIP Codes with higher survey populations were determined. Playa Vista residents were the most likely to have serious psychological distress (13.0%) and residents of Malibu 90265 were the least likely to have experienced serious psychological distress during the preceding 12 months (6.4%).

Serious Psychological Distress in the Past 12 Months, Adults

	Zip Code	Percent
Bel Air	90077	No data
Beverly Hills	90210	7.9%
Beverly Hills	90211	12.5%
Beverly Hills	90212	8.9%
Brentwood	90049	7.8%
Century City	90067	No data
Culver City	90230	10.1%
Culver City	90232	9.5%
Ladera Heights	90056	9.0%
Malibu	90263	No data
Malibu	90265	6.4%
Marina del Rey	90292	11.3%
Pacific Palisades	90272	No data
Palms	90034	11.3%
Playa del Rey	90293	8.6%
Playa Vista	90094	13.0%
Santa Monica	90401	12.2%
Santa Monica	90402	No data
Santa Monica	90403	10.0%
Santa Monica	90404	12.3%
Santa Monica	90405	11.3%
Venice	90291	12.4%
Venice/Mar Vista	90066	10.2%
West Los Angeles	90025	10.6%
West Los Angeles	90035	12.2%
West Los Angeles	90064	8.6%
Westchester	90045	10.8%
Westwood	90024	8.6%
UCLA Health Service Area		9.4%
Los Angeles County		9.1%
California		8.1%

Source: California Health Interview Survey Neighborhood Edition, 2014. <http://askchisne.ucla.edu/>

8.7% of SPA 5 adults have thought seriously about suicide. This is higher than the county level. Thoughts of suicide are more prevalent among poor, female, working-age, LGBTQA, and Black and Latino residents in SPA 5.

Ever Seriously Thought About Suicide, Adults

	SPA 5	Los Angeles County
Total population	8.7%	7.8%
0-99% Federal Poverty Level (FPL)	22.4%*	9.2%
100-199% FPL	13.0%*	6.9%
200-299% FPL	12.7%*	7.8%
300%+ FPL	5.5%	7.6%
Male	7.9%	7.8%
Female	9.3%	7.8%
White	8.2%	9.7%
Black	13.6%*	9.2%

	SPA 5	Los Angeles County
Latino	10.2%*	6.2%
Asian	6.6%*	6.9%
18 - 24 years old	10.3%*	9.8%
25 - 39 years old	10.2%*	8.8%
40 - 64 years old	8.3%	7.8%
65 - 79 years old	4.9%*	5.0%
80+ years old	2.1%*	2.2%
Straight or heterosexual	9.2%	7.8%
Gay, Lesbian, or homosexual	11.2%*	15.4%
Bisexual	10.4%*	23.1%
Asexual/Celibate/None/Other	33.3%*	4.6%*

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Among adults in SPA 5, 23.1% needed help for mental health and/or alcohol and problems in the past year, and 20.9% of adults saw a health care provider for their mental health and/or alcohol and drug issues in the past year. These numbers are higher than county levels.

Of those who sought help, 34.9% did not receive treatment, as compared to 43.6% at the county level. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment, which equates to 27.7% who do not receive treatment. SPA 5 does not meet this Healthy People 2020 objective.

11.5% of SPA 5 adults had taken a prescription medication for at least two weeks for an emotional or mental health issue in the past year; this is higher than the county rate of 9.3%.

Mental Health Indicators, Adults

	SPA 5	Los Angeles County
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	23.1%	16.7%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	20.9%	12.3%
Sought/needed help but did not receive treatment	34.9%	43.6%
Has taken prescription medicine for emotional/mental health issue in past year	11.5%	9.3%
Moderate social impairment, past year	5.4%	7.6%
Severe social impairment, past year	8.3%	7.2%
Moderate work impairment, past year	9.6%	7.2%
Severe work impairment, past year	4.4%*	4.5%
Moderate housework impairment, past year	5.8%	7.6%
Severe housework impairment, past year	6.3%	6.2%

	SPA 5	Los Angeles County
Moderate family life impairment, past year	7.5%	8.4%
Severe family life impairment, past year	7.1%	6.3%

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Among adults in SPA 5, 11.1% have been diagnosed with depression and have depression currently; this is higher than the county rate (8.6%). Based on a screening test for major depressive episodes, 6.8% of SPA 5 adults are potentially at risk for major depression, which is lower than the county rate (11.8%).

Adults, Depression

	SPA 5	Los Angeles County
Ever diagnosed and being currently being treated for depression or having symptoms of depression	11.1%	8.6%
Adults at risk for major depression+	6.8%	11.8%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2015.

www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm

+The Patient Health Questionnaire-2 (PHQ-2) is used as the initial **screening test for major depressive episode**. [REFERENCE: Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care* 2003; 41:1284-92.]

Mental Health, Teens and Children

Among SPA 5 teens, 16.2% reported frequent mental distress during the past month, which was higher than county (5.1%) and the state (4.6%) rates.

Likely had Serious Psychological Distress Past Month, Teens

	SPA 5	Los Angeles County	California
Teens who likely had serious psychological distress during the past month	16.2%*	5.1%	4.6%

Source: California Health Interview Survey, 2011-2015. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Among teens, 35.9% needed help in the past year for emotional or mental health problems. This is a higher rate than county (19.3%) and state (19.6%) rates. Teens who were older, Black, and had higher incomes reported the highest rates of needing help (sample size may have affected the results).

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

	SPA 5	Los Angeles County	California
Teen population	35.9%	19.3%	19.6%
0-99% Federal Poverty Level (FPL)	No data	12.9%	19.2%
100-199% FPL	11.2%*	20.7%	18.9%
200-299% FPL	No data	21.0%*	18.9%
300%+ FPL	42.5%	21.4%	20.5%
Male	30.0%	14.3%	12.2%
Female	27.5%*	24.6%	27.3%

	SPA 5	Los Angeles County	California
White	35.5%*	29.7%	22.5%
Black	50.0%*	24.8%*	26.2%
Latino	26.6%*	17.2%	18.0%
Asian	No data	7.0%*	13.5%
12 - 14 years old	30.1%*	18.9%	16.9%
15 - 17 years old	35.4%*	20.8%	22.4%

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

According to the Los Angeles County Health Survey, mental health care access was attempted for 7.9% of children in SPA 5, which was higher than the 7.4% countywide.

Tried to Access Mental Health Care in the Past Year

	SPA 5	Los Angeles County
Children, 3 to 17, who tried to access mental health care	7.9%	7.4%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

31.7% of teens in SPA 5, who reported needing counseling, received counseling. Teens at poverty level, younger teens and Latinos obtained counseling at higher rates.

Received Psychological/Emotional Counseling in Past Year, Teens

	SPA 5	Los Angeles County	California
Teen population	31.7%	12.9%	11.6%
0-99% Federal Poverty Level (FPL)	33.3%*	12.7%	11.4%
100-199% FPL	6.8%*	8.8%*	9.2%
200-299% FPL	No data	13.2%*	9.8%
300%+ FPL	30.8%	14.6%	13.8%
Male	27.7%*	13.0%	10.5%
Female	24.9%*	12.9%	12.8%
White	18.1%*	16.7%	15.1%
Black	17.0%*	14.8%*	13.5%*
Latino	37.4%*	12.7%	10.2%
Asian	29.7%*	4.7%*	6.7%*
12 - 14 years old	30.4%*	10.7%	9.8%
15 - 17 years old	25.9%*	16.1%	13.6%

Source: California Health Interview Survey, 2011-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Bullying has been shown to affect the mental health of children and teens. Among California children, 6 to 17 years old, 6% were said to definitely or somewhat bully, pick on, or exclude other children. 18.3% of California's children and teens were said to be definitely or somewhat bullied, picked on, or excluded.

Child Bullies, Picks On, or Excludes Other Children, or Is Bullied

	California	United States
Definitely or somewhat bullies others	6.0%	6.0%
Definitely or somewhat is bullied	18.3%	21.7%

Source: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Dept. of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 11/26/18 from www.childhealthdata.org. CAHMI: www.cahmi.org.

