

# 2010 Community Health Needs Assessment



CENTER FOR  
NONPROFIT  
MANAGEMENT  
*Building Better Leaders*

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**2010 Community Needs Assessment  
Los Angeles Metropolitan Hospital Collaborative**

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The Community Needs Assessment, as part of the SB697 requirements, was conducted by the Center for Nonprofit Management.



### **Overview and History**

Established by the Daughters of Charity of St. Vincent de Paul in 1856, St. Vincent Medical Center (SVMC) has been meeting the needs of our community for more than a century. When the Daughters of Charity first arrived in 1856, Los Angeles was a small community with no formal medical care. The Daughters responded to this need by opening the city's first free-standing hospital in a tiny adobe house. As the community's health care needs grew, the Daughters adapted by opening larger facilities. Over the years, the hospital continued to grow and play an important role in the Los Angeles health care community.

### **Mission**

St. Vincent Medical Center subscribes to the mission of the Daughters of Charity Health System: In the spirit of our founders, St. Vincent de Paul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and the poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person: body, mind and spirit. We promote healthy families, responsible stewardship of the environment, and a just society through value-based relationships and community-based collaboration.

### **Services**

Located in downtown Los Angeles, St. Vincent Medical Center is a 347-bed regional acute care, tertiary referral center hospital offering advanced care delivered by some of the most well-respected medical professionals in the world. Through combined knowledge, compassionate healing and a commitment to our community, St. Vincent Medical Center is advancing healthcare.

St. Vincent Medical Center's specialty areas include: the Los Angeles Cancer Institute, the Los Angeles Heart Institute, the Multi-Organ Transplant Center, the Los Angeles Spine Surgery Institute, and the House Ear and Neurosurgery Center. In addition, St. Vincent Medical Center offers the latest diagnostic and treatment technologies and a full continuum of care to benefit patients and their families. Other services provided include, but are not limited to, the Center for Health & Healing, the Comprehensive Liver Disease Center, rehabilitation, outpatient dialysis, and laboratory services.

### **Service Area**

St. Vincent Medical Center is located in Service Planning Area (SPA) 4 of Metro Los Angeles. Its service area, however, extends over a larger regional area with patients coming to SVMC from over 80 cities in Los Angeles, San Bernardino, Riverside and Orange Counties, as well as from across the county and around the world.



The primary service area of SVMC includes all or portions of the SPAs, Health Districts, cities and communities, and 21 zip codes:

Service Planning Areas	Health Districts	Cities/Areas	Zip Codes		
SPA 4 – Metro Los Angeles SPA 6 – South	HD 9 – Central	Crenshaw	90004	90018	90044
	HD 34 – Hollywood/Wilshire	Echo Park	90005	90019	90046
	HD 47 – Northeast	Hollywood	90006	90020	90057
	HD 69 – South	Northeast Los Angeles	90007	90026	
	HD 72 – Southeast	Pico-Union	90008	90027	
	HD 75 – Southwest	South Central	90010	90028	
		West Hollywood	90011	90029	
		Westlake	90016	90031	
	Wilshire	90017	90037		



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32. Percent of Adult Women (18+ years old) Reported Having a Pap Smear by Health District, 2007
33. Percent of Women (40+ years old) Reported Having a Mammogram in the Past 2 Years by Health District, 2007
34. Percent of Women (50+ years old) Reported Having a Mammogram in the Past 2 Years by Health District, 2007
35. TB Cases by Health District, 2007
36. Trend of Chlamydia, Gonorrhea, Syphilis Reported for Los Angeles County Residents, 2004-2008



37. Reported Chlamydia Cases and Rates per 100,000 Population by Service Planning Area (SPA)1 and Health District (HD), Los Angeles County, 2004-2008
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40. Percent of Children (3-17 years old) whose Parents Reported They Were Unable to Afford Mental Health Care or Counseling for Their Child in the Past Year by Health District, 2007
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45. Percent of Children (1-17 Years Old) whose Parents Reported Easy Access to a Park, Playground or Other Safe Place for their Child to Play by Health District, 2007



## **Background and Purpose**

In 1994, the California State Legislature enacted Senate Bill 697 (SB 697) requiring non-profit hospitals to conduct a needs assessment every three years. Based on the needs and priorities identified in the tri-annual assessment, the hospital will develop a community benefit plan. The plan will include proposed activities designed around disease prevention efforts and improvement of health status. A needs assessment has been conducted every three years since 1995 that includes most of the current Los Angeles Metropolitan Hospital Collaborative members.

In order to complete the 2007 Community Needs Assessment, five hospitals pooled resources to collect information about the health and well-being of residents in their service community. This group, called the Los Angeles Metropolitan Hospital Collaborative is described below.

## **Metro Collaborative Members**

### ***California Hospital Medical Center***

California Hospital Medical Center (CHMC) has been a proud community member for more than a century. Founded in 1887 by three physicians, CHMC has one of the largest groups of community health educators – *Promotoras* – in existence. CHMC is a non-profit, acute care hospital with 313 private beds and sustains its community by raising funds for program enhancement and services that benefit both the Downtown and the Central City areas.

### ***Children’s Hospital Los Angeles***

Established in 1901, Children’s Hospital provides health care to seriously ill and injured children and adolescents in Los Angeles County and is a major referral center for specialized care. It is a local, regional, and national resource for pediatric clinical care, teaching and research.

### ***Good Samaritan Hospital***

Good Samaritan Hospital (GSH) is both a community hospital and a regional tertiary medical center with “a tradition for caring” since it opened in 1885. The hospital represents Los Angeles’ multicultural community and has an international reputation as a world-class medical center. Collectively, medical staff and employees speak almost 60 languages/dialects and offer outstanding diagnostic, surgical and therapeutic care in a state-of-the-art setting. Annually, the hospital admits approximately 17,000 patients and provides more than 90,000 outpatient visits.

### ***Kaiser Foundation Hospital – Los Angeles***

Kaiser Foundation Hospital – Los Angeles (KFH-LA) is a 507 licensed-bed acute care hospital offering both primary and tertiary care services. It is situated on approximately 17.9 acres in the East Hollywood/Los Feliz area. It is the tertiary care center for Kaiser Permanente members throughout Southern California, with outstanding programs in cardiac surgery, radiation oncology, spine surgery, and epileptic surgery. In addition, the medical center is home to The Center for Medical Education, which includes an extensive graduate medical education program with 165 interns, residents, and fellows in 18 different specialties and subspecialties. The medical center has a staff of more than 4,500 employees and physicians, and outlying facilities in East Los Angeles, Glendale, Pasadena, and a mental health center in Chinatown.



### **St. Vincent Medical Center**

Los Angeles' first hospital, St. Vincent Medical Center, was founded by the Daughters of Charity of St. Vincent de Paul in 1856. Since that time, the hospital has grown into a 347-bed regional acute care, tertiary referral center, specializing in heart care, cancer care, spine care, multi-organ transplantation, and the treatment of ear and hearing disorders. Committed to serving its community, St. Vincent Medical Center provides comprehensive, excellent healthcare that is compassionate and attentive to the whole person – body, mind and spirit.

### **Planning the Community Needs Assessment**

The first step in the project design was to work with the Los Angeles Metro Collaborative to review the previous needs assessment and the community benefit plans from 2004 and 2007, in order to refine the focus areas and identify additional data sources to update local demographic and descriptive data for communities served by each member hospital. From this review, recommendations were put forth to the Collaborative, who were asked to assist in setting priorities of the needs assessment as well as to determine the preferred format for the final report.

The Center for Nonprofit Management (CNM) in collaboration with Special Service for Groups (SSG) created a variety of data collection instruments, including standardized interview protocols, survey forms, document analysis tools and focus group protocols used in needs assessments in general and specifically for the 2004 and 2007 needs assessment for the hospital collaborative. These instruments provided useful templates for this needs assessment and were refined to ensure all instruments were clear and could be used effectively, a primary consideration of the collaborative.

### **Organization of Report**

This report summarizes key quantitative and qualitative findings for the Los Angeles Metro Collaborative. Specific demographic community profiles are summarized for SVMC. Overall, findings are organized in narrative and graphic formats by Service Planning Area (SPA), and/or zip codes. Findings are organized by the following major content areas:

- Community Health Profile
- Health Access
- Health Behaviors and Preventative Care
- Risk Behaviors
- Chronic Diseases
- Cancer
- HIV/AIDS
- Communicable Diseases
- Mental Health
- Community and Social Issues



## Methods

As in the assessments conducted for the hospital collaborative in 2004 and in 2007, CNM’s approach was to emphasize the central importance of input from knowledgeable, involved community stakeholders. These “key informants” are a preferred alternative to a community survey, since a scientific (probability) sample community survey of sufficient size and response rate would not be feasible, affordable, or as effective. Community leaders who could represent community interests more efficiently and accurately than a community survey were identified by the hospitals. Leaders and managers from participating hospitals and community-based agencies participated by sharing their perceptions about the landscape of health care needs and barriers in their communities. Other community members and service recipients chosen by community-based agencies provided a broader and more precise perspective about health care services, gaps in services, and suggestions about how to fill them. Key informants added important knowledge and experience for their target areas. Their input made it possible to conduct an informative needs assessment with direct implications for policies and resource allocation to meet the individual member hospital’s specific priorities.

In addition, the team complemented this qualitative approach with the compilation and analysis of secondary data. Because Census 2010 data was not available, 2009 Claritas/Nielsen projection data were used for general demographics and were compiled by Service Planning Areas (SPAs), and zip codes when available. Existing data was also utilized from the Los Angeles County Department of Health Services for health/community need indicators, capacity needs or barriers, and benchmarking standards. Most of the quantitative data for the 2010 needs assessment was culled from the latest Los Angeles County Health Survey and are available by SPAs and HDs. Because the Health Survey has been implemented regularly, we were also able to detect trends in the various geographies going back as far as 1997 for most indicators. Additional data sources were mined as part of the literature review process during the early phase of the needs assessment

## Document Reviews

Existing data and data sources were reviewed with the hospital collaborative to identify which data variables would be most helpful in setting priorities for each individual member hospital. Additionally, staff reviewed administrative data.

## Primary Data Collection

The Project Team conducted interviews, focus groups and collected existing secondary data. Candidates for focus groups and interviews were selected with the assistance of hospital collaborators and other recommendations from key informants during the data collection process. Project staff strictly adhered to standard ethical guidelines for research and maintained the confidentiality required to ensure the protection of participants and security of all data collected under this project. Data collection activities were conducted in English and Spanish to ensure community representatives in fact reflect the residents in these target areas.

*Focus groups* –Topics in the focus group included major areas from previous needs assessments and other issues anticipated to be important in health care. Areas covered were: health care utilization, preventive and primary care, health insurance, access and barriers to care, emergency room use, chronic disease management and community issues. Groups that hospitals commonly identified as important stakeholders in the



needs assessment were prioritized. These groups included residents from major ethnic groups, geographic areas and service providers in the Collaborative's primary service areas. Residents from ethnic communities were African American and Latino, representing areas of downtown Los Angeles, East Los Angeles and other metro areas. Translation was provided in the Latino focus groups. Seniors, community health promoters and service providers were gathered separately. Ten focus groups were conducted to cover the number of communities served by the hospital collaborative. A majority of these focus groups were done with community residents identified by community agencies involved in previous needs assessments and by the collaborative. Two focus groups included representatives of community agencies and service providers who interacted with residents on issues related to health care.

*Interviews* – Thirty interviews were conducted to gather information about the needs and challenges faced by the community in accessing and utilizing health care services. Thirty key informant interviews were conducted to ensure reliable and representative information. Key informants included staff at collaborative hospitals and health care service organizations in the primary service areas. Interviews were conducted over the phone or in person and lasted approximately 45 minutes.

### **Secondary Data Collection**

To the extent necessary, secondary or existing datasets were accessed to update the previous needs assessment. Data sources for this purpose include reports from the Los Angeles County Department of Health Services, including the Los Angeles Health Survey, Key Indicators of Health and Recent Health Trends in Los Angeles, and additional data on live births and deaths. Additionally, the Project Team utilized 2009 projection data, instead of relying on outdated 2000 Census data (the 2010 Census data would not be available until after this project is completed, and American Community Survey data are not available in the lowest geography, such as zip codes or census tracts, desired by the hospital collaborative).

In addition, information from online sources such as Healthy City, United Way, as well as foundations conducting health research related to the needs and resources available in Los Angeles, was incorporated as appropriate. Data serving as social indicators was assembled from a number of data bases and included socioeconomic information, statistics on crime, violence and on quality of housing. The pertinent research literature was searched to verify or complement the most up-to-date information on local demographic and health statistics. Secondary data and reference materials were retrieved from web-based sources and electronic files in addition to paper documents gathered through literature searches and from recommendations made by key informants.



# I. Quantitative

## A. COMMUNITY HEALTH PROFILE

### 1. Service Area

St. Vincent Medical Center (SVMC) provides health services to individuals residing in twenty-one zip codes within two of the eight Service Planning Areas (SPAs) throughout Los Angeles County. **Please note that from this point on St. Vincent Medical Center will be referred to as SVMC.**

### 2. Population Data

#### 2.1 Population Count

In 2009, the U.S. Census Bureau reported an estimated total Los Angeles County population of 9,848,011 residents (U.S. Census, 2010). Of the total County population, about 11.3% (or 1,114,255 individuals) resided within the SVMC’s (Nielsen Claritas, Inc., 2010). The highest populated zip code within SVMC is 90011 at 108,722 residents, followed by zip code 90044 with 92,871 residents (Nielsen Claritas, Inc.). In contrast, the least geographically populated zip codes serviced are zip codes 90010, with 2,215, and 90017 with 27,700 residents (Nielsen Claritas, Inc.).

**Figure 1. SVMC Service Zip Codes and Population for 2009**

Zip Code	90004	90005	90006	90007	90008	90010	90011	90016	90017	90018	90019	Population Count
Population	70,525	46,215	67,475	46,513	31,499	2,215	108,722	49,427	27,700	50,504	70,215	571,010
Zip Code	90020	90026	90027	90028	90029	90031	90037	90044	90046	90057	Population Count	
Population	47,190	74,633	51,079	31,576	44,380	40,555	60,210	92,871	51,428	49,960	543,882	
<b>Total Population Count</b>											<b>1,114,892</b>	
<b>Los Angeles County Population</b>											<b>10,022,189</b>	

Source: HealtyCity.org (Nielsen Claritas, Inc), 2010

By SPA, the largest populated area is San Fernando, followed by San Gabriel, and the South Bay. The least populated SPA is West. Population statistics and proportions for each SPA are detailed in Figure 2 below.



**Figure 2. Population by SPA, 2010**

	<b>Number of Households</b>	<b>Percentage of Los Angeles County</b>
<b>Los Angeles County</b>	9,848,011	100%
<b>Service Planning Area</b>		
San Fernando (2)	2,106,690	21.4%
San Gabriel (3)	1,836,622	18.6%
<b>Metro (4)</b>	<b>1,207,063</b>	<b>12.3%</b>
West (5)	654,766	6.6%
<b>South (6)</b>	<b>971,522</b>	<b>9.9%</b>
East (7)	1,322,122	13.4%
South Bay (8)	1,515,367	15.4%

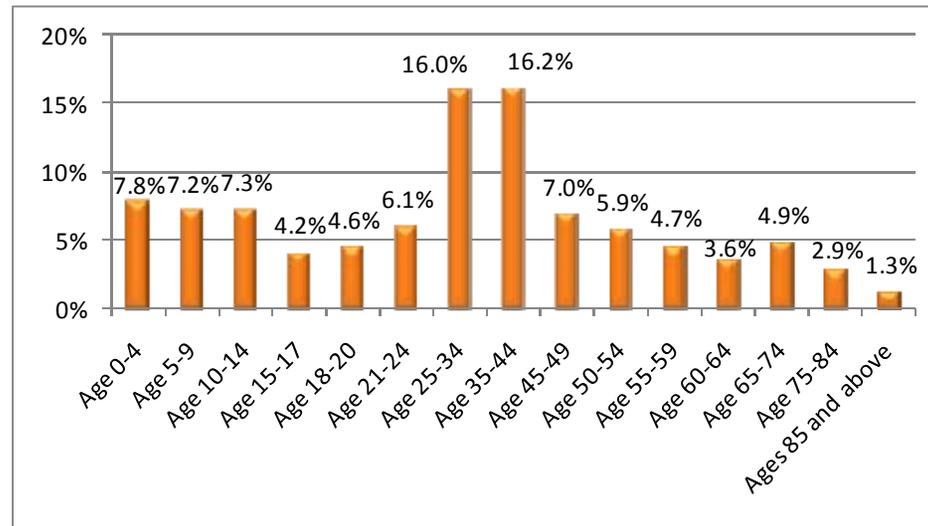
Sources: HealtyCity.org (Nielsen Claritas, Inc), 2010  
U.S. Census, 2010

2.2 Age

Children and youth (ages 0-17) accounted for more than one quarter (26.5%) of the population in SVMC’s primary service area, including almost 8% who were under the age of 5. Less than 1 in 10 people in this population were age 65 and above. Please see Figure 3 for more data.



**Figure 3. Age Distribution in SVMC’s Primary Service Area, 2009**



Source: Nielsen Claritas, Inc., 2009

It should be noted that in 2030, when all of the baby boomers reach 65 and older, they will make up nearly one in five U.S. residents. Sixty-five and older populations are expected to double in size by year 2050 to 88.5 million from 38.7 million in 2008. Eighty-five and older populations are expected to more than triple, from 5.4 million to 19 million between 2008 and 2050.

Few focus group and interview participants discussed the increasing proportion of the aging population, as the baby boomer generation gets older and advocated expansion of services for this population.

2.3 Citizenship

The United States is projected to be more racially diverse and much older by the midcentury mark. The U.S. Census Bureau projections report that immigrants arriving to the county after 1990, including their children, are expected to make up two-thirds of the population growth in the U.S. between 2000 and 2050, when the total population will increase from 281 million to 404 million. Estimates indicate that these immigrants and their children will comprise more than one out of every four American residents in the year 2050.

The Census 2008 National Population Projections highlights that minorities will become the majority in 2042 and by the year 2023 minorities will comprise more than half of all children.



According to the 2009 American Community Survey, of the estimated 307,006,556 people living in United States, 86.1% of the population were U.S. citizens born in the United States, 5.5% were U.S. citizens by naturalization and 7.1% were not a U.S. citizen. In California 28.4% are naturalized citizens. However, nearly half (47.4%) of California’s naturalized citizens are from Los Angeles, Long Beach and Santa Ana<sup>1</sup>. Throughout the years, that rate has remained steady.

**Figure 4. Persons Naturalized Nationally, Statewide and by Core Based Statistical Area (CBSA) of Residence, 2009**

Year	United States	California	Percentage of the U.S.	LA, Long Beach, Santa Ana	Percentage of California
2000	886,026	301,907	34.1%	169,126	56.0%
2001	606,259	202,668	33.4%	96,852	47.8%
2002	572,646	149,213	26.1%	69,495	46.6%
2003	462,435	135,599	29.3%	62,556	46.1%
2004	537,151	145,593	27.1%	66,733	45.8%
2005	537,151	170,489	31.7%	78,182	45.9%
2006	702,589	152,836	21.8%	65,811	43.1%
2007	660,477	181,684	27.5%	78,454	43.2%
2008	1,046,539	297,909	28.5%	138,618	46.5%
2009	743,715	179,754	24.2%	84,061	46.8%
<b>Total</b>	<b>6,754,988</b>	<b>1,917,652</b>	<b>28.4%</b>	<b>909,888</b>	<b>47.4%</b>

Source: Department of Homeland Security, Office of Immigration Statistics, Yearbook of Immigration Statistics 2009

## 2.4 Education Attainment

In the SVMC primary service area, 41.7% of the population had less than a high school education, compared to 31.0% of the overall population in Los Angeles County. All but four of 21 zip codes (90008, 90010, 90027, and 90028) had higher rates than Los Angeles County overall of individuals with less than a high school education and 90011 had the highest rate (73.9%) of individuals with less than a high school diploma. A smaller percentage of residents in this primary service area had either a high school diploma (17.6%) Bachelor’s or higher (21.7%) compared to the overall Los Angeles County rates (18.9% and 24.1%, respectively).

