



Children's Hospital Los Angeles

2016

Community Health Needs Assessment

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Executive Summary

Introduction

Children's Hospital Los Angeles (CHLA) is a provider of more than \$232.6 million in community benefits annually to children and families. CHLA is the first and largest pediatric hospital in Southern California and one of only 8 children's hospitals in the nation. It is focused on providing: compassionate patient care, leading-edge education of the caregivers of tomorrow and innovative research efforts that impact children at the hospital and around the world. CHLA has been affiliated with the Keck School of Medicine of the University of Southern California since 1932.

Children's Hospital is the only freestanding Level 1 Pediatric Trauma Center in Los Angeles County approved by the County Department of Health Services and accredited by the Committee on Trauma of the American College of Surgeons. On an annual basis, it admits 14,600 patients and logs nearly 343,753 outpatient visits. The Emergency Department handles nearly 72,000 visits and 15,500 pediatric surgeries are conducted.

Community Benefit Service Area

Children's Hospital serves all Service Planning Areas¹ (SPA) within Los Angeles County, and draws pediatric patients regionally from Southern California.

In 2014, the number of patient discharges at Children's Hospital of Los Angeles totaled 15,145. The majority of patients (44.8%) were between the ages of one and nine, followed by patients age 10–19 (31.9%) and newborns less than 12 months old (20.9%). Most (98.8%) patients received acute care while the remaining received physical rehabilitation care. A vast majority of patients used either Medi-Cal (72.0%) or private coverage (23.9%).²

Data Collection

CHLA has conducted a Community Health Needs Assessment (CHNA) in an effort to understand the health and social needs of the community and as required by state and federal law. The CHNA is a primary tool used by the hospital to determine its community benefit plan. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

¹ A Service Planning Area, or SPA, is a specific geographic region within Los Angeles County. SPAs were created to help divide Los Angeles County into distinct areas that allow the Los Angeles County Department of Public Health develop and provide more relevant and targeted public health and clinical services to treat specific health needs of residents in those areas. (Retrieved from <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>).

² Office of Statewide Health Planning and Development, 2014

The 2016 Community Health Needs Assessment methodology and process involved the collection of both secondary data and primary data. Approximately 300 secondary data indicators on a variety of health, social, economic, and environmental topics were collected by ZIP Code, Service Planning Area (SPA), county, and state levels (as available). In addition, primary data collection included an online survey, a community forum and a youth-led Photovoice project.

Overview of Key Findings

Demographic Profile

In Los Angeles County, from 2010 to 2015, the population was estimated to have grown 3.3% to 10,136,509. This represented over one fourth of the population in California (26.1%).³ Children (ages 0–11) represented 15.5% of the population in Los Angeles County, while adolescents (ages 12–17) represented 7.9%. Most were Hispanic or Latino (48.8%); almost double that of White (26.4%). Asians represented 14.0%, while Black or African Americans represented 8.0%.⁴

In Los Angeles County, Spanish was spoken at home by 39.4% of residents, while 43.2% of the residents spoke English only.⁵ In the county, a quarter (25.8%) of the population over the age 5 spoke English “less than very well.” However, only 15.1% of adults in the county reported difficulty talking to a doctor because of a language barrier in the past year.⁶

Social and Economic Factors

Unemployment rates have been decreasing since 2012 in Los Angeles County and California. Since 2012, the rate decreased from 11.6% to 8.8% in the county.⁷ However, a great portion of the population still struggles with poverty. In Los Angeles County, almost a quarter of the population (24.1%) lived at or below 100% of the Federal Poverty Level (FPL). This is a pressing problem in SPA 6, where over a third of the overall population (35.5%), and a third of youth in SPA 6, lived at or below 100% of the FPL.

In the service area, 26.0% of children, under age 18 years, lived in poverty.⁸ Even though a third (38.4%) of residents was not able to afford food, only 18.1% utilized food stamps. This suggests that a number of residents may qualify for food stamps but do not access this

³ Nielsen Claritas Site Reports Demographic Snapshot 2015 Report

⁴ Nielsen Claritas Site Reports, 2015, ZIP Code

⁵ U.S. Bureau of the Census, 2010-2014 American Community Survey

⁶ Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, 2007 Los Angeles County Health Survey, 2007, Service Planning Area

⁷ California Health Interview Survey, 2014, County

⁸ U.S. Bureau of the Census, 2010-2014 American Community Survey

resource. Further, only 60.7% of qualified adults and 50.8% of qualified children participated in the WIC program.⁹ Of a total number of 43,854, homeless in Los Angeles County, 132 were unaccompanied minors.¹⁰

Access to Health Care

Children were more likely to be insured than adults.¹¹ Overall, 95.6% of children under 18 were insured, relative to 81.2% of adults. After employment-based insurance (41.5%), Medi-Cal was the second most used type of insurance (24.4%). This represented a Medi-Cal enrollment increase of seven percent (6.9%) since the previous needs assessment reporting cycle.

Children from Los Angeles County visited the emergency department at higher rates than adults, seniors and residents below the poverty level.¹² Overall, 19.7% of children (0–17 years old) used the emergency department within a year-long period.

Births Characteristics and Mortality

In Los Angeles County, the number of births has been decreasing.¹³ From 2008 to 2011, the number of births decreased from 147,684 to 130,312 – this represented a decrease of 11.8%. Births to teen mothers were approximately a quarter of all live births.¹⁴ From 2011 to 2013 the average number of teen births in the county was 9,188.3 – 26.1% of all live births. The infant mortality rate in Los Angeles County was 4.7 deaths per 1,000 live births.¹⁵

The leading cause of death for infants in Los Angeles County was resulted from complications associated to low birth weight or prematurity – in the county, 7.0% of babies born were born with low birth weights.¹⁶ For toddlers through preschool-aged children the leading cause of death was attributed to birth defects; for five to 14 year olds it was motor vehicle crashes; and for 15–24 years olds it was homicide. These trends remained the same since 2009.¹⁷

Health Behaviors

Obesity and overweight among children are of high concern – 14.4% of teens and 13.1% of children in the county are overweight. Fast food consumption (3 or more times per week) in Los

⁹ California Health Interview Survey, 2016

¹⁰ Los Angeles Homeless Service Authority, 2016 Greater Los Angeles Homeless Count Reports

¹¹ California Health Interview Survey, 2014, County

¹² California Health Interview Survey, 2014, County

¹³ California Department of Public Health, Birth Statistical Data Tables, 2008-11, County

¹⁴ California Department of Public Health, Center for Health Statistics and Informatics, 2011-2013

¹⁵ Source: California Department of Public Health, Center for Health Statistics and Informatics, 2010-2012

¹⁶ Source: California Department of Public Health, Center for Health Statistics and Informatics, 2011-2013

¹⁷ Los Angeles County Department of Public Health, Mortality in Los Angeles County 2012: Leading Causes of Death and Premature Death with Trends for 2003-2012, 2012, County

Angeles County was 15.1% among children ages 0–17.¹⁸ Almost double the percentage of children in SPA 7 consumed fast food (23.6%) relative to the county level.¹⁹

However, over half of children in Los Angeles County consumed five or more fruits and vegetables a day (55.4%), and approximately, three out of four county children (72.2%) engaged in vigorous physical activity for at least three days a week.

Almost a quarter of county teens (22.4%) needed help for emotional or mental health problems, while a lower percentage (14.5%) received psychological or emotional counseling in the past year.

In the county, 8.7% of youth 15–24 reported they were currently smokers, while 14.7% of teens admitted they had tried illegal drugs, and 19.1% of teens admitted they had tried an alcoholic drink.

Priority Health Needs

While the health needs within the CHLA service area are varied and complex, stakeholders had an opportunity to prioritize the health needs identified through the primary and secondary data – the list below reflects their collective ranking:

Prioritized Health Needs
Mental health
Community safety (including violence among youth)
Preventative health care
Oral health care
Awareness of available health/social services
Access to health care (including a lack of health education)
Early childhood development
Housing
Youth at-risk behaviors
Healthy behaviors (including nutrition and physical activity)
Overweight and obesity

The analysis presented in this CHNA, which captures data from a variety of health outcomes and drivers, as well as input from the community, should assist CHLA with the development of their Implementation Strategy, as well as their Community Benefits plan.

¹⁸ California Health Interview Survey, 2014, County

¹⁹ California Health Interview Survey (CHIS). Data Year: 2011 - 2012. Data Level: LA County Service Planning Area

Introduction



CHLA Photovoice project, 2016

Background and Purpose

Children's Hospital Los Angeles (CHLA) is a 501(c)(3) nonprofit institution that provides pediatric health care to more than 111,000 children each year in a setting designed just for their needs. Its history began in 1901 in a small house on the corner of Alpine and Castelar Streets (now Hill St. in Chinatown) and today the medical center offer more than 350 pediatric specialty programs and services to meet the needs of their patients.

CHLA is a provider of more than \$232.6 million in community benefits annually to children and families. As the first and largest pediatric hospital in Southern California, CHLA relies on the generosity of philanthropists in the community to support compassionate patient care, leading-edge education of the caregivers of tomorrow and innovative research efforts that impact children at the hospital and around the world. Children's Hospital is one of America's premier teaching hospitals, affiliated with the Keck School of Medicine of the University of Southern California since 1932.

The hospital is one of only 8 children's hospitals in the nation – and the only one on the west coast – ranked in all 10 pediatric specialties by *U.S. News & World Report*. Children's Hospital is the only freestanding Level 1 Pediatric Trauma Center in Los Angeles County approved by the

County Department of Health Services and accredited by the Committee on Trauma of the American College of Surgeons. On an annual basis, it admits 14,600 patients and logs nearly 343,753 outpatient visits. The Emergency Department handles nearly 72,000 visits and 15,500 pediatric surgeries are conducted. More than 5,200 employees and approximately 650 medical staff deliver care to patients at CHLA.

CHLA has conducted a Community Health Needs Assessment (CHNA) in an effort to understand the health and social needs of the community and as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax exempt hospitals to conduct a community health needs assessment and develop an Implementation Strategy every three years. The CHLA is a primary tool used by the hospital to determine its community benefit plan. 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

Children's Hospital Los Angeles is located at 4650 Sunset Blvd. Los Angeles, California 90027. It has five satellite locations in Arcadia, Encino, Santa Monica, South Bay and Valencia, which are all outpatient centers.

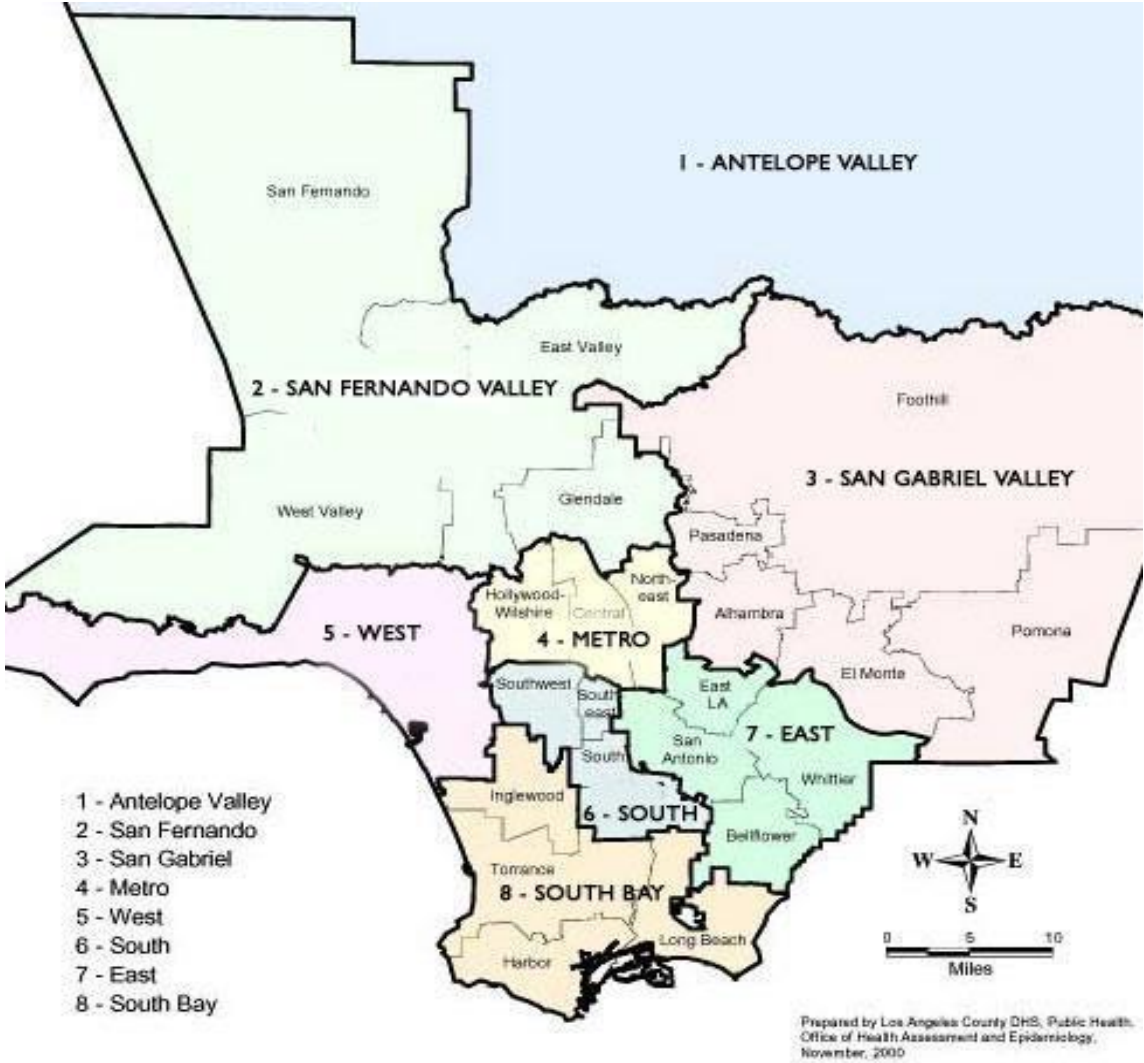
Children's Hospital serves all Service Planning Areas²⁰ (SPAs) within Los Angeles County, and draws pediatric patients regionally from Southern California.

In 2014, the number of patient discharges at Children's Hospital of Los Angeles totaled 15,145, with an average length of stay being 6.7 days. The majority of patients (44.8%) were between the ages of one and nine, followed by patients age 10–19 (31.9%) and newborns less than 12 months old (20.9%). The type of care provided to patients in 2014 indicated that 98.8% (n=14,960) patients received acute care while the remaining 1.2% (n=185) received physical rehabilitation care. The gender of patients in 2014 indicated that the majority were male (54.8%). The expected payer source for patients indicated that a vast majority used either Medi-Cal (72.0%) or private coverage (23.9%).²¹

²⁰ A Service Planning Area, or SPA, is a specific geographic region within Los Angeles County. SPAs were created to help divide Los Angeles County into distinct areas that allow the Los Angeles County Department of Public Health develop and provide more relevant and targeted public health and clinical services to treat specific health needs of residents in those areas. (Retrieved from <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>).

²¹ Office of Statewide Health Planning and Development, 2014

Map of Los Angeles County by Service Planning Areas 1-8



Consultants

The Center for Nonprofit Management (CNM) was established in 1979 by the corporate and foundation community as the Southern California source for management education, training, and consulting within the nonprofit community. From core management fundamentals to executive coaching, in-depth consulting and analyses, CNM enables individuals to become better leaders of more effective organizations. CNM's research and networking efforts distribute knowledge and thought to nonprofit organizations so that they are prepared to face today's known tasks and tomorrow's unknown challenges. CNM seeks to shape how nonprofit leaders approach problems so they can more effectively pursue their missions. CNM helps individuals and their organizations evolve, adapt and thrive.

The CNM team has extensive experience through being involved in and conducting more than 30 CHNAs for hospitals throughout Los Angeles County and San Diego County. In 2013, CNM conducted CHNAs for three Kaiser Foundation hospitals (Baldwin Park, Los Angeles and West Los Angeles), Citrus Valley Health Partners, the Glendale Hospitals Collaborative (Glendale Adventist Medical Center, Glendale Memorial Hospital and US Verdugo Hills Hospital) and the Metro Hospitals Collaborative (California Hospital Medical Center, Good Samaritan Hospital and St. Vincent Medical Center) and assisted an additional two Kaiser Foundation Hospitals (Panorama City and San Diego) in community benefit planning based on the needs assessments. More recently, the CNM team conducted the 2014 CHNA for Casa Colina Hospital and Centers for Healthcare, and for Hope Street Family Center. The CNM team is currently in various stages of conducting 2016 CHNAs for two Kaiser Foundation Hospitals (West Los Angeles and Baldwin Park), Citrus Valley Health Partners, the Glendale Hospitals Collaborative and the Metro Hospitals Collaborative.

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Methods

The 2016 Community Health Needs Assessment methodology and process involved the collection of both secondary data and primary data. Approximately 300 secondary data indicators on a variety of health, social, economic, and environmental topics were collected by ZIP Code, Service Planning Area (SPA), county, and state levels (as available).

Secondary Data Collection

Secondary data were collected from a variety of sources to present Los Angeles County demographics, social and economic factors, health access, mortality, birth characteristics, chronic disease, and health behaviors. When available, data for all SPAs were also provided. These maps are presented in the report appendix (Appendix A).

Sources of data include the U.S. Census 2010 decennial census and American Community Survey, California Health Interview Survey, California Department of Public Health, California Employment Development Department, Los Angeles County Health Survey, Los Angeles Homeless Services Authority, Uniform Data Set, CDC National Health Statistics, National Cancer Institute, U.S. Department of Education, and others. When pertinent, these data sets are presented in the context of California State. The report includes benchmark comparison data that compares Children's Hospital's community data findings with Healthy People 2020 objectives (Appendix A) as well as with county and state level data. 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.

Primary Data Collection

Primary data collection consisted of administering a survey via the SurveyMonkey online platform to which 33 community members, including 15 CHLA employees, 13 volunteers, two registered nurses, one chief executive officer, one division administrator, one clinical administrator, and one project coordinator responded. These informants assisted in identifying the most severe health needs, associated drivers and health disparities, as well as community assets and resources available in the CHLA service area to address the identified health needs. Primary data were entered into a Microsoft Excel spreadsheet to assist in organizing the data, coding and identifying major themes.

Photovoice

In addition, this year an innovative component was added to the process. The photovoice methodology was utilized to engage youth in the needs identification process. Youth were recruited from St. Mary's Academy, St. Agnes School, and the Ketchum-Downtown YMCA and

encouraged to take pictures around the community to illustrate health concerns or positive attributes in their community.

The youth were divided into two groups, one half was assigned to photography and the other was assigned to taking note of observations. There are 4 areas of focus to keep in mind as the youth walked around:

- **Access to Care** – Where do you go when you get sick? Are there any flyers promoting clinics or health centers?
- **Health Promotion** – Are there any stores nearby that sell healthy foods, are there any fruit stands or food vendors?
- **Obesity Prevention** – Are there any parks, green spaces, playgrounds, basketball courts where kids can play or adults can walk or do exercise? Is there a vending machine at your school? Do they have healthy items?
- **Workforce Development** – If you want a job, where do you look? Are there any job training centers, computer labs, job bulletins?



CHLA Photovoice project, 2016

Information Gaps

Information gaps that impact the ability to assess health needs were identified as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender were not available for all data indicators, which limited the ability to examine disparities of health within the community. Multiple year data were not consistently available to present trends. Lastly, data are not always collected on a yearly basis, meaning that

some data are several years old.

Health Care Facilities and Community Resources

This Community Health Needs Assessment provides links to sources for health care facilities and community resources.

Hospitals

A list of hospitals and hospital systems is available through the Hospital Association of Southern California and can be found at: www.hasc.org/member-hospitals-systems

Community Clinics

A list of community clinics is available at: www.ccalac.org.

Community Resources

Community resources throughout Los Angeles County can be found at:

- 211 LA County - www.211la.org
- Healthy City - www.healthycity.org/c/service

Identification and Prioritization of Health Needs

Health needs were identified based on a review of the secondary data (indicators) and the primary data (survey). Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs were based on the size of the problem (number of people per 1,000, 10,000, or 100,000 persons); or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically California state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem.

List of Identified Health Needs (in alphabetical order):

- Access to health care
- Access to healthy foods
- Air quality
- Alcohol and substance abuse
- Awareness of available health/social services
- Chronic diseases (including asthma, diabetes, disability, heart disease, high blood pressure, HIV/AIDS, maternal and infant health)
- Community safety (including violence among youth)
- Cultural and linguistic barriers
- Dental care access
- Disease management
- Early childhood development
- Economic security
- Healthy behaviors (including nutrition and physical activity)
- Housing
- Mental health
- Oral health care
- Overweight and obesity
- Preventative health care
- Transportation
- Youth at-risk behaviors
- Youth development and workforce training

Prioritization of Health Needs

Priority Setting Process

On April 6, 2016, Children’s Hospital Los Angeles convened a meeting that engaged 19 hospital leaders and community representatives to prioritize the identified health needs. Attendees were provided with an overview of CHNA process, presented with a list of the identified health needs and Data Indicator Scorecard (Appendix B), which summarized approximately 300 secondary data indicators on a variety of health, social, economic, and environmental topics by Service Planning Area (SPA), county, and state levels (as available). Attendees were allowed an opportunity to familiarize themselves with the data and review it before prioritizing the health needs via voting.

Each attendee voted using ten sticker dots to indicate which health needs they believed most severely affect the community. The outcome of that voting is below:

Prioritized Health Needs
Mental health
Community safety (including violence among youth)
Preventative health care
Oral health care
Awareness of available health/social services
Access to health care (including a lack of health education)
Early childhood development
Housing
Youth at-risk behaviors
Healthy behaviors (including nutrition and physical activity)
Overweight and obesity

The outcomes from the voting exercise in the prioritization meeting were put into a matrix along with other factors, including observed population disparities by ethnicity, age, gender, and geography through secondary or primary data; noted trends from a review of the 2013 CHLA CHNA (worsening or improving); and their order in priority ranking. The matrix served as a way to centralize all composite scores and considerations, further demonstrating the severity of each health outcome and driver.

Demographic Profile

Population

At the time of the 2010 Census, the population for Los Angeles County was 9,818,605. From 2010 to 2015, it is estimated the population grew 3.3% to 10,136,509. For 2015, the population in Los Angeles County represents just over one fourth of the population in all of California (26.1%). The population in Los Angeles County is projected to grow to 10,510,281 in 2020.

Change in Total Population, 2010-2015

	Los Angeles County	California
Total Population 2010	9,818,605	37,253,956
Total Population 2015 (estimate)	10,136,509	38,822,536
Total Population 2020 (projection)	10,510,281	40,505,730
Change in Population 2000-2010	3.1%	10.0%
Change in Population 2010-2015	3.3%	4.2%

Source: Nielsen Claritas Site Reports Demographic Snapshot 2015 Report

Age

Children (ages 0–11) represented 15.5% of the population in Los Angeles County, while adolescents (ages 12–17) represented 7.9%. The greatest percentage of 0 to 11 year olds lived in SPA 1 (22.5%) and SPA 7 (19.5%), while the smallest lived in SPA 5 (6.4%) and SPA 4 (8.7%). The greatest percentage of adolescents was in SPA 6 (12.3%) and the smallest was in SPA 1 (5.9%).

The most populous group by age was adults (18–64); they represented 64.5% of all residents in Los Angeles County. The range of this group across all SPAs (61.1% to 68.4%, in SPA 6 and SPA 4, respectively) was less variable than that observed for children and adolescents. Seniors (65+) comprised 12.1% of the population in Los Angeles County.