The ability to form and maintain friendships is important for the mental wellbeing of children and teens. 17.4% of parents in California were more likely to characterize their child as having a little difficulty with making or keeping friends, compared to their peers.

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

	California	United States
A little difficulty	17.4%	16.9%
A lot of difficulty	2.3%*	4.2%

Source: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Dept. of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 11/26/18 from www.childhealthdata.org. CAHMI: www.cahmi.org. *Statistically unstable due to sample size.

4.8% of parents and guardians in California perceive their children, ages 6 – 17, arguing too much.

Children, Ages 6-17, Argue Too Much

	California	United States
Definitely argues too much	4.8%	6.6%
Somewhat argues too much	24.3%	26.2%

Source: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Dept. of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 11/26/18 from www.childhealthdata.org. CAHMI: www.cahmi.org.

Community Input – Mental Health

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

- There is cultural stigma that many of our families have. They may need counseling, but they don't want to access services.
- There is a shortage of providers to serve low-income individuals. We are not able to find enough licensed mental health professionals to work in clinics. This legislative session we have the ability to have MFT and other mental health professionals bill for services under state Medicaid rates. This will help patients with mild to moderate mental health needs. But for higher level needs, it is unclear how we are going to meet those needs.

- Poverty is a large factor that contributes to physical and mental health wellbeing. In the community we are serving, poverty is a driving factor with behavioral health.
- In LA County, we have a large Latino population and a huge lack of Latino bilingual mental health professionals who are able to speak the language and understand the cultural norms and beliefs. We see an increase in people experiencing mental health issues and crises. Partner abuse, sexual abuse, harassment, and poverty all influence and contribute to depression, anxiety and substance use; it is all connected.
- We need to spend more time thinking about how we are delivering mental health services in a way that is more convenient for homeless individuals. We cannot expect them to come to us.
- There are better ways to integrate mental health services in the primary care setting. Primary care, mental health and behavioral health need better partnerships and coordination.
- A huge barrier is finding qualified mental health and substance use practitioners.
- A barrier to mental health care is a lack of housing.
- The populations we work with have very serious and untreated mental health issues that create barriers in their lives. They have difficulty accessing treatment. This creates challenges for people to stabilize their lives and move forward.
- We are seeing the same people, at different locations, cycling through, so there really is value in coordination. I met with a NAMI group and families with severe mental illness. Families are at a crisis level and we need to do a better job with families that are so distraught.
- There is a lot of stigma around mental health care. If we can normalize mental health care as a wraparound service with primary care support, then it will reduce that barrier to care.
- Often times we refer people to mental health services and they do not access care because of the stigma attached to services.
- There is no true coordination and continuity of care. Currently, if a person with a mild or moderate mental health issue progresses to a severe issue, they have to go to another provider. There needs to be better coordination so one provider can offer all types of services. Once you refer someone elsewhere, a high percentage won't get the care they need.
- We do not have enough psychiatrists and we need to work with education institutions to fill the gap.
- Contracting with the county for mental health services is not an easy process. Referring is not an easy process. If you contract with a health plan and mental health is a "carve out," you have to go through a different contracting process to offer it directly. That complexity adds to not having appropriate resources for mental health.

- In the 1970s mental health clinics were closed, it was a Reagan-era initiative and since then there have been a lack of mental health programs. A large percentage of people who are homeless have mental health issues. Access to mental health services has improved in the last year, but winning the trust of people who are homeless and have mental health issues, and getting them involved in programs is tough.
- For mental health we would like to see more prevention campaigns around holistic wellness and wellbeing to include all aspects of stress management, mental health, and healthy relationships. It would be exciting if it could catch on with the general population to measure and monitor their levels of wellbeing.
- The biggest challenge is getting people to accept services; there is a limited number of providers and cultural stigma attached to mental health.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. 9.9% of adults in SPA 5 are current smokers.

E-cigarettes are a relatively new public health issue. SPA 5 had a higher rate of E-cigarette use (3.7%) than the county rate (3.5%).

Smoking, Adults

	SPA 5	Los Angeles County
Current smoker	9.9%	11.4%
Former smoker	22.7%	21.2%
Never smoked	67.4%	67.4%
Smoked e-cigarette in past month**	3.7%*	3.5%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu> **Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm> *Statistically unstable due to sample size.

Teens in SPA 5 may be much more likely to smoke cigarettes (36.5%) than teens in the county (2.4%) and state (2.4%), however, the statistical instability of the data (due to the small number of teens interviewed annually in each SPA) renders conclusions inexact. Teens in SPA 5 also appear to be more likely to have tried an e-cigarette (39.5%) than teens in the county (9.5%) and the state (9.0%). Once area teens smoked an e-cigarette, they were more likely than county teens to have smoked one in the past 30 days (85.7% versus 16.9%).

Smoking, Teens

	SPA 5	Los Angeles County	California
Current cigarette smoker**	36.5%*	2.4%*	2.4%
Ever smoked an e-cigarette	39.5%*	9.5%	9.0%
Smoked one in the past 30 days***	85.7%*	16.9%*	26.6%*

Source: California Health Interview Survey, 2014-2016; **2011-2016. ***2015-2016. <http://ask.chis.ucla.edu>

Alcohol

Binge drinking is defined as consuming a certain amount of alcohol within a set period. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 34.5% in SPA 5 had engaged in binge drinking in the past year, and 18.2% in the past month. Among teens, 17.4% in SPA 5 binged in the past month, which was more than the county level (4.4%), and SPA 5 teens were also more likely to have tried alcohol, ever (42.9%), than county teens (23.5%).

Adult and Teen Binge Drinking, and Teen Alcohol Experience

	SPA 5	Los Angeles County
Adult binge drinking, past month**	18.2%	15.9%
Adult binge drinking, past year	34.5%	37.5%
Teen binge drinking, past month	17.4%*	4.4%*
Teen ever had an alcoholic drink	42.9%	23.5%

Source: California Health Interview Survey, 2015 adults, 2012-2016 pooled, for teens. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size. **Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Marijuana

Marijuana use (ever) was reported by 70% of residents in SPA 5, and 16% of the population used marijuana on an average of 11.6 days in the past 30 days. The average age to initiate marijuana use was 18.7 years old among the entire population in SPA 5, which was slightly higher than the 17.3 years old average age of initiation seen at the county level.

Marijuana Use

	SPA 5	Los Angeles County
Ever tried marijuana, total population	70%	48%
Ever tried marijuana, 12-17 years old	36%	
Ever tried marijuana, 18-24 years old	69%	
Ever tried marijuana, 25+	72%	
Used marijuana past 30 days, total population	16%	14%
Used marijuana past 30 days, 12-17	20%	
Used marijuana past 30 days, 18-24	39%	
Used marijuana past 30 days, 25+	13%	
Avg. days used, past 30, total population	11.6	14.0
Avg. days used, past 30, users 12-17	13.0	
Avg. days used, past 30, users 18-24	11.1	
Avg. days used, past 30, users 25+	10.4	
Avg. age at initiation of use, total population	18.7	17.3
Avg. age at initiation of use, users 12-17	13.3	
Avg. age at initiation of use, users 18-24	16.2	
Avg. age at initiation of use, users 25+	18.9	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Prescription Drug Misuse

In SPA 5, 21% of the population has misused prescription drugs, and 3% of the population misused prescription drugs on an average of 10.8 days in the past 30 days. The average age to initiate prescription drug misuse was 22.5 years old among the entire population in SPA 5, which is older than the county age of 21.4.