<sup>1</sup> Department of Homeland Security, Office of Immigration Statistics, Yearbook of Immigration Statistics 2009



**Figure 5. Educational Attainment in SVMC’s Primary Service Area, 2009**

Zip Code	Less Than HS Diploma		HS or equivalent		Bachelor’s degree or higher	
	N	%	N	%	N	%
90004	19141	<b>41.7%</b>	8093	17.6%	9977	21.7%
90005	13866	<b>46.1%</b>	5202	17.3%	5927	19.7%
90006	24856	<b>61.2%</b>	6907	17.0%	3645	9.0%
90007	12367	<b>54.9%</b>	2952	13.1%	3843	17.0%
90008	4134	19.8%	4032	19.3%	5188	24.8%
90010	340	21.3%	297	18.6%	548	34.3%
90011	41559	<b>73.9%</b>	7452	13.3%	1532	2.7%
90016	11851	<b>38.9%</b>	6539	21.4%	3744	12.3%
90017	11766	<b>73.0%</b>	2208	13.7%	744	4.6%
90018	14016	<b>45.6%</b>	5979	19.5%	3179	10.3%
90019	16865	<b>36.3%</b>	8111	17.5%	9675	20.8%
90020	8749	27.2%	6890	21.4%	9347	29.1%
90026	21626	<b>44.6%</b>	7855	16.2%	9987	20.6%
90027	9022	22.9%	6998	17.8%	13856	35.2%
90028	6978	30.0%	4216	18.1%	6171	26.6%
90029	13609	<b>47.3%</b>	5606	19.5%	4201	14.6%
90031	15461	<b>64.3%</b>	3586	14.9%	1697	7.1%
90037	20644	<b>62.8%</b>	5647	17.2%	1357	4.1%
90044	27598	<b>54.7%</b>	10691	21.2%	2400	4.8%
90046	17575	<b>56.7%</b>	5078	16.4%	3947	12.7%
90057	312023	<b>47.9%</b>	114339	17.5%	100965	15.5%
<b>Service Area</b>	19141	41.7%	8093	17.6%	9977	21.7%
<b>Los Angeles County</b>	1979475	31.0%	1205647	18.9%	1535654	24.1%

Source: Nielsen Claritas, Inc., 2009

**Note:** Bolded numbers indicate zip codes with higher percentage than Los Angeles County overall of individuals with less than a high school diploma.

SPA data reveal that a majority of SPAs had a higher rate of educational attainment than Los Angeles County. In SVMC’s primary service areas the majority has less than a high school level of educational attainment (32.6% in SPA 4 and 45.5% in SPA 6).



**Figure 6. Educational Attainment by SPA, 2010**

	Less than High School		High School or Equivalent		Some College/Associate’s Degree		Bachelor’s Degree or Higher	
	N	%	N	%	N	%	N	%
<b>Los Angeles County</b>	1,606,15	25.0%	1,383,744	21.5%	1,648,738	25.7%	1,789,061	27.8%
<b>Service Planning Area</b>								
San Fernando (2)	274,661	19.8%	287,897	20.8%	378,545	27.3%	445,642	32.1%
San Gabriel (3)	261,983	22.2%	254,576	21.6%	313,935	26.6%	349,508	29.6%
<b>Metro (4)</b>	<b>264,851</b>	<b>32.6%</b>	<b>158,027</b>	<b>19.4%</b>	<b>166,289</b>	<b>20.4%</b>	<b>223,991</b>	<b>27.5%</b>
West (5)	36,261	7.5%	62,095	12.8%	113,331	23.3%	274,932	56.5%
<b>South (6)</b>	<b>244,776</b>	<b>45.5%</b>	<b>125,261</b>	<b>23.3%</b>	<b>115,330</b>	<b>21.4%</b>	<b>52,526</b>	<b>9.8%</b>
East (7)	266,966	33.6%	206,861	26.1%	195,606	24.6%	124,169	15.6%
South Bay (8)	207,515	21.5%	212,544	22.1%	269,168	27.9%	274,445	28.5%

Source: Nielsen Claritas, 2010

2.5 Race/Ethnicity

In the SVMC primary service area, the majority of the population were Hispanic/Latino (58.7%) followed by African American or Black (13.9%), and then White (13.2%). In Los Angeles County, the Hispanic/Latino subgroup also made up the majority of the population (48.1%). However, the second largest subset of the population in Los Angeles County in 2009 was White (27.4%), followed by the Asian subgroup (12.8%).

**Figure 7. Race/Ethnicity Percentages in SVMC’s Primary Service Area, 2009**

Race/Ethnicity	SVMC	Los Angeles County
White	147,150 (13.2%)	2,750,423 (27.4%)
Black or African American	155,101 (13.9%)	857,211 (8.6%)
American Indian and Alaskan Native	2,326 (0.2%)	22,890 (0.2%)
Asian	129,362 (11.6%)	1,286,101 (12.8%)
Native Hawaiian and Pacific Islander	701 (0.1%)	22,420 (0.2%)
Some Other Race	2,375 (0.2%)	19,610 (0.2%)
Two or More Races	22,953 (2.1%)	245,452 (2.5%)
Hispanic/Latino	653,927 (58.7)	4,818,082 (48.1%)
Total	1,114,255 (100.0%)	10,022,189 (100.0%)

Source: Nielsen Claritas, Inc., 2009



2.6 Households

Of the 13 million households in the state (12,652,259) of California, one in four households was located in Los Angeles County (3,234,680).<sup>2</sup> The distribution of the number of households across SPAs show that the San Fernando (SPA 2) area ranks highest with the most number of households at 21.7%, followed by San Gabriel (SPA 3) at 17.4% and South Bay (SPA 8) at 15.9%. SPA 4, one of SVMC’S service planning areas, also made up a large percentage (13.6%, 438,522) of households. Together, SPAs 4 and 6 represent 694,963 households or 21.5% of Los Angeles County.

**Figure 8. Number of Households by SPA, 2009**

	<b>Number of Households</b>	<b>Percentage of Los Angeles County</b>
<b>Los Angeles County</b>	3,234,680	100%
<b>Service Planning Area</b>		
San Fernando (2)	702,175	21.7%
San Gabriel (3)	563,935	17.4%
<b>Metro (4)</b>	<b>438,522</b>	<b>13.6%</b>
West (5)	296,203	9.2%
<b>South (6)</b>	<b>256,441</b>	<b>7.9%</b>
East (7)	360,211	11.1%
South Bay (8)	515,512	15.9%
Cumulative	3,132,999	96.9%

Source: HealtyCity.org (Nielsen Claritas, Inc), 2009. Data is approximated.

The most populous zip codes within SVMC’s primary service area were 90046 (29,338), 90044 (25,589), and 90026 (25,034).

<sup>2</sup> HealthyCity.org, 2009



**Figure 9. Number of Households in SVMC’s Primary Service Area, 2009**

	Number of Households	Percentage of Los Angeles County
<b>Los Angeles County</b>	3,234,680	100%
<b>Zip Codes</b>		
90004	23,817	0.74%
90005	16,478	0.51%
90006	20,088	0.62%
90007	13,122	0.41%
90008	13,493	0.42%
90010	940	0.03%
90011	22,898	0.71%
90016	16,785	0.52%
90017	8,858	0.27%
90018	15,931	0.49%
90019	24,782	0.77%
90020	18,442	0.57%
90026	25,034	0.77%
90027	23,119	0.71%
90028	15,320	0.47%
90029	14,306	0.44%
90031	10,817	0.33%
90037	15,545	0.48%
90044	25,589	0.79%
90046	29,388	0.91%
90057	16,608	0.51%
<b>Cumulative</b>	371,360	11.48%

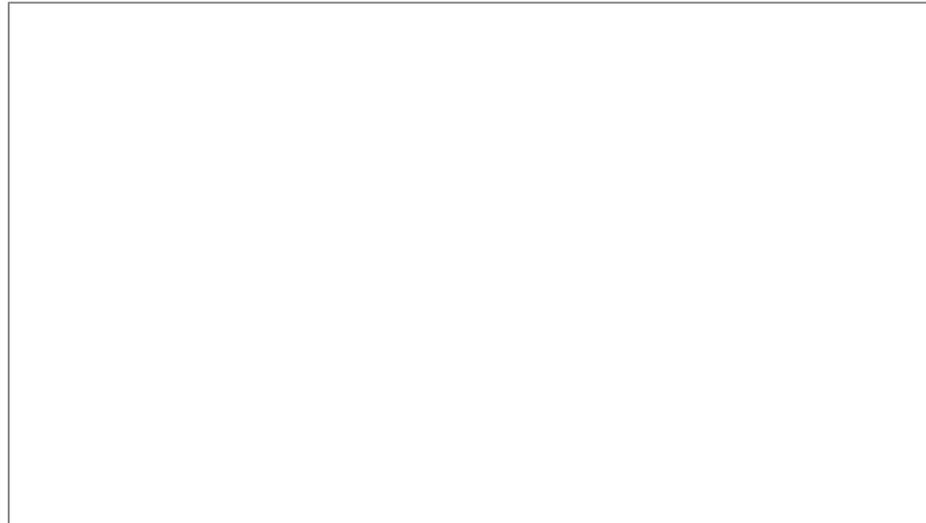
Source: HealthyCity.org (Nielsen Claritas, Inc), 2009



### 2.7 Language Spoken at Home

In 2010, it was estimated that more than two-thirds (69.1%) of the population in SVMC’s primary service area spoke a language other than English at home, a proportion much higher than Los Angeles County. Of the 21 zip codes in SVMC’s primary service area, 51.5% of the population spoke Spanish at home, 30.9% spoke English at home, 11.9% spoke an Asian or Pacific Islander language at home, and 5.7% spoke Other languages at home.

**Figure 10. Percentage of Languages Spoken at Home in SVMC’s Primary Service Area, 2009**



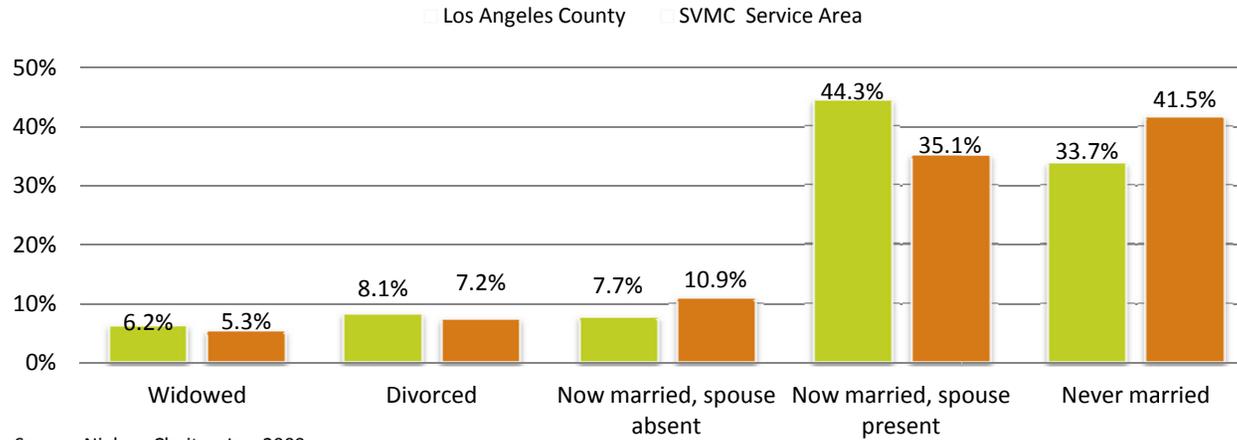
Source: Nielsen Claritas, Inc., 2009

### 2.8 Marital Status

In 2009, nearly three quarters of residents living within SVMC’s primary service area reported either having never being married (41.5%) or being currently married with their spouse being present (35.1%). Similar results were seen overall for Los Angeles County residents; however categories were reversed with 33.7% reporting never being married or 44.3% being currently married with their spouse being present. The remainder of the population within SVMC’s primary service area reported being currently married with their spouse being absent (10.9%), being divorced (7.2%), or widowed (5.3%). Please see Figure 11 for more data.



**Figure 11. Percentage of Individuals Married, Never Married, Divorced or Widowed in SVMC’s Primary Service Area, 2009**



Source: Nielsen Claritas, Inc. 2009

**2.9 Foster Care Population**

In 2008, 1% of the 10,191 children who entered foster care in Los Angeles County overall were from SVMC’s primary service area. Most foster youth entering care were from zip codes 90044 (275), 90011 (194), and 90037 (108). Please see Figure 12 for detailed data.

**Figure 12. Foster Care Population\* in SVMC’s Primary Service Area, 2008**

Zip Code	Number of children entering Foster Care	Zip Code	Number of children entering Foster Care	Zip Code	Number of children entering Foster Care
90004	35	90017	24	90029	17
90005	16	90018	55	90031	26
90006	23	90019	49	90037	108
90007	25	90020	14	90044	275
90008	62	90026	44	90046	3
90010	0	90027	7	90057	19
90011	194	90028	9	90020	14
90016	49	Source: Department of Children & Family Services, 2008			
<b>Service Area</b>	1054				
<b>Los Angeles County</b>	10,191				

\* The number of children entering the foster care system represents an unduplicated count of all children entering foster care in 2008.



In 2008, there was a total of 141,882 Department of Children and Family Services (DCFS) child abuse referrals in Los Angeles County. In SVMC’s primary service area there was a total of 19,651 DCFS child abuse allegation referrals. Most referrals were from zip codes 90044 (3,683), 90011 (2,301), and 90037 (2,094). Please see Figure 13 for detailed data by SVMC’s primary service area zip codes.

**Figure 13. Child Abuse Allegation Referrals in SVMC’s Primary Service Area by Zip Code, 2008**

Zip Code	Referrals	Zip Code	Referrals	Zip Code	Referrals
90004	829	90016	921	90028	238
90005	355	90017	550	90029	477
90006	1,157	90018	966	90031	806
90007	597	90019	974	90037	2,094
90008	912	90020	327	90044	3,683
90010	40	90026	1,100	90046	146
90011	2,301	90027	227	90057	951
<b>Service Area</b>	19,651				
<b>Los Angeles County</b>	141,882				

Source: Department of Children & Family Services, 2008

Within the same year, 1,084 children within SVMC’s primary service area were removed from the home as a result of DCFS child abuse allegation referrals. Most DCFS removals were from zip codes 90044 (286), 90011 (160), and 90037 (119). Figure 14 has detailed data by SVMC’s primary service area zip codes.

**Figure 14. DCFS Removals in SVMC’s Primary Service Area by Zip Code, 2008**

Zip Code	Removals	Zip Code	Removals	Zip Code	Removals
90004	34	90016	51	90028	5
90005	13	90017	30	90029	15
90006	42	90018	69	90031	24
90007	32	90019	37	90037	119
90008	54	90020	20	90044	286
90010	1	90026	45	90046	3
90011	160	90027	6	90057	38
<b>Service Area</b>	1,084				
<b>Los Angeles County</b>	N/A				

Source: Department of Children & Family Services, 2008



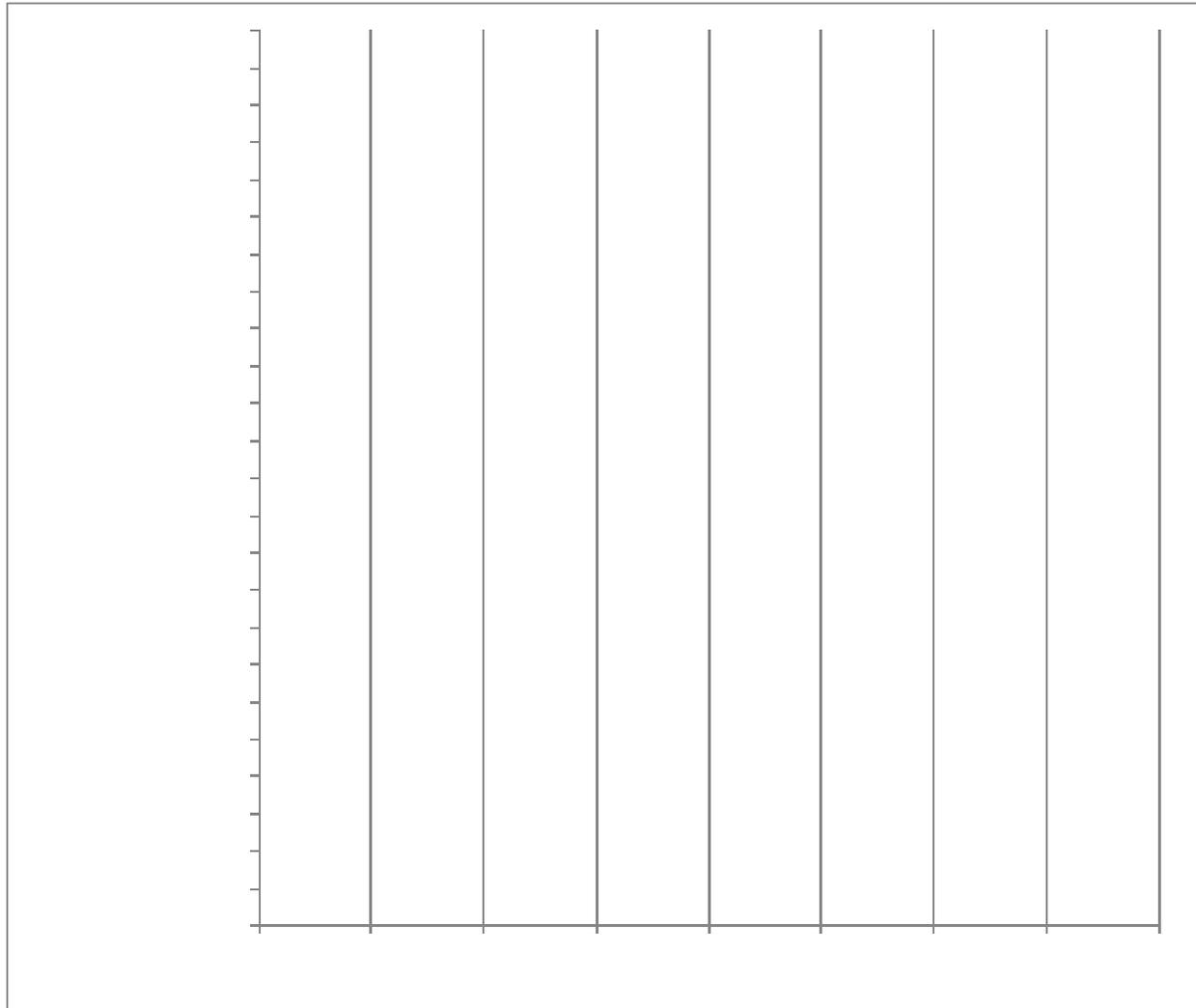
Overall, few interview participants discussed foster youth. However, those that did discussed placement of foster youth. More specifically, foster youth who went to an emergency room without a placement ended up spending hours waiting in the ER.

### 2.10 Poverty Rate

In 2010, there were 2,226,818 families living in Los Angeles County, of which 12.4% (275,280) were living below the federal poverty level (Nielsen Claritas, Inc., 2010). Compared to California (9.8%) and Los Angeles County (12.4%), SVMC service area had a larger percentage (23.0%) of families living below the federal poverty level. The two SVMC primary service area zip codes that report the highest percentage of families living below poverty are 90017, at 36.6% (2,016) and 90037, at 32.6% (3,833) of families living below poverty. However, more than half of the primary service area zip codes are below Los Angeles County poverty rate (12.4%). Percentage data for families living at or above poverty are detailed in Figure 16.



