



VALLEY PRESBYTERIAN  
HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT  
2024

**Approved by Board of Directors on 11/06/2024**

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## Introduction

### Background and Purpose

Valley Presbyterian Hospital is a 350-bed full-service, non-profit community hospital, dedicated to the health and well-being of the diverse and challenged communities of the San Fernando Valley. Opened in 1958, the hospital now serves thousands of individuals and families each year and offers a full range of health care services. Our Maternity Services unit is one of the busiest in the San Fernando Valley region. Our Emergency Services Department is a vital community asset, serving more than 55,000 patients each year. Specially certified to treat stroke patients, and designated as a cardiac receiving center, the hospital provides critical care services for patients with life-threatening needs.

The passage of California Senate Bill 697 (1994) and the Patient Protection and Affordable Care Act (2010) require tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the hospital service area.

### Service Area

Valley Presbyterian Hospital (VPH) is located at 15107 Vanowen Street, Van Nuys, California 91405. The hospital's primary service area includes 15 ZIP Codes in 9 cities. The service area is located in Los Angeles City Council District 6 and Service Planning Area (SPA) 2. The hospital service area is detailed below by community and ZIP Code and was determined from the ZIP Codes that reflect a majority of patient admissions.

**Valley Presbyterian Hospital Service Area**

<b>Geographic Area</b>	<b>ZIP Code</b>
Canoga Park	91304
North Hills	91343
North Hollywood	91601, 91605, 91606
Pacoima	91331
Reseda	91335
Sun Valley	91352
Sylmar	91342
Van Nuys	91401, 91402, 91405, 91406, 91411
Winnetka	91306





## Data Collection Methodology

### Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. Service area data are presented in comparison to county and state data, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county comparisons, state comparisons, the data source, data year, and an electronic link to the data source. In some cases, data sets from public sources do not total 100%. In these cases, the data remained as reported by the data source.

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

### Significant Community Needs

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

- Access to Care
- Birth Indicators
- Chronic Disease
- Economic Insecurity
- Environmental Health (pollution, air and water quality)
- Housing and Homelessness
- Mental Health
- Overweight and Obesity
- Preventive Practices (health education, screenings, vaccines)
- Substance Use and Misuse

### Primary Data Collection

Valley Presbyterian Hospital conducted interviews with community stakeholders and surveys

with community residents to obtain input on health needs, barriers to care, and resources available to address the identified health needs.

### Interviews

Fifteen (15) phone interviews were conducted during April and May 2024. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the service area, who spoke about issues and needs in the communities served by the hospital. Focus was placed on organizations who serve and represent diverse community groups and vulnerable populations related to race, age, ethnicity, language, culture, and socioeconomic needs.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and at times convenient for the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

During the interviews, participants were asked to share their perspectives on the issues, challenges, and barriers relative to the identified health needs (e.g., what makes each health need a significant issue in the community; what are the challenges people face in addressing these needs), along with identifying known resources to address these health needs, such as services, programs, and/or community efforts. Attachment 2 lists the stakeholder interview respondents, their titles, and organizations. Attachment 3 provides a summary of stakeholder interview responses. Attachment 4 provides stakeholder-identified community resources to address the significant health needs.

### Surveys

Valley Presbyterian Hospital distributed surveys to community members to ask about health and wellness. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The surveys were available in English and Spanish. The surveys were available from April 8 through June 24, 2024, and during this time, 133 surveys were collected (65 in Spanish and 68 in English).

Valley Presbyterian Hospital distributed the surveys at community meetings and through social media. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and their responses would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community

- Which groups are most affected by the identified health issues
- Where people go to access routine health care services
- Reasons for not having health insurance
- Why people delayed needed health care
- Conditions in the neighborhood that most negatively impact health

Attachment 5 presents a summary of the survey responses.

#### Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, the previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at <https://www.valleypres.org/community/community-benefit/>. To date, no comments have been received.

## Prioritization of Significant Needs

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

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

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

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	93.3%	40%	66.7%
Birth indicators	33.4%	0%	20%
Chronic disease	80%	40%	53.3%
Economic insecurity	86.7%	66.7%	73.3%
Environmental health	33.3%	13.3%	33.4%
Housing and homelessness	93.3%	86.7%	86.7%
Mental health	86.7%	66.7%	73.3%
Overweight and obesity	33.3%	26.7%	53.3%
Preventive practices	60%	20%	40%
Substance use	60%	53.3%	66.7%

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall

score for each significant need. Mental health, access to health care, substance use, chronic disease, and housing and homelessness were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

<b>Significant Needs</b>	<b>Priority Ranking (Total Possible Score of 4)</b>
Mental health	4.00
Access to care	3.93
Substance use	3.87
Chronic disease	3.86
Housing and homelessness	3.79
Economic insecurity	3.64
Birth indicators	3.64
Preventive practices	3.64
Overweight and obesity	3.62
Environmental health	3.00

Survey respondents were also asked to rate the importance of addressing significant community needs. Overall, mental health, chronic diseases, and overweight and obesity were rated as the top three community needs. Among the Spanish survey respondents, mental health, preventive practices, and economic insecurity were rated as the top three community needs. Among the English survey respondents, chronic diseases, birth indicators, access to health care and substance use were rated as the top four community needs.

<b>Significant Needs</b>	<b>Percent</b>	<b>Spanish</b>	<b>English</b>
Mental health	94.5%	98.37%	90.63%
Chronic diseases	94.41%	93.65%	95.17%
Overweight and obesity	93.68%	98.3%	89.06%
Access to health care	93.65%	95.24%	92.06%
Substance use	93.57%	95.08%	92.06%
Preventive practices	93.45%	98.37%	88.53%
Housing and homelessness	92.12%	95.0%	89.23%
Birth indicators	91.09%	88.52%	93.65%
Environmental health	89.58%	93.44%	85.71%
Economic insecurity	88.87%	98.36%	79.37%

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

## Community Demographics

### Population

The population of the Valley Presbyterian Hospital primary service area is 852,518. From 2017 to 2022, the population decreased by 3.4%. The population grew in two of the service area ZIP Codes (Canoga Park, by 1.4%, and Van Nuys 91405 by 1.2%). The ZIP Codes with the largest decrease in population were North Hollywood 91601 (-7.2%) and Van Nuys 91411 (-6.0%).

### Total Population and Change in Population

	ZIP Code Tabulation Area	Total Population	Change in Population, 2017-2022
Canoga Park	91304	54,369	1.4%
North Hills	91343	63,193	-4.2%
North Hollywood	91601	35,615	-7.2%
North Hollywood	91605	51,654	-1.4%
North Hollywood	91606	43,552	-1.8%
Pacoima	91331	99,804	-5.6%
Reseda	91335	77,158	-3.2%
Sun Valley	91352	45,601	-4.9%
Sylmar	91342	92,580	-3.7%
Van Nuys	91401	39,179	-4.4%
Van Nuys	91402	67,937	-4.7%
Van Nuys	91405	55,451	1.2%
Van Nuys	91406	53,276	-5.2%
Van Nuys	91411	23,689	-6.0%
Winnetka	91306	49,460	-0.2%
<b>VPH Service Area</b>		<b>852,518</b>	<b>-3.4%</b>
<b>Los Angeles County</b>		<b>9,936,690</b>	<b>-1.7%</b>
<b>California</b>		<b>39,356,104</b>	<b>1.0%</b>

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP05. <http://data.census.gov>

Among the service area population, 50.0% are male and 50.0% are female.

### Population, by Gender

	VPH Service Area	Los Angeles County	California
Male	50.0%	49.7%	50.1%
Female	50.0%	50.3%	49.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov>

In Los Angeles County's Service Planning Area (SPA) 2, 91.1% of the adult population identify as straight or heterosexual, and 99.3% as cisgender, or not transgender.

### Sexual Orientation and Gender Identity, Adults

	SPA 2	Los Angeles County	California
Straight or heterosexual	91.1%	89.7%	90.2%
Gay, lesbian or homosexual	2.8%	3.8%	3.4%
Bisexual	4.0%	4.4%	4.4%
Not sexual/celebrate/none/other	2.2%	2.2%	1.9%
Cisgender/not transgender	99.3%	99.4%	99.1%
Transgender/gender non-conforming	0.7%	0.6%	0.9%

Source: California Health Interview Survey, 2018-2022 combined. <http://ask.chis.ucla.edu/>

Children and youth, ages 0-17, make up 21.8% of the service area population. 65.6% are adults, ages 18-64, and 12.6% of the population is senior adults, 65 and older. The service area has a higher percentage of children (21.8%) than the county (21.1%), as well as a higher percentage of younger adults, ages 18 to 54 (66.3%) than the county (64.7%). The service area has a lower percentage of older adults, ages 55 and older (24.5%) than the county (26.4%).

### Population, by Age

	VPH Service Area	Los Angeles County	California
0 – 4	5.6%	5.4%	5.7%
5 – 17	16.1%	15.6%	16.6%
18 – 24	9.8%	9.4%	9.5%
25 – 54	43.9%	43.1%	41.2%
55 – 64	11.9%	12.2%	12.1%
65-74	7.6%	8.2%	8.7%
75 and older	5.0%	6.0%	6.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov>

In the service area, Van Nuys 91402 has the largest percentage of youth, ages 0-17 (24.6%), followed by Pacoima (24.5%) and North Hills (24.3%). Canoga Park has the highest percentage of senior adults, ages 65 and older (15.6%). North Hollywood 91601 has the lowest percentage of youth (13%). North Hollywood 91601 and Van Nuys 91411 have the lowest percentage of senior adults (10.7%).

### Population, by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Canoga Park	91304	54,369	20.7%	15.6%
North Hills	91343	63,193	24.3%	12.5%
North Hollywood	91601	35,615	13.0%	10.7%
North Hollywood	91605	51,654	20.4%	11.7%
North Hollywood	91606	43,552	19.0%	12.6%
Pacoima	91331	99,804	24.5%	11.9%
Reseda	91335	77,158	21.3%	14.8%
Sun Valley	91352	45,601	21.1%	12.7%
Sylmar	91342	92,580	22.6%	13.2%

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Van Nuys	91401	39,179	19.1%	13.3%
Van Nuys	91402	67,937	24.6%	11.5%
Van Nuys	91405	55,451	22.3%	11.2%
Van Nuys	91406	53,276	22.6%	11.7%
Van Nuys	91411	23,689	19.7%	10.7%
Winnetka	91306	49,460	21.8%	13.7%
<b>VPH Service Area</b>		<b>852,518</b>	<b>21.8%</b>	<b>12.6%</b>
<b>Los Angeles County</b>		<b>9,936,690</b>	<b>21.1%</b>	<b>14.2%</b>
<b>California</b>		<b>39,356,104</b>	<b>22.3%</b>	<b>14.9%</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov>

Senior adults who live alone may be isolated and lack adequate support systems. Of the 107,732 senior adults who live in the service area, those who live alone ranged from 11.9% in Sun Valley to 43.2% in North Hollywood 91601.

**Senior Adults Living Alone**

	ZIP Code	Total Senior Adults	Percent Living Alone
Canoga Park	91304	8,500	19.8%
North Hills	91343	7,869	16.4%
North Hollywood	91601	3,808	43.2%
North Hollywood	91605	6,039	18.7%
North Hollywood	91606	5,509	21.1%
Pacoima	91331	11,843	12.1%
Reseda	91335	11,410	21.3%
Sun Valley	91352	5,783	11.9%
Sylmar	91342	12,231	15.3%
Van Nuys	91401	5,201	27.7%
Van Nuys	91402	7,817	19.0%
Van Nuys	91405	6,201	26.5%
Van Nuys	91406	6,208	27.4%
Van Nuys	91411	2,536	31.6%
Winnetka	91306	6,777	16.0%
<b>VPH Service Area</b>		<b>107,732</b>	<b>20.0%</b>
<b>Los Angeles County</b>		<b>1,415,856</b>	<b>21.3%</b>
<b>California</b>		<b>5,865,300</b>	<b>22.0%</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02 & DP05. <http://data.census.gov>

**Race and Ethnicity**

In the service area, 61.2% of the population identifies as Hispanic or Latino residents, 22.5% of the population identifies as White residents, 9.5% of the population identifies as Asian residents, 3.8% of the population identifies as Black or African American residents, 2.2% of the population identifies as Multiracial residents, and the remaining 0.8% identify as American Indian residents or Alaskan Native residents, Native Hawaiian residents or Pacific Islander residents, or residents of some other race. When compared to the county and state, the service



area has a higher percentage of Hispanic or Latino residents and a lower percentage of White residents, Asian residents, Black or African American residents, and Multiracial residents.

### Race and Ethnicity

	VPH Service Area	Los Angeles County	California
Hispanic or Latino	61.2%	48.7%	39.7%
White	22.5%	25.2%	35.2%
Asian	9.5%	14.6%	14.9%
Black or African American	3.8%	7.6%	5.3%
Multiracial	2.2%	3.0%	3.8%
Some other race	0.5%	0.5%	0.4%
American Indian or Alaska Native	0.2%	0.2%	0.3%
Native Hawaiian or Pacific Islander	0.1%	0.2%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov>

In the service area, Pacoima has the highest percentage of Hispanic or Latino residents (88%). North Hollywood 91601 has the highest percentage of non-Hispanic White residents (44.7%) and Black or African American residents (9.2%). In the service area, the highest percentage of Asian residents (18.3%) is found in Winnetka.

### Race and Ethnicity, by ZIP Code

	ZIP Code	Hispanic or Latino	White	Asian	Black or African American
Canoga Park	91304	42.9%	32.1%	15.6%	4.7%
North Hills	91343	59.4%	20.0%	13.2%	4.5%
North Hollywood	91601	33.1%	44.7%	8.3%	9.2%
North Hollywood	91605	60.5%	27.2%	8.4%	1.9%
North Hollywood	91606	53.7%	33.8%	3.9%	4.7%
Pacoima	91331	88.0%	4.5%	4.5%	1.8%
Reseda	91335	52.5%	27.5%	12.2%	3.9%
Sun Valley	91352	69.8%	21.0%	4.8%	2.2%
Sylmar	91342	74.4%	12.6%	7.6%	3.4%
Van Nuys	91401	44.2%	41.2%	4.7%	5.3%
Van Nuys	91402	70.1%	10.7%	15.1%	3.0%
Van Nuys	91405	61.0%	23.6%	8.9%	4.1%
Van Nuys	91406	57.6%	26.6%	7.3%	4.2%
Van Nuys	91411	47.7%	32.9%	8.8%	6.7%
Winnetka	91306	49.6%	24.2%	18.3%	3.2%
<b>VPH Service Area</b>		<b>61.2%</b>	<b>22.5%</b>	<b>9.5%</b>	<b>3.8%</b>
<b>Los Angeles County</b>		<b>48.7%</b>	<b>25.2%</b>	<b>14.6%</b>	<b>7.6%</b>
<b>California</b>		<b>39.7%</b>	<b>35.2%</b>	<b>14.9%</b>	<b>5.3%</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov>

### Language

Spanish is spoken in the home among 52.7% of the service area population. English is spoken in the home among 31.4% of the population, 8.1% of the population speaks another Indo-European language (other than Spanish and English), and 6.5% of the population speaks an Asian or Pacific Islander

language in the home.

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

	VPH Service Area	Los Angeles County	California
<b>Population, ages 5 and older</b>	<b>804,629</b>	<b>9,398,060</b>	<b>37,097,796</b>
Speaks Spanish	52.7%	38.3%	28.2%
Speaks only English	31.4%	44.5%	56.1%
Speak other Indo-European language	8.1%	5.4%	4.6%
Speaks Asian or Pacific Islander language	6.5%	10.6%	9.9%
Speaks other language	1.2%	1.2%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

Pacoima (77.4%) and Van Nuys 91402 (64.3%) have the highest percentage of Spanish speakers, and the lowest percentage of English speakers in the service area. English is spoken in the home of 61.8% of North Hollywood 91601 residents. North Hollywood 91605 (16.9%) and 91606 (15.4%) have the highest percentage of Indo-European language speakers. Winnetka has the highest percentage of the population speaking an Asian or Pacific Islander language at home (12.3%).

### Language Spoken at Home, by ZIP Code

	ZIP Code	Spanish	English	Indo European	Asian or Pacific Islander
Canoga Park	91304	35.2%	45.2%	8.3%	9.7%
North Hills	91343	48.0%	34.6%	5.4%	10.0%
North Hollywood	91601	25.1%	61.8%	8.2%	4.1%
North Hollywood	91605	54.7%	22.2%	16.9%	5.7%
North Hollywood	91606	46.7%	33.8%	15.4%	2.6%
Pacoima	91331	77.4%	17.5%	1.5%	3.4%
Reseda	91335	45.0%	33.5%	10.1%	8.0%
Sun Valley	91352	63.2%	20.8%	12.1%	3.4%
Sylmar	91342	60.0%	31.2%	2.7%	5.3%
Van Nuys	91401	37.3%	43.8%	13.6%	3.0%
Van Nuys	91402	64.3%	17.7%	6.0%	11.6%
Van Nuys	91405	55.5%	25.6%	11.0%	6.4%
Van Nuys	91406	50.0%	35.9%	7.6%	5.4%
Van Nuys	91411	41.3%	44.8%	9.0%	3.6%
Winnetka	91306	41.5%	37.0%	8.1%	12.3%
<b>VPH Service Area</b>		<b>52.7%</b>	<b>31.4%</b>	<b>8.1%</b>	<b>6.5%</b>
<b>Los Angeles County</b>		<b>38.3%</b>	<b>44.5%</b>	<b>5.4%</b>	<b>10.6%</b>
<b>California</b>		<b>28.2%</b>	<b>56.1%</b>	<b>4.6%</b>	<b>9.9%</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

The California Department of Education publishes rates of “English Learners,” defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In the Los Angeles Unified School District, the

percentage of students who were classified English Learners was 21.3%, which is higher than the state (19%) and county (18.5%).

### English Learners

	Number	Percent
Los Angeles Unified School District	114,657	21.3%
Los Angeles County	242,684	18.5%
California	1,112,535	19.0%

Source: California Department of Education DataQuest, 2022-2023. <http://dq.cde.ca.gov/dataquest/>

### Veterans

In the service area, 2.4% of the civilian population, 18 years and older, are veterans. This is lower than the county (2.9%) and state (4.7%).

### Veteran Status

	VPH Service Area	Los Angeles County	California
Veterans	2.4%	2.9%	4.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

### Citizenship

In the service area, 41.4% of the population is foreign-born. Of the foreign-born, 46.5% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

### Foreign-Born Residents and Citizenship

	VPH Service Area	Los Angeles County	California
Foreign born	41.4%	33.3%	26.5%
Of foreign born, not a U.S. citizen	46.5%	45.8%	46.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

## Social Determinants of Health

### Social and Economic Factors Ranking

The County Health Rankings examine social and economic indicators contributors to the health of a county's residents. California's counties are ranked according to social and economic factors with a 1 to 58 ranking system for the best (1) to the poorest (58) ranked counties. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and other factors. Los Angeles County is ranked 37<sup>th</sup> among ranked counties in California, placing it in the bottom half of California counties.

### Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	37

Source: County Health Rankings, 2023. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the Census Tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas: economic, education, social, transportation, neighborhood, housing, clean environment, and health care access. The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map below displays the Valley Presbyterian Hospital service area and surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The service area ZIP Codes, combined, have an overall HPI score that is better than less than one-third (26.1%) of California ZIP Codes.