Population by Age in the County

Children
(ages 0–11)

16%

Adolescents
(ages 12–17)

8%

Population by Age

Age Groups	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Child (0-11)	22.5%	18.4%	15.5%	8.7%	6.4%	18.0%	19.5%	13.4%	15.5%
Adolescent (12-17)	5.9%	6.4%	7.3%	5.9%	9.4%	12.3%	7.0%	9.6%	7.9%
Adult (18-64)	66.2%	64.0%	63.4%	68.4%	64.6%	61.1%	65.2%	64.8%	64.5%
Senior (65+)	5.4%	11.1%	13.9%	17.0%	19.6%	8.6%	8.3%	12.3%	12.1%
Total Pop.	385,000	2,149,000	1,759,000	1,109,000	627,000	1,008,000	1,312,000	1,540,000	9,890,000

Source: California Health Interview Survey, 2014, SPA

Gender

Los Angeles County had a nearly even split between women (50.8%) and men (49.2%). The greatest percentage of women lived in SPA 8 (61.1%) and while the greatest percentage of men lived in SPA 5 (63.7%).

Population by Gender

Gender	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Male	45.8%	49.1%	47.9%	55.6%	63.7%	43.5%	56.6%	38.9%	49.2%
Female	54.2%	50.9%	52.1%	44.4%	36.3%	56.5%	43.4%	61.1%	50.8%
Total Pop.	385,000	2,149,000	1,759,000	1,109,000	627,000	1,008,000	1,312,000	1,540,000	9,890,000

Source: California Health Interview Survey, 2014

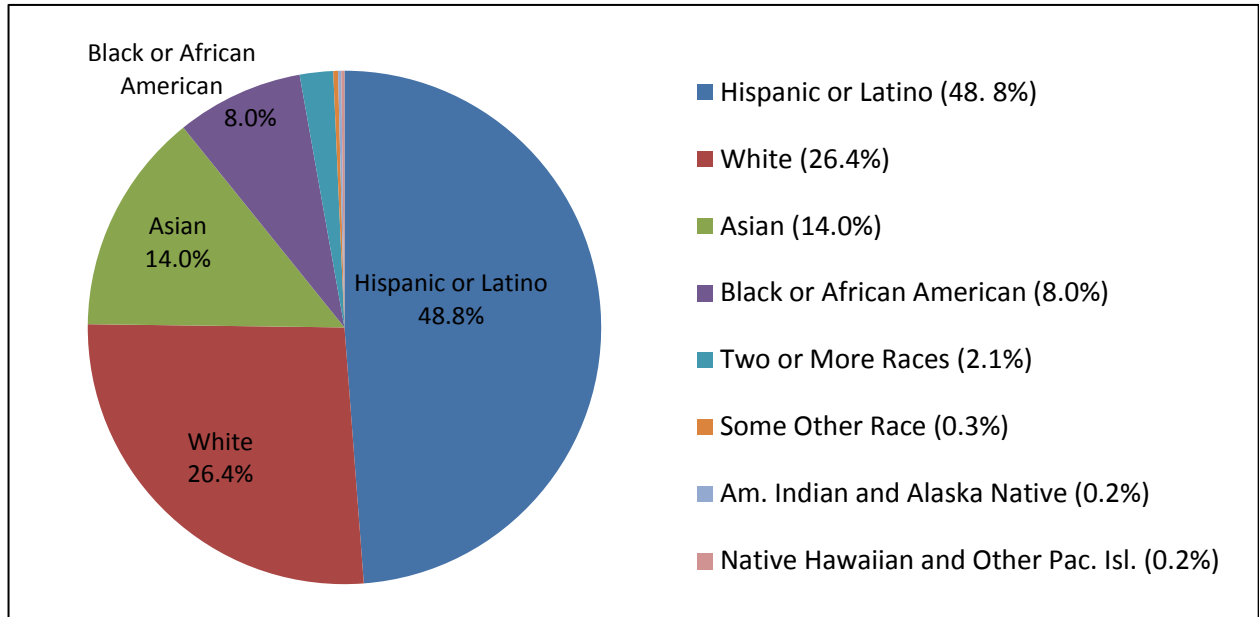
Race/Ethnicity

Almost half of the population in Los Angeles County was Hispanic or Latino (48.8%), while Whites made-up a quarter (26.4%). Asians comprised 14.0% of the population, and African Americans 8.0%.



Half of the population in the county is Hispanic or Latino

Los Angeles County, Population by Race and Ethnicity, 2015



Citizenship

Within Los Angeles County, 18.2% of the population was not a U.S. Citizen. This is a higher percentage than found across the state (14.1%).

Not a U.S. Citizen		
	Los Angeles County	California
Not a Citizen	18.2%	14.1%

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

Language

In Los Angeles County, Spanish was spoken at home by 39.4% of residents; this was higher than the number of Spanish speakers in the state (28.7%). In Los Angeles County, 43.2% of the residents spoke English only, while 10.8% spoke an Asian language.

Language Spoken at Home for the Population 5 Years and Over

Geographic Area	English Only	Spanish	Asian	Indo- European	Other
Los Angeles County	43.2%	39.4%	10.8%	5.4%	1.1%
California	56.2%	28.7%	9.7%	4.4%	0.9%

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



***A quarter of the population in
the county lives in linguistic
isolation***

Linguistic Isolation

Linguistic isolation describes the population over age 5 who speak English “less than very well.” In the county, a quarter (25.8%) of the population was linguistically isolated, which was higher than in California (19.1%).²²

Family Size

The average family size in the Los Angeles County was 3.69 persons, which was almost the same as the state (3.54).

Average Family Size

Geographic Area	Family Size
Los Angeles County	3.69
California	3.54

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

²² U.S. Bureau of the Census, 2010-2014 American Community Survey, Linguistic Isolation Among Population Over 5 Years of Age

Social and Economic Factors

Social and Economic Factors Ranking

Social and economic indicators are examined as a contributor to the health of a county’s residents. In 2016, California’s 58 counties were ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. This ranking examined: high school graduation rates, unemployment, children in poverty, income inequity, violent crime, injury death and others. Los Angeles County was ranked in the bottom half of California counties for social and economic factors at #42. This was a drop from 2012 (#36).

Geographic Area	County Ranking (out of 58)
Los Angeles County	42

Source: County Health Rankings, 2016

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2015, the Federal Poverty Level (FPL) for one person was \$12,331 and for a family of four \$24,447.



A quarter of the population in the county lives in poverty

In Los Angeles County, almost a quarter of the population lived at or below 100% of the FPL (24.1%), which was higher than California (22.3%). The percentage of those below 200% of the FPL decreases with 13.3% of county residents, which is a similar percentage in California (13.8%). Over a third of residents in SPA 6 lived at or below 100% of the FPL (35.5%), while 21.6% of residents in SPA 7 lived at or below 200% of the FPL.

Geographic Area	Below 100% Poverty	Below 200% Poverty
SPA 1 – Antelope Valley	17.1%	22.2%
SPA 2 – San Fernando Valley	24.6%	12.0%

Geographic Area	Below 100% Poverty	Below 200% Poverty
SPA 3 – San Gabriel Valley	25.0%	7.7%
SPA 4 – Metro	30.3%	8.7%
SPA 5 – West	12.8%	7.7%
SPA 6 – South	35.5%	14.5%
SPA 7 – East	20.4%	21.6%
SPA 8 – South Bay	19.9%	17.2%
Los Angeles County	24.1%	13.3%
California	22.3%	13.8%

Source: California Health Interview Survey, 2014, County

A greater percentage of youth lived at or below 100% (25.2%) and 200% of the FPL (14.5%) in Los Angeles County. As observed in the overall population, SPA 6 also had the highest percentage of youth living at or below 100% of the FPL (32.8%).

Youth Living Below the Federal Poverty Level, 2014

Geographic Area	Below 100% Poverty	Below 200% Poverty
SPA 1 – Antelope Valley	24.3%	19.1%
SPA 2 – San Fernando Valley	31.1%	11.7%
SPA 3 – San Gabriel Valley	20.3%	9.2%
SPA 4 – Metro	31.7%	6.6%
SPA 5 – West	4.3%	9.0%
SPA 6 – South	32.8%	14.4%
SPA 7 – East	23.9%	21.3%
SPA 8 – South Bay	19.5%	22.1%
Los Angeles County	25.2%	14.5%
California	25.5%	13.6%

Source: California Health Interview Survey, 2014, County



One in 4 children lives in poverty in Los Angeles County

Children in Poverty

In Los Angeles County, children live in households with higher rates of poverty than the general population. In the service area, 26.0% of children, under age 18 years, were living in poverty. Among families where there is a female head of household and children under 18 years old, 38.9% in the county live in poverty. This is higher than the state rate of 37.8%.

Poverty, Children under 18, Female Head of Household Families with Children under 18

Geographic Area	Children in Poverty (Under 18 Years)	Female Head of Household Families with Children in Poverty
Los Angeles County	26.0%	38.9%
California	22.7%	37.8%

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

Public Program Participation

Within the county, 38.4% of residents were not able to afford food and 18.1% utilized food stamps. This indicates a considerable percentage of residents who may qualify for food stamps but do not access this resource. WIC benefits were more readily accessed in the County; 60.7% of qualified adults participated in the WIC program. Among qualified children, 50.8% accessed WIC; 10.6% of county residents were TANF/CalWorks recipients.

Over half of the residents in SPA 1 (66.8%), and SPA 4 (51.9%) could not afford food; however, WIC was most used among adults and children in SPA 3 (83.9% and 76.4%, respectively) and SPA 6 (64.6% and 67.1%, respectively).

Public Program Participation

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC	CA
Not Able to Afford Food (<200%FPL)	66.8%	25.3%	40.6%	51.9%	6.4%	46.1%	38.2%	36.6%	39.5%	38.4%
Food Stamp Recipients	47.3%	12.5%	19.2%	17.4%	3.0%	26.6%	26.3%	6.8%	18.7%	18.1%
WIC Usage among Qualified Adults	43.3%	63.2%	83.9%	63.3%	18.7%	64.6%	54.5%	46.1%	60.7%	52.8%
WIC Usage among Qualified Children (Ages 6 and Under)	21.5%	37.3%	76.4%	36.9%	0%	67.1%	62.3%	10.6%	50.8%	44.6%
TANF/CalWorks Recipients	29.6%	2.8%	9.1%	5.6%	2.3%	16.0%	23.6%	4.7%	10.6%	8.4%

Source: California Health Interview Survey, 2016

Free or Reduced Price Meals

The percentage of students eligible for the free or reduced price meal program is one indicator of

socioeconomic status. Among all students in Los Angeles County schools, 68.8% were eligible for the free and reduced price meal program, indicating a high level of low-income families.

Free and Reduced Price Meals Eligibility

Geographic Area	Number	Percent
Los Angeles County	884,731	68.8%
California	3,115,546	60.0%

Source: California Department of Education, 2015-2016

Unemployment

Comparisons over three years indicated that unemployment rates have been decreasing since 2012 in Los Angeles County and California. Since 2012, the rate decreased from 11.6% to 8.8% in the County.

Unemployment Rates, Annual Average, 2012-2014

Geographic Area	2012	2013	2014
Los Angeles County	11.6%	10.2%	8.8%
California	11.4%	10.0%	8.5%

Source: U.S. Bureau of the Census, 2012-2014, American Community Survey

In Los Angeles County, over half of the population (56.3%) was employed full time (21 or more hours per week), and an additional 7.7% was employed part time (20 or less hours per week). More than a quarter (27.8%) was unemployed and not looking for work.

Within the Service Area, SPA 3 had the greatest issues with employment status. SPA 3 had the lowest percentage of full-time employed persons (51.0%), the lowest percentage of unemployed and looking for work (3.9%) and highest percentage of those unemployed and not looking for work (34.7%). In contrast, SPA 2 had the highest percentage (62.4%) of those full-time employed and the lowest percentage of those unemployed and not looking for work (20.3%).

Current Employment Status

Current Employment Status	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Full-time employed	56.7%	62.4%	51.0%	57.5%	56.4%	58.5%	53.4%	54.0%	56.3%
Part-time employed	2.8%	9.6%	10.2%	9.9%	7.7%	3.7%	5.5%	5.6%	7.7%
Unemployed and looking for work	16.2%	7.1%	3.9%	10.2%	7.5%	7.8%	13.0%	6.8%	8.1%

Unemployed; not looking for work	24.3%	20.3%	34.7%	22.4%	28.2%	30.0%	28.0%	33.5%	27.8%
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Source: California Health Interview Survey, 2014

Education

Educational attainment is considered a key driver of health status with low levels of education linked to poverty and poor health. In the county, 76.8% of the adult population, 25 years and older, had obtained a high school diploma or higher education. This was lower than the state rate of 81.5%.

High School Graduation or Higher Education Completion, Adults, 25 Years and Older

Geographic Area	High School Graduate or Higher
Los Angeles County	76.8%
California	81.5%

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

Of the population age 25 and over in Los Angeles County, a total of 18.8% had less than a high school diploma, while an additional quarter (23.9%) completed high school (or GED equivalency). In SPA 6, almost a third (32.6%) of the population had less than a high school diploma, and 3.6% had no formal education – four times as much as Los Angeles County (0.9%).

Educational Attainment

Highest Education Level	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Grades 1-8	5.1%	5.2%	9.1%	11.4%	0.7%	15.6%	11.5%	10.6%	9.0%
Grades 9-11	22.5%	6.0%	10.8%	5.7%	1.7%	17.0%	16.7%	6.3%	9.8%
High School	19.5%	25.7%	28.2%	31.7%	17.7%	20.7%	24.3%	16.2%	23.9%
AA/AS degree	15.1%	6.5%	9.7%	7.5%	4.3%	6.9%	8.1%	7.8%	7.8%
BA/BS degree	9.5%	29.7%	20.8%	15.1%	28.0%	11.7%	14.6%	24.0%	20.9%
No formal education	0.3%	0.1%	1.6%	1.1%	-	3.6%	0.6%	-	0.9%

Source: California Health Interview Survey, 2014

Child Care

Within the Service Area, SPA 1 had the greatest percentage of children that attended a preschool, nursery school or Head Start program at least 10 hours/week (18.9%). However, it also had the greatest percentage of parents who indicated having a problem finding child care (89.4% indicated no problem finding childcare, thus 10.6% had a difficult time). It is worth noting that each data set is from 2014 and 2009 (respectively), so it is likely that data on parents' ability to find child care has changed slightly.

Child Care

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Child attends preschool, nursery school or Head Start ¹	18.9%	6.5%	14.6%	17.1%	15.5%	3.2%	15.0%	10.9%	11.1%
Parent had no problem finding child care ²	89.4%	91.4%	97.6%	91.8%	91.5%	95.0%	96.9%	95.9%	94.4%

Source: California Health Interview Survey, 2014¹; California Health Interview Survey, 2009²

Housing Units

There were over 3 million housing units in the county; 46.4% of the housing units are owner occupied and 53.6% are renter occupied. The percentage of renter occupied housing exceeded the rate found in the state (45.2%).

Housing Units/Owners and Renters

Geographic Area	Total Housing Units	Owner Occupied	Renter Occupied
Los Angeles County	3,462,075	46.4%	53.6%
California	13,781,929	54.8%	45.2%

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

Median Household Income

The median household income in the county was \$55,870 – much lower than California (\$61,489).

Median Household Income

Geographic Area	Median Household Income
Los Angeles County	\$55,870
California	\$61,489

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

Homelessness

Every two years the Los Angeles Homeless Services Authority (LAHSA) conducts the Greater Los Angeles Homeless Count as a snapshot to determine how many people are homeless on a given day. For the 2016 homeless count, Los Angeles County had an annualized estimate of 43,854 homeless individuals: 85.7% of the homeless were individuals, 13.0% were homeless families and 0.3% unaccompanied minors. SPA 1 had the highest percentage of unaccompanied minors (0.9%).

Homeless

	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Total Homeless	3,038	7,094	2,612	11,860	4,659	7,459	3,469	3,663	43,854
Single Adults	83.4%	85.2%	81.3%	87.9%	87.3%	84.6%	83.4%	87.2%	85.7%
Family Members	15.7%	14.5%	18.7%	11.7%	12.7%	15.3%	15.7%	12.7%	13.9%
Unaccompanied Minors (Under age 18)	0.9%	0.3%	0%	0.33%	0%	0%	0.9%	0%	0.3%

Source: Los Angeles Homeless Service Authority, 2016 Greater Los Angeles Homeless Count Reports

Mentally ill homeless represented the greatest subpopulation – the county averaged 29.7%. SPA 1 has the greatest percentage of mentally ill homeless (35.3%). In terms of chronically homeless, SPA 2 and SPA 3 had the greatest percentages (35.7% and 35.3%, respectively) – these are greater than the percent for Los Angeles County (29.6%). While 22.7% experienced substance abuse in Los Angeles County, over a third (36.3%) experienced substance abuse in SPA 7– by contrast only 9.5% in SPA 8 did. SPA 5 had the greatest concentration of homeless veterans (14.5%), more than twice the percent for Los Angeles County (6.3%).



In the county there are 132 unaccompanied minors

Homeless Subpopulations

Geographic Area	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
Chronically Homeless	29.3%	35.7%	35.3%	28.4%	28.4%	28.6%	28.4%	24.7%	29.6%
Substance Abuse	21.7%	29.7%	25%	23.5%	19.7%	16.7%	36.3%	9.4%	22.7%
Mentally Ill	35.3%	34.7%	30.4%	32.2%	34.4%	22.9%	27.2%	17.8%	29.7%
Veterans	2.1%	3.6%	5.4%	6.8%	14.5%	3.4%	4.1%	10.2%	6.2%
Survivors of Domestic Violence	29.2%	22.6%	20.7%	18.5%	13.3%	13.5%	14.7%	14.5%	17.9%
People with HIV/AIDS	1%	2.1%	0.6%	2.4%	0.3%	1.4%	1.4%	0.2%	1.4%

Source: Los Angeles Homeless Service Authority, 2016 Greater Los Angeles Homeless Count Reports

Crime and Violence

Violent crimes include homicide, rape and assault. Los Angeles County had a rate of 421.5 violent crimes per 100,000 persons in the service area. This was higher than the state rate of 393.3.

Adult Violent Crimes, 2010, per 100,000 Persons

Geographic Area	Number	Rate
Los Angeles County	42,725	421.5
California	151,425	393.3

Source: California Department of Justice, Office of the Attorney General, 2014; U.S. Census 2014

In Los Angeles County, 12.7% of adults indicated they had experienced physical or sexual violence by an intimate partner since the age of 18. The percentages in SPAs 1, 2, 4, 6 and 7 are much greater relative to Los Angeles County, up to 15.6%. SPA 2 had the greatest percent (5.3%) of victims that experienced physical or sexual violence by an intimate partner in the past year.

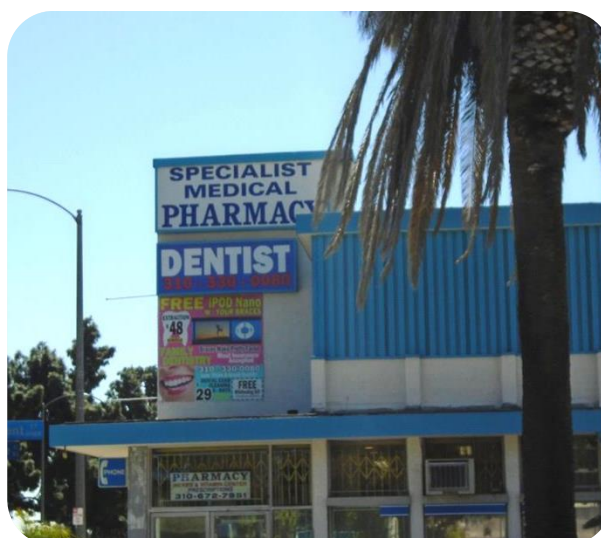
Experienced Physical or Sexual Violence

Geographic Area	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	LAC
By Intimate Partner Since Age 18	15.4%	15.6%	7.7%	13.5%	12.0%	14.2%	13.1%	12.5%	12.7%
By Intimate Partner in Past Year	3.1%	5.3%	1.9%	3.8%	2.0%	4.0%	1.8%	2.0%	3.1%

Source: California Health Interview Survey, 2009

Access to Health Care

Access to comprehensive, high-quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life. The lack of access to health services can lead to unmet health needs, delays in receiving appropriate care, the inability to benefit from preventive services, and preventable hospitalizations.²³



CHLA Photovoice project, 2016

According to *County Health Rankings and Roadmaps*, Los Angeles County is ranked near the bottom in overall health compared to California's 57 counties. Los Angeles County's overall health access ranking has dropped from 45 in 2012 to 49 in 2015.

Health Access Ranking, 2015

Geographic Area	County Ranking (out of 57)
Los Angeles County	49

Source: *County Health Rankings, 2015*, County Note: Alpine County was not ranked in 2015

Health Insurance Coverage

In Los Angeles County, 81.2% of adults had health insurance compared to 95.6% of children under the age of 18. This represented a health access gap of over fourteen percent (14.4%). This disparity was even larger in SPA 2 (81.4% vs. 100%), SPA 4 (70.7% vs. 94.0%) and SPA 6 (74.5% vs. 98.8%)

Health Insurance Coverage, Total Population, Children Under 18 and Adults 18-64, 2014

Geographic Area	Total Population	Children Under 18	Adults Ages 18-64
SPA 1 – Antelope Valley	96.9%	100%	95.3%
SPA 2 – San Fernando Valley	88.1%	100%	81.4%
SPA 3 – San Gabriel Valley	85.9%	89.4%	82.2%
SPA 4 – Metro	78.0%	94.0%	70.7%
SPA 5 – West	92.6%	91.4%	90.6%
SPA 6 – South	84.0%	98.8%	74.5%
SPA 7 – East	85.4%	94.5%	79.9%

²³ Office of Disease Prevention and Health Promotion, (2014). *Access to Health Services*. Washington, DC. Available at <http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>. Accessed April 1, 2016.

Geographic Area	Total Population	Children Under 18	Adults Ages 18-64
SPA 8 – South Bay	89.7%	95.1%	85.9%
Los Angeles County	86.7%	95.6%*	81.2%
California	88.1%	95.8%	82.8%

Source: California Health Interview Survey, 2014, County *Statistically unstable

Examining insurance coverage by source type revealed that 41.5% of county residents had employment-based insurance and 24.4% were covered by Medi-Cal. This represented a Medi-Cal enrollment increase of almost seven percent (6.9%) since the previous needs assessment reporting cycle.

Insurance Coverage, 2014

	Los Angeles County	California
Medi-Cal	24.4%	22.5%
Healthy Families	--	--
Medicare Only	1.4%	1.4%
Medi-Cal/Medicare	3.7%	3.0%
Medicare & Others	7.4%	9.0%
Other Public	0.8%*	1.0%
Employment based	41.5%	44.8%
Private Purchase	7.4%	6.4%
No Insurance	13.3%	11.9%

Source: California Health Interview Survey, 2014, County *Statistically unstable

As noted above, adults were less likely to be insured than children. As the data table below indicates, adults, ages 18-64, were the sub-population with the highest rates of not being insured. In Los Angeles County, about half (48.0%) received health coverage from their employer. Coverage for the majority of Los Angeles County children was provided through Medi-Cal (45.5%) and employment-based insurance (44.4%).

Seniors, aged 65 and older, had the lowest rates of uninsured populations – a significant portion of them received Medicare (60.0%) or combination with Medi-Cal (23.5%) coverage. The Healthy People 2020 objective is 100% health insurance coverage for children and adults.