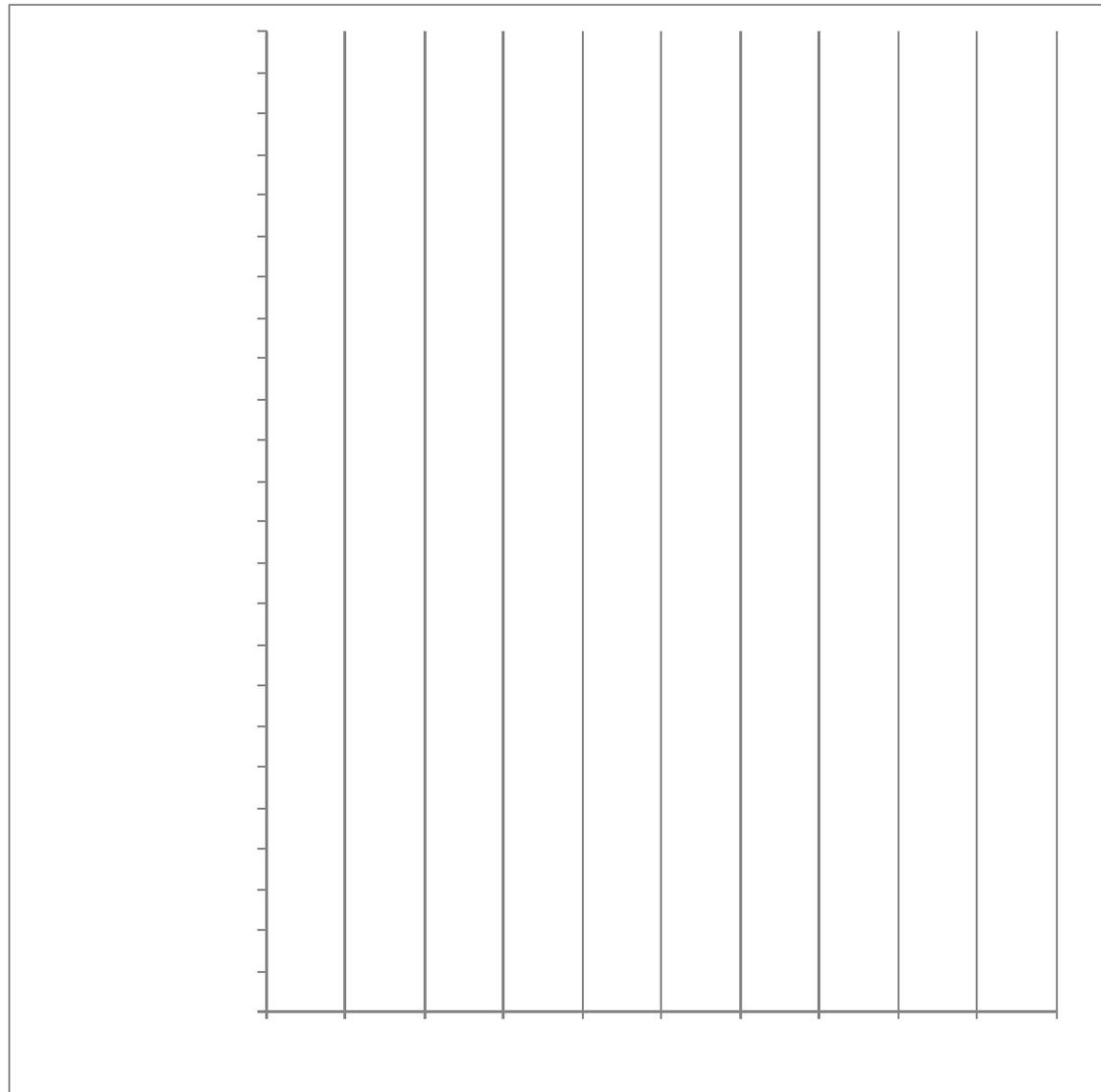
**Figure 15. Percentage of Families Living Below the Federal Poverty Level in SVMC's Primary Service Area, 2010**



Source: Nielsen Claritas, Inc., 2010



**Figure 16. Percentage of Families Living At or Above the Federal Poverty Level in SVMC's Primary Service Area, 2010**



Source: Nielsen Claritas, Inc., 2010



Broken down at the SPA level, four out of the seven Metro Collaborative SPAs were below Los Angeles County’s poverty percentage rate of 12.4% - SPAs 2, 3, 5, and 7. SPA 4 and 6, which are located within SVMC’s primary service area, had the highest rates of families living below poverty (19.7% and 24.7% respectively), and also have rates higher than Los Angeles County.

**Figure 17. Families Living Below or At/Above Poverty by SPA, 2010**

	% Families Below Poverty		% Families At/Above	
	N	%	N	%
<b>Los Angeles County</b>	275,280	12.4%	1,951,538	87.6%
<b>Service Planning Area</b>				
San Fernando (2)	44,340	9.1%	442,147	90.9%
San Gabriel (3)	37,517	9.0%	377,824	91.0%
<b>Metro (4)</b>	<b>48,304</b>	<b>19.7%</b>	<b>196,423</b>	<b>80.3%</b>
West (5)	8,859	6.2%	133,228	93.8%
<b>South (6)</b>	<b>47,682</b>	<b>24.7%</b>	<b>145,397</b>	<b>75.3%</b>
East (7)	32,617	11.2%	258,203	88.8%
South Bay (8)	43,974	12.7%	301,591	87.3%

Source: Nielsen Claritas, Inc, 2010

2.11 Household Income (Median)

In 2009, a median household income of \$55,499 was reported for Los Angeles County (U.S. Census, 2010). That number is higher than the median household income of all households within the SVMC primary service area, with incomes ranging between \$17,861 and \$48,587. The zip codes with the lowest reported household incomes were 90014 (\$9,999) and 90013 (\$10,717). The zip codes with the lowest median household income were 90071 (\$17,861) and 90015 (\$22,152). Similar to the last report conducted in 2007, the median household income of the Metro Collaborative primary service area continues to rank below the County average.



**Figure 18. Median Household Income in SVMC’s Primary Service Area, 2009**



Source: Nielsen Claritas, Inc. 2009

**Note:** Service zip codes represent the highest and lowest median household incomes within the primary and secondary service areas of SVMC.

**2.12 Class of Workers by Industry**

According to 2010 estimates, class of workers by industry in Los Angeles County consisted of 3,124,251 for-profit private workers (72.5%), 254,030 non-profit private workers (5.9%), 348,436 local government workers (8.1%), 108,562 state government workers (2.5%), 61,243 federal government workers (1.4%), 401,516 self-employed workers (9.3%), and 9,093 unpaid family workers (0.2%).

**2.13 Employment Status, Including Unemployment**

In the SVMC’s primary service area, about 49.7% of the population was employed in 2009, much lower than the rate for Los Angeles County (55.4%). The unemployment rate for SVMC’s primary service area is higher (6.6%) than Los Angeles County (5.0%). All but 3 out of 21 zip codes (90027, 90046, and 90010) had higher percentages of unemployed individuals than Los Angeles County overall. The zip codes with the highest percentage of unemployment were 90037 (8.8%), 90018 (7.7%), 90044 (7.6%), 90028 (7.5%), 90006 & 90007 (both at 7.2%), and 90026 (7.1%). In SVMC’s primary service area, the percentage of individuals not in the labor force is higher than for Los Angeles County overall (43.7% compared to 39.5%). The zip codes with the highest percentages of individuals not in the labor force were 90044 (48.7%), 90011 (48.4%) 90031 (48.3%) and 90007 & 90037 (both at 48.2%). Please see Figure 19 for data by zip code.



**Figure 19. Percentage Employment Status in SVMC’s Primary Service Area, 2009**

Zip Code	Civilian, Employed		Civilian, Unemployed		Not in Labor Force*	
	N	%	N	%	N	%
90004	29007	53.3%	3344	<b>6.2%</b>	22054	40.5%
90005	17674	49.6%	2161	<b>6.1%</b>	15788	44.3%
90006	24162	48.7%	3577	<b>7.2%</b>	21857	44.1%
90007	16675	44.5%	2705	<b>7.2%</b>	18050	<b>48.2%</b>
90008	12396	50.3%	1670	<b>6.8%</b>	10552	42.9%
90010	906	49.9%	62	3.4%	848	46.7%
90011	35509	44.8%	5061	<b>6.8%</b>	36232	<b>48.4%</b>
90016	18051	48.7%	2293	<b>6.2%</b>	16706	45.1%
90017	9914	48.4%	1218	<b>5.6%</b>	9284	45.4%
90018	17365	45.9%	2913	<b>7.7%</b>	17484	46.3%
90019	28949	52.6%	3449	<b>6.3%</b>	22633	41.1%
90020	19915	53.9%	2014	<b>5.6%</b>	14978	40.6%
90026	30339	52.5%	4118	<b>7.1%</b>	23289	40.3%
90027	24121	55.1%	2211	5.0%	17412	39.8%
90028	14004	53.0%	1985	<b>7.5%</b>	10451	39.5%
90029	16330	47.6%	2070	<b>6.0%</b>	15855	46.2%
90031	13897	46.4%	1601	5.4%	14454	<b>48.3%</b>
90037	18268	42.9%	3739	<b>8.8%</b>	20500	<b>48.2%</b>
90044	28222	43.7%	4909	<b>7.6%</b>	31431	<b>48.7%</b>
90046	30042	63.3%	2221	4.7%	15174	32.0%
90057	18558	49.3%	2438	<b>6.5%</b>	16624	44.1%
<b>Service Area</b>	422,304	49.7%	55759	6.6%	371,656	43.7%
<b>Los Angeles County</b>	4,278,222	55.4%	387,741	5.0%	3,058,848	39.5%

Source: Neilson Claritas, Inc., 2009

**Note:** Bolded numbers indicate zip codes with higher percentage than Los Angeles County overall of unemployed civilians

\*Not in Labor Force are those who have no job and are not looking for one. Many who are not in the labor force are going to school or are retired. Family responsibilities keep others out of the labor force.

SPA data reveal that those SPAs within SVMC’s primary service area have a somewhat higher percentage of unemployment than Los Angeles County, SPA 4 with 5.3% and SPA 6 with 6.6%, compared to Los Angeles County (4.4%). As would be expected, the rates for employed individuals are lower compared to Los Angeles County. Also, the rates for individuals not in the labor force were also higher (SPA 4 with 37.5 % and SPA 6 with 42.8%), compared to Los Angeles County (34.9%). Please see Figure 20 for more data.



**Figure 20. Percentage Employment Status by SPA, 2010**

Service Planning Area	Armed Forces		Civilian Employed		Civilian Unemployed		Not in Labor Force	
	N	%	N	%	N	%	N	%
San Fernando (2)	500	0.03%	1,063,293	64.3%	64,711	3.9%	524,733	31.7%
San Gabriel (3)	427	0.03%	880,001	61.4%	52,515	3.7%	500,872	34.9%
<b>Metro (4)</b>	<b>218</b>	<b>0.02%</b>	<b>546,127</b>	<b>57.2%</b>	<b>50,828</b>	<b>5.3%</b>	<b>357,648</b>	<b>37.5%</b>
West (5)	177	0.03%	379,538	67.8%	19,696	3.5%	160,663	28.7%
<b>South (6)</b>	<b>185</b>	<b>0.03%</b>	<b>351,541</b>	<b>50.5%</b>	<b>46,064</b>	<b>6.6%</b>	<b>297,855</b>	<b>42.8%</b>
East (7)	507	0.05%	578,650	58.7%	41,079	4.2%	365,976	37.1%
South Bay (8)	912	0.08%	718,150	61.8%	50,464	4.3%	392,717	33.8%
Los Angeles County	4,273	0.05%	4,720,096	60.7%	342,835	4.4%	2,715,069	34.9%

Source: Nielsen Claritas, 2010

### 2.14 Means of Transportation to Work

According to 2010 Nielsen Claritas estimates for Los Angeles County, 4.3% (181,494) worked at home which is slightly higher than the 3.5% in 2000. Less than 1% (0.8%, 119,586) walk to work compared to 2.9% in 2000. Close to one percent (0.7%, 29,324) used bicycles as a means to get to work, compared to 0.6% in 2000, which was slightly lower. Slightly lower than in 2000 (15.2%), there were 11.6% (488,764) who carpoled to work. There was also a very slight increase from 2000 (70.2%) to 2010 estimates for those that drove alone to work (71.7%, 3,013,544). Similarly, 2010 estimates state that 7.4% (309,446) use public transportation to get to work. Lastly, 1.5% (61,815) used other means to get to work, compared to -0.8% in 2000.

## **3. Natality**

### 3.1 Prenatal Care

The Healthy People 2010 objective is that at least 90% of mothers receive prenatal care in the first trimester. From 2005 to 2006, 87.3% of pregnant women in Los Angeles County began prenatal care in the first trimester. However, a slightly smaller percentage of uninsured pregnant women (85.8%) are Hispanic/Latina and born in the United States (83.9%), living below the federal poverty level (83.6%), or are Medi-Cal insured (83.5%) began prenatal care in their first trimester. An even smaller percentage of pregnant women who completed some high school (79.8%), were between the age of 15 and 19 (78.2%), or living at home in which an Asian language is primarily spoken (75.5%) began prenatal care in the first trimester.



### 3.2 Birth Weight

Low birth weight is one of the leading causes of infant illness or death in a baby’s first year. In addition to higher costs for caring for premature infants (25 times more); there are also potentially profound health and cognitive concerns as well. A baby born 5.5 pounds or less has an increased chance of developing a vision, hearing, speech, neurological, sensory, or learning disability. In 2008, 6.8% of all live births in California were of low birth weight; whereas, in Los Angeles County it was higher at 7.3%. Within GSH SPAs 4 and 6, most live births weighed less than 5.5 pounds (6.8% and 7.9%, respectively) or were of moderate low birth weight between 3.25 and 5.5 pounds (5.6% and 6.4%, respectively). Overall, SPA 6 had the highest percentage of live births weighing less than 5.5 pounds.

**Figure 21. Percentage of Live Births in Los Angeles County Service Planning Areas that are Very Low and Moderately Low Birth Weight, 2007**

	San Fernando (2)	San Gabriel (3)	Metro (4)	West (5)	South (6)	East (7)	South Bay (8)
Very Low Birth Weight (<3.25 pounds)	1.2%	1.3%	<b>1.2%</b>	1.2%	<b>1.5%</b>	1.2%	1.4%
Moderately Low Birth Weight (3.25-5.5 pounds)	6.2%	5.9%	<b>5.6%</b>	6.4%	<b>6.4%</b>	5.5%	6.3%
Total Low Birth Weight (< 5.5 pounds)	7.4%	7.2%	<b>6.8%</b>	7.6%	<b>7.9%</b>	6.8%	7.7%

Source: LA’s Best Babies Network, Perinatal Scorecard 2010

Overall, in 2008 African Americans in Los Angeles County had the highest percentage of live births weighing below 5.5 pounds (13.5%). Hispanics/Latino’s and Pacific Islander’s had the lowest percentage of live births weighing less than 5.5 pounds (6.4% and 6.5, respectively).

**Figure 22. Percentage of Live Births that are Very Low and Moderately Low Birth Weight in each Racial/Ethnic Group, LA County, 2007-2008**

	2007	2008
<b>Very Low Birth Weight (&lt;3.25 pounds)</b>	<b>Percentage</b>	<b>Percentage</b>
Los Angeles County	1.3%	1.2%
African American	2.9%	3.0%
American Indian/Alaskan Native	1.6%	1.8%
Asian	1.1%	0.9%
Hispanic/Latino	1.2%	1.1%
Pacific Islander	1.0%	1.0%
White	1.3%	1.2%



	2007	2008
<b>Moderately Low Birth Weight (3.25-5.5 pounds)</b>		
Los Angeles County	6.1%	6.1%
African American	9.8%	10.5%
American Indian/Alaskan Native	10.5%	7.1%
Asian	6.8%	6.9%
Hispanic/Latino	5.4%	5.3%
Pacific Islander	4.1%	5.4%
White	6.4%	6.6%
<b>Total Low Birth Weight (&lt; 5.5 pounds)</b>		
Los Angeles County	7.4%	7.3%
African American	12.7%	13.5%
American Indian/Alaskan Native	12.0%	8.8%
Asian	7.9%	7.8%
Hispanic/Latino	6.6%	6.4%
Pacific Islander	5.1%	6.5%
White	7.6%	7.8%

Source: LA's Best Babies Network, Perinatal Scorecard 2010

### 3.3 Births by Zip Code

In 2008, there were 139,679 births in Los Angeles County. In SVMC's primary service area, there were 17,397 births, 3.2% of births in Los Angeles County. The majority of births occurred in zip codes 90011 (15.5%, 2,702), 90044 (11.2%, 1,942), 90037 (8.1%, 1,412), 90006 (6.0%, 1,037), and 90019 (5.9%, 1,025).



**Figure 23. Number of Births in SVMC’s Primary Service Area, 2008**

Zip Code	No. of Births	Zip Code	No. of Births
90004	971	90020	625
90005	600	90026	983
<b>90006</b>	<b>1,037</b>	90027	432
90007	530	90028	241
90008	457	90029	565
90010	16	90031	643
<b>90011</b>	<b>2,702</b>	<b>90037</b>	<b>1,412</b>
90016	770	<b>90044</b>	<b>1,942</b>
90017	456	90046	321
90018	853	90057	813
90019	1,025		
<b>Service Area</b>	<b>17,394</b>		
<b>Los Angeles County</b>	<b>139,679</b>		

Source: California Department of Public Health (CDPH), 2008

### 3.4 Birth by Mother’s Race/Ethnicity and Age

Overall, trends from the 2007 community needs assessment were similar to the 2010 community needs assessment.

*Births by Mother’s Race/Ethnicity.* Ethnically, the majority of births were to Hispanic/Latina mothers (72.0%) within SVMC’s primary service area, much higher than the percentage in Los Angeles County (63.1%). Similarly, African American mothers within SVMC’s primary service area had a higher percentage of live births (11.6%) compared to the percentage in Los Angeles County (7.4%).



**Figure 24. Percentage of Births by Mother’s Race/Ethnicity in SVMC’s Primary Service Area, 2008**

Zip Code	African American/Black	Asian	Hispanic/Latina	Native American or Alaskan Native	White	Two or More Races	Other Race
90004	2.0%	20.2%	<b>65.2%</b>	0.0%	11.0%	1.2%	0.4%
90005	2.5%	24.3%	<b>68.5%</b>	0.0%	3.3%	0.8%	0.5%
90006	1.9%	9.5%	<b>85.6%</b>	0.0%	1.6%	0.3%	1.0%
<b>90007</b>	<b>13.2%</b>	4.7%	<b>78.1%</b>	0.0%	1.5%	0.9%	1.5%
<b>90008</b>	<b>55.1%</b>	1.8%	38.3%	0.2%	1.8%	1.5%	1.3%
90010	0.0%	68.8%	6.3%	0.0%	18.8%	6.3%	0.0%
90011	6.6%	0.2%	<b>92.5%</b>	0.0%	0.3%	0.2%	0.3%
<b>90016</b>	<b>27.7%</b>	1.3%	<b>64.8%</b>	0.1%	3.8%	1.8%	0.5%
90017	4.6%	5.3%	<b>86.2%</b>	0.0%	2.2%	0.9%	0.9%
<b>90018</b>	<b>21.6%</b>	1.6%	<b>72.3%</b>	0.0%	2.7%	1.6%	0.1%
<b>90019</b>	<b>12.9%</b>	13.1%	<b>61.5%</b>	0.0%	10.5%	1.4%	0.7%
90020	2.9%	46.1%	44.5%	0.2%	4.8%	0.6%	1.0%
90026	3.9%	8.9%	70.2%	0.0%	14.5%	1.6%	1.0%
90027	2.6%	18.1%	30.3%	0.0%	46.3%	1.4%	1.4%
90028	5.0%	8.7%	56.0%	0.4%	26.6%	0.8%	2.5%
90029	2.7%	9.4%	<b>77.4%</b>	0.0%	8.9%	0.9%	0.9%
90031	0.2%	18.0%	<b>76.5%</b>	0.3%	4.0%	0.2%	0.8%
<b>90037</b>	<b>14.5%</b>	0.3%	<b>83.5%</b>	0.0%	0.6%	0.4%	0.7%
<b>90044</b>	<b>29.8%</b>	0.2%	<b>68.3%</b>	0.2%	0.5%	0.7%	0.3%
90046	3.1%	11.2%	10.0%	0.3%	72.6%	1.6%	1.3%
90057	2.7%	13.8%	<b>80.9%</b>	0.0%	1.9%	0.5%	0.3%
<b>Service Area</b>	<b>11.6%</b>	8.5%	<b>72.0%</b>	0.1%	6.4%	0.9%	0.7%
<b>Los Angeles County</b>	7.4%	11.1%	63.1%	0.1%	16.1%	1.4%	0.8%

Source: California Department of Public Health (CDPH), 2008

In 2008 Hispanic women experienced births at a higher rate in SPA 4 (67.5%) and SPA 6 (77.8%), than in Los Angeles County (63.0%). African American mothers gave birth at a higher rate in SPA 6 (19.2%) than in Los Angeles County (7.5%). In Spa 4, Asian (10.3%) and Filipino (3.1%) mothers gave birth at a higher rate than in Los Angeles County (8.3% and 2.5%, respectively). Please see Figure 25 for more data.



