

## Community Health Needs Assessment

### 2019

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Lynwood, CA 90262

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**V St. Francis Medical Center**  
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## Executive Summary

St. Francis Medical Center (SFMC) is dedicated to serving the health care needs of the communities of Southeast Los Angeles. The SFMC vision is to be a values-driven integrated health care delivery system in collaboration with those who share its values. As required by state and federal law, SFMC has undertaken a Community Health Needs Assessment (CHNA). California 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 is to identify and prioritize significant health needs of the community served by SFMC. The health needs identified in this report help to guide the hospital's community benefit activities.

The Community Health Needs Assessment was conducted in partnership with PIH Health Hospital - Whittier, PIH Health Hospital - Downey, and Kaiser Permanente Downey Regional Medical Center. This partnership was established because there is significant overlap in the service areas of St. Francis Medical Center with PIH Health Hospital - Whittier, PIH Health Hospital - Downey, and Kaiser Permanente Downey Regional Medical Center.

### Community Definition

St. Francis Medical Center is located at 3630 East Imperial Highway, Lynwood, California 90262. The hospital service area includes 17 ZIP Codes in 11 cities/communities. The service area is located in LA City Council Districts 8 and 15 and comprises portions of Service Planning Areas (SPAs) 6 and 7. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

### 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 a demographic profile, social determinants of health, health care access, birth indicators, 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 20 focus groups that engaged 232 persons, surveys with 12 community stakeholders and interviews with 21 community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. 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.

### Priority Health Needs

The community stakeholders were asked to prioritize the significant health needs according to highest level of importance in the community. A brief description of the health needs listed in priority order follows:

1. **Chronic diseases** – Heart disease, cancer, and stroke are the top three causes of death in the service area. Diabetes is the fourth leading cause of death and lung disease is the fifth leading cause of death. In the hospital service area 12.2% of adults have been diagnosed with diabetes, which is higher than the county rate (9.8%). In the service area, 9.3% of children have been diagnosed with asthma. This is higher than the county rate of asthma among children (7.4%).
2. **Access to health care** – Among service area children, ages 0 to 17, 96.9% are insured. 85.2% of area adults have health insurance. 95.8% of children and 72.9% of adults in the service area have a regular source of health care. Stakeholders noted there is a long wait for appointments and a lack of transportation is a barrier to accessing care.
3. **Mental health** – In the hospital service area, 6% of adults in SPA 6 and 9.1% of adults in SPA 7 have seriously thought about committing suicide. 9.5% of SPA 6 adults and 10.8% of adults in SPA 7 had experienced serious psychological distress in the past year. Stakeholders noted there is a stigma associated with mental health. Many people do not want to talk about their mental health issues. There is shame associated with it that prevents people from getting services.
4. **Substance use and misuse** – The Healthy People 2020 objective for cigarette smoking among adults is 12%. 12.5% of adults in the service area smoke cigarettes. In SPA 6, 47% of the population had tried marijuana and in SPA 7, 41% of the population had tried marijuana. For those who had misused prescription drugs, sedatives were the most likely to be misused in SPA 7 (52%),



and Vicodin was the most likely to be misused in SPA 6 (44%). Community stakeholders noted an increased incidence in substance use and insufficient resources to address the issue.

5. **Economic insecurity** – Among the residents represented in the hospital service area, 26.6% of individuals live in households that have incomes <100% of the Federal Poverty Level. In SPA 6, 70% of children are categorized as poverty-level or low-income ( $\leq$ 200% FPL); 54.6% of children in SPA 7 are poverty-level or low-income. The unemployment rate in the service area ranges from 3.5% in Downey to 7.5% in Compton.
6. **Food insecurity** – 36.5% of households in the hospital service, with incomes less than 300% of the Federal Poverty Level, are food insecure. This rate of food insecurity is higher than found in the county (29.2%). Community stakeholders identified students and seniors being impacted by food insecurity.
7. **Violence and injury** – 58.3% of adults in the service area perceived their neighborhoods to be safe from crime. In the service area, the age-adjusted death rate from homicides was 11.6 per 100,000 persons. This rate was more than double the county and state rates for homicides. The Healthy People 2020 objective for homicide is 5.5 per 100,000 persons. Stakeholders noted that people are afraid to go out in the neighborhoods as they don't feel safe.
8. **Dental care** – 55.3% of adults in the service area did not visit a dentist in the past year. 10.3% of children in the service area did not obtain dental care in the past year because they could not afford it. The stakeholders commented on the high cost of dental care and a lack of low-cost services.
9. **Overweight and obesity** – 31.6% of adults in the service area are obese with a Body Mass Index of 30.0 or above. This is higher than the rate of obesity in the county (23.5%). The Healthy People 2020 objective for adult obesity is 30.5%. The Healthy People 2020 objective for teen obesity is 16.1%. 22.8% of teens in SPA 6 and 9.3% of teens in SPA 7 are obese. Stakeholders spoke about the common problems with eating junk food and not getting enough exercise.
10. **Housing and homelessness** – In the service area, 8.6% of adults reported being homeless or not having their own place to live or sleep. This is higher than the county rate (4.8%). From 2015 to 2018, there has been an increase in the homeless population with chronic illness in SPAs 6 and 7. A stakeholder noted, "Two or three families commonly share one apartment. Transients live in their cars and young adults still live with their parents because they cannot afford to move out."
11. **Sexually transmitted infections (STIs)** – In the service area, the death rate from HIV was 3.2 per 100,000 persons. This rate was higher than the county HIV death rate (2.4 per 100,000 persons) and the state rate of HIV death (1.9 per

100,000 persons). The rate of new cases of sexually transmitted infections (STIs) was higher in the service area for chlamydia and gonorrhea than in the county.

12. **Preventive practices** – In the service area, 55.7% of children, 6 months to 17 years, and 31.6% 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 Pap smears is 93% of women, ages 21-65 years, be screened in the past three years. In the service area, 83.2% of women had a Pap smear
13. **Birth indicators** – The rate of premature births (occurring before the start of the 37<sup>th</sup> week of gestation) in the service area, is 5.9%. This rate of premature births is higher than the county and state rate (5.3%) of premature births. Teen births occurred at a rate of 95.8 (9.6%) per 1,000 live births in the service area. This rate is higher than the teen birth rate in the county (5.6%) and state (5.5%).
14. **Pneumonia and influenza** – In the service area, the pneumonia and influenza death rate was 25.7 per 100,000 persons, which was higher than county (22.7 per 100,000 persons) and state rates (16.8 per 100,000 persons).

### Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Francis Medical Center Board of Directors on June 18, 2019.

This report is widely available to the public on the hospital's web site at <https://stfrancis.verity.org/SFMC/about.php#about-panel2>. Written comments on this report can be submitted to [LindaWoo@verity.org](mailto:LindaWoo@verity.org).

## Introduction

### Background and Purpose

St. Francis Medical Center (SFMC) is a comprehensive, nonprofit health care institution that serves the residents of Southeast Los Angeles. SFMC is a 384-bed facility that offers a full range of diagnostic and treatment services. SFMC operates one of the largest and busiest private emergency/trauma centers in Los Angeles County. The hospital's Heart and Vascular Center, Maternal-Child Health Program, Orthopedics/Joint Replacement Program, Surgical Services, Imaging Services, Behavioral Health and Wound Care facilities offer comprehensive services to the community. SFMC is a Primary Stroke Care Center and STEMI Receiving Center, both approved by the Los Angeles County Emergency Medical Services Agency.

In addition to its acute and outpatient health care services, SFMC operates educational and community service programs. SFMC is dedicated to nurturing healthy children and families, fostering self-sufficiency, enhancing individual and community well-being, and achieving excellence in facilities and technology. SFMC's goal is to improve the health and well-being of the community.

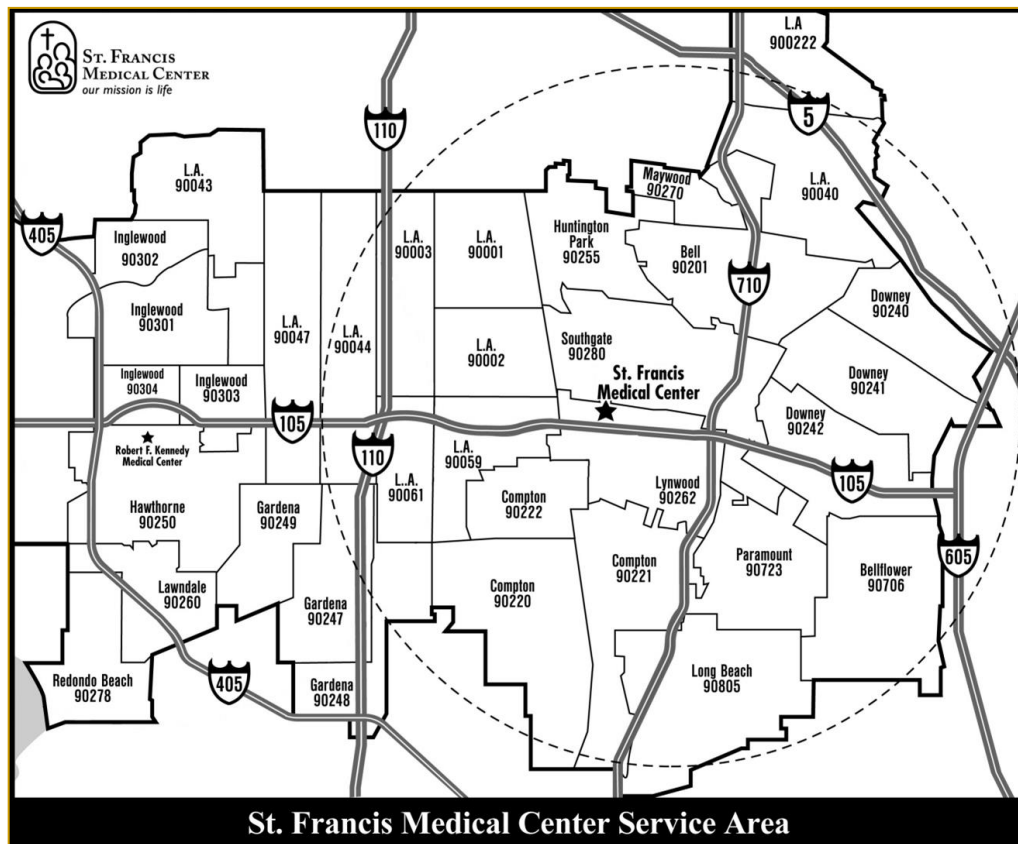
The passage of the Patient Protection and Affordable Care Act and California SB 697 require tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

### Service Area

St. Francis Medical Center is located at 3630 East Imperial Highway, Lynwood, California 90262. The hospital service area includes 17 ZIP Codes in 11 cities/communities. The service area is located in LA City Council Districts 8 and 15 and comprises portions of Service Planning Areas (SPAs) 6 and 7. The hospital service area is detailed below by community and ZIP Code, and was determined from the ZIP Codes that reflect a majority of patient admissions.

### St. Francis Medical Center Service Area

Geographic Area	ZIP Code	SPA
Bell/Bell Gardens/Cudahy	90201	7
Compton	90220, 90221, 90222	6
Downey	90240, 90241, 90242	7
Huntington Park	90255	7
Los Angeles	90001, 90002, 90003, 90044, 90059	6
Lynwood	90262	6
Maywood	90270	7
Paramount	90723	6
South Gate	90280	7



### Collaborative Process

St. Francis Medical Center participated in a collaborative process for the Community Health Needs Assessment in partnership with PIH Health Hospital - Whittier, PIH Health Hospital - Downey and Kaiser Permanente Downey Medical Center. Given that these hospital facilities share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

### **Project Oversight**

The Community Health Needs Assessment process was overseen by:  
Linda Woo  
Director, Marketing & Communications  
St. Francis Medical Center

### **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 SFMC Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, Denise Flanagan, BA and Trixie Hidalgo, MPH. [www.bielconsulting.com](http://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, birth indicators, 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

SFMC conducted interviews, focus groups and surveys to gather information and opinions from persons who represent the broad interests of the community served by the hospital. SFMC participated in the LA Partnership, a collaborative of LA County hospitals, the Los Angeles County Department of Public Health, the California Community Foundation and the Hospital Association of Southern California (HASC), to develop primary data questions.

### Interviews

Twenty-one (21) interviews were completed from October 2018 to March 2019. 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.

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

In addition, strategic questions, which focused on specific health needs, were included. These questions matched stakeholder expertise or experience with the significant health needs. For example, a stakeholder who worked for a mental health services agency was asked specific questions about mental health concerns, barriers and resources.

### Focus Groups

Twenty (20) focus groups were conducted from September 2018 to February 2019 and engaged 232 persons. The focus group meetings were hosted by trusted community organizations. An organization contact was available to answer any questions at each focus group. At the beginning of each focus group, the purpose of the focus group and the community assessment were explained, the participants were assured their responses would not be attributed to them as responses would be aggregated. The focus group discussions were voice recorded for ease of documenting the discussion.

Before beginning the discussion, the facilitator asked for oral consent from each of the participants that they wished to participate in the focus group and agreed to be voice

recorded. The focus group participants were asked to share their perspectives related to topics within the following areas:

- Biggest issues and health concerns facing the community.
- Issues, challenges, barriers faced by community members specific to the identified health needs.
- Special populations or groups most affected by a health need.
- Suggestions for addressing the community issues and needs.
- Other comments or concerns.

### Surveys

A survey was provided to selected stakeholders, representing community organizations, including schools and nonprofit organizations, who had not been reached through an interview or focus group. The survey was available in an electronic format through a Survey Monkey link. The surveys were completed from January 25 to February 8, 2019. Twelve (12) surveys were collected.

Survey questions focused on the following topics:

- Biggest issues and health concerns facing the community.
- Issues, challenges, barriers faced by community members specific to the identified health needs.
- Special populations or groups most affected by a health need.
- Gaps or challenges to address these needs.
- Resources available to help address the needs.

A list of the community stakeholders 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://stfrancis.verity.org/SFMC/about.php#about-panel2>. Public comment was solicited on the reports; however, to date no comments have been received.



## 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 that were 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
- Birth indicators
- Cancer
- Dental health
- Diabetes
- Economic insecurity
- Food insecurity
- Heart disease/stroke
- Housing/homelessness
- Kidney disease
- Liver disease
- Lung disease/asthma
- Mental health
- Overweight and obesity
- Pneumonia and influenza
- Preventive practices (vaccines and screenings)
- Sexually transmitted infections/HIV
- Substance use and misuse
- Violence and community safety

### 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

stakeholders 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 interviewees 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 respondents, economic insecurity, housing and homelessness, and mental health received a ranking of 100% for severe and significant impact on the community. Housing and homelessness, substance use and misuse and mental health had the highest scores for worsened over time. Economic insecurity, housing and homelessness, mental health, substance use and misuse, and community violence received a ranking of 100% 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	80.0%	33.3%	55.6%
Birth indicators	33.3%	0%	57.1%
Chronic diseases	90.0%	50.0%	77.8%
Dental care/oral health	33.3%	42.9%	85.7%
Economic insecurity	100%	62.5%	100%
Food insecurity	66.7%	55.6%	50.0%
Housing and homelessness	100%	88.9%	100%
Mental health	100%	70.0%	100%
Overweight and obesity	90.0%	60.0%	77.8%
Pneumonia and influenza	33.3%	28.6%	0%
Preventive practices	71.4%	25.0%	62.5%
Sexually transmitted infections	66.7%	60.0%	100%
Substance use and misuse	88.9%	77.8%	100%
Violence and injury	66.7%	42.9%	100%

The interview and focus group stakeholders were 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.

Chronic diseases, access to health care, mental health, substance use and misuse, and economic insecurity were ranked as the top five 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)
Chronic diseases	3.89
Access to health care	3.82
Mental health	3.72
Substance use and misuse	3.66
Economic insecurity	3.63
Food insecurity	3.59
Violence and injury	3.58
Dental care/oral health	3.57
Overweight and obesity	3.56
Housing and homelessness	3.53
Sexually transmitted infections	3.47
Preventive practices	3.44
Birth indicators	3.27
Pneumonia and influenza	3.20

**Resources to Address Significant Health Needs**

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

**Impact Evaluation**

In 2016, St. Francis Medical Center 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 addressed access to care, heart disease, stroke, diabetes, obesity, breastfeeding, and the environment and neighborhood. A review of the impact of the actions to address these significant health needs can be found in Attachment 4.

**Maps**

Maps of selected health need indicators can be found in Attachment 5.

## Community Demographics

### Population

The population of the St. Francis Medical Center (SFMC) service area is 994,257. From 2011 to 2016, the population increased by 3.2%, which is higher than the 2.8% increase in population countywide.

### Total Population and Change in Population, 2011-2016

	SFMC Service Area	Los Angeles County
Total population	994,257	10,057,155
Change in population, 2011-2016	3.2%	2.8%

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

Of the area population, 49% are male and 51% are female.

### Population by Gender

	SFMC Service Area	Los Angeles County
Male	49.0%	49.3%
Female	51.0%	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 30.0% of the population, 62.1% are adults, ages 18-64, and 7.9% of the population are seniors, ages 65 and over. The service area has a higher percentage of children and young adults, 0 to 24, and a lower percentage of the population, ages 25 and over, than the county.

### Population by Age

	SFMC Service Area	Los Angeles County
0 – 4	8.2%	6.3%
5 – 9	8.3%	6.2%
10 – 14	8.3%	6.3%
15 – 17	5.2%	4.0%
18 – 20	5.2%	4.3%
21 – 24	7.0%	6.1%
25 – 34	15.2%	15.6%
35 – 44	13.7%	13.9%
45 – 54	12.4%	13.7%
55 – 64	8.7%	11.3%
65 – 74	4.7%	6.8%
75 – 84	2.3%	3.7%
85+	0.9%	1.7%

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

In the service area, Los Angeles 90059 has the largest percentage of youth, ages 0-17 (35.3%). Downey 90240 has the largest percentage of seniors (12%).

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Bell/Bell Gardens/Cudahy	90201	102,786	31.6%	6.7%
Compton	90220	51,271	28.1%	10.1%
Compton	90221	53,922	31.2%	7.4%
Compton	90222	32,195	33.7%	8.0%
Downey	90240	26,426	25.4%	12.0%
Downey	90241	44,815	23.5%	11.7%
Downey	90242	41,982	25.9%	9.2%
Huntington Park	90255	75,770	28.1%	8.5%
Los Angeles	90001	57,942	32.2%	6.8%
Los Angeles	90002	51,826	32.1%	6.3%
Los Angeles	90003	70,208	33.7%	5.9%
Los Angeles	90044	90,155	29.2%	8.7%
Los Angeles	90059	46,027	35.3%	5.6%
Lynwood	90262	71,197	30.6%	6.8%
Maywood	90270	27,575	30.6%	6.8%
Paramount	90723	54,941	29.5%	7.6%
South Gate	90280	95,219	27.5%	8.8%
<b>SFMC Service Area</b>		<b>994,257</b>	<b>30.0%</b>	<b>7.9%</b>
<b>Los Angeles County</b>		<b>10,057,155</b>	<b>22.8%</b>	<b>12.2%</b>

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

### Race/Ethnicity

In the hospital service area, 80.9% of the population is Hispanic/Latino, 13.4% are Black/African-American, 3.4% are White, 1.4% are Asian; and the remaining 0.9% are American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, and other or multiple races. There is a higher percentage of Latinos and Blacks/African Americans, and a lower percentage of Whites and Asians in the hospital service area than found in the county.