Insurance Coverage by Age Group, 2014

	Ages 0-17		Ages 18-64		Ages 65+	
	Los Angeles County	California	Los Angeles County	California	Los Angeles County	California
Medi-Cal	45.5%	44.1%	21.0%	18.7%	1.8%*	0.7%*
Healthy Families	--	--	--	--	--	--

	Ages 0-17		Ages 18-64		Ages 65+	
	Los Angeles County	California	Los Angeles County	California	Los Angeles County	California
Medicare Only	--	--	0.1%*	0.6%	10.9%	7.9%
Medi-Cal/Medicare	--	--	1.4%	1.0%	23.5%	18.0%
Medicare & Others	--	--	0.2%*	0.2%*	60.0%	69.0%
Other Public	0.8%*	1.1%	0.9%*	1.2%	0.6%*	0.3%*
Employment based	44.4%	45.5%	48.0%	53.0%	1.4%	3.3%
Private Purchase	4.9%	5.1%	9.7%	8.2%	0.3%*	0.2%*
No Insurance	4.4%*	4.2%	18.8%	17.2%	1.6%*	0.6%*

Source: California Health Interview Survey, 2014, County

*Statistically unstable

Sources of Care

Residents who have a medical home and access to a primary care provider have improved continuity of care and fewer unnecessary emergency department visits. Overall more California children, adults and seniors had a usual source of care than Los Angeles County children, adults and seniors. However, the largest state versus county usual source of care difference fell within the senior group at six percent (94.9% vs. 92.3%). This is significant, as seniors typically have the greatest continuity of care needs.

Across county SPAs only 76.9% of residents in Metro SPA 4 reported a usual source of care compared to 83.8% of the county. Among Metro area adults, ages 18-64, only 69.7% had a usual source of care.

Usual Source of Care, 2014

Geographic Area	Total Population	Ages 0-17	Ages 18-64	Ages 65+
SPA 1 – Antelope Valley	79.5%	83.8%	76.3%	96.5%
SPA 2 – San Fernando Valley	79.8%	87.3%	73.9%	96.7%
SPA 3 – San Gabriel Valley	83.9%	91.4%	81.1%	84.5%
SPA 4 – Metro	76.9%	96.5%	69.7%	89.4%
SPA 5 – West	91.1%	100.0%	86.3%	100.0%
SPA 6 – South	86.5%	85.6%	86.0%	93.4%
SPA 7 – East	86.3%	96.7%	80.9%	95.6%
SPA 8 – South Bay	88.5%	87.8%	88.1%	92.0%
Los Angeles County	83.8%	90.3%	79.9%	92.3%
California	85.8%	91.5%	81.7%	94.9%

Source: California Health Interview Survey, 2014, County

Similarly to the state, most county residents' source of health care was the doctor's office, HMO or Kaiser Permanente (60.7% and 57.6%). Roughly another quarter of both state and county residents

tended to access community and government clinics or community hospitals (23.0% and 23.6%). These trends were similar to 2009 data from the previous health needs assessment.

Source of Care, 2014

	Los Angeles County	California
Dr. Office/HMO/Kaiser Permanente	57.6%	60.7%
Community Clinic/Government Clinic/Community Hospital	23.6%	23.0%
Emergency Room/Urgent Care	1.7%	1.4%
Other	0.9%*	0.7%
No Source of Care	16.2%	14.2%

Source: California Health Interview Survey, 2014, County *Statistically unstable

Overall, 16.6% of residents in the county visited an emergency department over the period of a year. This is compared to 17.9% of residents from SPA 5, 19.8% from SPA 1, 20.6% from SPA 8 and 24.3% from SPA 6. Children from Los Angeles County visited the emergency department at higher rates than adults, seniors and residents below the poverty level. However, compared to the county population, residents at lower incomes visited the emergency department more frequently (17.6% and 16.7% vs. 16.6%).

Use of Emergency Department, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Visited ED in last 12 months	16.6%	17.4%	19.8%	11.8%	15.8%	14.5%	17.9%	24.3%	15.4%	20.6%
0-17 years old	19.7%	19.3%	9.4%	14.9%	18.9%	6.4%	28.3%	16.8%	27.6%	29.6%
18-64 years old	15.7%	16.5%	24.9%	10.1%	12.9%	16.6%	17.3%	28.5%	11.3%	19.0%
65 and older	15.5%	18.3%	12.5%	14.8%	23.8%	12.8%	11.5%	20.5%	9.1%	12.5%
<100% of poverty level	17.6%	20.6%	20.5%	5.7%	13.9%	21.6%	7.7%	20.5%	31.4%	16.4%
<200% of poverty level	16.7%	19.0%	15.3%	12.8%	15.1%	15.1%	9.6%	21.7%	20.7%	18.3%

Source: California Health Interview Survey, 2014, County

In Los Angeles County, the ratio of population to primary care physicians was 1,389:1 and the ratio of population to dentists was 1,287:1. For mental health providers, the ratio was 390:1. This represented a significant increase in the ratio of primary care physicians and a significant decrease in the ratio of dentists and mental health providers since the last community health reporting cycle. These trends existed at both the county and state levels.

Primary Care Physicians, Dentists, Mental Health Providers, Population Ratio, 2015

Geographic Area	Ratio of population to primary care physicians	Ratio of population to dentists	Ratio of population to mental health providers
Los Angeles County	1,389:1	1,287:1	390:1
California	1,294:1	1,291:1	376:1

Source: County Health Rankings, 2015, County

Barriers to Care

Barriers to care can include the cost of care, lack of a medical home, language barriers, and lack of transportation. Overall, 31.7% of residents expressed difficulty in accessing care, followed closely behind with unaffordability of dental care (30.3%). The barriers that were rated the lowest are unaffordability of mental health care (6.1%) and transportation problems (7.4%). Adults in SPA 6 (44.6%) experienced health care access barriers at higher rates than in the county.

Barriers to Accessing Health Care, 2013

	LAC	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adults Unable to Afford Dental Care in the Past Year	30.3%	31.3%	29.8%	27.7%	37.6%	19.4%	35.0%	33.9%	27.4%
Adults Unable to Afford Medical Care in the Past Year	16.0%	13.3%	16.8%	15.1%	17.7%	12.2%	18.7%	17.8%	14.0%
Adults Unable to Afford Mental Health Care in the Past Year [#]	6.1%	5.7%*	7.2%	4.4%	6.0%	6.5%*	6.8%	8.1%	4.2%
Adults Unable to Afford Prescription Medication in the Past Year	15.4%	15.1%	15.8%	15.6%	15.3%	9.8%	18.8%	15.3%	15.1%
Adults Reported Difficulty Accessing Medical Care	31.7%	26.7%	28.9%	31.9%	38.0%	17.0%	44.6%	34.6%	28.5%
Adults Who Reported Difficulty Talking to a Doctor Because of a Language Barrier in the Past Year [^]	15.1%	18.6%*	13.3%	11.0%	20.4%	--	18.7%	14.5%	13.9%
Adults Who Reported Transportation Problems Prevented Obtainment of Medical Care [^]	7.4%	10.7%	6.1%	7.2%	9.7%	3.2%*	12.5%	6.9%	6.2%

*Source: Los Angeles County Department of Public Health, 2013 Key Indicators of Health, 2013, Service Planning Area
Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, 2011 Los Angeles County Health Survey, 2011, Service Planning Area[#]*

Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, 2007 Los Angeles County Health Survey, 2007, Service Planning Area[^]

**Statically unstable*

Delayed Care

From 11.9% to 14.4% of residents in SPA 4, SPA 2, SPA 8 and SPA 5 delayed or did not seek medical care in the past year. Across the county, 11.7% residents delayed or did not seek medical care.

Delayed Care, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Delayed or Didn't Get Medical Care in the Past 12 Months	11.7%	11.3%	5.7%	12.2%	10.3%	11.9%	14.4%	10.7%	11.4%	13.7%
Delayed or Didn't Get Prescription Meds in the Past 12 Months	7.9%	8.7%	4.0%	9.8%	7.5%	7.0%	4.4%	8.8%	8.8%	7.7%

Source: California Health Interview Survey, 2014, County



16% of children in Los Angeles County have never been to the dentist

Dental Care

The delay of dental care among children is of greatest concern in SPA 7 (18.5%), SPA 8 (20.7%) and SPA 3 (26.7%). All three SPAs have the greatest percentages of children who have not been to the dentist. This is also in comparison to 16.0% of children in the county who have never been to the dentist.

The main reason for delaying dental care due to cost or lack of insurance is of greatest concern for households with teens than children, as the cost of dental care increases for older children.

Delay of Dental Care among Children and Teens, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Children Never Been to the Dentist	16.0%	15.3%	5.9%	9.1%	26.7%	11.3%	11.3%	12.7%	18.5%	20.7%
Main Reason Children Did Not Visit Dentist in Past Year – Could Not Afford It/Had No Insurance [#]	10.0%	10.4%	-	11.4%	5.6%	9.2%	13.2%	12.0%	15.7%	6.5%

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Teens Never Been to the Dentist	2.1%*	1.8%*	-	-	-	9.3%	-	-	11.0%	-
Main Reason Teens Did Not Visit Dentist in Past Year – Could Not Afford It/Had No Insurance [#]	39.0%	30.6%	52.5%	17.1%	73.5%	54.2%	49.3%	75.3%	10.8%	31.4%

Source: California Health Interview Survey, 2009[#] & 2014, County

*Statistically unstable

Mortality

Leading Causes of Premature Death

In Los Angeles County, among both males and females, the leading cause of premature death was coronary heart disease. Secondary and tertiary causes of premature death differ between genders. For males in the county the next two leading causes of premature death were: homicide and motor vehicle crashes. For women in Los Angeles County they were: breast cancer and lung cancer.

Leading Causes of Premature Death (before age 75) by Gender, 2012

	Male	Female	Overall
	Los Angeles County	Los Angeles County	Los Angeles County
#1 Cause	Coronary heart disease	Coronary heart disease	Coronary heart disease
#2 Cause	Homicide	Breast cancer	Homicide
#3 Cause	Motor vehicle crash	Lung cancer	Motor vehicle crash

Source: Los Angeles County Department of Public Health, *Mortality in Los Angeles County 2012: Leading Causes of Death and Premature Death with Trends for 2003-2012, 2012, County*

Leading Causes of Death - Age-Adjusted

Coronary heart disease, stroke and chronic lower respiratory disease were the top three leading causes of death in Los Angeles County. When compared to the Healthy People 2020 objectives, Los Angeles County's rate of death for coronary heart disease exceed the objectives by 18.9 points. In 2009, the age-adjusted leading causes of death were coronary heart disease, stroke and lung cancer.

Leading Causes of Death, Total Number and Age-Adjusted Death Rate per 100,000 Persons, 2011-2013 (3-Year Average)

	Los Angeles County		California		Healthy People 2020 Objective
	Number	Rate	Number	Rate	
Coronary Heart Disease	11,824.7	122.3	39,455.0	103.8	103.4
Stroke	3,310.0	34.7	13,492.0	35.9	34.8
Lung Cancer	2,804.3	29.8	12,520.7	33.6	45.5

	Los Angeles County		California		Healthy People 2020 Objective
	Number	Rate	Number	Rate	
Influenza/Pneumonia	2,125.3	22.3	6,170.7	16.3	None
Chronic Lower Respiratory Disease	2,920.7	31.2	13,257.7	35.9	None
Diabetes	2,190.3	23.0	7,842.7	20.8	Not applicable
Alzheimer's Disease	2,468.0	25.7	11,676.3	30.8	Not applicable
Suicide	772.0	7.6	3,945.0	10.2	10.2
Homicide	598.3	5.8	1,972.0	5.1	5.5
Motor Vehicle Crash	659.3	6.5	2,948.7	7.6	12.4

Source: California Department of Public Health, Center for Health Statistics and Informatics, 2015 County Health Status Profiles, 2015, County

In Los Angeles County, the leading cause of death for infants was complications due to low birth weight or prematurity. For toddlers through preschool-aged children the leading cause of death was attributed to birth defects. For five to fourteen year olds it was motor vehicle crashes. Fifteen to twenty-four years olds the leading cause of death was homicide. These trends remain the same since 2009.

Leading Cause of Death by Age Group, Children, Youth and Young Adults, 2012

Age Group	#1 Cause	#2 Cause	#3 Cause	#4 Cause	#5 Cause
<1 year old	Low birth weight/prematurity	SIDS	Heart defect	Complication of placenta/cord	Maternal complication
1-4 years old	Birth defect	Motor vehicle crash	Homicide	Drowning	Perinatal period condition
5-14 years old	Motor vehicle crash	Birth defect	Leukemia	Homicide	Brain/CNS cancer
15-24 years old	Homicide	Motor vehicle crash	Suicide	Drug overdose	Leukemia

Source: Los Angeles County Department of Public Health, Mortality in Los Angeles County 2012: Leading Causes of Death and Premature Death with Trends for 2003-2012, 2012, County



Leading Causes of Death

<1 year olds

Low birth weight/prematurity

1-4 year olds

Birth defects

5-14 year olds

Motor vehicle crash

15-24 year olds

Homicide

Birth Characteristics

Births

In 2011, there were 130,312 births in Los Angeles County. The number of births has decreased from 2008 to 2011. This trend follows the same pattern for births across the state.

Births by Year, 2008-2011

Geographic Area	2008	2009	2010	2011
Los Angeles County	147,684	139,679	133,160	130,312
California	551,567	526,774	509,979	502,023

Source: California Department of Public Health, Birth Statistical Data Tables, 2008-11, County

Teen Births

From 2011 to 2013 the county average number of births to teen mothers was 9,188.3 or 26.1% of all live births. This rate is higher than the state teen birth rate of 25.5%.

Births to Teenage Mothers (15-19 Years Old), 2011-2013 (3-Year Average)

Geographic Area	Births to Teen Mothers	Percent of Live Births
Los Angeles County	9,188.3	26.1%
California	34,582.7	25.5%
Healthy People 2020 Objective	--	None

Source: California Department of Public Health, Center for Health Statistics and Informatics, 2015 County Health Status Profiles, 2015, County

Prenatal Care

In Los Angeles County, 2.8% of live births were to mothers who entered prenatal care late (into the third trimester), or received no prenatal care. This is lower than the state rate of 3.2% of live births.

Late Entry (In Third Trimester) or No Prenatal Care, 2010

Geographic Area	Late Prenatal Care	Percent of Live Births
Los Angeles County	3,526	2.8%
California	15,995	3.2%

*Source: California Department of Public Health, Birth Statistical Data Tables, 2010, County
Number of births in which first month of prenatal care is unknown are not included*

Low Birth Weight

Babies born at low birth weight are at higher risk for disease, disability and possibly death. Los Angeles County had a higher percentage of deliveries at low birth weight (7.0%) than the state (6.8%). The Healthy People 2020 Objective is 7.8% of live births.

Low Birth Weight (Under 2,500 g), 2011-2013 (3-Year Average)

Geographic Area	Low Weight Births	Percent of Live Births
Los Angeles County	9,155.3	7.0%
California	33,846.0	6.8%
Healthy People 2020 Objective	--	7.8%

Source: California Department of Public Health, Center for Health Statistics and Informatics, 2015 County Health Status Profiles, 2015, County

Breastfeeding

Breastfeeding has considerable mental and physical health benefits to both baby and mother. The California Department of Public Health (CDPH) highly recommends breastfeeding for the first six months of life. State level Newborn Screening Test Form Data on in-hospital breastfeeding indicated 57.4% of Los Angeles County new mothers breastfed exclusively in the hospital post-partum compared to 66.6% of new mothers in the state. In terms of the proportion of new mothers who breastfed, at any frequency post-partum, the rates were equal between the county (93.5%) and state (93.5%). County and state exclusive in-hospital breastfeeding rates increased compared to 2011 while in-hospital breastfeeding at some frequency decreased.

In-Hospital Breastfeeding, 2014

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Los Angeles County	111,937	93.5%	68,750	57.4%
California	407,361	93.5%	290,153	66.6%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2014, County

Infant Mortality

The infant mortality rate in Los Angeles County is 4.7 deaths per 1,000 live births. This is slightly higher from 2010 (4.6 deaths per 1,000 live births). The Healthy People 2020 Objective rate is 6.0.

Infant Mortality Rate, 2010-2012 (3-Year Average)

Geographic Area	Infant Deaths	Rate per 1,000 Live Births
Los Angeles County	622.0	4.7
California	2,401.7	4.8
Healthy People 2020 Objective	--	6.0

Source: California Department of Public Health, Center for Health Statistics and Informatics, 2015 County Health Status Profiles, 2015, County

Chronic Disease

Health Status

In Los Angeles County, 19.3% of residents have a self-rated fair or poor health status versus 17.0% of California residents. The countywide sub-group with the largest percentage of self-rated fair or poor health status is seniors; followed by 18-64 year olds (22.0%) and then children, 0-17 years old (5.7%) and by geography it is SPA 4.



CHLA Photovoice project, 2016

Overall and sub-group self-ratings of fair to poor health occurred more frequently in SPA 4 and SPA 6 than in Los Angeles County.

Health Status, Fair or Poor Health, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Fair or Poor Health	19.3%	17.0%	16.2%	11.5%	21.4%	30.2%	9.8%	27.3%	19.4%	19.2%
0-17 years old	5.7%*	5.7%*	7.0%	3.8%	2.6%	10.0%	-	9.1%	3.8%	10.5%
18-64 years old	22.0%	19.3%	18.6%	10.8%	23.7%	30.6%	9.4%	34.0%	26.0%	23.6%
65+ years old	31.4%	27.9%	36.2%	32.9%	41.3%	45.8%	19.3%	44.1%	17.3%	11.9%

Source: California Health Interview Survey, 2014, County

*Statistically unstable

Asthma

The adult population diagnosed with asthma in Los Angeles County was 11.4% and the childhood population diagnosed with asthma in the county was 10.5%. Both figures are lower compared to 2009.

Among adults, 21.8% in SPA 1 and 15.0% in SPA 2 had the highest proportions of asthma diagnoses. Among youth, 18.7% in SPA 8 and 12.2% in SPA 3 had the highest proportions of asthma diagnoses.



**26% of African American
children have been diagnosed
with asthma**

Of adult asthmatics, 4.7% visited the emergency room in the past year due to their asthma compared to 2.4% of youth. And 41.0% of asthmatic adults took medication to control their symptoms, while 27.7% of youth took medication. Over 96% of all asthmatics in the county were very confident they could control and manage their asthma.

Asthma, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Diagnosed with Asthma, Total Population	11.4%	14.0%	21.8%	15.0%	11.9%	11.7%	7.0%	6.8%	8.1%	10.7%
Diagnosed with Asthma, 0-17 Years old	10.5%	14.5%	7.1%	9.1%	12.2%	10.6%	7.8%	9.5%	5.3%	18.7%
ER Visit in Past year Due to Asthma, Total Population	4.7%*	9.6%	18.6%	1.2%	3.9%	3.3%	-	3.4%	20.4%	1.6%
ER Visit in Past year Due to Asthma, 0-17 Years Old	2.4%*	13.9%	79.2%	-	-	-	-	-	10.5%	-
Takes Daily Medication to Control Asthma, Total Population	41.0%	44.2%	50.6%	44.5%	15.9%	56.9%	28.6%	39.8%	18.8%	56.8%
Takes Daily Medication to Control Asthma, 0-17 Years Old	27.7%*	39.0%	94.0%	31.0%	2.8%	-	-	3.8%	32.2%	46.3%
Very Confident to Control and Manage Asthma	96.2%	96.7%	93.6%	97.2%	97.1%	95.4%	100.0%	93.5%	95.0%	97.0%
Confident to Control and Manage Asthma [#]	22.9%	14.8%	--	--	--	--	--	--	--	--
Not Confident to Control and Manage Asthma [#]	3.7%	3.3%	--	--	--	--	--	--	--	--

Source: California Health Interview Survey, 2009[#] & 2014, County

*Statistically unstable

In Los Angeles County males were diagnosed with asthma at similar rates to females (11.1 vs. 11.7%). At the state level, the gender gap was wider (13.2% vs. 14.8%). African Americans had the highest rates of asthma, both in the county and statewide.

Diagnosed with Asthma, Gender and Race/Ethnicity among Youth, 2014

	Los Angeles County	California
Male	11.1%	13.2%
Female	11.7%	14.8%
Latino	9.8%	12.0%
White	12.5%	15.0%
African American	26.0%	22.3%
Asian	4.8%	11.0%

Source: California Health Interview Survey, 2014, County

The percent change rate of asthma among children and youth has largely decreased for the five of the eight SPAs and across the county as a whole. San Gabriel Valley, however, has seen a 6.1% three-year average increase in asthma rates among children and youth, as well, as SPA 6 (13.1%) and SPA 8 (23.8%).

Youth (under 18) Diagnosed with Asthma, 2012-2014

Geographic Area	2012	2013	2014	Change 2012-2014
SPA 1 – Antelope Valley	15.3%	30.8%	7.1%	53.6% decrease
SPA 2 – San Fernando Valley	11.8%	19.1%	9.1%	22.9% decrease
SPA 3 – San Gabriel Valley	11.5%	26.4%	12.2%	6.1% increase
SPA 4 – Metro	14.3%	13.7%	10.6%	25.9% decrease
SPA 5 – West	13.7%	11.3%	7.8%	42.9% decrease
SPA 6 – South	8.4%	13.5%	9.5%	13.1% increase
SPA 7 – East	10.5%	2.8%	5.3%	49.5% decrease
SPA 8 – South Bay	15.1%	9.4%	18.7%	23.8% increase
Los Angeles County	12.0%	14.8%	10.5%	12.5% decrease
California	14.3%	15.9%	14.5%	1.4% increase

Source: California Health Interview Survey, 2012-2014, County

Cancer

In Los Angeles County, cervical (8.8 per 100,000 persons) and lung (50.3 per 100,000 persons) cancer rates exceeded the state rates for these type of cancers. Breast cancer (116.9 vs. 122.1), colorectal cancer (35.7 vs. 40.0) and prostate cancer (122.0 vs.126.9) occurred less frequently than the state rate for the same type of cancers.

Compared to the previous needs assessment, lung cancer incidence rates increased from 45.6

occurrences per 100,000 persons to 50.3 in Los Angeles County.

Cancer Age-Adjusted Incidence Rate, per 100,000 Persons, 2008-2012 (5-Year Average)

	Los Angeles County	California
All Cancers	405.5	424.9
Breast Cancer	116.9	122.1
Cervical Cancer	8.8	7.7
Colon and Rectum Cancer	35.7	40.0
Prostate Cancer	122.0	126.9
Lung Cancer	50.3	48.0

Source: The Centers for Disease Control and Prevention, National Cancer Institute, 2008-2012 State Cancer Profiles, 2008-2012, State

Diabetes

Diabetes remains a growing concern in the community; 10.0% of adults in Los Angeles County were diagnosed with diabetes. This is slightly down nearly one percent from 2009 (10.0% vs. 10.9%). For adults with diabetes, most adults (90.7%) were very confident they could control their diabetes. Compared to 2009, 60.9% of adults with diabetes were very confident in controlling their diabetes.

More than three of out four diabetic adults (77.8%) in the county had a diabetes management care plan. While more than one out of every four diabetic adults (25.7%) had never had a foot exam and 9.3% have never had an HgA1c test.