**Figure 25. Births by Mother’s Race/Ethnicity by SPA, 2008**

Area	African American/Black	Asian	Filipino	Hispanic	Native American/Alaskan Native	Hawaiian/Pacific Islander	White	Two or More Races	Other Race
San Fernando SPA (2)	2.7%	6.0%	3.6%	56.4%	0.11%	0.16%	28.7%	1.3%	1.1%
San Gabriel SPA (3)	2.7%	20.1%	2.6%	60.3%	0.14%	0.14%	12.1%	1.4%	0.60%
<b>Metro SPA(4)</b>	<b>3.0%</b>	<b>10.3%</b>	<b>3.1%</b>	<b>67.5%</b>	<b>0.07%</b>	<b>0.07%</b>	<b>14.0%</b>	<b>1.1%</b>	<b>0.97%</b>
West SPA (5)	4.9%	14.0%	1.5%	20.4%	0.01%	0.23%	53.1%	3.2%	2.78%
<b>South SPA (6)</b>	<b>19.2%</b>	<b>0.42%</b>	<b>0.2%</b>	<b>77.8%</b>	<b>0.02%</b>	<b>0.18%</b>	<b>1.0%</b>	<b>0.7%</b>	<b>0.44%</b>
East SPA (7)	2.3%	3.7%	2.1%	83.0%	0.16%	0.24%	7.4%	0.8%	0.30%
South Bay SPA (8)	14.3%	8.5%	3.4%	54.1%	0.12%	1.17%	15.5%	2.2%	0.79%
<b>Los Angeles County</b>	<b>7.5%</b>	<b>8.3%</b>	<b>2.5%</b>	<b>63.0%</b>	<b>0.12%</b>	<b>0.32%</b>	<b>16.2%</b>	<b>1.4%</b>	<b>0.80%</b>

Source: California Department of Public Health (CDPH), 2008

*Births by Age.* The percentage of births to mothers age 20 or younger (11.9%) is higher in SVMC’s primary service area than that of Los Angeles County (9.5%). More specifically, zip codes 90044 (16.5%), 90011 (16.0%), 90037 (14.7%), 90007 (13.4%), 90057 (13.0%), 90017 & 90018 (both at 12.5%), 90006 (11.8%), 90008 (11.4%), 90026 (11.1%), 90031 (10.9%), 90029 (10.3%) and 90016 (9.9%) have higher percentages birthed by younger mothers than Los Angeles County. Additionally, the percentage of births to mothers 20 to 29 years of age is slightly higher in SVMC’s primary service area (50.6%) than that of Los Angeles County (48.8%). Just over half of zip codes in SVMC’s primary service area have higher percentages of mothers 20 to 29 years of age than Los Angeles County (48.8%). Please see Figure 26 for more data.



**Figure 26. Birth by Mother’s Age in SVMC’s Primary Service Area, 2008**

Zip Code	Mother less than 20 years old	Mother 20-29 years old	Mother 30-34	Mother 35 years and older
90004	7.4%	43.6%	24.6%	<b>24.4%</b>
90005	7.8%	47.0%	26.8%	<b>18.3%</b>
<b>90006</b>	<b>11.8%</b>	50.8%	21.8%	15.6%
<b>90007</b>	<b>13.4%</b>	51.3%	20.4%	14.9%
<b>90008</b>	<b>11.4%</b>	52.5%	19.9%	16.2%
90010	0.0%	56.3%	37.5%	6.3%
<b>90011</b>	<b>16.0%</b>	55.4%	17.6%	11.0%
<b>90016</b>	<b>9.9%</b>	54.0%	20.7%	15.5%
<b>90017</b>	<b>12.5%</b>	52.2%	22.4%	12.9%
<b>90018</b>	<b>12.5%</b>	55.3%	17.5%	14.7%
90019	9.5%	45.1%	26.4%	<b>19.0%</b>
90020	5.9%	43.4%	31.8%	<b>18.9%</b>
<b>90026</b>	<b>11.1%</b>	46.0%	22.8%	<b>20.1%</b>
90027	2.8%	34.7%	27.3%	<b>35.2%</b>
90028	8.7%	44.0%	24.1%	<b>23.2%</b>
<b>90029</b>	<b>10.3%</b>	51.9%	21.4%	16.5%
<b>90031</b>	<b>10.9%</b>	48.1%	23.8%	17.3%
<b>90037</b>	<b>14.7%</b>	55.3%	19.3%	10.7%
<b>90044</b>	<b>16.5%</b>	57.2%	15.0%	11.3%
90046	1.6%	24.0%	29.0%	<b>45.5%</b>
<b>90057</b>	<b>13.0%</b>	51.9%	21.9%	13.2%
<b>Service Area</b>	11.9%	50.6%	21.2%	16.2%
<b>Los Angeles County</b>	9.5%	48.8%	24.0%	17.6%

Source: California Department of Public Health (CDPH), 2008

In SPA 6, the percentage of mothers less than 20 years of age and mothers between 20 and 29 years of age (14.8% and 55.2%) was higher than in Los Angeles County (9.7% and 47.0%, respectively). In SPA 4, mothers between 30 and 34 years of age and mothers 35 years of age of older had higher percentages (24.8% and 20.8%) than in Los Angeles County (24.2% and 19.0%, respectively).



**Figure 27. Birth by Mother’s Age in SVMC’s Primary Service Area, 2008**

Area	Mother less than 20 years old	Mother 20-29 years old	Mother 30-34	Mother 35 years and older
San Fernando SPA (2)	7.4%	44.8%	26.9%	21.0%
San Gabriel SPA (3)	8.6%	44.6%	26.4%	20.4%
<b>Metro SPA(4)</b>	<b>9.3%</b>	<b>45.1%</b>	<b>24.8%</b>	<b>20.8%</b>
West SPA (5)	2.1%	25.37%	34.6%	37.9%
<b>South SPA (6)</b>	<b>14.8%</b>	<b>55.2%</b>	<b>17.9%</b>	<b>12.2%</b>
East SPA (7)	11.1%	51.17%	22.6%	15.1%
South Bay SPA (8)	9.7%	46.6%	24.0%	19.7%
<b>Los Angeles County</b>	<b>9.7%</b>	<b>47.0%</b>	<b>24.2%</b>	<b>19.0%</b>

Source: California Department of Public Health (CDPH), 2008.

#### 4. Mortality

##### 4.1 Deaths

In 2008 there were a total of 58,028 deaths reported in Los Angeles County. Of those reported deaths, 5,569 (9.6%) occurred within SVMC’s primary service area (California Department of Public Health, 2008). Across SVMC’s primary service area the average number of deaths was 265, however a significant number of the deaths were reported within service zip code 90044 (% 533), 90019 (% 428), and 90018 (% 413) (CDPH). Please see Figure 29 for more data.



**Figure 28. Number of Deaths in SVMC’s Primary Service Area, 2008**



Source: California Department of Public Health (CDPH), 2008

In SPA 4, there were 6,121 deaths which accounted for 10.5% of the total number of deaths in Los Angeles County. There were a smaller number of deaths in SPA 6 (5,397), which accounted for 9.3% of deaths in Los Angeles County.

**Figure 29. Total Number of Deaths by SPA, 2008**

	Deaths	Percentage of Los Angeles County
<b>Los Angeles County</b>	58,028	100%
<b>Service Planning Area</b>		
San Fernando (2)	11,811	20.4%
San Gabriel (3)	10,563	18.2%
<b>Metro (4)</b>	<b>6,121</b>	<b>10.5%</b>
West (5)	4,156	7.2%
<b>South (6)</b>	<b>5,397</b>	<b>9.3%</b>
East (7)	7,066	12.2%
South Bay (8)	8,953	15.4%

Source: California Department of Public Health (CDPH), 2008

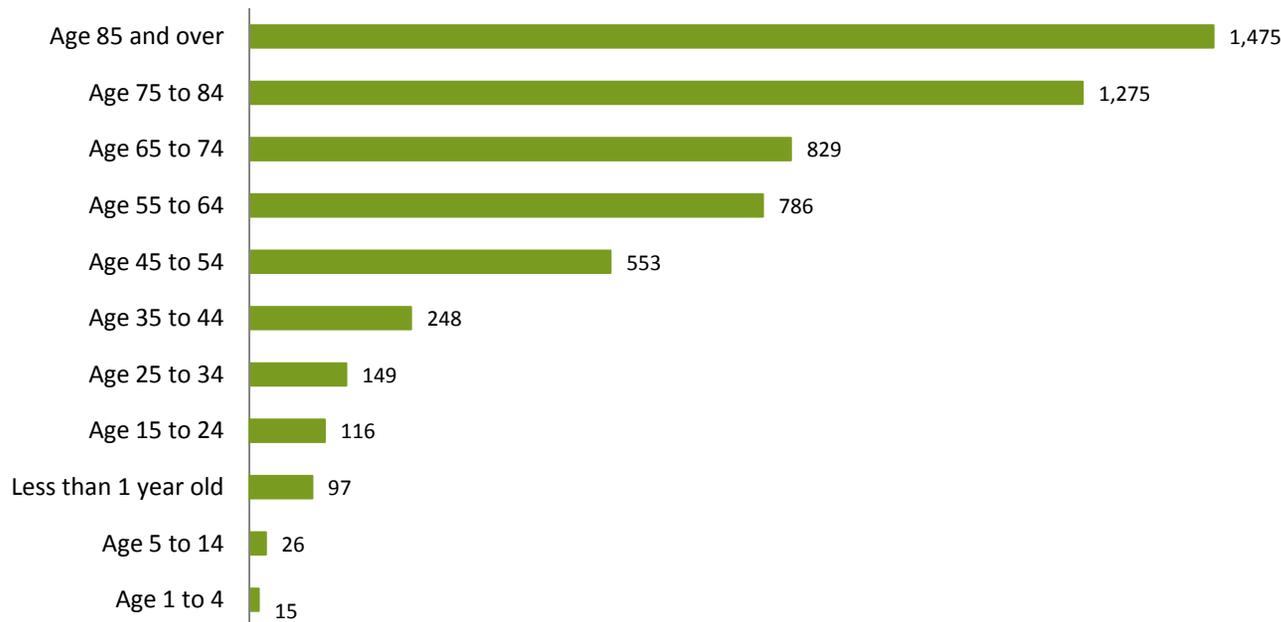
*Deaths by Gender.* In 2008, there were slightly more deaths among males (51.5%) than females (48.5%) in SVMC’s primary service area. In most of the zip codes in SVMC’s services area, deaths are nearly split between males and females. However, there are two zip codes where deaths by



gender vary greatly. In zip code 90010, there were a larger percentage of deaths among females (66.7%, 10) and in zip code 90017 there were a larger percentage of deaths among males (61.8%, 47).

*Deaths by Age.* Deaths reported by age were significantly higher among adults, age 85 and above (26.5%, 1,475) and those age 75 to 84 (22.9%, 1,275) in SVMC’s primary service area (CDPH). Those percentages were slightly lower than Los Angeles County (30.5% and 25.8%, respectively). However, those less than one year old experienced a higher number of deaths (97) than those 1 to 4 years of age (15) and those 5 to 14 years of age (26).

**Figure 30. Deaths by Age Group in SVMC’s Primary Service Area, 2008**



**Note:** The number of deaths are for the SVMC primary service area.  
 Source: California Department of Public Health (CDPH), 2008

Please note that the United States has one of the highest infant mortality rates of all developed countries. The leading causes of infant mortality are birth defects, preterm birth/low birth weight, Sudden Infant Death Syndrome, maternal complications during pregnancy, and complications affecting newborns due to the placenta, cord or membrane. Since 1980, California has had lower infant mortality rates than the rest of the nation. For 2003 and 2004 California’s rate was 5.2 per 1,000 live births. In 2007, it was 5.3 per 1,000 for Los Angeles County. Infant mortality

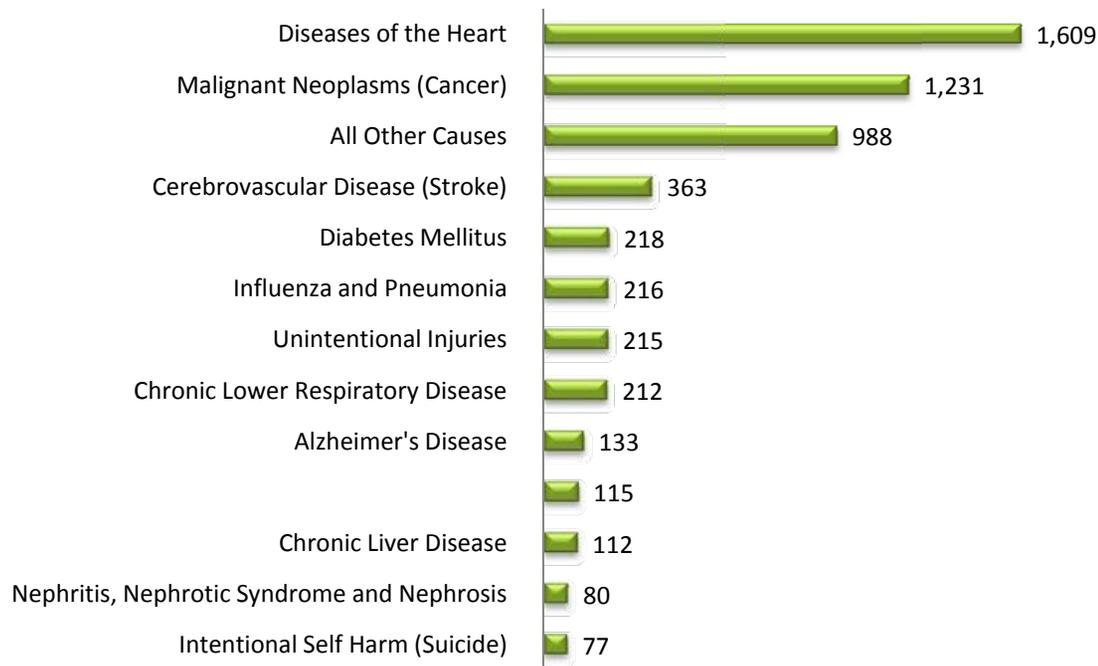


rates among African Americans (10.7 per 1,000) were more than twice as high compared to other ethnicities. SPAs 2, 3, 6, and 8 either had equivalent or higher rates than Los Angeles County as a whole.

**4.2 Cause of Death**

The top two causes of death reported for SVMC’s primary service area were heart disease (28.9%, 1,609) and cancer (22.1%, 1,231) (CDPH). In the 2007 community needs assessment, heart disease and cancer were also the most common causes of death. Other causes accounted for 17.7% (988) of deaths, followed by strokes (6.5%, 363), diabetes (3.9%, 218), influenza and pneumonia (3.9%, 216) unintentional injuries (3.9%, 215), and chronic lower respiratory disease (3.8%, 212). Please see Figure 31 for more data.

**Figure 31. Cause of Death in SVMC’s Primary Service Area, 2008**



Source: California Department of Public Health (CDPH), 2008



4.3 Premature Death

Understanding the reasons why people die prematurely is important in order to better understand the health needs of the community. In 2006, the life expectancy in Los Angeles County was 80.3 years of age<sup>3</sup>. In 2007, 24 out of every 100 premature deaths in Los Angeles County were caused by coronary heart disease<sup>4</sup>. In Los Angeles County, leading cause of premature death in 2007 was also coronary heart disease (SPAs 2,3,4,5,7), and homicide (SPA 6 only). In SVMC’s primary service area, the leading causes of premature death in SPA 4 were coronary heart disease and homicide (2007). In SPA 6, homicide was the number one cause of premature death followed by coronary heart disease (2007). Similar trends were noted in the 2007 community needs assessment. Please see Figure 32 for other premature death data.

**Figure 32. Ranking of Premature Death by SPA, 2007**

	Service Planning Area							
Rank	San Fernando SPA 2	San Gabriel SPA 3	Metro SPA 4	West SPA 5	South SPA 6	East SPA 7	South Bay SPA 8	LA County
1	Coronary heart disease	Coronary heart disease	<b>Coronary heart disease</b>	Coronary heart disease	<b>Homicide</b>	Coronary heart disease	Coronary heart disease	Coronary heart disease
2	Motor vehicle crash	Motor vehicle crash	<b>Homicide</b>	Drug overdose	<b>Coronary heart disease</b>	Homicide	Homicide	Homicide
3	Suicide	Homicide	<b>Drug overdose</b>	Suicide	<b>Motor vehicle crash</b>	Motor vehicle crash	Motor vehicle crash	Motor vehicle crash
4	Lung cancer	Lung cancer	<b>HIV</b>	Lung cancer	<b>Stroke</b>	Liver disease	Lung cancer	Drug overdose
5	Homicide	Suicide	<b>Motor vehicle crash</b>	Motor vehicle crash	<b>Diabetes</b>	Stroke	Drug overdose	Liver disease

Source: 2007 Los Angeles County Public Health: Mortality in Los Angeles County

<sup>3</sup> County of Los Angeles Department of Public Health, Life Expectancy in Los Angeles County: How long do we live and why? A Cities and Communities Health Report

<sup>4</sup> Los Angeles County Public Health: Mortality in Los Angeles County



## B. ACCESS

### 1. Health Insurance

Despite the passage of health care reform legislation, many components of which have not taken effect, many focus group and interview participants reported seeing more and more people losing health insurance. Some of this has to do with high unemployment rate, as many people have lost their insurance coverage when they were laid off. Health insurance is a particular problem for immigrants who are undocumented, who would not qualify for public insurance programs, or who are small business owners. For instance, a high percentage of Koreans are uninsured. One participant explained, “Many are undocumented, but we also have a large small business population. They make too much money to get government benefits like Medi-Cal, but they cannot afford their own insurance. They fall into that limbo area.” Another participant reported seeing many “blended families,” where the children are eligible for public programs but the adults remain uninsured. She added, “We find that adults put off services for themselves. They’re afraid they would go in and get charged for services they can’t afford.”

#### 1.1 Type and Status

In 2009, the Medi-Cal beneficiary rate for Los Angeles County was 232.8 per 1,000 people (up from 228.1 in 2008), higher than of California (188.0 per 1,000 people) (Healthy City). In 2008, the Healthy Kids enrollment rate for Los Angeles County was reported at 12.5 per 1,000 children, and in 2010, there were 522,363 WIC participants in Los Angeles County. However, in 2007 19.2% of adults 18 and over in Los Angeles County did not have a regular source of care and 11.8% could not afford to see a doctor.

According to the California Health Interview Survey (CHIS), between 2003 and 2005, all but 3 of the 21 zip codes in SVMC’s primary service area had an uninsured rate above 20% of more among population ages 0 to 64. The zip codes with the highest rates of uninsured were 90017 (33.7%), 90006 (30.5%), 90057 (30.2%), 90005 (29.1%), 90029 (28.3%), 90011 (28.0%), 90031 (27.5%), 90004 (26.8%), 90007 (26.8%), 90026 (26.6%), and 90037 (25.5%). In zip code 90017, about 1 in 3 people were uninsured. Please see Figure 33 for more details.



**Figure 33. Percentage of Population without Health Insurance Coverage in SVMC’s Primary Service Area, 2007**

Zip Code	Percentage of Population Ages 0-64 Without Health Insurance Coverage	Zip Code	Percentage of Population Ages 0-64 Without Health Insurance Coverage
90004	26.8%	90020	24.3%
90005	29.1%	90026	26.6%
90006	30.5%	90027	19.7%
90007	26.8%	90028	24.3%
90008	16.2%	90029	28.3%
90010	22.9%	90031	27.5%
90011	28.0%	90037	25.5%
90016	20.1%	90044	22.2%
90017	33.7%	90046	16.0%
90018	22.7%	90057	30.2%

Source: CHIS 2003-2005

### 1.2 Healthy Families Disenrollment

California Healthy Families Program is a sponsored low cost insurance program for children, teens, and pregnant mothers. Benefits include health, dental and vision coverage for children who do not have insurance and do not qualify for no-cost Medi-Cal. Health access includes visits to medical doctors, specialists and eye doctors. Participating providers include community-based clinics, laboratories, pharmacies and hospitals.

As of December 2009, statewide Healthy Families subscribers totaled 882,434 members. The majority of subscribers are Latino/Hispanic (51.6%), followed by Other (23%), Asian/Pacific Islander (10.1%), White (9.6%), and African American (1.9%). Subscribers either speak English (47.2%), Spanish (44.3%), or Asian (6.3%). Nearly half of the subscribers are male (51.4%) and 48.6% are female.

Healthy Families’ long-term retention data indicated a high rate of those remaining enrolled longer than a year during the economic boom between 2004 and 2007. However, disenrollment numbers have increased. From January through December 2008, 27% of families in California disenrolled from Health Families after one year. Of those 27%, the most common reasons for disenrollment were non-payment of premiums (11%) and required documentation were not provided (8%). In 2009 there were over 83,000 subscribers who disenrolled from the program in Los Angeles County, accounting for a 37% drop in subscribers. According to Healthy Families (2008), non-payment disenrollment has increased in 2008 for a couple of reasons: the economic downturn and Healthy Families premium increase. However, there are other reasons for disenrollment that include: child aging out of the program, failure in meeting income requirements, failure to submit citizenship/immigration paperwork, enrollment change from Health Families to Medi-Cal, or enrollment change from Healthy Families to employer’s insurance.