The service area has better housing conditions than just 7.2% of other California ZIP Codes, based on five criteria: homeownership, housing habitability, homeowner and renter severe housing cost burdens, and crowded housing conditions. The area also has healthier environmental conditions than just 10.4% of other California ZIP Codes, based on four criteria: ozone levels, fine particulate matter concentrations, safe drinking water (contaminants), and

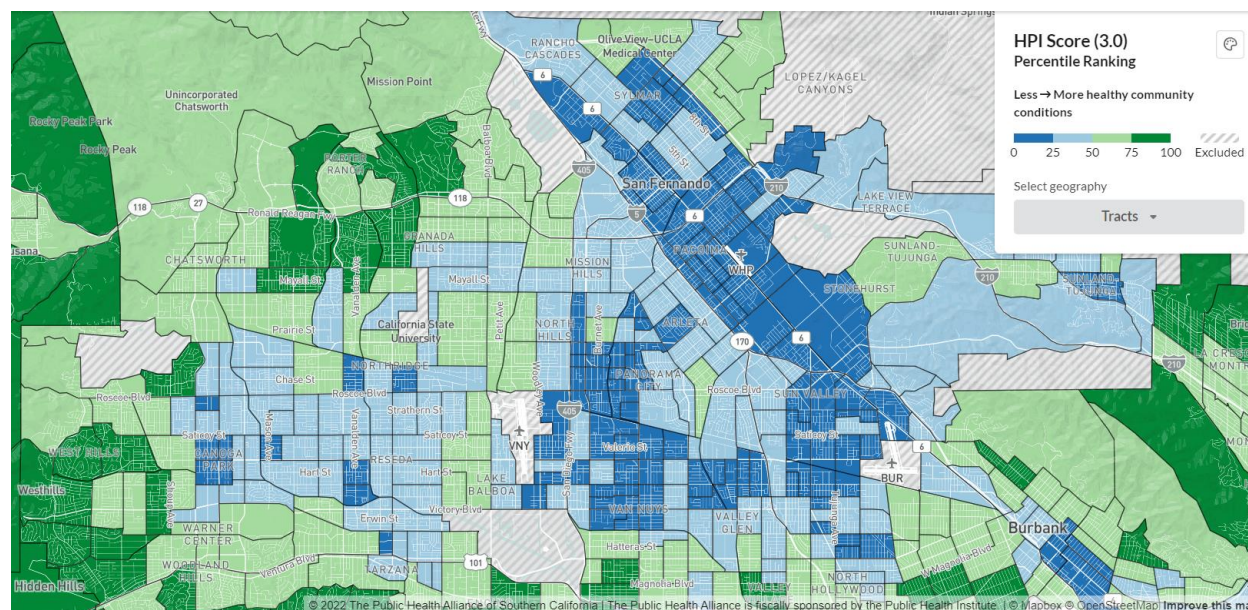
particulate pollution from diesel sources. Its health care access conditions are better than just 14.3% of other state ZIP Codes, based on the percentage of insured adults.

### California Healthy Places Index Value and Sub-Scores, as Percentiles

	VPH Service Area
Transportation	44.2%
Education	41.5%
Economic	37.3%
Social	24.0%
Neighborhood	19.6%
Health Care Access	14.3%
Clean Environment	10.4%
Housing	7.2%
<b>HPI Score</b>	<b>26.1%</b>

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed February 22, 2024.

<https://healthyplacesindex.org>



### Poverty

The Census Bureau annually updates official poverty population statistics. For 2022, the Federal Poverty Level (FPL) was set at an annual income of \$14,880 for one person and \$29,678 for a family of four. Among the residents represented in the hospital service area, 16.3% have incomes <100% of the Federal Poverty Level. The rate of low-income residents (in households earning less than 200% of the FPL) is 37.1%.

When examined by ZIP Code, poverty rates are highest among residents of Van Nuys 91405 (19.9%), which also has the second-highest rate of residents living in low-income households (44.4% of residents). Van Nuys 91402 has the second-highest rate of poverty in the service area

(19.3%) and the highest rate of low-income residents (48.3% of residents). The rate of poverty is lowest in Reseda (12.1%) and the lowest rate of low-income residents is found in Canoga Park (29.6%).

**Poverty Levels, <100% FPL and <200% FPL, by ZIP Code**

	ZIP Code	<100% FPL	<200% FPL
Canoga Park	91304	12.5%	29.6%
North Hills	91343	17.8%	35.0%
North Hollywood	91601	17.1%	32.8%
North Hollywood	91605	17.7%	39.3%
North Hollywood	91606	18.6%	38.0%
Pacoima	91331	16.2%	40.3%
Reseda	91335	12.1%	34.0%
Sun Valley	91352	13.3%	37.6%
Sylmar	91342	13.2%	30.7%
Van Nuys	91401	17.4%	37.7%
Van Nuys	91402	19.3%	48.3%
Van Nuys	91405	19.9%	44.4%
Van Nuys	91406	16.9%	37.8%
Van Nuys	91411	17.4%	34.1%
Winnetka	91306	18.9%	34.2%
<b>VPH Service Area</b>		<b>16.3%</b>	<b>37.1%</b>
<b>Los Angeles County</b>		<b>13.7%</b>	<b>31.8%</b>
<b>California</b>		<b>12.1%</b>	<b>28.0%</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://data.census.gov>

Among area children, under age 18, 22.6% are living in poverty. In Van Nuys 91405, 29.2% of children live in poverty. Among service area senior adults, 17.1% are living in poverty. In North Hollywood 91601, 27.6% of senior adults live in poverty. Among females who are Heads of Household (HoH) in the service area, with children under age 18, 34.3% live in poverty; in North Hollywood 91601, 50.3% live in poverty.

**Poverty Levels of Children, Senior Adults, and Female Head of Household with Children**

	ZIP Code	Children Under Age 18	Senior Adults	Female HoH with Children *
Canoga Park	91304	17.4%	15.0%	26.4%
North Hills	91343	27.8%	15.2%	38.1%
North Hollywood	91601	20.8%	27.6%	50.3%
North Hollywood	91605	23.6%	16.5%	40.0%
North Hollywood	91606	26.5%	18.6%	33.0%
Pacoima	91331	23.3%	14.8%	33.4%
Reseda	91335	14.0%	14.5%	18.1%
Sun Valley	91352	16.9%	15.1%	30.1%
Sylmar	91342	19.0%	13.5%	36.9%
Van Nuys	91401	21.5%	19.3%	38.8%



	ZIP Code	Children Under Age 18	Senior Adults	Female HoH with Children *
Van Nuys	91402	26.4%	21.1%	36.4%
Van Nuys	91405	29.2%	22.4%	37.8%
Van Nuys	91406	25.3%	19.6%	40.7%
Van Nuys	91411	19.1%	15.1%	27.0%
Winnetka	91306	27.6%	18.6%	33.7%
<b>VPH Service Area</b>		<b>22.6%</b>	<b>17.1%</b>	<b>34.3%</b>
<b>Los Angeles County</b>		<b>18.1%</b>	<b>13.9%</b>	<b>30.0%</b>
<b>California</b>		<b>15.6%</b>	<b>11.0%</b>	<b>29.2%</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701 & \*S1702. <http://data.census.gov>. Care should be taken when interpreting rates for a ZIP Code with a small population.

### Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. 81.1% of children in the Los Angeles Unified School District qualify for the program.

### Free and Reduced-Price Meal Eligibility

	Percent Eligible Students
Los Angeles Unified School District	81.1%
Los Angeles County	67.5%
California	59.9%

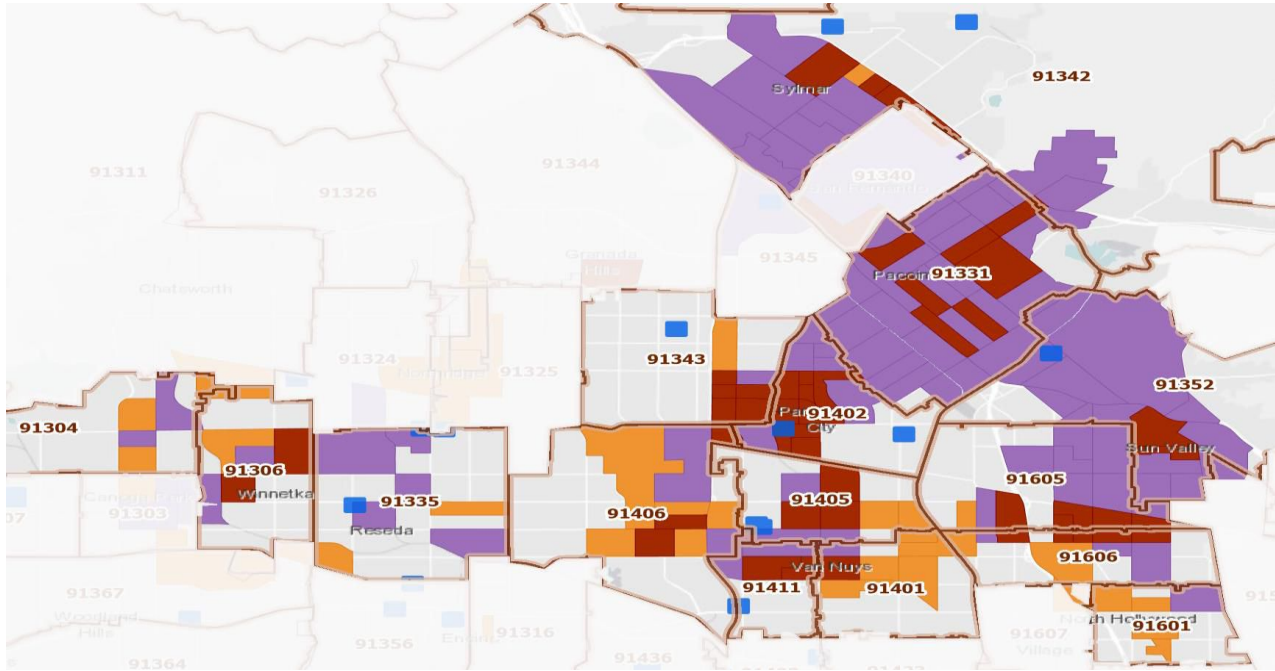
Source: California Department of Education, Dataquest, 2022-2023. <http://data1.cde.ca.gov/dataquest/>

### Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the hospital service area and surrounding communities, highlighting the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable threshold for both poverty and education are noted on the map in brown. Hospital locations are represented by blue squares, with Valley Presbyterian Hospital located in the SW corner of ZIP Code 91405.

In addition to much of the northeastern portion of the service area having a high rate of low-education (lavender), and the south side having a high rate of poverty without corresponding low-education (tan), there are numerous areas of overlapping vulnerable populations (brown) within the service area boundaries, including Sun Valley, Panorama City, the Northeast area of Sylmar, and several areas of Pacoima, Winnetka, North Hollywood, and Van Nuys.

## Vulnerable Populations in the Valley Presbyterian Hospital Service Area



<https://careshq.org/map-room/>, 1/25/2024

### Unemployment

The unemployment rate in the service area, averaged over five years, was 7.5%. The highest rate of unemployment was found in North Hollywood 91601 (9.9%), and the lowest unemployment rate in the service area was found in Sun Valley (5.9%).

### Employment Status for the Population, Ages 16 and Older

	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Canoga Park	91304	29,742	2,241	7.5%
North Hills	91343	32,735	2,300	7.0%
North Hollywood	91601	23,253	2,296	9.9%
North Hollywood	91605	28,413	2,584	9.1%
North Hollywood	91606	24,374	1,854	7.6%
Pacoima	91331	48,114	3,087	6.4%
Reseda	91335	41,066	2,799	6.8%
Sun Valley	91352	23,124	1,357	5.9%
Sylmar	91342	47,398	2,997	6.3%
Van Nuys	91401	22,713	1,670	7.4%
Van Nuys	91402	36,136	3,297	9.1%
Van Nuys	91405	30,995	2,620	8.5%
Van Nuys	91406	29,829	2,074	7.0%
Van Nuys	91411	13,957	1,016	7.3%
Winnetka	91306	27,136	2,196	8.1%
<b>VPH Service Area</b>		<b>458,985</b>	<b>34,388</b>	<b>7.5%</b>
<b>Los Angeles County</b>		<b>5,235,164</b>	<b>365,544</b>	<b>7.0%</b>



	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
<b>California</b>		<b>20,011,853</b>	<b>1,282,055</b>	<b>6.4%</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/>

## Households

Many factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

[http://www.freddiemac.com/research/insight/20181205\\_major\\_challenge\\_to\\_u.s.\\_housing\\_supply.page](http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page)

In the service area, there are 265,764 households and 279,533 housing units. Over the last five years, the population decreased by 3.4%, while the number of households increased by 1.7%. Owner-occupied households increased by 2.9% while renter-households increased by 0.7% from their 2017 levels. Housing units grew by 2.7%, and vacant units decreased by 26.5%, to 4.9% of overall housing stock.

### Households and Housing Units and Percent Change, VPH Service Area

	2017		2022		Percent Change
	Number	Percent	Number	Percent	
Housing units	272,274		279,533		2.7%
Vacant	10,886	4.0%	13,769	4.9%	26.5%
Households	261,388		265,764		1.7%
Owner occ.	114,488	43.8%	117,851	44.3%	2.9%
Renter occ.	146,900	56.2%	147,913	55.7%	0.7%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP04. <http://data.census.gov/>

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 53.8% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. Van Nuys 91405 (60.1%) is the service area city with the highest percentage of households that spend 30% or more of their income on housing.

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

	ZIP Code	Percent
Canoga Park	91304	53.0%
North Hills	91343	53.5%
North Hollywood	91601	59.1%
North Hollywood	91605	55.7%
North Hollywood	91606	55.8%
Pacoima	91331	48.8%
Reseda	91335	52.7%

	ZIP Code	Percent
Sun Valley	91352	54.2%
Sylmar	91342	48.4%
Van Nuys	91401	54.7%
Van Nuys	91402	57.2%
Van Nuys	91405	60.1%
Van Nuys	91406	51.7%
Van Nuys	91411	53.7%
Winnetka	91306	52.1%
<b>VPH Service Area</b>		<b>53.8%</b>
<b>Los Angeles County</b>		<b>46.8%</b>
<b>California</b>		<b>41.0%</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov>

### Median Household Income

Household income is defined as the sum of money received over a calendar year by all household members, ages 15 and older. Median household income reflects the relative affluence and prosperity of an area. The weighted mean of the median household income in the service area is \$72,498. Median household income in the service area ranged from \$55,130 in Van Nuys 91402 to \$89,264 in Sylmar.

### Median Household Income

	ZIP Code	Median Household Income
Canoga Park	91304	\$79,673
North Hills	91343	\$77,790
North Hollywood	91601	\$73,735
North Hollywood	91605	\$61,031
North Hollywood	91606	\$64,976
Pacoima	91331	\$76,942
Reseda	91335	\$74,632
Sun Valley	91352	\$68,132
Sylmar	91342	\$89,264
Van Nuys	91401	\$72,476
Van Nuys	91402	\$55,130
Van Nuys	91405	\$58,365
Van Nuys	91406	\$71,819
Van Nuys	91411	\$73,669
Winnetka	91306	\$82,380
<b>VPH Service Area</b>		<b>*\$72,498</b>
<b>Los Angeles County</b>		<b>\$83,411</b>
<b>California</b>		<b>\$91,905</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov> \*Weighted mean of the medians.

### Community Input – Economic Insecurity

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

- Things are very expensive in Los Angeles. Housing is ridiculous, rent is out of control, and poverty is increasing. More people are becoming impoverished and can't pay for their food. The cost of living is really the biggest impact.
- A lot of immigrants don't have access to basic needs like food and water and they are not getting assistance.
- Low-income individuals are unable to buy basic needs for their family. The high cost of everything now is a barrier. And that is compounded by language and transportation barriers, and a lack of knowledge of resources. Immigration status is another barrier.
- Food, fuel and housing have seen the highest increase in cost in our community. We have nutritional insecurity.
- We are still seeing workforce challenges and people finding and keeping employment. Some may want to work remotely and can't find remote work.
- We need more financial literacy and planning and ensure the community is still surviving. An income that was once helpful might not be anymore. People in that middle bracket who we consider financially stable are struggling. You can be middle class and need food and not be able to get resources.
- Most people coming out of incarceration will call us. We give them resources and referrals and can connect them to care coordination programs.
- Food and housing are always challenges for our patients.

### Households by Type

22% of households in the service area are family households, with children under age 18, and 5.4% of households are households with a female as head of household (HoH) with children under age 18. 8.1% of area households are senior adults living alone.

### Households, by Type

	Total Households	Family* Households with Children Under Age 18	Female Head of Household with own Children Under Age 18	Senior Adults, 65+, Living Alone
	Number	Percent	Percent	Percent
VPH Service Area	265,764	22.0%	5.4%	8.1%
Los Angeles County	3,363,093	20.8%	4.7%	9.0%
California	13,315,822	23.3%	4.5%	9.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/> \*Includes both married and unmarried couples.

## Homelessness

Los Angeles County (LAC) has a Continuum of Care (CoC) for the purpose of addressing homelessness. The LAC CoC does not include the cities of Pasadena, Glendale, or Long Beach, which each have their own, separate CoCs.

According to the U.S. Department of Housing and Urban Development (HUD) a point-in-time (PIT) count of people experiencing homelessness must be conducted annually, generally in January, to determine how many individuals and families are experiencing homelessness on a given day. COVID-19 led to temporary changes in the timing of PIT counts, and the 2022 homeless count for Los Angeles County occurred in late February, while in 2023 the count was conducted over three nights, from January 24 to 26. LAC CoC's count is coordinated by the Los Angeles Homeless Services Authority. From February 2022 to January 2023 there was an 8.7% increase in the total count of people experiencing homelessness in SPA 2 (excluding Glendale), with a 16.4% increase in unsheltered individuals and an 11.2% decrease in sheltered persons.

### People Experiencing Homelessness, SPA 2

	2022		2023	
	Number	Percent	Number	Percent
Sheltered individuals	2,679	27.9%	2,379	22.8%
Unsheltered individuals	6,925	72.1%	8,064	77.2%
<b>Count of unhoused individuals</b>	<b>9,604</b>	<b>100.0%</b>	<b>10,443</b>	<b>100.0%</b>

Source: 2022 & 2023 Greater Los Angeles Homeless Count – SPA 2 Data Summary. <https://www.lahsa.org/documents?id=6507-spa-2-hc2022-data-summary.pdf> & <https://www.lahsa.org/documents?id=7682-spa-2-hc2023-data-summary.pdf>

Of the 10,443 people experiencing homelessness who were counted in SPA 2 in 2023, 84.4% were adults, ages 25 and older, who were not part of a family unit, and 3.4% were transitional-age youth (ages 18 to 24) who were not part of family units. 72, or 0.7%, were parenting youth (ages 18 to 24, with children), with a total of 67 minor children. 7.2% of the homeless were minors (under age 18), and 22, or 0.2%, were unaccompanied minors. 3.9% of the people experiencing homelessness were veterans, most of whom were unsheltered, and 70% of veterans were chronically homeless. In 2023, 7.3% of the people experiencing homelessness were currently homeless due to fleeing domestic violence. 19% had a physical disability, 23.3% had a serious mental illness, and 27.5% had substance use disorder.