### Race/Ethnicity

	SFMC Service Area	Los Angeles County
Hispanic/Latino	80.9%	48.3%
Black/African American	13.4%	8.0%
White	3.4%	26.7%
Asian	1.4%	14.1%
Other/Multiple	0.6%	2.5%
Native Hawaiian/Pacific Islander	0.2%	0.2%
American Indian/Alaska Native	0.1%	0.2%

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

## Language

In the service area, Spanish is spoken in the home among 75% of the population. English is spoken in the home among 23% of the population, 1.2% of the population speaks an Asian or Pacific Islander language, and 0.4% of the population speaks an Indo-European language in the home.

### Language Spoken at Home, Population 5 Years and Older

	SFMC Service Area	Los Angeles County
Speaks Spanish	75.0%	39.4%
Speaks only English	23.0%	43.3%
Speaks Asian/Pacific Islander language	1.2%	10.9%
Speak Indo-European language	0.4%	5.4%
Speaks other language	0.4%	1.1%

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

Huntington Park (92.8%) and Maywood (92.6%) have the highest percentage of Spanish speakers. Downey has the highest percentages of Asian language speakers (4.6% to 6%). The highest percentages of Indo-European languages spoken at home are also found in Downey (1.8% to 2.1%).

### Language Spoken at Home by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Bell/Bell Gardens/Cudahy	90201	9.1%	89.2%	0.7%	0.1%
Compton	90220	46.0%	51.8%	1.4%	0.4%
Compton	90221	27.8%	71.7%	0.4%	0.1%
Compton	90222	34.6%	64.2%	0.8%	0.1%
Downey	90240	29.7%	61.4%	6.0%	2.0%
Downey	90241	29.6%	61.7%	5.0%	2.1%
Downey	90242	33.8%	59.1%	4.6%	1.8%
Huntington Park	90255	6.2%	92.8%	0.7%	0.2%
Los Angeles	90001	13.5%	86.3%	0.1%	0.0%
Los Angeles	90002	27.0%	72.2%	0.6%	0.2%
Los Angeles	90003	26.0%	73.3%	0.2%	0.2%
Los Angeles	90044	40.5%	58.4%	0.5%	0.3%
Los Angeles	90059	37.4%	61.4%	0.6%	0.2%
Lynwood	90262	16.4%	82.2%	0.9%	0.3%
Maywood	90270	7.1%	92.6%	0.1%	0.2%
Paramount	90723	22.5%	74.2%	2.3%	0.5%
South Gate	90280	10.7%	88.5%	0.4%	0.3%
<b>SFMC Service Area</b>		<b>23.0%</b>	<b>75.0%</b>	<b>1.2%</b>	<b>0.4%</b>
<b>Los Angeles County</b>		<b>43.3%</b>	<b>39.4%</b>	<b>10.9%</b>	<b>5.4%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, 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](http://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, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value. With the exception of Downey, all SFMC service area Zip Codes have a ranking of 5, the highest Index Value (highest socioeconomic need).

### SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Los Angeles	90001	99.5	5
Los Angeles	90003	99.5	5
Los Angeles	90002	99.3	5
Los Angeles	90059	99.3	5
Maywood	90270	99.0	5
Huntington Park	90255	98.8	5
Bell/Bell Gardens/Cudahy	90201	98.6	5
Los Angeles	90044	98.3	5
Compton	90222	98.1	5
Lynwood	90262	97.2	5
South Gate	90280	96.7	5
Compton	90221	96.4	5
Paramount	90723	95.2	5
Compton	90220	84.9	5
Downey	90242	78.0	4
Downey	90241	66.3	4
Downey	90240	34.2	2

Source: 2018 SocioNeeds Index, <https://www.conduent.com/community-population-health/>

## Poverty

The Census Bureau annually updates official poverty population statistics. For 2016, the Federal Poverty Level (FPL) was set at an annual income of \$11,880 for one person and \$24,300 for a family of four. Among the residents represented in the hospital service area, 26.6% of individuals live in households that have incomes <100% of the Federal Poverty Level.

### Individuals Living in Households with Income <100% FPL

	SFMC Service Area	Los Angeles County
Individuals living in poverty	26.6%	17.8%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Geography was defined by Zip Code Tabulation Areas (ZCTA).

Families experiencing poverty paint an important picture of the population within the service area. When examined by ZIP Code, community poverty rates are highest among families in Los Angeles 90059 (35.3%), 90003 (33.9%), and 90002 (33.6%).

### Families in Poverty by ZIP Code (<100% FPL)

	ZIP Code	Percent
Bell/Bell Gardens/Cudahy	90201	25.3%
Compton	90220	18.2%
Compton	90221	23.7%
Compton	90222	26.1%
Downey	90240	4.5%
Downey	90241	8.6%
Downey	90242	12.8%
Huntington Park	90255	25.8%
Los Angeles	90001	31.3%
Los Angeles	90002	33.6%
Los Angeles	90003	33.9%
Los Angeles	90044	32.5%
Los Angeles	90059	35.3%
Lynwood	90262	22.3%
Maywood	90270	26.3%
Paramount	90723	20.1%
South Gate	90280	18.4%
<b>SFMC Service Area</b>		<b>24.1%</b>
<b>Los Angeles County</b>		<b>13.9%</b>
<b>California</b>		<b>11.8%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1702. <http://factfinder.census.gov>

Family income has been shown to affect children's wellbeing. Compared to their peers, children in poverty are more likely to have physical health problems and behavioral and emotional problems. A view of children in poverty by SPA indicates that 43.2% of



children in SPA 6 and 31.5% of children in SPA 7 live below the poverty level. In SPA 6, 70% of children are categorized as poverty-level or low-income ( $\leq 200\%$  FPL); 54.6% of children in SPA 7 are poverty-level or low-income.

### Children in Poverty, Ages 0-17

	SPA 6	SPA 7	Los Angeles County	California
0-99% FPL	43.2%	31.5%	28.5%	24.2%
100-199% FPL	26.8%	23.1%	22.4%	22.3%
200-299% FPL	11.9%	16.1%	12.4%	13.0%
300% FPL and above	18.2%	29.2%	36.7%	40.6%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/>

### Unemployment

The unemployment rate in Compton is 7.5%, which is the highest rate among service area cities. Except for Downey (3.5%), all other service area cities have higher unemployment rates than the county.

### Unemployment Rate, 2017 Average

	Percent
Bell	6.1%
Bell Gardens	5.6%
Compton	7.5%
Cudahy	6.4%
Downey	3.5%
Huntington Park	5.9%
Los Angeles	4.8%
Lynwood	5.4%
Maywood	5.0%
Paramount	4.8%
South Gate	6.3%
<b>Los Angeles County</b>	<b>4.7%</b>
<b>California</b>	<b>4.8%</b>

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 National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranged from 68.6% in the Downey Unified School District to 92.3% in the Paramount Unified School District.

## Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Compton Unified School District	86.3%
Downey Unified School District	68.6%
Los Angeles Unified School District (LAUSD)	81.1%
Lynwood Unified School District	89.7%
Montebello Unified School District	81.4%
Paramount Unified School District	92.3%
<b>Los Angeles County</b>	<b>67.3%</b>
<b>California</b>	<b>58.1%</b>

Source: California Department of Education, 2016-2017. <http://data1.cde.ca.gov/dataquest/>

## Community Input – Economic Insecurity

Community stakeholders identified the following issues, challenges and barriers related to economic insecurity. Following are their comments, quotes and opinions edited for clarity:

- In the Lynwood area people live paycheck to paycheck. Usually there is one breadwinner in the household and most people are renters. Very few are homeowners. They want to improve their conditions.
- We deal with a lot of people who are paid in cash so they are not connected to Social Security or other employment-based benefits. When they get to be seniors, they have no safety net.
- As the cost of living increases, more people fall into poverty.
- There is a lack of economic stability for families. If someone loses a job, they cannot pay rent. Then the family has to move and the kids have to change schools.
- LA is a very expensive place to live, so we have whole families living in a studio apartment that rents for about \$1,200 a month. That is all they can afford.
- For day laborers who earn a small amount of money, there are real challenges to make ends meet. The day laborer who does not work does not get paid. He has to miss work to go to the clinic for registration on one day and then take another day off for the actual appointment. That is a challenge for people. To register with clinics, you have to bring a list of forms and you need proof of income, picture ID, and proof of address. They might be told to come in with those things, but if not, they have to come back a third time for the actual appointment.
- Until we start to help people meet their basic needs, they are not going to focus on health care, eating well, or exercising. You have to meet basic needs before you can move on to address quality of life.
- Seniors struggle with buying food and paying for medications because they do not have a sufficient income.
- There's something systemically wrong with the inability of families to move up to the next scale of economic prosperity.

- Students start falling behind because of lack of home support, and then as they're going through the process of trying to catch up, some of them just give up and drop out. Some youth have had to drop out of school to go to work to support family. And, others have dropped out to take care of younger brothers and sisters so the mom can go to work.
- A person's socioeconomic status affects everything: health, the ease of getting health care, nutrition, ability to find transportation, etc.
- A number of residents are monolingual Spanish speakers. This is a barrier to accessing a job, or having the general literacy skills to begin seeking employment.
- For working parents who get up, go to work and come home, there is not time to take time off from work and they do not have enough money to pay their bills.
- Without economic security you feel the pressure. You can't think as clearly as someone who has all their needs met. It adds a different pressure to your lifestyle.
- Families are hungry and mom and dad work long hours and they still can't pay the bills, so they are hustling and slinging drugs to help with rent and pay for food.

### Public Program Participation

A higher percentage of residents in SPA 6 participated in government-sponsored public programs compared to residents in SPA 7 and the county. In SPA 6, 43.2% of adults below 200% of the FPL cannot afford food and 28.5% utilized food stamps. In SPA 7, 41.4% of residents below 200% FPL cannot afford food and 23.6% utilized food stamps. These rates indicate a considerable percentage of residents who may qualify for food stamps but do not access this resource. WIC benefits were more readily accessed. Among children in SPA 6, 69.9% accessed WIC benefits and 55.1% in SPA 7 accessed WIC benefits. Among SPA 6 residents, 15.8% were TANF/CalWorks recipients, and 14.6% of SPA 7 residents were TANF/CalWorks recipients.

### Public Program Participation

	SPA 6	SPA 7	Los Angeles County	California
Not able to afford food (<200%FPL)	43.2%	41.4%	42.6%	42.0%
Food stamp recipients	28.5%	23.6%	20.6%	20.7%
WIC usage among children, 6 years and under	69.9%*	55.1%	54.1%	44.3%
TANF/CalWorks recipients	15.8%	14.6%	10.5%	9.3%

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

### Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. 36.5% of households, with incomes less than 300% of the

Federal Poverty Level, are food insecure.

### Food Insecure Households <300% FPL

	SFMC Service Area	Los Angeles County
Food insecure households, <300% FPL	36.5%	29.2%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

### Farmers Markets Accepting EBT or WIC

Electronic Benefits Transfer (EBT) 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. There are very few Farmers Markets in the area. With the exception of one market in Los Angeles City Council District 15, the existing Farmers Markets accept public benefit programs (EBT or WIC).

### Farmers Markets Accepting EBT or WIC

	Farmers Markets	Accepting EBT or WIC
Bell	0	0
Bell Gardens	0	0
Compton	0	0
Cudahy	0	0
Downey	2	2
Huntington Park	1	1
Los Angeles City Council District 8	1	1
Los Angeles City Council District 15	3	2
Lynwood	0	0
Maywood	0	0
Paramount	1	1
South Gate	1	1

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>

### Community Input – Food Insecurity

Community stakeholders identified the following issues, challenges and barriers related to food insecurity. Following are their comments, quotes and opinions edited for clarity:

- Less nutritious food is less expensive and more accessible.
- Some people spend their money on alcohol and drugs instead of food.
- There are challenges for families in need of food. We have food pantries and resources available for parents. But some parents don't have transportation to get to those resources. Now that we have a farmers market that takes EBT cards at a nearby park, it has helped a lot.
- Food insecurity is something that is real, but it is not necessarily something that is

talked about because no one wants to feel like a victim.

- There are limited healthy food options in Watts. There is one grocery store and a lot of fast food places and liquor stores.
- Some clients at the food bank feel very uncomfortable coming for food. There is a lot of shame for them having to ask for food.
- Many college students are food insecure. Colleges and universities are setting up college food pantries.
- Seniors are really struggling with food insecurity. It is harder for them to access healthy foods and prepare the foods.
- A lot of seniors experience food insecurity. They have a fixed income, pay rent, and not much money is left over to buy food.
- Some people are afraid to come and get food because of anti-immigration concerns.
- Some school districts and schools are paying to increase food access for students and families who are food insecure.
- The quality of food is an issue. There are hard choices to make with the food budget.

### Parks, Playgrounds and Open Spaces

The built environment influences individuals' activity levels and ultimately their health. Youth who live in close proximity to safe parks, playgrounds, and open spaces are more physically active than those who do not live near those facilities. 80.4% of service area children, ages 1-17 years, were reported to have easy access to a park, playground or other safe place to play. 42.6% of adults utilize walking paths, parks, playgrounds or sports fields in their neighborhood. There are 0.80 park acres of green space, per 1,000 persons in the service area, compared to 8.0 countywide.

### Access to and Utilization of Parks, Playgrounds and Open Space

	SFMC Service Area	Los Angeles County
Can easily get to a park, playground, or other safe place to play, ages 1 to 17	80.4%	86.8%
Adults who use walking paths, parks, playgrounds or sports fields in their neighborhood	42.6%	47.5%
Amount of green space (park acres) per 1,000 population	0.80	8.0

*Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. 2015 LA County Land Types, Los Angeles County GIS Data Portal; July 1, 2015 Population Estimates, prepared for Urban Research, LA County ISD, released 2016/04/08. Green space includes regional parks, gardens, and recreational centers. Geography was defined by ZIP Codes.*

The LA County Department of Public Health published a report on park space per capita in 120 cities, communities and LA City Council Districts, along with premature mortality from cardiovascular disease and diabetes, rates of childhood obesity, and an index of

economic hardship. The report shows inverse correlations between premature mortality and childhood obesity, and the amount of park space per capita.

Among area communities, LA Council District 15 has the highest amount of park space: 2.4 acres per 1,000 residents. In comparison, Bell has 0.2 acres of park space per 1,000 residents, putting it 114<sup>th</sup> out of 120 ranked areas. Maywood is 112<sup>th</sup>, with 0.3 acres per 1,000 persons.

### Park Space per Capita

	Acres per 1,000 Persons	Rank out of 120 Cities or Communities
Los Angeles City Council District 15	2.4	37
Bell Gardens	1.7	47
South Gate	1.3	59
Paramount	1.0	74
Downey	0.9	76
Huntington Park	0.9	80
Cudahy	0.7	86
Compton	0.6	88
Lynwood	0.6	91
Los Angeles City Council District 8	0.5	96
Maywood	0.3	112
Bell	0.2	114

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

### Households

In the hospital service area, there are 247,981 households and 260,034 housing units. Over the last five years, the population increased by 3.2% and households increased by 1.6%. Housing units did not keep pace with this growth, remaining essentially unchanged. Vacant units decreased by 24.2%. During this time period, owner-occupied housing decreased by 4.1% and renting increased by 5.6%.

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

	SFMC Service Area			Los Angeles County		
	2011	2016	Percent Change	2011	2016	Percent Change
Households	244,006	247,981	1.6%	3,218,518	3,281,845	2.0%
Housing units	259,908	260,034	0.0%	3,437,584	3,490,118	1.5%
Owner occ.	99,775	95,732	(-4.1%)	1,539,554	1,499,576	(-2.6%)
Renter occ.	144,231	152,249	5.6%	1,637,009	1,782,269	8.9%
Vacant	15,902	12,053	(-24.2%)	219,066	208,273	(-4.9%)

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

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” 56.9% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. This is higher than the county rate of 48%.

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

	SFMC Service Area	Los Angeles County
Households that spend $\geq$ 30% of income on housing	56.9%	48.0%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Geography was defined by ZIP Code Tabulation Areas (ZCTA).

### Median Household Income

Household income is defined as the sum of money received over a calendar year by all household members, 16 years and older. Median household income reflects the relative affluence and prosperity of an area. The weighted average of the median household income in the service area is \$42,060. Median household incomes in the service area ranged from \$30,288 in Los Angeles 90044 to \$76,748 in Downey 90240.

### Median Household Income

	ZIP Code	Median Household Income
Bell/Bell Gardens/Cudahy	90201	\$38,244
Compton	90220	\$50,938
Compton	90221	\$43,304
Compton	90222	\$37,730
Downey	90240	\$76,748
Downey	90241	\$61,151
Downey	90242	\$60,732
Huntington Park	90255	\$37,108
Los Angeles	90001	\$34,323
Los Angeles	90002	\$32,520
Los Angeles	90003	\$31,878
Los Angeles	90044	\$30,288
Los Angeles	90059	\$35,061
Lynwood	90262	\$43,952
Maywood	90270	\$36,717
Paramount	90723	\$46,364
South Gate	90280	\$45,522

	ZIP Code	Median Household Income
SFMC Service Area		\$42,060*
Los Angeles County		\$57,952
California		\$63,783

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

## Homelessness

In the service area, 8.6% of adults reported being homeless or not having their own place to live or sleep, in the past five years. This is higher than the county rate (4.8%).

## Homeless Adults

	SFMC Service Area	Los Angeles County
Homeless adults	8.6%	4.8%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Since 2005, the Los Angeles Homeless Services Authority (LAHSA) had conducted the annual Greater Los Angeles Homeless Count to determine how many individuals and families are homeless on a given day. Data from this survey show an increase in homelessness from 2015 to 2018.

In SPA 6, 70.1% of the homeless are single adults and 25.8% are families. In SPA 7, 85.2% of the homeless are single adults and 19.5% are families. From 2015 through 2018, the percent of sheltered homeless in SPA 6 has increased while the percent of sheltered homeless in SPA 7 has decreased. Shelter includes cars, RV's, tents and temporary structures (e.g. cardboard), in addition to official homeless shelters. The percentage of homeless families and unaccompanied minors has decreased from 2015 to 2018.

## Homeless Population, 2015-2018 Comparison

	SPA 6		SPA 7		Los Angeles County	
	2015	2018	2015	2018	2015	2018
Total homeless	7,513	8,343	3,571	4,569	41,174	49,955
Sheltered	29.1%	29.8%	25.4%	23.2%	29.7%	24.8%
Unsheltered	70.9%	70.2%	74.6%	76.8%	70.3%	75.2%
Individual adults	77.5%	70.1%	79.3%	85.2%	81.1%	84.1%
Families/family members	28.1%	25.8%	26.8%	19.5%	18.2%	15.8%
Unaccompanied minors (<18)	1.3%	0.06%	0.4%	0.02%	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, 20.7% in SPA 6 and 18.7% in SPA 7 are chronically homeless. The rates of chronic homelessness have decreased from 2015 to 2018 for



individuals and families in SPA 6. The percent of chronically homeless families has increased in SPA 7 from 2015 to 2018. Rates of serious mental illness have declined in SPA 6 and SPA 7. From 2015 to 2018, there has been an increase in the homeless population with chronic illness in SPAs 6 and 7. Substance abuse rates among the homeless have decreased across the service area SPAs from 2015 to 2018. The rates of homeless veterans have also decreased as a percentage of total homelessness in service area SPAs.