Prescription Drug Misuse

	SPA 5	Los Angeles County
Ever misused Rx meds, total population	21%	19%
Ever misused Rx meds, 12-17 years old	16%	
Ever misused Rx meds, 18-24 years old	24%	
Ever misused Rx meds, 25+	21%	
Misused Rx meds past 30 days, total population	3%	3%
Misused Rx meds past 30 days, 12-17	7%	
Misused Rx meds past 30 days, 18-24	14%	
Misused Rx meds past 30 days, 25+	3%*	
Avg. days misused, past 30, total population	10.8	9.1
Avg. days misused, past 30, users 12-17	4.9	
Avg. days misused, past 30, users 18-24	6.8*	
Avg. days misused, past 30, users 25+	10.0*	
Avg. age at initiation of misuse, total population	22.5	21.4
Avg. age at initiation of misuse, users 12-17	11.8	
Avg. age at initiation of misuse, users 18-24	17.4	
Avg. age at initiation of misuse, users 25+	23.0	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

For those who had misused prescription drugs, 65% of users in SPA 5 misused sedatives, making them the most popular class of prescription drug abuse. SPA 5 residents were more likely to have misused each of the listed classes of prescription medication than were LA County residents.

Type of Prescription Drug Misuse

	SPA 5	Los Angeles County
Sedatives/sleeping pills	65%	52%
Vicodin/vikings	51%	49%
OxyContin/percs	45%	33%
Adderall/skipppy	42%	25%
Don't know	0%	9%

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Because of prescription opioid use, the rate of hospitalizations due to overdose was 5.6 per 100,000 persons in Los Angeles County. This is lower than the state rate (8.5 per 100,000 persons). Opioid overdose deaths in Los Angeles County were 3.2 per 100,000 persons, which was a lower death rate than found in the state (4.5 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 388.2 per 1,000 persons. This rate is lower than the state rate of opioid prescribing (507.6 per 1,000 persons).

Opioid Use

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	5.6	8.5
Age-adjusted opioid overdose deaths, per 100,000 persons	3.2	4.5
Opioid prescriptions, per 1,000 persons	388.2	507.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use and Misuse

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

- We are fortunate to have the drug Medi-Cal waiver. This gives adults access to substance use treatment services. Even though this is available, it's not being used at the level that is needed. There are various possible reasons: maybe people are not aware it's available, there continues to be a stigma associated with substance misuse, and individuals don't want to get care.
- Alcohol is the number one substance being misused, even among the homeless. There are always trends with different drugs and when something new comes along, it is always something stronger than the time before.
- We need substance use treatment to be integrated into all health care. Because substance use is so widespread, we can no longer have only substance abuse agencies address it.
- Access to affordable medications that can support treatment are not covered by Medi-Cal. As a result, we have to pay out-of-pocket or get support from private funders.
- With older adults there is a fair amount of alcohol abuse and prescription medication abuse. If seniors are abusing alcohol or drugs they may not be taking their regularly prescribed medications.
- Meth use is huge, and very concerning because there are not a lot of treatment options. Alcohol and pot use are prevalent. One of the things we need is early prevention and education around substance use. It stays hidden.
- Society may believe it is a choice to be homeless or addicts. But when you look at the medical science behind addiction, this is impossible. You don't have a choice; your brain physically changes and prevents informed decision making. We need a system of care that allows a different approach to addicts.
- There is a lack of availability of treatment beds.
- There isn't a LGBTQ-specific recovery center, sober living or treatment facility. This is a barrier for our particular population. One program we have had success with is harm reduction. So, if someone is not ready to stop using, we educate them on how to be safe, with needle exchanges and other harm reduction strategies.

- Substance abuse is a common way to self-medicate among pregnant and postpartum women. Many women think it's safe to smoke or ingest pot.
- There is so much media coverage about opioid use but there are many other issues that need attention too. It's eclipsing other issues like meth and alcohol use.
- Where adults have access to substances, youth will also have access. The challenge is youth programs are based on adult models that may not be the most effective with youth.
- The characterization of certain groups being more at risk for substance abuse creates a false idea that substance abuse does not reach those who don't struggle with poverty. It varies by groups and drugs of choices vary by groups but all have their own struggles with addiction and substance abuse. The queer community is an example. It is very centered on the gay bar, so that creates an issue and facilitates unhealthy substance use. The bar is a place to seek connectedness and have special support, it is very beneficial but it is also associated with unhealthy substance abuse as a complicating factor.
- We are seeing an uptick in vaping and pot is also a huge issue. Many parents may indulge as well and that makes it more challenging to prevent students from participating in those activities.

Preventive Practices

Immunization of Children

Rates of complete vaccinations for Kindergarten students in the 2016-2017 school year reached their highest levels since 2001. However, rates of compliance with childhood immunizations upon entry into Kindergarten are still below the state average (95.3%) for the county (94.7%) and three of the five service area school districts: Los Angeles Unified (94.3%), Inglewood Unified (90.8%), and Santa Monica-Malibu Unified (90.0%). In a positive direction, progress toward higher rates of childhood immunizations was made in just two years: in the 2014-2015 school year, only 78.9% of Kindergartners in Los Angeles Unified, 87.5% in Inglewood Unified, and 81.1% in Santa Monica-Malibu Unified had the required immunizations.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2016-2017

	Immunization Rate
Beverly Hills Unified School District	96.0%
Culver City Unified School District	97.4%
Inglewood Unified School District	90.8%
Los Angeles Unified School District (LAUSD)	94.3%
Santa Monica – Malibu Unified School District	90.0%
Los Angeles County*	94.7%
California*	95.3%

*Source: California Department of Public Health, Immunization Branch, 2016-2017. *For those schools where data were not suppressed due to privacy concerns over small numbers.*

<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Flu and Pneumonia Vaccines

The Healthy People 2020 objective is 70% of the population to receive a flu shot, In SPA 5 45.8% of adults obtained a flu shot. Among area seniors, 71.9% in SPA 5 had received a flu shot, making them the only age group to meet the Healthy People 2020 objective. Among children, 6 months to 17 years of age, 67.7% in SPA 5 received a flu shot.

Flu Vaccine

	SPA 5	Los Angeles County
Received flu vaccine, 65+ years old	71.9%	69.0%
Received flu vaccine, 18+ (includes 65+)	45.8%	40.1%
Received flu vaccine, 6 months-17 years old	67.7%	55.2%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. Seniors in SPA 5 received the vaccine at a rate of 61.2%, which does not meet the

objective.

Pneumonia Vaccine, Adults 65+

	SPA 5	Los Angeles County
Adults 65+, had a pneumonia vaccine	61.2%	62.0%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Senior Falls and Injuries from Falls

Among seniors, falls and injuries from falls were slightly more likely to be reported by residents of SPA 5 (27.8%) than residents of the county (27.1%). Among SPA 5 seniors who fell, 10.2% were injured due to the fall.

Falls and Injuries from Falls, Previous Year, Seniors 65+

	SPA 5	Los Angeles County
Experienced a fall	27.8%	27.1%
Injured due to a fall	10.2%	11.3%

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm> *Statistically unstable due to sample size.

Mammograms

The Healthy People 2020 objective for mammograms is 81.1% of women, ages 50-74 years, have a mammogram in the past two years. In SPA 5, 82% of women had a mammogram in the past two years, meeting the Healthy People 2020 objective for mammograms.

Pap Smears

The Healthy People 2020 objective for Pap smears is 93% of women, ages 21-65 years, be screened in the past three years. In SPA 5, 88.7% of women had a Pap smear in the prior 3 years, which falls short of the Healthy People 2020 objective.

Mammograms and Pap Smears

	SPA 5	Los Angeles County
50-74 years, had a mammogram in past 2 years	82.0%	77.3%
21-65 years; Pap smear in past 3 years	88.7%	84.4%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Community Input – Preventive Practices

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

- Screening guidelines have been changing and people are confused by the new guidelines.
- We need more preventive care. Efforts do happen at health fairs and general public events but they are not very impactful or comprehensive.
- With many insurance programs you can get most preventive measures for free. CVS and Walgreens provide flu shots.
- There is a lack of awareness in the community about the importance of screenings and vaccines. People don't know where to go for services. We need to communicate and educate regarding the programs available in the community.
- Prevention efforts need to be integrated into systems of care to make sure people are involved in preventive practices. We need better coordination, outreach and collaboration among programs.
- We need a community health mission. Incentives are not really there to provide preventive care, so if there are not financial incentives, maybe there could be a marketing incentive, like active and healthy modes of transportation.
- We lack financial resources to develop preventive programs in low-income communities.

Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the service area were compared to the Healthy People 2020 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items met or exceeded benchmarks.

Service Area Data	Healthy People 2020 Objectives
High school graduation rate 77.3% - 98.3%	High school graduation rate 87%
Child health insurance rate 96.4%	Child health insurance rate 100%
Adult health insurance rate 88.6%	Adult health insurance rate 100%
Persons unable to obtain medical care 8.1%	Persons unable to obtain medical care 4.2%
Ischemic heart disease deaths 90.7 per 100,000	Ischemic heart disease deaths 103.4 per 100,000
Cancer deaths 141.1 per 100,000	Cancer deaths 161.4 per 100,000
Stroke deaths 27.4 per 100,000	Stroke deaths 34.8 per 100,000
Unintentional injury deaths 17.7 per 100,000	Unintentional injury deaths 36.4 per 100,000
Liver disease deaths 8.6 per 100,000	Liver disease deaths 8.2 per 100,000
Homicides 1.6 per 100,000	Homicides 5.5 per 100,000
Suicides 8.6 per 100,000	Suicides 10.2 per 100,000
Adult obese 13.8%	Adult obese 30.5%
Teens obese 6.1%	Teens obese 16.1%
Adults who are sedentary 8.3%	Adults who are sedentary 32.6%
Did receive needed mental health care 65.0%	Did receive needed mental health care 72.3%
Annual adult influenza vaccination, 18+ 45.8%	Annual adult influenza vaccination, 18+ 70%
Adults engaging in binge drinking 18.2%	Adults engaging in binge drinking 24.2%
Cigarette smoking by adults 9.9%	Cigarette smoking by adults 12%
Pap smears 88.7%	Pap smears 93%, ages 21-65-, screened in the past 3 years
Mammograms 82.0%	Mammograms 81.1%, ages 50-74, screened in the past 2 years

Attachment 2. Stakeholder Interviewees

Name	Title	Organization
Alison Klurfeld	Director, Safety Net Programs and Partnerships	L.A. Care Health Plan
Alison Hurst	Executive Director	Safe Place for Youth
Angelica Ayala	Associate Health Deputy	Office of LA County Supervisor, District 3, Sheila Kuehl
Anita Zamora	Chief Operating Officer	Venice Family Clinic
Ashley Metoyer	Director	Boys & Girls Club of Santa Monica
Ben Perkins	Program Director	Safe Place for Youth
Carmen Ibarra	CEO	The Achievable Foundation
Chris Baca	Executive Director	Meals on Wheels West
Cynthia Banks	Director	Los Angeles County, Workforce Development, Aging and Community Services
Eli Veitzer	President and CEO	Jewish Family Service of Los Angeles
Fred Summers	Director	SOVA Food Pantry
Grace Cheng Braun	President and CEO	WISE & Healthy Aging
Jackie Wilcoxon	District Chief	Los Angeles County, Department of Mental Health
Jan King	Area Health Officer, SPA 5 and SPA 6	Los Angeles County, Department of Public Health
Jennifer Vanore	President and COO	UniHealth Foundation
John Connolly	Interim Division Director	Los Angeles County, Substance Abuse Prevention and Control
John Maceri	Executive Director	The People Concern
Kari Pacheco	Co-Director of Health Services	Los Angeles LGBT Center
Kelly O'Connor Kay	Executive Director	Maternal Mental Health NOW
Kita S. Curry	Executive Director	Didi Hirsch Mental Health Services
Lora Morn	Student Health Services, Nurse Coordinator	Santa Monica – Malibu Unified School District
Lori Perreault	Regional Director	Catholic Charities of Los Angeles
Maryjane Puffer	Executive Director	The L.A. Trust for Children's Health
Michael Cahn	Secretary	UCLA Bicycle Academy
Michelle King	Director, Career and Contract Education	Santa Monica College
Nina Vaccaro	Chief Operating Officer	Community Clinic Association of Los Angeles County
Patrick T. Dowling	Chairperson, Department of Family Medicine	UCLA Health
Rosemary Veniegas	Program Officer	California Community Foundation
Tess Banko	Executive Director	UCLA/VA Veterans Family Wellness Center
Va Lecia Adams-Kellum	CEO	St. Joseph Center
William Celestine	Director of Wellness Programs	LA Unified School District

Attachment 3. Resources to Address Needs

Community stakeholders and residents identified community resources potentially available to address the identified health needs. This is not a comprehensive list of all available resources. For additional resources refer to Think Health LA at www.thinkhealthla.org and 211 Los Angeles County at www.211la.org/.

Health Need	Community Resources
Access to care	AIDS Project LA Arthritis Foundation Asian Americans Advancing Justice Asian Pacific Policy and Planning Council Bet Tzedek Black Women for Wellness California Pan-Ethnic Health Network Care Harbor Los Angeles Children’s Institute, Inc. Community Clinic Association of Los Angeles Eisner Health First 5 LA Health Access California Coalition Healthy Start Hope Street Family Center Irma Colen Health Center Kedren Community Health Center LA Best Babies Network LA Care Family Resource Centers Latino Coalition for a Healthy California Legal Aid Foundation LGBT Center Maternal and Child Health Access Maternal Mental Health NOW North Westwood Neighborhood Council Northeast Valley Health Corporation Partners in Care Foundation Planned Parenthood Prevention Institute Saban Community Clinic Simms/Mann Health and Wellness Center St. John’s Well Child and Family Center The Children’s Partnership UCLA Healthy Campus Initiative Venice Family Clinic Watts Healthcare Corporation Watts Learning Center Watts Neighborhood Council Westside Collaborative Westside Family Health Center
Chronic diseases	Alzheimer’s Association American Cancer Society American Diabetes Association Breath Mobile Common Ground Eisner Clinic

	<p>Homeless Access Center LA Care Health Plan Los Angeles County Department of Public Health, AIDS Project Los Angeles Saban Community Clinic The Asthma Coalition of Los Angeles County The City of Los Angeles Department on Disability YMCA Diabetes Prevention Program UCLA Health Venice Family Clinic Veterans Administration Westside Family Health Center WISE & Healthy Aging</p>
Dental health	<p>Center for Oral Health Community clinics Dentex Dental Mobile Dentist Los Angeles Chargers TeamSmile UCLA Health Dental clinic</p>
Housing and homelessness	<p>Community Corporation of Santa Monica Housing Authority of the City of Los Angeles Housing Works PATH Catholic Charities Safe Place for Youth Eisner Clinic Esperanza Community Housing Corporation People Assisting the Homeless Step Up on Second St. Joseph Center Harvest Home Upward Bound House Community Corporation of Santa Monica The People Concern Venice Community Housing Venice Forward Westside Shelter</p>
Mental health	<p>Active Minds UCLA Didi Hirsch Mental Health Services Edelman Center Exceptional Children’s Foundation Exodus Headspace Los Angeles Department of Mental Health NAMI National Child Traumatic Stress Network Pacific Clinics Special Services for Groups Suicide Prevention Lifeline Teen Line, Teens Helping Teens The Soldier’s Project Veterans Crisis Line West Valley Mental Health Center</p>
Overweight and obesity	<p>Boys & Girls Clubs CicLAvia GoNoodle</p>