Adult Diabetes, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Diagnosed Pre /Borderline Diabetic	8.8%	10.5%	7.2%	6.3%	10.6%	8.4%	4.0%	12.0%	12.9%	8.0%
Diagnosed with Diabetes	10.0%	8.9%	9.8%	5.8%	12.0%	11.1%	4.6%	14.7%	12.4%	10.4%
Very confident to Control Condition	56.9%	56.5%	--	--	--	--	--	--	--	--
Confident to Control Condition	90.7%	91.2%	65.1%	97.0%	90.1%	69.1%	84.3%	96.7%	98.0%	-
Somewhat Confident to Control Condition	33.7%	34.7%	--	--	--	--	--	--	--	--
Not Confident to Control Condition	9.3%*	8.8%	--	--	--	--	--	--	--	--
Takes Oral Hypoglycemic Medications [#]	73.7%	77.0%	--	--	--	--	--	--	--	--
Has a Diabetic Management Care Plan [#]	77.8%	78.0%	--	--	--	--	--	--	--	--

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Has Never Had a Foot Exam [#]	25.7%	72.2%	--	--	--	--	--	--	--	--
Never Heard of HgA1c Test [#]	19.5%	14.5%	--	--	--	--	--	--	--	--
Never Had a HgA1c Test [#]	9.3%	10.6%	--	--	--	--	--	--	--	--

Source: California Health Interview Survey, 2009[#] & 2014, County
*Statistically unstable

At the SPA level, diabetes most affected SPA 3 and SPA 4. The rate of adults diagnosed with diabetes in these two regions increased over 30% from 2012 to 2014. More significantly, the three-year diabetes rate had increased in five out of the eight county SPAs and overall across the county and state.

Adults Diagnosed with Diabetes, 2012-2014

Geographic Area	2012	2013	2014	Change 2012-2014
SPA 1 – Antelope Valley	12.5%	5.5%	9.8%	-21.6%
SPA 2 – San Fernando Valley	6.4%	7.6%	5.8%	-9.4%
SPA 3 – San Gabriel Valley	9.0%	13.0%	12.0%	33.3%
SPA 4 – Metro	7.8%	9.2%	11.1%	42.3%
SPA 5 – West	6.3%	8.5%	4.6%	-27.0%
SPA 6 – South	12.1%	11.5%	14.7%	21.5%
SPA 7 – East	10.2%	11.1%	12.4%	21.6%
SPA 8 – South Bay	9.2%	13.7%	10.4%	13.0%
Los Angeles County	8.7%	10.5%	10.0%	15.0%
California	8.3%	8.7%	8.9%	7.2%

Source: California Health Interview Survey, 2012-2014, County

Among adults with borderline diabetes, the rate of diabetes increased over 30% for half of the SPAs from 2012 to 2014. For the other half, the rate has decreased more than 20% over the same period.

In Los Angeles County the rate of diagnosed adult borderline diabetes increased from 8.7% in 2012 to 8.8% in 2014; while the rate of adult borderline diabetes increased from 9.2% in 2012 to 10.5% in 2014 among Californians.

Adults Diagnosed with Borderline Diabetes, 2012-2014

Geographic Area	2012	2013	2014	Change 2012-2014
SPA 1 – Antelope Valley	12.1%	8.0%	7.2%	-40.5%
SPA 2 – San Fernando Valley	8.0%	8.9%	6.3%	-21.3%
SPA 3 – San Gabriel Valley	7.9%	12.1%	10.6%	34.2%

Geographic Area	2012	2013	2014	Change 2012-2014
SPA 4 – Metro	5.8%	7.7%	8.4%	44.8%
SPA 5 – West	9.3%	7.0%	4.0%	-57.0%
SPA 6 – South	8.1%	8.2%	12.0%	48.1%
SPA 7 – East	9.7%	9.9%	12.9%	33.0%
SPA 8 – South Bay	11.1%	13.8%	8.0%	-27.9%
Los Angeles County	8.7%	10.0%	8.8%	1.1%
California	9.2%	10.1%	10.5%	14.1%

Source: California Health Interview Survey, 2012-2014, County

Disability

In the county, more than one in four adults had a disability (28.6%). This trend is similar across SPAs; with a higher disability occurrence in SPA 1 (32.4%) and SPA 6 (39.4%).

A total of 5.9% of adults in Los Angeles County could not work for at least a year due to a physical or mental impairment. Results were significantly higher for SPA 7 (6.7%), SPA 6 (8.0%), SPA 8 (8.0%) and SPA 1 (12.2%). The population with a disability or the population with a physical or mental impairment had increased since the last needs assessment.

Population with a Disability, 2014

Geographic Area	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adults with a Disability	28.6%	28.5%	32.4%	27.1%	28.2%	26.3%	25.5%	39.4%	26.8%	27.3%
Could Not Work Due to Impairment	5.9%	5.2%	12.2%	4.7%	3.7%	5.8%	1.7%	8.0%	6.7%	8.0%

Source: California Health Interview Survey, 2014, County



Almost half of children in the county have had a developmental delay risk

Surveyed parents regarding their child’s development status revealed almost half of Los Angeles’ Counties children (46.3%) had a developmental delay risk; whereas, 39.8% of

surveyed parents across the state indicated their child had a moderate to high developmental delay risk.

Developmental Delay Risk among Children, 2009

	Los Angeles County	California
Moderate/High Developmental Delay Risk	46.3%	39.8%

Source: California Health Interview Survey, 2009, County

Heart Disease

Among adults in Los Angeles County, 5.7% of the population was diagnosed with heart disease. In the state, 6.1% of adults were diagnosed with heart disease. Among adults in the county, 53.5% were very confident they could manage their condition and 55.5% had a management care plan developed by a health care professional.

Adult Heart Disease, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Diagnosed with Heart Disease	5.7%	6.1%	14.1%	4.5%	7.0%	2.4%	4.8%	8.6%	5.2%	5.7%
Very confident to Control Condition	53.5%	53.6%	50.3%	56.2%	56.6%	29.4%	66.7%	62.4%	40.4%	53.6%
Somewhat Confident to Control Condition	36.0%	34.9%	--	--	--	--	--	--	--	--
Not Confident to Control Condition	10.4%*	11.5%	--	--	--	--	--	--	--	--
Has a Management Care Plan	55.5%	67.1%	37.6%	54.8%	40.1%	61.5%	89.8%	51.8%	59.8%	59.2%

Source: California Health Interview Survey, 2014, County

**Statistically unstable*

From 2012 to 2014, SPA 1 and SPA 6 had a positive percent change of over 130% of adults diagnosed with heart disease. In comparison, Los Angeles County saw positive, or increase, percent change of 3.6% of adults diagnosed with heart disease.

Adults Diagnosed with Heart Disease, 2012-2014

Geographic Area	2012	2013	2014
SPA 1 – Antelope Valley	4.6%	4.3%	14.1%
SPA 2 – San Fernando Valley	4.6%	5.7%	4.5%
SPA 3 – San Gabriel Valley	6.6%	3.1%	7.0%
SPA 4 – Metro	5.5%	5.9%	2.4%
SPA 5 – West	5.0%	4.6%	4.8%

Geographic Area	2012	2013	2014
SPA 6 – South	3.6%	3.5%	8.6%
SPA 7 – East	6.4%	4.8%	5.2%
SPA 8 – South Bay	6.0%	4.3%	5.7%
Los Angeles County	5.5%	4.6%	5.7%
California	6.0%	5.6%	6.1%

Source: California Health Interview Survey, 2012-2014, County

High Blood Pressure

Hypertension, or high blood pressure, is positively associated with diabetes and heart disease. In Los Angeles County, 27.3% of adults were diagnosed with high blood pressure. Of these, 67.2% were on high blood pressure medication. At the SPA level, SPA 4 (28.6%), SPA 3 (29.8%), SPA 8 (34.0%) and SPA 6 (35.7%) all had higher proportions of adults diagnosed with high blood pressure than the county.

High Blood Pressure, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Diagnosed with High Blood Pressure	27.3%	28.5%	24.8%	20.5%	29.8%	28.6%	26.8%	35.7%	20.8%	34.0%
Takes Medication for High Blood Pressure	67.2%	68.5%	73.1%	64.2%	69.9%	66.2%	60.6%	55.5%	60.2%	79.8%

Source: California Health Interview Survey, 2014, County

HIV/AIDS

In 2012, 3,110 cases of HIV/AIDS were diagnosed in Los Angeles County at a rate of 20 HIV diagnoses per 100,000 persons and a rate of 11 AIDS diagnoses per 100,000. In 2013, 2,763 cases of HIV/AIDS were diagnosed in the county at a rate of 18 per 100,000 persons and 9 per 100,000 respectively. The rate of HIV/AIDS diagnoses and HIV deaths are decreasing while the rate of individuals living with HIV is increasing.

HIV/AIDS Diagnoses and Rate per 100,000, 2012-2014

	Los Angeles County					
	2012		2013		2014	
	Number	Rate	Number	Rate	Number	Rate
HIV Diagnoses	2,012	20	1,820	18	--	--
AIDS Diagnoses	1,098	11	943	9	--	--
Living with HIV	46,216	465	47,547	475	48,908	486
HIV Deaths	593	6	489	5	--	--

Source: Los Angeles County Department of Public Health, Division of HIV and STD Programs, 2014 Annual HIV/STD Surveillance Report, 2014, County

Health Behaviors

Healthy behaviors and overall health are closely linked. Healthy behaviors include preventive health care, healthy eating, exercising, and other behaviors. Cultural practices and traditions are also important factors in healthy behaviors and overall health.²⁴

County Health Rankings examine healthy behaviors and ranks counties according to health behavior data. California’s counties are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: tobacco use, diet and exercise, alcohol and drug use and sexual activity. A ranking of 17, positions Los Angeles County in the top half of California’s counties for healthy behaviors. In 2012 Los Angeles County was ranked lower at 21.



CHLA Photovoice project, 2016

Health Behavior Ranking, 2015

Geographic Area	County Ranking (out of 57)
Los Angeles County	17

Source: County Health Rankings, 2015, County
 Note: Alpine County was not ranked in 2015

Overweight and Obesity

In Los Angeles County (36.2%) and the state (35.5%), more than a third of adults were overweight. In SPA 4 (37.0%), SPA 1 (37.4%), SPA 5 (38.8%) and SPA 2 (41.6%), the overweight population was higher than the county. County trend data reveal more adults were overweight in 2014 compared to 2009 (36.2% vs. 33.2%).



14% of teens and 13% of children are overweight

²⁴ U.S. National Library of Medicine. (2016). *Eating habits and behaviors*. Bethesda, MD. Available at <https://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000349.htm>. Accessed February 18, 2016.

In California, childhood obesity and overweight are of high concern: 14.4% of teens and 13.1% of children in Los Angeles County were overweight. The percentage of overweight teens has declined and the percentage of overweight children has increased since 2009.

Overweight, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adult	36.2%	35.5%	37.4%	41.6%	34.9%	37.0%	38.8%	35.9%	29.1%	34.1%
Teen	14.4%	16.3%	19.7%	0.9%	13.4%	10.7%	24.0%	2.0%	11.5%	37.2%
Child	13.1%	13.6%	28.6%	4.7%	4.7%	21.6%	11.5%	7.3%	10.2%	7.4%

Source: California Health Interview Survey, 2014, County

The percent change of overweight adults from 2012 to 2014 increased faster at the county level than the state level (6.8% vs. 1.1%). Furthermore, percent change data reveal significantly higher adult overweight rates in West SPA 5 (35.7%), San Gabriel Valley SPA 3 (29.2%) and San Fernando Valley SPA 2 (27.2%).

Adults Overweight, 2012-2014

Geographic Area	2012	2013	2014	Change 2012-2014
SPA 1 – Antelope Valley	34.3%	33.8%	37.4%	9.0%
SPA 2 – San Fernando Valley	32.7%	31.5%	41.6%	27.2%
SPA 3 – San Gabriel Valley	27.0%	27.3%	34.9%	29.2%
SPA 4 – Metro	37.5%	43.0%	37.0%	-1.3%
SPA 5 – West	28.6%	23.3%	38.8%	35.7%
SPA 6 – South	36.5%	38.8%	35.9%	-1.6%
SPA 7 – East	37.1%	40.6%	29.1%	-21.6%
SPA 8 – South Bay	39.0%	34.8%	34.1%	-12.6%
Los Angeles County	33.9%	35.8%	36.2%	6.8%
California	35.1%	36.0%	35.5%	1.1%

Source: California Health Interview Survey, 2012-2014, County

The percent change of adult obesity from 2012 to 2014 increased faster at the state level than the county level (11.6% vs. 7.9%). However, percent change data revealed significantly higher rates of adult obesity in SPA 4 (70.2%), SPA 8 (29.1%) and SPA 7 (25.6%).

Adult Obesity, 2012-2014

Geographic Area	2012	2013	2014	Change 2012-2014
SPA 1 – Antelope Valley	27.5%	22.7%	24.0%	-12.7%
SPA 2 – San Fernando Valley	24.3%	25.8%	17.7%	-27.2%
SPA 3 – San Gabriel Valley	26.4%	21.8%	25.7%	-2.7%

Geographic Area	2012	2013	2014	Change 2012-2014
SPA 4 – Metro	17.1%	15.7%	29.1%	70.2%
SPA 5 – West	12.6%	18.8%	14.5%	15.1%
SPA 6 – South	38.2%	41.0%	28.6%	1.0%
SPA 7 – East	31.3%	28.2%	29.3%	25.6%
SPA 8 – South Bay	23.4%	24.5%	30.2%	29.1%
Los Angeles County	25.2%	24.8%	27.2%	7.9%
California	24.2%	24.7%	27.0%	11.6%

Source: California Health Interview Survey, 2012-2014, County

Across the county, African American and Hispanic/Latino sub-groups had higher percentage rates of adult overweight and obesity compared to White sub-groups (80.8% vs. 71.4% vs. 58.7%). In addition, 40.4% of Asians in the county were overweight and obese. Overweight and obese rates have increased since 2009 for every race and ethnic group.

Adult Overweight and Obesity by Race/Ethnicity, 2014

	Los Angeles County	California
African American	80.8%	71.2%
Asian	40.4%	43.7%
Latino	71.4%	73.2%
White	58.7%	58.9%

Source: California Health Interview Survey, 2014, County

The rate at which youth are becoming overweight is faster than the rate at which adults are becoming overweight. In the county, the proportion of overweight youth increased 8.3% over three years. This increasing trend is of greatest concern in SPA 5 with a growth of overweight youth of over 1,000 percent. Additionally, SPA 1 had an alarming increase of 673%. Other areas in need are SPA 4 (157.1%) and SPA 8 (76.2%).

Youth Overweight, 2012-2014

Geographic Area	2012	2013	2014	Change 2012-2014
SPA 1 – Antelope Valley	3.7%	-	28.6%	673.0%
SPA 2 – San Fernando Valley	13.2%	5.8%	4.7%	-64.4%
SPA 3 – San Gabriel Valley	11.3%	5.7%	4.7%	-58.4%
SPA 4 – Metro	8.4%	5.4%	21.6%	157.1%
SPA 5 – West	1.0%	-	11.5%	1,050.0%
SPA 6 – South	16.1%	23.9%	7.3%	-54.7%
SPA 7 – East	23.0%	3.2%	10.2%	-55.7%

Geographic Area	2012	2013	2014	Change 2012-2014
SPA 8 – South Bay	4.2%	9.5%	7.4%	76.2%
Los Angeles County	12.1%	11.4%	13.1%	8.3%
California	11.2%	12.0%	13.6%	21.4%

Source: California Health Interview Survey, 2012-2014, County

Teen overweight and obese data highlight the need for targeted and expedited care based on the geographic areas with a larger segment of the population classified as obese versus overweight; such as the case for SPAs 2, 3, 4, 6, and 7.

Teens Overweight and Obese, 2014

Geographic Area	Overweight	Obese
SPA 1 – Antelope Valley	19.7%	-
SPA 2 – San Fernando Valley	0.9%	2.4%
SPA 3 – San Gabriel Valley	13.4%	22.8%
SPA 4 – Metro	10.7%	24.4%
SPA 5 – West	24.0%	16.7%
SPA 6 – South	2.0%	21.9%
SPA 7 – East	11.5%	15.3%
SPA 8 – South Bay	37.2%	11.3%
Los Angeles County	14.4%	14.9%
California	16.3%	14.6%

Source: California Health Interview Survey, 2014, County

California Department of Education’s *Fitnessgram Physical Fitness Testing Results* for the 2014-2015 school year indicate higher *needs improvement* or *at high risk for overweight/obese body composition* for Los Angeles County students than students across the state. This negative trend is even higher for Los Angeles Unified School District (LAUSD) students. For example, 28.8% of LAUSD students failed to meet the “Healthy Fitness Zone” body composition compared to 24.0% of students in the county and 20.9% of fifth graders in California.

5th, 7th and 9th Graders, Body Composition, Needs Improvement-High Risk, 2014-2015

School District	Fifth Grade	Seventh Grade	Ninth Grade
Los Angeles Unified School District	28.8%	24.5%	23.3%
Los Angeles County	24.0%	21.0%	18.8%
California	20.9%	19.1%	17.2%

Source: California Department of Education, *Fitnessgram Physical Fitness Testing Results, 2014-2015, State*

Results from the 2011-2012 school year reported significantly higher overweight/obese body composition scores at both the LAUSD and Los Angeles County levels for fifth (56.5% and 51.4%), seventh (62.8% and 47.5%) and ninth (50.4% and 44.1%) graders.

Fast Food

Los Angeles County had higher fast food consumption than the state (21.6% vs. 20.6%); fast food rates were greatest among county adults than children and seniors.

In terms of geography, a larger proportion of the population in SPA 6 (25.2%), SPA 8 (27.5%) and SPA 7 (29.9%) consumed fast food three to four times a week.

Fast Food Consumption, 3-4 Times a Week, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Total Population	21.6%	20.6%	10.2%	17.5%	19.3%	17.8%	17.6%	25.2%	29.9%	27.5%
Ages 0-17	15.1%	14.6%	--	--	--	--	--	--	--	--
Ages 18-64	25.5%	24.9%	--	--	--	--	--	--	--	--
Ages 65+	11.5%	9.6%	--	--	--	--	--	--	--	--

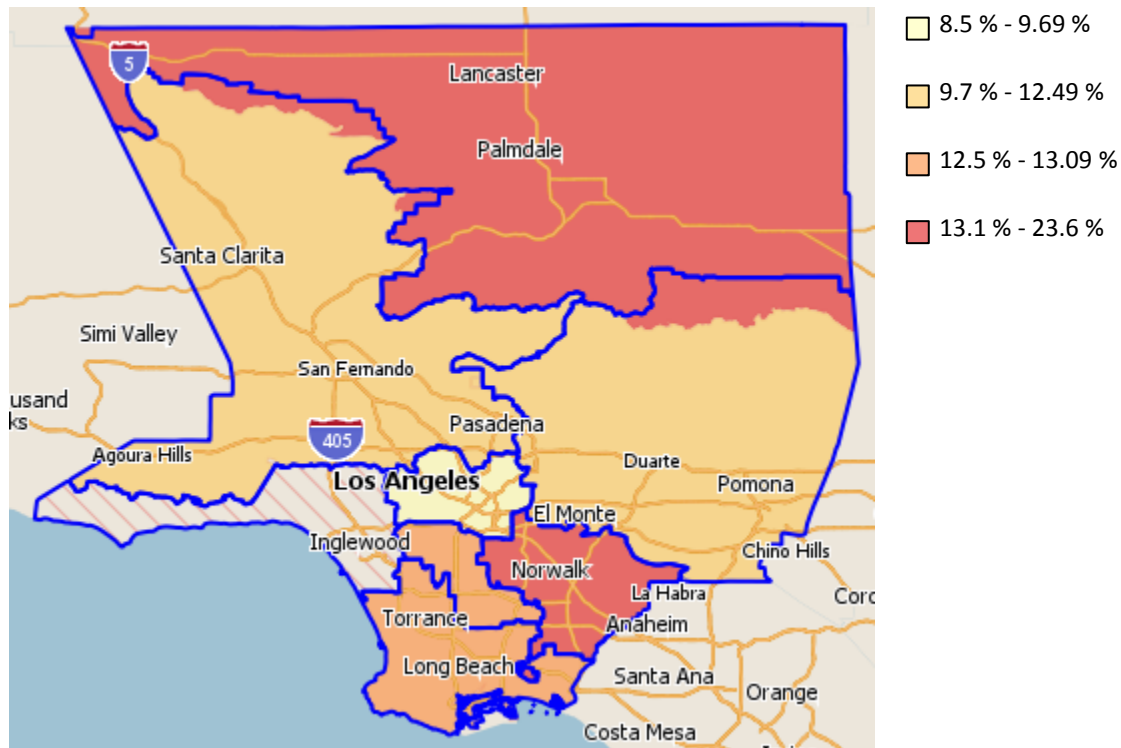
Source: California Health Interview Survey, 2014, County



**15% of children ages 0-17
consume fast food 3 or more
times per week**

Fast Food Consumption (3 or more times per week) by children between the age of two and eleven in Los Angeles County (12.8%) was slightly higher than the consumption rate in California (12.2%). For children in SPA 7, the amount of fast food consumed per week (23.6%) was nearly double the average of both the state and county. Interestingly, the consumption rate of youths between the ages of 12 and 17 in SPA 7 (19.8%) was the second lowest in the county and lower than the state average.

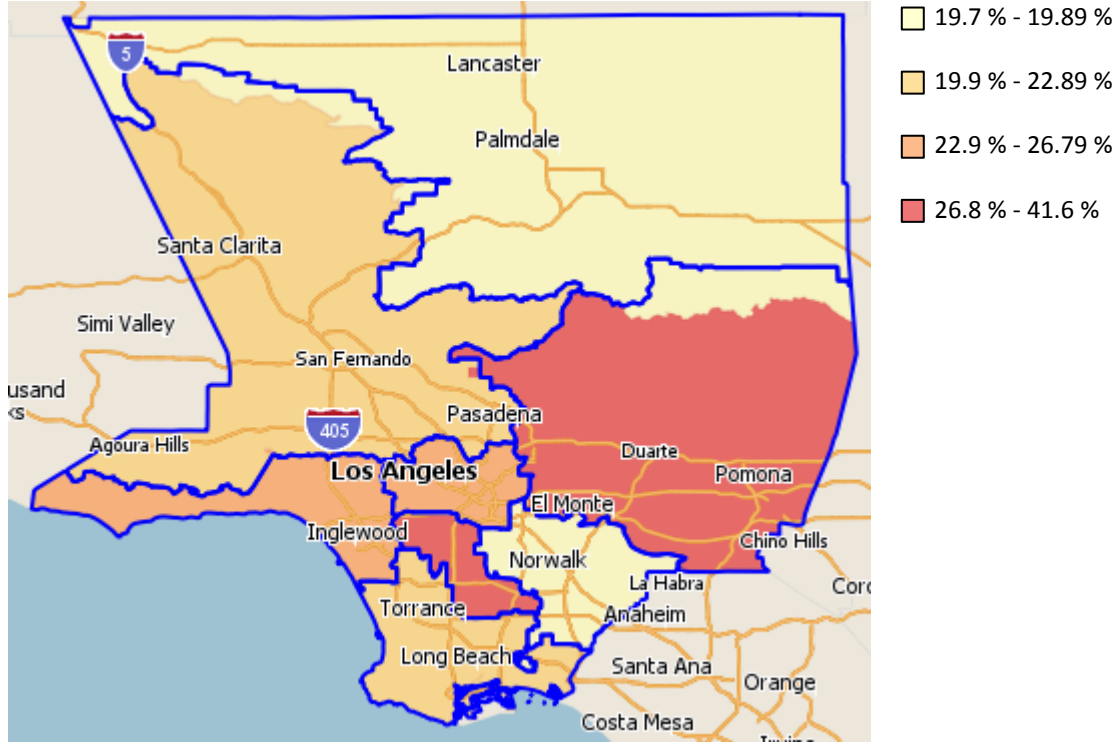
Fast Food Consumption (Age 2-11)



Source: California Health Interview Survey (CHIS). Data Year: 2011 - 2012. Data Level: LA County Service Planning Area

Fast food consumption for adolescents ages 12–17 showed a moderate increase in Los Angeles County (24.6%) and the state of California (22.1%). Fast food consumption by adolescents in SPA 3 (41.6%) nearly quadrupled the amount of fast food consumption exhibited by children age 2-11 (11.2%) in SPA 3.