### Homeless Subpopulations\*

	SPA 6		SPA 7		Los Angeles County	
	2015	2018	2015	2018	2015	2018
Chronically homeless individuals	26.3%	20.7%	29.4%	18.7%	30.0%	25.7%
Chronically homeless family members	3.0%	0.6%	4.7%	8.0%	4.9%	0.9%
Brain injury	2.2%	3.5%	0.4%	2.2%	5.0%	3.5%
Chronic illness	5.3%	21.4%	0.4%	20.0%	6.7%	23.2%
Domestic violence experience	16.6%	21.3%	25.8%	25.3%	21.5%	26.8%
Persons with HIV/AIDS	1.3%	0.6%	0.2%	0.5%	1.9%	1.4%
Physical disability	18.0%	10.9%	20.7%	11.1%	19.5%	13.5%
Serious mental illness	25.2%	14.6%	30.3%	17.3%	29.6%	24.2%
Substance abuse disorder	17.1%	10.5%	43.8%	8.3%	25.2%	13.5%
Veterans	6.3%	5.4%	8.0%	6.6%	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

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

- Two or three families commonly share one apartment. Transients live in their cars and young adults still live with their parents because they cannot afford to move out.
- Housing is a big problem. Everything is so expensive. Low-income housing in Bell Gardens is \$900 for a one bedroom apartment. Around here, low-income housing is nonexistent.
- It is difficult to get landlords to work with Section 8 housing vouchers. The housing market is so tight that they charge higher rates for their units and rent to people who can afford the higher rents.
- We have a significant homeless population that has socioeconomic challenges, they lack access to health care, access to medications, and they are unable to manage their diseases properly.
- The greatest concern is homelessness. Families with children and teens are living in their cars or camping out because they have nowhere to live.

- Seniors are renting a garage or a room because housing is so expensive. About 20% of the homeless are seniors.
- Mental health and substance use problems are so prevalent with the homeless.
- We see substandard housing and multiple families living together or living in garages.
- In our community, a lot of the homeless camp out along the riverbeds and freeway embankments.
- It is very difficult for young, single adults to find affordable housing.
- Foster youth transitioning out of foster care may not have resources to help with housing and this may lead to homelessness.
- We are not distributing the funding for new housing throughout the county. Cities are not implementing a homeless plan for low-income housing. Only a few cities are stepping up, so only those with the most need are getting the attention and funding.
- In our community, the neighborhood residents want to use the park for what the park was intended for and the homeless are living in the parks. This is creating a conflict.
- We don't have many housing resources in Bellflower so we have to refer out of the city. And because people don't have access to transportation, it is hard for them to go elsewhere.

### Educational Attainment

In the service area, 44.3% of the adult population has less than a high school education. This rate is higher than the county (22.3%) and the state (17.9%). 25.3% of the population are high school graduates and 13.5% have a college degree. This is a lower level of college education than seen at the county or state level.

### Educational Attainment

	SFMC Service Area	Los Angeles County	California
Population age 25 and over	574,759	6,712,079	25,554,412
Less than 9th grade	26.9%	13.1%	9.9%
9th to 12 <sup>th</sup> grade, no diploma	17.4%	9.2%	8.0%
High school graduate	25.3%	20.7%	20.6%
Some college, no degree	16.9%	19.4%	21.7%
Associate degree	4.9%	6.9%	7.8%
Bachelor's degree	6.4%	20.1%	20.1%
Graduate or professional degree	2.2%	10.7%	11.9%

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 rates for LAUSD (76.1%), Compton Unified School District (78.8%) and Montebello Unified School District (80.6%) are lower than the county (84.8%) and state

(86.6%). They did not meet the Healthy People 2020 objective of an 87% high school graduation rate.

### High School Graduation Rates, 2016-2017

	Graduation Rate
Compton Unified School District	78.8%
Downey Unified School District	95.4%
Los Angeles Unified School District (LAUSD)	76.1%
Lynwood Unified School District	84.7%
Montebello Unified School District	80.6%
Paramount Unified School District	87.1%
<b>Los Angeles County</b>	<b>84.8%</b>
<b>California</b>	<b>86.6%</b>

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

### Preschool Enrollment

45.5% of 3 and 4 year olds are enrolled in preschool in the hospital service area, which is below state (48.6%) and county (54%) rates. Preschool enrollment in the service area ranged from 35.5% in South Gate to 77.9% in Downey 90240.

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

	ZIP Code	Percent
Bell/Bell Gardens/Cudahy	90201	48.8%
Compton	90220	56.4%
Compton	90221	40.4%
Compton	90222	41.6%
Downey	90240	77.9%
Downey	90241	46.0%
Downey	90242	54.3%
Huntington Park	90255	55.2%
Los Angeles	90001	38.1%
Los Angeles	90002	44.6%
Los Angeles	90003	42.8%
Los Angeles	90044	41.0%
Los Angeles	90059	38.9%
Lynwood	90262	54.4%
Maywood	90270	42.4%
Paramount	90723	38.4%
South Gate	90280	35.5%
<b>SFMC Service Area</b>		<b>45.5%</b>
<b>Los Angeles County</b>		<b>54.0%</b>
<b>California</b>		<b>48.6%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1401. <http://factfinder.census.gov>

## 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. 44% of adults interviewed in the hospital service area responded “yes” to this question. This is lower than the county rate of 56.4%.

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

	SFMC Service Area	Los Angeles County
Children read to daily by parent	44.0%	56.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

## Crime

Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. 58.3% of adults in the service area perceived their neighborhoods to be safe from crime. This is lower than the LA County residents who perceived their neighborhoods to be safe from crime (83.4%).

### Perceived Neighborhood Safe from Crime

	SFMC Service Area	Los Angeles County
Perceived neighborhood safe from crime	58.3%	83.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

## Intimate Partner Violence

11.4% of adults in the service area have reported experiencing physical (hit, slapped, pushed, kicked, etc.) or sexual (unwanted sex) violence by an intimate partner.

### Intimate Partner Violence

	SFMC Service Area	Los Angeles County
Intimate partner violence	11.4%	13.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

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 Los Angeles County “with weapon” domestic violence call rate (66.0%) was higher than the state rate (44.3%). 90.2% of domestic violence calls in Compton involved a weapon.

## Domestic Violence Calls

	Total	Without Weapon	With Weapon	Percent With Weapon
Bell	113	70	43	38.1%
Bell Gardens	212	195	17	8.0%
Compton	457	45	412	90.2%
Cudahy	74	16	58	78.4%
Downey	389	356	33	8.5%
Huntington Park	210	188	22	10.5%
Los Angeles	23,197	5,876	17,321	74.7%
Lynwood	247	36	211	85.4%
Maywood	82	11	71	86.6%
Paramount	223	41	182	81.6%
South Gate	312	212	100	32.1%
<b>Los Angeles County</b>	<b>42,702</b>	<b>14,535</b>	<b>28,167</b>	<b>66.0%</b>
<b>California</b>	<b>169,362</b>	<b>94,260</b>	<b>75,102</b>	<b>44.3%</b>

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.

## Community Input – Violence and Community Safety

Community stakeholders identified the following issues, challenges and barriers related to violence and community safety. Following are their comments, quotes and opinions edited for clarity:

- We get family members who move in with seniors and they take over their households. The senior may have a child on drugs who is stealing from them.
- Because of all the area violence, there is a big need for grief counseling and grief support groups.
- A lot of families are afraid to go out as they don't feel their area is safe.
- Because of unsafe home situations, kids have been removed from their homes, and they are placed in emergency shelters, in group homes or with foster families.
- Children are basically born into gangs in this particular area. So whether they want to be a gang member or not, they've been born into the families of the gangs.
- We see violence in the Emergency Department quite often.
- Domestic violence adversely affects the children, parents and siblings of the abuser and the victim.
- Community violence is a huge issue. There is emotional trauma when you witness it or it is a part of your life or you have a friend or neighbor who has been lost.
- For kids in high school, they are dealing with gang violence and sexual assault.
- There is fear of the police. If I call them they might put me in jail or deport me.
- People do not report assaults out of fear.
- The level of online bullying has increased. Kids are exposed to hate on social media.

## Health Care Access

### Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. Barriers to care can result in unmet health needs, delays in provision of appropriate treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2020 objective is for 100% insurance coverage for all population groups. Among service area children, ages 0 to 17, 96.9% are insured. 85.2% of area adults have insurance.

### Health Insurance Coverage

	SFMC Service Area	Los Angeles County
Insured children, ages 0-17 years	96.9%	96.6%
Insured adults, ages 18-64 years	85.2%	88.3%

*Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health*

In the service area, 80.8% of the total population has health insurance. Downey 90242 has the highest rate of health insurance coverage (87.2%) and Los Angeles 90003 has the lowest rate of health insurance coverage (78.2%) in the service area, followed by Maywood (78.5%) and Huntington Park (78.6%). Health care coverage is higher among service area children, 0 to 18, (92.5%). Downey 90241 has the lowest rate of health insurance coverage for children (88.3%) in the service area. 72.8% of adults, ages 19-64, in the service area have health insurance coverage, with the lowest level found in Maywood (67.7%), followed by Los Angeles 90003 (68.4%) and Huntington Park (68.6%).

### Health Insurance Coverage

	ZIP Code	All Ages	0 to 18 Years	19 to 64 Years
Bell/Bell Gardens/Cudahy	90201	79.0%	92.9%	69.4%
Compton	90220	85.2%	93.4%	79.3%
Compton	90221	81.9%	92.3%	74.6%
Compton	90222	82.3%	91.8%	74.8%
Downey	90240	85.5%	90.6%	80.9%
Downey	90241	84.2%	88.3%	80.1%
Downey	90242	87.2%	91.3%	84.1%
Huntington Park	90255	78.6%	94.2%	68.6%
Los Angeles	90001	79.3%	94.0%	69.4%
Los Angeles	90002	79.1%	93.2%	69.3%
Los Angeles	90003	78.2%	93.0%	68.4%
Los Angeles	90044	81.1%	92.7%	72.6%
Los Angeles	90059	81.6%	93.2%	72.5%
Lynwood	90262	79.7%	91.2%	71.5%
Maywood	90270	78.5%	94.7%	67.7%
Paramount	90723	82.5%	93.2%	75.8%

	ZIP Code	All Ages	0 to 18 Years	19 to 64 Years
South Gate	90280	79.2%	90.6%	71.6%
<b>SFMC Service Area</b>		<b>80.8%</b>	<b>92.5%</b>	<b>72.8%</b>
<b>Los Angeles County</b>		<b>86.7%</b>	<b>94.5%</b>	<b>81.5%</b>
<b>California</b>		<b>89.5%</b>	<b>95.3%</b>	<b>85.2%</b>

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S2701. <http://factfinder.census.gov>

When the type of insurance coverage was examined for the service area, 46.9% of the population in SPA 6 and 29.4% of SPA 7 residents had Medi-Cal coverage. In SPA 6, 24.2% had employment-based insurance and in SPA 7, 38.5% had employment-based insurance.

### Insurance Coverage by Type

	SPA 6	SPA 7	Los Angeles County	California
Medi-Cal	46.9%	29.4%	28.8%	25.8%
Medicare only	0.7%*	1.2%*	1.2%	1.4%
Medi-Cal/Medicare	7.2%	5.0%	4.8%	3.9%
Medicare and others	3.5%	7.0%	7.5%	8.9%
Other public	1.0%*	1.6%*	1.2%	1.3%
Employment based	24.2%	38.5%	39.8%	43.6%
Private purchase	3.3%	5.7%	6.5%	6.3%
No insurance	13.3%	11.7%	10.2%	8.8%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

### Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 95.8% of children and 72.9% of adults in the service area have a regular source of health care.

### Regular Source of Health Care

	SFMC Service Area	Los Angeles County
Children, ages 0-17, with a regular source of health care	95.8%	94.3%
Adults, ages 18-64, with a regular source of health care	72.9%	77.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

In SPA 6, 38.4% of adults access care at a doctor's office, HMO or Kaiser, and 43.3% access care at a clinic or community hospital. 55.9% of adults in SPA 7 access care at a doctor's office, HMO or Kaiser and 25% access care at a clinic or community hospital.

## Sources of Care

	SPA 6	SPA 7	Los Angeles County	California
Dr. office/HMO/Kaiser	38.4%	55.9%	56.1%	59.3%
Community clinic/government clinic/ community hospital	43.3%	25.0%	25.2%	24.2%
ER/Urgent Care	3.8%	2.2%*	2.2%	1.7%
Other	No Data	1.2%*	0.8%	0.8%
No source of care	14.2%	15.7%	15.6%	14.0%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. When access to care through a usual source of care is examined by race/ethnicity, Asians are the least likely to have a usual source of care in SPA 6 (67.5%) and SPA 7 (81.2%).

## Usual Source of Care by Race/Ethnicity

	SPA 6	SPA 7	Los Angeles County	California
African American	91.9%	93.6%*	89.5%	89.4%
Asian	67.5%*	81.2%*	82.6%	84.2%
Latino	83.7%	83.1%*	80.1%	80.8%
White	84.5%*	93.4%*	91.2%	91.1%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

23.6% of the population in SPA 6 and 24.1% of residents in SPA 7 visited an ER in the past 12 months. In SPA 6, adults, 18-64 years old, visited the ER at the highest rates (28.2%), while in SPA 7, seniors visited the ER at the highest rates (24.4%). Low-income residents tend to visit the ER at higher rates than the total population, and those living in poverty visit at the highest rates.

## Use of the Emergency Room

	SPA 6	SPA 7	Los Angeles County	California
Visited ER in last 12 months	23.6%	24.1%	22.0%	21.3%
0-17 years old	12.6%	24.2%	18.3%	18.9%
18-64 years old	28.2%	23.9%	22.9%	21.6%
65 and older	23.6%*	24.4%	24.6%	23.6%
<100% of poverty level	24.7%	29.0%	24.1%	26.3%
<200% of poverty level	23.9%	27.2%	23.6%	24.7%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## 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 SFMC service area and information from the



Uniform Data System (UDS)<sup>1</sup>, 57.8% of the population in the service area is categorized as low-income (200% of Federal Poverty Level) and 26.6% of the population are living in poverty.

There are 15 Section 330 funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area, including: AltaMed Health Services Corp., Benevolence Industries Inc., Central City Community Health Center, Inc., Children’s Clinic Serving Children & Their Families, Complete Care Community Health Center, Inc., Eisner Pediatric & Family Medical Center, Family Health Care Centers of Greater Los Angeles, Inc., JWCH Institute, Inc., Northeast Community Clinic, Inc., Roads Foundation, Inc., South Bay Family Healthcare Center, South Central Family Health Center, St. Johns Well Child & Family Center, University Muslim Medical Association, Inc., and Watts Healthcare Corporation.

Even with Community Health Centers serving the area, there are a considerable number of low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes have a total of 168,429 patients in the service area, which equates to 29.5% penetration among low-income patients and 16.9% penetration among the total population. From 2015 to 2017, the clinic providers added 24,949 patients for a 17.4% increase in patients served by Community Health Centers. However, there remain 401,811 low-income residents, approximately 70.5% of the population at or below 200% FPL that are 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	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
570,240	168,429	29.5%	16.9%	401,811	70.5%

Source: UDS Mapper, 2016. <http://www.udsmapper.org>

#### Delayed or Forgone Care

Individuals who receive services in a timely manner have greater opportunity to prevent or detect disease during earlier, treatable stages. A delay of necessary care can lead to an increased risk of complications. Residents in SPA 7 (10.4%) delayed or did not get medical care when needed at higher rates than SPA 6 residents (8.5%). 4.3% of residents in SPA 6 ultimately went without needed medical care, while 6.6% of residents in SPA 7 ended up having to forgo needed care. Reasons for a delay in care or going

<sup>1</sup> 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)

without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 45.6% of SPA 6 and 39.9% of SPA 7 residents who delayed or went without care listed “cost/insurance Issues” as a barrier. SPA 6 residents were slightly more likely to delay or forego prescriptions (8.9%) than were SPA 7 residents (8.5%).

### Delayed Care in Past 12 Months, All Ages

	SPA 6	SPA 7	Los Angeles County	California
Delayed or did not get medical care	8.5%	10.4%	10.9%	10.5%
Had to forgo needed medical care	4.3%	6.6%	6.5%	6.2%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	45.6%	39.9%	46.5%	45.8%
Delayed or did not get prescription meds	8.9%	8.5%	8.6%	9.0%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

### Lack of Care Due to Cost

7.9% of children in SPA 6 and 7.8% in SPA 7 were unable to afford a checkup or physical exam within the prior 12 months. 5.8% of children in SPA 6 and 7.7% in SPA 7 were unable to afford prescription medications in the past 12 months.

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

	SPA 6	SPA 7	Los Angeles County
Child unable to afford medical checkup or physical exam	7.9%	7.8%	8.3%
Child unable to afford to see doctor for illness or other health problem	7.4%	7.2%	6.4%
Child unable to afford prescription medication	5.8%	7.7%	6.3%

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

### Community Input – Access to Health Care

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

- The cost of health care keeps people away unless their issue is severe or life threatening. People will try and treat themselves as they fear receiving a sizeable bill.
- Some Latino immigrants will deny care because they are afraid of immigration services. They don't want to be identified or targeted. They are fearful.
- Lack of transportation is a barrier to health care. This is especially true for seniors.
- Health care resources are available. What the real issue is how confusing the health care system is. People are afraid to access services and they don't know how to manage the paperwork and rules.

- There are people who still lack health care insurance.
- The immigrant population is really challenged with access to care. Nonimmigrant issues are transportation and insurance.
- If you call an ambulance it takes it too long to arrive and the hospital is really far away. Once you are at the hospital, it takes 4 or 5 hours to be seen.
- Access is not just the care providers, but the requirement for benefits. Many people are still not familiar what is available through the Affordable Care Act and government-sponsored health agencies. Also, there is political concern with immigrants seeking care at government facilities if they try to renew their green cards. I've heard immigrant attorneys tell clients not to seek services because of the possibility they could be reported and deported.
- The medications I pay for are extremely expensive.
- There are not enough appointments. It takes a long time to get into the clinic.
- There are more health care resources available for children than for adults.
- To get an appointment takes months. And then to get a blood draw takes months. And then to get the results takes months.
- The waits for care are so long sometimes. The idea of having to go and wait all day makes me re-think even going until I feel REALLY bad. I just put it off and hope it goes away.

## Dental Care

Oral health is essential to a person's overall health and wellbeing. 55.3% of adults in the service area did not visit a dentist in the past year. 10.3% of children in the service area did not obtain dental care in the past year because they could not afford it.

### Delay of Dental Care

	SFMC Service Area	Los Angeles County
Adults who did not see a dentist or go to a dental clinic in the past year	55.3%	40.7%
Children, ages 3-17, who did not obtain dental care (including check-ups) in the past year because they could not afford it	10.3%	11.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

18.4 % of children in SPA 6 and 19.3% in SPA 7 had never been to a dentist; these are higher rates than seen in LA County (15.4%) and the state (15.5%). In SPA 6 and SPA 7, all teens had been to the dentist.