	<p>Kaiser Permanente Los Angeles Bike Coalition' Los Angeles County Department of Public Health St. John's Health Center Summer Night Lights UCLA Bike Academy Venice Family Clinic YMCA</p>
Preventive practices	<p>Boys & Girls Clubs Health Care Partners Los Angeles County Department of Public Health Cedars-Sinai's COACH for Kids mobile units Los Angeles LGBT Center Magnolia Place Family Center Children's Bureau The LA Trust My Friend's Place Saban Community Clinic Safe Place for Youth St. John's Health Center St. Joseph Center Team HEAL Vaccines for Children (VFC) Venice Family Clinic Watts Health Foundation Whole Health Program (VA)</p>
Senior Health	<p>AARP Area Agency on Aging City of Los Angeles Department of Aging Dial-A-Ride GoGoGrandparent Jewish Family Service of Los Angeles LA Access Los Angeles County Department of Public Health Medicare Meals on Wheels Senior Centers WISE & Healthy Aging</p>
Substance use and misuse	<p>Alliance for Housing and Healing Asian American Drug Abuse Program Asian Pacific Counseling and Treatment Center CLARE/Matrix McIntyre House Safe Refuge SHARE! St. Joseph Center Tarzana Treatment Centers</p>
Transportation	<p>Calbike Dial-A-Ride International Institute of Los Angeles LA Access Los Angeles County Bicycle Coalition LA Metro Santa Monica Spoke Uber and Lyft UCLA Bicycle Academy</p>

Attachment 4. Review of Progress

In 2016, Resnick Neuropsychiatric Hospital at UCLA conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy associated with the 2016 CHNA, Resnick Neuropsychiatric Hospital at UCLA chose to address chronic conditions, mental health and substance abuse, social determinants of health and dental care through a commitment of community benefit programs and 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 activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs, since the completion of the 2016 CHNA. Many of the programs impact more than one priority health need. Links to program websites are included, if available.

Management of Chronic Health Conditions

Goal: Reduce impact of chronic health conditions and increase focus on prevention, treatment, and support.

American Cancer Society

UCLA Health has collaborated with the American Cancer Society for many years to advance our shared goals of bringing research breakthroughs to the bedside and providing vital information about cancer prevention, treatment and support services to the communities we jointly serve. By supporting various ACS programs and events, UCLA Health helps amplify key messaging to patients and communities, which, in turn, support ACS fundraising efforts that ultimately helps fund potentially lifesaving research conducted at UCLA. It's a highly collaborative relationship focused on healing humankind and freeing the world from cancer.

American Heart Association

UCLA Health collaborates closely with the American Heart Association (AHA) to advance our shared goals of serving our communities and improving health. In partnership with the AHA, 12 health education events were presented at area schools, community health fairs and community group meetings.

Camp Gibbous | campgibbous.org

Camp Gibbous is a specialized weekend summer camp for teens with sickle cell disease. The 2017 session of Camp Gibbous had 30 teens in attendance. Youth attending the program gained valuable skills enabling them to prepare for transition to an adult health care provider, establish an impactful social support network for themselves as well as other teens with sickle cell disease, identify key elements of health maintenance, and establish tools to advocate for their own health care. At the onset of the program, at least 70% of the teens received an average score of 75-80% on the sickle cell knowledge assessment test whereas the remaining 30% failed the assessment test. At the six month assessment, 85% of the teens received a score of 95% on the assessment.

CAN REACH

UCLA's Early Childhood Partial Hospitalization Program (ECPHP) provides cutting edge treatment for young children on the autism spectrum. CAN REACH is designed to provide community professionals and parents with pro-bono best practice and treatment information regarding individuals with autism spectrum disorder (ASD). The training program builds partnerships with local community providers from all disciplines, including behaviorists and school professionals. CAN REACH provides free bimonthly clinical workshops, educational lectures, intensive summer teacher trainings and accessible parent lectures throughout the year.

Since inception in January 2017, CAN REACH has provided 13 clinical training workshops, five teacher trainings, and four educational lectures for parents. These training workshops and educational lectures were attended by over 160 educators, 120 parents, and 530 allied professionals (e.g., psychologists, BCBAs, social workers). During the summers of 2017 and 2018, the program hosted summer workshops for preschool special educators in the greater Los Angeles area. The workshops included demonstrations, guided observation, and interactive instruction focused on how to implement empirically supported practices in the classroom. They were attended by more than 80 preschool educators across 10 districts in the greater Los Angeles area. Of the 810 individuals to date who attended an event, 96% of the professionals, 92% of the parents, and 86% of teachers rated their experience as very good or excellent.

Care Harbor Los Angeles | careharbor.org/care-harbor-los-angeles

Care Harbor is an annual free clinic that provides vision, dental, and medical care, drawing on local resources and volunteers, including hospitals, medical and dental schools, professional associations, community clinic networks and local health care agencies. In November 2017, 2,151 fair goers were provided \$2,110,000 of services and care.

Since 2009, UCLA physicians, dentists and ophthalmologists have participated in the Care Harbor clinic. They provided mammograms, filled cavities, completed cancer screenings, screened patients for glaucoma and cataracts and performed other health exams. In 2017, more than 300 physicians and nurses, dentists from the UCLA School of Dentistry, ophthalmologists from the UCLA Stein Eye Institute, and members of student volunteer groups provided services to 2,200 patients. In 2018, over 200 UCLA volunteers participated in this event.

Community Programs and Events | uclahealth.org/calendar

UCLA Health sponsored and participated in community events in partnership with other organizations to help community members lead healthier lives through wellness education on a variety of health topics and the prevention of illness and injury. From July 2016 through September 2018, UCLA Health participated in over 60 community events (health fairs, senior expos, wellness fairs, special presentations, etc.) and reached thousands of attendees.

Harbor-UCLA and Olive View-UCLA Medical Centers

These medical centers are major affiliated institutions in the David Geffen School of Medicine at UCLA. The County of Los Angeles owns and operates these hospitals. There are 303 UCLA faculty members at Harbor-UCLA (267 full time, 36 part time) and 235 at Olive View (182 full time, 53 part time). In 2017-2018, 336 UCLA medical students had clinical rotations at Harbor-UCLA and 261 at Olive View. Most UCLA residents receive important components of their training at one or both of these LA County hospitals.

Mobile Clinic Project at UCLA | mobileclinicproject.org

The Mobile Clinic Project at UCLA (MCP) aims to improve the health outcomes and quality of life of individuals experiencing homeless and other vulnerable populations in the greater Los Angeles area by connecting them to the existing continuum of care.

MCP operated every Wednesday night in Hollywood and every other Saturday morning in Santa Monica, seeing over 1,000 clients in 2017. MCP collaborated with Connecting Californians to Care, UCLA Mobile Eye Clinic, USC Physical Therapy, AIDS Healthcare Foundation, and many other organizations to increase access to specialty care and services beyond clinical medicine. MCP's Companion Care program enabled undergraduate volunteers to accompany MCP clients to next-day appointments, further reducing barriers to care. The MCP Selective course was launched this year, which encouraged medical student commitment to the program.

Research Study Volunteer Project | uclahealth.org/care-center/rsvp

The Research Study Volunteer Project (RSVP) matched HIV positive and HIV negative people in Los Angeles County with HIV-related research at UCLA. RSVP made over 2,000 referrals of research volunteers to 52 HIV-related research studies. Additionally, the program had 51 community outreach events.

Sports Performance Center

The Sports Performance Center is a dedicated fitness facility made available as part of UCLA Health's partnership with the Lakers. One of the Center programs is a clinic for coaches at local middle and high schools to teach standardized warm-up techniques and proper nutrition and hydration. Through this program, hundreds of students have been reached.

Stay Active and Independent for Life (SAIL) Senior Exercise Class

SAIL Senior Exercise Class is an exercise program for community dwelling seniors to enhance physical fitness. From July 2016 to September 2018, 215 classes were held with an average of 35 participants in each class.

UCLA Alzheimer's and Dementia Care program | uclahealth.org/dementia

The UCLA Alzheimer's and Dementia Care program aims to:

- maximize patient function, independence and dignity;
- minimize caregiver strain and burnout; and
- reduce unnecessary costs.

The program utilizes a nurse practitioner dementia care manager supervised by a physician dementia specialist to tailor and facilitate dementia care delivery in collaboration with the primary care physician (co-management). The program provided vouchers to community-based organizations for services, offered community lectures and caregiver training and hosted twelve monthly support groups each month that are open to the community without charge. As of November 2018, the program served over 2,600 patients and their caregivers.