Fast Food Consumption (Age 12-17)



Source: California Health Interview Survey (CHIS). Data Year: 2011 - 2012. Data Level: LA County Service Planning Area

Soda Consumption

In Los Angeles County, 2.1% of children and teens consumed two or more glasses of soda in a day and 5.8% of children and teens consumed two or more sweetened drinks in a day. Both rates were lower than the state (5.2% and 7.5%).

Soda Consumed Yesterday, Two or More Glasses, 2014

	Los Angeles County	California
Children and Teens	2.1%*	5.2%

Source: California Health Interview Survey, 2014, County
*Statistically unstable

Sugary Drinks Consumed Yesterday (Other than Soda), Two or More Glasses, 2014

	Los Angeles County	California
Children and Teens	5.8%	7.5%

Source: California Health Interview Survey, 2014, County

Fresh Fruits and Vegetables

In Los Angeles County (55.4%) and in SPA 4 (54.7%), SPA 2 (55.9%), SPA 6 (59.5%), SPA 3 (62.2%) and SPA 8 (65.0%), over half of children consumed five or more fruits and vegetables a day. This

was higher than the fruit and vegetable consumption rate for the state.

Among teens in the county, the percentage of teens that consumed five or more fresh fruits and vegetables per day was lower than relative to the statewide (19.7% vs. 23.4%). Further, the percentage for fresh fruit and vegetable consumption by children was lower relative to the county (19.7% vs. 55.4%).

Consumption of 5+ Fresh Fruits and Vegetables a Day, 2012

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Children	55.4%	50.7%	34.0%	55.9%	62.2%	54.7%	40.7%	59.5%	41.9%	65.0%
Teens	19.7%	23.4%	--	--	--	--	--	--	--	--

Source: California Health Interview Survey, 2012, County

In Los Angeles County (57.3%), and in all eight SPAs, over half of children and teens consumed two or more servings of fruit in a day. This is less than the fruit consumption percentage for the state (57.3% vs. 63.3%). The geographic area with the highest fruit consumption rate was SPA 5 (69.3%).

Number of Servings of Fruit had Previous Day, Two or More, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Children and Teens	57.3%	63.3%	60.2%	54.4%	54.0%	55.9%	69.3%	60.1%	54.0%	61.7%

Source: California Health Interview Survey, 2014, County



CHLA Photovoice project, 2016

Walked to Work

Only a small percentage walked to work, overall, 2.7% of workers, 16 years of age and older, in the county walked to work. This is compared to 2.9% from the previous community health needs assessment.

Walked to Work, 2014

Geographic Area	Walked to Work
Los Angeles County	2.7%
California	2.7%

Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, 2014, County

Physical Activity

Approximately, three out of four county children (72.2%) and children in SPA 1 (74.3%), SPA 2 (75.0%), SPA 4 (80.3%), SPA 6 (86.2%) and SPA 3 (88.7%) engaged in vigorous physical activity for at least three days a week. Roughly half of children in SPA 8 (50.1%), SPA 5 (55.0%) and SPA 7 (60.8%) engaged in vigorous physical activity for at least three days a week.

Among county teens, however, 11.9% reported no physical activity in a week. This pattern is similar at the state level – that is, teens are less physically active than children.

Physical Activity, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Engaged in Vigorous Physical Activity 3 Days/Week – Child	72.2%	76.3%	74.3%	75.0%	88.7%	80.3%	55.0%	86.2%	60.8%	50.1%
No Physical Activity/Week – Child	6.1%	6.2%	19.2%	-	3.4%	15.1%	-	0.6%	8.9%	10.7%
No Physical Activity/Week – Teen	11.9%	8.6%	10.6%	18.5%	16.2%	14.7%	-	22.9%	2.8%	2.0%
Youth Visited Park/Playground/Open Space	83.3%	83.9%	76.9%	81.7%	85.0%	77.6%	92.6%	77.7%	90.6%	82.9%

Source: California Health Interview Survey, 2014, County

A component of the California Department of Education’s physical fitness test (PFT) is the measurement of aerobic capacity through running and walking tests. Students who meet the established standards for aerobic capacity are categorized in the Healthy Fitness Zone. Over half of 5th, 7th and 9th grade students in Los Angeles Unified schools met the Healthy Fitness Zone standards for aerobic capacity. Findings were similar to the previous health needs assessment.

5th, 7th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone, 2014-2015

School District	Fifth Grade	Seventh Grade	Ninth Grade
Los Angeles Unified School District	55.4%	54.2%	52.6%
Los Angeles County	61.0%	61.8%	58.8%
California	63.5%	65.4%	63.8%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2014-2015, State

Mental Health Indicators

In 2009, 7.3% of county adults experienced serious psychological distress. Since then, 9.6% of adults experienced serious psychological distress in the past year. Both 2009 and 2014 data are higher than the state.

Moreover, 18.0% of adults in the county identified as needing help for emotional or mental and/or alcohol-drug issues in the past year. This is up 3.9% from 2009. Forty-three percent (43.2%) of adults in the county who sought or needed help for self-reported emotional or mental health problem did not receive treatment.



Nearly one in four county teens needed help for emotional or mental health problems

Nearly one in four county teens (22.4%) needed help for emotional or mental health problems. And 14.5% received psychological or emotional counseling in the past year.

Mental Health Indicators, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adults who had Serious Psychological Distress During Past Year	9.6%	7.7%	--	--	--	--	--	--	--	--
Adults who Needed Help for Emotional/Mental and/or Alcohol-Drug Issues in Past Year	18.0%	15.9%	--	--	--	--	--	--	--	--

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Teens who Needed Help for Emotional/Mental Health Problems in Past Year	22.4%	23.2%	19.8%	8.5%	16.9%	20.6%	21.6%	17.5%	18.9%	48.2%
Adults who Saw a Healthcare Provider for Emotional/Mental Health and/or Alcohol-Drug Issues in Past Year	13.0%	12.0%	17.2%	11.2%	9.8%	12.0%	19.7%	10.9%	12.2%	18.1%
Teens Received Psychological/Emotional Counseling in Past Year	14.5%	11.6%	10.0%	16.5%	4.3%	6.2%	15.1%	10.4%	2.1%	36.6%
Has Taken Prescription Medicine for Emotional/Mental Health Issue in Past Year	9.2%	10.1%	8.9%	8.5%	7.8%	11.2%	10.1%	8.0%	8.5%	11.2%
Sought/Needed Help for Self-reported Mental/Emotional and/or Alcohol-Drug Issues, but Did Not Receive Treatment	43.2%	43.4%	33.9%	39.1%	43.3%	60.7%	37.0%	45.6%	47.9%	32.1%

Source: California Health Interview Survey, 2014, County

In the county, 11.9% of residents had moderate to severe interference with work due to mental health issues; 15.1% had moderate to severe interference with family relationships due to mental health issues; and mental health concerns impacted the social lives of 14.5% of residents in the county. All three mental health impairment ratings are higher than the state.

Mental Health Impairment, 2014

	Los Angeles County	California
Did your emotions interfere with your work?		
• No	88.1%	89.6%
• Moderate	7.2%	6.5%
• Severe	4.7%	3.9%
Did your emotions interfere with your relationship with friends and family?		
• No	84.9%	86.6%
• Moderate	8.5%	7.6%
• Severe	6.6%	5.8%
Did your emotions interfere with your social life?		
• No	85.4%	86.9%
• Moderate	7.5%	6.3%
• Severe	7.0%	6.9%

Source: California Health Interview Survey, 2014, County

Among adults, 19.9% in SPA 4 experienced the highest rate of moderate to severe interference with work due to mental health issues, as well as, the highest moderate to severe interference

with family relationships due to mental health issues (19.8%).

Adult Mental Health Impairment in the past 12 months, 2014

Geographic Area	Impaired Work	Impaired Family Life	Impaired Social Life
SPA 1 – Antelope Valley	6.0%	7.3%	9.7%
SPA 2 – San Fernando Valley	11.3%	14.5%	14.9%
SPA 3 – San Gabriel Valley	9.9%	11.9%	12.2%
SPA 4 – Metro	19.9%	19.8%	19.3%
SPA 5 – West	15.5%	15.3%	8.5%
SPA 6 – South	8.8%	10.5%	8.0%
SPA 7 – East	8.5%	16.4%	17.5%
SPA 8 – South Bay	12.0%	18.7%	18.3%
Los Angeles County	11.9%	15.1%	14.5%
California	10.4%	13.4%	13.2%

Source: California Health Interview Survey, 2014, County

Thirteen percent (13.3%) of adults in SPA 1 versus 7.2% adults in Los Angeles County seriously ever thought about committing suicide. An additional ten percent of adults in SPA 8 (9.5%) and SPA 4 (9.7%) seriously ever thought about committing suicide more than adults countywide.

Thought about Committing Suicide, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adults who ever seriously thought about committing suicide	7.2%	7.8%	13.3%	6.8%	5.7%	9.7%	6.9%	5.2%	4.7%	9.5%

Source: California Health Interview Survey, 2014, County

Cigarette Smoking

More than a tenth (12.0%) of residents in Los Angeles County were reported to smoke cigarettes. This is down two percent from 2009.

Cigarette Smoking, 2015

	Percent of Smokers
Los Angeles County	12.0%
California	13.0%

Source: County Health Rankings, 2015, County

In SPA 8, 16.5% and in SPA 4, 16.2% of teens and young adults ages 15-24, smoked cigarettes.

This is higher than the county and state rate of smokers among the same age group.

In the county 1.8% of youth, ages 0-17, were in a home environment where there was smoking indoors. This rate is lower than the state.

Smoking Young Adults and Smoke Present Indoors, 2014

	Current Smoker Ages 15-24	Smoke Present Indoors for Youth, Ages 0-17 [#]
SPA 1 – Antelope Valley	2.3%	--
SPA 2 – San Fernando Valley	8.6%	--
SPA 3 – San Gabriel Valley	9.2%	--
SPA 4 – Metro	16.2%	--
SPA 5 – West	9.9%	--
SPA 6 – South	1.3%	--
SPA 7 – East	4.1%	--
SPA 8 – South Bay	16.5%	--
Los Angeles County	8.7%	1.8%
California	9.6%	2.2%

Source: California Health Interview Survey, 2012[#] & 2014, County

Alcohol and Drug Use

The California Health Interview Survey defines binge drinking, for males, as five or more drinks per occasion and, for females, as four or more drinks per occasion. Among adults, 41.4% in SPA 5 versus 31.5% in the county engaged in binge drinking in the past year. The adult countywide binge drinking rate is up 4.5 points from 2009.

Among teens in the county, 3.4% of teens engaged in binge drinking in the past month and 19.1% of teens indicated they had tried an alcoholic drink. In SPA 8, 14.0% of teens engaged in binge drinking and 33.8% tried an alcoholic drink. The teen county binge drinking rate is down 0.8 points from 2009. And the percentage of teens in the county ever trying an alcoholic drink is also down, by 9.9 points.

Alcohol Consumption and Binge Drinking, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Adult Binge Drinking in Past Year	31.5%	32.6%	32.6%	30.3%	28.8%	31.1%	41.4%	31.9%	37.9%	26.3%
Teen Binge Drinking in Past Month	3.4%*	3.6%	4.1%	-	3.6%	-	-	-	-	14.0%
Teen Ever Had an Alcoholic Drink	19.1%	22.5%	25.4%	13.1%	28.7%	5.6%	20.6%	17.8%	-	33.8%

Source: California Health Interview Survey, 2014, County, *Statistically unstable

In SPA 6, 31.9% versus 14.7% of teens in the county have ever tried illegal drugs. While in SPA 4, 17.2% have used marijuana in the past year. County trends show an increase in teen illegal drug use since the last needs assessment.

Teen Illegal Drug Use, 2012

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Ever Tried Marijuana, Cocaine, Sniffing Glue, Other Drugs	14.7%	12.4%	18.8%	9.4%	10.2%	18.2%	14.3%	31.9%	2.6%	23.4%
Use of Marijuana in Past Year	9.4%	8.6%	11.1%	6.7%	5.4%	17.2%	14.3%	3.5%	1.7%	21.6%

Source: California Health Interview Survey, 2012, County

Sexually Transmitted Diseases

In Los Angeles County, STD rates exceed those across the state. Rates of Chlamydia are (511.5 per 100,000 persons vs. 439.9 per 100,000 persons), Gonorrhea (132.8 vs. 100.3), Primary and Secondary Syphilis (10.8 vs. 9.3) and Early Latent Syphilis (13.8 vs. 7.5). Since 2010 the rate of chlamydia has increased; while the rates of gonorrhea and syphilis have decreased.

STD Cases per 100,000 Persons, 2013

	Los Angeles County	California
Chlamydia	511.5	439.9
Gonorrhea	132.8	100.3
Primary & Secondary Syphilis	10.8	9.3
Early Latent Syphilis	13.8	7.5

Source: Los Angeles County Department of Public Health, Division of HIV and STD Programs, 2014 Annual HIV/STD Surveillance Report, 2014, County

In SPA 4 and SPA 6 the rate of HIV diagnosis, new HIV diagnosis and living with HIV are higher than the county.

HIV Rate per 100,000 Population, 2013

	HIV Diagnosis	New HIV Diagnosis	Living with HIV
SPA 1 – Antelope Valley	5.0	9.0	169.0
SPA 2 – San Fernando Valley	8.0	12.0	308.0
SPA 3 – San Gabriel Valley	6.0	10.0	186.0
SPA 4 – Metro	39.0	58.0	1594.0
SPA 5 – West	8.0	15.0	405.0

	HIV Diagnosis	New HIV Diagnosis	Living with HIV
SPA 6 – South	16.0	22.0	488.0
SPA 7 – East	8.0	12.0	236.0
SPA 8 – South Bay	13.0	12.0	512.0
Los Angeles County	13.0	19.0	476.0

Source: Los Angeles County Department of Public Health, Division of HIV and STD Programs, 2013

Teen Sexual History

Almost one third (29.4%) of teens in SPA 6 had their first sexual encounter under 15 years old. Of youth who had sex, SPA 5 report 0.0% has been tested for STDs in the past year and only 4.6% in SPA 6.

Teen Sexual History, 2012

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Never Had Sex	78.4%	82.9%	80.0%	82.4%	100.0%	80.8%	75.2%	56.8%	82.9%	70.1%
First Encounter Under 15 Years Old	10.7%*	7.6%	20.0%	4.6%	0.0%	15.1%	24.8%	29.4%	0.0%	13.5%
First Encounter Over 15 Years Old	10.9%	9.5%	0.0%	13.0%	0.0%	4.1%	0.0%	13.9%	17.1%	16.4%
If Had Sex, Tested for STD in Past Year	36.7%	31.7%	50.8%	59.2%	-	18.3%	0.0%	4.6%	23.4%	56.9%

Source: California Health Interview Survey, 2012, County

*Statistically unstable

Flu and Pneumonia Vaccines

Seniors, followed by children, received flu vaccines at higher rates than adults. Among seniors, 89.1% in SPA 2 versus 54.0% in SPA 8 received a flu shot. And 62.5% of children in SPA 1 received the flu shot compared to 31.4% and 37.9% in SPA 8 and SPA 7 respectively. Most children within the county received their flu vaccine at the doctor's office, Kaiser or HMO versus a community clinic, hospital, emergency room or some other place.

Flu Vaccine, 2014

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Received Flu Vaccine, 65+ Years Old	69.7%	72.7%	72.8%	89.1%	71.3%	62.5%	72.8%	58.5%	68.4%	54.0%
Received Flu Vaccine, 18-64 Years Old	32.5%	37.4%	24.6%	28.3%	35.1%	34.1%	43.4%	34.5%	29.9%	33.1%

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Received Flu Vaccine, 0-17 Years Old	47.8%	53.7%	62.5%	48.4%	53.9%	5.2%	62.1%	57.4%	37.9%	31.4%
Child Received Vaccine at Dr. Office/Kaiser/HMO [#]	47.1%	47.1%	--	--	--	--	--	--	--	--
Child Received Vaccine at Community Clinic [#]	24.5%	23.6%	--	--	--	--	--	--	--	--
Child Received Vaccine at Hospital or ER [#]	9.0%	7.1%	--	--	--	--	--	--	--	--
Child Received Vaccine Some Other Place [#]	19.4%	22.2%	--	--	--	--	--	--	--	--

Source: California Health Interview Survey, 2009[#] & 2014, County

Mammograms

In Los Angeles County, 61.8% of women, thirty years and older, had a mammogram in the past two years. Statewide, for women thirty years and older, 65.1% completed a mammogram in the past two years. The Healthy People 2020 Objective for mammograms is 81.1% of women 30 years and older to have a mammogram in the past two years; therefore the County falls short of the 2020 objective and lags behind the state of California.

Women Mammograms, 2012

	LAC	CA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
Women 30+ Years, Had a Mammogram in Past Two Years	61.8%	65.1%	73.6%	59.2%	64.2%	59.1%	66.6%	69.8%	58.2%	56.6%

Source: California Health Interview Survey, 2007[#] & 2012, County

Pap Smears

The Healthy People 2020 Objective for pap smears is 93%. In Los Angeles County, 83.4% of women had a pap smear and statewide, 84.1% of women have had a pap smear in the past three years.

Women Pap Smears, 2012

	LAC	CA
Women 18+ Years, Had a Pap Smear in Past Three Years [#]	83.4%	84.1%

Source: California Health Interview Survey, 2007[#] & 2012, County

Colorectal Cancer Screening

The rate of colorectal cancer screening is 75.7% for Los Angeles County and 78.0% for the state. This exceeds the Healthy People 2020 Objective for colorectal cancer screening of 70.5%.

Of those adults advised to obtain a screening, 66.5% in the county and 68.1% in the state were compliant at the time of the recommendation.

Colorectal Cancer Screening, Adults 50+, 2009

	Los Angeles County	California
Screening Sigmoidoscopy, Colonoscopy or Fecal Occult Blood Test	75.7%	78.0%
Compliant with Screening at Time of Recommendation	66.5%	68.1%

Source: California Health Interview Survey, 2009, County

Summary of Online Survey

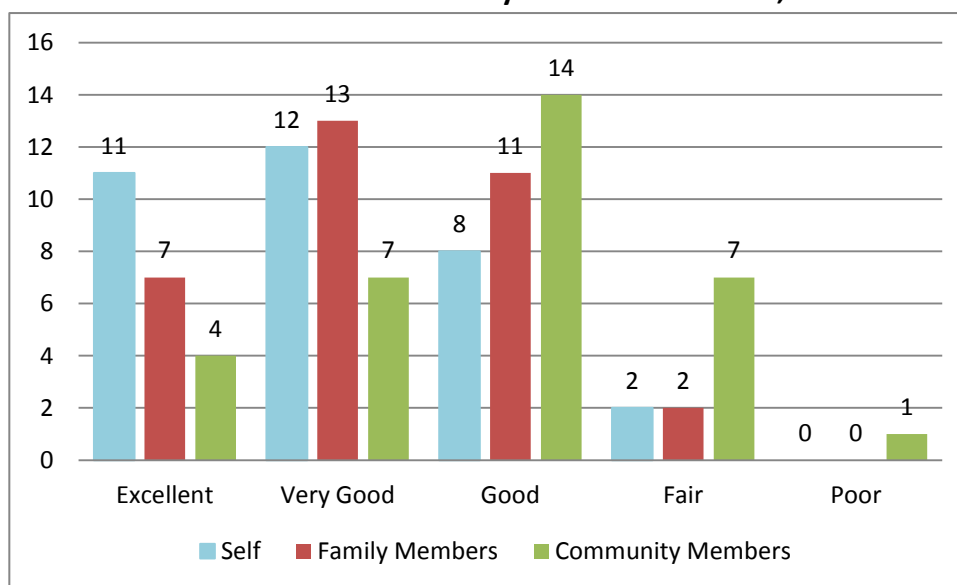
Respondent Information

The survey conducted by the Center for Nonprofit Management was administered to 33 community members as part of the 2016 CHLA Community Health Needs Assessment. Of the community members surveyed, 15 respondents indicated that they were currently employed by CHLA. More than 80% of these employees had at least one year of experience (n=16), with over 30% of respondents with at least 8 years of experience. Over 93% were female. The survey respondents provided insight into major health conditions faced by community members, healthy behaviors most difficult to encourage among community members, top factors contributing to poor health conditions, and reasons why community members may not be able to access health services and other resources.

Key Health Needs and Issues Affecting Communities

As indicated by survey respondents (n=33), more than 90% of respondents considered themselves to be in good health. Similarly, they considered family member health as good condition or better (n=31). However, their perceptions of community members reflected less favorable health conditions:

Overall Health of Community Members Last Year, n=33



Upon comparing CHLA employees to respondents not employed by CHLA, a substantial difference between the two subgroups was discovered in regards to where community members go to receive information and/or assistance with a problem identified between the two groups. For nonemployees, 53% of those who answered identified the internet as a primary resource, followed by community-based organizations (20%), community centers (20%), community clinics (7%), and hospital emergency rooms (0%). In contrast, CHLA employees placed less emphasis on the internet (32%) and community centers (8%). Rather, they tended to utilize other resources more frequently, as shown in their preference for community based organizations (28%), community clinics (16%), and hospital emergency rooms (16%). The difference between the two groups may reflect the lack of awareness and education of community members relating to health services.

When asked “what might CHLA do to better meet the health needs of the community”...

“Collaborate with community organizations and their schools”

“Hold Health Fairs and screening in the community”

“More engagement/partnerships with other services/providers in the community”

Limited accessibility to health insurance, financial restrictions, transportation issues, and the inability of individuals to take off work are personal issues that can further exacerbate the major health issues experienced by community members.