## Delay of Dental Care among Children and Teens

	SPA 6	SPA 7	Los Angeles County	California
Children never been to the dentist	18.4%	19.3%	15.4%	15.5%
Children been to dentist less than 6 months to 2 years	80.6%*	80.1%*	83.4%*	83.7%
Teens never been to the dentist	0.0%*	0.0%*	2.8%*	1.8%
Teens been to dentist less than 6 months to 2 years	83.5%*	90.6%*	95.6%*	95.8%

Source: California Health Interview Survey, Children 2013-2017, Teens 2013, 2014 & 2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size

### Community Input – Dental Care

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

- People wait until they cannot take the dental pain anymore and then they go to the hospital.
- Medi-Cal does not cover 100% of dental care. People don't have enough money to get the dental care they need.
- Dental insurance and dental care are more difficult to access than medical health care.
- People go to Tijuana for their dental care because it is so expensive to get care here.
- People cannot eat certain foods because their teeth hurt or they are missing teeth.
- Seniors need help with dental care. Even if they have Medicare, they do not have enough money to pay for the entire cost of the procedures.
- There is a lack of dental resources in the community.
- Dental care tends to be a low priority for families as there are competing priorities to survive on limited incomes. It is normal to see older people who don't have any teeth or are missing teeth. People think this is normal.
- We have entire families sharing a single toothbrush.
- The people I work with do not see dental health as something that is important to their overall health and wellbeing. More education and outreach is needed.
- We need to work with young mothers to help them understand the importance of getting their kids in for regular dental checkups.
- Dental care is extremely expensive. People have to make decisions if they can afford a dental checkup or eating, or keeping the lights on. Dental health loses out almost every time.
- It is a huge health problem in low-income communities. Medicaid has limited reach and dental care is very expensive. There aren't many dental clinics that are government-funded agencies that will take everyone, regardless of ability to pay. Every year there are free medical and dental health fairs provided by organizations.

They are packed with low-income people who cannot pay for services. It is an indication of how great the need is.

- Children may have dental coverage but their parents do not take them to the dentist. It is because of a lack of information and understanding.

## Birth Indicators

### Births

From 2013 to 2015, there was an average of 15,939 births in the hospital service area.

### Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 786.5 per 1,000 live births, which is higher than county (581.2 per 1,000 live births) or state (524.0 per 1,000 live births) rates.

### Delivery Paid by Public Insurance or Self-Pay, per 1,000 Live Births

	SFMC Service Area	Los Angeles County	California
Delivery paid by public insurance or self-pay	786.5	581.2	524.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

### Prenatal Care

Pregnant women in the service area entered prenatal care in the first trimester at a rate of 81.9%. This exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

### Mother Received Early Prenatal Care, among All Live Births

	SFMC Service Area	Los Angeles County
Early prenatal care	81.9%	82.9%

Source: 2016 Birth Statistical File; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, July 2018.

### Teen Birth Rate

Teen births occurred at a rate of 95.8 (9.6%) per 1,000 live births in the service area. This is higher than the teen birth rate in the county (55.5 per 1,000 live births) and state (55.4 per 1,000 live births).

### Births to Teenage Mothers (Under Age 20)

	SFMC Service Area	Los Angeles County	California
Births to teen mothers	9.6%	5.6%	5.5%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

### Premature Birth

The rate of premature births (occurring before the start of the 37<sup>th</sup> week of gestation) in the service area, is 5.9% (58.5 per 1,000 live births). This rate of premature births is higher than the county and state rate (5.3%) of premature births.

### Premature Birth, before Start of 37<sup>th</sup> Week or Unknown, per 1,000 Live Births

	SFMC Service Area	Los Angeles County	California
Premature birth	5.9%	5.3%	5.3%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

### Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possible death. The service area rate of low birth weight babies is 7.5% (75.0 per 1,000 live births). This is higher than county (7.1%) and state (6.8%) rates. The service area rate meets the Healthy People 2020 objective of 7.8% low birth weight births.

### Low Birth Weight (<2,500 g), per 1,000 Live Births

	SFMC Service Area	Los Angeles County	California
Low birth weight	7.5%	7.1%	6.8%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

### Mother Smoked Regularly During Pregnancy

The service area rate of mothers who smoked regularly during pregnancy was 3.5% (35.4 per 1,000 live births), which is higher than the county rate (2.1%) and state rate (2.4%).

### Mothers Who Smoked Regularly During Pregnancy, per 1,000 Live Births

	SFMC Service Area	Los Angeles County	California

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

### Infant Mortality

The infant (less than one year of age) mortality rate in the service area was 5.2 deaths per 1,000 live births. The infant death rate is less than the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

### Infant Death Rate, per 1,000 Live Births

	SFMC Service Area	Los Angeles County
Infant death rate	5.2	4.1

Source: 2012-2016 Birth Statistical File; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, July 2018. Five years combined. 2016 Death Statistical File; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, July 2018.

### Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. Breastfeeding data are collected by hospitals on the Newborn

Screening Test Form. Breastfeeding rates at St. Francis Medical Center indicate 85.4% of new mothers breastfeed and 42.4% breastfeed exclusively. These rates of breastfeeding are lower than the breastfeeding rates at hospitals in the county and state.

### In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
St. Francis Medical Center	3,458	85.4%	1,719	42.4%
<b>Los Angeles County</b>	<b>101,802</b>	<b>93.9%</b>	<b>67,939</b>	<b>62.6%</b>
<b>California</b>	<b>384,637</b>	<b>93.9%</b>	<b>285,146</b>	<b>69.6%</b>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at St. Francis Medical Center. Among Latina mothers, 87.8% initiate breastfeeding and 43.4% breastfeed exclusively. Among African American mothers, 69.8% initiate breastfeeding and 32.2% breastfeed exclusively. Among White mothers, 88.4% initiate breastfeeding and 53.5% breastfeed exclusively. 79.5% of Asian mothers chose to breastfeed and 51.3% breastfeed exclusively. 85.6% of mothers of multiple race breastfeed and 65.4% breastfeed exclusively.

### In-Hospital Breastfeeding, St. Francis Medical Center, by Race/Ethnicity

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latino/Hispanic	2,878	87.8%	1,424	43.4%
African American	358	69.8%	165	32.2%
White	76	88.4%	46	53.5%
Asian	31	79.5%	20	51.3%
Multiple race	22	85.6%	17	65.4%
<b>St. Francis Medical Center</b>	<b>3,458</b>	<b>85.4%</b>	<b>1,719</b>	<b>42.4%</b>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

### Community Input – Birth Indicators

Community stakeholders identified the following issues, challenges and barriers related to birth indicators. Following are their comments, quotes and opinions edited for clarity:

- Vaccines and prenatal care are very important. For first time mothers learning to breast feed, it is a way to keep babies healthy.
- The challenges are a lack of available obstetric care and outpatient services.
- Women may not be aware of the available resources for prenatal care.
- So many young people don't have basic life skills. They only know what they have been shown in their direct, immediate family. Important life skills are not passed down or they are coming out of foster care and it wasn't passed down to them. So



many young moms don't commit to breastfeeding and they give up very easily.

- For low-income and immigrant communities, there is lack of comfort and trust. They will not go to organizations for breastfeeding information or follow-up. They go to a family member or a neighbor for information. Some families feel that breastfeeding is something that is too intimate to discuss with a stranger.
- Teen pregnancy is an ongoing issue among our families.
- For pregnant patients who have a mental health condition or they are experiencing a mental health issue, it is hard to find them care. It is hard to find mental health care anyway, but it is especially difficult if you are pregnant.

## Leading Causes of Death

### Life Expectancy at Birth

Life expectancy in the hospital service area communities ranged from 76.9 years in Los Angeles City Council District 8 to 86.8 years in Maywood.

### Life Expectancy at Birth

	Years of Life Expected
Bell	85.1
Bell Gardens	82.0
Compton	77.1
Cudahy	85.5
Downey	82.3
Huntington Park	83.2
Los Angeles City Council District 8	76.9
Los Angeles City Council District 15	81.2
Lynwood	81.3
Maywood	86.8
Paramount	80.5
South Gate	84.7
<b>Los Angeles County</b>	<b>82.3</b>

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

### Leading Causes of Death

Heart disease, cancer, and stroke are the top three causes of death in the service area. Diabetes is the fourth leading cause of death and Chronic Lower Respiratory Disease is the fifth leading cause of death. These causes of death are reported as age-adjusted death rates. Age-adjusting eliminates the bias of age in the makeup of the populations that are compared. When comparing across geographic areas, age-adjusting is used to control the influence that population age distributions might have on health event rates.

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

	SFMC Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	3,425	190.0	166.9	161.5	No Objective
Ischemic heart disease	2,302	128.1	120.4	103.8	103.4
Cancer	3,126	162.4	150.6	158.4	161.4
Stroke	817	45.9	35.6	38.2	34.8
Diabetes	792	42.1	23.9	22.6	Not Comparable

	SFMC Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Chronic Lower Respiratory Disease	598	34.5	30.9	36.0	Not Comparable
Alzheimer's disease	511	32.6	32.2	35.5	No Objective
Pneumonia and influenza	441	25.7	22.7	16.8	No Objective
Unintentional injuries	582	22.7	21.5	31.8	36.4
Liver disease	454	21.2	14.4	13.8	8.2
Kidney disease	326	18.1	11.1	8.5	Not Comparable
Homicide	372	11.6	5.4	4.9	5.5
Suicide	136	4.8	7.8	11.0	10.2
HIV	81	3.2	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) was higher in the service area (128.1 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 was higher than the Healthy People 2020 objective of 103.4 heart disease deaths per 100,000 persons.

The age-adjusted rate of death from stroke was higher in the service area (45.9 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 is higher than the Healthy People 2020 objective of 34.8 stroke deaths per 100,000 persons.

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	3,425	190.0	166.9	161.5
Ischemic heart disease death rate	2,302	128.1	120.4	103.8
Stroke death rate	817	45.9	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.

### Cancer

In the service area, the age-adjusted cancer mortality rate was 162.4 per 100,000 persons. This was higher than the state rate of 158.4 per 100,000 persons. The cancer death rate in the service area exceeds the Healthy People 2020 objective of 161.4

cancer deaths per 100,000 persons.

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	3,126	162.4	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 Los Angeles 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
<b>Cancer all sites</b>	<b>142.1</b>	<b>146.6</b>
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

**Breast Cancer**

Breast cancer is a leading cause of cancer death among women in the United States. The breast cancer death rate in the hospital service area was 23.1 per 100,000 females. This was higher than the county rate of 19.5 per 100,000 females.

**Breast Cancer Mortality Rate, per 100,000 Females**

	SFMC Service Area	Los Angeles County
Breast cancer death rate	23.1	19.5

Source: 2014-2016 Los Angeles County Linked Death Data, California Department of Public Health; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

## Lung Cancer

The service area lung cancer death rate was 32.2 per 100,000 persons, higher than the county rate of 26.4 per 100,000 persons.

### Lung Cancer Mortality Rate, per 100,000 Persons

	SFMC Service Area	Los Angeles County
Lung cancer death rate	32.2	26.4

Source: 2014-2016 Los Angeles County Linked Death Data, California Department of Public Health; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

## Colorectal Cancer

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer—cancer of the colon or rectum—is one of the most commonly diagnosed cancers and is the second leading cancer killer in the United States. In the service area, the colorectal cancer death rate was 15.2 per 100,000 persons. This was less than the county rate for colorectal cancer deaths (26.4 per 100,000 persons).

### Colorectal Cancer Mortality Rate, per 100,000 Persons

	SFMC Service Area	Los Angeles County
Colorectal cancer death rate	15.2	26.4

Source: 2014-2016 Los Angeles County Linked Death Data, California Department of Public Health; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

## Diabetes

Diabetes is a leading cause of death and disproportionately affects minority populations and the elderly. Its incidence is likely to increase as minority populations grow and the population ages. In the service area, the diabetes death rate was 42.1 per 100,000 persons, which was higher than county and state rates.

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	792	42.1	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 (CLRD)

Chronic Lower Respiratory Disease refers to a group of diseases that cause airflow blockage and breathing-related problems. This includes COPD (chronic obstructive pulmonary disease), chronic bronchitis and emphysema. In the service area, the CLRD death rate was 34.5 per 100,000 persons. This was higher than county rates and lower than state rates.

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	598	34.5	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. and Epidemiology, Los Angeles County Department of Public Health

### Alzheimer's Disease

Alzheimer's disease is the most common form of dementia, accounting for 50% to 80% of dementia cases. In the service area, the Alzheimer's disease death rate was 32.6 per 100,000 persons. This was higher than the county rate and lower than the state rate.

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's death rate	511	32.6	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.

### Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area was 22.7 per 100,000 persons. The death rate from unintentional injuries was lower than the Healthy People 2020 objective of 36.4 deaths per 100,000 persons.

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	582	22.7	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.

### Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 25.7 per 100,000 persons, which was higher than county and state rates.

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	441	25.7	22.7	16.8

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.

### Liver Disease

In the service area, the liver disease death rate was 21.2 per 100,000 persons. The service area rate 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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	454	21.2	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

### Homicide

In the service area, the age-adjusted death rate from homicides was 11.6 per 100,000 persons. This rate was more than double the county and state rates for homicides. The Healthy People 2020 objective for homicide is 5.5 per 100,000 persons.

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	372	11.6	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.

### Suicide

In the service area, the age-adjusted death rate due to suicide was 4.8 per 100,000 persons. The Healthy People 2020 objective for suicide is 10.2 per 100,000 persons.

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	136	4.8	7.8	11.0

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

### Drug Overdose

The death rate due to drug overdose has increased over the last few decades. In the service area, the death rate due to drug overdose in total Years of Potential Life Lost (YPLL) was 175.0 per 100,000 persons.

### Drug Overdose Death Rate (YPLL), per 100,000 Persons

	SFMC Service Area	Los Angeles County
Drug overdose death rate	175.0	209.0

Source: 2014-2016 Los Angeles County Linked Death Data, California Department of Public Health; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

### Motor Vehicle Crashes

The death rate due to motor vehicle crashes in total Years of Potential Life Lost (YPLL) was 345.7 per 100,000 populations among service area residents.

### Motor Vehicle Crash Death Rate (YPLL), per 100,000 Persons

	SFMC Service Area	Los Angeles County
Motor vehicle crash death rate	345.7	237.2

Source: 2014-2016 Los Angeles County Linked Death Data, California Department of Public Health; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

### Kidney Disease

In the service area, the kidney disease death rate was 18.1 per 100,000 persons. This rate was higher than county and state rates of death from kidney disease.

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	326	18.1	11.1	8.5

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.

### HIV

In the service area, the death rate from HIV was 3.2 per 100,000 persons. This rate was higher than the county HIV death rate (2.4) and the state rate of HIV death (1.9).

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

	SFMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	81	3.2	2.4	1.9

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.



## Acute and Chronic Disease

### Diabetes

In the hospital service area 12.2% of adults have been diagnosed with diabetes.

#### Adult Diabetes

	SFMC Service Area	Los Angeles County
Adult diabetes	12.2%	9.8%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Among adults in SPA 6, 13.8% have been diagnosed as pre-diabetic and 14% have been diagnosed with diabetes. 16.1% of adults in SPA 7 reported they have been diagnosed as pre-diabetic and 13.3% have been diagnosed with diabetes. For adults with diabetes, 59.3% in SPA 6 felt very confident that they could control their diabetes and 51.9% of adults with diabetes in SPA 7 felt very confident that they could control their diabetes.

#### Adult Diabetes

	SPA 6	SPA 7	Los Angeles County	California
Diagnosed pre-diabetic	13.8%	16.1%	13.7%	13.3%
Diagnosed with diabetes	14.0%	13.3%	10.3%	9.6%
Very confident to control diabetes	59.3%	51.9%	56.5%	58.7%
Somewhat confident	33.2%	39.9%	33.0%	32.9%
Not confident	7.5%*	8.2%*	10.5%	8.4%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

Among Latino adults, 12.1% in SPA 6 and 14.3% in SPA 7 have been diagnosed with diabetes. The percent of African Americans, Asians and Whites with diabetes in SPA 6 exceed the county and state rates. The percent of Latinos, Asians and Whites with diabetes in SPA 7 exceed county and state rates.

#### Adult Diabetes by Race/Ethnicity

	SPA 6	SPA 7	Los Angeles County	California
Latino	12.1%	14.3%	12.4%	11.6%
African American	19.9%	8.5%*	15.3%	12.8%
Asian	9.2%*	9.0%*	8.2%	8.8%
White	21.0%*	12.4%	7.2%	7.9%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

Diabetes is an Ambulatory Care Sensitive (ACS) condition defined by the Agency for

Healthcare Research and Quality as a condition resulting in hospital admissions that with improved high-quality outpatient care could have been avoided, and result in lower cost to the hospital and better quality of life for the patient. In the service area, diabetes-related hospitalizations occur at a rate of 22.9 per 10,000 persons.

### Diabetes-Related Hospitalization Rate, per 10,000 Persons

	SFMC Service Area	Los Angeles County
Diabetes hospitalization	22.9	15.7

Source: California Office of Statewide Health Planning and Development, 2016 Nonpublic Patient Discharge Data (AB2876 File); July 1, 2016 Population Estimates, prepared for Urban Research, LA County ISD, released 2017/04/01 (catchment areas); U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates (Los Angeles County). Includes Los Angeles County residents who went to licensed hospitals in Los Angeles County with principal diagnosis of diabetes mellitus (ICD-10 codes: E10-E14). Geography was defined by patients' residential ZIP Codes.

### High Blood Pressure

Hypertension (high blood pressure) is a co-morbidity factor for diabetes and heart disease. 22.0% of adults in the service area have been diagnosed with hypertension. The Healthy People 2020 objective is to reduce the proportion of adults with high blood pressure to 26.9%.

### Adults with Hypertension

	SFMC Service Area	Los Angeles County
Hypertension	22.9%	23.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Among adults in SPA 6, 52.9% of African Americans indicated they have high blood pressure. In SPA 7, 43.8% of Whites and 28.1% of Latinos reported high blood pressure.

### Adult High Blood Pressure by Race/Ethnicity

	SPA 6	SPA 7	Los Angeles County	California
African American	52.9%	27.0%*	43.3%	40.7%
Asian	27.9%*	22.4%*	24.3%	23.1%
Latino	23.5%	28.1%	26.4%	25.3%
White	27.5%*	43.8%	30.3%	31.5%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size

The rate of hypertension-related hospital admissions in the service area was 6.8 per 10,000 persons. This rate is higher than in the county (5.1 per 10,000 persons).

## Hypertension Hospitalization Rate, per 10,000 Persons

	SFMC Service Area	Los Angeles County
Hypertension hospitalization	6.8	5.1

Source: California Office of Statewide Health Planning and Development, 2016 Nonpublic Patient Discharge Data (AB2876 File); July 1, 2016 Population Estimates, prepared for Urban Research, LA County ISD, released 2017/04/01 (catchment areas); U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates (Los Angeles County). Includes Los Angeles County residents who went to licensed hospitals in Los Angeles County with principal diagnosis of hypertension (ICD-10 codes: I10, I12, I15). Geography was defined by patients' residential ZIP Codes.

## Heart Disease

For adults in SPA 6, 6.1% reported they have been diagnosed with heart disease and 5.3% of SPA 7 adults reported a heart disease diagnosis. Among adults diagnosed with heart disease, 67.8% in SPA 6 were given a management care plan and 61.8% in SPA 7 were given a management care plan by a health care provider.

## Adult Heart Disease

	SPA 6	SPA 7	Los Angeles County	California
Diagnosed with heart disease	6.1%	5.3%*	5.8%	6.4%
Has a management care plan	67.8%*	61.8%	69.1%	72.1%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size

SPA 6 has higher rates of heart disease among African Americans (8%), Asians (10.1%) and Latinos (5.1%) than were reported in the county or the state. The rate of heart disease among SPA 7 Whites (10.2%) exceeds the county and state rate of heart disease among Whites.