Prior to entering the program, many caregivers were poorly informed about dementia caregiving and felt they were fighting this battle alone.

- 13% of caregivers were depressed and 33% had high stress.
- 62% felt that they didn't know where to turn for answers and 76% believed they had no health care professional to help with dementia issues.

After entering the program, 94% of caregivers felt that their role was supported and 92% would recommend the program to others. By the end of a year:

- confidence in handling problems and complications of Alzheimer's disease and dementia improved by 7%,
- strain was reduced by 12%, and
- depressive symptoms and distress were reduced by 24%.

Although the program cannot prevent the progression of dementia, it improves patients' health as follows:

- Problem behaviors (e.g., agitation, irritability, apathy, nighttime behaviors) were reduced by 1%.
- Depressive symptoms were reduced by 24%.

Overall, 60% of persons with dementia and 64% of caregivers demonstrated clinical benefit from the program by preventing or improving symptoms. Moreover, the program reduced admissions to nursing homes for long-term care by 40% and reduced Medicare costs.

UCLA Health 50 Plus | uclahealth.org/50plus

UCLA Health 50 Plus is a free program for individuals over age 50, offering health seminars, special events, flu shots for members, information and referrals to community resources, information about Medicare and other general health education. UCLA Health 50 Plus sponsored over 200 health seminars throughout the Los Angeles area and over 5,500 people attended.

UCLA Health Community Flu Shot Clinics

UCLA Health Community Flu Shot clinics offered free and/or discounted rates for flu shots to the community. There are special rates for specific dates at UCLA Health ambulatory clinics. CVS and UCLA Health 50 Plus members received a voucher entitling them to a free flu shot. Additionally, flu shot clinics were offered to the residents of The People Concern, an organization serving homeless individuals in the Santa Monica area. Over a thousand flu shots were provided.

UCLA Health Publications and Online Resources | uclahealth.org/publications

UCLA Health published two magazines highlighting the latest findings in medicine, research and wellness to support healthy active living.

Vital Signs is the print magazine and is distributed directly to homes and available at primary care offices four times per year. Marketing also publishes the *Vital Signs* web site, which contains each of the articles published in the print publication.

Health Tips for Parents is a monthly (11 issues/year) publication geared for parents of elementary school children. *Health Tips* is published on the UCLA Mattel Children's Hospital website.

UCLA Health Sound Body Sound Mind | uclahealth.org/soundbodysoundmind
UCLA Health Sound Body Sound Mind's (SBSM) mission is to promote self-confidence and healthy lifestyle choices among today's youth. This mission is achieved by providing comprehensive physical education resources and support to schools throughout Los Angeles. SBSM provides fitness center grants to eligible middle schools and high schools, with funding ranging from \$40,000 to \$50,000. This grant funds a comprehensive physical education program that includes: state-of-the-art workout machines, assorted fitness accessories, the SBSM Curriculum, and professional development for physical education teachers. In addition, SBSM collects data on student improvements on the state-mandated fitness test (FitnessGram) along with changes in behaviors and perceptions surrounding physical education and activity. In addition to the Fitness Center Grant, SBSM provides funding for the maintenance of its centers along with a Technology Grant to further support physical education programs in Los Angeles.

To date, SBSM has opened 127 fitness centers in Los Angeles, with annual impact numbers exceeding 170,000. From July 2016 to September 2018, the SBSM program opened 21 new fitness centers in the Los Angeles area across 4 different school districts (Los Angeles Unified, Long Beach Unified, Culver City Unified, and Santa Monica-Malibu Unified). In addition to these new fitness centers, SBSM provided technology grants to 9 different schools in Los Angeles. Furthermore, maintenance funding was provided to over 40 schools in SBSM's network.

Data collection was completed at each of SBSM's 21 new school fitness centers. Data collection involved test pools of at least 125 students at each school. These students participated in a fitness test (the state mandated FitnessGram) and submitted a behavioral survey to establish a baseline for fitness levels and behaviors surrounding physical fitness. These students all participated in the SBSM program for an 8-week period and were tested again on the FitnessGram and with the behavioral survey. At all 21 schools, SBSM saw improvements in student fitness levels. In addition, many students reported improvements on their behaviors.

SBSM's most significant outcome was a control study at El Sereno MS in 2018. This study compared fitness levels of SBSM students against students that participated in regular physical education. After an 8 week period, there was no improvement observed

in students in regular physical education, while the SBSM students saw a 76% increase in FitnessGram performance.

UCLA Mobile Stroke Program | uclahealth.org/mobile-stroke

The UCLA Mobile Stroke Program brings the hospital to the patient in the field for acute stroke treatment. California's first mobile stroke unit incorporates a mobile CT scanner in the ambulance; it is essentially a mobile primary stroke center.

The UCLA Mobile Stroke Program participated in community educational events such as international stroke conferences, stroke symposiums, CPR Palooza, Century City Health Fair, Santa Monica and LA County Fire Fighter stroke education and community outreach events. The MSU responded to 285 patient events in the field, providing acute stroke treatment when applicable.

UCLA Santa Monica Diabetes Center

The UCLA Santa Monica Diabetes Center provided diabetes education services by following the American Diabetes Association guidelines. The program held diabetes education classes throughout Santa Monica, Thousand Oaks, Toluca Lake and the South Bay with the goal of achieving diabetes self-management.

Walk with a Doc | uclahealth.org/walk-with-a-doc

Walk with a Doc offers four sites for monthly gatherings allowing community members to talk with UCLA Health physicians. Each event starts with a health education component, followed by 40 minutes of walking and then a cool down.

West Los Angeles VA

The VA is a major affiliate of the UCLA Health System and the David Geffen School of Medicine at UCLA. There are 326 UCLA faculty members at the VA (272 full time, 54 part time). In 2017-2018, 274 UCLA medical students had clinical rotations at the VA. Most UCLA residents receive important components of their training at the VA.

Mental Health and Substance Abuse

Goal: Increase access to mental health care and substance abuse services and resources.

Community Partners in Care | communitypartnersincare.org

Community Partners in Care is a community-partnered randomized demonstration done in collaboration with UCLA and RAND and 95 community programs in South Los Angeles and Hollywood-Downtown. The program initially served over 1,000 adults with depression in Los Angeles. The model informed the Los Angeles County Department of

Mental Health-led Health Neighborhood Initiative.

Didi Hirsch Suicide Prevention Team clinical partnership

Over the past ten years, UCLA hospitals Emergency Departments (ED) have received an increasing number of ED visits for patients experiencing suicidal crises. After physicians conduct medical and psychiatric assessments, in particular a suicide risk assessment, the patient is either admitted to a hospital or discharged. Patients who are discharged from acute care (ED or Inpatient) services remain at an elevated risk for suicide or self-harm. Because of this, UCLA established a clinical partnership with Didi Hirsch's Suicide Prevention Team to provide telephonic follow-up services following the patient's release from hospital. During these outreach phone calls, a trained member of the Didi Hirsch Suicide Crisis Prevention team performs a number of interventions including: ongoing risk assessment, assistance with safety planning, providing emotional support, and assisting the patient in linking to appropriate follow up care. In 2017, 192 patients were referred. In first three quarters of 2018, 177 pts were referred.

TEEN LINE | teenlineonline.org

TEEN LINE offers a safe, confidential place to talk things out and connect over the phone, by email or text, based on the observation that teenagers with problems confide in their peers rather than seeking help from an adult. The enormous need for this service is reflected in more than 17,000 annual calls/texts/emails made by teenagers to the hotline, which is staffed by highly trained peers.

TEEN LINE also provides an outreach program to local high schools, parents, and the Los Angeles Police Department's Juvenile Procedures School that reaches more than 44,000 people each year, opening dialogues to reduce stigma and educate the community about issues pertinent to adolescence, including suicide prevention.