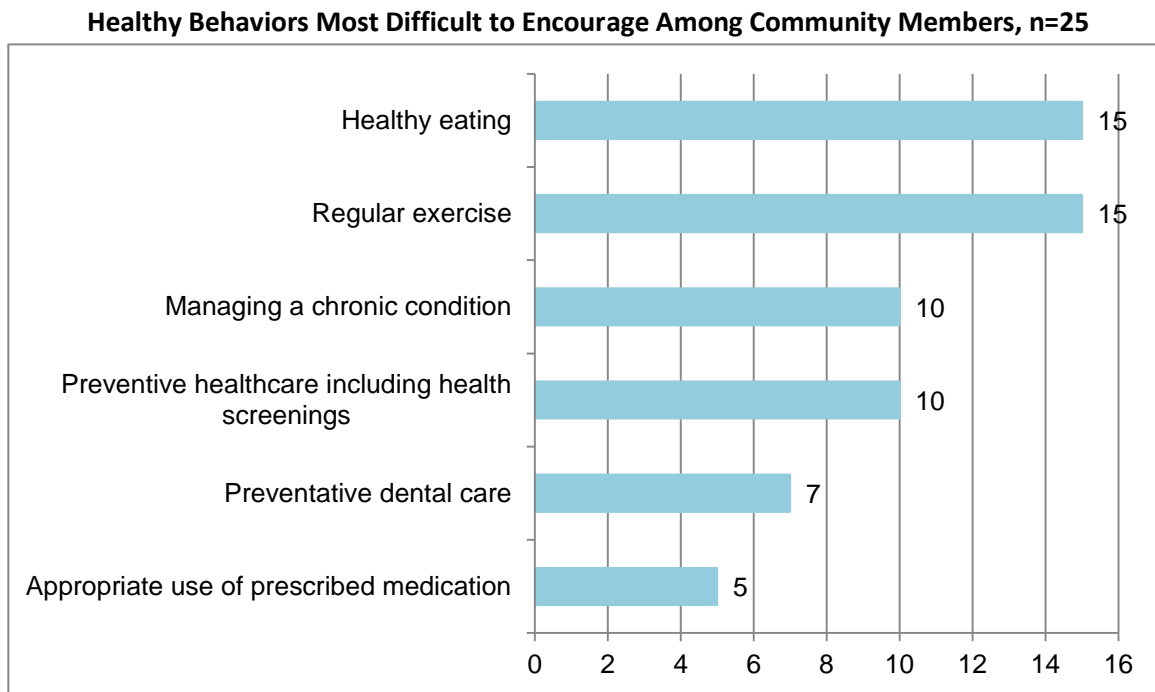
In examining the most concerning health needs and issues of community members, survey respondents were asked what specific health behaviors were most difficult to encourage within the community. Nutrition, physical activity, and obesity were three of the top four major health conditions (31.6% of total responses) faced by community members. Mental health was also in the top four, followed by chronic disease conditions identified as major health conditions plaguing the community. Furthermore, survey respondents identified mental health as the most difficult issue for community members to receive assistance with. The information provided by respondents show the need for increased education and awareness in the community regarding positive, health related behaviors and services available.

Major Health Conditions Experienced in Community, n=33

Major Health Conditions Facing Community Members in Last Year	Number of Responses
Nutrition and physical activity	23
Mental health	22
Overweight and obesity	19

Major Health Conditions Facing Community Members in Last Year	Number of Responses
Chronic disease conditions	19
Oral health care	11
Access to health care	11
Community safety and violence among youth	11
Youth development and workforce training	6
Early childhood development	6
Youth at-risk behaviors	4
Other (please specify)	1

According to survey respondents, there is supporting evidence linking certain health-related behaviors with corresponding health outcomes and their prevalence in the community. Healthy eating (n=15), regular exercise (n=15), chronic conditions (n=10) and preventive healthcare including health screenings (n=10) were identified by respondents as the most difficult behaviors to encourage. Healthy behaviors (i.e. regular exercise, preventative health/dental care) that typically occur outside of a healthcare setting are more difficult to monitor and thus are inherently difficult to encourage.



Primary reasons why community members suffer from poor health conditions are related to a lack of awareness of services available (n=16), accessibility of healthy and affordable foods (n=14), and a lack of health education (n=13). Other secondary factors related to the aforementioned reasons for poor

health conditions such as education and awareness include homelessness, unemployment, healthy eating, and substance abuse.

Top Factors Contributing to Poor Health in Community Members, n=29

Social, Economic, or Environmental Factors Contributing Most to Poor Health	Number of Responses
Lack of awareness of the available health and/or social services	16
Access to healthy and affordable foods	14
Lack of health education	13
Education Level	12
Cultural practices/behaviors	11
Access to affordable health care	10
Homelessness	10
Unemployment	8
Healthy eating	8
Language barriers	7
Substance abuse	6
Physical activity	6
Lack of dental care access	6
Transportation-related issues	4
Air quality	3
Alcohol abuse	2
Housing	2
Lack of disease management	2
Lack of health screenings	1
Safety	1

Respondents cited that the top reason that community members were unable to access health or social services was that they could not afford it (n=15).

Reasons Community Members were Unable to Access Health or Social Services, n=26

Reason	Number of Responses
Cannot afford it	15
Don't have health insurance	8
Unable to take time off work	8
Transportation-related issues	7
Difficulty scheduling	5
No specialist in the community for a specific condition	5
Language barrier	4
Other (please specify)	2

While the community faces many challenges, respondents agreed that CHLA can help by collaborating with community organizations and schools, hold health fairs and screening events, and increase partnerships with other service providers in the community.

Summary of Photovoice



CHLA Photovoice project, 2016

Youth from St. Mary's Academy (9th grade) and St. Agnes School (6th grade), both located within the University Park Community, as well as a group of mixed-ages from the Ketchum-Downtown YMCA from Downtown Los Angeles, were recruited to add a different perspective to this CHNA and highlight health concerns and/or positive attributes in their community.

The youth identified many positive attributes in their community – they noted resources related to health care, opportunities to exercise, assets that improve the quality of life, and nature in their environment. The youth observed a wide-range of medical and health related assets, including:

- Hospitals and medical centers
- Emergency Room
- Optometrists and eye health
- Dental care
- Mammogram service
- Diabetes-related services
- X-Ray
- Pharmacies
- Flu shot availability

Some concluded that their community had a wide variety of health-related resources; one student summarized: “I learned how much health means to the community and how there are more health promoted businesses in our community than I thought.”

“Promoting local healthy eating and exercise in our community increases the local economy”

- 9th Grade Student

Students noted places that provided opportunities for physical activity, including basketball courts, playgrounds, bike paths, and walking paths. Many associated physical activity with “good health” and “fitness,” and understood that there are a variety of ways to exercise. One noted: “Basketball promotes athletics and health and helps fight in obesity.”

The youth also noted other positive assets that add to the overall wellbeing of community members. They listed churches, chapels, schools, clothes and shoe-recycling bins, the new Metro light rail infrastructure and fire departments, and trucks – stating that these “promote safety.”

Many of them also noted trees, plants, gardens, and associated these with enhancing the environment: from adding “color” to their neighborhoods, to helping with air quality.

All of the youth photographed and took note of trash, litter, graffiti and safety hazards in their community, and expressed desires to see cleaner communities. Many noted various types of trash on the sidewalks, near trees and in alleys. One student summarized: “Littering dirties up our community and components do not decompose.” They associated trash on the streets with a lack of care from community members toward their communities. Students also took note of how pervasive graffiti was in their communities and noted graffiti made their communities look unclean. They also took note of other hazards, including abandoned building, dilapidated streets and businesses, piles of rock from unfinished construction, and uneven sidewalks which are of “safety concern because they can cause accidents.”

In downtown Los Angeles, the youth noted the availability of fast food, fatty food and liquor in the community.

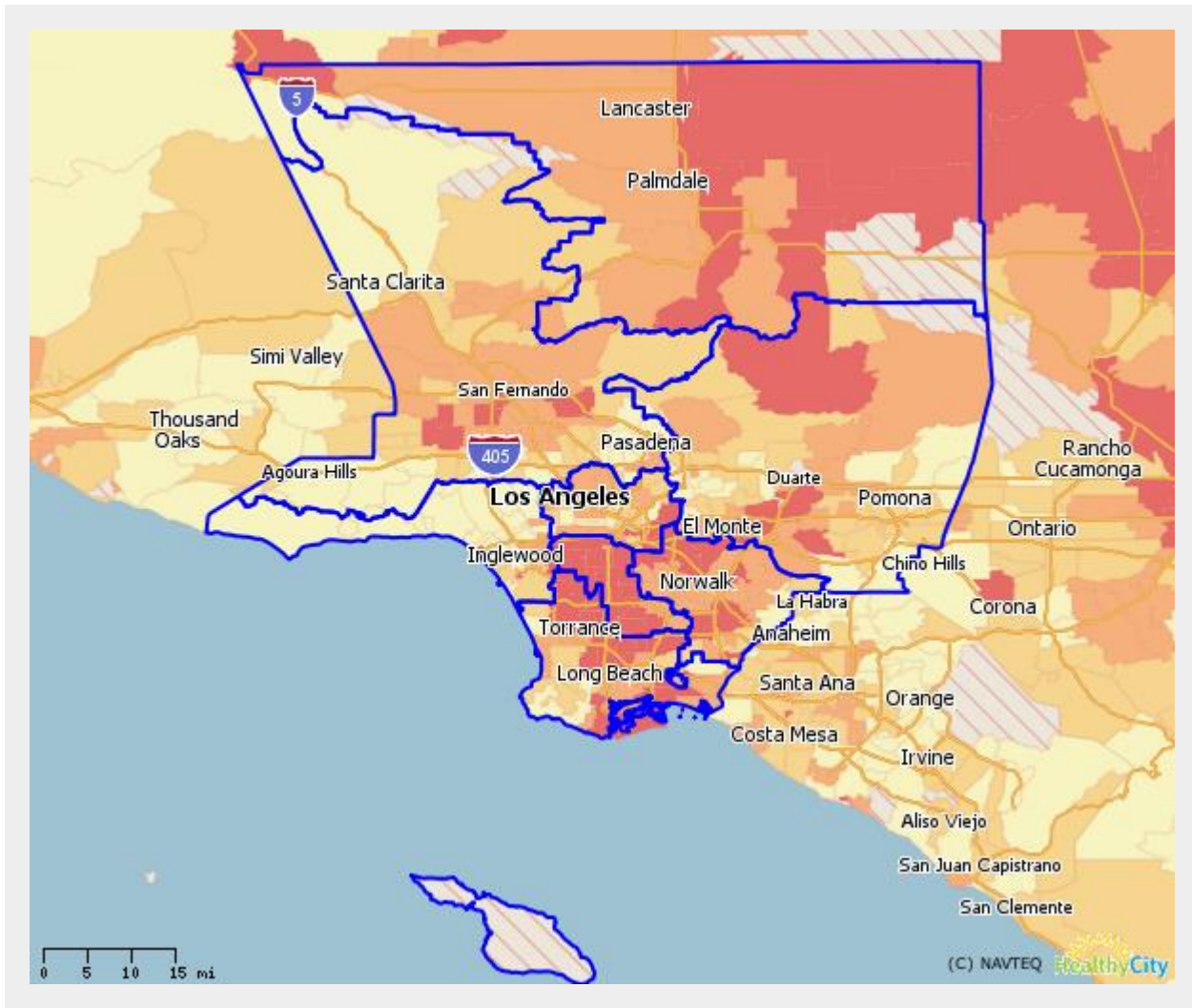
Overall the students were able to make observations on positive and negative aspects of their community, highlighting health-related assets as well others that are linked with quality of life. They were encouraged after the opportunity to make observations and expressed their desires for their community. One student summarized: “I would like to help clean up to impact my community and inspire others to do the same.”



CHLA Photovoice project, 2016

Appendix A.

Asthma Hospitalization Rate



Asthma: Asthma Hospitalization Rate

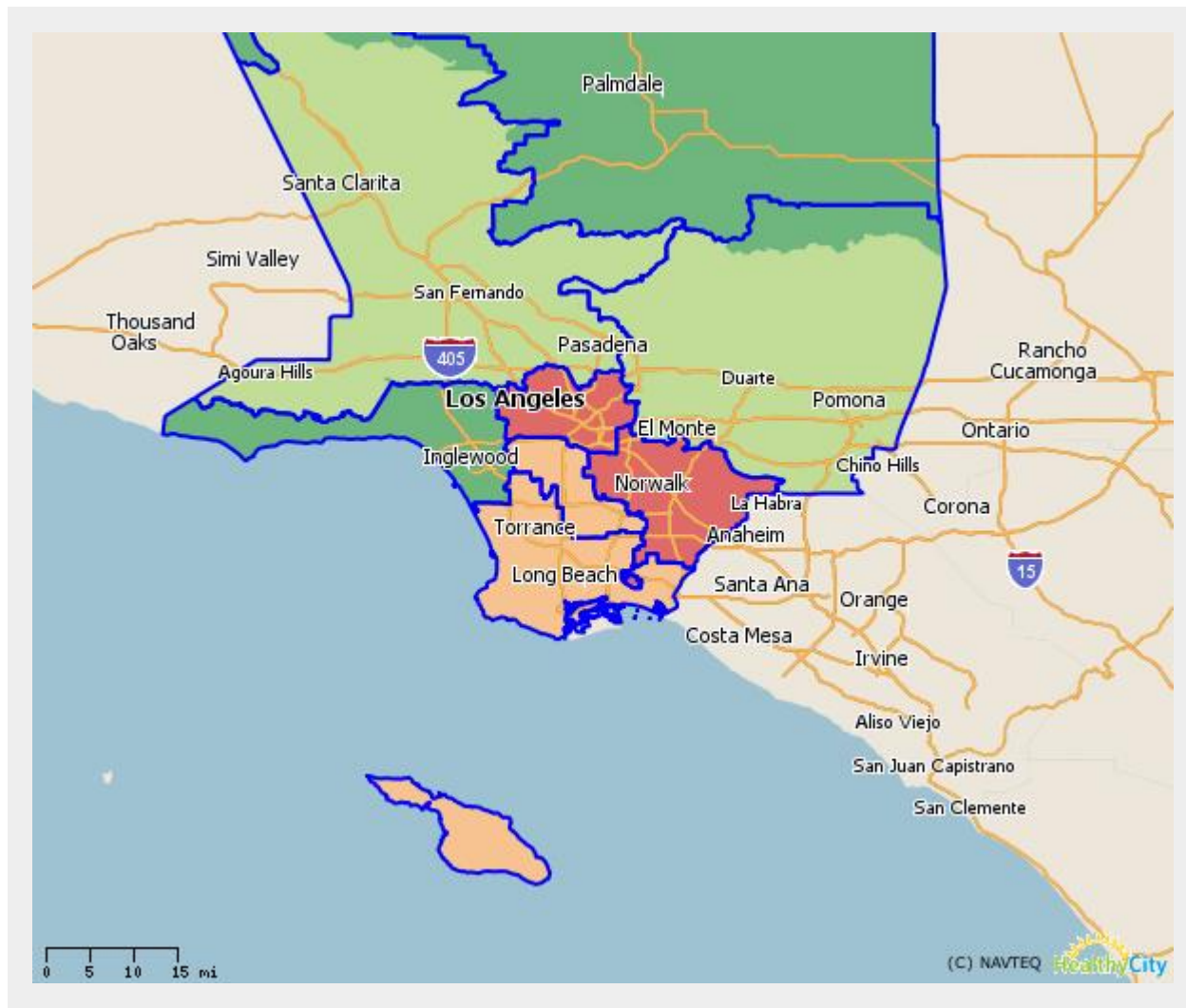
Hospitalization rate for patients where Asthma was the condition established to be the chief cause of the admission of the patient to the facility for care per 100,000 people.

- 8.9 - 61.69
- 61.7 - 93.19
- 93.2 - 142.89
- 142.9 - 25,000.0

Universe: Total population under the age of 18. Datasource: Office of Statewide Health Planning and Development (OSHPD). Data Year: 2010 - 2012. Data Level: ZIP Code (2012)

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Usual Source of Care (Age 0-17)



Usual Source of Care: Age 0-17 years; Has usual source of care

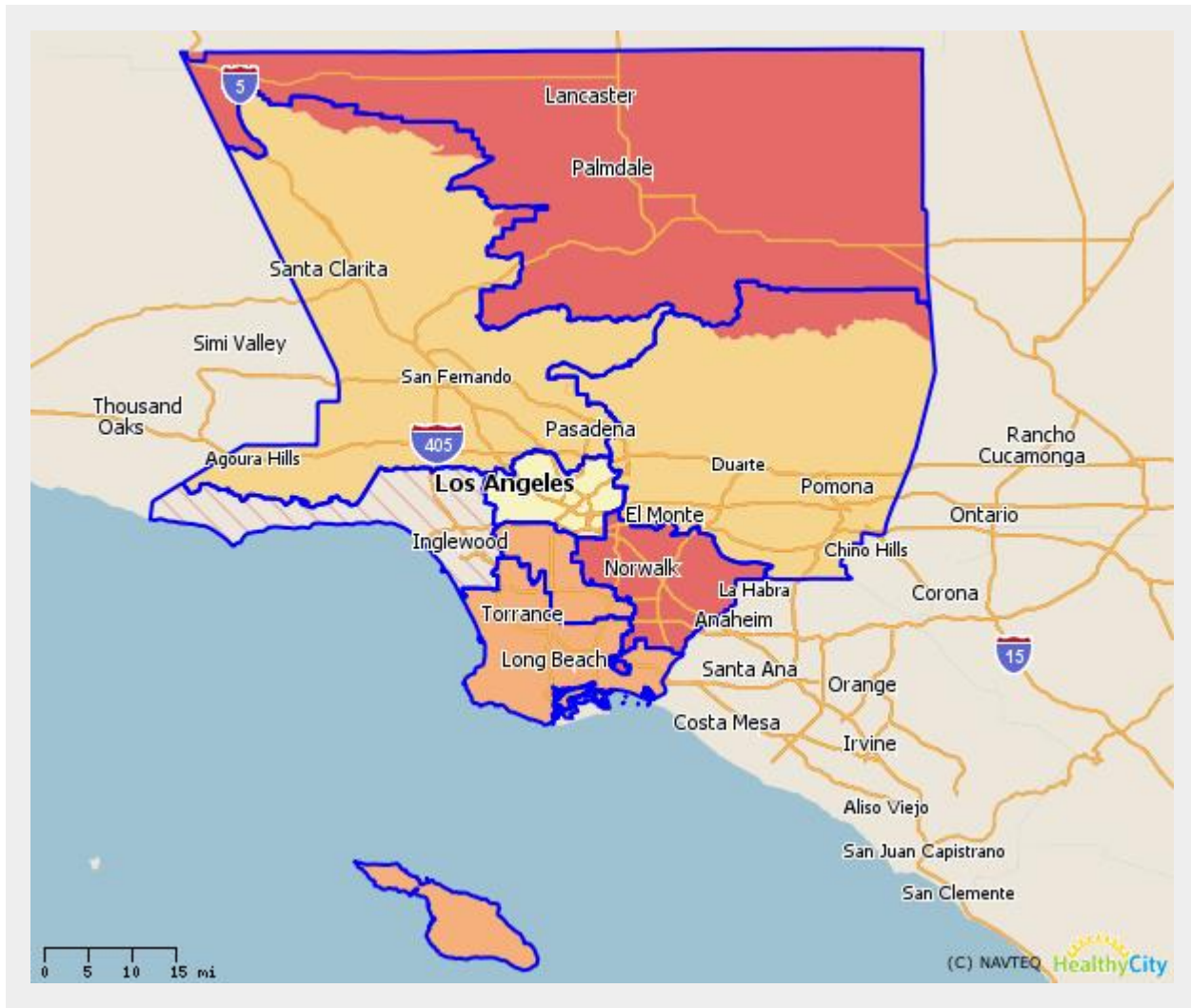
Percent of respondents age 0-17 that have a place that they usually go to when they are sick or need advice about their health.

- 87.9 % - 90.89 %
- 90.9 % - 92.09 %
- 92.1 % - 93.69 %
- 93.7 % - 95.4 %

Universe: Population Age 0-17. Datasource: California Health Interview Survey (CHIS). Data Year: 2009. Data Level: LA County Service Planning Area

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Fast Food Consumption (Age 2-11)



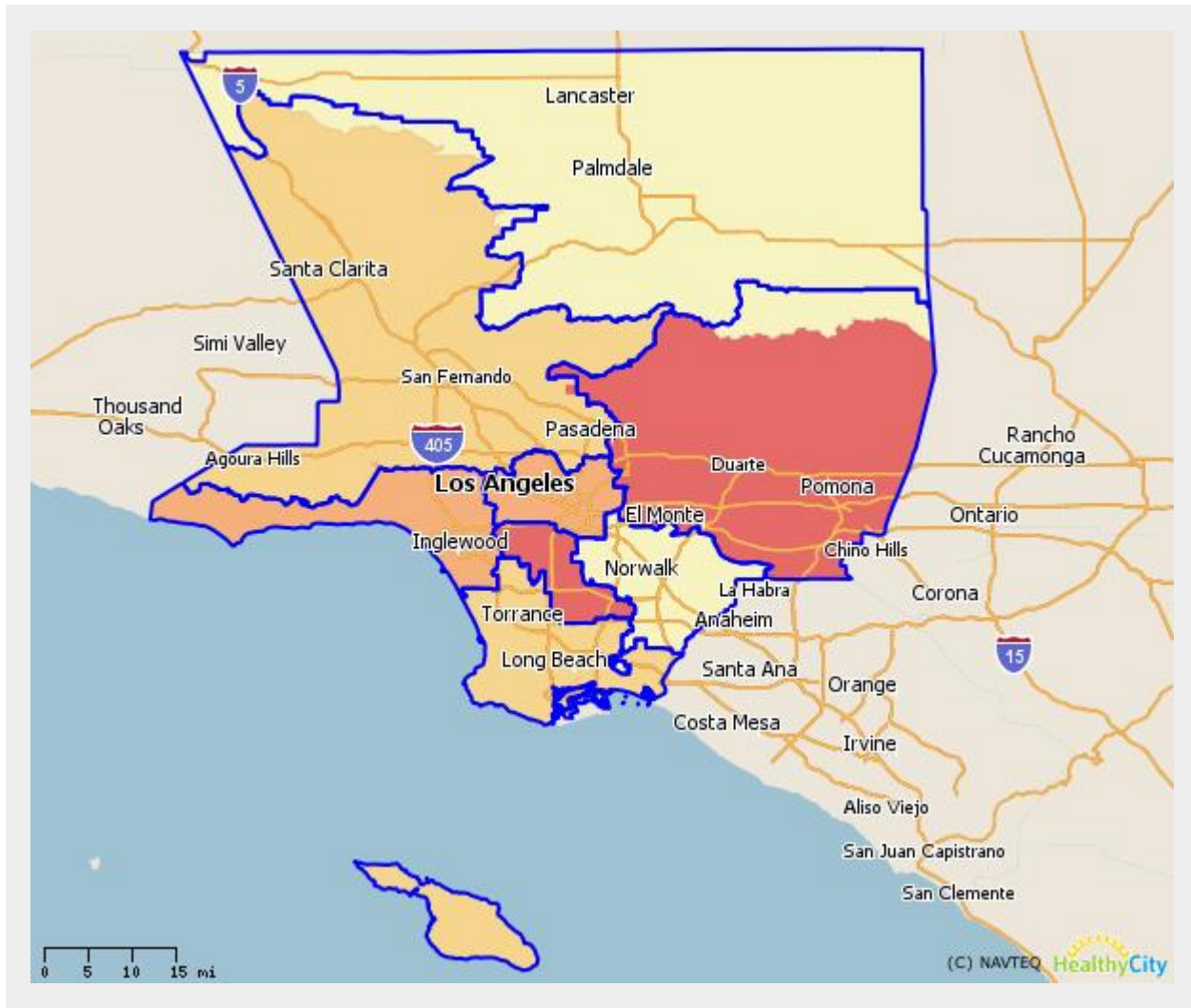
Fast Food Consumption: Children (age 2 - 11) who ate fast food 3-4 or more times last week
 Percent of children aged 2-11 who ate fast food 3, 4 or more times last week.

- 8.5 % - 9.69 %
- 9.7 % - 12.49 %
- 12.5 % - 13.09 %
- 13.1 % - 23.6 %

Universe: Population aged 2-11. Datasource: California Health Interview Survey (CHIS). Data Year: 2011 - 2012. Data Level: LA County Service Planning Area

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Fast Food Consumption (Age 12-17)



Fast Food Consumption: Teens (age 12 - 17) who ate fast food 3-4 or more times last week

Percent of teenagers aged 12-17 who ate fast food 3, 4 or more times last week.