## Adult Heart Disease by Race/Ethnicity

	SPA 6	SPA 7	Los Angeles County	California
African American	8.0%*	No Data	6.7%	5.9%
Asian	10.1%*	2.9%*	4.4%	4.7%
Latino	5.1%*	4.6%*	4.6%	4.3%
White	6.2%*	10.2%	8.2%	8.7%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Asthma

In the service area, 9.3% of children have been diagnosed with asthma (ever diagnosed and reported still having asthma and/or having an asthma attack in the past year). This is higher than the county rate (7.4%).

## Pediatric Asthma

	SFMC Service Area	Los Angeles County
Pediatric asthma	9.3%	7.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

The rate of hospital admissions in the service area for pediatric asthma was 12.4 per 10,000 children.

### Asthma-Related Hospital Admissions, per 10,000 Children

	SFMC Service Area	Los Angeles County
Pediatric asthma hospitalizations	12.4	10.8

Source: California Office of Statewide Health Planning and Development, 2016 Nonpublic Patient Discharge Data (AB2876 File); July 1, 2016 Population Estimates, prepared for Urban Research, LA County ISD, released 2017/04/01 (catchment areas); U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates (Los Angeles County). Includes Los Angeles County residents who went to licensed hospitals in Los Angeles County with principal diagnosis of asthma (ICD-10 codes: J45-J46; ages 0-17 years). Geography was defined by patients' residential ZIP Codes.

In SPA 6, 10% of the population has been diagnosed with asthma. 12.4% of persons in SPA 7 have been diagnosed with asthma. Among those with asthma, 56.3% in SPA 6 and 37.8% in SPA 7 take daily medication to control their symptoms.

### Asthma

	SPA 6	SPA 7	Los Angeles County
Ever diagnosed with asthma, total population	10.0%	12.4%	13.1%
Takes daily medication to control asthma, total asthmatic population	56.3%	37.8%	43.7%
Diagnosed with and currently has asthma and/or had an attack in past year, 0-17 years old*	7.8%	9.8%	7.4%
ER or Urgent Care visit in past year due to asthma, 0-17 years old*	48.5%	34.2%*	38.7%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

### Cancer

Cancer incidence rates are available at the county level. In Los Angeles County, cancer rates are lower overall than at the state level. However, the 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
<b>Cancer all sites</b>	<b>375.5</b>	<b>395.2</b>
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

	Los Angeles County	California
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

The rate of newly-diagnosed breast cancer in service area communities ranged from a low of 79.3 per 100,000 females in Los Angeles City Council District 15 to a high of 144.2 per 100,000 females in Los Angeles City Council District 8.

#### Newly Diagnosed Breast Cancer Cases, per 100,000 Females

	Rate
Bell	83.4
Bell Gardens	97.4
Compton	125.0
Downey	132.7
Huntington Park	88.8
Los Angeles City Council District 8	144.2
Los Angeles City Council District 15	79.3
Lynwood	106.2
Paramount	115.9
South Gate	109.2
<b>Los Angeles County</b>	<b>140.5</b>

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>. Some cities are not available due to insufficient numbers for statistical validity or privacy concerns.

The rate of newly-diagnosed colon cancer in service area communities ranged from a low of 31.5 per 100,000 persons in Los Angeles City Council District 15 to a high of 40.6 cases per 100,000 persons in Downey.

## Newly Diagnosed Colon Cancer Cases, per 100,000 Persons

	Rate
Compton	38.9
Downey	40.6
Huntington Park	38.0
Los Angeles City Council District 8	39.6
Los Angeles City Council District 15	31.5
Lynwood	38.5
Paramount	40.2
South Gate	35.6
<b>Los Angeles County</b>	<b>37.9</b>

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> Some cities not available due to insufficient numbers for statistical validity or privacy concerns.

## HIV

In the service area, the incidence of HIV (annual new cases), for persons ages 13 and older, was 29.6 per 100,000 persons. The service area HIV incidence rate was more than twice the county rate of HIV (22.7 per 100,000 persons).

## Incidence of HIV, Ages 13+, per 100,000 Persons

	SFMC Service Area	Los Angeles County
HIV incidence	29.6	22.7

Source: 2016 new HIV diagnosis based on June 2018 enhanced HIV Surveillance Database; Division of HIV and STD programs, Los Angeles County Department of Public Health

## Community Input – Chronic Diseases

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

- There are so many kids with allergy-related symptoms and this impacts asthma. Parents need education on clean conditions in the home to minimize symptoms.
- There is a high prevalence of obesity that results in people developing diabetes and heart disease.
- I'm a diabetic and have to get blood tests done regularly. The doctor isn't allowed to do the blood draw because Medicare won't pay for it, so I have to go to a phlebotomist. This means I have to go to another office and wait for my blood draw.
- There is poor understanding of chronic diseases. People feel if they take medications for a short period of time, they will get better. But once they are diagnosed, they face lifelong challenges.
- Medication compliance is so important when dealing with chronic diseases. The cost of medications and transportation to access medications are barriers.
- People are less mobile, they don't walk as much. We are isolated in our cars.

- Many issues are interrelated with chronic diseases: poor housing, food insecurity, homelessness, and lack of health care access.
- Depending on your level of income, you can experience transportation issues, barriers with access to physicians, low levels of health literacy and language barriers.
- With lung disease, patients often don't administer their medications properly. They do not know how to manage their symptoms before they become so severe that their condition becomes an emergency.
- There needs to be more education around cancer awareness. Among African Americans and Latinos, the incidence is not greater, but their mortality is higher because the cancer is not being detected early.
- In some families, there are so many family members with chronic diseases they are desensitized to it.
- We are not able to access specialists who can help treat chronic diseases.
- Women with cancer may delay talking to anyone about changes in their breasts until the cancer is well advanced.

## Health Behaviors

### Health Behaviors Ranking

The County Health Rankings measures healthy behaviors and ranks counties according to health behavior data. California's 57 counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 puts LA County in the top 20% of California counties for health behaviors.

### Health Behaviors Ranking

	County Ranking (out of 57)
Los Angeles County	11

Source: County Health Rankings, 2018. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### Health Status

Among the residents in the service area, 27.1% rate themselves as being in fair or poor health, which is higher than the county rate of 21.5%.

### Adult Health status, Fair or Poor Health

	SFMC Service Area	Los Angeles County
Fair or poor health status, adults	27.1%	21.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

### Limited Activity Due to Poor Health

Adults in the hospital service area limited their activities due to poor mental or physical health on an average of 2.2 days in the previous month.

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

	SFMC Service Area	Los Angeles County
Days of limited activities from poor health	2.2	2.3

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

### Disability

26.3% of adults in SPA 6 and 18.9% of adults in SPA 7 reported they had a physical, mental or emotional disability. The rate of disability in the county was 22.6%.

### Adults with a Disability

	SPA 6	SPA 7	Los Angeles County
Adults with a disability	26.3%	18.9%	22.6%

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



## Children with Special Health Care Needs

In the hospital service area, 13.6% of children were reported by their caretakers to meet the criteria of having a special health care need. This rate was lower than in the county.

### Children with Special Health Care Needs

	SFMC Service Area	Los Angeles County
Children with special needs	13.6%	14.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

## Sexually Transmitted Infections

The rate of new cases of sexually transmitted infections (STIs) was higher in the service area for chlamydia and gonorrhea than in the county. The rate of new cases of chlamydia was 714.5 per 100,000 persons. The rate of new cases of gonorrhea was 261.9 per 100,000 persons. The rate of new cases of syphilis was 17.7 per 100,000 persons.

### STI Incidence, Annual New Cases, per 100,000 Persons

	SFMC Service Area	Los Angeles County
Chlamydia	714.5	572.4
Gonorrhea	261.9	215.8
Primary and secondary syphilis	17.7	17.7

Source: 2016 STD Surveillance Database; Division of HIV and STD programs, Los Angeles County Department of Public Health

## Teen Sexual History

In SPA 6, 95.7% of teens, ages of 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex. 95.2% of teens in SPA 7 reported they had never had sex. SPA 6 and SPA 7 had a higher rate of abstinence than seen at the county (88.1%) or state (82.9%) level.

### Teen Sexual History, 14 to 17 Years Old

	SPA 6	SPA 7	Los Angeles County	California
Teens never had sex	95.7%*	95.2%*	88.1%*	82.9%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Community Input – Sexually Transmitted Infections

Community stakeholders identified the following issues, challenges and barriers related to sexually transmitted infections (STIs). Following are their comments, quotes and opinions edited for clarity:

- Parents continue to be reluctant to talk to their kids about sexual issues.
- There is less condom use, which is leading to more STIs.
- It's cultural that we don't talk about sex and prevention.

- The rates of STIs are skyrocketing.
- I know most of my teenage students do not have any knowledge of STIs. They have not received sex education and do not know about protection.
- There are a lot of prostitutes on Long Beach Blvd. in Lynwood. The police say they're going to do a program of 'Zero Tolerance' but all that does is move them from one end of the boulevard to the other, or one city to the next. And then the men take those diseases home to their wives.
- We need easy access to condoms, birth control and vaccines for HPV.

### Overweight and Obesity

19.6% of children in SPA 6 and 10.4% in SPA 7 are overweight. 31.6% of teens in SPA 6 and 22.5% in SPA 7 are overweight. This was higher than the county rate of overweight teens (18.8%). 37.6% of adults in SPA 6 and 32.7% of adults in SPA 7 are overweight. The rate of overweight adults in SPA 6 was higher than the county rate of overweight adults (33.7%).

### Overweight For Age

	SPA 6	SPA 7	Los Angeles County	California
Adults	37.6%	32.7%	33.7%	34.5%
Teens	31.6%	22.5%*	18.8%	16.9%
Children	19.6%	10.4%*	13.7%	15.3%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

31.6% of adults in the service area are obese with a Body Mass Index of 30.0 or above. This is higher than the rate of obesity in the county (23.5%). The Healthy People 2020 objective for adult obesity is 30.5%.

### Adult Obesity

	SFMC Service Area	Los Angeles County
Adult obesity	31.6%	23.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

The Healthy People 2020 objective for teen obesity is 16.1%. 22.8% of teens in SPA 6 and 9.3% of teens in SPA 7 are obese.

### Teen Obesity

	SPA 6	SPA 7	Los Angeles County	California
Teen obesity	22.8%*	9.3%*	14.3%	18.1%

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

In SPA 6, 77.9% of African Americans and 75.8% of Latinos are overweight and obese.

In SPA 7, 70.8% of African Americans and 72.5% of Latinos are overweight and obese. Rates of overweight and obesity among Whites in SPA 6 and SPA 7 exceed county rates. Asians have the lowest rates of overweight and obesity in SPA 6 and SPA 7.

### Adults, Overweight and Obese by Race/Ethnicity

	SPA 6	SPA 7	Los Angeles County	California
African American	77.9%	70.8%	74.9%	71.9%
Asian	49.9%*	40.2%*	40.2%	42.2%
Latino	75.8%	72.5%	72.4%	72.6%
White	57.8%*	67.4%	56.1%	58.4%

Source: California Health Interview Survey, 2014-2017. <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). The area school district with the highest percentage of 5<sup>th</sup> graders needing improvement or at health risk was Compton Unified (56.4%). Compton Unified also had the highest rates of 7<sup>th</sup> graders (53.3%) and 9<sup>th</sup> graders (50.3%) needing improvement or at health risk.

### 5<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup> Graders; Body Composition, ‘Needs Improvement’ and ‘Health Risk’

School Districts	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Compton Unified	19.0%	37.4%	20.0%	33.3%	20.4%	29.9%
Downey Unified	20.3%	20.5%	20.6%	23.8%	21.9%	22.2%
Los Angeles Unified	20.4%	30.1%	21.2%	25.9%	22.1%	24.3%
Lynwood Unified	20.2%	27.6%	20.1%	29.9%	20.5%	26.1%
Montebello Unified	26.0%	19.8%	28.1%	15.2%	27.4%	16.1%
Paramount Unified	22.8%	30.1%	19.7%	27.9%	21.9%	24.7%
<b>Los Angeles County</b>	<b>19.9%</b>	<b>25.3%</b>	<b>19.9%</b>	<b>21.9%</b>	<b>20.4%</b>	<b>20.1%</b>
<b>California</b>	<b>19.2%</b>	<b>21.5%</b>	<b>19.1%</b>	<b>19.6%</b>	<b>19.2%</b>	<b>18.0%</b>

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>

### Community Input – Overweight and Obesity

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

- We see parents buying their kids junk food after the kids have thrown their school lunches in the trash.

- Kids go to the coffee shop and eat donuts and cookies and drink coffee. Then they'll stop by the liquor store and buy the big bag of cheese puffs or hot Cheetos and buy candy and Sprite.
- We don't have a park where people can exercise and play sports, and kids can play.
- There is a lack of physical activity and there are not many after-school programs in our community for students to go and be physically active.
- The local park is remodeling and getting more programs. More people are exercising and attending aerobic classes over in the gym. We are even seeing people riding bikes. Some of the people are getting more exercise conscious.
- There are people who have no idea how to select or prepare healthy foods or about the high sugar content in products.
- We see a lot of on-the-go eating, missed meals and fast foods. You can still buy soda and candy in vending machines.
- There is limited access to fresh fruits and vegetables and easy access to junk food.
- People with busy lives have a hard time finding time to exercise and stick with it.

### Fast Food

Adults in SPA 6, ages 18-64, consume fast food at higher rates than children, teens or seniors. In SPA 6, 32.4% of adults, 21% of children and 16.1% of seniors consume fast food three or more times per week. 18.1% of adults, 21% of children and 11.7% of seniors in SPA 7 consume fast food three or more times per week. SPA 6 fast food consumption exceeds the LA County rate.

### Fast Food Consumption, Three or More Times a Week

	SPA 6	SPA 7	Los Angeles County	California
Adult, ages 18-64	32.4%	18.1%	29.6%	26.5%
Children and youth, ages 0-17	21.0%*	21.0%*	20.7%	20.2%
Seniors, ages 65+	16.1%*	11.7%*	13.4%	11.6%

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

### Soda/Sugar-Sweetened Beverage (SSB) Consumption

49.9% of children in the service area drink at least one soda or sugar sweetened drink a day. This is higher than the county rate of 39.2% of children who consume a SSB daily.

### Children Who Consume Soda or Sugar-Sweetened Beverages (SSB)

	SFMC Service Area	Los Angeles County
Soda/SSB consumption, children	49.9%	39.2%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

## Adequate Fruit and Vegetable Consumption

12% of adults in the service area consume five or more servings of fruits and vegetables a day. This is a lower rate of daily fruit and vegetable consumption than found in the county (14.7%).

### Adults Who Consume Five or More Servings of Fruits and Vegetables, Daily

	SFMC Service Area	Los Angeles County
Adults who consume 5+ servings of fruits and vegetables a day	12.0%	14.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

61.9% of children in the service area have excellent or good access to fresh fruits and vegetables in their community.

### Children with Access to Fruits and Vegetables

	SFMC Service Area	Los Angeles County
Children with access to fruits and vegetables	61.9%	75.0%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

## Physical Activity

33.6% of adults in the service area obtain the recommended amount of aerobic exercise each week. 19.6% of children, ages 6-17, in the service area obtain the weekly recommended amount of aerobic exercise of 60 or more minutes daily and muscle-strengthening at least two days a week.

### Adults and Children Meeting Aerobic Activity and Muscle Strengthening Guidelines

	SFMC Service Area	Los Angeles County
Adult physical activity	33.6%	34.1%
Child physical activity	19.6%	17.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

10.3% of SPA 6 and 15% of SPA 7 children and teens, spend five hours or more in sedentary activities after school on a typical weekday. 6.4% of children and teens in SPA 6 spend 8 hours or more a day on sedentary activities on weekend days. A larger percentage of SPA 6 teens (15.8%) were also reported to spend no days during the week being physically active for at least one hour than were reported in SPA 7 (4.2%).

## Sedentary Children

	SPA 6	SPA 7	Los Angeles County
5+ hours spent on sedentary activities after school on a typical weekday, children and teens	10.3%*	15.0%*	13.0%
8+ hours spent on sedentary activities on a typical weekend day, children and teens	6.4%*	1.8%*	8.3%
Teens, no physical activity in a typical week**	15.8%*	4.2%*	11.6%

Source: California Health Interview Survey, 2014-2017 or \*\*2014-2016; <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Mental Health

### Mental Health, Adults

In the hospital service area, 6% of adults in SPA 6 and 9.1% of adults in SPA 7 have seriously thought about committing suicide. 9.5% of SPA 6 adults and 10.8% of adults in SPA 7 had experienced serious psychological distress in the past year. 7.6% of adults in SPA 6 and 7% in SPA 7 had taken a prescription medication for an emotional/mental health problem during the past year.

### Mental Health Indicators, Adults

	SPA 6	SPA 7	Los Angeles County	California
Ever seriously thought about committing suicide	6.0%*	9.1%	8.5%	10.4%
Adults who had serious psychological distress during past year	9.5%*	10.8%	8.8%	9.0%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	7.6%*	7.0%	8.6%	10.7%

Source: California Health Interview Survey, 2016-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

### Mental Health Care Access, Adults

40.7% of residents in SPA 6 and 44.5% in SPA 7 reported receiving care for mental and emotional issues from primary care physicians and mental health professionals in the past year.

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

	SPA 6	SPA 7	Los Angeles County	California
Primary care physician only	29.4%	28.8%	22.6%	23.6%
Mental health professional only	30.0%	26.7%	44.1%	42.5%
Both	40.7%	44.5%	33.3%	33.9%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/>

6.4% of residents in SPA 6 and 6.2% of SPA 7 residents had visited a professional more than three times in the past year for mental health/drug/alcohol issues.

### Visits to a Professional for Mental/Drug/Alcohol Issues in Past Year

	SPA 6	SPA 7	Los Angeles County	California
0 visits	89.1%*	90.6%	87.4%	87.3%
1 – 3 visits	4.5%*	3.2%*	4.2%	4.8%
4 – 6 visits	1.9%*	1.9%*	2.6%	2.6%
7+ visits	4.5%*	4.3%	5.8%	5.2%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Mental Health Care Access

Among adults, 15% in SPA 6 and 17.1% in SPA 7 needed help for an emotional/mental health problem or alcohol/drug use. 43.2% of adults in SPA 6 needed help but did not receive emotional/mental health and/or alcohol/drug use in the past year. 47.1% of adults in SPA 7 needed help but did not receive emotional/mental health and/or alcohol/drug use in the past year. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment (27.7% who do not receive treatment).

Among teens in SPA 6, 14.8% needed help for an emotional/mental health problem and 8.8% received counseling. In SPA 7, 20.1% of teens needed help for an emotional/mental health problem. No data were available for the percent of teens in SPA 7 who received counseling.