## 2. Regular Source of Care

According to the Los Angeles County Community Health Survey, an average of 80.8% of adults reported having a regular source of care between 1999 and 2007. On average, both of SVMC’s SPA percentages were lower compared to Los Angeles County (73.9% in SPA 4 and 76.7% in SPA 6). In 2007, the percentage of adults who reported a regular source of care in SPA 4 slightly increased to 74.1% from 2005 (72.0%). In SPA 6, the rate also increased to 79.1% from 2005 (73.1%). Please see Figure 34 for more detail.

**Figure 34. Percentage of Adults (18+ years) Reported Having a Regular Source of Health Care by SPA, 2007**

	2007		2005	2002-03	1999-00
	Percent	Estimated #	Percent	Percent	Percent
Los Angeles County	80.8%	5,998,000	80.2%	81.4%	81.6%
<b>Service Planning Area</b>					
San Fernando (2)	82.7%	1,305,000	80.1%	82.0%	82.9%
San Gabriel (3)	81.0%	1,112,000	84.4%	81.7%	83.8%
<b>Metro (4)</b>	<b>74.1%</b>	<b>692,000</b>	<b>72.0%</b>	<b>73.9%</b>	<b>75.7%</b>
West (5)	81.3%	426,000	84.8%	82.8%	83.1%
<b>South (6)</b>	<b>79.1%</b>	<b>536,000</b>	<b>73.1%</b>	<b>79.6%</b>	<b>75.0%</b>
East (7)	80.6%	764,000	80.9%	81.8%	81.4%
South Bay (8)	83.5%	964,000	83.0%	85.0%	84.0%

Source: 2007, 2005, 2002-03, 1999-00 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

Focus group and interview participants discussed the decreasing availability of medical care and services as a result of the recession and budget cuts. Some communities experienced hospital closure in their areas, and community organizations went bankrupt. Speaking specifically about South Los Angeles, one participant noted that many private doctors who used to get referrals from hospitals that have since closed (including MLK) had to relocate because they lost business without referrals. Also, because of the low Medi-Cal reimbursement rate, many providers refuse or have stopped taking patients with Medi-Cal coverage. For this reason, participants emphasized that just because someone is insured, it does not mean he or she has a regular source of care.

Focus group and interview participants stated that they continued to see people delaying medical care until their conditions or symptoms became intolerable. One participant said that the only time some of their clients would go to the hospital is “when the ambulance is ready to pick them up, when they’re really, really sick.” Emergency room continues to be the last resort for many community members who are



uninsured or who delay care. Having patients in ER whose symptoms do not warrant emergency care taxes the quality and efficiency of our health care system.

2.1 DHS Use in the Past Year

*Note: Data in this section has not been updated since the 2007 community needs assessment.*

Although the rate of having a regular source of care has remained constant for Los Angeles County, the rate of receiving medical services from Los Angeles County Health Department facilities has almost doubled from 1997 to 2005.

**Figure 35. Percentage of Adults (18+ years) Reported Receiving Medical Services from LA County Health Department Facilities in the Past Year by SPA, 2005**

	2005		1999-00	1997
	Percentage	Estimated #	Percentage	Percentage
<b>Los Angeles County</b>	17.4%	1,248,000	11.4%	9.9%
<b>Service Planning Area</b>				
San Fernando (2)	15.4%	235,000	9.8%	8.5%
San Gabriel (3)	15.7%	206,000	11.4%	8.6%
<b>Metro (4)</b>	<b>22.7%</b>	<b>206,000</b>	<b>14.8%</b>	<b>12.0%</b>
West (5)	8.8%	45,000	8.2%	9.3%
<b>South (6)</b>	<b>27.1%</b>	<b>176,000</b>	<b>17.2%</b>	<b>15.6%</b>
East (7)	17.6%	164,000	10.3%	9.1%
South Bay (8)	14.9%	167,000	10.7%	9.2%

Source: 2005, 1999-00 & 1997 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services

**3. Specialty Care**

In response to specialty access problems, community clinics and health centers have begun to slowly increase their specialty services to meet the growing needs of their patients by developing productive and ongoing relationships with local, private specialists who are willing to accept patients on a paid or pro-bono basis and share specialty services amongst other clinics and health centers (California Health Care Foundation, 2009).

In fact, according to the 2007 Specialty Care Access Survey (2009), 61% of responding community clinics and health centers provided some specialty services onsite, and more than a third of those offered three or more specialties. Because of the increase in on-site specialty care,



clinics and health centers report more frequent and faster service-provider delivery for patients with urgent needs and more frequent and faster receipt of consultation reports compared to patients who were referred out for specialty care.

Overall, community clinics and health care centers need to provide a minimum level of data to identify continuing access gaps, ensure the efficient use of resources and the fiscal health of the community clinics and health centers, and demonstrate improvements in access, *or lack thereof* (2009). The Pacific Health Consulting Group advises providers to measure, monitor, and report on the following 12 items for internal services and for services provided to specialty network partners (California Health Care Foundation, 2009).

**Figure 36. Twelve Program Indicators to Measure, Monitor and Report**

<ul style="list-style-type: none"> <li>• Wait times for specialty services, by type of service and by provider</li> </ul>	<ul style="list-style-type: none"> <li>• Reimbursement rates for each specialty for various types of services</li> </ul>
<ul style="list-style-type: none"> <li>• No-show rates, by type of service and provider</li> </ul>	<ul style="list-style-type: none"> <li>• Payer mix for each specialty</li> </ul>
<ul style="list-style-type: none"> <li>• Percentage of visits in which patients arrive with necessary ancillary services complete and results available for the specialists</li> </ul>	<ul style="list-style-type: none"> <li>• Referral patterns of primary care providers, in order to track over- and underutilization of specialists</li> </ul>
<ul style="list-style-type: none"> <li>• Provider retention rate by specialty</li> </ul>	<ul style="list-style-type: none"> <li>• Referral patterns for specialty services by type and payer mix from clinic partners in shared services</li> </ul>
<ul style="list-style-type: none"> <li>• Specialist’s reported satisfaction with clinic systems and staff support</li> </ul>	<ul style="list-style-type: none"> <li>• Increased knowledge of primary care providers in each specialty area</li> </ul>
<ul style="list-style-type: none"> <li>• Ratio of regular support staff to specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Increased skill of primary care providers to expand their scope of practice with specialty skills</li> </ul>

Focus group and interview participants stated that specialty care is particularly lacking in their community. Dental care was often cited to be one of the areas that is most in need since Denti-Cal has been cut for adults recently. One participant estimated that about three times more people don’t have dental insurance than health insurance. He cited a recent study conducted by a colleague that showed a correlation between cuts of Denti-Cal and “increase in emergency room visits attributed to different dental coding, which has more than doubled.” He added that even though children still have access to Denti-Cal, there has always been a lack of dental providers for children. Another participant added that most clinics do not offer dental care, even though a lot of primary care providers realize their clients need a more holistic provision of health care that includes dental, vision, and mental health. One participant remarked that, as a last resort, people rely on “word of mouth” to find unlicensed dentists in private homes or even garages: “They call it garage dentistry or swap meet dentistry.”

The hardship caused by economic downturn also exacerbates existing illnesses, as participants began to see more patients with “multiple diagnoses and symptoms” that give rise to the need for specialists like neurologists and gastroenterologists. One participant said, “When I was a resident many years ago, subspecialty patients were 10-12%. Now they’re closer to 50%, representing 21 different subspecialties.”

There is also disparity in access to specialty care, as it is particularly lacking in medically underserved areas. For instance, one participant stated that there was no cardiologist in the South Los Angeles area, even though South L.A. has the worst CHD [coronary heart disease] rate in the



County.” The lack of specialty care in some communities is one reason why some participants were concerned about the health care reform legislation that was passed in 2010. One explained, “We feel that managed care right now has to show they have the doctors in place before you move a huge chunk of new enrollees into the program, especially given our history in South L.A. If you don’t have the specialists there, that causes a lot of havoc on a person’s continuity of care.”

### 3.1 Special Health Care Needs

In 2008, 2.9% (274,930) of children under the age of 18 in California had major disabilities (serious difficulty in at least one of four basic areas of functioning: vision, hearing, ambulation, and cognition)<sup>5</sup>. Of those children, 2.8% (71,783) were in Los Angeles County. In 2010, there were a total of 680,164 children in California enrolled in special education due special health care needs (SHCN)<sup>6</sup>. Of those children, 26.8% (182,597) were in Los Angeles County.

In 2010, a large percentage of children enrolled in special education in schools was Hispanic/Latino (48.3% in California and 61.3% in Los Angeles County). A larger percentage of African American children in Los Angeles County (14.0%) are enrolled in special education than in California overall (11.1%). However, a smaller percentage of Caucasian children in Los Angeles County are enrolled (18.9%) than in California (33.0%).

**Figure 37. Percentage of Children Enrolled in Special Education, 2008**

Ethnicity	California	Los Angeles County
African American/Black	11.1%	14.0%
Asian American	4.6%	3.8%
Caucasian/White	33.0%	18.9%
Filipino	1.6%	1.3%
Hispanic/Latino	48.3%	61.3%
Native American or Alaskan Native	0.9%	0.4%
Pacific Islander	0.5%	0.3%

Source: Special Tabulation by the State of California, Department of Education, Special Education Division; Assessment, Evaluation and Support.

<sup>5</sup> U.S. Census Bureau, American Community Survey

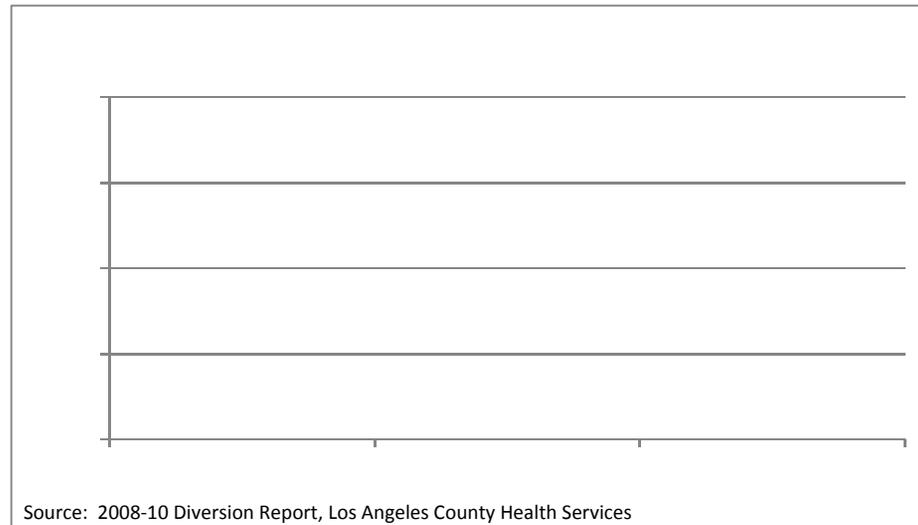
<sup>6</sup> According to kidsdata.org Children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.



#### 4. Emergency Room Use

From 2008 to 2010, Los Angeles County experienced a decline in hospital diversions to 911 traffic (13.2% in 2008, 10.2% in 2009, to 10.1% 2010). However, SPA 4 was the only SPA who experienced an increase from 2008 to 2010. SPA 6 had a small decrease in traffic from 2008 to 2010 (see Figure 39). As noted in the 2007 community needs assessment, the increase in ER use could increase the cost burden of the provider hospitals and decrease the service quality provided to clients (California Healthcare Foundation, 2006).

**Figure 38. Percentage of Hospital Diversion to 911 Traffic Due to Emergency Department Saturation in SVMC’s Primary Service Area, 2010**



**Figure 39. Percentage of Hospital Diversion to 911 Traffic Due to Emergency Department Saturation by SPA, 2010**

	2010	2009	2008
	Percentage	Percentage	Percentage
Los Angeles County	10.1%	10.8%	13.2%
<b>Region</b>			
San Fernando (2)	10.0%	11.0%	15.0%
San Gabriel (3)	7.0%	9.0%	14.0%
Metro (4)	16.0%	14.0%	12.0%
West (5)	9.0%	9.0%	12.0%



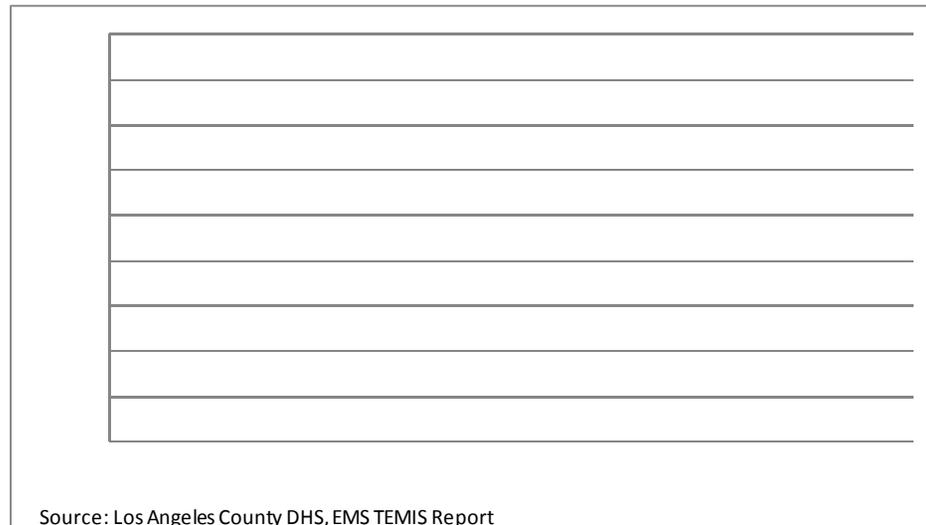
	2010	2009	2008
	Percentage	Percentage	Percentage
South (6)	8.5%	10.2%	10.9%
East (7)	12.0%	11.0%	14.0%

Source: 2008-10 Diversion Report, Los Angeles County Health Services

#### 4.1 Emergency Room Use for Children

The average number of children taken in for a trauma related emergency from 2000 to 2006 was 1,974 (10.9%) of all trauma cases. Since 2001, the number of pediatric blunt or penetrating trauma cases (e.g. fall, motor accident, sports injury, burn, etc.) has declined (see Figure 40).

**Figure 40. Los Angeles County EMS Agency Pediatric Trauma Hospital Volume, 2006**



**Figure 41. Los Angeles County EMS Agency – Pediatric Trauma Hospital Volume, 2006**

	Pediatric Cases	% Pediatric Cases	Total Number of Cases
<b>Los Angeles County, by Year</b>			
2000	2,063	12.2%	16,912
2001	2,245	11.9%	18,837
2002	2,156	11.2%	19,196
2003	2,001	11.0%	18,150
2004	1,891	11.0%	17,134
2005	1,675	9.5%	17,680
2006	1,787	9.6%	18,632

Source: Los Angeles County DHS, EMS TEMIS Report

**5. Barriers to Access**

5.1 Difficulty in Accessing Care

In 2007, 27.3% of adult residents over 18 years of age in Los Angeles County reported that obtaining medical care across the County when needed was either somewhat or very difficult. SPAs 4 and 6 had the highest percentage of residents (33.3% and 38.8%) who reported that obtaining medical care when needed was either somewhat or very difficult. However, those percentages have decreased since 2005 for both SPAs (37.8% and 43.9%).

**Figure 42. Percentage of Adults (18+ years) Who Reported That Obtaining Medical Care Is Somewhat or Very Difficult by SPA, 2007**

	2007		2005	2002-03	1999-00
	Percentage	Estimated #	Percentage	Percentage	Percentage
Los Angeles County	27.3%	1,965,000	30.1%	27.9%	27.0%
<b>Service Planning Area</b>					
San Fernando (2)	21.8%	336,000	29.1%	25.5%	25.8%
San Gabriel (3)	30.6%	398,000	23.9%	27.0%	23.9%
<b>Metro (4)</b>	<b>33.3%</b>	<b>297,000</b>	<b>37.8%</b>	<b>34.9%</b>	<b>31.7%</b>
West (5)	13.8%	69,000	19.1%	18.9%	24.8%
<b>South (6)</b>	<b>38.8%</b>	<b>256,000</b>	<b>43.9%</b>	<b>36.2%</b>	<b>39.7%</b>
East (7)	27.2%	252,000	34.2%	28.7%	28.1%
South Bay (8)	25.7%	288,000	26.2%	26.0%	23.0%

Source: 2007, 2005, 2002-03, 1999-00 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health



Focus group and interview participants cited various barriers when accessing medical care. One key barrier to access is the lack of knowledge in navigating through an extremely complicated health care system. Participants shared that some patients would turn away from services because of long waiting time or cumbersome paperwork that asks for a lot of sensitive information (especially for those who don't speak or write English proficiently). One participant also said that "patients often disengage from services because they were given appointments 5 or 6 months from the time they are requested." Participants also believed that some providers, even if they were very good at providing treatment services, lack the "customer service skills" necessary to build trust with the patients. One participant believed that "patients are often given the run around that they are unable or unprepared to move through the complicated bureaucracy." Some participants lamented that there are not enough advocates who could help community members handle the bureaucracy and advocated more support for case management.

Another related challenge is the fluctuations in funding. Some programs come in and out of the community based on availability of funding. Also, patients who were formerly eligible for a program may find themselves ineligible if there is a change in funding regulations. This makes it harder to navigate an already very complicated system. Many community members who fail to access services will become "disillusioned" and diminish any chances of future attempts at access. One participant said confidently that "most of the barriers can be eliminated if social workers are in place to coordinate care, especially when you have a population with high needs and limited resources. Case managers can be the ones that bring different professionals together."

Participants also cautioned against equating having insurance with having access to care. One remarked, "Insurance is not the end-all in terms of access. Cost is still an issue for those who are insured." Many providers do not take clients with Medi-Cal because of its low reimbursement rates. In many medically underserved areas, one participant said, "even if you do have an insurance card, it doesn't mean you'll get to see a doctor or get your medical problem fixed, or even get an appointment, just because you don't have enough facilities and clinics in the area." For this reason, many participants were concerned about the impact of the recent health care reform legislation and stated that these communities need to increase their capacity so that they could meet the demands of the increase in the insured population.

Another challenge that deters the community from access services are limited or inflexible hours of operation. Especially for many patients who toil in service and manufacturing industries (such as hotel, restaurant, and garment industries) as well as small business owners, it is not realistic to wait hours at a time for medical services without some consequences to their employment or finances. One participant acknowledged that some clinics and hospitals had extended their hours during the week, but she added, "Expanded hours are great, but 24 hours are even better." Another participant believed that for many working immigrants, weekend hours are preferable to any time during the work week.

Two participants who have served their respective community for more than 20 years cited that accessibility improved for a while but only to have worsened in the last few years. The outcomes of having accessible and adequate services were apparent to one of the participants. She attributed the reduction of breast and cervical cancer incidences in the Thai community she serves to many years of prevention services that are no longer available. She also credited the development of the Asian Pacific Health Care Venture in the late 1990s as a "lifesaver" to that community, which has many Thai-speaking staff. However, she conceded that with budget cuts, even that clinic had to refer out a lot to other



providers who do not have the language capacity. Similarly, the other participant said that she was afraid things were going back to what it was 15-20 years ago because of the budget cuts.

However, both providers and patients from focus groups and interviews cited that access to care is not a problem when someone is aware of local, low-cost, culturally and linguistically competent services at clinics, community health centers, and nonprofit organizations. Participants who were providers cited that they have developed trusting relationships based on many years of serving their communities as a reason why community members would seek out and accept services from them, including prevention services.

5.2-5.6 Could Not Afford to See a Medical Doctor, Mental Health Care, Dental Care, Eyeglasses, or Medication (Rx)

In the 2007 community needs assessment, based on 2005 numbers, it was reported that competing priorities for financial resources are more common among low-income and uninsured, and require people to make difficult decisions in terms of prioritizing their basic needs, often overlooking medical needs (Diamant, 2005).

In 2007, 11.8% of adult residents over 18 years of age in Los Angeles County were unable to see a medical doctor for a health problem in the past year because they could not afford it. In SVMC’s primary service area, SPAs 4 and 6 had the highest percentage of residents (16.1% and 18.6%) unable to see a medical doctor because they could not afford it. However, those percentages have decreased since 2005 for both SPAs (21.3% and 22.2%).