### Homeless Subpopulations, SPA 2

	Sheltered		Unsheltered		Total
	Number	Percent	Number	Percent	Percent
Adults ages 25+, not in family units	1,531	64.4%	7,278	90.3%	84.4%
Transitional-age youth (ages 18-24), not in families	133	5.6%	225	2.8%	3.4%
Parenting youth (ages 18 to 24)	14	0.6%	58	0.7%	0.7%
Minors (under age 18)	449	18.9%	305	3.8%	7.2%

	Sheltered		Unsheltered		Total
	Number	Percent	Number	Percent	Percent
Unaccompanied minors	9	0.4%	13	0.2%	0.2%
Veterans	61	2.6%	348	4.3%	3.9%
Chronically homeless veterans	20	0.8%	244	3.0%	2.5%
Chronically homeless persons	797	33.5%	4,161	51.6%	47.5%
Serious mental illness	480	20.2%	1,949	24.2%	23.3%
Substance use disorder	229	9.6%	2,648	32.8%	27.5%
HIV/AIDS	44	1.8%	87	1.1%	1.3%
Homeless due to fleeing domestic violence	169	7.1%	591	7.3%	7.3%
With a physical disability	399	16.8%	1,583	19.6%	19.0%
Has HIV/AIDS	44	1.8%	87	1.1%	1.3%
<b>Total</b>	<b>2,379</b>	<b>100%</b>	<b>8,064</b>	<b>100%</b>	<b>100%</b>

Source: 2023 Greater Los Angeles Homeless Count – SPA 2 Data Summary. <https://www.lahsa.org/documents?id=7682-spa-2-hc2023-data-summary.pdf>

4,928 people experiencing homelessness in 2022 lived in one of the nine service area cities, with the largest number in Sun Valley (1,302).

**Persons Experiencing Homelessness, Sheltered and Unsheltered, by City**

	Number
Sun Valley	1,302
Van Nuys	732
Pacoima	641
North Hollywood	595
Canoga Park	455
Sylmar	448
Reseda	393
North Hills	298
Winnetka	64
<b>Total</b>	<b>4,928</b>

Source: LAHSA Homeless County by City/Community Dashboard, 2022. <https://www.lahsa.org/data?id=54-homeless-count-by-city-community>

**Community Input – Housing and Homelessness**

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

- We are seeing a growth in the number of people experiencing homelessness. As a result, it is causing multiple families to group up in homes or live in motels. We often must support them with money to cover back pay of rent.
- The biggest issue with our system is that you must hit bottom before you can access help. There are people who didn't pay rent during Covid. They are tens of thousands in debt and they will never catch up. It is harder and harder to find affordable housing and Section 8 housing is impossible to access.
- If you are living in your car, driving in your car, sleeping in your car, eating in your car, you can get blood clots.

- There are a lot of problems with the system. There is a lot of staff turnover. Someone has a case manager, and then that person quits, and they get a new one, but more time goes by, and the unhoused get frustrated.
- When you help someone get housing, they really need a stabilizer to help them get on track and stay there. The first six months of being housed is the most fragile time. People go into housing, and they don't know what to do. When they were on the street someone looked out for them, so they felt they owed that person something. They let them stay with them and then they get kicked out. They do not know how to set up a phone or make a budget. Learning basic life skills is important to sustain housing.
- We can house people but if we don't teach them how to stay there, that is a different story. Stabilizers are important. In SPA 2 we will soon have 800 new units available, but it will not fix the problem. Also, you can't expect someone straight out of school or who used to work at Starbucks and now want to work with the homeless to make a difference to be a competent stabilizer. They don't understand all the aspects involved. And that leads to burnout and people quitting.
- For the unhoused, they may be assigned a doctor who is far away from the tiny home they are living in. They have insurance but can't access care because their Primary Care Provider is in another area.
- We are seeing more tiny homes and less encampments. But the tiny homes are supposed to be temporary, but they have been living there a year. The problem is there is no permanent housing for them.
- There is a lack of innovation and change in governmental entities to allow for affordable housing prevention programs to be implemented. We had a program where we had people in the community who had ADUs partner up with seniors who were waiting for permanent housing. It was very successful and affordable. It made more sense than to be in the street in crisis. The city cut the program.
- With affordable housing programs, everyone is trying to address those who are currently experiencing homelessness, but they are not getting to the real issue and implement preventive models, so we can prevent homelessness from happening.
- The county redirected money to Room Key and other programs that are not senior focused and do not address those who are at risk of homelessness. Seniors are the largest, fastest growing population in Los Angeles County right now and they are also the fastest growing population of people experiencing homelessness. They are the most vulnerable because they often have other ailments. And when they have a wheelchair or need assistance with ADLs, they might not be eligible for bridge housing. Seniors who are more dependent may need a nursing home and there are very limited resources and long wait lists for those.
- With all the money focused on housing, there isn't enough to provide support services and transitional housing. You can take a chronically homeless person and put them into

permanent housing. But they don't have the skills to maintain that housing, so they end up back out on the street, and they are not tracked. They will start tracking them, but they are not doing so now. We need to provide supportive mental health services and offer support and it takes time.

- We are seeing ICE community raids. We have a high population of immigrants. We are seeing buses dumping people here in Los Angeles and many of them move into the Valley. They didn't come to California, but they are being dumped here and they are causing issues with overcrowding.
- We are seeing more gentrification and that will displace people in this area and cause more homelessness.
- It is a public health issue. We have limited affordable housing, and we have a lot of mental health and substance abuse issues in our community. The problem is getting worse, not better. Despite all the initiatives, the more oversight and more taxes added, it is not getting better. Everyone is out on the street with street medicine programs too.
- The mix of homelessness is changing. Older adults that might have been in a house or apartment before are now homeless.
- We have people becoming homeless that could have been prevented. There is a lot of confusion and lack of clarity on what is happening with dollars allocated for homelessness. There just never seems to be enough to meet all the complex needs that seem to be only getting more complex. There is confusion and no transparency. We all voted to have funds allocated to help unhoused people, yet we see more unhoused people. There are barriers and red tape and permits, yes. And governmental entities are understaffed as are so many entities and that adds time for getting projects off the ground. We all have questions, what is happening? Why are more people experiencing homelessness?
- People who are homeless don't always start off with mental illness. Living on the street is hard and it has consequences. I also don't believe housing prevents homelessness. They have a whole myriad of needs. We cannot lump all homeless people into one pool. If we can stratify those at risk and those recently unhoused because of a loss of income or increase in housing prices, we could prevent deeper levels of homelessness.
- One of the biggest problems with Homeless services is the lack of coordination. We spend billions on the problem but there is a lack of coordination; the city has efforts, so does the county but they don't work together. And there doesn't seem to be a lot of permanent solutions.

### Public Program Participation

In SPA 2, 39.3% of low-income adults (those making 200% or less of the Federal Poverty Level) are not able to afford enough to eat, but only 26.5% of low-income residents of SPA 2 utilize food stamps. WIC benefit usage is slightly higher, with 31.3% of SPA 2 children, ages 6 and

younger, in low-income households, accessing WIC benefits. 9.7% of county residents are TANF/CalWorks recipients.

### Public Program Participation, ≤200% FPL

	SPA 2	Los Angeles County	California
Not able to afford enough food, adults	39.3%	40.6%	39.6%
Food stamp recipients	26.5%	30.2%	31.4%
WIC usage among children, 6 years and under	31.3%	48.7%	50.5%
TANF/CalWorks recipients	9.7%	9.4%	11.1%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu/>

In the service area, 8.2% of households receive SSI benefits, 5% receive cash public assistance income, and 14.5% of households receive food stamp benefits. These rates are all higher than state and county rates.

### Household Supportive Benefits

	VPH Service Area	Los Angeles County	California
<b>Total households</b>	<b>265,764</b>	<b>3,363,093</b>	<b>13,315,822</b>
Supplemental Security Income (SSI)	8.2%	6.7%	5.9%
Cash Public Assistance	5.0%	4.3%	3.7%
Food Stamps/SNAP	14.5%	11.5%	10.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov>

### CalFresh Eligibility and Participation

CalFresh is California’s food stamp program. According to the California Department of Social Services, 80% of eligible households in Los Angeles County received food stamps (CalFresh) from 2017 through 2021. A monthly average of 965,164 households in the county received food stamps in 2023, with the number rising over the year. The number of households receiving food stamps in November 2023 (981,366) was an 11.8% increase over the 2022 monthly average.

### CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	November 2023	Percent Increase From 2022 Monthly Average
Los Angeles County	965,164	80.0%	981,366	11.8%
California	3,036,191	75.4%	3,003,610	7.4%

Source: California Department of Social Services’ CalFresh Master Data and Dashboard, 2023 Calendar Year Average and \*2017-2021 5-Year Average. <http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>

### Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially



acceptable ways. In Los Angeles County, 11.3% of the population experienced food insecurity. Among children in Los Angeles County, 15.5% lived in households that experienced food insecurity. Feeding America estimates that 73% of those experiencing food insecurity in Los Angeles County, and 69% of county children experiencing food insecurity, are eligible for nutritional programs such as SNAP.

### Food Insecurity

	Los Angeles County		California	
	Number	Rate	Number	Rate
Total population experienced food insecurity during the year	1,132,600	11.3%	4,104,060	10.5%
Children under 18 experienced food insecurity during the year	336,120	15.5%	1,182,720	13.5%

Source: Feeding America, 2021. [https://map.feedingamerica.org/county/2018/overall/california/county/Los\\_Angeles](https://map.feedingamerica.org/county/2018/overall/california/county/Los_Angeles)

### Educational Attainment

In the service area, 26.3% of the adult population has less than a high school education. This rate is higher than the county rate (19.7%). 25.4% of service area residents have a bachelor's degree or higher.

### Educational Attainment of Adults, Ages 25 and Older

	VPH Service Area	Los Angeles County	California
<b>Population, age 25 and older</b>	<b>583,214</b>	<b>6,909,650</b>	<b>26,842,698</b>
Less than 9 <sup>th</sup> grade	15.7%	11.7%	8.7%
Some high school, no diploma	10.6%	8.0%	6.9%
High school graduate	22.9%	20.4%	20.4%
Some college, no degree	18.3%	18.2%	20.1%
Associate degree	7.1%	7.0%	8.0%
Bachelor's degree	18.4%	22.3%	22.1%
Graduate or professional degree	7.0%	12.3%	13.8%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four years earlier. The high school graduation rate for the Los Angeles Unified School District (83.3%) is lower than county (87.6%), and state (89.1%) rates, and does not meet the Healthy People 2030 objective of a 90.7% high school graduation rate.

### High School Graduation Rates

	High School Graduation Rate
Los Angeles Unified School District	83.3%
Los Angeles County	87.6%
California	89.1%

Source: California Department of Education, Dataquest, 2022-2023. <https://data1.cde.ca.gov/dataquest/>

## Preschool Enrollment

The percentage of children, ages 3 and 4, enrolled in preschool in the service area was 44%. The lowest rate was found in Van Nuys 91402, where 31.8% of 3 and 4-year-olds were enrolled in preschool.

### Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Total Population	Percent Enrolled
Canoga Park	91304	1,184	38.4%
North Hills	91343	1,812	49.4%
North Hollywood	91601	456	40.4%
North Hollywood	91605	980	34.1%
North Hollywood	91606	876	62.8%
Pacoima	91331	2,686	39.6%
Reseda	91335	1,607	54.1%
Sun Valley	91352	1,010	46.3%
Sylmar	91342	1,901	50.1%
Van Nuys	91401	933	36.7%
Van Nuys	91402	2,037	31.8%
Van Nuys	91405	1,305	44.7%
Van Nuys	91406	1,492	36.3%
Van Nuys	91411	630	53.3%
Winnetka	91306	1,351	50.6%
<b>VPH Service Area</b>		<b>20,260</b>	<b>44.0%</b>
<b>Los Angeles County</b>		<b>226,214</b>	<b>48.8%</b>
<b>California</b>		<b>958,026</b>	<b>44.7%</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1401. <http://data.census.gov>

## Crime and Violence

The service area is policed by the Los Angeles Police Department (LAPD) Valley Bureau. Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny, and motor vehicle theft. The violent crime and property crime rates reported by the LAPD are higher than for Los Angeles County and the state. The number of property crimes and violent crimes reported by the LAPD increased from 2018 to 2022.

### Violent Crime and Property Crime, Rates per 100,000 Persons, 2018 and 2022

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2018	2022	2018	2022	2018	2022	2018	2022
Los Angeles Police Dept	101,267	103,171	2,521.9	2,569.3	30,126	31,772	750.2	791.2
Los Angeles County	237,814	244,083	2,364.9	2,427.2	58,567	61,016	582.4	606.8
California	940,998	902,977	2,382.1	2,285.9	176,866	193,019	447.7	488.6

Source: California Department of Justice, Open Justice Portal, 2024. <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances> \*All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, rates are estimates.

Domestic violence calls are categorized as with or without a weapon. Weapons can include

firearms, knives, cutting instruments, other dangerous weapons, or ‘personal weapon’, meaning hands, feet, etc. 100% of domestic violence calls recorded by the LAPD were classified as involving a weapon.

**Domestic Violence Calls, Rate per 1,000 Persons**

	Total	Rate*	Without Weapon	With Weapon
Los Angeles Police Dept.	17,763	4.4	0.0%	100.0%
Los Angeles County	37,614	3.7	20.2%	79.8%
California	162,422	4.1	44.7%	55.3%

Source: California Department of Justice, Open Justice Portal, 2024. 2022 Data. <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance> \*All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, rates are estimates.

SPA 2 teens were asked about neighborhood cohesion. 87% of teens felt safe in their neighborhood all or most of the time. 90.9% of teens felt people in their neighborhood were willing to help. 75.1% of teens felt their neighbors could be trusted. 7.3% of teens felt that people in their neighborhood did not get along. Except for whether people in their neighborhood could be trusted, SPA 2 teens generally felt better about their neighborhood cohesion than did teens countywide.

**Neighborhood Cohesion, Teens Who Agree or Strongly Agree**

	SPA 2	Los Angeles County	California
Feels safe in the neighborhood, all or most of time	87.0%	81.4%	87.3%
People in neighborhood are willing to help	90.9%	87.2%	87.0%
People in neighborhood can be trusted	75.1%	77.9%	80.8%
People in neighborhood do not get along	*7.3%	*13.0%	*11.8%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size

In Los Angeles County, the rate of children under age 18, who experienced abuse or neglect was 8.6 per 1,000 children, which is higher than the state rate (6.8 children per 1,000). These rates are based on children with a substantiated maltreatment allegation.

**Substantiated Child Abuse Rates, per 1,000 Children**

	Los Angeles County	California
Child abuse rates	8.6	6.8

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, October 2021. Accessed from KidsData.org at <http://kidsdata.org>

**Air Quality**

The average annual concentration of fine particulate matter in the air of Los Angeles County was 11 micrograms per cubic meter, as compared to the California average of 8.1 micrograms. In 2019, Los Angeles County had 58 days when ground-level ozone concentrations were above

the U.S. standard of 0.070 parts per million. The state average in 2019 was 11 days above the U.S. standard.

### Air Quality Measurements

	Los Angeles County	California
Annual average micrograms of particulate matter per cubic meter of air	11.0	8.1
Ozone levels above standards, in days	58	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020; data from 2019. Via <http://www.kidsdata.org>

### Environmental Health

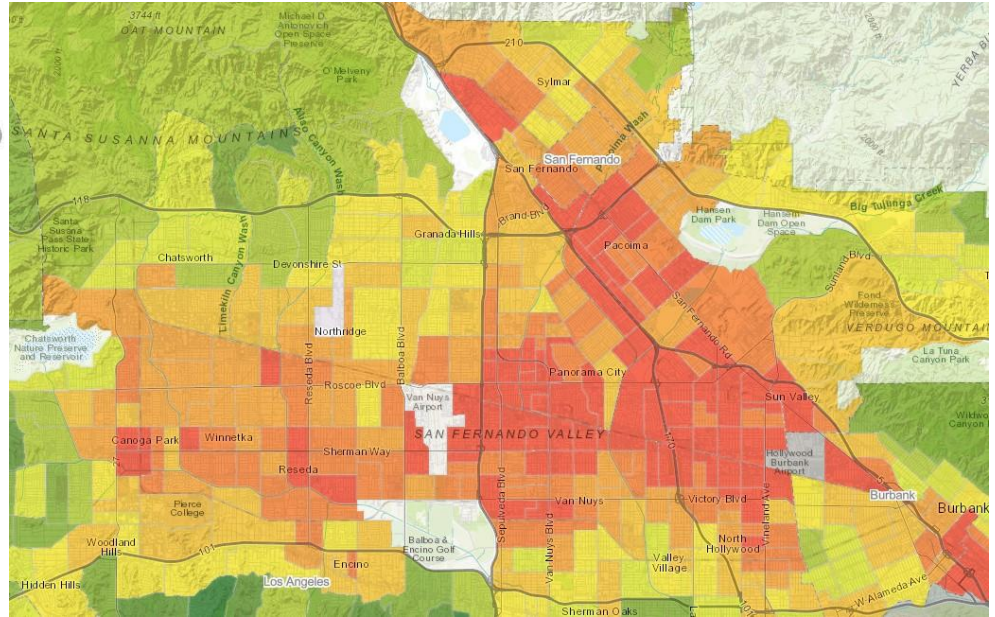
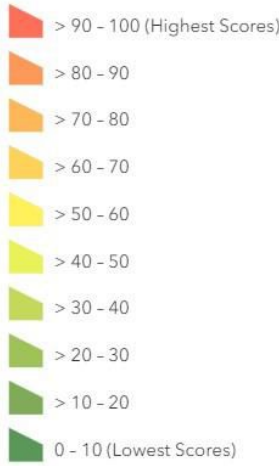
The California Communities Environmental Health Screening Tool: CalEnviroScreen 4.0 is a screening methodology that can be used to help identify California communities that are disproportionately burdened by multiple sources of pollution. Developed by the Office of Environmental Health Hazard Assessment (OEHHA), an office within the California Environmental Protection Agency, it presents a relative evaluation of pollution burdens and vulnerabilities in California communities by providing a ranking of communities across the state of California.

The model includes two components representing Pollution Burden: Exposures and Environmental Effects, and two components representing Population Characteristics: Sensitive Populations (in terms of health status and age) and Socioeconomic Factors. Census tracts across California are ranked from the lowest possible score of 0 (low pollution burden) up to the highest pollution burden score of 100, and then maps are created to help visualize the data.

The map below illustrates that most of the Census tracts in the service area belong to the top 10<sup>th</sup> (red), 20<sup>th</sup> (dark orange), 30<sup>th</sup> (orange), and 40<sup>th</sup> (light orange) percentiles of highest-burdened California tracts.

**Legend**

CalEnviroScreen 4.0 Results



Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021.  
<https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40>

**Community Input – Environmental Hazards**

Stakeholder interviews were asked if the people they served been impacted by climate hazard events in the past three years. Extreme heat (47%) was the most frequently experienced climate hazard.