### Access to Mental Health Care in the Past Year

	SPA 6	SPA 7	Los Angeles County	California
Adults, needed help for emotional/mental health problem or alcohol/drug use	15.0%	17.1%	17.1%	17.1%
Adults, needed help but did not receive treatment for emotional/mental health problem or alcohol/drug use	43.2%	47.1%	41.9%	40.5%
Adults, saw any health care provider for emotional/mental health problem or alcohol/drug use	12.5%	10.5%	13.6%	13.7%
Teens, needed help for emotional/mental health problem	14.8%*	20.1%*	20.9%	20.1%
Teens, received psychological/emotional counseling in past year	8.8%*	No Data	15.2%	12.5%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

### Community Input – Mental Health

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

- In the African American family, there's the stigma surrounding mental health. People think you're crazy if you seek help for a mental health issue.
- If you don't have a place to live and you don't know what you're going to eat then it's very hard to focus on mental health care.
- We hear from children that the immigration issue is causing them stress and anxiety.
- It is complicated to access mental health services. If they have Medi-Cal there are not a lot of options. And if someone does not have insurance, it is very difficult to access mental health services. It is difficult to find practitioners who will accept a sliding scale payment.



- There is a lack of organizations that provide mental health for seniors.
- There are a limited number of psychiatrists in the community. Most of the resources are not available in the community so people have to travel to get care.
- There are a lot of undiagnosed psychiatric issues where patients may be self-medicating with drugs and alcohol. With a lack of resources, people tend to continue to deteriorate and have no other alternative but to go to the ED.
- The homeless have mental illness issues, which affects their ability to function in society. The challenge is they don't follow-up with their medications and therapy. And many of them have co-occurring mental health and substance use issues.
- There is a stigma associated with mental health. So many people do not want to talk about their mental health issues. There is shame associated with it that prevents people from getting services.
- There is a lack of awareness and knowledge of where to go for services. There are not a lot of resources available for low-income residents.
- In our Spanish speaking community, we don't have enough bilingual therapists and psychiatrists, or assessments for children and adults.

## Substance Use and Misuse

### Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. 12.5% of adults in the service area smoke cigarettes.

#### Adults who Smoke

	SFMC Service Area	Los Angeles County
Adults who smoke	12.5%	13.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

### 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. In the service area, 16.7% of adults reported binge drinking in the past 30 days.

#### Adults who Binge Drink

	SFMC Service Area	Los Angeles County
Adults who binge drink	16.7%	15.9%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

16.3% of SPA 7 teens reported ever having an alcoholic drink. This is lower than county (19.8%) and state rates (22.5%).

#### Teen Alcohol Experience

	SPA 6	SPA 7	Los Angeles County	California
Teen ever had an alcoholic drink	No Data	16.3%*	19.8%	22.5%

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

### Marijuana

In SPA 6, 47% of the population had tried marijuana, and 17% of the population used marijuana an average of 14.4 days in the past 30 days. In SPA 7, 41% of the population had tried marijuana, and 10% of the population used marijuana an average of 14.5 days in the past month. The average age to initiate marijuana use was 17 years old in SPA 6, and 17.2 years old in SPA 7.

#### Marijuana Use

	SPA 6	SPA 7	Los Angeles County
Ever tried marijuana, total population	47%	41%	48%

	SPA 6	SPA 7	Los Angeles County
Ever tried marijuana, 12-17 years old	26%	30%	
Ever tried marijuana, 18-24 years old	65%	48%	
Ever tried marijuana, 25+	49%	38%	
Used marijuana past 30 days, total population	17%	10%	14%
Used marijuana past 30 days, 12-17	11%	13%	
Used marijuana past 30 days, 18-24	33%	20%	
Used marijuana past 30 days, 25+	17%	8%	
Avg. days used, past 30, total population	14.4	14.5	14.0
Avg. days used, past 30, users 12-17	11.5	7.9	
Avg. days used, past 30, users 18-24	14.8	11.7	
Avg. days used, past 30, users 25+	16.8	15.8	
Avg. age at initiation of use, total population	17.0	17.2	17.3
Avg. age at initiation of use, users 12-17	12.3	13.3	
Avg. age at initiation of use, users 18-24	15.5	15.3	
Avg. age at initiation of use, users 25+	17.7	17.3	

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

### Prescription Drug Misuse

Prescription drug misuse and its related problems are among society's most pervasive health and social concerns. In SPA 6, 18% of residents and 16% of SPA 7 residents had misused prescription drugs. In SPA 6, 6% of the population misused prescription drugs on an average of 9.1 days in the past 30 days. In SPA 7, 1% of the population misused prescription drugs on an average of 11.3 days in the past 30 days. The average age to initiate drug misuse was 17.5 years old in SPA 6 and 20.4 years old in SPA 7.

### Prescription Drug Misuse

	SPA 6	SPA 7	Los Angeles County
Ever misused Rx meds, total population	18%	16%	19%
Ever misused Rx meds, 12-17 years old	11%	14%	
Ever misused Rx meds, 18-24 years old	21%	18%	
Ever misused Rx meds, 25+	16%	16%	
Misused Rx meds past 30 days, total population	6%	1%	3%
Misused Rx meds past 30 days, 12-17	5%	5%	
Misused Rx meds past 30 days, 18-24	4%	2%	
Misused Rx meds past 30 days, 25+	4%	1%	
Avg. days misused, past 30, total population	9.1	11.3	9.1
Avg. days misused, past 30, users 12-17	8.8	7.2	
Avg. days misused, past 30, users 18-24	3.3*	5.5	
Avg. days misused, past 30, users 25+	10.6	15.0	
Avg. age at initiation of misuse, total population	17.5	20.4	21.4

	SPA 6	SPA 7	Los Angeles County
Avg. age at initiation of misuse, users 12-17	11.8	15.3	
Avg. age at initiation of misuse, users 18-24	17.4	14.8	
Avg. age at initiation of misuse, users 25+	18.5	21.6	

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

For those who had misused prescription drugs, 33% of users in SPA 6, and 52% in SPA 7 misused sedatives. Sedatives were the most likely to be misused in SPA 7 (52%), and Vicodin was the most likely to be misused in SPA 6 (44%).

### Type of Prescription Drug Misuse

	SPA 6	SPA 7	Los Angeles County
Sedatives/sleeping pills	33%	52%	52%
Vicodin/vikings	44%	46%	49%
OxyContin/percs	39%	26%	33%
Adderall/skipppy	13%	25%	25%
Don't know	6%	12%	9%

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

### Opioid Use

The rate of hospitalizations due to an opioid overdose was 5.6 per 100,000 persons in Los Angeles County. This was 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 was 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

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

- People hang out in the parks to smoke illegal substances and cannabis.
- There are a lot of kids who are vaping. And there is a lot of marijuana and alcohol

use among youth.

- In some cases, the parents are supplying the kids with drugs and having the kids sell the drugs to make money for the family.
- There is a waiting list everywhere for substance abuse treatment.
- There are not enough community resources for substance use assistance.
- Crack and meth are big issues among the homeless.
- I'm concerned about all the marijuana shops we have. More and more people are now using marijuana. When they smoke it around me, then I'm smoking it, too. And our kids are breathing it, too.
- Mental health issues and substance use are frequently seen together.
- Marijuana and meth in my community are common. And when people are on meth, they are dangerous. They are hallucinating and it is dangerous to them and everyone around them.
- Kids do drugs to fit in or they think it is cool. Prescription pills are very easy to get.
- Some people are selling drugs to make money. The drug culture leads to crime and violence.

## Preventive Practices

### Immunization of Children

Complete vaccinations for Kindergarten students in the 2017-2018 school year ranged from 87.3% in the Paramount Unified School District to 98.7% in the Montebello Unified School District.

### Up-to-Date Immunization Rates of Children Entering Kindergarten, 2017-2018

	Immunization Rate
Compton Unified School District	96.3%
Downey Unified School District	96.0%
Los Angeles Unified School District (LAUSD)	94.2%
Lynwood Unified School District	92.8%
Montebello Unified School District	98.7%
Paramount Unified School District	87.3%
<b>Los Angeles County*</b>	<b>94.7%</b>
<b>California*</b>	<b>94.9%</b>

Source: California Department of Public Health, Immunization Branch, 2017-2018. \*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>

### Vaccines

In the service area, 55.7% of children, 6 months to 17 years, and 31.6% of adults have been vaccinated for influenza. The Healthy People 2020 objective is for 70% of the population to receive a flu shot.

### Flu Vaccination

	SFMC Service Area	Los Angeles County
Children, 6 months - 17 years	55.7%	55.2%
Adults	31.6%	40.1%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 51.1% of seniors in SPA 6, and 60.9% of SPA 7 seniors received a pneumonia vaccine.

### Pneumonia Vaccine, Adults 65+

	SPA 6	SPA 7	Los Angeles County
Adults 65+, had a pneumonia vaccine	51.1%	60.9%	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

Among seniors in the hospital service area, 25.3% fell in the past year. This is a lower rate of falls than found among county seniors (27.1%).

### Adults, 65+ Years, Who Have Fallen in the Past Year

	SFMC Service Area	Los Angeles County
Seniors who have fallen	25.3%	27.1%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

In the previous year, 16.4% of SPA 6 seniors were injured in a fall, while 10.6% of seniors in SPA 7 were injured in a fall.

### Seniors, Injured from Falls, Previous Year

	SPA 6	SPA 7	Los Angeles County
Seniors injured due to a fall	16.4%	10.6%	11.3%

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

## 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 the service area, 84.8% of women had a mammogram in the past two years.

### Women Who Had a Mammogram

	SFMC Service Area	Los Angeles County
Mammogram	84.8%	77.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

## 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 the service area, 83.2% of women had a Pap smear in the prior 3 years, which falls short of the Healthy People 2020 objective.

### Percent of Women Who Had a Pap smear

	SFMC Service Area	Los Angeles County
Pap smear	83.2%	84.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

### Community Input – Preventive Practices

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

- Some cultures use a lot of home remedies. They don't get preventive care or go for annual checkups.
- Most insurance now covers preventive care and checkups. People do not have to pay extra to get routine screenings and vaccines.
- Services are available but people still don't know what is accessible for their families.
- People of color don't use sunscreen because they don't think they need it.
- The major issue is the need for more education in the community.
- We are doing a good job of increasing awareness about flu shots. And flu shots are easily accessible.
- We don't have money for preventive care, we wait until an issue gets to be a problem and then it is too late a lot of times.
- The pneumonia vaccine is a challenging one because people don't know they need the vaccine.
- We need more campaigns to get people vaccinated for the flu and pneumonia.
- Rumors continue about the harmful effects of the flu shot. We have to do a better job of communicating the benefits and highlighting the risks of not getting vaccinated.



## Attachment 1. Benchmark Comparisons

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

Service Area Data	Healthy People 2020 Objectives
<b>High school graduation rate</b> 76.1% to 95.4%	High school graduation rate 87%
<b>Child health insurance rate</b> 96.9%	Child health insurance rate 100%
<b>Adult health insurance rate</b> 85.2%	Adult health insurance rate 100%
<b>Heart disease deaths</b> 128.1 per 100,000	Heart disease deaths 103.4 per 100,000
<b>Cancer deaths</b> 162.4 per 100,000	Cancer deaths 161.4 per 100,000
<b>Stroke deaths</b> 45.9 per 100,000	Stroke deaths 34.8 per 100,000
<b>Liver disease deaths</b> 21.2 per 100,000	Liver disease deaths 8.2 per 100,000
<b>Homicide</b> 11.6 per 100,000	Homicide 5.5 per 100,000
<b>Suicide</b> 4.8 per 100,000	Suicide 10.2 per 100,000
<b>HIV deaths</b> 3.2 per 100,000 persons	HIV deaths 3.3 per 100,000 persons
<b>On-time (1<sup>st</sup> Trimester) prenatal care</b> 81.9% of women	On-time (1 <sup>st</sup> Trimester) prenatal care 78% of women
<b>Low birth weight infants</b> 7.5% of live births	Low birth weight infants 7.8% of live births
<b>Infant death rate</b> 5.2 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
<b>Adult obese</b> 31.6%	Adult obese 30.5%
<b>Teen obese</b> SPA 6 22.8%; SPA 7 9.3%	Teen obese 16.1%
<b>Did receive needed mental health care</b> SPA 6 56.8%; SPA 7 52.9%	Did receive needed mental health care 72.3%
<b>Adults engaging in binge drinking</b> 16.7%	Adults engaging in binge drinking 24.2%
<b>Cigarette smoking by adults</b> 12.5%	Cigarette smoking by adults 12%
<b>Pap smears</b> 83.2%	Pap smears 93%, ages 21-65-, screened in the past 3 years
<b>Mammograms</b> 84.8%	Mammograms 81.1%, ages 50-74, screened in the past 2 years
<b>Annual adult influenza vaccination, 18+</b> 31.6%	Annual adult influenza vaccination, 18+ 70%

## Attachment 2. Community Stakeholders

### Interviewees

Name	Title	Organization
Adrian Landa	Field Representative	Office of CA Assembly Speaker Rendon
Barbara Thompson	Commissioner on Aging	City of Compton
Carolina Rivas	Supervisor	St. Francis Medical Center Health Benefits Resource Center
Christina Ambrosina	Assistant Director	The Exchange Family Support Center and TLC Downey Unified School District Board Member
Cindy Grafton	Assistant Principal	ROP Downey
Darren Dunaway	Director, Senior Services	Human Services Association
Cynthia. Gonzalez	Assistant Professor, Assistant Director, Division of Community Engagement, Emerging Scientist	Charles Drew University
Gabriela Ochoa	Social Worker	St. Francis Medical Center, Social Services Department
Heidi Lopez	Public Health Nurse, SPA 7	LA County Department of Public Health
Jaime Diaz	Chief Medical Officer	PIH Health Hospital - Downey
Maria Camacho	Health Promoter	LA County Department of Public Health
Michael Freeman	Executive Director	Elevate Your Game
Michele Rigsby-Pauley	Director	Cedars-Sinai, COACH for Kids
Miguel Gonzalez	Community Health Worker	Whole Person Care
Pina Hernandez	Outreach Manager	WIC
Regeanie Corona	Founder and CEO	Advancing the Seed
Richard Espinosa	Senior Adviser, Local Health Systems	Wesley Health Centers
Rozie Carillo	Recreation Superintendent	City of Lynwood Senior Center
Rubi Hernandez	Nurse Practitioner, Family Practice	PIH Health Hospital - Downey
Ryan Paige	Director of Allied Health	ROP Downey
Socorro Melgarejo	Case Manager	Caring Connections Bellflower Unified School District

### Focus Groups

	Participants	Number of Participants	Date	Language
Betty J. Riley Community Center	Community members and service providers	12	9/20/18	English
Compton Youth Build	Youth	10	11/28/18	English
Connect the Dots	Homeless service providers	21	1/24/19	English
Downey Clergy Council	Clergy members	10	2/25/19	English
Health Action Lab – Chronic Disease Prevention	Coalition members	14	11/6/18	English
Health Action Lab – Food Security	Coalition members	11	11/2/18	English

	Participants	Number of Participants	Date	Language
Health Action Lab – Mental Health and Substance Use	Coalition members	12	11/6/18	English
Human Services Association (Lynwood Senior Center)	Seniors	2	2/25/19	English
Interfaith Food Center	Food pantry clients	4	11/13/18	Spanish
Interfaith Food Center	Food pantry staff	5	11/13/18	English
Kingdom Causes	Agency board members	6	11/10/18	English
Opportunities for Youth	Parents and community health workers	9	9/14/18	Spanish
Southern California Crossroads	Southeast LA residents	8	1/23/19	English
St. Francis Medical Center Health Benefits Resource Center	Community residents	11	1/22/19	Spanish
Student Homelessness Coalition	Representatives of community organizations	25	1/28/19	English
TLC Resource Center in Downey	Community members and service providers	7	9/18/18	Spanish
Walnut Park Civic Engagement Project	Community residents	15	2/13/19	Spanish
Watts Counseling Center	Counseling center clients	6	12/5/18	English
Watts Counseling Center	Counseling center staff	6	12/5/18	English
Youth Focus Group	Youth	38	2/28/19	English

### Surveys

Number of Participants	Dates	Organizations
12	1/25/19 – 2/8/19	schools, mental health, disease prevention, community education, social services, food bank

### 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](http://www.thinkhealthla.org) and 211 Los Angeles County at [www.211la.org/](http://www.211la.org/)

Health Need	Community Resources
Access to care	Activate Hawaiian Gardens AltaMed Bellflower Health Center COACH For Kids Expressive Nine Health Action Lab Hispanic Outreach Taskforce LA County Department of Public Health Lynwood Teen Summit My Health LA Neighborhood Youth Alliance in Lynwood Wesley Health Centers
Birth indicators	AltaMed ChildNet Youth and Family Services First 5 LA LA Best Babies Network The Guidance Center of Long Beach Welcome Baby Wesley Health Centers WIC
Chronic diseases	Activate Hawaiian Gardens AltaMed Alzheimer’s Association American Cancer Society American Diabetes Association American Heart Association American Lung Association COACH For Kids Commission on Aging Freedom from Smoking Clinic Mended Hearts Myplate.org Stay Healthy Downey Wesley Health Centers Whittier First Day Whittier Homeless Consortium
Dental care	Community Health Centers USC Mobile Dental Van
Economic insecurity	5 Breads 2 Fish Advancing the Seed Brotherhood Crusade Catholic Charities Council for Economic Education GodRx

Health Need	Community Resources
	Neighbors Helping Neighbors Operation Hope United Way
Food insecurity	5 Breads 2 Fish Affordability, Food and Housing Access Taskforce Bethany Baptist Church CalFresh Centro Redencion Farmers Markets FoodHelp Food Finders Heart of Compassion Holy Redeemer Lutheran Church Interfaith Food Center LA Regional Food Bank Lords Church LA Meals on Wheels Parkcrest Christian Church Salvation Army St. Bernard Church St. Mathias Church WIC
Housing and homelessness	Assistance League of Whittier Bridge of Faith Fair Housing Foundation Family Promise Freed Indeed Hopics Jovenes, Inc. Kingdom Causes Lava Mae LINC Housing National Association for the Education of Homeless Children and Youth National Center for Homeless Education National Law Center on Homelessness and Poverty Nehemia Project Operation School Bell PATH Salvation Army School on Wheels Spiritt Family Services Wake Up Whittier Whittier First Day Women and Children Crisis Shelter
Mental health	Alma Family Services American Indian Counseling Center Cerritos Catholic Charities Counseling Community Family Guidance of Cerritos Crystal Stairs, Inc. ENKI Bell Gardens

Health Need	Community Resources
	Exchange Family Support Center Foothill Family Services Headspace LA County Crisis Hotline National Institute of Mental Health National Suicide Prevention Lifeline Olive Crest Pacific Clinics Pathways to Independence Penny Lane Centers Shields for Families Star View Community Services Suicide Awareness Voices of Education The Whole Child Whittier Counseling Services
Overweight and obesity	Activate Hawaiian Gardens AltaMed Champions for Change LA County Department of Public Health LA County Health and Nutrition Hotline Myplate.org SNAP-Ed The Boys & Girls Club Wesley Health Centers WIC YMCA
Preventive practices	AltaMed Breathe LA COACH for Kids Community Health Centers CVS Pharmacy Immunization.org LA County Department of Public Health Planned Parenthood Walgreens Wesley Health Centers
Sexually transmitted infections	AltaMed Community Health Centers LA County Department of Public Health Planned Parenthood Wesley Health Centers
Substance use and misuse	Alcoholics Anonymous Angel Step Inn Angel Step Too BAART Methadone Clinic Catholic Rainbow Outreach Fatal Vision Impairment Goggles LA CADA LA County Department of Public Health La Habra Center for Discovery MLK Exodus Recovery Narcotics Anonymous Positive Steps Prototype Assessment Center

Health Need	Community Resources
Violence and community safety	Project Fatherhood Shields For Families Watts Gang Taskforce

## Attachment 4. Review of Progress

St. Francis Medical Center developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The hospital addressed: access to care, heart disease, stroke, diabetes, obesity, breastfeeding, and the environment and neighborhood 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 education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the significant health needs addressed since the completion of the 2016 CHNA.