**Figure 43. Percentage of Adults (18+ years) Unable to See a Doctor in the Past Year Because They Could Not Afford It by SPA, 2007**

	2007		2005	2002-03	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage	Percentage
Los Angeles County	11.8%	879,000	15.6%	13.2%	13.5%	18.0%
<b>Service Planning Area</b>						
San Fernando (2)	10.4%	164,000	14.6%	11.8%	11.6%	16.2%
San Gabriel (3)	10.2%	140,000	12.2%	11.3%	12.6%	17.5%
<b>Metro (4)</b>	<b>16.1%</b>	<b>148,000</b>	<b>21.3%</b>	<b>19.1%</b>	<b>19.0%</b>	<b>23.2%</b>
West (5)	8.6%	45,000	12.6%	9.9%	12.2%	15.8%
<b>South (6)</b>	<b>18.6%</b>	<b>127,000</b>	<b>22.2%</b>	<b>16.4%</b>	<b>16.2%</b>	<b>22.7%</b>
East (7)	11.8%	113,000	14.5%	13.6%	13.1%	18.4%
South Bay (8)	10.3%	120,000	14.7%	12.1%	11.7%	15.7%

Source: 2007, 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

In 2007, 5.9% of adult residents over 18 years of age in Los Angeles County were unable to obtain mental health care or counseling in the past year because they could not afford it. In SVMC’s primary service area, SPAs 4 and 6 have the highest percentage of residents who were unable



to obtain mental health services because they were unable to afford it (7.3% and 10.9%). However, those percentages have decreased since 2005 for both SPAs (9.1% and 12.0%).

**Figure 44. Percentage of Adults (18+ years) Unable to Receive Mental Health Care or Counseling in the Past Year Because They Could Not Afford It by SPA, 2007**

	2007		2005	2002-03	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage	Percentage
Los Angeles County	5.9	441,000	7.8	6.5	7.8	8.0
<b>Service Planning Area</b>						
San Fernando (2)	5.5	87000	7.8	5.0	8.1	8.3
San Gabriel (3)	5.6	77000	4.5	7.2	6.5	7.3
<b>Metro (4)</b>	<b>7.3</b>	<b>68000</b>	<b>9.1</b>	<b>9.3</b>	<b>11.2</b>	<b>9.7</b>
West (5)	3.5	18000	8.8	7.2	6.7	10.5
<b>South (6)</b>	<b>10.9</b>	<b>74000</b>	<b>12.0</b>	<b>6.3</b>	<b>8.9</b>	<b>9.2</b>
East (7)	4.4	42000	6.9	6.0	5.9	7.7
South Bay (8)	5.9	68000	8.3	6.2	7.7	6.0

Source: 2007, 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

In 2007, 22.3% of adult residents over 18 years of age in Los Angeles County were unable to obtain dental care (including check-ups) in the past year because they could not afford it. In SVMC’s primary service area in 2007, SPAs 4 and 6 have the highest percentage of residents (27.7% and 28.8%) who did not obtain dental care (including check-ups) in the past year because they could not afford it. While those percentages have decreased since 2005 for both SPAs (31.8% and 35.1%), they still remain the highest rates across the country.

**Figure 45. Percentage of Adults (18+ years) Unable to Obtain Dental Care in the Past Year Because They Could Not Afford it by SPA, 2007**

	2007		2005	2002-03	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage	Percentage
Los Angeles County	22.3%	1,655,000	25.6%	23.5%	23.6%	26.5%
<b>Service Planning Area</b>						
San Fernando (2)	20.4%	322,000	24.4%	21.2%	22.5%	25.7%
San Gabriel (3)	19.4%	268,000	20.0%	23.7%	21.4%	26.6%
<b>Metro (4)</b>	<b>27.7%</b>	<b>256,000</b>	<b>31.8%</b>	<b>29.1%</b>	<b>30.4%</b>	<b>30.5%</b>
West (5)	13.4%	700,00	20.3%	18.6%	21.1%	22.3%
<b>South (6)</b>	<b>28.8%</b>	<b>196,000</b>	<b>35.1%</b>	<b>27.0%</b>	<b>29.0%</b>	<b>32.6%</b>
East (7)	24.0%	228,000	26.7%	26.0%	23.6%	28.3%
South Bay (8)	22.1%	256,000	24.4%	21.0%	21.2%	21.4%



Source: 2007, 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

Note: Updated data for Figure 45 is unavailable.

**Figure 46. Percentage of Adults (18+ years) Unable to Obtain Eyeglasses in the Past Year Because They Could Not Afford It by SPA, 2005**

	2005		2002-3	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage
Los Angeles County	14.3	1,041,000	13.3	12.5	15.4
<b>Service Planning Area</b>					
San Fernando (2)	13.4	207,000	10.1	12.1	15.3
San Gabriel (3)	12.0	159,000	13.4	10.7	15.5
<b>Metro (4)</b>	<b>15.7</b>	<b>144,000</b>	<b>18.3</b>	<b>14.7</b>	<b>16.5</b>
West (5)	8.8	47,000	10.1	11.4	13.2
<b>South (6)</b>	<b>22.0</b>	<b>145,000</b>	<b>14.5</b>	<b>16.3</b>	<b>17.5</b>
East (7)	13.9	130,000	14.9	13.3	15.5
South Bay (8)	15.0	170,000	12.9	10.9	14.8

Source: 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

The cost of prescription medications continues to be a problem for low-income, uninsured and under-insured individuals and families. Despite the creation the California Discount Prescription Drug Program<sup>7</sup> in 2006 aimed at alleviating the burden of medication cost for individuals and families that are low-income, many are still going without their medication.

In 2007, 12.1% of adult residents over 18 years of age in Los Angeles County did not get prescription medication in the past year because they could not afford it. SPAs 4 and 6 have the highest percentage of residents (13.7% and 18.7%) who did not get prescription medication in the past year because they could not afford it. However, in 2005 these percentages were even higher (17.7% and 25.0%).

<sup>7</sup> In California In 2006, Assembly Bill 2911 created the California Discount Prescription Drug Program to alleviate the cost burden of medications low-income individuals and families. Specifically, the bill reduces prescription drug prices from 40 to 60% of the retail price for generic and brand name drugs for individuals in families with incomes below 300% of the federal poverty level (in 2006-07, \$29,400 for an individual and \$60,000 for a family of four), to individuals with unreimbursed medical expenses and incomes below the state median family income (in 2006-07, \$68,310 for a family of four), and to eligible seniors whose medications are not covered by Medicare. Taken from: Governor’s Budget Summary 2010-2011 Office of Statewide Health Planning and Development. Accessed 11/02/2007 at <http://www.ebudget.ca.gov/pdf/BudgetSummary/HealthandHumanServices.pdf>.



**Figure 47. Percentage of Adults (18+ years) Who Did Not Get Prescription Medication in the Past Year Because They Could Not Afford It by SPA, 2007**

	2007		2005	2002-03	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage	Percentage
Los Angeles County	12.1%	901,000	14.9%	13.2%	12.6%	15.9%
San Fernando (2)	9.7%	154,000	13.7%	11.7%	10.6%	14.9%
San Gabriel (3)	12.2%	169,000	11.8%	12.1%	9.2%	15.6%
<b>Metro (4)</b>	<b>13.7%</b>	<b>128,000</b>	<b>17.7%</b>	<b>15.0%</b>	<b>18.1%</b>	<b>17.5%</b>
West (5)	7.7%	40,000	8.1%	10.2%	10.0%	14.2%
<b>South (6)</b>	<b>18.7%</b>	<b>127,000</b>	<b>25.0%</b>	<b>18.0%</b>	<b>15.6%</b>	<b>20.8%</b>
East (7)	13.6%	130,000	15.4%	15.2%	13.6%	17.3%
South Bay (8)	10.9%	126,000	14.4%	12.1%	12.2%	13.0%

Source: 2007, 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

The cost of medical care is a barrier that many focus group and interviews participants mentioned. One participant remarked that low-income immigrants won't access any service if they think it's too expensive. Another participant stated that "if there's anything that catches people attention in the Latino community, it's signs that say 'free or low cost.'" For many, especially undocumented immigrants, there is a lack of or limited access to public insurance programs. One participant said that "people are afraid to go to the doctors because they might be charged." Since they cannot access all the medical services they need in one place, i.e. no medical home, providers are seeing that the uninsured population has to cobble together "a patchwork of services," where "they jump from place to place not because they want to, but because they have to." A participant cited a diabetic patient who had to go to one clinic for his medication, and another clinic for a retinal scan, and yet another for podiatry." Consequently, communication among providers is key to the management of his chronic disease.

Even for those who are eligible and have obtained coverage, cost can be a factor, as insurance might not cover all the expenses. One participant who worked in the Latino community stated, "Managing their diabetes even when they're provided with a glucometer to check their sugar is a challenge because the strips are very expensive and are not covered by many health insurances." Some immigrants who have Medi-Cal may hesitate to use services until the conditions become too severe because, as some participants stated, they erroneously believe that using these services would jeopardize their chances of naturalization down the line.

Because of the high cost of mainstream medical care, many Asian and Latino immigrants turn to traditional or folk medicine, such as herbs, for treatment. Sometimes the medicine is prescribed by a traditional healer; other times, immigrants self-medicate. One participant remarked that cost is "why the black market medicine is becoming more popular lately in immigrant communities. People would go to these stores and tell the



store what they want, and it is in the back shelf or something. Sometimes you can find tetracycline and antibiotic.” Some immigrants also visit their home countries for care. Participants discussed some Latino immigrants who would go across the border to see a doctor or get prescription drugs because of their availability and accessibility. Even Asian immigrants would travel out of the country to get more affordable care. One participant shared that there are Korean “tour groups” that would take community members to get a full body check-up or a CAT scan or MRI in a hospital in South Korea “in lieu of getting services in the U.S.”

5.7 Transportation Barrier

County data from the Los Angeles County Health Survey indicate that transportation problems that have kept patients from obtaining needed medical care in the past year are on the decline. In fact, for Los Angeles County current 2007 rates have fallen to 2002-03 percentage rates (7.4%). In SVMC’s primary service area, SPAs 4 and 6 had the highest rate of residents who reported transportation problems kept them from obtaining medical care in the past year (9.7% and 12.5%). However, these percentages have decreased significantly for both SPAs since 2005 (11.9% and 18.1%).

**Figure 48. Percentage of Adults (18+ years) Who Reported Transportation Problems Kept Them from Obtaining Medical Care in the Past Year by SPA, 2007**

	2007		2005	2002-03
	Percentage	Estimated #	Percentage	Percentage
Los Angeles County	7.4%	551,000	9.5%	7.4%
<b>Service Planning Area</b>				
San Fernando (2)	6.15%	96,000	7.1%	5.7%
San Gabriel (3)	7.2%	10,000	7.2%	6.4%
<b>Metro (4)</b>	<b>9.7%</b>	<b>91,000</b>	<b>11.9%</b>	<b>9.4%</b>
West (5)	3.2%	17,000	4.3%	3.9%
<b>South (6)</b>	<b>12.5%</b>	<b>85,000</b>	<b>18.1%</b>	<b>11.6%</b>
East (7)	6.9%	66,000	9.6%	8.8%
South Bay (8)	6.2%	71,000	10.3%	7.0%

Source: 2007, 2005 and 2002-03 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health

Many focus group and interview participants also identified transportation as a significant barrier to accessing services. Patients who rely on buses are at the mercy of their schedule. One participant shared that some patients had missed their appointments because their bus was late. It is not uncommon that people would travel more than an hour on public transportation to get to their appointments. Transportation is a challenge for the elderly, many of whom do not drive or have trouble walking long distances. Transportation is also a barrier for families with young children that is often correlated with childcare. Some participants cited examples of adults managing multiple children on a bus or



subway in order to make an appointment for themselves or for their children. However, many community members from a focus group, a majority of whom rely on public transportation, stated that they would find ways to get to services if they find services they trust (i.e. culturally and linguistically competent) and that are high quality.

5.8 Language Barrier

Closing the language and cultural gap is critical, as discordant language ability may lead to misunderstanding and inappropriate care (Diamant, 2005). In 2007, 15% of adult residents over 18 years of age in Los Angeles County who completed the Los Angeles Health Survey Interview in a Non-English Language reported difficulty talking to a doctor or health care professional because of a language barrier in the past year. As Figure 50 indicates, this is the lowest percentage since 1999. In SVMC’s primary service area, SPAs 4 and 6 showed the highest percentages of residents who reported difficulty talking to a doctor of health care professional because of a language barrier (20.4% and 18.7%). However, these percentages have decreased for both SPAs since 2005 (22.9% and 24.9%).

**Figure 49. Percentage of Adults (18+ years) Who Completed the Survey Interview in a Non-English Language in the Past Year and Who Also Reported Difficulty Talking to a Doctor or Health Care Professional Because of a Language Barrier by SPA, 2007**

	2007		2005	2002-03	1999-00
	Percentage	Estimated #	Percentage	Percentage	Percentage
Los Angeles County	15.1%	319,000	18.7%	19.3%	16.2%
San Fernando (2)	13.3%	43,000	17.3%	21.3%	17.0%
San Gabriel (3)	11.0%	50,000	16.0%	17.8%	14.0%
<b>Metro (4)</b>	<b>20.4%</b>	<b>81,000</b>	<b>22.9%</b>	<b>19.1%</b>	<b>16.0%</b>
West (5)		-	27.1%	-	18.3%
<b>South (6)</b>	<b>18.7%</b>	<b>51,000</b>	<b>24.9%</b>	<b>21.0%</b>	<b>16.0%</b>
East (7)	14.5%	50,000	15.9%	17.3%	14.0%
South Bay (8)	13.9%	34,000	13.5%	21.8%	22.0%

Source: 2007, 2005, 2002-03, 1999-00 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

Focus group and interview participants identified the lack of linguistic competence as a barrier to accessing services. According to one participant, the Korean community is over 70% immigrant and over 50% English-speaking. Monolingual Korean-speaking population is not comfortable going outside of their comfort zone.” Some participants also distinguished cultural competence from linguistic competence. One participant remarked, “Mainstream organizations make the mistake of thinking they’re going to hire a Korean speaker and now Koreans will come to them.” It was suggested that organizations need to go out and build these relationships with immigrant communities (through collaborating with organizations that are already serving these communities), instead of hiring bilingual staff and waiting for the communities to go to them. Another participant gave an example of cultural incompetence (and why language is not enough): “We have a Latina diabetic



woman, and her provider is Spanish-speaking but not Latino. The provider told her not to eat tortillas because it’s white flour. And the doctor couldn’t figure out why the woman is non-compliant?”

One participant remarked that, even though many children of Asian immigrants could speak English, many still found mainstream services uninviting because “there are still cultural issues.” Another participant explained, “Language is a barrier also for children who begin to transition from home language to English as they enter the school system.”

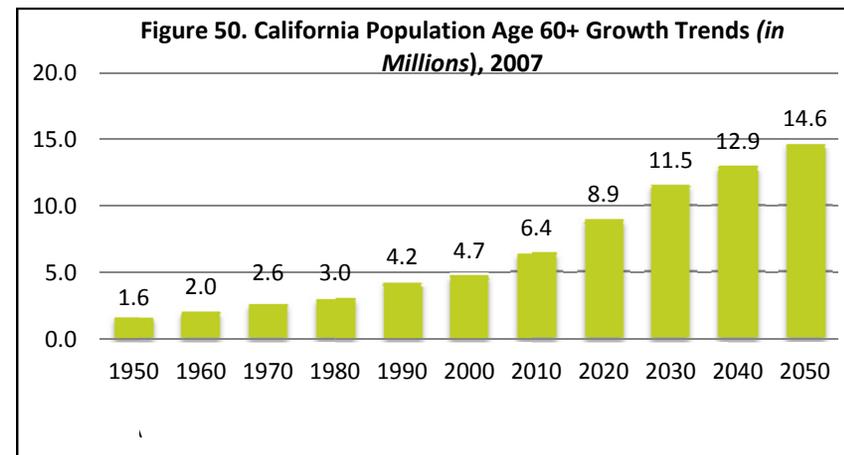
Undocumented immigrants, particularly in the Asian and Latino communities, have tremendous fear of deportation because of their immigration status. Participants believed that a provider cannot build trust with these immigrants unless she or he can demonstrate cultural and linguistic competence.

### 6. Senior Care

California’s adult population, 60 and older, continues to significantly increase in size and need. From 1950 to 2000, the proportion of older adults increased 194% (1.6M vs. 4.7M). This trend is expected to continue at 128% from 2010 to 2050, when the number of adults 60 and older will grow to 14.6M. In just over the next ten years, it is projected that adults 60 years and older will comprise nearly 20% of California’s total population.

The California Department of Aging’ *State Plan on Aging for 2009-2013* cites the increasing health and service needs for diverse groups of older adults and adults with disabilities.<sup>8</sup> Locally, for example, during 2007 and 2009, over half (53%), or an average of 574,000, of Los Angeles County’s seniors 65 years and older were disabled due to a physical, mental, or emotional condition.<sup>9</sup> This is also compounded with seniors’ worsening health conditions. The Los Angeles County Health Survey of senior health trends from 2005 to 2007 indicated that:

- In 2007, 18.5% (89,000) of seniors 60-64 and 19.2% (199,000) of seniors 65 and older were diagnosed with diabetes. In 2005, 18.4% (76,000) of seniors 60-64 and 18.3% (184,000) of seniors 65 and older were diagnosed with diabetes.



<sup>8</sup> California Department of Aging, *California State Plan on Aging, 2009-2013*

<sup>9</sup> The Regents of the University of California, California Health Interview Survey (CHIS), 2011



- In 2007, among those aged 60-64, 13.9% (67,000) and those aged 65 and over, 23.7% (246,000) had been diagnosed with heart disease. Heart disease rates increased from 2005, where those aged 60-64, 13.3% (55,000) and those aged 65 and older, 22.1% (221,000) were diagnosed with heart disease.
- In 2007, among those aged 60-64, 52.3% (250,000) and those aged 65 and over, 51.6% (531,000) had been diagnosed with high cholesterol. Two years earlier, cholesterol figures were lower by as much as 8% for seniors 60-64 and 4% for seniors over 65. In 2005, 44.3% (181,000) of seniors 60-64 and 47.9% (478,000) of seniors 65 and older were diagnosed with high cholesterol.
- From 2005 to 2007, the overall percentage of seniors reporting poor health status declined by almost three percent (2.8%). However when broken down by subgroup, a greater percentage of adults 60-64 self-reported poor health and a smaller percentage of adults 65 and older self-reported poor health from 2005 to 2007. In 2007, among those aged 60-64, 30.5% (147,000) indicated poor health status and of those aged 65 and over, 29.5% (303,000) indicated poor health status. Compared to 2005, among those aged 60-64, 28.4% (117,000) and those aged 65 and over, 32.2% (323,000) indicated poor health status.

Findings from the previous needs assessment cited that many needs for the majority of older adults and adults with disabilities in Los Angeles County go unmet due to a lack of information regarding the availability of services and lack of information on how to access them (County of Los Angeles Area Agency on Aging, 2005). Specifically, the Los Angeles County's Area Agency on Aging 2005-2009 Plan found that a lack of service coordination among an overly fragmented and often competitive long-term care system contributes to this problem.<sup>10</sup>

During key informant focus group discussions in 2010, seniors were asked to talk about current health issues affecting their neighborhoods. In general, seniors reported concerns about the down economy, coupled with rising health care costs and living expenses; limited dental and specialty care; and insufficient access to cultural and linguistic services. The 2009 California Health Interview Survey (CHIS) data for Los Angeles County reported that:

- In 2009, 5.1% (55,000) of seniors aged 65 years and older delayed or did not seek medical care. Two years prior in 2007, during the height of the economic downturn, 7.1% (74,000) of Los Angeles County seniors delayed medical care.
- Additionally, the most available CHIS data reported that in 2003, 12.0% (1,032,000) of Los Angeles County seniors could not afford needed dental care.

Seniors who participated in community focus groups, also shared that they are satisfied with several components of their senior care center and view their center as a valuable resource that has positively impacted the health of the community. For instance, surveyed seniors enjoy the center's diversity, great food, and reliable transportation.

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<sup>10</sup> County of Los Angeles Area Agency on Aging, *2007-08 Update, Draft: Pending Board Approval: Area Plan 2005-09 Future-Focused Leadership: Building and Reinventing*, June, 2007



In terms of staffing, seniors said they like the fact that staff are also reliable, caring, and very informative about senior health issues. As a matter of fact, the nutritious food clients receive at their local senior center was a major reason why they attend because without the extra help from the staff, seniors said they would experience problems in managing their diabetes and hypertension. Similar to community focus group findings, CHIS data reported that:

- In 2009, 94.0% (1,075,000) of Los Angeles County seniors over the age of 65 had a usual place to go for medical care or health advice.
- Compared to 2005, the proportion of Los Angeles County's seniors that had a usual place to go to when sick or for health advice was higher at 97.4% (984,000).