Climate Hazards	Yes
Extreme heat	47%
Wildfire or wildfire smoke	20%
Drought	7%
Flooding	0
Other: water quality, insect infestations, bacteria, etc.	27%

- For people experiencing homelessness, the cold and heat can really impact them. Heat and no access to water can cause dehydration and exhaustion.
- I’ve seen fire and viruses. The clients lose their homes, and they experience grief.
- I’ve seen the wildfires impact people’s asthma, especially the unhoused. Same with heat and people who are unhoused. That goes also for construction workers, many will call in sick when it is really hot and then they don’t get paid. I’ve seen heat stroke among people who work outside. Or also those who are unhoused will pass out in their tents because it is so hot.
- Extreme heat is an issue. A lot of seniors can’t afford air-conditioning, so we give out fans and host cooling sites at senior centers.
- Heat can be a factor for many people if they don’t have air conditioning. People who are unhoused are exposed to the elements on the streets.
- It is a very heat intensive area. When there are fires, there is smoke. People must stay

indoors and wear masks. Also, we hear a lot about bedbugs and cockroaches. We have high density housing here, so bedbugs are very prevalent. Also, mosquitoes come with the rains. It is very difficult to get LA Vector Control to come out. They are understaffed.

- Heat in the Valley is always an issue June through October.
- Extreme heat – sometimes we are worried about the elderly and moms taking kids out.
- West Nile Virus.
- Some of our clients live in garages that are not converted ADUs. They don't have air conditioning. Drought impacts everyone. People are living with mosquitos and cockroaches.
- We have a lack of trees in our communities compared to other areas and that impacts the heat level.
- I feel like the families I work with have other issues. They don't care about recycling, or other climate issues, they have other things that take priority.
- Neighbors are being asked if they are impacted by the Sunshine landfill. But what about our homeless guests who live outside 24/7? How is it impacting them? No one is reaching out or representing them.
- Asthma is something we see commonly because of the air pollution. It impacts those who live and work outside.
- We need access to resources that can help create a more sustainable community like electric vehicles for low-income families, and discounts on water, electricity, and other utilities.
- It is unclear how many buildings still have lead pipes.
- We are in a very urban environment, where we have a donut shop and a liquor store on almost every corner.
- For water quality, the landfill is accused of leaching chemicals into the land and water in that area. We have patients seeking toxicology screenings and we've had guidance from Public Health. The Public Health Deputy said the county had already paid to do an assessment of water quality and found high levels of benzine but not at levels that were scary. But people are still concerned.

Community residents who were surveyed were asked if in the past three years they had been impacted by any of the following climate hazard events? Extreme heat was the most frequently identified (42.9%) climate hazard.

	<b>Percent</b>	<b>Spanish</b>	<b>English</b>
Not impacted	49.16%	43.1%	55.22%
Extreme heat impacting routine activities or rest	42.91%	50%	35.82%
Wildfire and/or wildfire smoke	16.83%	17.24%	16.42%
Extreme rain/flooding	11.66%	6.9%	16.42%
Drought and access to clean water	9.65%	10.34%	8.96%

## Health Care Access

### Health Insurance Coverage

Health insurance coverage is a key component to access health care. In the service area, 88.8% of the population has health insurance coverage. Health care coverage was higher among children, ages 0 to 18, with 95.3% of children in the service area having health insurance. 84.7% of service area adults, ages 19 to 64, have health insurance coverage. The Healthy People 2030 objective is 92.4% health insurance coverage for all population groups under age 65.

### Health Insurance Coverage

	ZIP Codes	All Ages	Ages, 0 to 18	Ages, 19 to 64
Canoga Park	91304	90.1%	93.4%	86.9%
North Hills	91343	89.4%	96.1%	85.0%
North Hollywood	91601	91.6%	96.7%	89.5%
North Hollywood	91605	87.9%	94.9%	83.7%
North Hollywood	91606	89.0%	95.7%	85.1%
Pacoima	91331	87.8%	95.9%	82.7%
Reseda	91335	89.5%	94.8%	85.5%
Sun Valley	91352	85.9%	92.2%	81.1%
Sylmar	91342	90.5%	95.4%	87.0%
Van Nuys	91401	89.9%	97.4%	85.9%
Van Nuys	91402	86.4%	94.6%	81.0%
Van Nuys	91405	88.2%	97.4%	83.0%
Van Nuys	91406	88.9%	96.3%	84.6%
Van Nuys	91411	86.6%	93.6%	83.2%
Winnetka	91306	90.2%	94.6%	86.6%
<b>VPH Service Area</b>		<b>88.8%</b>	<b>95.3%</b>	<b>84.7%</b>
<b>Los Angeles County</b>		<b>91.0%</b>	<b>96.4%</b>	<b>87.4%</b>
<b>California</b>		<b>92.9%</b>	<b>96.6%</b>	<b>90.0%</b>

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S2701. <http://data.census.gov>

When insurance coverage was examined by type, 21.9% of SPA 2 residents have Medi-Cal coverage and 47.6% of county residents have employment-based insurance.

### Insurance Coverage, by Type

	SPA 2	Los Angeles County	California
Medi-Cal	21.9%	24.9%	21.9%
Medicare only	1.6%	1.5%	1.4%
Medi-Cal and Medicare	4.6%	4.5%	3.5%
Medicare and others	11.3%	9.7%	11.7%
Other public	*0.7%	0.9%	1.1%
Employment based	47.6%	46.2%	50.0%
Private purchase	5.2%	4.7%	4.7%
No insurance	7.1%	7.6%	5.8%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.



There are differences in the rate of health insurance coverage by race and ethnicity in the service area. The lowest rate of health insurance coverage among children and adults of other races. The lowest rate of coverage among senior adults is found among Native Hawaiian residents or Pacific Islander residents. Hispanic or Latino residents have the second-lowest rate of all-age health insurance coverage (85.8%) and coverage among adults ages 19 to 64 (80.3%), and the third-lowest rate among children (95.1%) and senior adults (97.1%).

**Health Insurance, Service Area Population, by Race and Ethnicity, and Age Group**

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Native Hawaiian or Pacific Islander	97.6%	100.0%	97.5%	95.4%
Asian	94.4%	97.3%	92.4%	99.0%
Non-Hispanic White	93.9%	95.9%	91.6%	99.5%
Black or African American	90.5%	95.6%	88.3%	97.6%
Multiracial	89.1%	95.9%	84.5%	98.6%
American Indian or Alaskan Native	87.9%	94.1%	84.1%	100.0%
Hispanic	85.8%	95.1%	80.3%	97.1%
Other race	84.0%	94.1%	78.3%	95.6%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, C27001B thru C27001I. <http://data.census.gov/>

**Sources of Care**

Access to a medical home and a primary care provider improve the continuity of care and decrease unnecessary emergency room visits. In SPA 2, senior adults were the most likely to have a usual source of care (90.5%). 88.6% of children and 78.9% of adults in SPA 2, ages 18 to 64, have a usual source of care.

**Usual Source of Care**

	Ages 0-17	Ages 18-64	Ages 65+
SPA 2	88.6%	78.9%	90.5%
Los Angeles County	88.2%	78.7%	92.3%
California	88.5%	81.2%	93.8%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu/>

When access to care through a usual source of care is examined by race and ethnicity, Latino residents in SPA 2 were the least likely to have a usual source of care (79.2%).

**Usual Source of Care, by Race and Ethnicity**

	SPA 2	Los Angeles County	California
Black or African American, non-Latino	92.2%	87.1%	87.6%
White, non-Latino	88.3%	88.4%	90.1%
Multiracial	*87.0%	82.7%	86.4%
Asian, non-Latino	85.9%	85.5%	86.1%
Latino	79.2%	80.5%	81.5%

Source: California Health Interview Survey, 2018-2022. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.



In SPA 2, 60.6% of residents accessed care at a doctor’s office, HMO or Kaiser, and 19.6% accessed care at a clinic or community hospital. 17% had no usual source of care.

**Sources of Care**

	SPA 2	Los Angeles County	California
Dr. office/HMO/Kaiser Permanente	60.6%	59.9%	63.4%
Community clinic/government clinic/ community hospital	19.6%	20.7%	19.1%
ER/Urgent care	1.3%	1.1%	0.9%
Other place/no one place	1.5%	1.2%	1.5%
No usual source of care	17.0%	17.0%	15.0%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu>

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. From 2020 to 2022, 16.2% of SPA 2 residents said they had visited an ER in the past year. Senior adults, ages 65 and older, visited the ER at the highest rate (22.3%) while adults, ages 18 to 64, visited at the lowest rates (14.3%). Poverty-level residents visited the ER at a higher rate (23.6%) than the general population.

**Use of Emergency Room**

	SPA 2	Los Angeles County	California
Visited ER in last 12 months	16.2%	15.5%	15.7%
0-17 years old	16.7%	14.3%	13.6%
18-64 years old	14.3%	14.6%	15.0%
65 and older	22.3%	20.6%	21.0%
<100% of poverty level	23.6%	18.7%	20.2%
>100% - <200% of poverty level	15.2%	18.0%	17.9%

Source: California Health Interview Survey, 2019-2022. <http://ask.chis.ucla.edu>

**Difficulty Accessing Care**

8.4% of SPA 2 adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the prior year. 14.8% of adults reported difficulty accessing specialty care. 6.1% of SPA 2 adults had been told by a primary care physician’s office that their insurance would not be accepted. 9.5% of adults were told their insurance was not accepted at a specialist’s office.

### Difficulty Accessing Care in the Past Year, Adults

	SPA 2	Los Angeles County	California
Reported difficulty finding primary care	8.4%	9.3%	8.7%
Reported difficulty finding specialist care	14.8%	17.7%	16.8%
Primary care doctor not accepting their insurance	6.1%	6.4%	5.5%
Specialist not accepting their insurance	9.5%	11.0%	10.1%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu>

### Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)<sup>1</sup>, 37.2% of the population in the service area is categorized as low-income ( $\leq 200\%$  of Federal Poverty Level) and 15.9% of the population are living in poverty. There are a number of Section-330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area.

Even with Community Health Centers serving the area, there are many low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes serve a total of 148,840 patients in the service area, which equates to 47.0% coverage among low-income residents and 17.3% coverage among the total population. From 2020-2022, clinic providers added 11,991 patients for an 8.8% increase in patients served by Community Health Centers. There remain 168,202 low-income residents, approximately 53% of the population at or below 200% FPL, who are not served by a Community Health Center.

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

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Coverage Among Low-Income Patients	Coverage of Total Population	Low-Income Not Served	
				Number	Percent
317,042	148,840	47.0%	17.3%	168,202	53.0%

Source: UDS Mapper, 2022. <http://www.udsmapper.org>

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

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

## Primary Care Physicians

The ratio of the population to primary care physicians in Los Angeles County is 1,343:1, which is a higher ratio (fewer primary care physicians) than the state ratio of 1,234 persons per primary care physician.

### Primary Care Physicians, Number and Ratio

	Los Angeles County	California
Number of primary care physicians	7,402	31,906
Ratio of population to primary care physicians	1,343:1	1,234:1

Source: County Health Rankings, 2020. <http://www.countyhealthrankings.org>

## Delayed or Forgone Care

15.4% of SPA 2 residents delayed or did not get medical care when needed. Of these, 48.5% ultimately went without needed medical care, meaning that 7.5% of the population had to forgo needed care. This is more than the Healthy People 2030 objective of 5.9% of the population who forgo care. Reasons for a delay or going without care included the cost of care/insurance issues, personal reasons, system/provider issues, or the Covid-19 pandemic. 32.6% of SPA 2 residents who delayed or did not get medical care did so due to cost or insurance issues. 7.1% of SPA 2 residents delayed or did not fill prescriptions.

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

	SPA 2	Los Angeles County	California
Delayed or did not get medical care	15.4%	15.9%	15.6%
Had to forgo needed medical care	7.5%	8.4%	8.5%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	32.6%	32.0%	31.7%
Delayed or did not get prescription meds	7.1%	8.1%	8.3%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu/>

## Lack of Care Due to Cost

1.4% of SPA 2 children, ages 0 to 17, delayed or missed care within the prior 12 months due to cost or lack of insurance. 2% of SPA 2 children did not receive the care they needed. 2.3% of SPA 2 children had delayed or unfilled prescription medications in the prior 12 months.

### Cost as a Barrier to Accessing Health Care in the Past Year, Children, Ages 0 to 17

	SPA 2	Los Angeles County	California
Child's care delayed or foregone due to cost or lack of insurance	*1.4%	1.9%	1.4%
Child missed care	2.0%	2.6%	2.6%
Child's prescription medication delayed or unfilled	*2.3%	3.2%	3.7%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

## Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Los Angeles County, the ratio of residents to mental health providers is 239:1, which is similar to the ratio of 236 persons per mental health provider in the state.

### Mental Health Providers, Number and Ratio

	Los Angeles County	California
Number of mental health providers	41,047	166,354
Ratio of population to mental health providers	239:1	236:1

Source: County Health Rankings, 2022. <http://www.countyhealthrankings.org>

## Dental Care

12.1% of SPA 2 children, ages 3 to 11, have never been to a dentist. 84.6% of area children had been to a dentist within the prior year. 5.3% of SPA 2 children needed dental care and did not receive it, due to cost. Teens obtained dental care at a slightly higher rate than children. 85.3% of teens had been to the dentist in the prior 6 months to a year.

### Delay of Dental Care, Children and Teens

	SPA 2	Los Angeles County	California
Children, ages 3 to 11, never been to the dentist	12.1%	15.1%	15.8%
Children, ages 3 to 11, been to dentist < 6 months to 1 year	84.6%	80.1%	78.2%
Children, ages 3 to 11, been to dentist > 1 year to 2 years	*2.3%	3.9%	4.6%
Children, ages 3 to 11, been to dentist > 2 years to 5 years	*1.0%	0.9%	1.1%
Children, ages 3 to 11, been to dentist > 5 years ago	*0.0%	*0.1%	*0.3%
Children, ages 2 (or younger, with teeth) to 11, needed but didn't get dental care in past year, due to cost	5.3%	7.1%	6.3%
Teens, ages 12 to 17, never been to the dentist	*0.0%	*0.4%	0.9%
Teens, ages 12 -17, been to dentist < 6 months to 1 year ago	85.3%	88.4%	88.2%
Teens, ages 12 to 17, been to dentist > 1 year to 2 years ago	*5.4%	6.2%	5.8%
Teens, ages 12 to 17, been to dentist > 2 years to 5 years	*0.0%	*3.6%	3.0%
Teens, ages 12 to 17, been to dentist > 5 years ago	*2.3%	1.5%	1.1%

Source: California Health Interview Survey, Children 2020-2022, Teens 2018-2022. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

72.8% of SPA 2 adults described the condition of their teeth as 'good', 'very good', or 'excellent.' 2.2% of SPA 2 residents had no natural teeth left, and 2.3% had never been to a dentist.

## Dental Care, Adults

	SPA 2	Los Angeles County	California
Condition of teeth: good to excellent	72.8%	68.8%	71.7%
Condition of teeth: fair to poor	25.0%	29.4%	26.2%
Condition of teeth: has no natural teeth	2.2%	1.8%	2.1%
Never been to a dentist	2.3%	2.7%	2.3%
Visited dentist < 6 months to two years	80.1%	78.6%	80.1%
Visited dentist more than 5 years ago	6.6%	7.7%	7.3%

Source: California Health Interview Survey, 2020-2022 pooled. <http://ask.chis.ucla.edu>

The ratio of residents to dentists in Los Angeles County is 1,062:1, which is better ratio (more dentists) than the number of dentists per capita in the state (1,102 persons per dentist).

## Dentists, Number and Ratio

	Los Angeles County	California
Number of dentists	9,258	35,599
Ratio of population to dentists	1,062:1	1,102:1

Source: County Health Rankings, 2021. <http://www.countyhealthrankings.org>

## Community Input – Health Care Access

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

- It can be difficult if you are assigned a doctor in one area, but you live in another area, especially in the Valley. Transportation is an issue. And access to specialty care can be an issue too.
- Language barriers, transportation barriers, a lack of childcare. Paperwork can be long and tedious.
- With the expansion of health care coverage, centers are very rushed and busy and it takes months to get into care.
- Access to care for mental health and behavioral health is a big challenge for seniors. There is a gray area where a person does not qualify for Medi-Cal because they are just over the threshold. If a person has an HMO, the benefits for mental health are so limited and just getting to talk to someone can take months.
- Many people have limited accessibility to primary care and as a result, they flood the hospital. The doctors in the community seem overwhelmed and sometimes attention to appropriate details in patient care is lacking.
- We need childcare and vouchers for childcare so people can work. This becomes a health need when you cannot get another job or afford childcare to get a job. It has a trickle-down impact on homelessness and food insecurity.
- One of our biggest issues is access to health care. It is great we have health care for all

initiatives to link everyone to insurance, the problem is there is a shortage of health care resources, especially on the specialty network side. We are having workforce shortages. We could create more access, but we don't have a pipeline of doctors, dentists, mid-level providers, and support staff. Also, the increase in demand for salaries creates problems.

- Many specialists are not available in the service area or are closing because providers are retiring and there aren't substitutes. The cost of business is too great, so providers are not taking more patients. Also, space is an issue. We do not have a lot of room to grow. It is costly to set up new clinics and to find the capital to support them.
- I've noticed that the hospitals themselves are feeling overburdened. Appointments are months out. When you go to the hospital the waiting rooms are overpopulated.
- Although we have access to Medi-Cal for undocumented, there are still challenges with community education to show it is safe to apply. There is an overuse of the EDs for routine care and that burdens the whole health care system. If we can help people get connected to primary care providers, they will have more access to preventive care and manage some of their conditions. The cost of medication is a barrier too.
- Some populations are falling through the cracks. One of them is seniors, another is those who don't have many social connections. The undocumented fear that their names will be placed somewhere so they will often stay in the shadows. We are also seeing a big increase in hate, discrimination and violence.
- Health insurance enrollment issues are the most common challenge we face. It is a long process and a lot of paperwork. It is a new offering for the those who are undocumented and there is more need for education.

## Birth Characteristics

### Births

From 2017 to 2021, there were, on average, 9,455 births per year in the service area.

### Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 4% of total births (40.0 per 1,000 live births). This is a higher rate than in Los Angeles County (34.4 per 1,000 live births) and the state rate.

#### Births to Teen Mothers, Ages 15 to 19, Rate per 1,000 Live Births, 5-Year Average

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Among all births, births to teen mothers	378	40.0	34.4	35.2

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County (where available), state, and U.S. data are from Ce and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.*

When the teen birth rate is examined among females, ages 15-19, 1.4% of teenage girls in the service area give birth in an average year (13.9 births per 1,000 females, ages 15-19). This is a higher rate than the county (11.7 births per 1,000 teen girls) and state. The Healthy People 2030 objective is for no more than 31.4 births (3.1%) pregnancies per 1,000 girls, ages 15 to 19.

#### Teen Birth Rates, per 1,000 Females, Ages 15 to 19, 5-Year Average

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Among teen girls, births to teen mothers	378	13.9	11.7	12.3

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County (where available), state, and U.S. data are from Ce and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.*

### Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 114 per 1,000 live births. This rate of late entry into prenatal care translates to 11.4% of women entering prenatal care late or not at all, while 88.6% of women entered prenatal care on time.

**Late Entry to Prenatal Care (after 1<sup>st</sup> Trimester), Rate per 1,000 Live Births**

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	1,078	114.0	134.3	140.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County (where available), state, and U.S. data are from Ce and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

**Low Birth Weight**

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies is 7.6% (76.4 per 1,000 live births), which is a higher rate than the county (73.8 per 1,000 births) and state (70.3 per 1,000 births).