The Center for Autism + Developmental Disabilities | snnla.org/center-for-autism-developmental-disabilities-c-a-d-d/

The Center for Autism + Developmental Disabilities (CADD) is a comprehensive health and wellness facility that provides medical, developmental and community-based programs to thousands of children and families in South Los Angeles, South East Los Angeles, Mid City, and neighboring communities. In partnership with St. John's Well Child and Family Center, families and children have access to culturally competent, high quality medical, dental, developmental and mental health services. The Clinic provided families in the community with behavioral therapy services, education, and other valuable resources.

The clinic provided a medical home for children with learning, developmental and mental health issues by offering comprehensive assessments, ABA, speech and

occupational therapy. The facility also offered music therapy, social skills, life skills training, comprehensive primary care, dental services, family counseling and other supportive services. Through early January 2019, CADD's medical partner served 457 children with identified autism, ASD or another developmental disability, through primary care services and made 93 referrals for special needs services at CADD.

UCLA-DMH Public Mental Health Partnership

The UCLA-DMH Public Mental Health Partnership (PMHP) aims to implement exemplary training and technical assistance activities focused on vulnerable populations with serious mental illness across Los Angeles County (LAC). The PMHP is comprised of two sections focused on serious mental illness, the Initiative for Community Psychiatry (ICP) and the FSP Training and Implementation Program (FTI). The ICP offers training and technical assistance to specialized psychiatric outreach teams working with the unsheltered homelessness. The FTI supports existing Full Service Partnership teams in improving the quality of services and access to services for the most vulnerable individuals with serious mental illness.

As of December 31, 2018:

- Attendance at 5 trainings on LPS conservatorship = 95 clinicians
- Attendance at 1 training for homeless outreach team = 28 clinicians
- Attendance at 1 program planning for homeless outreach team = 20 clinicians
- Attendance at 1 training for psychiatrists = 16 clinicians

UCLA/VA Veteran Family Wellness Center | vfwc.ucla.edu

The UCLA/VA Veteran Family Wellness Center (VFWC) provides a warm and welcoming atmosphere for Veterans and their families, including parents, couples, and children. The VFWC is part of a unique partnership between UCLA and the VA Greater Los Angeles Healthcare System (VAGLAHS).

Programming offered at the VFWC strengthens Veterans and their families by providing coordinated, family-centered services including educational and preventive care designed to mitigate stress and enhance well-being. The VFWC offers high quality, customized services and resilience-based behavioral health and wellness training to meet the needs of a variety of family dynamics. The services at the VFWC reached over 8,000 individuals between August 1, 2017 and September 30, 2018.

Social Determinants of Health

Goal: Develop social and physical environments that promote good health and reduce health inequities for the medically underserved.

ABC 7 Circle of Health Partnership | uclahealth.org/circleofhealth

The ABC 7 Circle of Health Partnership was started in January 2018 with a vision to create a culture of awareness, engagement and lifestyle change that will improve the health and wellbeing of individuals and families in Southern California. Circle of Health's mission is to empower viewers to become a healthier "YOU". The Circle of Health creates and supports programs to inspire, educate and motivate a healthy lifestyle. As a result of this initiative:

- Approximately 712 individuals received CPR Training
- IMPACT Melanoma and UCLA Health partnered with BrightGuard to spearhead a public skin cancer awareness campaign by deploying sunscreen dispensers in public parks and beach locations throughout the City of Santa Monica. BrightGuard worked in conjunction with the city of Santa Monica to place 50 sunscreen dispensers in high foot traffic locations including beach volleyball sites, public parks, community gardens, and recreational centers.
- The city also accommodated three sun safety stations at the Santa Monica Pier, the 26th Street beach access point, and the Annenberg Beach Center. Given an average of two applications per person, this campaign served up to 146,000 individuals.

Advance Care Planning for the Homeless

Advance Care Planning (ACP) for the Homeless aims to develop a communication and intervention process to directly engage homeless patients, facilitating a conversation about advance care planning and producing a health care directive to be entered into the medical record. This is accomplished by establishing working relationships in venues that provide services to homeless individuals.

Since 2016, ACP for the Homeless has:

- Held 3 ACP trainings for in-house staff and community members (a total of 50 participants)
- Clinical Nurse Specialist provided 2 trainings to 30 American Association of Critical-Care Nurses (AACN) members, which has produced additional volunteers
- UCLA Medical Center, Santa Monica Structural Empowerment (12 Participants)

ACP community classes held at:

- Del Rey Square Senior Apartments (15 Participants)
- Ocean Park Community Center (25 Participants)

ACP presentations held at the following community agencies:

- Santa Monica CHP Action Committee meeting
- LA County Community Clinics

Community Outreach:

- St. Robert's Food bank monthly since 07/2015
- 150 ACP conversations have been held
- 200+ ACP Informational packets have been handed out
- 6 Advance Health Care Directives have been completed

Families Over Coming Under Stress (FOCUS) | nfrc.ucla.edu/FOCUS

FOCUS is a trauma-informed, resilience enhancing intervention designed to strengthen youth and families affected by adversity through education, narrative, and resilience skills. During the 2017-2018 school year, 7,944 students in grades 5 -12, completed the resiliency check-in. 7% of kids reported feeling unsafe or very unsafe at school and 29% reported experiencing high levels of traumatic stress. 2,590 students received the resilience curriculum. Following the curriculum, high school students had improvements in self-efficacy, problem solving and self-awareness.

Los Angeles Human Rights Initiative | lahumanrights.org

The Los Angeles Human Rights Initiative provided pro bono forensic medical evaluations for individuals seeking asylum in the U.S. on account of torture or other forms of persecution experienced in their home countries. Ten clients received forensic assessment through the clinic.

Rape Treatment Center | uclahealth.org/santa-monica/rape-treatment

The Rape Treatment Center (RTC) at UCLA Medical Center, Santa Monica provided comprehensive, state-of-the-art, free care and treatment for sexual assault/abuse victims – adults and children – 24 hours a day, including highly specialized emergency medical care, forensic/evidentiary services, counseling, advocacy, accompaniment, and information about rights and options to help victims make informed choices and decisions. The RTC also provided ongoing, longer-term, trauma-informed therapy and other support services for victims and their significant others. UCLA Medical Center, Santa Monica is one of the few hospitals in Los Angeles providing these specialized sexual assault victim services.

- During the time period September 2016-September 2017 the RTC provided these services for 1,403 victims.
- During the time period October 2017- October 2018, the RTC provided these services for 1,588 victims.

The RTC also provided prevention education programs for middle school, high school and college students, the highest risk age groups for rape, sexual assault and peer sexual harassment; community education programs; and training for victim service providers to enhance the treatment victims receive wherever they turn for help. All of these services were provided at no charge. During the time period September 2016-

September 2017, the RTC community education programs reached 1,417 people, RTC training programs were provided for 1,533 victim service providers (e.g., police, medical and mental health personnel. etc.). RTC prevention education programs for middle school, high school, and college students reach approximately 10,000 students each year.

The RTC also sponsored an annual Conference for Coaches. In FY18, 280 school, college and club team coaches attended to learn ways to foster empathy, build moral character and increase social responsibility.

Students4Students

Students4Students (S4S) meets the basic needs of homeless college students from area schools, while connecting them with resources to finalize post-shelter housing plans and a path to graduation. The program provided secure shelter to students from UCLA, Santa Monica College and other universities and community colleges throughout the greater Los Angeles area. UCLA Health provided resources and access to health care for the students housed in or seeking housing assistance while enrolled in college and meeting the established criteria for services. In 2018, shelter and two meals per day were provided for 12 students. All of the residents demonstrated improved physical and emotional well-being, greater financial and food security, and an improved GPA. In addition, they accessed mental health, legal, job counseling, medical, and food resources. The case management team referred 83 shelter applicants, who did not reside with us, to housing, food, and social service resources.

UCLA Mobile Eye Clinic | uclahealth.org/umec

The UCLA Mobile Eye Clinic (UMEC) is a community outreach program of the UCLA Stein Eye Institute Center for Community Outreach and Policy. UMEC serves neighborhoods where poverty and vision disabilities intersect. Operating out of two 40-foot-long buses outfitted with eye examination equipment, UMEC ophthalmologists, ophthalmology residents, technicians, and volunteers travel to locations throughout LA County to reach underserved and undertreated adults and children. UMEC's services included: vision screening, ophthalmic examination and refraction, diagnosis of potential or existing eye disorders, treatment for some ocular diseases, dispensing eyeglasses, and referrals. From July 2016 – September 2018, 47,204 patients were served.