Overall, to meet the health service needs in the community, seniors, as well as providers, expressed the need of hospitals to disseminate health information, specifically, at local health care centers. Seniors also shared the need for hospitals to offer low-cost, non-emergency services to limit expenses and non-emergency use of emergency room services.

- In 2009, nearly one in five (18.3%), or 197,000, seniors 65 years and older visited the emergency room in the past 12 months. This is down 6.0% from 2007, where nearly one in four (24.1%), or 251,000, seniors required an emergency room visit (CHIS, 2011).

Specific to SVMC'S primary service area:

- In 2009, 4.0% (7,000) of seniors 65 and older delayed or did not get medical care while 6.4% (12,000) delayed care in 2007.
- In 2009, 91.0% (185,000) of seniors over the age of 65 had a usual source care compared to 94.0% (174,000) in 2005.
- 2009 emergency room use levels for Los Angeles County were similar to SVMC's primary service area. In 2009, 19.0% (39,000) of seniors used the emergency room while 22.0% (40,000) of seniors used the emergency room in 2007 (CHIS, 2011).

## **7. Community Clinics**

Data from the previous needs assessment reported a total of 172 community clinic sites in Los Angeles County in 2003 that served 732,040 patients and conducted 2,197,121 service encounters (Office of Statewide Health Planning and Development, 2003). Since then, trend data indicate a steady growth in the number of Los Angeles County clinics, patients, and encounters. Los Angeles County has seen its largest primary clinic growth from 2003 to 2004, with an increase of 7.6% (13 clinics) in one year. Since then, the percentage of patients served has increased by as much as 9.3% from 2005 to 2006.



**Figure 51. Primary Care Clinic Demographic & Utilization Information, Los Angeles County, 2007**

Year	Clinics	Patients Served	Service Encounters
2003	172	732,040	2,197,121
2004	185	772,254	2,438,716
2005	184	837,654	2,601,051
2006	200	915,521	2,903,254
2007	202	941,774	2,986,103

Source: California Office of Statewide Health Planning and Development (OSHPD)

The number of selected procedures for health screenings, tests, and immunizations has been mixed. Mammogram screenings were previously on a rise year over year from 2003 to 2006. However, mammogram screenings have dropped significantly in 2007. Pap smear trends were in reverse. The number of pap smear procedures saw a decline early on from 2003 to 2004. Since 2005, the number of pap smear screenings is on the rise. This pattern is also similar for HIV testing and vaccination procedures. Please see Figure 53 for detailed data of Los Angeles County’s primary clinic medical procedures.

**Figure 52. Primary Care Clinic Selected Procedural Information, Los Angeles County, 2007**

Year	Mammogram	HIV Testing	Pap Smear	Contraceptive Management	Vaccinations
2003	23,768	33,718	114,691	40,713	271,583
2004	25,203	29,862	107,139	113,108	222,624
2005	40,472	30,903	119,643	78,184	274,468
2006	46,849	40,670	117,056	95,254	280,877
2007	28,391	57,377	125,774	92,151	325,078

Source: California Office of Statewide Health Planning and Development (OSHPD)

One of five patient visits to a Los Angeles County primary clinic was covered through the County’s Public Private Partnership (PPP) Program, for an average cost of \$569,792 a year.<sup>11</sup> The PPP Program was created in 1997 and is a joint effort between the Los Angeles County Department of Health Services and private, community-based providers, or partners. The goal of this partnership is to provide quality cultural and linguistic primary, dental, and specialty care services to low income and uninsured individuals not covered by other government or third-party programs. Figure 53 lists the total number of PPP providers by SPA.

<sup>11</sup> California Office of Statewide Health Planning and Development (OSHPD), 2003-2007



**Figure 53. LA County DHS and PPP Program Providers Primary Care Clinic Selected Procedural Information by SPA, 2007**

Service Planning Area	Total Number of Providers
San Fernando (2)	17
San Gabriel (3)	13
<b>Metro (4)</b>	<b>38</b>
West (5)	5
<b>South (6)</b>	<b>20</b>
East (7)	21
South Bay (8)	19

Source: Los Angeles County Department of Health Services,

The Community Clinic Association of Los Angeles County (CCALAC) is the largest regional association of community and free clinics in California, servicing over 700,000 patients a year across 123 clinic sites<sup>12</sup>. CCALAC operates primary care sites throughout the County and seeks ways to increase access to quality, comprehensive primary medical, dental, and mental health services, to the uninsured, underinsured, working poor, high-risk and vulnerable populations. Current budget cuts and California’s cash flow crisis have delayed clinic payments, resulting in numerous program, staff, and service cutbacks, which have greatly impacted the neediest families, children and communities.<sup>13</sup>

Funding shortfalls, delayed payments, and the growing low income under-insured population, will exacerbate the existing ongoing disproportionate burden the average Los Angeles clinic faces in treating the uninsured, and even more so for the average CCALAC clinic. Data from the June 2008 CCALAC Los Angeles County 330 Expansion Planning Report suggested that there is a 7% (193,560) patient visit shortage across the County for all clinic types.

**8. Disability**

The 2008 American Community Survey estimated that 2.9% (274,930) of Californians under the age of 18 were disabled and 8.2% (1,872, 819) aged 18 to 64 were disabled and 39% (1,544,874) of the population over 64 years of age were disabled. Children under 5 were identified as having a disability for the American Community Survey if they reported having a hearing or vision difficulty. Children 5 to 14 with hearing, vision, cognitive, ambulatory, or self-care difficulties were reported as disabled. Individuals aged 15 and over with the same difficulties as those aged 5

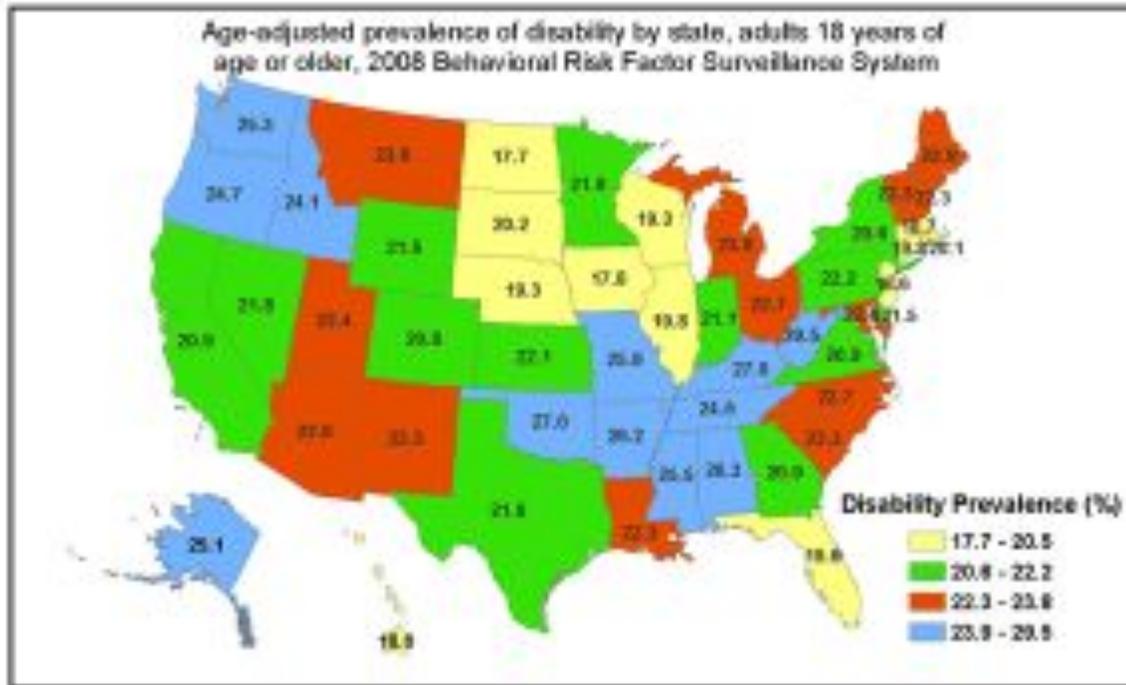
<sup>12</sup> CCALAC ‘Los Angeles County Profile 2007: Community clinic association of Los Angeles County’ from the 2007 OSHPD Annual Utilization Report of Primary Care Clinics\_Extract Date 1/2009 (rev. 11/2008)

<sup>13</sup> CCALAC Press Conference 6.15.09, ‘You Are Cutting Us: Clinic Providers and Patients Decry Budget Cuts’



to 14 or they had independent living limitations were classified as disabled.<sup>14</sup> Nationally, California’s disability prevalence rate for adults 18 and over was moderate compared to the rest of the country. Regionally, California is one of four western states with the lowest percentage of disability occurrences, excluding Hawaii.<sup>15</sup> State prevalence percentage rates by state are detailed in Figure 54 below.

**Figure 54. Disability Percentage Prevalence by State, 2008**



Source: Center for Disease Control and Prevention, Disability and Health, 2008

<sup>14</sup> Kidsdata.org

<sup>15</sup> Center for Disease Control and Prevention, Disability and Health, 2008



### C. HEALTH BEHAVIORS AND PREVENTIVE CARE

Focus group and interview participants felt that preventative care and having healthier behaviors were difficult for certain populations for a variety of reasons, although many understood the importance of a healthy lifestyle. One interview participant lamented, “our healthcare system is not set up to be preventive in nature. It is very reactionary and set up to reward taking care of problems that pop up instead of paying for preventive and health promoting services.” Other focus group and interview participants shared a similar concern that, due to budget and funding cuts, there had been even less emphasis on disease prevention and health education. One participant stated that recent public funding streams for both primary and mental health care focus on “trauma” and demand “more requirements individuals need to meet in order to be seen.” Some participants were already seeing the effects of this and its implication on the availability and cost-effectiveness of medical services. One explained, “Patients are getting sicker and sicker and utilizing more resources, which in the end costs a lot more money to treat.” Another participant shared that this higher demand for services, coupled with under-staffing due to budget cuts, has led to longer wait times, which deter some in the community from seeking the care that they need, especially those who cannot easily take time off to see a doctor.

Participants who serve the Asian or Latino immigrant communities agreed that “family” is an important concept to incorporate in health promotion. In the Latino community, participants expressed a need for programs that focus on family involvement because “family can help introduce and maintain better options, such as eating healthier.” For the Asian families, parents are likely to be more mindful about seeking care for themselves if the message emphasizes “the importance of being there for their family, for their children to have fit and healthy parents who are able to care for them until they become independent adults.”

Suggestions to creating healthier communities were also shared by focus group and interview participants. Many participants believed that community organizations can help hospital in disseminating health information and messages to their patients and members in local communities because community organizations have the trust and linguistic and cultural competence in diverse communities that they serve. Many community organizations have health educators who are playing this role already. Other community organizations build leadership among their clients to help them disseminate healthy messages to the broader community. One of them explained, “Our former clients are now embedded within positions in the community, like parent representative on school board or *promotora*. Sometimes they refer people in the community to us.”

Different participants suggested that schools and clinics are “natural” partners in health promotion because of their access to patients, children and families. Participants also suggested hospitals to work more with ethnic media to promote healthy messages (such as the family-focused ones suggested above) and access to prevention and treatment services. For instance, one participant, who had surveyed the Korean community in Los Angeles a couple years ago, found that “70% of first-generation respondents read the Korean language newspapers at least twice a week.” For certain sensitive topics, such as mental health, health providers need to work with the right messengers even if the message is culturally sensitive.” In addition to ethnic media, participants have suggested religious leaders who can incorporate health and reduce stigma in their messages to their congregations. Churches, one participant added, “are amazing places to connect to communities.” For immigrant



communities, the some of the Consulates have also been an ally. Both the Mexican and Thai Consulates were mentioned as partners in promoting healthy messages and resources to the community.

### **1. Childhood Immunization**

The National Immunization Survey (NIS) has collected childhood immunization coverage since 1994. Coverage estimates for 2009 include children born during January 2006 to July 2008 and focuses on the following vaccines: vaccine birth dose, Hepatitis A vaccine, pneumococcal conjugate vaccine [PCV], and rotavirus vaccine for children aged 19--35 months. NIS data indicate that vaccination coverage increased in 2009 compared with 2008 for Hepatitis B birth dose (from 55.3% to 60.8%) and Hepatitis A (from 40.4% to 46.6%), but coverage for PCV ( $\geq 4$  doses) remained stable (80.4%). Full coverage for rotavirus vaccine was 43.9% among children born within 2 years of licensure (1). Coverage for poliovirus (92.8%), measles, mumps, and rubella (MMR) (90.0%), Hepatitis B (92.4%), and varicella (VAR) (89.6%) vaccines continued to be at or near the national health objective of 90%, although coverage for MMR and Hepatitis B vaccines decreased slightly in 2009. The percentage of children who have not received any vaccines remained low (<1%).<sup>16</sup>

Among racial and ethnic groups, for more recently recommended vaccines, the Center for Disease Control reported that:

- PCV and rotavirus coverage was lower among black and multiracial children than among white children. Coverage for PCV also was lower among Asian children.
- Coverage for Hepatitis A was lower among black children and American Indian/Alaska Native children than among white children. Except for rotavirus coverage among black children, these differences persisted after controlling for poverty status.
- Hepatitis B birth dose coverage was higher among Hispanic children than among white children. For vaccines with longer-standing recommendations, differences were observed for diphtheria, tetanus toxoid, and cellular pertussis (DTaP) vaccine. Compared with coverage among white children, coverage was lower for black children for  $\geq 3$  and  $\geq 4$  DTaP doses and lower for Hispanic children for  $\geq 4$  doses only. The difference in coverage between white and black children for  $\geq 4$  doses remained statistically significant after controlling for poverty status.<sup>17</sup>

And coverage by poverty status also varied, the NIS survey summarizes that coverage for:

- Hepatitis B birth dose was higher among children living below poverty level than for those living at or above poverty level (by 3.8 percentage points).

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<sup>16</sup> 2009 National Immunization Survey, Center for Disease Control and Prevention

<sup>17</sup> 2009 National Immunization Survey, Center for Disease Control and Prevention



- Among children living below poverty level, coverage was lower for ≥4 doses of PCV (by 8.4 percentage points) and rotavirus vaccine (by 9.4 percentage points) than for other children. Among the longer-standing recommendations, coverage for ≥4 doses of DTaP also was lower (by 5.6 percentage points).<sup>18</sup>

At the local level, Los Angeles County’s coverage for MMR vaccines was below the state (88.9% vs. 89.8%) and this pattern was also seen with PCV doses. Los Angeles County had a higher percentage of childhood vaccination coverage than the state with Hepatitis B and A; and rotavirus. Figure 55, from the NIS, outlines vaccination coverage at the national, state and county levels.

**Figure 55. Estimated Vaccination Coverage for Vaccination Series (modified)\* and Selected Individual Vaccines Among Children Aged 19--35 Months, by State and Local Area -- National Immunization Survey, United States, 2009†**

State/Area	MMR (≥1 doses)		PCV (≥4 doses)		Hep B (birth)§		Hep A (≥2 doses)¶		Rotavirus**		Vaccine series (modified)	
	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
United States	90.0	(±0.8)	80.4	(±1.1)	60.8	(±1.3)	46.6	(±1.4)	43.9	(±1.4)	70.5	(±1.2)
California	89.8	(±3.7)	79.8	(±5.1)	49.8	(±6.3)	51.5	(±6.3)	43.9	(±6.1)	72.2	(±5.5)
Los Angeles County	88.9	(±5.4)	79.4	(±6.7)	51.5	(±8.1)	51.7	(±8.0)	51.5	(±8.1)	73.5	(±7.2)
Rest of state	90.1	(±4.7)	79.9	(±6.5)	49.1	(±8.1)	51.5	(±8.0)	41.1	(±7.8)	71.7	(±7.1)

Source CDC, NIS Survey, 2009

**Abbreviations:** CI = confidence interval; DTP/DT/DTaP = diphtheria, tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids, and diphtheria, tetanus toxoids, and cellular pertussis vaccine; HepB = hepatitis B vaccine; Hib = Haemophilus influenzae type b vaccine; MMR = measles, mumps, and rubella vaccine; PCV = pneumococcal conjugate vaccine.

\* Includes ≥4 doses of DTP/DT/DTaP, ≥3 doses of poliovirus vaccine, ≥1 doses of any measles-containing vaccine, ≥3 doses of HepB, ≥1 doses of varicella vaccine, and ≥4 doses of PCV; Hib vaccine is excluded.

† Children in the 2009 National Immunization Survey were born during January 2006--July 2008.

§ ≥1 doses of HepB vaccine administered between birth and age 3 days.

¶ ≥2 doses hepatitis A vaccine and measured among children aged 19--35 months.

\*\* ≥2 or ≥3 doses of rotavirus vaccine, depending on product type received (≥2 doses for Rotarix [RV1] and ≥3 doses for RotaTeq [RV5]).

†† The asymmetric CI of 3.1--10.0 is reported instead of the confidence width.

<sup>18</sup> 2009 National Immunization Survey, Center for Disease Control and Prevention



## 2. Influenza and Pneumonia Vaccinations Among Elderly Adults

According to the Los Angeles County Department of Health Services Survey the proportion of individuals in Los Angeles County that received the flu shot in the past 12 months increased from 1.6% percent from 1999 to 2007. Nearly three-fourths of the population (71.3%) received an influenza vaccine in 2007 compared 69.7% in 1999. However, rates did decline from 2000 to 2002 and again from 2002 to 2005. Percentages across SPA reveal a less positive story; barely half of residents (51.0%) in SPA 6, which is located in SVMC’s primary service area, received an influenza shot in 2007. This is a large improvement from 2005 where less than half reported receiving a shot (44.9%). The remaining SPAs had a range similar to Los Angeles County’s level of 71.3%.

**Figure 56. Percentage of Adults (65+ years) who Reported Receiving the Flu Shot in the Past 12 Months by SPA, 2007**

	2007		2005	2002-03	1999-00
	Percentage	Estimated #	Percentage	Percentage	Percentage
<b>Los Angeles County</b>	71.3%	737,000	61.6%	69.3%	69.7%
<b>Service Planning Area</b>					
San Fernando (2)	77.6%	172,000	62.3%	73.0%	73.7%
San Gabriel (3)	69.3%	143,000	62.7%	71.3%	68.8%
<b>Metro (4)</b>	<b>72.4%</b>	<b>89,000</b>	<b>73.0%</b>	<b>68.4%</b>	<b>69.0%</b>
West (5)	73.4%	62,000	62.0%	68.0%	68.5%
<b>South (6)</b>	<b>51.0%</b>	<b>39,000</b>	<b>44.9%</b>	<b>49.5%</b>	<b>54.2%</b>
East (7)	70.4%	91,000	64.5%	73.1%	62.3%
South Bay (8)	73.7%	122,000	56.9%	71.9%	80.2%

Sources: 2007, 2005, 2002-03, 1999-00 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

In Los Angeles County, pneumonia vaccination rates have steadily increased every year from 1999 to 2007 (54.9% vs. 55.7% vs. 57.7% vs. 60.5%) and over half of the population across each SPA reported ever having a pneumonia vaccination. SVMC’S SPAs, SPA 4 (54.6%) and 6 (51.1%) were below the Los Angeles County rate (60.5%).



**Figure 57. Percentage of Adults (65+ years) Reported Ever Having a Pneumonia Vaccination by SPA, 2007**

	2007		2005	2002-03	1999-00
	Percent	Estimated #	Percent	Percent	Percent
Los Angeles County	60.5%	599,000	57.7%	55.7%	54.9%
<b>Service Planning Area</b>					
San Fernando (2)	67.6%	146	61.0%	61.7%	58.6%
San Gabriel (3)	54.1%	105	61.4%	56.5%	53.8%
<b>Metro (4)</b>	<b>54.6%</b>	<b>63</b>	<b>51.4%</b>	<b>50.4%</b>	<b>46.6%</b>
West (5)	71.5%	58	57.4%	54.6%	60.1%
<b>South (6)</b>	<b>51.1%</b>	<b>38</b>	<b>49.5%</b>	<b>44.2%</b>	<b>46.8%</b>
East (7)	56.6%	70	55.6%	56.1%	51.0%
South Bay (8)	63.9%	101	57.1%	55.0%	60.6%

Source: 2007, 2005, 2002-03, 1999-00 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

### 3. Cholesterol Screening

The largest reported chronic condition in Los Angeles County is high blood cholesterol. Data from the 2007 Los Angeles County Health survey reported that 29% of residents suffer with this condition. Several years prior to 2007, the reported percentage was lower at 16.1%. SPA data indicate similar trends. Both SPA 4 and 6 in SVMC’s primary service area reported lower percentages of adults diagnosed with high blood cholesterol (26.0% and 25.5%) than Los Angeles County’s estimate of 29.1%.