**Low Birth Weight (Under 2,500g), Rate per 1,000 Live Births**

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	723	76.4	73.8	70.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County (where available), state, and U.S. data are from Ce and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

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

In the hospital service area, the rate of births paid by public insurance or self-pay was 584.1 births per 1,000 live births, which is higher than the Los Angeles County (496 per 1,000 live births) or state (464.9 per 1,000 live births) rates.

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	5,523	584.1	496.0	464.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County (where available), state, and U.S. data are from Ce and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

**Premature Birth**

The rate of premature birth in the service area, occurring before the start of the 38<sup>th</sup> week of gestation, is 10.1% (101.3 per 1,000 live births). This rate of premature birth is higher than the Los Angeles County area (9.2%) and the state rate of premature births (8.9%).



### Premature Births before Start of 38<sup>th</sup> Week, Rate per 1,000 Live Births

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature births	958	101.3	91.6	88.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County (where available), state, and U.S. data are from Ce and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

### Mothers Who Smoked Regularly During Pregnancy

The rate of mothers who smoked regularly during pregnancy in the service area was 0.1% (0.9 per 1,000 live births), which was lower than the Los Angeles County rate (0.5%) and the state rate (1.1%).

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Mothers who smoked	8	0.9	4.9	11.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County (where available), state, and U.S. data are from Ce and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

### Infant Mortality

The infant (less than one year of age) mortality rate in the service area is 4.39 deaths per 1,000 live births. This rate is higher than the Los Angeles County rate (3.01 deaths per 1,000 live births) and the state rate (4.12 infant deaths per 1,000 live births). The mortality rate does meet the Healthy People 2030 objective of 5.0 deaths per 1,000 births.

### Infant Mortality, Rate per 1,000 Live Births, 5-Year Average

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Infant mortality	42	4.39	3.01	4.12

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County (where available), state, and U.S. data are from Ce and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

### Breastfeeding

Breast feeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breast feeding rates at Valley Presbyterian Hospital indicated 95% of new mothers used some breast feeding, which was higher than the county (93.4%) and state (93.5%) rates. 54.8% of new mothers used breast feeding exclusively, which was lower than the county (61.9%) and state (69.4%) rates.

### In-Hospital Breastfeeding, Valley Presbyterian Hospital

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Valley Presbyterian Hospital	2,129	95.0%	1,229	54.8%
Los Angeles County	82,814	93.4%	54,846	61.9%
California	338,844	93.5%	251,372	69.4%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2020.

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

There were some ethnic and racial differences noted in breastfeeding rates of mothers who delivered at Valley Presbyterian Hospital. 95.1% of Latina or Hispanic mothers initiated breastfeeding, which was the highest rate of breastfeeding initiation at the hospital. White mothers had the lowest level of breastfeeding initiation at the hospital (93.2%), but the highest level of exclusive breastfeeding (64.7%), followed by Black or African American mothers, 64.4% of whom breastfed exclusively. Latina or Hispanic mothers had the lowest rate of exclusive breastfeeding (53.3%).

### In-Hospital Breastfeeding, Valley Presbyterian Hospital, by Race and Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latina or Hispanic	1,789	95.1%	1,003	53.3%
Black or African American	56	94.9%	38	64.4%
Asian	73	94.0%	42	54.0%
White	124	93.2%	86	64.7%
<b>Valley Presbyterian Hospital</b>	<b>2,129</b>	<b>95.0%</b>	<b>1,229</b>	<b>54.8%</b>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2020.

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

### Community Input – Birth Characteristics

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

- We are hearing more about babies testing positive for drugs.
- If you take a community that is economically depressed and has a large minority population, there is probably a significant percentage of people who have ACEs and a difficult childhood.
- We have a larger concentration of African Americans in our community, so we can offer programs to help women with birthing classes.
- We aren't seeing anything out of the ordinary. We screen pregnant women for mental health and social determinates of health and make sure there are no other issues going on in the household or lifestyle that could adversely impact their pregnancy.
- Our birth rates are down. We run the WIC program, and it has dropped in participant members for quite a while and that is consistent with declining birth rates.

- We are seeing increasing rates of syphilis and congenital syphilis. There is a high correlation of women who use meth who also have higher incidences of congenital syphilis.
- We are seeing an upward trend in breastfeeding in LA County but there is still a lot of room for growth. With the pandemic, some lactation services were stopped, and they haven't been reinstated or they are virtual. It is important to see the baby and mother together. This is a huge gap in the system. If you go to the doctor, the mother goes to one doctor, the child goes to another. It is a disconnect. So, the fallback is formula. People stop breastfeeding because they are not sure they are meeting the growing needs of the baby, and they don't have the proper support they need.
- In some populations we see hypertension, pre-eclampsia, and gestational diabetes. People need more education outside of prenatal vitamins. We need more implicit bias training in hospitals. We need to elevate the stories of moms not having equitable birth circumstances. This can cause loss, and death.

## Leading Causes of Death

### Life Expectancy at Birth

Life expectancy in Los Angeles County is 81.3 years. 290 persons per 100,000 persons die before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 5,600 years. Residents of Los Angeles County have a similar life-expectancy compared to the state.

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

	Los Angeles County	California
Life expectancy at birth in years	81.3	81.0
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	290	290
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	5,600	5,700

Source: National Center for Health Statistics' National Statistics System (NVSS); \*CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2018-2020. <http://www.countyhealthrankings.org>

### Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area is 677.5 deaths per 100,000 persons. The mortality rate in the service area is higher than Los Angeles County (649 deaths per 100,000 persons).

### Deaths and Mortality Rate, per 100,000 Persons, 5-Year Average

	Deaths	Age-Adjusted Rate
VPH Service Area	5,643	677.5
Los Angeles County	71,360	649.0
California	291,979	669.0

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Leading Causes of Death

Heart disease and COVID-19 are the top two causes of death in the service area, although COVID-19 was only a cause of death from 2020 to 2021 and so is averaged across two years rather than five. Cancer, Alzheimer's disease, and stroke are the third, fourth, and fifth-leading causes of

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

**Leading Causes of Death, Age-Adjusted, Rate per 100,000 Persons, 5-Year Average**

	VPH Service Area		Los Angeles County	California	Healthy People 2030 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	1,409	169.7	152.7	141.3	No Objective
Ischemic heart disease	789	118.4	100.2	83.5	71.1
COVID-19 <sup>1</sup>	1,208	143.9	111.8	84.2	COVID-19 <sup>1</sup>
Cancer	1,120	133.3	132.6	132.0	122.7
Alzheimer’s disease	372	47.1	39.6	38.0	No Objective
Stroke	271	33.4	35.1	38.3	33.4
Unintentional injuries	274	30.3	31.0	39.5	43.2
Diabetes	228	27.1	28.0	23.0	Not Comparable
Chronic Lower Respiratory Disease	212	26.5	26.7	29.0	Not Comparable
Pneumonia and influenza	134	16.8	17.8	13.2	No Objective
Liver disease	138	15.2	14.1	13.3	10.9
Kidney disease	116	14.4	12.9	9.3	No Objective
Suicide	62	6.9	8.3	10.4	12.8
Homicide	42	4.6	6.4	5.3	5.5
HIV	17	1.9	1.9	1.4	No Objective

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines. <sup>1</sup>Two-year mortality rates are calculated for COVID-19, only, for appropriate relative comparison with other underlying causes.

**Heart Disease and Stroke**

The age-adjusted mortality rate for ischemic heart disease in the service area is 118.4 deaths per 100,000 persons, and the age-adjusted rate of death from stroke is 33.4 deaths per 100,000 persons. The heart disease rate is higher than the county (100.2 deaths per 100,000 persons) and state (83.5 deaths per 100,000 persons), as well as the Healthy People 2030 objective of 71.1 per 100,000 persons for heart disease deaths. The service area rate for strokes is lower than the state and county rates and meets the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	789	118.4	100.2	83.5
Stroke death rate	271	33.4	35.1	38.3

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Cancer

In the service area, the age-adjusted cancer mortality rate is 133.3 per 100,000 persons. This rate is higher than the Healthy People 2030 objective (122.7 deaths per 100,000 persons).

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	1,120	133.3	132.6	132.0

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

Mortality rates for cancer are available at the county level from the California Cancer Registry. All-site cancer mortality in LA County (133.0 deaths per 100,000 persons) is below the all-site cancer mortality at the state level (134.8 deaths per 100,000 persons). Particularly high rates of cancer mortality in Los Angeles County, as compared to California, are due to colorectal cancers (12.7 deaths per 100,000 persons) and uterine cancers (5.7 deaths per 100,000 women).

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

	Los Angeles County	California
<b>Cancer all sites</b>	<b>133.0</b>	<b>134.8</b>
Lung and bronchus	23.0	25.1
Prostate (males)	19.9	19.8
Breast (female)	19.1	18.8
Colon and rectum	12.7	12.0
Pancreas	10.3	10.3
Liver and intrahepatic bile duct	7.9	7.6
Ovary (females)	6.8	6.6
Uterine (female)	5.7	5.2
Leukemia	5.6	5.5
Non-Hodgkin lymphoma	4.9	4.9
Brain and other nervous system	4.3	4.4
Urinary bladder	3.5	3.8
Kidney and renal pelvis	3.1	3.2

	Los Angeles County	California
Esophagus	2.3	3.0

Source: California Cancer Registry, Cal\*Explorer-CA Cancer Data tool, 2016-2020. <https://explorer.ccrca.org/application.html>

### Alzheimer’s Disease

The mortality rate from Alzheimer’s disease in the service area is 47.1 deaths per 100,000 persons. This is higher than the Los Angeles County rate (39.6 deaths per 100,000 persons) and the state rate (38 deaths per 100,000 persons).

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer’s disease death rate	372	47.1	39.6	38.0

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 30.3 deaths per 100,000 persons. This rate is lower than the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	274	30.3	31.0	39.5

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Diabetes

The age-adjusted mortality rate from diabetes in the service area is 27.1 deaths per 100,000 persons. This is lower than the Los Angeles County rate (28 deaths per 100,000 persons).

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	228	27.1	28.0	23.0

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

## Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 26.5 per 100,000 persons. This is lower than the state rate (29 per 100,000 persons).

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	212	26.5	26.7	29.0

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

## Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza in the service area is 16.8 per 100,000 persons. This rate is lower than the county rate (17.8 deaths per 100,000 persons) but higher than the state rate (13.2 per 100,000 persons).

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	134	16.8	17.8	13.2

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

## Liver Disease

The death rate from liver disease in the service area is 15.2 deaths per 100,000 persons. This is higher than the county rate (14.1 deaths per 100,000 persons) and the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	138	15.2	14.1	13.3

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.



## Kidney Disease

The death rate from kidney disease in the service area is 14.4 deaths per 100,000 persons. This is higher than the Los Angeles County rate (12.9 deaths per 100,000 persons) and the state rate (9.3 deaths per 100,000).

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	116	14.4	12.9	9.3

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released 12/22..

## Suicide

The suicide rate in the service area is 6.9 deaths per 100,000 persons. This rate meets the Healthy People 2030 objective for suicide of 12.8 deaths per 100,000 persons.

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	62	6.9	8.3	10.4

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

## Homicide

In the service area, the age-adjusted death rate from homicides was 4.6 per 100,000 persons. This rate was lower than the county and state rates for homicides. The Healthy People 2030 objective for homicide is 5.5 deaths per 100,000 persons.

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide death rate	42	4.6	6.4	5.3

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released 12/22..

## HIV

In the service area, the death rate from HIV was 1.9 per 100,000 persons. This rate was equal to the county HIV death rate, and higher than the state HIV death rate (1.4 per 100,000 persons).

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

	VPH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	17	1.9	1.9	1.4

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have been rising statewide, particularly in the last several years. Drug overdose deaths in Los Angeles County have been consistently lower than the statewide rate. However, for 2021 the county did not meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

### Drug Overdose Death Rates, Age-Adjusted\*, per 100,000 Persons

	2009	2011	2013	2015	2017	2018	2019	2020	2021*
Los Angeles County	7.9	6.9	8.1	7.1	9.1	9.8	12.6	20.4	24.2
California	11.3	11.4	11.9	12.2	12.7	13.8	16.1	23.1	29.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2021, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html> \*Except for 2021, for which age-adjusting is not available at the county level; therefore all 2021 rates are crude rates.

In 2022, the age-adjusted death rate from opioid overdoses in Los Angeles County was 16.5 deaths per 100,000 persons, which was lower than the state rate (18.7 deaths per 100,000 persons). However, the county did not meet the Healthy People 2030 objective of 13.1 opioid overdose deaths per 100,000 persons.

### Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016-2022

	Annual Rate						
	2016	2017	2018	2019	2020	2021	2022
Los Angeles County	3.2	4.1	4.6	6.7	12.4	15.4	16.5
California	4.9	5.2	5.8	7.9	13.5	18.0	18.7

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024. <https://skylab.cdph.ca.gov/ODdash/>

The service area rate of overdose deaths involving opioids was 19.1 per 100,000 residents. Rates were highest in Van Nuys 91406 (33.5 deaths per 100,000 residents) and North Hollywood 91601 (31.1 deaths per 100,000 residents). However, care should be taken in interpreting service area rates, as they are based on small populations.

### Opioid Overdose Death Rates, Age-Adjusted, per 100,000 Persons

	ZIP Code	Rate
Canoga Park	91304	18.9
North Hills	91343	22.5
North Hollywood	91601	31.1
North Hollywood	91605	11.7
North Hollywood	91606	23.7
Pacoima	91331	11.8
Reseda	91335	21.4
Sun Valley	91352	22.5
Sylmar	91342	10.9
Van Nuys	91401	19.6
Van Nuys	91402	10.1
Van Nuys	91405	17.8
Van Nuys	91406	33.5
Van Nuys	91411	24.4
Winnetka	91306	29.2
<b>VPH Service Area*</b>		<b>*19.1</b>
<b>Los Angeles County</b>		<b>16.5</b>
<b>California</b>		<b>18.7</b>

Source: California Office of Statewide Health Planning and Development, [via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2022 data. https://skylab.cdph.ca.gov/ODdash/](https://skylab.cdph.ca.gov/ODdash/) \*Weighted average; calculated using 2018-2022 ACS adult population estimates.

When examined by demographics, opioid overdose deaths in Los Angeles County are more than 4 times as likely to occur in men (26.5 deaths per 100,000 men) as women (6.4 deaths per 100,000 women). Rates rise sharply from the 15- to 19-year-old demographic (3.4 deaths per 100,000 persons) to the 20- to 24-year-old demographic (18 deaths per 100,000 persons), peaking among ages 30 to 34 (37.7 deaths per 100,000 persons). With low population levels among some racial and ethnic groups in Los Angeles County, rates of opioid overdose mortality should be interpreted with caution, as they are based on relatively few deaths.

### Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Los Angeles County	California
Male	26.5	28.9
Female	6.4	8.0
< 5 years old	0.0	0.5
5 to 9 years old	0.0	0.0
10 to 14 years old	0.2	0.5
15 to 19 years old	3.4	5.9
20 to 24 years old	18.0	16.7
25 to 29 years old	30.8	32.5
30 to 34 years old	37.7	42.1
35 to 39 years old	31.9	35.3

	Los Angeles County	California
40 to 44 years old	27.9	31.5
45 to 49 years old	25.2	26.2
50 to 54 years old	22.6	26.1
55 to 59 years old	19.5	25.9
60 to 64 years old	19.3	23.2
65 to 69 years old	13.2	15.8
70 to 74 years old	3.8	5.6
75 to 79 years old	1.3	2.8
80 to 84 years old	0.5	1.5
85+ years old	0.0	2.3
Native American or Alaska Native	61.8	51.1
Black or African American	35.7	36.2
White	24.9	25.8
Hispanic or Latino	13.3	15.3
Asian or Pacific Islander	3.8	4.5
<b>Total</b>	<b>16.5</b>	<b>18.7</b>

Source: California Office of Statewide Health Planning and Development, [via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2022 data. https://skylab.cdph.ca.gov/ODdash/](https://skylab.cdph.ca.gov/ODdash/)

## Acute and Chronic Disease

### Hospitalizations by Diagnoses

At Valley Presbyterian Hospital, the top five primary diagnoses resulting in hospitalization were complications of pregnancy/childbirth/puerperium, complications of the perinatal period, digestive system disorders, infectious and parasitic diseases, and circulatory system disorders.

#### Hospitalizations, by Principal Diagnoses, Top Ten Causes

	Valley Presbyterian Hospital
Complications of pregnancy/childbirth/puerperium	18.7%
Complications of perinatal period	16.2%
Digestive system	10.6%
Infectious and parasitic diseases	10.4%
Circulatory system	10.0%
Injury and poisoning	5.0%
Musculoskeletal system and connective tissues	4.8%
Respiratory system	4.8%
Genitourinary system	4.2%
Endocrine disorders	3.6%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2022. <https://report.hcai.ca.gov/>

### Emergency Department Visits by Diagnoses

At Valley Presbyterian Hospital, the top five primary diagnoses seen in the Emergency Department were injuries and poisonings, respiratory system disorders, musculoskeletal system and connective tissue disorders, infectious and parasitic diseases, and digestive system disorders.

#### Emergency Department Visits, by Principal Diagnoses, Top Ten Causes

	Valley Presbyterian Hospital
Injury and poisoning	14.4%
Respiratory system	9.2%
Musculoskeletal system	8.0%
Infectious and parasitic diseases	7.4%
Digestive system	6.4%
Circulatory system	6.4%
Genitourinary system	5.5%
Nervous system and sense organs	3.4%
Complications of pregnancy/childbirth/puerperium	3.3%
Skin disorders	3.2%

Source: California Department of Health Care Access and Information (HCAI), Hospital Emergency Department Characteristics by Facility, Pivot Profile, 2022. <https://report.hcai.ca.gov/>

## Diabetes

Among adults in SPA 2, 22% have been diagnosed as pre-diabetic and 11.7% have been diagnosed with diabetes.

### Diabetes, Adults

	SPA 2	Los Angeles County	California
Diagnosed pre-diabetic	22.0%	23.3%	20.6%
Diagnosed with diabetes	11.7%	12.1%	10.7%

Source: California Health Interview Survey, 2021-2022. <http://ask.chis.ucla.edu/>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity and coma); amputation; and uncontrolled diabetes. For the two of the four PQI measures (long-term complications and uncontrolled diabetes) as well as the composite, hospitalization rates were higher in Los Angeles County than in California.

### Diabetes Hospitalization Rates\* for Prevention Quality Indicators

	Los Angeles County	California
Diabetes long term complications	115.6	108.7
Diabetes short term complications	63.8	70.1
Uncontrolled diabetes	35.4	31.9
Lower-extremity amputation among patients with diabetes	33.3	34.4
<b>Diabetes composite</b>	<b>229.5</b>	<b>226.6</b>

Source: California Office of Statewide Health Planning & Development, 2022. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

## High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In SPA 2, 25% of adults have been diagnosed with high blood pressure, and 8.3% with borderline high blood pressure.