- 19.7 % - 19.89 %
- 19.9 % - 22.89 %
- 22.9 % - 26.79 %
- 26.8 % - 41.6 %

Universe: Population aged 12-17. Datasource: California Health Interview Survey (CHIS). Data Year: 2011 - 2012. Data Level: LA County Service Planning Area

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Overweight and Obese Populations (Age 0-11)



Overweight and Obese Populations: Children (ages 0-11) Overweight for Age

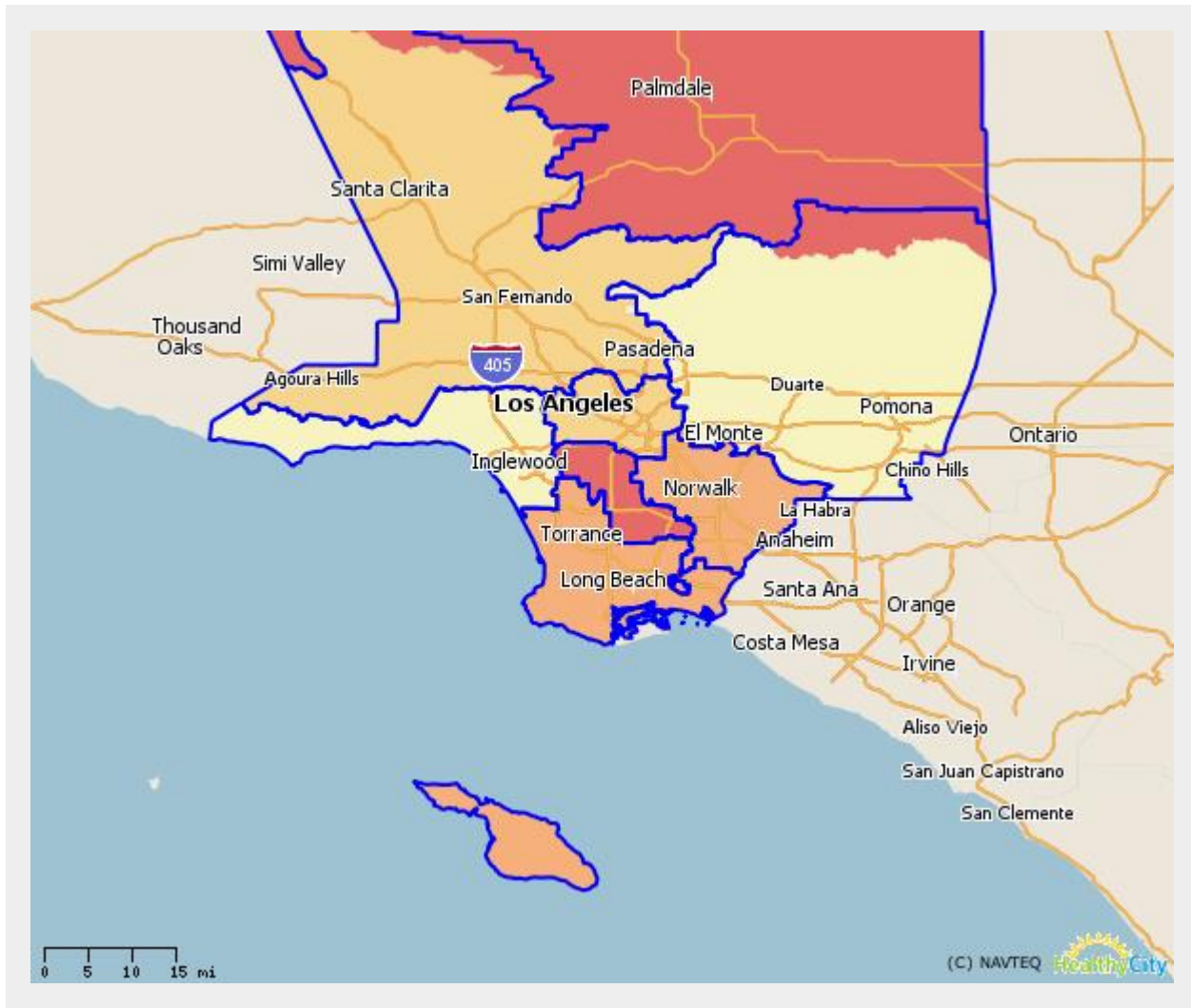
Percent of children ages 0-11 who, considering sex and age (in months), are overweight for their age.

- 3.7% - 6.89%
- 6.9% - 10.99%
- 11.0% - 16.09%
- 16.1% - 23.3%

Universe: Population aged 0 to 11 years old. Datasource: California Health Interview Survey (CHIS). Data Year: 2011 - 2012. Data Level: LA County Service Planning Area

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Overweight and Obese Populations (Age 12 and Over)



Overweight and Obese Populations: Overweight or Obese (Age 12+)

Adults and adolescents who are overweight or obese

- 40.3 % - 50.89 %
- 50.9 % - 55.09 %
- 55.1 % - 60.49 %
- 60.5 % - 70.5 %

Universe: Adults and adolescents aged 12 and over. Datasource: California Health Interview Survey (CHIS). Data Year: 2011 - 2012. Data Level: LA County Service Planning Area

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Families in Poverty



Families in Poverty: Families in Poverty

Percentage of families whose income in the past twelve months was below the Census Poverty Threshold.

- 6.1 % - 9.19 %
- 9.2 % - 11.99 %
- 12.0 % - 16.99 %
- 17.0 % - 26.0 %

Universe: Families. Datasource: American Community Survey 5-Year Estimates. Data Year: 2006 - 2010. Data Level: LA County Service Planning Area

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Appendix B. Scorecard

2016 CHLA CHNA - Health Needs and Drivers Summary Scorecard

DATA INDICATOR		Year of Data	Healthy People 2020 Target	California	Los Angeles County	SPA 1 - Antelope Valley	SPA 2 - San Fernando	SPA 3 - San Gabriel	SPA 4 - Metro	SPA 5 - West	SPA 6 - South	SPA 7 - East	SPA 8 - South Bay/Harbor	Online Survey (n=47)
HEALTH NEEDS														
Access to Health Care														
Percent of adults who could not afford to see a doctor for a health problem	2011	-	16.0%	13.3%	16.8%	15.1%	17.7%	12.2%	18.7%	17.8%	14.0%			
Percent who have a fair or poor health status	2014	17.0%	19.3%	16.2%	11.5%	21.4%	30.2%	9.8%	27.3%	19.4%	19.2%			
Percent of youth who have a fair or poor health status	2014	5.7%	5.7%	7.0%	3.8%	2.6%	10.0%	-	9.1%	3.8%	10.5%			
Percent of seniors who have a fair or poor health status	2014	27.9%	31.4%	36.2%	32.9%	41.3%	45.8%	19.3%	44.1%	17.3%	11.9%			
Percent who have a usual source of care	2014	85.8%	83.8%	79.5%	79.8%	83.9%	76.9%	91.1%	86.5%	86.3%	88.5%			
Percent of youth who have a usual source of care	2014	91.5%	90.3%	83.8%	87.3%	91.4%	96.5%	100.0%	85.6%	96.7%	87.8%			
Percent of seniors who have a usual source of care	2014	94.9%	92.3%	96.5%	96.7%	84.5%	89.4%	100.0%	93.4%	95.6%	92.0%			
Percent who have used an emergency room in the past 12 months	2014	17.4%	18.6%	19.8%	11.8%	15.8%	14.5%	17.9%	24.3%	15.4%	20.6%			
Percent of youth who have used an emergency room in the past 12 months	2014	19.3%	19.7%	9.4%	14.9%	18.9%	6.4%	28.3%	16.8%	27.6%	29.6%			
Percent of seniors who have used an emergency room in the past 12 months	2014	18.3%	15.5%	12.5%	14.8%	23.8%	12.8%	11.5%	20.5%	9.1%	12.5%			
Percent living under 100% Federal Poverty Level who have used an emergency room in the past 12 months	2014	20.6%	17.6%	20.5%	5.7%	13.9%	21.6%	7.7%	20.5%	31.4%	16.4%			
Percent living under 200% Federal Poverty Level who have used an emergency room in the past 12 months	2014	19.0%	16.7%	15.3%	12.8%	15.1%	15.1%	9.6%	21.7%	20.7%	18.3%			
Percent of adults who could not afford their medication	2011	-	15.4%	15.1%	15.8%	15.6%	15.3%	9.8%	18.8%	15.3%	15.1%			
Percent who are currently uninsured	2014	11.9%	13.3%	3.1%	11.9%	14.1%	22.0%	7.4%	16.0%	14.6%	10.3%			
Percent of youth who are currently uninsured	2014	4.2%	4.4%	0.0%	0.0%	10.6%	6.0%	8.6%	1.2%	5.5%	4.9%			
Percent who delayed care due to cost or lack of insurance	2014	51.3%	44.8%	63.3%	45.3%	26.8%	69.9%	58.3%	55.5%	35.6%	37.5%			
Percent of youth who delayed care due to cost or lack of insurance	2014	43.1%	46.7%	-	-	7.5%	36.7%	45.8%	57.1%	100.0%	64.4%			
Percent who had a difficult time accessing medical care	2014	4.6%	4.7%	2.5%	7.1%	3.1%	5.8%	5.1%	3.9%	3.5%	4.0%			
Percent who had a difficult time accessing services for their child	2011	-	12.3%	12.7%	9.6%	11.8%	12.1%	4.5%	17.7%	16.4%	10.1%			
Percent living in a Health Professional Shortage Area	2015	25.2%	31.4%	-	-	-	-	-	-	-	-			
Percent who needed to see a medical specialist in the past year	2014	36.3%	33.9%	29.0%	39.0%	31.9%	24.4%	47.0%	31.8%	27.1%	38.7%			
Percent who had a difficult time finding specialty care	2014	10.8%	11.1%	1.1%	13.5%	10.0%	15.9%	5.5%	3.2%	20.3%	9.7%			
Ratio of population to primary care providers	2016	1,270:1	1,370:1	-	-	-	-	-	-	-	-			
Access to care														16
Access to affordable health care														13
Chronic Diseases														
Asthma														
Percent of adults diagnosed with asthma	2014	14.0%	11.4%	21.8%	15.0%	11.9%	11.7%	7.0%	6.8%	8.1%	10.7%			
Percent of youth diagnosed with asthma	2014	14.5%	10.5%	7.1%	9.1%	12.2%	10.6%	7.8%	9.5%	5.3%	18.7%			
Percent who went to the emergency room/urgent care for asthma in the last 12 months	2014	9.6%	4.7%	18.6%	1.2%	3.9%	3.3%	-	3.4%	20.4%	1.6%			
Percent of youth who went to the emergency room/urgent care for asthma in the last 12 months	2014	13.9%	2.4%	79.2%	-	-	-	-	-	10.5%	-			
Cancer, in General														
Rate of cancer incidence per 100,000 pop.	2012	424.9	405.5	-	-	-	-	-	-	-	-			

2016 CHLA CHNA - Health Needs and Drivers Summary Scorecard

DATA INDICATOR		Year of Data	Healthy People 2020 Target	California	Los Angeles County	SPA 1 - Antelope Valley	SPA 2 - San Fernando	SPA 3 - San Gabriel	SPA 4 - Metro	SPA 5 - West	SPA 6 - South	SPA 7 - East	SPA 8 - South Bay/Harbor	Online Survey (n=47)
Legend														
An italicized indicator denotes qualitative data collected in a focus group or interview														
Two dashes (--) = no data available														
SPA = Service Planning Area														
Black boxes indicate that the area performed worse than the benchmark.														
Rate of breast cancer incidence per 100,000 pop.	2012		122.1	116.9	-	-	-	-	-	-	-	-	-	-
Rate of cervical cancer per 100,000 pop.	2012		7.7	8.8	-	-	-	-	-	-	-	-	-	-
Rate of colorectal cancer incidence per 100,000 pop.	2012		40.0	35.7	-	-	-	-	-	-	-	-	-	-
Rate of prostate cancer incidence per 100,000 pop.	2012		126.9	122.0	-	-	-	-	-	-	-	-	-	-
Rate of lung cancer incidence per 100,000 pop.	2012		48.0	50.3	-	-	-	-	-	-	-	-	-	-
Cardiovascular Disease/Heart Disease														
Percent diagnosed with heart disease	2014		6.1%	5.7%	14.1%	4.5%	7.0%	2.4%	4.8%	8.6%	5.2%	5.7%		
Rate of coronary health disease mortality per 100,000 pop.	2012	<=100.8	162.2	172.6	-	-	-	-	-	-	-	-	-	-
Rate of heart disease hospitalization per 100,000 pop.	2012		339.0	366.6	-	-	-	-	-	-	-	-	-	-
Percent who feel confident in their ability to manage their heart disease	2014		53.6%	53.5%	50.3%	56.2%	56.6%	29.4%	66.7%	62.4%	40.4%	53.6%		
Percent who have a heart disease management plan	2014		67.1%	55.5%	37.6%	54.8%	50.1%	61.5%	89.8%	51.8%	59.8%	59.2%		
Diabetes														
Percent diagnosed with diabetes	2014		8.9%	10.0%	9.5%	5.8%	12.0%	11.1%	4.6%	14.7%	12.4%	10.4%		
Percent diagnosed with borderline diabetes	2014		10.5%	8.8%	7.2%	6.3%	10.6%	8.4%	4.0%	12.0%	12.9%	8.0%		
Disability														
Percent of adults diagnosed with a disability	2014		28.5%	28.6%	32.4%	28.1%	28.2%	26.3%	25.5%	39.4%	26.8%	27.3%		
Percent who could not work due to a physical/mental impairment	2014		5.2%	5.9%	4.7%	3.7%	5.8%	5.8%	1.7%	8.0%	6.7%	8.0%		
Percent of youth at-risk for a Developmental Delay (PEDS)	2014		58.6%	60.3%	63.8%	58.2%	60.4%	69.8%	48.9%	63.0%	65.0%	53.3%		
HIV/AIDS														
Percent of adults who have ever been tested for HIV	2011		-	5.8%	3.9%	4.7%	5.0%	7.1%	2.6%	8.5%	5.3%	6.9%		
Rate of HIV incidence per 100,000 pop.	2013	<=13.0	-	13.0	5.0	8.0	6.0	39.0	8.0	16.0	8.0	13.0		
Rate of HIV prevalence per 100,000 pop.	2013		-	19.0	9.0	12.0	10.0	58.0	15.0	22.0	12.0	12.0		
Rate of those living with HIV per 100,000 pop.	2013		-	476.0	169.0	308.0	186.0	1,594.0	405.0	488.0	236.0	512.0		
Hypertension														
Percent diagnosed with high blood pressure	2014	<=26.9%	28.5%	27.3%	24.8%	20.5%	29.8%	28.6%	26.8%	35.7%	20.8%	34.0%		
Maternal and Infant Health														
Percent of infants with lowbirth weight (under 2500 grams)	2012		6.7%	7.0%	8.3%	6.9%	6.0%	6.9%	6.9%	7.8%	6.7%	7.1%		
Percent of mothers who received no or late prenatal care	2012		4.2%	2.9%	5.0%	2.0%	2.6%	3.5%	1.4%	4.1%	2.6%	3.7%		
Percent of youth 0-5 years who were breast fed	2011		87.4%		83.5%	88.9%	80.1%	89.8%	92.5%	86.6%	90.2%	89.5%		
Percent of youth 0-5 years who were breast fed at least 6 months	2011		-	44.9%	47.9%	45.4%	40.7%	52.5%	54.6%	43.8%	43.5%	42.4%		
Percent of youth 0-5 years who were breast fed at least 12 months	2011		-	19.9%	27.8%	15.9%	12.0%	41.0%	25.7%	20.0%	19.2%	14.6%		
Rate of infant deaths	2012		4.5%	4.3%	-	-	-	-	-	-	-	-		
<i>Chronic disease conditions</i>														29
Community Safety and Violence Among Youth														
Percent of teens who feared being attacked at school in the past year	2012		14.3%	17.1%	7.0%	21.5%	15.1%	18.7%	14.3%	22.8%	4.3%	19.6%		
Percent of teens who perceived their neighborhood park or playground as unsafe	2014		9.5%	11.7%	4.1%	-	11.6%	7.0%	3.1%	22.1%	4.3%	25.6%		
Percent of teens who received threats of violence or physical harm by peers in the past year	2012		16.2%	14.7%	15.1%	8.7%	2.4%	21.5%	8.8%	11.7%	22.9%	27.6%		
Rate of juvenile felony arrest per 1,000 youth	2010		5.6	5.8	-	-	-	-	-	-	-	-		

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DATA INDICATOR		Year of Data	Healthy People 2020 Target	California	Los Angeles County	SPA 1 - Antelope Valley	SPA 2 - San Fernando	SPA 3 - San Gabriel	SPA 4 - Metro	SPA 5 - West	SPA 6 - South	SPA 7 - East	SPA 8 - South Bay/Harbor	Online Survey (n=47)
<p>Legend An italicized indicator denotes qualitative data collected in a focus group or interview Two dashes (-) = no data available SPA = Service Planning Area Black boxes indicate that the area performed worse than the benchmark.</p>														
Rate of juvenile misdemeanor arrest rate per 1,000 youth	2010			11.4	8.6	-	-	-	-	-	-	-	-	
Rate of juvenile status offense arrest rate per 1,000 youth	2010			3.0	3.7	-	-	-	-	-	-	-	-	
Percent of teens who perceived their neighborhood park or playground as safe at night	2012			50.6%	48.3%	41.1%	62.3%	41.5%	41.1%	73.7%	23.6%	42.1%	47.8%	
Rate of homicide per 100,000 pop.	2012	<=5.5		5.2	6.0	-	-	-	-	-	-	-	-	
Rate of non-fatal assaults per 100,000 pop.	2012			290.3	290.5	-	-	-	-	-	-	-	-	
Rate of violent crimes per 100,000 pop.	2012			425.0	473.9	-	-	-	-	-	-	-	-	
Rate of fatal motor vehicle crashes per 100,000 pop.	2012	<=12.4		5.2	5.4	-	-	-	-	-	-	-	-	
Rate of pedestrian motor vehicle mortality per 100,000 pop.	2012	<=1.3		2.0	2.3	-	-	-	-	-	-	-	-	
Rate of robberies per 100,000 pop.	2012			149.5	204.2	-	-	-	-	-	-	-	-	
<i>Community safety and violence among youth</i>														15
Early Childhood Development														
Percent of children who attend preschool, nursery schools, or Head Start at least 10 hours a week	2014			14.1%	11.0%	18.9%	6.5%	14.6%	17.1%	15.5%	3.2%	15.0%	10.9%	
Percent of youth at risk for a developmental delay (PEDS)	2009			58.6%	60.3%	63.8%	58.2%	60.4%	69.8%	48.9%	63.0%	65.0%	53.3%	
<i>Early childhood development</i>														9
Mental Health														
Average number of mentally unhealthy days in the last 30 days	2012			3.6	3.7	-	-	-	-	-	-	-	-	
Percent who ever seriously thought about committing suicide	2014			7.8%	7.2%	13.3%	6.8%	5.7%	9.7%	6.9%	5.2%	4.7%	9.2%	
Percent of teens and adults who had serious psychological distress in the past year	2014			3.8%	4.3%	7.7%	3.2%	2.7%	1.9%	4.5%	6.3%	6.6%	5.4%	
Percent of teens who likely had frequent mental distress in the last month	2014			10.3%	10.5%	4.4%	16.1%	2.1%	8.5%	23.6%	9.5%	12.9%	4.8%	
Percent of adults who needed help with an emotional/mental health problem from use of alcohol or drugs	2014			15.2%	15.3%	18.4%	17.4%	15.3%	14.6%	23.6%	14.2%	8.4%	14.5%	
Percent of teens who needed help with an emotional/mental health problem from use of alcohol or drugs	2014			19.0%	18.0%	20.8%	17.0%	26.3%	16.7%	18.7%	14.1%	19.2%	14.8%	
Percent of adults who took prescription medication for an emotional/mental health issue in the past year	2014			9.6%	7.9%	10.4%	9.6%	7.1%	8.9%	12.1%	4.8%	3.5%	8.8%	
Percent of adults who saw a healthcare provider for an emotional/mental and/or alcohol or drug issue in the past year	2014			12.0%	13.0%	17.2%	11.2%	9.8%	12.0%	19.7%	10.9%	12.2%	18.1%	
Percent of teens who received psychological and emotional counseling in the past 12 months	2014			11.6%	14.5%	10.0%	16.5%	4.3%	6.2%	15.1%	10.4%	2.1%	36.6%	
Percent of adults whose emotions impaired their work in the past 12 months	2014			10.4%	11.9%	6.0%	11.3%	9.9%	19.9%	15.5%	8.8%	8.5%	12.5%	
Percent of adults whose emotions impaired their family life in the past 12 months	2014			13.4%	15.1%	7.3%	14.5%	11.9%	19.8%	15.3%	10.5%	16.4%	18.7%	
Percent of adults whose emotions impaired their social life in the past 12 months	2014			13.2%	14.5%	9.7%	14.9%	12.2%	19.3%	8.5%	8.0%	17.5%	18.3%	
<i>Mental health</i>														31
Healthy Behaviors														
Percent of youth or teens who visited a park or other open space in the last month	2014			83.9%	83.3%	76.9%	81.7%	85.0%	77.6%	92.6%	77.7%	90.6%	82.9%	
Percent of youth who did not engage in physical activity in a given week	2014			6.2%	6.1%	19.2%	-	3.4%	15.1%	-	0.6%	8.9%	10.7%	
Percent of teens who did not engage in physical activity in a given week	2014			8.6%	11.9%	10.6%	18.5%	16.2%	14.7%	-	22.9%	2.8%	2.0%	
Percent of youth who engaged in physical activity 3 or more days a week	2014			76.3%	72.2%	74.3%	75.0%	88.7%	80.3%	55.0%	86.2%	60.8%	50.1%	