UCLA Operation Mend | uclahealth.org/operationmend

Operation Mend provides advanced surgical and medical treatment for post-9/11-era service members and veterans injured during combat operations or while training for service, as well as comprehensive psychological health care and social support for both wounded warriors and their family members. The program has over 500 volunteers in

Los Angeles and has served approximately 400 veterans and their family members since inception.

Venice Family Clinic | venicefamilyclinic.org

Venice Family Clinic (VFC) is a not for profit community health center providing primary care, specialty care, mental health, dental and health education visits annually at its ten clinical sites in Venice, Santa Monica, Mar Vista, Inglewood, and Culver City. David Geffen School of Medicine at UCLA physicians donated primary and specialty care services, and UCLA Medical Center, Santa Monica provided radiology imaging services.

From July 2016 to September 2018, Venice Family Clinic cared for 38,570 unduplicated people in 264,147 visits. VFC's mission was assisted by the donation of primary and specialty care services from David Geffen School of Medicine at UCLA. As part of the affiliation agreement, VFC allowed training placements provided by UCLA fellows, residents, interns, and other students in community medicine. UCLA provided VFC with in-kind services, including radiology services for uninsured patients and medical malpractice insurance for all staff, volunteers, and contractors. They also provided human resource management services.

Workshops at The People Concern and annual flu clinic

Through the Structural Empowerment (SE) council at UCLA Medical Center, Santa Monica, nurses assisted with community needs by partnering with The People Concern to host monthly workshops for the homeless population. Topics included diet, exercise, skin care, etc. and have been in place since December 2017. The SE council has also hosted free flu clinics for the homeless population. The SE council has hosted workshops for 10 consecutive months.

Dental Care

Goal: In partnership with the UCLA School of Dentistry, increase available dental care and oral health knowledge for medically underserved.

BEhavioral EConomics for Oral Health iNnovation (BEECON) |

uccoh.org/research.html

Funded by the National Institute of Dental and Craniofacial Research of the National Institutes of Health (NIH/NIDCR) the BEECON (BEhavioral EConomics for Oral health iNnovation) project explores the influence of financial incentives on oral disease management in young children in Los Angeles County. The study will test various incentives that promote caregiver behaviors to prevent caries in young children and evaluate cost-effectiveness of the intervention. The project is enrolling underserved,

low-income Hispanic/Latino families with children, 0-5 years of age, in Early Head Start and affiliated preschool and day care sites in Los Angeles County.

Since the BEECON study started recruiting participants in May of 2018, the study has recruited 306 participants, enrolled 125 participants, and randomized 109 participants. As of November 29th, the BEECON study team has provided free dental screenings and oral health education to 125 children, between the ages of 6 months and 4 years of age, in the Los Angeles area. Participants were predominantly low-income, Latino families enrolled in Early Head Start (EHS) programs. Additionally, participants received oral health education to inform them about Early Childhood Caries risk factors and how cleaning and brushing their child's teeth can help prevent development of caries and disease. The BEECON project helped to motivate daily brushing, which promotes good oral health habits in children at an early age.

Community Oral Health Education, Screening and Service

Community-based health fairs are held throughout the greater Los Angeles metropolitan area. The services provided by dental students included oral health education, oral screening, topical fluoride application, and dental sealants. Between July 2016 and December of 2018, 1,989 adults and 1,220 children were screened, 1,776 sealants were placed, and 2,470 applications of topical fluoride varnish were performed.

Community Oral Health Workers projects | uccoh.org/research.html

The Community Oral Health Workers (COHWs) projects aim to reduce the immense burden of dental disease in young children in Los Angeles County. Early childhood caries (ECC) - caries among toddlers and preschoolers - is increasing nationally, concentrating disproportionately in children of color and low socioeconomic families. Dental caries is to this date still the number one chronic infectious yet preventable disease in children.

The two projects recruited 23 (bilingual preferred English/Spanish) caregivers with young children who participated in an oral health training and mentoring program provided by UCLA dental residents/students

The oral health training positively impacted caregiver's oral health knowledge and practice. The two projects trained 23 caregivers to become Community Oral Health Workers (COHWs). The 23 COHWs gave 15 community workshops on children's oral health which were attended by 184 other caregivers. Combined with the 2017 study results, the two projects showed that caregiver's knowledge, practice, and attitudes regarding children's oral health can be positively changed with a train-the-trainer model.

Infant Oral Care Program (IOCP) | uclaiocp.org

The Infant Oral Care Program provides early preventive dental care to low-income and minority children, ages 0-5. The main focus of IOCP is to reduce Early Childhood Caries (ECC) and increase incidence of white spot lesion remineralization. It has established partnerships with Women, Infants and Children (WIC) and Early Head Start/Head Start programs to increase entry points to dental care through coordinated referrals. In addition to training dental students/residents on infant and toddler oral health, IOCP trained pediatric medical residents and pediatric nurse practitioner students.

IOCP takes place every Wednesday throughout the year at two Venice Family Clinic sites: Simms Mann Health and Wellness Center and Lou Colen Children's Health and Wellness Center. IOCP treats an average of 45-55 children monthly. Each child is evaluated for his/her caries risk. IOCP has cared for a total of 379 unique patients in 790 visits from July 2016 to September 2018. 19% of patients have presented themselves with early evidence of caries (white spot lesions) and 20% of patients have presented themselves with evidence of dental problems (caries). IOCP has been able to maintain a majority of these cases without further caries progression.

Kershaw's Challenge

UCLA Health participated in the downtown LA Dream Center Back to School Bash with Kershaw's Challenge, Mattel, the Lakers and the Dodger Foundation on Saturday, August 4, 2018. The fair was attended by 2,500 of the most underserved of the downtown LA area, mostly families that live in the surrounding projects. The UCLA School of Dentistry provided dental exams to children. The UCLA Mobile Eye Clinic offered vision screenings to 50 children and adolescents, ages 3-18. They were able to identify quite a few children who had vision problems and linked them to specialists so they could get glasses and be ready for school.

South Los Angeles School-Based Preventive Clinic

The South Los Angeles School-Based Preventive Clinic provides services including dental screenings, oral health education, fluoride varnish, silver diamine fluoride, and sealants to several schools in the LAUSD and their surrounding communities. Dental students attend the clinic approximately 5 times a quarter and provide services to the students at each school. Since its first clinic in October 2016, the South Los Angeles School-Based Preventive Clinic has screened 288 people, provided 250 fluoride varnish treatments, treated 96 teeth with silver diamine fluoride, and sealed 919 teeth.

Strategic Partnership for Interprofessional Collaborative Education in Pediatric Dentistry (SPICE-PD) | uclachatpd.org

The Strategic Partnership for Interprofessional Collaboration & Education in Pediatric

Dentistry (SPICE-PD) includes a series of learning experiences designed to transform the approach to the practice of pediatric oral health care. This was made possible through a 5-year pediatric dental residency continuation training grant from the U.S. Department of Health and Human Services (HHS). The overall purpose of this grant is to augment and advance the training provided through the UCLA Pediatric Dentistry residency programs to more effectively prepare pediatric dentists to meet the growing oral health needs of underserved children. The program aims to develop the skills required for pediatric dentists to function as catalysts and advocates for integrated, comprehensive, and continuous systems of oral health care delivery.

The program continues to maintain community partnerships with the Inglewood Children's Dental Center of Los Angeles, the Venice Family Clinic, and the newly established children's dental center at the Venice Family Clinic's Mar Vista site (Lou Colen Children' clinic). Currently, there are a total of 5 dental residents (four pediatric and one AEGD resident) enrolled in the MPH program. To date a total of 11 MPH degrees have been awarded for the projects.