### High Blood Pressure

	SPA 2	Los Angeles County	California
Diagnosed with high blood pressure	25.0%	27.0%	27.0%
Diagnosed with borderline high blood pressure	8.3%	7.2%	7.3%

Source: California Health Interview Survey, 2021-2022. <http://ask.chis.ucla.edu/>

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to hypertension in Los Angeles County is 58 hospitalizations per 100,000 persons, which is higher than the state rate (51.3 hospitalizations per 100,000 persons).

**Hypertension Hospitalization Rate\* for Prevention Quality Indicators**

	Los Angeles County	California
Hospitalization rate due to hypertension	58.0	51.3

Source: California Office of Statewide Health Planning & Development, 2022. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

**Heart Disease**

7.1% of SPA 2 adults have been diagnosed with heart disease, which is higher than the Los Angeles County rate (6.2%).

**Heart Disease, Adults**

	SPA 2	Los Angeles County	California
Diagnosed with heart disease	7.1%	6.2%	7.1%

Source: California Health Interview Survey, 2021-2022. <http://ask.chis.ucla.edu/>

In addition to hypertension, the remaining Prevention Quality Indicator (PQI) related to heart disease is heart failure. The rate of admissions related to heart failure in Los Angeles County (389.2 annual hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (380.7 hospitalizations per 100,000 persons).

**Heart Failure Hospitalization Rate\* for Prevention Quality Indicator**

	Los Angeles County	California
Hospitalization rate due to heart failure	389.2	380.7

Source: California Office of Statewide Health Planning & Development, 2022. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

**Asthma**

In SPA 2, 13.6% of the population has been diagnosed with asthma. Of these, 49.2%, or 6.7% of the total population, currently have asthma. 13.1% of children in SPA 2 have been diagnosed with asthma, and 60.8% of those, or 8% of SPA 2 children, currently have asthma. 21.6% of the population diagnosed with asthma had an asthma episode or attack in the prior year, and 18.7% of diagnosed children, ages 0 to 17, had an asthma attack. 45% of the population who currently have asthma, or who had an episode or attack in the past 12 months, take medication daily to control their symptoms.

## Asthma

	SPA 2	Los Angeles County	California
Diagnosed with asthma, ever, total population	13.6%	14.7%	15.4%
Currently have asthma, total population	6.7%	8.4%	8.9%
Diagnosed with asthma, ever, 0-17 years old	13.1%	13.4%	11.9%
Currently have asthma, 0-17 years old	8.0%	8.2%	60.0%
Has had asthma episode/attack in prior 12 months, total population ever diagnosed with asthma	21.6%	26.7%	28.9%
Has had asthma episode/attack in prior 12 months, 0-17 years old, ever diagnosed with asthma	*18.7%	25.5%	27.1%
Take daily medication to control asthma, pop. with asthma	45.0%	47.0%	44.1%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2022, hospitalization rates in Los Angeles County for COPD and asthma among adults, ages 40 and older, were 179 per 100,000 persons. The rate of hospitalizations in the county for asthma among young adults, ages 18 to 39, was 21.3 hospitalizations per 100,000 persons. Both rates were higher than the state rates.

### Asthma Hospitalization Rates\* for Prevention Quality Indicators

	Los Angeles County	California
COPD or asthma in older adults, ages 40 and older	179.0	176.5
Asthma in younger adults, ages 18 to 39	21.3	18.0

Source: California Office of Statewide Health Planning & Development, 2022. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

## Cancer

Cancer incidence rates are available at the county level from the California Cancer Registry. In Los Angeles County, cancer incidence rates are lower overall than at the state level. However, among the types of cancer listed, the county has rates that exceeded state rates for colorectal, stomach, uterine, ovarian and cervical cancer.

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

	Los Angeles County	California
<b>All sites</b>	<b>372.6</b>	<b>393.8</b>
Breast (female)	120.4	122.4
Prostate (males)	92.6	96.8
Lung and bronchus	33.8	38.0
Colon and rectum	34.8	33.9
Corpus uteri (females)	28.0	27.3
Non-Hodgkin lymphoma	17.5	18.2



	Los Angeles County	California
Urinary bladder	14.3	15.9
Kidney and renal pelvis	14.1	15.0
Melanoma of the skin	13.5	22.8
Thyroid	12.8	12.8
Leukemia	12.0	12.4
Pancreas	11.9	12.2
Ovary (females)	11.1	10.6
Liver and intrahepatic bile duct	9.2	9.7
Stomach	8.7	7.3
Cervix uteri (females)	8.0	7.4
Brain & Other Nervous System	5.5	5.9
Esophagus	2.7	3.5

Source: California Cancer Registry, Cal\*Explorer-CA Cancer Data tool, 2016-2020. <https://explorer.ccrca.org/application.html>

**COVID-19 Incidence, Mortality, and Vaccination Rates**

In Los Angeles County, there have been 3,601,672 confirmed cases of COVID-19 as of December 20, 2023. This is a higher rate of infection (351.1 cases per 1,000 persons) than the statewide average (288 cases per 1,000 persons). The county has a higher rate of confirmed deaths due to COVID-19 than the state. Through the same date, 36,239 county residents are confirmed to have died due to COVID-19 complications, for a rate of 3.53 deaths per 1,000 persons, as compared to the statewide rate of 2.63 deaths per 1,000 persons.

**COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 12/20/23**

	Los Angeles County		California	
	Number	Rate	Number	Rate
Cases	3,601,672	351.1	11,558,304	288.0
Deaths	36,239	3.53	105,346	2.63

Source: California State Health Department, Statewide COVID-19 Cases Deaths Tests file, Updated December 26, 2023, with data from December 20, 2023. <https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state>

The percentage of Los Angeles County residents, of all ages, who have completed the primary series of a COVID-19 vaccine was 74% of the county’s population, as compared to 72.8% for the state.

The CDC’s updated vaccination recommendations, include an updated 2023-2024 vaccine dose for everyone ages five and older. 11.2% of county residents are up-to-date with their COVID vaccinations, as compared to 12.9% statewide. County rates of primary vaccination are lower than the statewide vaccination rates among children, ages 11 and younger, and adults, ages 50 and older. County rates of up-to-date vaccinations are lower than state rates among every age group.

**COVID-19 Vaccinations, Completed Primary Series and Up-to-Date, by Age**

	Primary Series		Up-to-Date*	
	Los Angeles County	California	Los Angeles County	California
Population, under 5	6.9%	8.2%	1.8%	2.7%
Population, ages 5-11	36.1%	37.4%	3.5%	4.6%
Population, ages 12-17	73.3%	67.2%	4.3%	5.4%
Population, ages 18-49	82.0%	78.5%	7.9%	8.4%
Population, ages 50-64	82.5%	83.5%	14.2%	16.4%
Population, ages 65+	84.5%	90.0%	27.0%	32.7%
<b>Total Population</b>	<b>74.0%</b>	<b>72.8%</b>	<b>11.2%</b>	<b>12.9%</b>

Source: [California Department of Health and Human Services, COVID-19 Vaccines Administered by Demographics by County file](#). Updated January 26, 2024 with data through January 24, 2024. \*Up-to-Date per CDC recommendations, which includes an updated 2023-2024 COVID-19 vaccine. <https://data.chhs.ca.gov/dataset/vaccine-progress-dashboard>

In LA County, among the vaccine-eligible population, most of the Native Hawaiian residents or Pacific Islander residents, and the American Indian residents or Alaska Native residents have completed the primary COVID-19 vaccination series. 74.4% of Asian residents, 70.7% of White residents, 58% of Latino residents, 57.7% of Black residents, and 49% of multiracial residents have also completed their primary COVID-19 vaccination series. Uptake of the most-recent COVID-19 booster (the 2023-2024 COVID-19 vaccine recommended by the CDC) has followed largely the same pattern, with the highest vaccination rates among Native Hawaiian residents or Pacific Islander residents, and American Indian residents and Alaska Native residents, and the lowest among multiracial residents of the county. Uptake among Latino residents, however, is lagging even when compared to their acceptance of primary series vaccination.

**COVID-19 Vaccinations, Completed Primary Series and Up-to-Date, by Race and Ethnicity, Los Angeles County**

	Primary Series	Up-to-Date
Native Hawaiian or Pacific Islander	100.0%	24.9%
American Indian or Alaska Native	100.0%	18.5%
Asian	74.4%	14.0%
White	70.7%	15.0%
Latino	58.0%	5.2%
Black	57.7%	7.9%
Multiracial	49.0%	4.9%

Source: [California Department of Health and Human Services, COVID-19 Vaccines Administered by Demographics by County file](#). Updated January 26, 2024 with data through January 24, 2024. \*Up-to-Date per CDC recommendations, which includes an updated 2023-2024 COVID-19 vaccine. <https://data.chhs.ca.gov/dataset/vaccine-progress-dashboard>

**Disability**

The U.S. Census Bureau collects data on six different categories of disability or ‘difficulties’: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 11.4% of adults had a disability, which was higher than

the county disability rate of 10.6%.

**Disability, Adults**

	VPH Service Area	Los Angeles County	California
Adults with a disability	11.4%	10.6%	11.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

**Community Input – Chronic Disease**

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

- Diabetes is something we see a lot and it goes back to understanding nutrition and costs.
- There is a lot of conversation around being able to prioritize healthy lifestyles, but it costs money, there is privilege in being proactive and healthy.
- Exercise is a challenge in this heat. Also, affording medications is an issue. And with the unhoused, it is difficult when they need a referral before they can access care.
- Chronic diseases are always going to be an issue, but often people view it as there are more pressing needs right now.
- We are seeing advancements in therapies for diabetes and obesity, and it will make a difference soon as medications become more affordable. We are seeing a lot of optimism for diabetes and high blood pressure; the data show good news for the future.
- Assuming people have ACEs, people grow up and it manifests itself into a multitude of problems and health issues. Chronic diseases are more likely to occur. We see people who have mental health and substance use, they are all factors because of having dealt with traumas in their lives.
- Nutritional security is an issue. There are no good discount grocery stores in our community. We are an impoverished area. There is nothing in walking distance to help people.
- We worry that patients are not getting any better following the pandemic. It has changed how they access their care. Some would rather continue to schedule phone calls to access care. But that only goes so far. We must physically examine you and determine your health maintenance. Also, demand is outweighing supply, and we can't get patients back in as quickly as we would like. So, we are seeing people that fall off our radar or who develop further issues that need to be addressed. When you can't get into a timely appointment, it can have an impact on your health.
- Diabetes is a growing problem. And it is getting bigger and more complicated. We have many Hispanics who are afraid of injections of insulin. That might control their diabetes better, but it is taboo in their culture. So, we mix a lot of medications, but it might be better controlled on insulin. Also, cardiovascular disease and obesity are big issues in SPA2.
- Chronic diseases are diet-related issues. Chronic diseases dramatically impact low-income

communities and they do not have a lot of access to preventive care.

- We see diabetes and cancer. We know a lot of people go “shopping” for clinics. Who is the closest and has the first appointment? We are trying to create a medical home for them for all their needs.

## Health Behaviors

### Health Behaviors Ranking

County Health Rankings examine healthy behaviors and rank counties according to health behavior data. California’s 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on several indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Los Angeles County is ranked 10 and is in the top quartile of California counties for health behaviors.

#### Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	10

Source: County Health Rankings, 2023. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### Overweight and Obesity

In SPA 2, 33.9% of adults, 21.6% of teens, and 14.8% of children are overweight. The rates among adults and teens are higher than the county rates of overweight.

#### Overweight

	SPA 2	Los Angeles County	California
Adults, ages 18 and older	33.9%	32.9%	33.6%
Teens, ages 12-17	21.6%	15.7%	16.8%
Children, ages under 12	14.8%	15.2%	14.9%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu/>

28.5% of SPA 2 adults, ages 20 and older, are obese (30+ BMI). 17.5% of SPA 2 teens are obese (top 5% of BMI percentiles). The Healthy People 2030 objectives for obesity are a maximum of 36% of adults, age 20 and older, and 15.5% of teens. While the rates of obesity are lower in SPA 2 than in the county, the rate for teens does not meet the Healthy People 2030 objective.

#### Obesity

	SPA 2	Los Angeles County	California
Adults, ages 20 and older	28.5%	30.4%	29.1%
Teens, ages 12-17	17.5%	19.0%	17.9%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu/>

When adult obesity levels are tracked over time, SPA 2 has had an increase in obesity. 4.9% more of the population reported obesity in 2020-2022 than in 2011-2013.

### Obesity, Adults, Ages 20 and Older, 2011 - 2022

	2011-2013	2014-2016	2017-2019	2020-2022	Change 2011-2022
SPA 2	23.6%	23.9%	28.1%	28.5%	+4.9%
Los Angeles County	25.3%	28.9%	29.0%	30.4%	+5.1%
California	25.2%	28.1%	27.6%	29.1%	+3.9%

Source: California Health Interview Survey, 2011-2021. <http://ask.chis.ucla.edu>

In SPA 2, 79% of African American adults, 71.7% of Latino adults, 56.4% of White adults, 44.1% of Multiracial adults, and 40.4% of Asian adults are overweight or obese.

### Overweight and Obesity, Adults, by Race and Ethnicity, Ages 20 and Older

	SPA 2	Los Angeles County	California
African American	79.0%	73.4%	71.9%
Latino	71.7%	73.8%	73.2%
White	56.4%	55.1%	58.9%
Multiracial	*44.1%	53.2%	59.5%
Asian	40.4%	39.4%	40.9%

Source: California Health Interview Survey, 2018-2022. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

### Adequate Fruit and Vegetable Consumption

34.2% of children and 22.3% of teens in SPA 2 eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes). The rate of teens eating five or more servings of fruits and vegetables is lower than county and state rates.

### Five or More Servings of Fruit and Vegetables, Daily

	SPA 2	Los Angeles County	California
Children	34.2%	33.2%	34.2%
Teens	22.3%	26.3%	27.8%

Source: California Health Interview Survey, 2018-2020. <http://ask.chis.ucla.edu/> \*Statistically unstable due to small sample size.

### Physical Activity

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 21.8% of Los Angeles County adults had not engaged in any leisure-time physical activity.

### No Leisure Time Physical Activity, Adults, Past Month, Age-Adjusted

	Los Angeles County	California
No leisure time physical activity, past month	21.8%	*20.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> \*Weighted average of California county rates.

14.4% of SPA 2 children and teens spent 8 hours or more a day on sedentary activities on weekend days, which was higher than the county rate (10.8%).

### Sedentary Children

	SPA 2	Los Angeles County	California
8+ hours spent on sedentary activities on a typical weekend day - children and teens	14.4%	10.8%	14.7%

Source: California Health Interview Survey, 2018-2020. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

### Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

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

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

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

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

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

When examined by community, the overall walkability of one of the nine communities (Sylmar) is Car-Dependent, with few if any amenities within walking distance of people's homes, while six of the nine communities rank as Somewhat Walkable, and Van Nuys and North Hollywood are considered Very Walkable.

When looked at on a ZIP Code level, 91304 (Canoga Park) and 91342 (Sylmar) have the lowest levels of walkability, being largely Car Dependent. An additional nine ZIP Codes are Somewhat Walkable, with the remaining four ZIP Codes (Van Nuys 91405 and 91411, and North Hollywood 91606 and 91601) rated as Very Walkable.

### Walkability

	Walk Score by Community	ZIP Code	Walk Score by ZIP Code
Canoga Park	69	91304	4
North Hills	50 - 73	91343	57

	Walk Score by Community	ZIP Code	Walk Score by ZIP Code
North Hollywood	80	91601	81
North Hollywood		91605	65
North Hollywood		91606	74
Pacoima	61	91331	58
Reseda	65	91335	65
Sun Valley	57	91352	56
Sylmar	44	91342	6
Van Nuys	71	91401	68
Van Nuys		91402	69
Van Nuys		91405	70
Van Nuys		91406	62
Van Nuys		91411	71
Winnetka	59	91306	60

Source: [WalkScore.com](https://www.walkscore.com), 2023

### Community Input – Overweight and Obesity

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

- Many of the donations provided to people experiencing homelessness are not healthy.
- This can be an issue, especially if they are on a medication as a side effect. At the food bank we address food insecurity and provide fresh produce, meats, and a full range of groceries.
- We can't do it all as a community clinic. It would be great if there was more group education on obesity and mental health, coping skills and trauma informed care. And it needs to be in Spanish as well as English.
- We see that family food choices create children who are overweight, and they also lack exercise.
- People are overworked and with very limited time and the cost of groceries is going up. People are picking up a second job to make ends meet. They don't have time to make home meals.
- It is tied to economic insecurity when you only have so much to spend, you spend it on what you can afford, which is often the least nutritious food. Even fast-food prices are higher with inflation, so it's becoming unaffordable to eat fast-food.

### Sexually Transmitted Infections

The rate of chlamydia in LA County was 570 cases per 100,000 persons. The rate of gonorrhea in the county rose from 2019 to 2021, to 310.1 cases per 100,000 persons. The rate of primary and secondary syphilis for Los Angeles County also rose from 2019 to 2021, to 27.1 cases per 100,000 persons. The rate of early latent syphilis in the county rose to 35.7 cases per 100,000 persons, and the rate of late or unknown-duration syphilis rose to 39.4 cases per 100,000 residents. Diagnosed rates for all listed sexually transmitted infections (STIs) in Los Angeles



County are higher than state rates, including the rate of congenital syphilis among county newborns: 123.4 cases per 100,000 live births in the county versus 120.9 cases per 100,000 live births at the state level.

**STI, Cases and Rates, per 100,000 Persons or per 100,000 Live Births**

	Los Angeles County				California	
	Cases		Rate		Rate	
	2019	2021	2019	2021	2019	2021
Chlamydia	69,923	56,690	694.8	570.0	600.7	484.7
Gonorrhea	26,267	30,840	261.0	310.1	203.8	230.9
Primary and secondary syphilis	2,555	2,693	25.4	27.1	20.9	22.3
Early latent syphilis	3,550	3,547	35.3	35.7	21.1	21.7
Late/unknown duration syphilis	3,221	3,923	32.0	39.4	30.0	34.4
Congenital syphilis by year of birth	94	126	87.9	123.4	99.9	120.9

Source: California Department of Public Health, STD Control Branch, 2021 STD Surveillance Report, 2019 and 2020 data. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

**Teen Sexual History**

In SPA 2, 89.2% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex.

**Sexual History, Teens, Ages 14 to 17**

	SPA 2	Los Angeles County	California
Never had sex	*89.2%	87.3%	90.1%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

**HIV**

In 2021 the rate of new HIV cases in Los Angeles County was 14.8 cases per 100,000 persons. The advent of the COVID-19 Pandemic interrupted many types of care, and the percentage of persons in the county with diagnosed HIV who were receiving care dropped and has not yet returned to pre-Pandemic levels. In Los Angeles County, 71% of diagnosed persons in 2019 were receiving care, and in 2021 the rate was 70%. The percent who were virally suppressed went up slightly to 62.1%. The California Integrated Plan objective was for 90% of persons with HIV to be in care, and 80% to be virally suppressed by 2021. Rates of death among persons diagnosed with HIV rose from 2019 to 2021 in the county and the state and are higher for the county.

### HIV, Cases and Rates, per 100,000 Persons

	Los Angeles County		California	
	2019	2021	2019	2021
Newly diagnosed cases	1,566	1,506	4,560	4,444
Rate of new diagnoses	15.3	14.8	11.5	11.1
Living cases	52,519	53,060	137,962	141,001
Rate of HIV	514.3	520.3	347.0	352.9
Percent in care	71.0%	70.0%	75.0%	73.0%
Percent virally suppressed	61.8%	62.1%	65.3%	64.4%
Deaths per 100k HIV+ persons	5.7	7.7	4.6	5.6

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019 & 2021.