### Access to Care

**Health Benefits Resource Center (HBRC)** is an information and referral service center that linked families to essential private and government sponsored health benefits and social services to promote healthy families. In addition to providing assistance with the application process, HBRC offered ongoing case management and support for families who may have experienced difficulty with enrollment, utilization, retention and/or access to their benefits. The center performed ongoing outreach to educate the community about benefits and safeguards that come with participation in private and government-sponsored programs. On site collaboration with the LA County Department of Public Social Services enabled SFMC to support eligible clients through the enrollment process in Medi-Cal and CalFresh programs. HBRC enrollment specialists are bilingual. HBRC also partners with the LA County Office of Education and coordinates informational sessions at LA County schools for staff and parents.

FY17 Activities	Numbers Reached
Health eligibility screenings completed	4,518
New applications for medical coverage completed	2,280
Recertification applications completed	866
Individuals educated on CalFresh	3,031
Individuals enrolled in CalFresh	1,006
Community referrals	706
Legal services referrals	6

In FY18, HBRC assisted 1,755 eligible people enroll into Medi-Cal with a 90% application acceptance rate. 1,170 eligible individuals enrolled into CalFresh with an 88% application acceptance rate. HBRC assisted 193 people enroll in Covered California and 289 people with program renewal.



**Healthy Community Initiative's school-based nurse** provided preventive health services and education to private elementary schools that lack the resources to retain a staff school nurse. In FY17, 5,993 children and 2,488 family members received health services; 2,859 health screenings were provided. In FY18, 4,191 students and 1,838 family members received health services and 2,225 health screenings were provided.

**Welcome Baby** is a key component of a multi-faceted approach to providing primary health prevention, parent education, and linkage to social services for St. Francis Medical Center's maternity patients. Welcome Baby offers personalized prenatal, postpartum, and hospital visits with a professionally trained Parent Coach, from pregnancy through the baby's first 9 months, for families living within First 5 LA's Best Start Communities. Families residing outside of the Best Start Communities are eligible for the Welcome Baby hospital visit and up to three additional home visits, if needed. Available at no cost to all maternity patients, the Welcome Baby continuum of care also includes breast-feeding support from Welcome Baby staff (who are all Certified Lactation Educators), referrals to community resources, and an in-home visit by a registered nurse within the first week following mom and baby's discharge from the hospital.

Using Parent Coaches, Welcome Baby addresses prenatal testing, home planning/safety, labor signs, breastfeeding, depression screening, family nutrition, observation for jaundice and hydration, infant assessments, and growth and development milestones. Through prenatal and postpartum hospital and home-based visits, Parent Coaches develop a relationship with the families and provide education in a convenient and comfortable setting, and help to ensure parents are connected to appropriate health care services.

St. Francis has partnered with SHIELDS for Families to provide hospital and home-based services to participating Welcome Baby patients. SHIELDS is a nonprofit organization with a mission of developing, delivering, and evaluating culturally sensitive, comprehensive service models that empower and advocate for high-risk families in South Los Angeles.

In FY17, 1,182 mothers were enrolled in Welcome Baby. Of the enrolled moms, Welcome Baby ensured that 82% of parents scheduled a well-baby visit within two weeks of birth and 99.5% scheduled a two-month well-baby visit, 96% were connected to local food resources, 94% received a home safety and security screening, and 95% had a medical home link and health care coverage for their babies within nine months of birth. In FY18 1,573 mothers were enrolled in Welcome Baby and received preventive and health care access services and linkages.

**Transportation** services were offered to 3,571 patients and their families in FY17 to increase access to health care. IN FY18, 5,710 persons received transportation support.

**Dental and Oral Care** was provided at no cost to individuals who did not have insurance or the financial means to cover the cost of major dental procedures. A key objective of this program was to provide oral and dental care services to patients with special needs—those with physical, medical, developmental, or cognitive conditions. In FY17, 5 special needs individuals were provided with dental care.

### **Heart Disease, Stroke, Diabetes and Obesity**

**Healthy Community Initiatives (HCI)** provided health screenings, immunizations, and health education at area schools, churches, businesses and community organizations. HCI provided health screenings for blood pressure, cholesterol, glucose, and body fat (BMI). Screenings were integrated with health education, fitness classes, wellness and healthy lifestyle programs, and community collaborations that engaged children, adults, and seniors.

**HCI's mobile unit** provided on-site preventive health services at community locations throughout SFMC's service area. This included health screenings and childhood vaccinations. Vision and audio screenings were provided at elementary schools. The mobile unit offered free flu shots at community sites. In FY17, HCI provided health screenings and education with a primary focus on heart disease, stroke, diabetes and obesity to 9,209 senior, adults, and children, and to 7,010 people in FY18.

In addition, HCI collaborated with the City of Lynwood and Lynwood Unified School District to launch a school district wellness policy; pass a Healthy Parks Resolution that addressed healthy vending options, physical activity opportunities, safety, adequate lighting, and tobacco-free space; initiate a walking club; organize community gardens; teach CPR to 66 community members; coordinate 11 Nutrition Parent Workshops with 94 participants, present four exercise sessions at Lynwood Park at which 47 community members were educated on "Healthy Eating Tips," "Active Adults," "Hydrating," and "My Plate" (eating a nutritionally balanced meal); and conduct 11 parent collaborative meetings to build a community network focused on health and wellness. Through HCI's collaboration with LA County's Choose Health LA Kids (CHLAK) program, St. Francis Medical Center helped to establish 13 CHLAK restaurant relationships and commitments to offer smaller-sized meal portions and hosted 24 grocery store tours and 30 healthy food demonstrations.

HCI also conducted nutrition classes at St. Philip Neri School in Lynwood, reaching 119 children in grades K through 5<sup>th</sup>; hosted four health screening events in Lynwood for seniors at which 97 seniors received 712 health screenings, including blood pressure, height and weight, and body fat (BMI); and provided school-based health screenings and health education at three South LA elementary schools at which 4,191 students, 1,838 parents and family members, and 519 faculty and staff benefited from HCI services. 2,225 health screenings were administered and 30 education classes were held.

## **Breastfeeding**


SFMC maintained the Baby-Friendly designation by Baby-Friendly USA, the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative, a global program sponsored by the World Health Organization and the United Nations Children's Fund (UNICEF). SFMC continued to provide programs to increase breastfeeding rates. In FY17, 62% of delivering moms initiated breastfeeding in the hospital, and 26.4% practiced exclusive breastfeeding from birth to discharge. In FY18, 68% of delivering moms initiated breastfeeding in the hospital, and 22.8% practiced exclusive breastfeeding from birth to discharge.

## **Environment and Neighborhood**

The **Injury Prevention Program** worked with schools, hospitals, and other public and private organizations to help prevent traumatic injury. The program addressed safety, suicide, bullying, domestic and gang violence, and self-esteem.

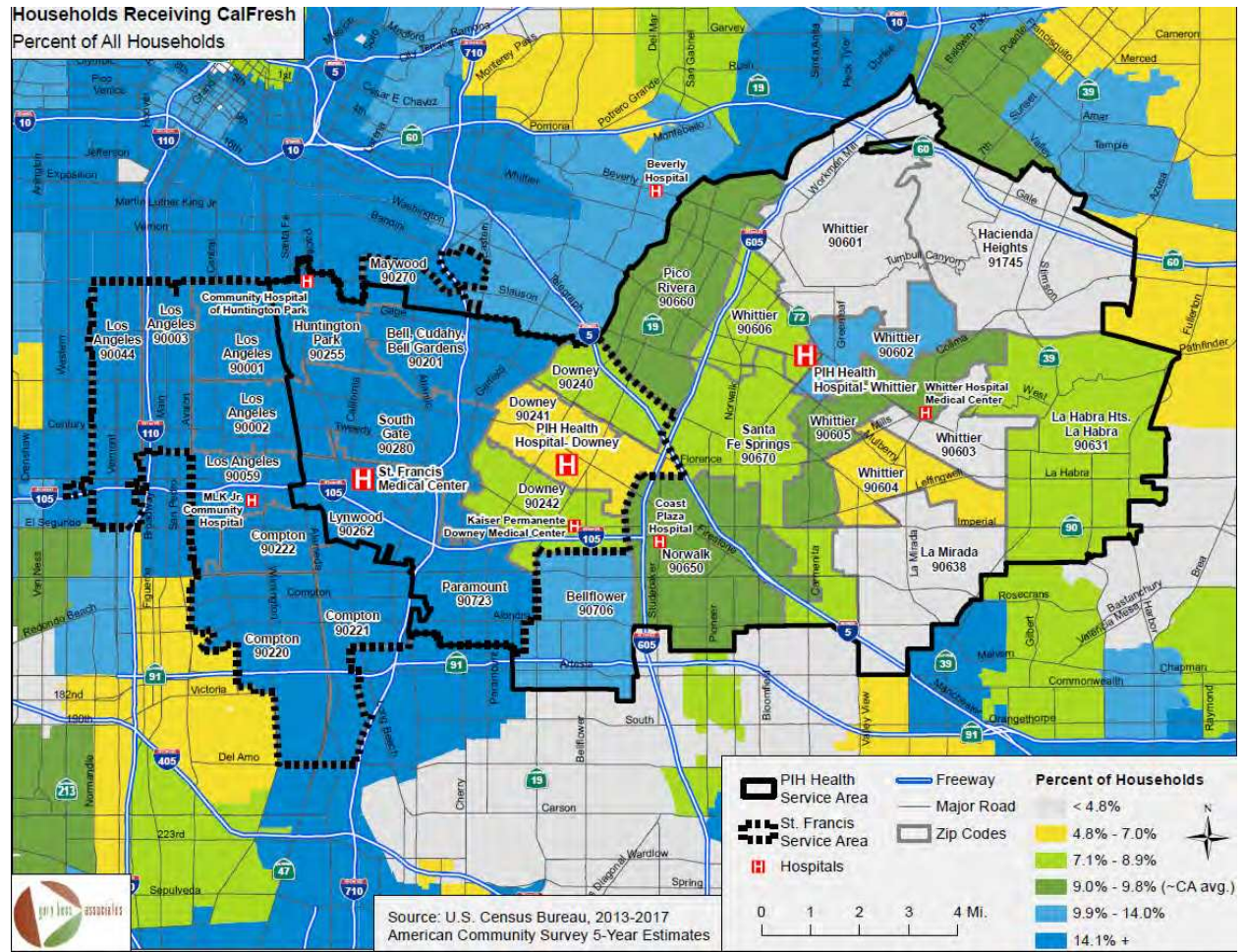
The **South LA Trauma Center (TRC)** is a collaborative effort to coordinate services and resources for crime victims in South Los Angeles, helping to mitigate the long-term physical, mental and emotional trauma associated with violent crime. The TRC – implemented by St. Francis Medical Center, Southern California Crossroads, and other partners – provided a multidisciplinary continuum of care to victims. The South LA TRC made crime victim compensation application assistance available to clients and provided victims with access to physical and mental health services (including emergency psychiatric services as needed). In FY17, 1,048 persons were served, and in FY18, 1,390 persons were served.

**The Children's Counseling Center School-based Counselor** provided behavioral health services for children, adolescents and their parents. Services ranged from intervention and treatment for the victims of child abuse to comprehensive prevention education programs. In FY17, the school-based counselor served 1,260 students, family

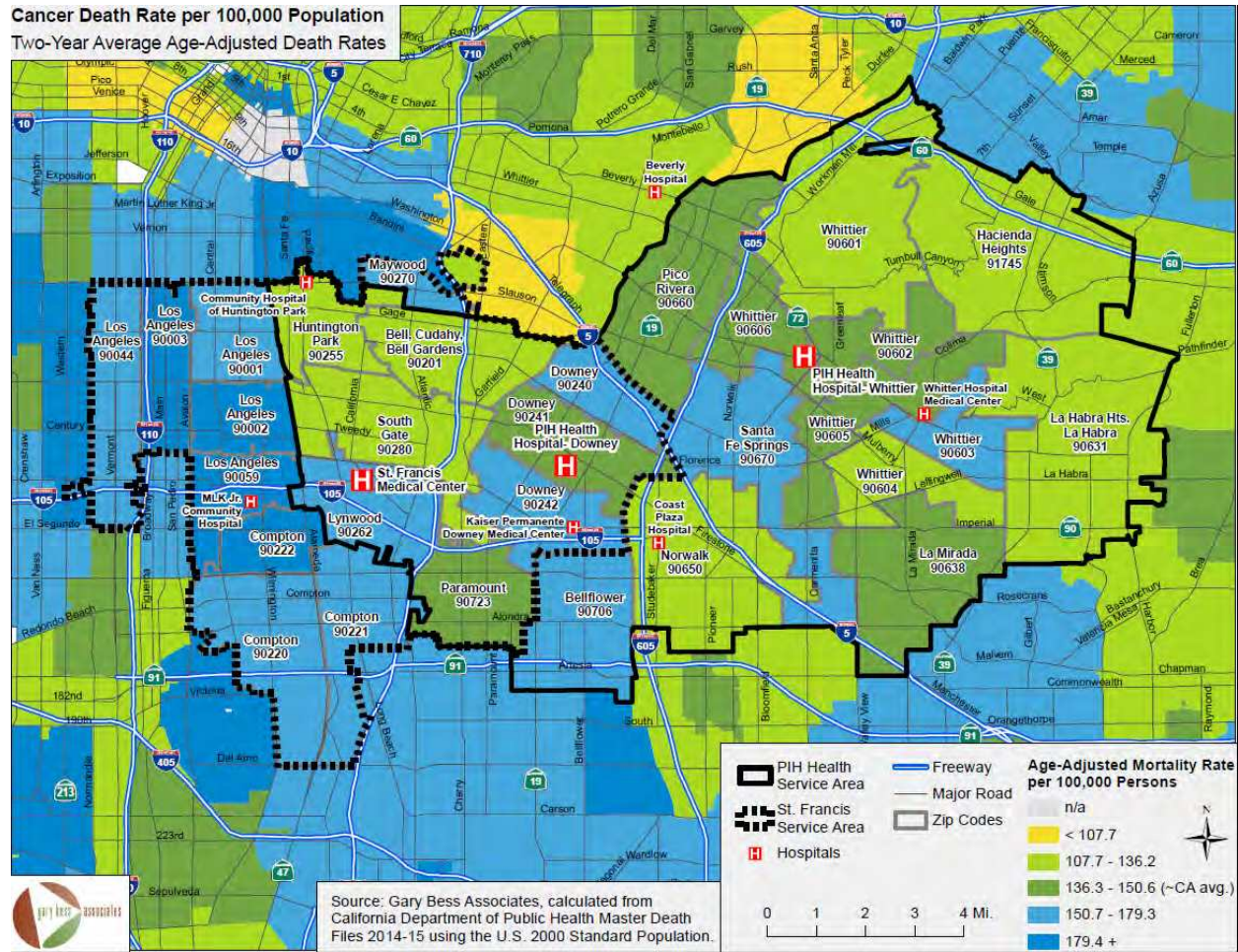


members and faculty/staff (duplicated – some received services more than one time). In FY18, the counselor served 200 (unduplicated).

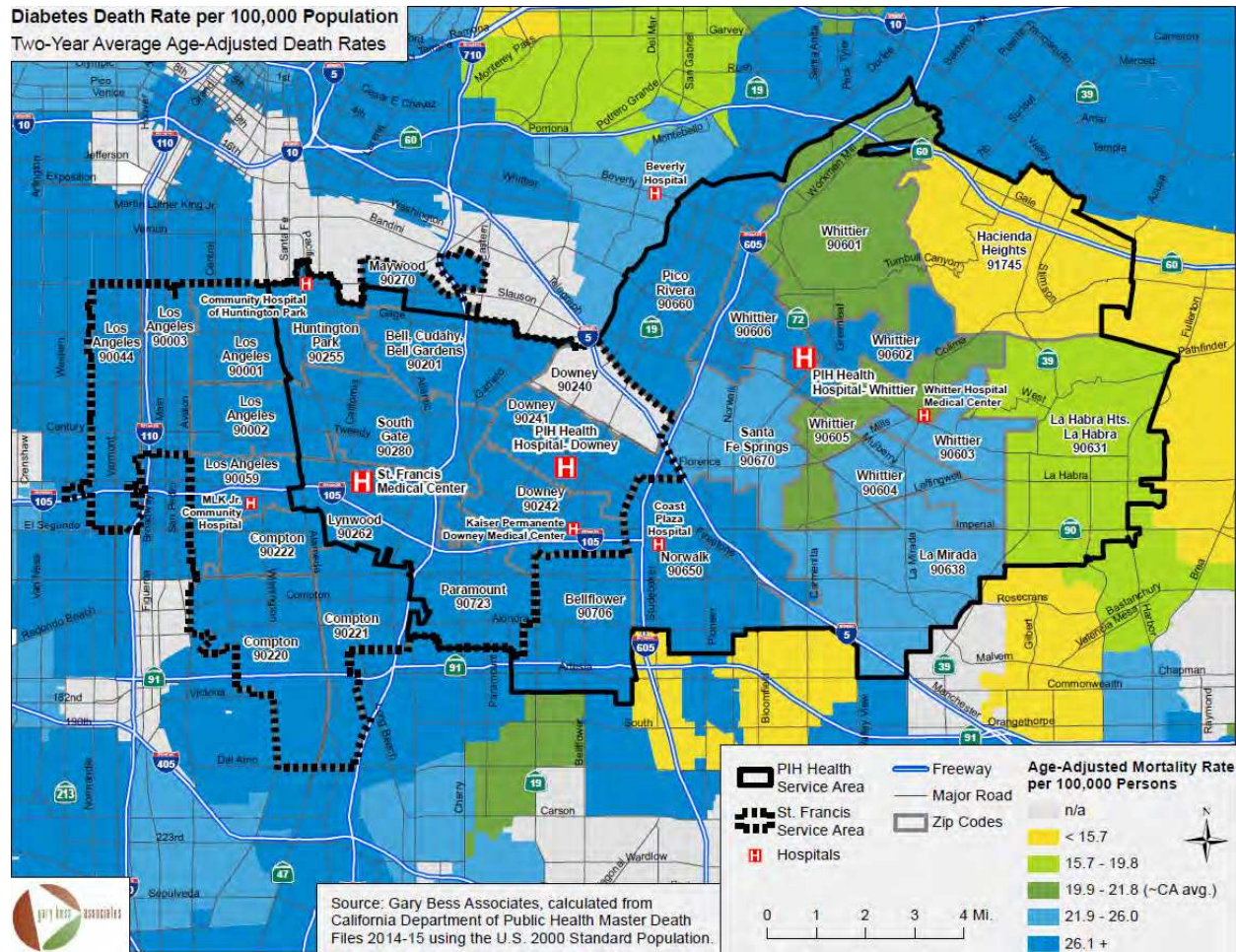
# Attachment 5. Maps of Selected Community Needs