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Legend An italicized indicator denotes qualitative data collected in a focus group or interview Two dashes (-) = no data available SPA= Service Planning Area Black boxes indicate that the area performed worse than the benchmark.														
Percent of youth who ate 5 or more fruit servings a day Percent of adults who consumed at least two or more soda or sweetened drink a day Percent of youth or teen who consumed two or more fruit servings the day before Percent of youth or teen who consumed a soda or sugary drink the day before Percent who ate fast food 3 or more times in the past week Ratio of mental health care providers to population <i>Nutrition and physical activity</i>		2014 2014 2014 2014 2014 2016		50.7% 24.5% 63.3% 14.2% 20.6% 360:1	55.4% 25.1% 57.3% 17.3% 21.6% 370:1	34.0% 31.7% 60.2% 17.0% 10.2% -	55.9% 20.9% 54.4% 12.1% 17.5% -	62.2% 24.5% 54.0% 16.4% 19.3% -	54.7% 21.5% 55.9% 15.7% 17.8% -	40.7% 22.2% 69.3% 25.1% 17.6% -	59.5% 40.4% 60.1% 18.0% 25.2% -	41.9% 30.3% 54.0% 23.1% 29.9% -	65.0% 21.1% 61.7% 19.6% 27.5% -	34
Oral Health Care Dentist ratio to population Percent of adults with poor dental health Percent of adults who have never been to a dentist Percent of youth who have never been to a dentist Percent of youth who visited a dentist in the last year <i>Oral Health Care</i>		2016 2010 2014 2014 2011		1,260:1 11.3% 2.2% 15.3% -	1,260:1 11.6% 4.1% 16.0% 77.3%	- - 7.2% 5.9% 73.1%	- - 4.1% 9.1% 81.0%	- - 6.4% 26.7% 76.0%	- - 7.9% 11.3% 78.1%	- - 2.2% 11.3% 79.1%	- - 0.3% 12.7% 74.1%	- - 3.1% 18.5% 73.7%	- - 1.7% 20.7% 80.2%	16
Obesity/Overweight Percent of adults who are overweight Percent of adults who are obese Percent of teens who are overweight Percent of teens who are obese Percent of youth who are overweight <i>Obesity/Overweight</i>		2014 2014 2014 2014 2014	<=30.5%	35.5% 27.0% 16.3% 14.6% 13.6%	36.2% 27.2% 14.4% 14.9% 13.1%	37.4% 24.0% 19.7% -	41.6% 17.7% 0.9% 2.4%	34.9% 25.7% 13.4% 22.8%	37.0% 29.1% 10.7% 24.4%	38.8% 14.5% 24.0% 24.4%	35.9% 38.6% 2.0% 16.7%	29.1% 39.3% 11.5% 21.9%	34.1% 30.2% 37.2% 11.3% 7.4%	28
Youth At Risk Behaviors Percent of teens who became sexually active when under the age of 15 Percent of teens who became sexually active when at the age of 15 Percent of teens who are not sexually active Percent of teens who are sexually active and have been tested for an STD in the past year Rate of chlamydia incidence per 100,000 pop. Rate of gonorrhea incidence rate per 100,000 pop. [^] Rate of primary and secondary syphilis incidence per 100,000 pop. [^] Rate of early latent syphilis per 100,000 pop. <i>Youth at-risk behaviors</i>		2014 2014 2014 2014 2012 2012 2012 2012		7.6% 9.5% 82.9% 31.7% - - - -	10.7% 10.9% 78.4% 36.7% 521.3 122.9 9.4 13.7	20.0% 0.0% 80.0% 50.8% 578.6 114.1 3.1 3.2	4.6% 13.0% 82.4% 59.2% 332.9 73.5 75.0 7.8	0.0% 100.0% -	15.1% 4.1% 80.8% 18.3% 628.8 271.8 30.0 52.5	24.8% 0.0% 75.2% 0.0% 316.5 90.6 7.7 11.1	29.4% 13.9% 56.8% 4.6% 968.0 233.0 12.0 17.2	0.0% 17.1% 82.9% 23.4% 498.7 76.3 4.3 7.2	13.5% 16.4% 70.1% 56.9% 490.0 116.7 5.7 7.2	5
Youth Development and Workforce Training Percent of unemployed youth <i>Youth Development and Workforce Training</i>		2012		21.5% 21.8%	- -	- -	- -	- -	- -	- -	- -	- -	- -	9

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DRIVERS OF HEALTH														
Access to Health Care <i>Please see above</i>														
Access to Healthy Foods Percent who are unable to afford enough food (food insecurity) Percent who reported the availability of affordable fresh fruits and vegetables in their neighborhood Rate of fast food restaurants per 100,000 pop. <i>Access to healthy foods</i>														
2014	61.6%	39.5%	66.8%	25.3%	40.6%	51.9%	64.0%	46.1%	38.2%	36.6%				
2014	98.9%	98.8%	93.1%	99.6%	98.8%	99.9%	97.8%	99.5%	97.1%	99.8%				
2011	74.5	77.8	-	-	-	-	-	-	-	-				21
Air Quality Number of days where Ozone levels were above the standard Percent of days with particulate matter levels were above the standard <i>Air quality</i>														
2008	15	69	-	69	-	-	-	-	-	-				
2008	1.4%	1.2%	-	-	-	-	-	-	-	-				4
Alcohol and Substance Abuse Percent of adults who binge drank (5 or more) in the past year Percent of teens who binge drank (5 or more) in the past year Percent of teens who ever had an alcoholic drink Percent of teens and adults who currently smoke Percent of young adults 15-24 years old who smoke Percent of adults who smoke inside their home Percent of adults who have ever smoked e-cigarette's Rate of beer, wine, and liquor stores per 100,000 pop. Percent of teens who used marijuana in the past year Percent who ever tried marijuana, cocaine, sniffed glue, or other drugs <i>Alcohol abuse</i> <i>Substance abuse</i>														
2014	32.6%	31.5%	32.6%	30.3%	28.8%	31.1%	41.4%	31.9%	37.9%	26.3%				
2014	3.6%	3.4%	4.1%	3.6%	3.6%	-	-	-	-	-				
2014	22.5%	19.1%	25.4%	13.1%	28.7%	5.6%	20.6%	17.8%	-	33.8%				
2014	10.8%	10.0%	11.7%	11.9%	9.7%	10.5%	7.0%	10.9%	6.6%	10.3%				
2014	9.6%	8.7%	2.3%	8.6%	9.2%	16.2%	9.9%	1.3%	4.1%	16.5%				
2014	5.2%	6.8%	6.4%	4.9%	5.0%	12.3%	8.9%	9.4%	5.0%	6.5%				
2014	10.3%	11.3%	9.1%	4.4%	10.9%	4.7%	4.4%	3.2%	7.3%	33.6%				
2012	10.0	11.4	-	-	-	-	-	-	-	-				
2012	8.6%	9.4%	11.1%	6.7%	5.4%	17.2%	14.3%	3.5%	1.7%	21.6%				
2012	12.4%	14.7%	18.8%	9.4%	10.2%	18.2%	14.3%	31.9%	2.6%	23.4%				2
Awareness of Available Health/Social Services <i>Lack of awareness of available health/social services</i>														
Community Safety Percent of teens who feared being attacked at school in the past year Percent of teens who perceive their neighborhood park or playground as unsafe Percent of teens who received threats of violence or physical harm by peers in the past year Rate of juvenile felony arrest per 1,000 youth Rate of juvenile misdemeanor arrest rate per 1,000 youth Rate of juvenile status offense arrest rate per 1,000 youth Percent of teens who perceived their neighborhood park or playground as safe at night Rate of homicide per 100,000 pop.														
2012	14.3%	17.1%	7.0%	21.5%	15.1%	18.7%	14.3%	22.8%	4.3%	19.6%				
2014	9.5%	11.7%	4.1%	-	11.6%	7.0%	3.1%	22.1%	4.3%	25.6%				
2012	16.2%	14.7%	15.1%	8.7%	2.4%	21.5%	8.8%	11.7%	22.9%	27.6%				
2010	5.6	5.8	-	-	-	-	-	-	-	-				
2010	11.4	8.6	-	-	-	-	-	-	-	-				
2010	3.0	3.7	-	-	-	-	-	-	-	-				
2012	50.6%	48.3%	41.1%	62.3%	41.5%	41.1%	73.7%	23.6%	42.1%	47.8%				
2012	<=5.5	5.2	6.0	-	-	-	-	-	-	-				

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Rate of non-fatal assaults per 100,000 pop. Rate of violent crimes per 100,000 pop. Rate of fatal motor vehicle crashes per 100,000 pop. Rate of pedestrian motor vehicle mortality per 100,000 pop. Rate of robberies per 100,000 pop. <i>Community safety</i>		2012 2012 2012 2012 2012	<=12.4 <=1.3	290.3 425.0 5.2 2.0 149.5	290.5 473.9 5.4 2.3 204.2	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	1
Cultural and Linguistic Barriers Percent who had a difficult time understanding their doctor Percent who live in homes in which English is not spoken (linguistically isolated) Percent who speak a language other than English <i>Cultural practices/barriers</i> <i>Language barriers</i>		2014 2014 2014		3.1% 9.5% 19.1%	3.2% 12.7% 25.8%	2.1% - -	1.9% - -	4.5% - -	3.7% - -	0.3% - -	4.1% - -	6.8% - -	1.2% - -	14 12	
Dental Care Access Percent living in a dental provider Health Professional Shortage Area Percent of adults who could not afford to see a dentist Percent of adults with dental insurance Percent of teens who have never been to a dentist Percent of teens who have never been to a dentist due to cost or lack of insurance Percent of youth who have never been to a dentist Percent of youth who have never been to a dentist due to cost or lack of insurance Percent of youth with dental insurance Ratio of dentists to population <i>Lack of dental care access</i>		2015 2011 2011 2014 2014 2014 2014 2011 2016		4.9% - - 1.8% 30.6% 15.3% 10.4% - 1,260:1	2.0% 30.3% 48.2% 2.1% 39.0% 16.0% 10.0% 78.2% 1,260:1	- 31.3% 55.3% - 52.5% 5.9% - 82.0%	- 29.8% 51.0% - 17.1% 9.1% 11.4% 78.0%	- 27.7% 49.0% - 73.5% 26.7% 5.6% 78.0%	- 37.6% 38.9% 9.3% 54.2% 11.3% 9.2% 75.7%	- 19.4% 60.6% - 49.3% 11.3% 13.2% 71.6%	- 35.0% 37.1% - 75.3% 12.7% 12.0% 75.8%	- 33.9% 47.0% 11.0% 10.8% 18.5% 15.7% 79.2%	- 27.4% 50.7% - 31.4% 20.7% 6.5% 81.5%	9	
Disease Management Percent of youth who take medication to control their asthma Percent taking high blood pressure medication Percent who are confident in their ability to manage their diabetes Percent who feel confident in their ability to manage their asthma Percent who have a heart disease management plan Percent who take medication to control their asthma <i>Lack of disease management</i>		2014 2014 2014 2014 2014 2014	>=69.5%	39.0% 68.5% 91.2% 96.7% 67.1% 44.2%	27.7% 67.2% 90.7% 96.2% 55.5% 41.0%	94.0% 73.1% 65.1% 93.6% 37.6% 50.6%	31.0% 64.2% 97.0% 97.2% 54.8% 44.5%	2.8% 69.9% 90.1% 97.1% 50.1% 15.9%	- 66.2% 69.1% 95.4% 61.5% 58.9%	- 60.6% 84.3% 100.0% 89.8% 28.6%	3.8% 55.5% 96.7% 93.5% 51.8% 39.8%	32.2% 60.2% 98.0% 95.0% 59.8% 18.8%	45.3% 79.8% - 97.0% 59.2% 58.8%	3	
Economic Security Percent living in households with income below 100% Federal Poverty Level Percent living in households with income below 200% Federal Poverty Level Percent living in households with income below 300% Federal Poverty Level Percent of youth living in households with income below 100% Federal Poverty Level Percent of youth living in households with income below 200% Federal Poverty Level Percent of youth living in households with income below 300% Federal Poverty Level Percent of households where housing costs exceed 30% of total household income		2014 2014 2014 2014 2014 2014		22.3% 13.8% 45.5% 25.5% 13.6% 45.5% 45.0%	24.1% 13.3% 41.6% 25.2% 13.3% 41.6% 49.9%	17.1% 22.2% 30.1% 24.3% 22.2% 30.1%	24.6% 12.0% 45.8% 31.1% 12.0% 45.8%	25.0% 7.7% 45.0% 20.3% 7.7% 45.0%	30.3% 8.7% 34.0% 31.7% 8.7% 34.0%	12.8% 7.7% 77.7% 4.3% 7.7% 77.7%	35.5% 14.5% 15.8% 32.8% 14.5% 15.8%	20.4% 21.6% 35.7% 23.9% 21.6% 35.7%	19.9% 47.2% 47.3% 19.5% 47.2% 47.3%		

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<p>Legend An italicized indicator denotes qualitative data collected in a focus group or interview Two dashes (-) = no data available SPA= Service Planning Area Black boxes indicate that the area performed worse than the benchmark.</p>														
Percent 25 years and older who have no high school diploma Percent of youth eligible for free/reduced price lunch Percent on WIC with children 6 years and younger Percent receiving food stamps Percent receiving TANF or CalWORKS Rate of unemployment <i>Education level</i> <i>Unemployment</i>		2014 2014 2014 2014 2014 2016		18.5% 58.1% 46.1% 18.1% 8.4% 8.5	23.2% 66.9% 50.8% 18.7% 10.6% 9.0	- - 25.1% 47.3% 29.6% -	- - 37.3% 12.5% 2.8% -	- - 76.4% 19.2% 9.1% -	- - 36.9% 17.4% 5.6% -	- - - 3.0% 2.3% -	- - - 67.1% 26.6% -	- - 62.3% 26.3% 23.6% -	- - 10.6% 6.8% 4.7% -	17 13
Healthy Behaviors Percent of adults who are physically inactive Percent of adults who ate 5 or more fruit or vegetables a day Percent of adults who consumed at least two or more sodas or sweetened drink a day Percent of youth or teens who ate two or more fruit servings the day before Percent of youth or teens who consumed at a soda or other sugary drink the day before Percent of youth who are active 3 or more days a week Percent of youth who ate five or more fruit servings a day Percent who ate fast food 3 or more times in the past week <i>Healthy eating</i> <i>Physical activity</i>		2012 2011 2014 2014 2012 2014 2012 2014		16.6% - 24.5% 63.3% 17.3% 76.3% 50.7% 20.6%	17.3% 16.2% 25.1% 57.3% 14.2% 72.2% 55.4% 21.6%	- 12.5% 31.7% 60.2% 17.0% 74.3% 34.0% 10.2%	- 17.1% 20.9% 54.4% 12.1% 75.0% 55.9% 17.5%	- 17.6% 24.5% 54.0% 16.4% 88.7% 62.2% 19.3%	- 16.9% 21.5% 55.9% 15.7% 80.3% 54.7% 17.8%	- 22.1% 22.2% 69.3% 25.1% 55.0% 40.7% 17.6%	- 11.4% 40.4% 60.1% 18.0% 86.2% 59.5% 25.2%	- 12.4% 30.3% 54.0% 23.1% 60.8% 41.9% 29.9%	- 17.2% 21.1% 61.7% 19.6% 50.1% 65.0% 27.5%	13 9
Homelessness Total number of homeless individuals Total number of homeless youth Total number of homeless that are mentally ill Total number of homeless with a physical disability Total number of homeless with a substance abuse problem Total number of veterans who are homeless <i>Homelessness</i>		2015 2015 2015 2015 2015 2015		- - - - - -	44,359 260 12,253 8,148 10,388 4,016	2,818 29 525 587 325 79	5,216 40 2,095 1,097 1,403 587	3,093 11 627 572 740 239	11,681 73 3,408 2,035 2,843 1,237	4,276 4 1,748 1,077 1,147 886	7,513 95 1,894 1,349 1,284 472	3,571 15 1,082 738 1,564 287	3,006 13 825 569 1,084 575	15
Housing Percent of occupied housing with one or more substandard conditions Percent of housing units that are vacant Rate of HUD-assisted units per 10,000 housing units <i>Housing</i>		2014 2014 2013		47.5% 8.5% 368.3	54.0% 6.4% 439.3	- - -	- - -	- - -	- - -	- - -	- - -	- - -	- - -	2
Preventative Health Care Percent of youth who received an influenza vaccination in the past year Percent of seniors who received an influenza vaccination in the past year Percent of seniors who has ever received a pneumonia vaccination Percent who visited a doctor in the last year Percent of youth who visited a doctor in the last year		2014 2014 2011 2014 2014		53.7% 72.7% - 80.9% 87.8%	47.8% 69.7% 61.3% 80.6% 91.9%	62.5% 72.8% 58.2% 77.2% 81.3%	48.4% 89.1% 64.3% 80.2% 92.2%	53.9% 71.3% 57.9% 81.1% 94.7%	52.2% 62.5% 61.0% 72.9% 92.8%	62.1% 72.8% 64.1% 83.1% 100.0%	57.4% 58.5% 53.9% 83.7% 88.1%	37.9% 68.4% 62.4% 77.1% 95.3%	31.4% 54.0% 62.9% 86.7% 89.1%	

2016 CHLA CHNA - Health Needs and Drivers Summary Scorecard

DATA INDICATOR												
Legend An italicized indicator denotes qualitative data collected in a focus group or interview Two dashes (--) = no data available SPA= Service Planning Area Black boxes indicate that the area performed worse than the benchmark.												
Year of Data	Healthy People 2020 Target	California	Los Angeles County	SPA 1 - Antelope Valley	SPA 2 - San Fernando	SPA 3 - San Gabriel	SPA 4 - Metro	SPA 5 - West	SPA 6 - South	SPA 7 - East	SPA 8 - South Bay/Harbor	Online Survey (n=47)
<i>Lack of health education</i>												18
<i>Lack of health screenings</i>												2
Transportation												
Percent unable to obtain medical care due to a lack of transportation		-	7.4%	10.7%	6.1%	7.2%	9.7%	3.2%	12.5%	6.9%	6.2%	
<i>Transportation</i>	2014											7

Appendix C. Survey

2016 CHLA Community Health Needs Assessment Survey



The Center for Nonprofit Management (CNM) is working with Children's Hospital Los Angeles (CHLA) to conduct CHLA's 2016 Community Health Needs Assessment. The needs assessment is a systematic process that identifies key health needs and issues through data collection and analysis. At CHLA, this process will help us to identify and understand our community's demographics, health disparities, and the social determinants of health affecting children, adolescents, and their families.

The information you provide will be kept confidential and will only be reported in summary form and will not be associated with your name.

As a member of our community, we ask you to participate in a brief online survey to share your insight regarding key health needs and issues affecting the communities we serve.

In addition, we hope to identify opportunities to actively address the community needs, be it through strengthening our existing programs and services or creating new collaboratives.

Together, we can make meaningful steps towards carrying out our mission of Creating Hope and Building Healthier Futures.

For questions about the survey and community health needs assessment please contact Jessica Vallejo, Senior Project Associate at Center for Nonprofit Management, at jvallejo@cnmsocal.org.

Thank you for your participation.

Please complete the survey by February 21, 2016.

1. Please rate how you describe the overall health of yourself, your family members and community members/neighbors.

	Excellent	Very Good	Good	Fair	Poor
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What were the major health conditions facing community members (including yourself) in the last year? Please select the top 5

- Access to health care
- Chronic disease conditions (i.e. diabetes, heart disease, high blood pressure, asthma, disability, HIV/AIDS)
- Community safety and violence among youth
- Early childhood development
- Mental health
- Nutrition and physical activity
- Oral health care
- Overweight and obesity
- Youth at-risk behaviors
- Youth development and workforce training
- Other (please specify)

3. What resources (i.e., organizations/programs/services) exist community members can go to for help? Please specify by issue.

Access to health care

Chronic disease conditions (i.e. diabetes, heart disease, high blood pressure, asthma, disability, HIV/AIDS)

Community safety and violence among youth

Early childhood development

Mental health

Nutrition and physical activity

Oral health care

Overweight and obesity

Youth at-risk behaviors

Youth development and workforce training

Other (please specify)

4. Which of the issues do community members have the most difficult time receiving assistance with? Select the top 5

- Access to health care
- Chronic disease conditions (i.e. diabetes, heart disease, high blood pressure, asthma, disability, HIV/AIDS)
- Community safety and violence among youth
- Early childhood development
- Mental health
- Nutrition and physical activity
- Oral health care
- Overweight and obesity
- Youth at-risk behaviors
- Youth development and workforce training
- Other (please specify)

5. Are there services (health and otherwise) that youth under the age of 18 years old have a particularly difficult time accessing?

6. In the last year, were community members (including yourself) able to access the needed health or social support services they needed?

- Yes, always
- Yes, mostly
- Sometimes
- Very few times
- Not At All

7. If community members were not always able to access the needed health or social support services, why not? Select the top 3

- Don't have health insurance
- Cannot afford it
- Transportation-related issues
- No specialist in the community for a specific condition
- Unable to take time off work
- Difficulty scheduling
- Language barrier
- Other (please specify)

8. What social, economic, or environmental factors do you feel contribute the most to poor health? Select the top 5

- | | |
|---|--|
| <input type="checkbox"/> Access to affordable health care | <input type="checkbox"/> Lack of dental care access |
| <input type="checkbox"/> Access to healthy and affordable foods | <input type="checkbox"/> Lack of disease management |
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Lack of health education |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Lack of health screenings |
| <input type="checkbox"/> Cultural practices/behaviors | <input type="checkbox"/> Language barriers |
| <input type="checkbox"/> Education Level | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Healthy eating | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Transportation-related issues |
| <input type="checkbox"/> Lack of awareness of the available health and/or social services | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Other (please specify) | |

9. If community members (including yourself) have a chronic health condition such as diabetes, heart disease, asthma, etc., how is it kept under control? Select all that apply

- Support from health care provider
- Health education (i.e. disease specific information)
- Support groups
- Take prescribed medication
- Stay active (i.e. exercise and other physical movements)
- Other (please specify)

10. Where do community members (including yourself,) go to receive information and/or assistance with whatever problem they are having? Select all that apply

- Community based organization/agency
- Community center
- Community clinic
- Curanderos/Traditional Healers
- Emergency room
- Internet
- Local Health Department
- Other (please specify)
- Local school
- Natural remedies/at home remedies
- Primary Care Physician
- Urgent care
- Hospital
- Go outside of the community to access services

11. What is the most common healthcare coverage that community members (including yourself) are most likely to have?

- Medicare
- Medicaid
- Private insurance (Kaiser Permanente, Anthem Blue Cross, Humana, etc.)
- I don't have healthcare coverage
- Other (please specify)

12. Who in Los Angeles County is most impacted? If possible, please specify any ethnic groups, age groups, communities or areas in Los Angeles County, or other sub-populations that you feel suffer most in terms of accessing care or other resources to address any of the issues below.

Access to health care	<input type="text"/>
Chronic disease conditions (i.e. diabetes, heart disease, high blood pressure, asthma, disability, HIV/AIDS)	<input type="text"/>
Community safety and violence among youth	<input type="text"/>
Early childhood development	<input type="text"/>
Mental health	<input type="text"/>
Nutrition and physical activity	<input type="text"/>
Oral health care	<input type="text"/>
Overweight and obesity	<input type="text"/>
Youth at-risk behaviors	<input type="text"/>
Youth development and workforce training	<input type="text"/>
Other (please specify)	<input type="text"/>

13. Which healthy behavior is most difficult to encourage among community members (including yourself)? Select the top 3

- Appropriate use of prescribed medication
- Managing a chronic condition
- Healthy eating
- Preventative dental care
- Preventive healthcare including health screenings
- Regular exercise
- Other (please specify)

14. What might CHLA do to better meet the health needs of the community? Please explain

2016 CHLA Community Health Needs Assessment Survey

Please tell us about yourself.

The following information will be kept confidential and is only for the purpose of data analysis.

15. Are you a CHLA employee?

- Yes
 No

16. How long have you been an employee of CHLA. Please enter in years and months.

Number of years

Number of months

17. What is your title?

18. What ZIP Code do you live in?

ZIP Code

19. What is your age?

- Under 18 years old
 18-24 years old
 25-34 years old
 35-44 years old
 45-54 years old
 55-64 years old
 65 and older years old

20. What is your ethnicity?

- African-American/Black
- American Indian/Alaska Native
- Asian
- Caucasian
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- Other (please specify)

21. What is your gender?

Appendix D

Community Input Tracking

A. Primary Data Collection

Data Collection Method Employed	Who Participated	Number of Participants
Online Survey	Community Members <ul style="list-style-type: none"> • CHLA staff • Nurse • Division Administrator • Clinical Administrator • CHLA Volunteers • CEO • Project Coordinator 	33

B. Prioritization Meeting

Data Collection Method Employed	Who Participated	Number of Participants
Prioritization Forum	Organizations that participated <ul style="list-style-type: none"> • AltaMed • Asian Pacific Healthcare Venture • Children’s Hospital Los Angeles – Chaplain • Children’s Hospital Los Angeles – Clinical Programs • Children’s Hospital Los Angeles – Community Affairs • Children’s Hospital Los Angeles – Family Advisory Council • Children’s Hospital Los Angeles – Pediatric Residency Program • Children’s Hospital Los Angeles – Promotoras • CHLA Community Affairs • City Council • Community Clinic Association of LA County • Downtown LA YMCA • Los Angeles • Los Angeles County Department of Public Health • Office of Senator Kevin de León • Zero to Three 	19