[https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_case\\_surveillance\\_reports.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx)

## Mental Health

### Mental Health Indicators

In Los Angeles County, 15.4% of adults reported having been told by a doctor, nurse, or other health professional they had depressive disorder.

#### Depression, Adults

	Los Angeles County	California
Told by health care professional they had depressive disorder, ever	15.4%	*16.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> \*Weighted average of California county rates.

In SPA 2, 13.8% of adults had likely suffered from serious psychological distress in the prior year, and 10.1% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Rates of life impairment (in relation to family, social, and work life and household chores) were lower in SPA 2 than at the county or state level. The rate of teens who had experienced serious psychological distress in the past year (36.8%) was higher than the county rate (33.7%) and the state rate (31.1%).

### Mental Health Indicators

	SPA 2	Los Angeles County	California
Adults who had serious psychological distress during past year	13.8%	14.6%	15.2%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	10.1%	9.8%	11.5%
Adults: family life impairment during the past year	20.8%	23.7%	24.1%
Adults: social life impairment during the past year	20.5%	23.7%	24.2%
Adults: household chore impairment during the past year	21.4%	23.4%	23.8%
Adults: work impairment during the past year	21.7%	23.3%	24.6%
Teens who had serious psychological distress during past year	36.8%	33.7%	31.1%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

### Suicidal Ideation

14.1% of SPA 2 adults had seriously considered committing suicide, which is lower than the county (14.7%) and statewide (16.7%) rates.

### Ever Thought About Seriously Committing Suicide, Adults

	SPA 2	Los Angeles County	California
Ever seriously thought about committing suicide	14.1%	14.7%	16.7%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu>

### Mental Health Care Access

Among SPA 2 teens, 36% needed help for emotional or mental health problems in the prior year, and 22% of teens had received psychological or emotional counseling in the prior year. 22.2% of SPA 2 adults needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among SPA 2 adults who sought help, 53.5% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (31.2% who do not receive treatment).

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

	SPA 2	Los Angeles County	California
Teen who needed help for emotional or mental health problems in the past year	36.0%	32.8%	33.6%
Teen who received psychological or emotional counseling in the past year	22.0%	16.2%	18.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	22.2%	23.6%	23.7%
Adults, sought/needed help and received treatment	53.5%	53.2%	55.4%
Adults, sought/needed help but did not receive	46.5%	46.8%	44.6%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu/>

In Los Angeles County there were 2.7 hospitalization admissions due to mental health issues per 1,000 persons, ages 5 to 14. Among youth, ages 15 to 19, there were 9.1 hospitalizations per 1,000 persons. Rates declined from 2019 to 2020 in the county and state, potentially as a result of the COVID-19 pandemic.

### Hospital Discharges for Mental Health Issues, per 1,000 Children and Youth

	Ages 5 to 14		Ages 15 to 19	
	2019	2020	2019	2020
Los Angeles County	3.2	2.7	9.9	9.1
California	2.8	2.5	9.8	9.1

Source: California Department of Statewide Health Planning and Development special tabulation, 2021. via <http://www.kidsdata.org>

### Community Input – Mental Health

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

- Everywhere has a wait list. And from a workforce perspective, it is really challenging to

maintain staff. When there is a six month wait list for services that person isn't getting any services. If a parent isn't getting the help they need that impacts the family dynamics and the child's school performance. That waiting time and not having timely access is when risk factors go up and there is the potential for harm at that point.

- It can be hard to access help because of stigma and stereotypes. Automatically someone will say "I'm not crazy" they feel they will be seen as crazy. It is not enough that someone has thought of killing themselves. They must have a plan to access clinicians.
- Postpartum depression can be looked down upon. And it is taboo to discuss. But when the mother is experiencing stress with navigating motherhood then the home and kids are impacted. Not many families know about Head Start or early visiting programs.
- It is hard to find services. There is county mental health but that is for very severe cases. It is very challenging to help someone who has depression or anxiety. There are a lot of apps now, but if you are older or don't know how to read or don't have a phone, that is not an option. And apps might only be in English.
- Older adults often have a transportation issue going to mental health clinics and they feel more comfortable receiving services in their senior center. We have too many mental health services that are not age friendly, yet this is the fastest growing population.
- A lot of mental health issues are tied to substance use. People with mental health issues are not getting the care they need because the system is saturated. Sometimes we must define a true psychiatric problem compared to secondary issues from drug use.
- If someone presents with a psychiatric breakdown and also has pneumonia, we must treat the pneumonia first before they can get substance use help. When they are feeling better because they don't have pneumonia anymore, they may not follow-up with their mental health needs.
- Stigma is a big issue. And access to services and resources. Often people don't know what resources are available to them, or what exists. The wait for services can also be an issue.
- Encampments have popped up again and they are more common in our area. We have programs to get them housed, but if they can't handle the requirements and regulations, they move back out.
- Our number one challenge is we do not have enough staff and professionals to see those who need to get a further assessment of their mental health status or those that need ongoing sessions or counseling.
- Workforce is a huge challenge. Those workers are so in-demand they can go anywhere, especially those who are bilingual. We have about 75% Spanish speaking preferred or monolingual, so it is important that our mental health professionals speak Spanish. We don't have a lot of time to spend with patients, but we want our primary care professionals to do basic screenings for mental health.
- The biggest impact on mental health is having enough people to provide services to address

the needs. Also providing services that are culturally and linguistically relevant and competent is a challenge.

- How are we going to get past all the complications of the pandemic? Kids are a decade behind in some cases and that will have mental health and economic impacts on them if they can't be employed or successfully advance in their education. How does that all get untangled? And social media contributes to our sense of selves and false comparisons.

## Substance Use

### Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In SPA 2, 5.3% of adults smoke cigarettes. 62.1% of SPA 2 adult smokers were thinking of quitting in the next 6 months. 15.1% of SPA 2 adults, ages 18 to 65, had smoked e-cigarettes, and 2.6% had in the prior 30 days.

### Smoking, Adults

	SPA 2	Los Angeles County	California
Current smoker	5.3%	5.5%	6.1%
Former smoker	20.4%	17.9%	19.7%
Never smoked	74.3%	76.6%	74.3%
Thinking about quitting in the next 6 months	62.1%	62.7%	64.7%
Ever smoked an e-cigarette (adults, ages 18-65)	15.1%	15.7%	16.7%
Smoked an e-cigarette in the past 30 days	2.6%	3.3%	4.1%

Source: California Health Interview Survey, 2020-2022. <http://ask.chis.ucla.edu>

### Alcohol

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults in Los Angeles County, the CDC estimated that 14.8% had engaged in binge drinking in the prior year. The Healthy People 2030 objective is for no more than 25.4% of adults to have binge drunk in the prior year. In SPA 2, 24.2% of teens had tried alcohol and 5% binge drank in the prior month. 18.6% of SPA 2 adults had engaged in binge drinking in the prior month. These rates of alcohol use are higher than county rates, particularly among teens.

### Binge Drinking, Adults, Age-Adjusted

	Los Angeles County	California
Adult binge drinking, prior year	14.8%	*15.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> \*Weighted average of California county rates.

### Binge Drinking, Adults and Teens, and Teen Alcohol Experience

	SPA 2	Los Angeles County	California
Adult binge drinking, past month	18.6%	18.3%	18.5%
Teen binge drinking, past month	*5.0%	3.0%	3.5%
Teen ever had an alcoholic drink	24.2%	19.4%	20.9%

Source: California Health Interview Survey, 2021-2022 adults, 2020-2022 pooled, for teens. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

**Marijuana Use**

Marijuana use became legal in the state of California in 2017 while remaining illegal at the Federal level. 46.3% of adults in SPA 2 have tried marijuana or hashish. Of those who had tried marijuana, 32.8% had used it in the previous month, and 25.9% had used it more than 15 years ago.

**Marijuana Use, Adults**

	SPA 2	Los Angeles County	California
Have tried marijuana or hashish	46.3%	45.8%	49.8%
Used marijuana within the past month	32.8%	33.2%	34.1%
Used marijuana within the past year but not within the past month	16.9%	17.8%	16.3%
Used marijuana more than 15 years ago	25.9%	23.9%	25.0%

Source: California Health Interview Survey, 2020-2022 pooled. <http://ask.chis.ucla.edu/>

**Opioid Use**

The rate of hospitalizations due to opioid overdose in Los Angeles County was 8.3 per 100,000 persons. This was lower than the state rate (12.8 per 100,000 persons). Emergency Department visits due to opioid use in Los Angeles County were 31.6 per 100,000 persons, which was lower than the state rate (54.9 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 228.3 per 1,000 persons, which is lower than the state rate of opioid prescribing (291.1 per 1,000 persons).

**Opioid Use, Age-Adjusted, per 100,000 Persons, Prescriptions per 1,000 Persons**

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin)	8.3	12.8
ER visits for opioid overdose (excludes heroin)	31.6	54.9
Opioid prescriptions, per 1,000 persons	228.3	291.1

Source: California Office of Statewide Health Planning and Development, [via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; data from 2022. https://discovery.cdph.ca.gov/CDIC/ODdash/](https://discovery.cdph.ca.gov/CDIC/ODdash/)

**Community Input – Substance Use**

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

- We see a lot of the younger generation using marijuana and they do not understand the impact it has on their bodies. They are not even looking at it as a cigarette. It is being viewed as healthier than nicotine and the parents are allowing children to use it.
- We will often see babies who test positive for substances, like marijuana. It is legal, but the family ends up with a child abuse report.
- Getting into a detox or rehab program is difficult. And getting people willing to participate is



also difficult. There are often two parts as well, a dual diagnosis, substance use and mental health. They must treat the substance use first before they can diagnose the mental health problem and that is tricky.

- There was a huge widespread campaign against tobacco. We need to do that for alcohol. I don't think people are educated on the dangers. It can be deadly like tobacco. I've been told by people experiencing homelessness that they use meth to keep them warm on cold nights. Another told me it makes them breathe better, so it accommodates their homelessness and makes things more comfortable in their situation.
- We see that meth use leads to cardiomyopathy. It is all synthetic and it damages the heart. And in the Emergency Department, we are seeing alcohol abuse that is widespread. Young people in their 20s and 30s are having this issue. Marijuana use is also concerning because it is a gateway drug. But it is not as much of a problem as meth.
- Substance use seems to be getting worse. Part of the reason is street drugs are more dangerous. Fentanyl didn't exist 20-30 years ago. There is a lot of effort toward establishing a national hotline to get emergency non-police services in the community that will help. But I worry that we don't have the infrastructure to support the system on the backend. With the new California law, we are going to re-allocate money from mental health to substance use and housing and that is important.
- We have seen a significant decrease in available 12-step programs. Most haven't come back to in person sessions after Covid – they are mostly online now.
- There is a stigma to disclose to a counselor that they might have a drug use problem. We also have a growing senior population who may not view it as an issue or something they can control. This senior population may have a different mindset toward substance use.
- The fentanyl epidemic is increasing. It is a huge risk to get drugs from the street because it may be laced with a deadly substance.
- Substance use is hidden, and it is often a coping mechanism for people. It also becomes normalized because it is a coping mechanism. I think it is more widespread than we think.

## Preventive Practices

### Immunization of Children

The rates of compliance with childhood immunizations upon entry into kindergarten were 94.7% for Los Angeles Unified School District.

#### Up-to-Date Immunization Rates of Children Entering Kindergarten\*

	Immunization Rate
Los Angeles Unified School District	94.7%
Los Angeles County*	93.8%
California*	93.6%

Source: California Department of Public Health, Immunization Branch, 2021-2022. \*For those schools where data were both reported, and not suppressed due privacy concerns over small numbers. <https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

### Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 41.2% of Los Angeles County adults received a flu shot during the 2021-2022 season.

#### Flu Vaccines

	Los Angeles County	California	
Received flu vaccine, ages 6 mo. to 17 years	N/A	60.1%	
Received flu vaccine, ages 18 to 64 years	41.2%	40.5%	34.5%
Received flu vaccine, ages 65 and older		64.7%	

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2021-2022 season. N/A = Not Available. <https://www.cdc.gov/flu/fluview/interactive-general-population.htm>

### Mammograms

The Healthy People 2030 objective for mammograms is for 80.3% of women, ages 50 to 74, to have a mammogram within the past two years. In Los Angeles County, 70.9% of women obtained mammograms, which does not meet the objective.

#### Mammogram in the Past 2 Years, Women, Ages 50-74

	Los Angeles County	California
Mammogram in past 2 years	70.9%	*69.3%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> \*Weighted average of California county rates.

### Pap Smears

The Healthy People 2030 objective for Pap smears is 79.2% of women, ages 21-65, to be screened in the past three years. Among women in Los Angeles County, 80.8% had the

recommended Pap smear, which meets the objective.

### Pap Smear in the Past 3 Years, Women, Ages 21-65

	Los Angeles County	California
Pap smear in past 3 years	80.8%	*81.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> \*Weighted average of California county rates.

### Colorectal Cancer Screening

The current recommendation for colorectal cancer screening is for adults, ages 50-75, to have a Fecal Occult Blood Test (FOBT) within the previous year, a sigmoidoscopy in the past five years *and* an FOBT in the past three years, or a colonoscopy exam within the past 10 years. In Los Angeles County the reported rate of colorectal cancer screening was 58.1%. This does not meet the Healthy People 2030 objective for a colorectal cancer screening rate of 68.3%.

### Colorectal Cancer Screening, Adults, Ages 50-75, Age-Adjusted

	Los Angeles County	California
Screening sigmoidoscopy, colonoscopy or Fecal Occult Blood Test	58.1%	*59.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> \*Weighted average of California county rates.

### Community Input – Preventive Practices

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

- We have a lot of new generations who have recently immigrated and do not know how to access services.
- The biggest needs are financial literacy and health literacy. Poor budgeting and lack of resources impact people’s lives. People get in debt, and they don’t realize that creates health and mental issues.
- Prevention is great but we need direct services as well. People need therapy, housing, and parenting classes. We can help them navigate the system, but we can’t help them get the services they need. Prevention isn’t the full answer – it doesn’t solve issues. We can arrange for preventive teeth cleaning for instance, but it really depends on the family. Sometimes they are not ready to access that because they haven’t met their basic needs first.
- Dental care and hearing aids are things that people need but can’t afford if they aren’t on Medi-Cal. The need for caregivers is another issue. We need more preventive practices. If we approach things from a preventive lens to get to the root and systemic issue, we could

find solutions. But right now, there are very few prevention-based programs and models for older adults specifically.

- We need to pay more attention to preventive services. If no one is out there to ensure the patient's success, we will be seeing them in the ED. I'll see them again and say what happened? I gave you medications, and we went over everything. The patient will say you only gave me a month supply – yes, that is because you were supposed to go back to your own doctor for follow-up care. But they will tell me they can't get in for 3 months. But if I do give them medications, they may feel like they don't need to go back to their own doctor.
- We are seeing more challenges toward obtaining vaccines. People are burned out with messaging. Flu and childhood vaccines are down. There is still a holdover from the pandemic with mistrusting vaccines too.
- The department of Public Health in North Hollywood is going to close for several years. They have a big STI program. They asked us if we were willing to be the hub for more screenings and other preventive services. The problem is we don't get paid for those public health visits if they aren't done by a provider. If you are getting a screening for chlamydia, a lot of times that can be done by a nurse not a doctor. That is how the county does it. But that isn't billable for us. It is the same with TB screenings. We can't do it because that is a public health service.
- There aren't mandates in place anymore, so people don't think they need Covid shots anymore. The same with flu shots. It is trusting the health care provider that they are giving you the right information. A lack of trust in the health care system with certain groups is prevalent. We need to develop trust from institutions, politicians, and health care providers.
- A lot of preventive care has to do with access and understanding. There is so much misinformation out there.

## Report of Progress

Valely Presbyterian Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2021 CHNA. The hospital committed community benefit efforts that addressed access to health care, chronic diseases, housing and homelessness, mental health, and overweight and obesity. Activities and programs that highlight VPH's commitment to the community are detailed below.

### **Access to Health Care**

#### **Response to Need**

Valley Presbyterian Hospital removed barriers and increased access to health care by offering transportation to 3,210 riders who lacked transportation. VPH's contracted transportation service provided rides free of charge to community residents to and from their homes to the hospital and to and from their homes to a community clinic.

We actively assisted more than 14,229 people to enroll in Medi-Cal programs and other low-cost health insurance programs through Covered California.

The hospital partnered with Federally Qualified Health Centers (FQHC) to improve access to care by providing grants to address health care gaps. VPH supported organizations focused on improving access to care in acute need populations such as foster youth, domestic violence victims, and children with developmental disabilities.

COVID-19 vaccines were offered to community members during our annual Health Fair and other community events in 2022 and 2023. The 2023 VPH annual Community Health and Wellness Fairs on 2022 and 2023 reached over 900 community residents. Individuals participated in an outdoor event where they received many screenings including blood pressure, vision, glasses, hearing and information on local community resources. Flu shots were provided to 459 people. Over 1,200 Grab-n-Go lunches were provided to attendees. Hospital clinical leaders also volunteered during various community health fairs to provide blood pressure screenings.

In partnership with First 5 LA, the hospital continued the Welcome Baby program. This free and voluntary program supported parents and their infants. The Welcome Baby program plays a key role in ensuring that parents have the resources in place to follow up on newborn care such as health assessments and vaccinations. In 2023 the Welcome Baby Program enrolled 810 mothers. In addition, VPH provided maternity focused classes to 544 community residents.

## **Chronic Disease**

### **Response to Need**

VPH developed the Live Well with Diabetes class aimed at community members living with Diabetes. In addition to general Diabetes education, the bilingual class allowed participants to interact with a pharmacist, registered dietician, and fitness instructor. In 2023, 128 community members participated in the class.

Northeast Valley Health Center received a VPH Community Grant that increased behavioral health screening for individuals living with diabetes. 1,509 participants benefited from the program. World Diabetes Day events included a lunch time tabling event with healthy snack options, exercise demonstrations and the American Diabetes Association, Are you at risk for type-2 diabetes, assessment activity.

Proper nutrition is essential for individuals with diabetes. Due to inflation, food insecurity remained high post pandemic. VPH supported many food programs, including those that directly impacted individuals with diabetes. In addition, VPH renewed its support for the local YMCA fresh produce distribution program and provided a grant for the OneGeneration Senior Center, which delivered in-home meal delivery, food distributions, and served as a congregate meal site. Collected and distributed 4,000 pounds of food from the annual hospital wide food drive.

VPH provided free community Heartsaver CPR classes for the community monthly.

VPH participated in the African American Infant and Maternal Mortality cohort for the San Fernando Valley. VPH facilitated a presentation on Women's Heart Health and a virtual Love your Heart Event during Heart Health month.

## **Housing and Homelessness**

### **Response to Need**

VPH participated in the San Fernando and Santa Clarita Valley SPA 2 Homeless Coalition, which focuses on homelessness resources and community planning.

- VPH provided sponsorships and grants to several organizations that provided homeless services.
- VPH supported the San Fernando Valley Rescue Mission with a family dinner sponsorship.
- Hope of the Valley was the recipient of two sponsorships to support their homeless initiatives.