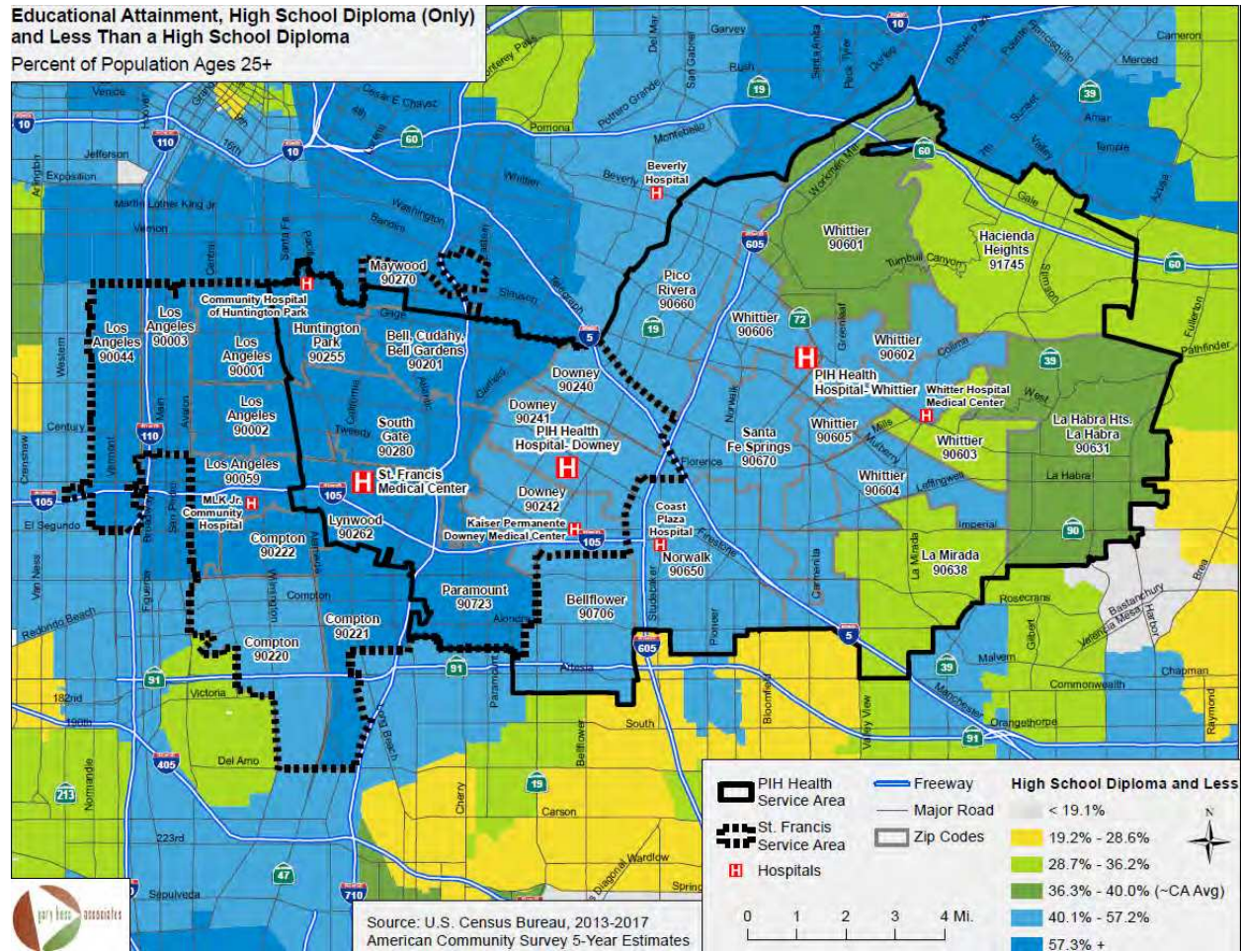
**Cancer Death Rate per 100,000 Population**  
**Two-Year Average Age-Adjusted Death Rates**



**Diabetes Death Rate per 100,000 Population**  
**Two-Year Average Age-Adjusted Death Rates**

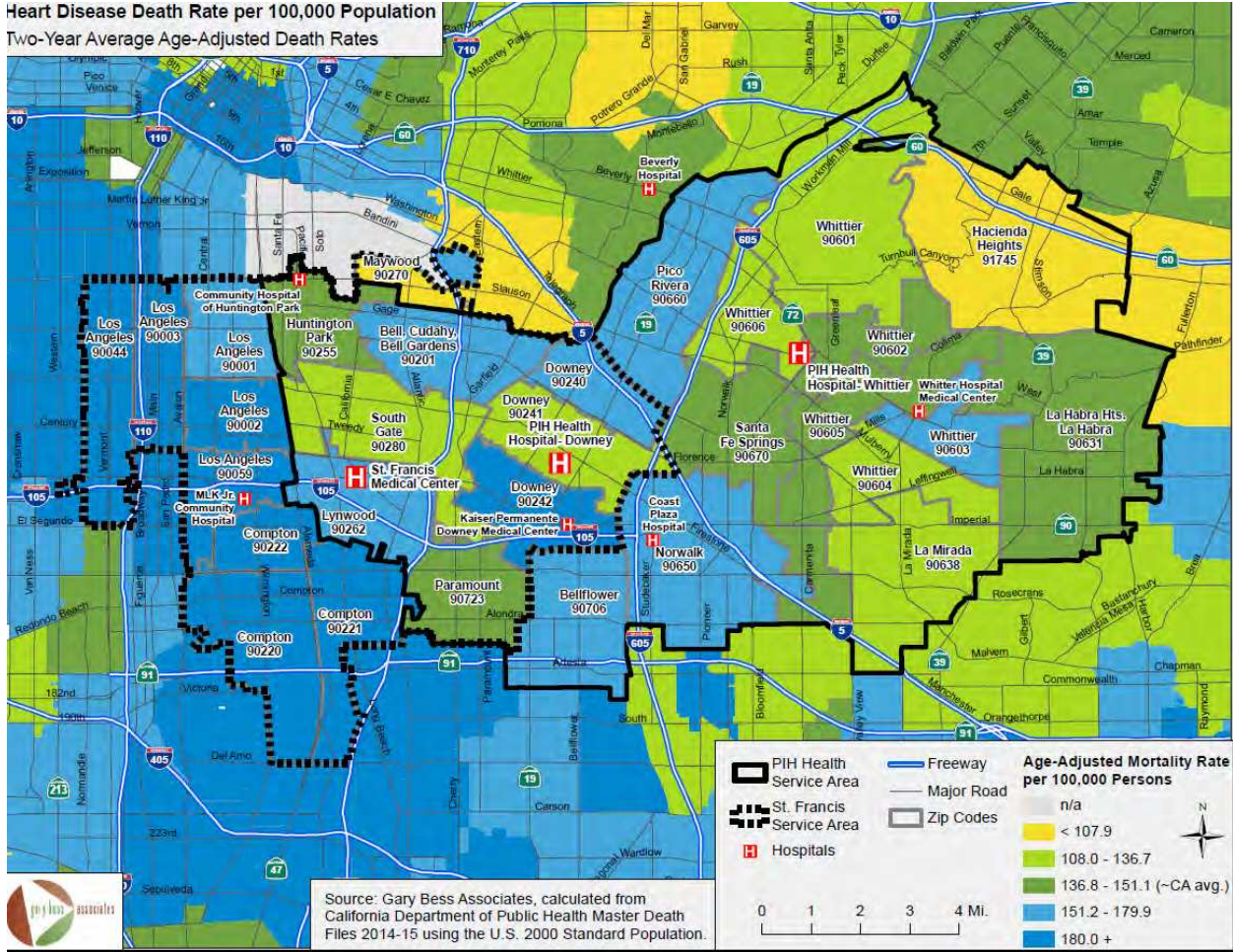


**Educational Attainment, High School Diploma (Only) and Less Than a High School Diploma  
Percent of Population Ages 25+**

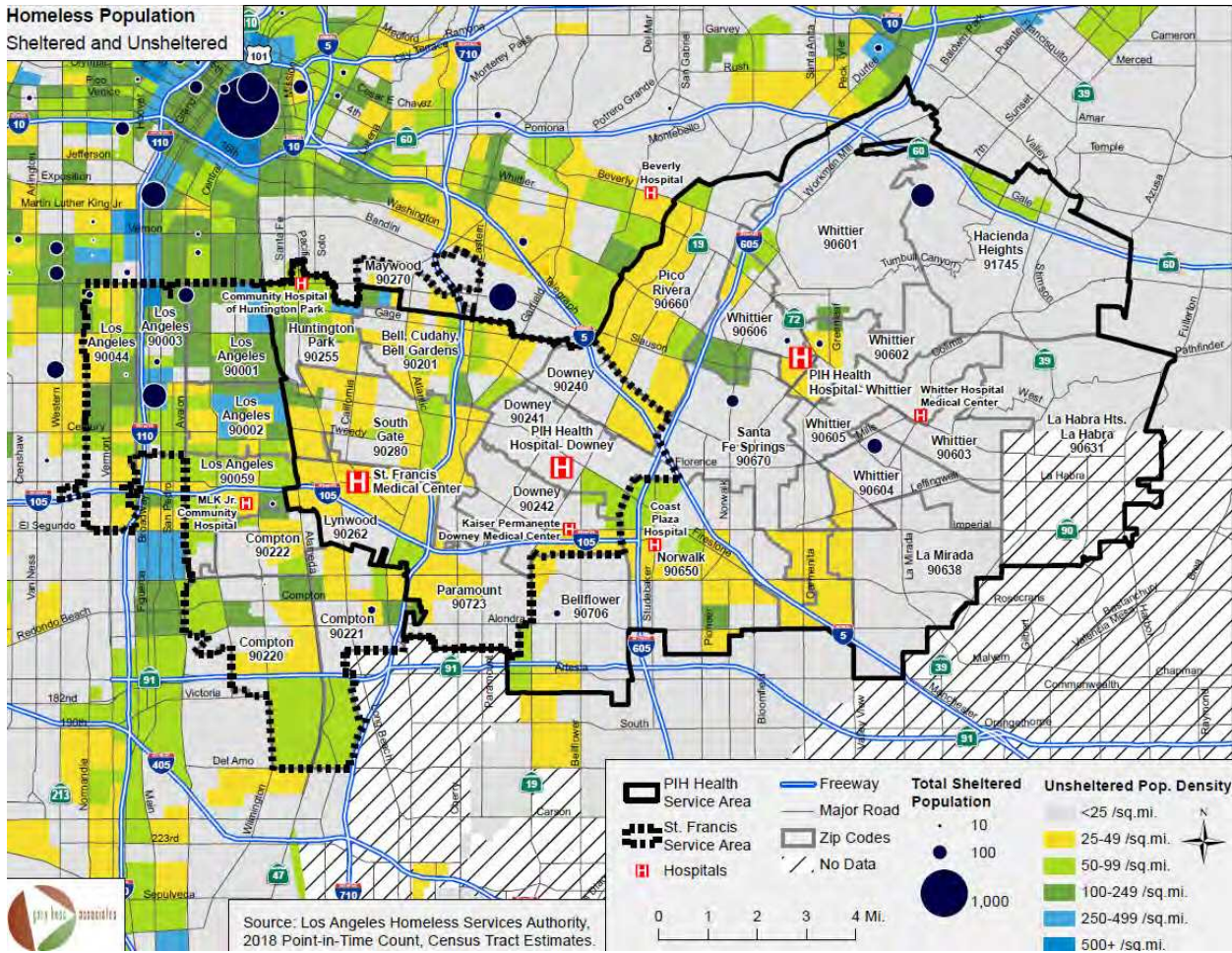




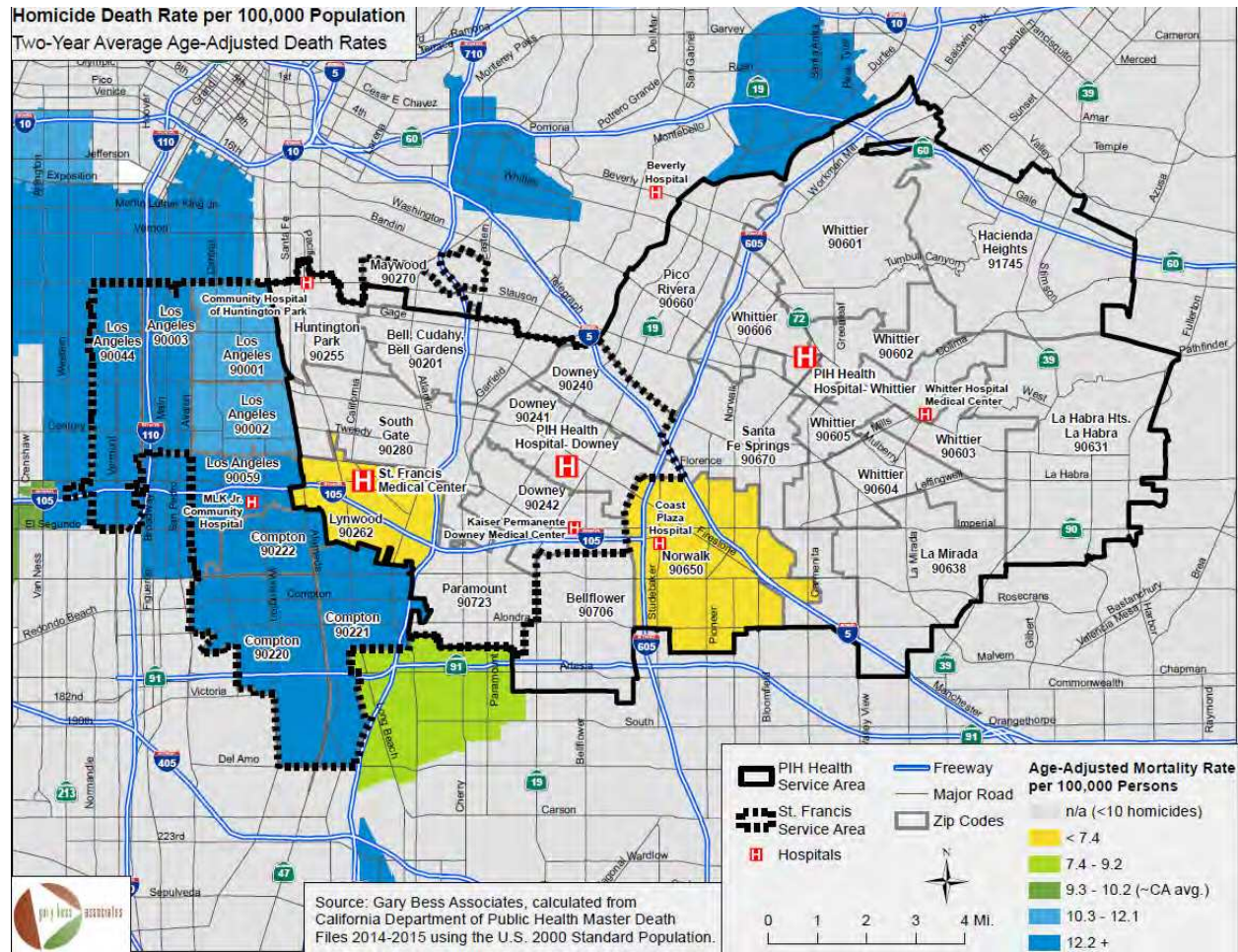
**Heart Disease Death Rate per 100,000 Population**  
**Two-Year Average Age-Adjusted Death Rates**



# Homeless Population Sheltered and Unsheltered



**Homicide Death Rate per 100,000 Population**  
**Two-Year Average Age-Adjusted Death Rates**

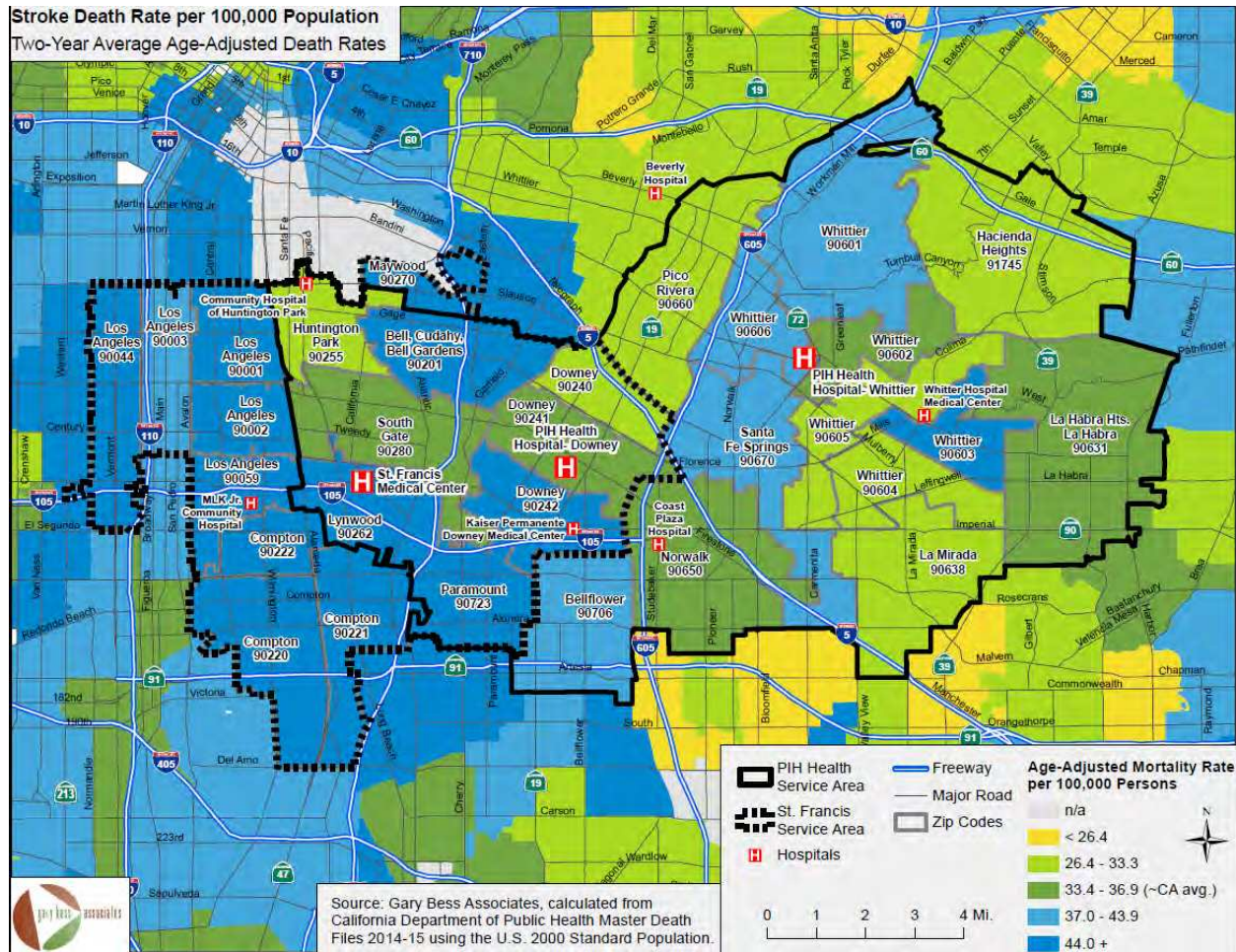


Source: Gary Bess Associates, calculated from California Department of Public Health Master Death Files 2014-2015 using the U.S. 2000 Standard Population.

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

- n/a (<10 homicides)
- < 7.4
- 7.4 - 9.2
- 9.3 - 10.2 (~CA avg.)
- 10.3 - 12.1
- 12.2 +

0 1 2 3 4 Mi.



**Medically Uninsured  
Percent of Total Population**