- Global Orphan Project received a grant to address imminent needs presented by various foster youth aging out of the foster care system.
- Bundles of Kindness received a donation for rain ponchos to be included in homeless kits.
- VIDA Mobile received a community grant to help support their homeless outreach and mobile clinic with the goal of improving access to care for persons experiencing homelessness.

## **Mental Health**

### **Response to Need**

Valley Presbyterian Hospital increased access to mental health services by offering tele-psych services. VPH provided 1,016 consultations for 810 patients in 2022 and provided 471 consultations for 446 patients in 2023. Offering this service decreased the amount of time needed to evaluate a patient with possible mental health symptoms.

Additionally, to increase access to mental health services, VPH employed a psychiatric nurse practitioner that assisted with patient placement post-acute stabilization.

Community Grants were provided to the following organizations focused on mental health services.

- Tarzana Treatment Center conducted wellness activities for their clients receiving mental health services.
- San Fernando Valley Community Mental Health Center used the funds to support their Parent and Family Center.
- El Centro de Amistad received a community grant to help support their transportation services for individuals receiving talk therapy services.
- NAMI facilitated a weekly art workshop through the Donated Space Program at VPH.
- The Child Development Institute received a grant to facilitate an infant massage class with families and their newborn at their center. This therapeutic technique has been shown to positively impact the mental health of the mother and infant.

VPH provided access to needed psychiatric care hospitalization for low-income patients. While VPH does not have dedicated inpatient mental health care beds, it financially supports inpatient mental health care for vulnerable patients needing mental health hospitalization. Psychiatric care was provided to 379 low-income, vulnerable patients who were treated in the ED and then transported to a medically necessary inpatient mental health care bed.

VPH partnered with Drum to Learn and the Boys & Girls Club for story time and to teach drumming as a coping tool for emotional regulation for children.

## **Overweight and Obesity**

### **Response to Need**

VPH collaborated with the local YMCA in their efforts to address food insecurity and to increase physical activity among youth. During the annual VPH health fair exercise kits were provided to the community children in attendance.

In 2023 Meals in Motion received a VPH community grant aimed at engaging children and their families in cooking healthy meals, and the participants received a free food box.

VPH renewed support for various fresh produce distribution sites including:

- Mid Valley YMCA
- North Valley Caring Services
- LA Food Bank
- MEND

The hospital offered low-impact exercise classes for seniors on a weekly basis on the VPH campus. The Healthy Maturity class had 427 class visitors over the past two years.

Breastfed babies are known to be less overweight as they grow older than bottle fed babies. VPH offered breastfeeding classes in English and Spanish, a breastfeeding support group, and held its annual Breastfeeding Awareness Month event in August. 293 people participated in these programs.



## Attachment 1: Benchmark Comparisons

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

Indicators	Service Area Data	Healthy People 2030 Objectives
<b>High school graduation rate</b>	<b>83.3%</b>	90.7%
Child health insurance rate	95.3%	92.4%
<b>Adult health insurance rate</b>	<b>90.0%</b>	92.4%
<b>Unable to obtain medical care</b>	<b>7.5%</b>	5.9%
<b>Ischemic heart disease deaths</b>	<b>118.4</b>	71.1 per 100,000 persons
<b>Cancer deaths</b>	<b>133.3</b>	122.7 per 100,000 persons
<b>Colon/rectum cancer death</b>	<b>12.7</b>	8.9 per 100,000 persons
Lung and bronchus cancer deaths	23.0	25.1 per 100,000 persons
<b>Female breast cancer deaths</b>	<b>19.1</b>	15.3 per 100,000 persons
<b>Prostate cancer deaths</b>	<b>19.9</b>	16.9 per 100,000 persons
Stroke deaths	33.4	33.4 per 100,000 persons
Unintentional injury deaths	30.3	43.2 per 100,000 persons
Suicides	6.9	12.8 per 100,000 persons
<b>Liver disease (cirrhosis) deaths</b>	<b>15.2</b>	10.9 per 100,000 persons
<b>Drug-overdose deaths</b>	<b>24.2</b>	20.7 per 100,000 persons
<b>Overdose deaths involving opioids</b>	<b>16.5</b>	13.1 per 100,000 persons
Infant death rate	4.4	5.0 per 1,000 live births
Adult obese, ages 20 and older	28.5%	36%
<b>Teens obese, ages 12-17</b>	<b>17.5%</b>	15.5% of children and teens, ages 2 to 19
Adults engaging in binge drinking	18.6%	25.4% in past month
Cigarette smoking by adults	5.3%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	80.8%	79.2%
<b>Annual adult influenza vaccination</b>	<b>41.2%</b>	70.0%
<b>Mammograms, ages 50-74, screened in the past 2 years</b>	<b>70.9%</b>	80.3%
<b>Colorectal cancer screenings, ages 50-75, screened per guidelines</b>	<b>58.1%</b>	68.3%

## Attachment 2: Community Interview Stakeholders

Name	Title	Organization
Bolatitio Abe, MD	Chief of Staff; Family Medicine Physician	Valley Presbyterian Hospital
Jen Castro	Homeless Services Director	North Valley Caring Services
Luis Cervantes	Executive Director	El Centro de Amistad
Susan Dion	Chief Operating Officer	Valley Community Healthcare
Elizabeth Gutierrez	Executive Director	Eyes of a Mother
Pastor Marsha Harris	Pastor and Mission Re-Developer	Central Lutheran Church
Jenna Hauss, MSW	President and CEO	ONEgeneration
Marci Kass	Director of Development	San Fernando Valley Community Mental Health Center, Inc.
Janet Marinaccio	President and CEO	MEND: Meet Each Need with Dignity
Melissa Miller, LMFT	Director of Child and Family Protective Services	The Help Group Project Safe
Daniel Molina	Senior Director of Organizational Development	211 LA
Theresa (Missy) Nitescu, MS, RDN, CHSP	Chief Operations Officer	NEVHC: Northeast Valley Health Corporation
Pedro Ramirez, MBA, HCM	Director of Outreach and Community Engagement	Comprehensive Community Healthcare Centers
Ana Ruiz-Pena, PA-C, MHA	Chief Executive Officer	Vida Mobile
Aqueelah Russell, MBA, IBCLC, LCCE	Health Program Analyst I	Los Angeles County Department of Public Health

### Attachment 3: Community Interview Responses

Each interview began by asking participants to name the most significant health issues or needs in the community. Responses included:

- Mental health services, bilingual support, nutrition, and the need for more consistent annual health checkups. People have access but they do not have the knowledge that they need a checkup.
- Barriers toward accessing health care or health providers. We are seeing a lot of housing issues and mental health issues too.
- We see a lot of open wounds; things not being taken care of correctly.
- Pre-diabetes
- Chronic diseases like diabetes, hypertension, and depression. Mental health is the biggest issue because there are so few resources available. If someone is suicidal there are more resources.
- Affordable housing, the need for community based mental health services, food insecurity, and access to community health care services.
- The number of people with end stage cirrhosis of the liver has increased since Covid. We are also seeing alcoholism, homelessness, psychiatric disorders, obesity complications, and diabetes.
- Affordability of drugs and access to insurance are still issues.
- Mental health, substance use, and people who must deal with ACEs.
- In the more impoverished areas, I see fear of access and a lack of information on health care access. It is very recent that people without documentation can sign up for Medi-Cal. We need more information in Spanish and other languages to show them how they can use the benefits.
- We are seeing an increase in diabetes, hypertension, asthma, obesity, and a combination of these.
- There is a perpetual waiting list for those who need mental health services.
- We think the new Medi-Cal expansion is a real plus for patients. We are seeing patients take advantage of it, in particular those who are undocumented or decided for whatever reason previously to not take advantage of it are now enrolled. Supply issues are a very real issue, so is provider retention and people only wanting to work part-time.
- People are struggling to live day to day. We see more patients needing food and running out of food.
- Homelessness and supporting the unhoused is the biggest need we see. Also, food insecurity and a need for utility assistance.
- Access to health care insurance is the biggest issue we face.

Interview participants were asked what factors or conditions contribute to those health issues (e.g., social, racial, cultural, structural, behavioral, environmental) Their responses included:

- We are seeing an uptick in mental health problems because of the pandemic. Children were isolated in their homes and not with other students. As a result, there is a lapse in maturation and social skills.
- For mental health services, there is a supply and demand issue. There just are not enough providers to meet the capacity and needs for families. Also, it is the same issue for housing, there are not enough resources. The way the system is set up does not focus on prevention. It is only about what happens after you are homeless. Other issues are transportation and the amount of work involved in accessing services and seeking qualifications for insurance.
- There is a lack of education.
- The pandemic played a big role in people’s mental health and current state of being. Reconnecting to the community and having to deal with losses is difficult. Housing affordability is an issue in Los Angeles. And Social Security doesn’t support the cost of renting a studio or one bedroom. Navigating systems as you get older is a challenge too.
- Everything is linked to poverty and economic insecurity and in all these communities, there are few resources to help them.
- Poverty, undocumented status.
- Patients continue to be challenged by workforce issues – like finding work and keeping work and transportation issues those have not gotten easier.
- Immigration status, access to housing, education, and socioeconomic status.
- There are so many things related to being in poverty. Transportation barriers are huge. Housing costs have been an issue for a long time, but they were exacerbated with the pandemic.
- For those who were already struggling, the pandemic made it harder for them. For those on the cusp of poverty or barely making ends meet, they are still struggling.
- Low income, undocumented status.

Who or what groups in the community are most affected by these issues (e.g., youth, older residents, racial/ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- Bilingual children and monolingual parents and Latinos. Low-income residents. In our schools, 95% of students qualify for reduced or free meals.
- Low-income minority populations are hit the hardest. Monolingual Spanish speakers and others who do not have English capacity struggle the most. And the undocumented.
- Persons experiencing homelessness.

- Minorities, middle-aged people who are unhoused. Those who cannot access insurance or are afraid to get insurance. Those with language barriers.
- Minorities, Blacks, Hispanics.
- Undocumented, those experiencing mental health issues.
- There is a tremendous increase in housing insecurity.
- Those who are low income and undocumented.

## Attachment 4: Community Resources to Address Significant Health Needs

Significant Health Needs	Community Resources
Access to care	211 LA, ACEs-LA Network of Care Initiative NoC, Childcare Resource Center CCRC, Comprehensive Community Health Centers, Family Resource Center, NEVHC, San Fernando Community Health, Serra Medical Group, Valley Care Community Consortium, Valley Community Healthcare, Vida Mobile
Birth indicators	African American Infant and Maternal Mortality AAIMM, Black Infants and Families Los Angeles, Breastfeed LA, California Breastfeeding Coalition, Child Care Resource Center CCRC, Comprehensive Community Health Centers, Eyes of a Mother, LA Best Babies Network, Los Angeles County Perinatal and Early Childhood Home Visitation Consortium LACPECHVA, NEVHC, San Fernando Community Health, Serra Medical Group, Valley Community Healthcare, Vida Mobile
Chronic disease	ACEs-LA Network of Care Initiative NoC, Comprehensive Community Health Centers, Helping Hands Home Health Best Care, Mid Valley YMCA, NEVHC, San Fernando Community Health, Serra Medical Group, Valley Community Healthcare, Vida Mobile
Economic insecurity	211 LA, ACEs-LA Network of Care Initiative NoC, Central Lutheran Church, Child Care Resource Center CCRC, Church of the Valley, El Proyecto del Barrio, Eyes of a Mother, Helping Hands Home Health Best Care, Los Angeles Regional Food Bank, LA Care Family Resource Center, Los Angeles Regional Reentry Partnership LARRP, MEND, New Economics for Women, NoHo Home Alliance, North Valley Caring Services, ONEgeneration, Valley Employment Services VES, Vision y Compromiso,
Environmental health	California Department of Conservation, California Strategic Growth Council, Central Lutheran Church, CicLAvia, Climate Reality Project, Los Angeles Conservation Corps, Pacoima Beautiful, Transformative Climate Communities Program TCC
Housing and homelessness	211 LA, About My Father's Business, Central Lutheran Church, Goodwill Industries, Homeless Outreach Program Integrated Care System HOPICS, Hope the Mission, Housing Rights Center, LA Family Housing, MEND, NoHo Home Alliance, North Valley Caring Services, ONEgeneration, Penny Lane Centers, Rescue Mission, Sisters On the Streets SOTS, SPA 2 San Fernando & Santa Clarita Valley Homeless Coalition, United Way, Volunteers of America, Willows LA Family Housing
Mental health	El Centro de Amistad, Community Mental Health Center, Comprehensive Community Health Centers, El Proyecto del Barrio, NEVHC, ONEgeneration, Pacific Asian Counseling Service PACS, Project Safe, Penny Lane Centers, Tarzana Treatment Centers, Valley Care Community

<b>Significant Health Needs</b>	<b>Community Resources</b>
	Consortium, Valley Community Healthcare, Valley Family Center, Vida Mobile
Overweight and obesity	Comprehensive Community Health Centers, Fit 4 The Cause, MEND, Mid Valley YMCA, San Fernando Community Health, Serra Medical Group, Valley Community Healthcare, Vida Mobile
Preventive practices	ACES-LA Network of Care Initiative NoC, Comprehensive Community Health Centers, Every Woman Counts, Helping Hands Home Health Best Care, NEVHC, North Valley Caring Services, ONEgeneration, San Fernando Community Health, Serra Medical Group, Valley Community Healthcare, Vida Mobile
Substance use	Comprehensive Community Health Centers, Comprehensive National Council on Alcoholism and Drug Dependence NCADD, El Centro de Amistad, El Proyecto del Barrio, NEVHC, Penny Lane Centers, Tarzana Treatment Centers, San Fernando Community Health, Serra Medical Group, Valley Community Healthcare, Vida Mobile

## Attachment 5: Community Resident Survey Responses

1. What are the biggest health issues or needs you or your family face?
  - Chronic diseases (diabetes, high blood pressure, high cholesterol, heart disease, cancer, stroke, asthma, kidney disease)
  - Social Determinants of Health
    - Food resources, cost of food, unhealthy eating, poor diet
    - Transportation
    - Affordable housing
    - Finding employment, lack of work
    - Maintaining insurance without employment
  - Mental Health, behavioral health, stress and anxiety
  - Childcare
  - Vaccines
  - Geriatric care
  - Back pain
  - Allergies
  - Access to care:
    - Finding health centers and local doctors
    - Distrust of medical system
    - Finding a practitioner that listens
    - Timely access to care
    - Health insurance
    - Cost burden of insurance
    - Medication costs and access
    - Urgent care for Spanish speakers
  - Obesity and overweight and sedentary lifestyle
  - Affordable dental care
  - Common cold
  - Flu
  - Diarrhea
  - Pregnancy and lactation
  - Children with autism
2. Which groups in your community are most affected by these same needs?
  - Seniors
  - Homeless population
  - Immigrants, non-English speakers and ethnic groups



- Latinos
- LGBTQ and transgender
- Low-income residents
- Youth
- People with disabilities
- Pacoima neighborhoods
- People who use public transportation

3. Where do you and/or your family members go for routine health services (physical exams, check-ups, vaccines, care for chronic diseases)?

- Bakersfield
- Community Clinics
- El Nido Best Start
- Facey Medical Center
- Health fair
- Holy Cross
- Kaiser
- LA CARE
- LAC + USC
- Mid Valley Health Clinic
- North East Valley Health Clinic
- North Valley Health Clinic
- Olive View UCLA
- Optum Physicians
- Primary care provider
- Providence Hospital
- Proyecto del Barrio
- Serra Medical Group
- St Joseph Burbank
- Sylmar Medical Center
- Urgent care
- Valley Presbyterian

4. If you do NOT currently have health coverage or insurance, what are the main reasons why (select all that apply)?

For those survey respondents who did not have health coverage or insurance, 10.4% of

persons indicated it cost too much and 7.5% felt they were not eligible or did not qualify for insurance.

	Percent	Spanish	English
It costs too much	10.42%	12.5%	8.33%
I am not eligible or do not qualify	7.5%	10%	5%
It is too confusing to sign up	6.67%	5%	8.33%
I am waiting to get coverage through my job	5.84%	10%	1.67%
I haven't had time to deal with it	3.75%	2.5%	5%
I don't think I need health insurance	1.25%	2.5%	0%
I have health coverage/insurance	80%	75%	85%

5. The most recent time you or a member of your household delayed or went without needed health care, what were the main reasons (select all that apply):

Survey respondents indicated the most frequent reasons that they delayed needed health care was because it took too long to get an appointment (36.6%), they had no insurance and could not afford care (18.7%), and that insurance did not cover the cost of the procedure or care (16.2%). The total equals more than 100% because respondents could select more than one response. 39% of respondents indicated they did not delay care.

	Percent	Spanish	English
Could not get an appointment quickly enough/too long of a wait for an appointment	36.61%	39.34%	33.87%
No insurance and could not afford care	18.65%	13.11%	24.19%
Insurance did not cover the cost of the procedure or care	16.23%	13.11%	19.35%
Language barriers	11.42%	16.39%	6.45%
Not knowing where to go or how to find a doctor	10.6%	14.75%	6.45%
Lacked transportation to the appointment	9.76%	9.84%	9.68%
Lack of provider awareness and/or education about my health condition	8.12%	6.56%	9.68%
Distrust/fear of discrimination	7.31%	6.56%	8.06%
Technology barriers with virtual visits/telehealth services	4.88%	4.92%	4.84%
Not having a provider who understands and/or respects my cultural or religious beliefs	2.45%	3.28%	1.61%
Did not delay health care - received all the care that was needed	39.01%	36.07%	41.94%

6. What conditions in your neighborhood or community most negatively impact health (select all that apply)?

Survey respondents listed crime and violence (41.5%), housing (38.3%) and lack of healthy food choices (37.4%) as the top conditions in their community that most negatively

impacted their health. The total equals more than 100% because respondents could select more than one response.

	Percent	Spanish	English
Crime and violence	41.5%	43.33%	39.66%
Substandard housing or a lack of affordable, safe housing	38.31%	28.33%	48.28%
Lack of access to healthy food choices	37.42%	30%	44.83%
Lack of affordable health care	35.52%	40%	31.03%
Lack of parks and open spaces	33.85%	36.67%	31.03%
Pollution	30.43%	35%	25.86%
Inadequate employment/job opportunities	23.8%	20%	27.59%
Racial inequality	11.84%	13.33%	10.34%

### Survey Respondent Demographics

Gender	Percent	Spanish	English
Female	94.46%	96.61%	92.31%
Male	4.77%	3.39%	6.15%
Non-binary	0.77%	0%	1.54%

Race and Ethnicity	Percent	Spanish	English
Hispanic or Latino	86.76%	93.22%	80.3%
White or Caucasian	4.93%	6.78%	3.08%
Asian or Asian American	3.85%	0%	7.69%
Black or African American	3.08%	0%	6.15%
More than one race	0.77%	0%	1.54%
American Indian or Alaska Native	0.77%	0%	1.54%

Age Groups	Percent	Spanish	English
Ages 18-24	3.96%	1.67%	6.25%
Ages 25-34	31.15%	21.67%	40.63%
Ages 35-44	37.82%	35%	40.63%
Ages 45-54	14.74%	21.67%	7.81%
Ages 55-64	8.33%	16.67%	0%
Ages 65 and older	3.18%	1.67%	4.69%