**Figure 59. Percentage of Adults (18+ years) Diagnosed with High Blood Cholesterol by SPA, 2007**

	2007		2005	1999-00
	Percentage	Estimated #	Percentage	Percentage
Los Angeles County	29.1%	2,154,000	23.7%	16.1%
<b>Service Planning Area</b>				
San Fernando (2)	29.1%	456,000	26.4%	18.0%
San Gabriel (3)	31.5%	431,000	23.0%	18.3%
<b>Metro (4)</b>	<b>26.0%</b>	<b>242,000</b>	<b>21.5%</b>	<b>15.3%</b>
West (5)	30.6%	160,000	21.8%	13.5%
<b>South (6)</b>	<b>25.5%</b>	<b>174,000</b>	<b>18.3%</b>	<b>11.0%</b>
East (7)	30.5%	291,000	27.1%	14.4%
South Bay (8)	29.6%	340,000	24.3%	17.2%

Source: 2007, 2005 and 1999-00 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health



#### 4. Dental Care

Created to address the oral health needs of underprivileged children in Los Angeles County, the Children's Dental Health Project and its collaborative members (including the USC and UCLA Schools of Dentistry) conducted the most comprehensive county-wide, oral health assessment of underprivileged children. This project was guided by several alarming facts from the 2000 Surgeon General's Report which found that not only is oral health key to overall health, but poor dental health has become a "silent epidemic" for underprivileged children: dental decay has become the leading common childhood disease, dental decay is five times more common than asthma, and children of lower economic social status have 12 times as many activity restricted days per year because of dental-related illnesses.

The dental health project sampled children across Los Angeles County from the age groups of 2-5 years old, 6-8 years old, and 14-16 years old. Samples were drawn from Women, Infants and Children (WIC) centers; Head Start programs; and schools. A total of 2,313 children were examined across 59 sites. Overall findings demonstrated a high evidence of dental caries among the underprivileged – that is, almost half (44%) of surveyed underprivileged in the County had cavities, and an additional 29% showed signs of early dental caries.

More specifically, The Children's Dental Health Project of Los Angeles County concluded that:

- The highest dental caries prevalence rate occurred in White-Hispanic elementary school students, followed by non-White Hispanics, Asians, and African Americans.
- Almost one out of every four (21%) underprivileged children were uninsured and 60% were covered by a public program, such as Denti-Cal, Medicaid, or Healthy Families.
- Nearly three-fourths of the county-wide sample was classified as needing dental care within 15 days; and 9% were in need of immediate dental care within 24 hours.
- Only 6% of those sampled used tap water as their main source of drinking water – a significant free source of fluoride.
- 86% of parents were not following the recommended American Association of Pediatric Dentistry guidelines that children should visit the dentist by his/her first birthday.

The study found that half of Los Angeles County dental offices and clinics were not serving children covered by Denti-Cal and average wait times for an appointment were 3.7 days for new patients and 3.5 days for existing patients. Furthermore, only 44% of dental facilities treated children under the age of two.

To advance improvements of oral health for the underprivileged, project investigators suggest partnering with community-based providers to establish dental homes in tandem with medical homes, increase dentists' participation in Denti-Cal and Healthy Families, increase dental training and oral assessments for younger children - infants and toddlers, develop a community oral health workers/promotores program to promote



effective oral care and prevention, promote the importance of drinking fluoridated tap water and brushing with fluoridated toothpaste, and integrate oral health programs into current nutrition programs.

## **5. Health Literacy**

Healthy People 2010 defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” This capacity would include the ability to read and comprehend prescription bottles, appointment slips, and the other essential health-related materials required to successfully function as a patient (American Medical Association). In other words, health literacy is the ability to read, understand, and act on health care information as simplified by the Center for Health Care Strategies’ Inc. Health Literacy Fact Sheet.

Patients with low health literacy are characterized as less likely to understand physical written and oral information, or successfully obtain needed services by navigating the health care system, or follow directions in taking medications and appointment schedules. Those lacking appropriate levels of literacy are more likely to have higher health care costs as well. According to the National Adult Literacy Survey:

- Two-thirds of American adults age 60 and over have inadequate or marginal literacy skills.
- Half of welfare recipients read below the 5<sup>th</sup> grade level.
- Half of Hispanic/Latinos and 40% of African Americans have some degree of reading difficulty.<sup>19</sup>

Research studies indicate that poor health status is disproportionately higher among patients with low functional health literacy. Those with low health literacy are more likely than those with higher levels of health literacy to have a chronic disease and not get the health care they need. Furthermore, emergency room patients who lack appropriate health literacy skills are likely to need hospitalization twice as often, after controlling for self-reported health status, health insurance coverage and income level.<sup>20</sup>

The Office of Minority Health, which is a division within the U.S. Department of Health and Human Services, created the National Standards for Culturally and Linguistically Appropriate Services with the purpose to improve communication between providers and patients from racially and ethnically diverse backgrounds. Locally, California is considering legislation to direct medical schools to provide training in cultural competency and/or health literacy skills. The National Board of Medical Examiners has implemented a clinical skills test as part of the U.S. Medical Licensing Examination to assess a doctor’s level of communication skills. Results from the Health People 2010 report indicated that much effort is still needed to increase provider-patient communication. Health communication survey items asking patients 18 years and older if health providers

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<sup>19</sup> Center for Health Care Strategies, Inc., Health Literacy Fact Sheet

<sup>20</sup> Center for Health Care Strategies, Inc., Health Literacy Fact Sheet



always listen carefully to them, explain things so they can understand, show respect for what they have to say, or spend enough time with them were each down by double by digits based on the Healthy People performance targets.<sup>21</sup>

## **6. Fitness and Nutrition**

### 6.1 Physical Activity

Longitudinal data from the Los Angeles Health Survey shows an increase in physical activity over a five-year period for County residents. In 2007, over half (53.2%) of Los Angeles County residents responded having an “active” lifestyle compared to forty-eight percent (48.0%) in 2002. 46.9% admitted to leading a minimally active to sedentary lifestyle in 2007, which is a decrease from 51.9% in 2002.

Data for SPA 6 in SVMC’s primary service area also shows an increase in the percentage of ‘active’ adults from 2002 (45.4%) to 2007 (51.5%) and a decrease is the percentage of ‘sedentary’ adults from 2002 (46.7%) to 2007 (38.9%) though both percentages are above the Los Angeles County rates. Data for SPA 4, also in SVMC’s primary service area, while better overall, shows smaller improvements, with a slight increase in the percentage of ‘active’ adults from 2002 (52.9%) to 2007 (53.7%) and a decrease is the percentage of ‘sedentary’ adults from 2002 (38.1%) to 2007 (35.1%) though both percentages are above the Los Angeles County rates.

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<sup>21</sup> Healthy People 2010



**Figure 59. Prevalence of Physical Activity for Adults (18+ years) by SPA, 2007**

		2007		2005		2002-03	
		Percentage	Estimated #	Percentage	Estimated #	Percentage	Estimated #
<b>Los Angeles County</b>	Active (Meets Guidelines)	53.2%	3,951,000	51.8%	3,749,119	48.0%	3,225,601
	Some Activity (Does Not Meet Guidelines)	10.7%	793,000	10.6%	769,916	10.1%	689,879
	Minimal to No Activity (Sedentary)	36.2%	2,687,000	37.5%	2,712,284	41.8%	2,903,900
<b>Service Planning Area</b>							
San Fernando (2)	Active (Meets Guidelines)	55.3%	869,000	50.1%	769,181	48.2%	698,383
	Some Activity (Does Not Meet Guidelines)	10.2%	160,000	10.6%	163,416	10.3%	148,188
	Minimal to No Activity (Sedentary)	34.6%	543,000	39.2%	601,973	41.5%	608,729
San Gabriel (3)	Active (Meets Guidelines)	50.4%	698,000	51.4%	676,441	44.6%	552,714
	Some Activity (Does Not Meet Guidelines)	10.2%	141,000	11.6%	152,126	11.9%	147,593
	Minimal to No Activity (Sedentary)	39.4%	545,000	37.1%	488,173	43.5%	556,121
<b>Metro (4)</b>	<b>Active (Meets Guidelines)</b>	<b>53.7%</b>	<b>500,000</b>	<b>53.6%</b>	<b>488,853</b>	<b>52.9%</b>	<b>432,141</b>
	<b>Some Activity (Does Not Meet Guidelines)</b>	<b>11.2%</b>	<b>105,000</b>	<b>10.7%</b>	<b>97,769</b>	<b>9.1%</b>	<b>77,201</b>
	<b>Minimal to No Activity (Sedentary)</b>	<b>35.1%</b>	<b>327,000</b>	<b>35.7%</b>	<b>325,642</b>	<b>38.1%</b>	<b>325,441</b>
West (5)	Active (Meets Guidelines)	57.3%	298,000	61.9%	330,114	56.3%	281,163
	Some Activity (Does Not Meet Guidelines)	11.2%	58,000	11.3%	59,985	11.3%	55,846
	Minimal to No Activity (Sedentary)	31.4%	163,000	26.8%	142,784	32.4%	168,837
<b>South (6)</b>	<b>Active (Meets Guidelines)</b>	<b>51.6%</b>	<b>349,000</b>	<b>45.6%</b>	<b>300,295</b>	<b>45.4%</b>	<b>272,744</b>
	<b>Some Activity (Does Not Meet Guidelines)</b>	<b>9.5%</b>	<b>64,000</b>	<b>9.8%</b>	<b>64,802</b>	<b>7.9%</b>	<b>49,645</b>
	<b>Minimal to No Activity (Sedentary)</b>	<b>38.9%</b>	<b>263,000</b>	<b>44.5%</b>	<b>293,226</b>	<b>46.7%</b>	<b>290,305</b>
East (7)	Active (Meets Guidelines)	51.9%	495,000	51.5%	478,185	48.3%	415,264
	Some Activity (Does Not Meet Guidelines)	12.1%	115,000	10.2%	94,788	8.1%	67,536
	Minimal to No Activity (Sedentary)	36.0%	343,000	38.3%	356,078	43.7%	390,549
South Bay (8)	Active (Meets Guidelines)	53.7%	621,000	52.5%	590,063	45.7%	478,356
	Some Activity (Does Not Meet Guidelines)	11.3%	131,000	10.0%	112,965	11.2%	122,565
	Minimal to No Activity (Sedentary)	35.0%	405,000	37.5%	421,527	43.1%	471,352

Source: 2007, 2005 and 2002-03 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.



6.2 Limited Activity (Number of Days)

Adults 18 years and older residing in Los Angeles County also report spending fewer days being inactive in the past 30 days due to poor physical and/or mental health. Countywide, in 1999 adults spent 2.4 average days in the past 30 days of limited activity in 1999. In 2007 the average number of days in the last 30 days of limited activity has declined to 2.1 average days.

SPAs 4 and 6 in SVMC’s primary service area show consistently higher average number of days of limited activity in the last 30 days than the remaining SPAs and the County overall. SPA 6 averaged 2.6 in 1999-200, 2.7 in 2002-03, spiked up to 3.3 in 2005 and dipped slightly to 3.1 in 2007. However, SPA 4 has demonstrated a positive trend, averaging 2.6 days in 2002-2003 and 2005 and decreasing to 2.2 days in 2007, only slightly higher than the County average.

**Figure 60. Average Days in the Past 30 Days of Limited Activity Due to Poor Physical and/or Mental Health for Adults (18+ years) by SPA, 2007**

	2007	2005	2002-03	1999-00
	Average	Average	Average	Average
Los Angeles County	2.1	2.4	2.4	2.4
<b>Service Planning Area</b>				
San Fernando (2)	2.0	2.4	2.2	2.3
San Gabriel (3)	1.8	1.8	2.5	2.1
<b>Metro (4)</b>	<b>2.2</b>	<b>2.6</b>	<b>2.6</b>	<b>2.3</b>
West (5)	1.6	2.3	1.7	2.1
<b>South (6)</b>	<b>3.1</b>	<b>3.3</b>	<b>2.7</b>	<b>2.6</b>
East (7)	2.1	2.3	2.2	2.4
South Bay (8)	2.0	2.5	2.5	2.9

Source: 2007, 2005, 2002-03, 1999-00 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

6.3 5 Servings of Fruits and Vegetables

The consumption of fruits and vegetables is vital to health. A diet low in nutritional value can lead to birth defects, mental and physical retardation, weakened immune systems, blindness, and even death (LACDPH, 2007). The percentage of the population by zip code that consumed at least 5 servings of fruits and vegetables in one day in 2005 is reported in Figure 61. Less than half of the population in the SVMC primary service area consumed at least 5 servings of fruits and vegetables per day. Regardless of the economic diversity and various levels of



access to fresh fruits and vegetables, there is not much difference among the zip codes in this primary service area, with percentages ranging from 39.5% (90008) to 46.2% (90017).

**Figure 61. Percentage of those Consuming 5 Fruits and Vegetables per Day (Population 5 and Over) in SVMC’s Primary Service Area, 2005**

Zip Code	Percentage
90004	44.2%
90005	44.5%
90006	44.7%
90007	43.5%
90008	39.5%
90010	43.0%
90011	43.1%
90016	41.0%
90017	46.2%
90018	41.1%
90019	43.3%
90020	42.8%
90026	44.3%
90027	44.2%
90028	45.0%
90029	44.4%
90031	43.3%
90037	42.0%
90044	42.6%
90046	45.8%
90057	45.0%

Source: California Health Interview Survey, 2003-2005

There is however a larger fruit and vegetable consumption difference among Service Planning Areas, with a range from 12.7% in the South to 22.7% in the West in 2007. In SVMC’s primary service area, SPA 4 (15.3%) has a slightly larger percentage of those eating 5 or more servings of fruits and vegetables than Los Angeles County (15.1%) while SPA 6 has a smaller percentage (12.7%).



**Figure 62. Percentage of Adults (18+ years) Reported Having Eaten 5 or More Servings of Fruits/Vegetables in the Past Day by SPA, 2007**

	2007		2005	2002-03	1999-00
	Percentage	Estimated #	Percentage	Percentage	Percentage
Los Angeles County	15.1%	1,080,000	14.6%	12.3%	11.6%
<b>Service Planning Area</b>					
San Fernando (2)	17.0%	258,000	13.0%	13.2%	13.1%
San Gabriel (3)	13.5%	178,000	15.3%	12.2%	11.9%
<b>Metro (4)</b>	<b>15.3%</b>	<b>136,000</b>	<b>15.0%</b>	<b>12.1%</b>	<b>11.0%</b>
West (5)	22.7%	111,000	19.4%	17.8%	13.2%
<b>South (6)</b>	<b>12.7%</b>	<b>83,000</b>	<b>10.7%</b>	<b>8.9%</b>	<b>9.9%</b>
East (7)	13.8%	128,000	13.9%	11.4%	9.8%
South Bay (8)	13.6%	152,000	16.6%	11.3%	11.9%

Source: 2007 and 2005 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

#### 6.4 Breakfasts (Daily Consumption)

Survey data at the County, SPA and Health District levels indicate increased physical activity and decreased limited activity; and the same population reported a larger percentage are eating breakfast daily in a typical week across the same geographies. Across Los Angeles County in 2005, three out of every four (77.2%) parents of children aged 2-17 years old reported that their child ate breakfast every day. Two years later, eight out ten (84.2%) parents of children aged 2-17 years old reported that their child ate breakfast every day.

Breakfast consumption levels have increased over a two-year period across each SPA as well, with the largest jump occurring in SVMC’s primary service area. in SPA 6 with an increase of 11.2%, followed by SPA 2 (9.0%), SPA 4 (8.1%) and SPA 3 (7.8%).



**Figure 63. Percentage of Parents of Children (2-17 Years) Who Reported Their Child Ate Breakfast Daily in a Typical Week by SPA, 2007**

	2007		2005
	Percentage	Estimated #	Percentage
Los Angeles County	84.2%	2,112,000	77.2%
<b>Service Planning Area</b>			
San Fernando (2)	86.5%	430,000	77.5%
San Gabriel (3)	84.1%	373,000	76.3%
<b>Metro (4)</b>	<b>85.7%</b>	<b>245,000</b>	<b>77.6%</b>
West (5)	80.8%	81,000	80.8%
<b>South (6)</b>	<b>87.0%</b>	<b>282,000</b>	<b>75.8%</b>
East (7)	81.6%	301,000	78.8%
South Bay (8)	82.4%	322,000	75.8%

Source: 2007 and 2005 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

### 6.5 Fast Food

*Note: Data in this section has not been updated since the 2007 community needs assessment.*

In 2005, one-fourth (25.8%) of children (2-17 years old) in Los Angeles County were reported to have eaten fast food yesterday. Previously in 1999, two-tenths (21.0%) of children in Los Angeles County were reported to have eaten fast food in the previous day. Across SPAs, there are more children who reported to have consumed fast food in 2005 compared to 1999. The largest six-year rise occurred in SPA 7 at 11.9%, followed by 6.4% in SPA 6 and 5.7% in SPA 8. Fast food consumption levels in SVMC’S primary service area (24.7% and 24.9%) are slightly below the Los Angeles County’s rate of 25.8%.



**Figure 64. Percentage of Children (2-17 Years) Who Ate Fast Food Yesterday by SPA, 2005**

	2005		2002-03	1999-00
	Percentage	Estimated #	Percentage	Percentage
Los Angeles County	25.8%	633,000	17.5%	21.0%
<b>Service Planning Area</b>				
San Fernando (2)	24.2%	117,000	17.1%	20.3%
San Gabriel (3)	26.6%	116,000	18.9%	25.4%
<b>Metro (4)</b>	<b>24.7%</b>	<b>65,000</b>	<b>18.1%</b>	<b>23.5%</b>
West (5) **	17.4%	17,000	13.4%	18.7%
<b>South (6)</b>	<b>24.9%</b>	<b>79,000</b>	<b>16.6%</b>	<b>18.5%</b>
East (7)	28.7%	109,000	18.9%	16.8%
South Bay (8)	28.2%	106,000	16.4%	22.5%

Source: 2005, 2002 and 1999 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

**D. RISK BEHAVIORS**

**1. Obesity**

Obesity is cited by focus group and interview participants as one of the major and most complex health concerns today. It also represents one of the worst health trends in recent years, especially among children and among Latinos. One participant described it as a “soaring trend, but not a new one, that just keeps worsening.” Some low-income communities have a prevalence of fast food restaurants but are limited in access to fresh fruits and vegetables. Access to fast food is not only easy in these communities, but it is also one of the few affordable choices for low-income families. As one participant stated, “Obesity is hardly just a medical issue. There is no pill to take. It’s also a city planning issue that has to do with how we access food, what kind of food, open space, community violence, and so forth.”

1.1 Overweight and Obesity

In 2007, 57.4% of the population age 12 and over in Los Angeles County were either overweight or obese. Both service planning areas in SVMC’s primary service area, SPA 4 and SPA 6, had an increase in overweight/obesity rates from 2003-2005 to 2007. SPA 6 (65.2%) had a higher rate of overweight/obesity than the Los Angeles County. In SPA 6, over one-third (34.4%) of its population were obese in 2007, up from 23.8% in 2003-2005.



**Figure 65. Percentage of Overweight and Obese (12+ years) in Los Angeles County by SPA, 2007**

	Overweight (BMI >25 and <30)		Obese (BMI 30+)		Total (BMI 25+)	
	2007	2003-2005	2007	2003-2005	2007	2003-2005
Los Angeles County	34.8%	35.0%	22.6%	20.8%	57.4%	55.8%
<b>Service Planning Area</b>						
San Fernando (2)	34.4%	35.2%	20.4%	19.0%	54.8%	54.2%
San Gabriel (3)	34.7%	33.9%	20.7%	20.4%	55.4%	54.3%
<b>Metro (4)</b>	<b>36.7%</b>	<b>33.4%</b>	<b>18.3%</b>	<b>17.6%</b>	<b>55.0%</b>	<b>51.0%</b>
West (5)	32.5%	32.5%	12.7%	13.7%	44.2%	45.2%
<b>South (6)</b>	<b>30.8%</b>	<b>38.0%</b>	<b>34.4%</b>	<b>23.8%</b>	<b>65.2%</b>	<b>61.8%</b>
East (7)	41.0%	37.3%	26.6%	26.7%	67.6%	64.0%
South Bay (8)	33.1%	34.4%	25.4%	22.9%	58.5%	57.3%

Source: California Health Interview Survey (CHIS)

In 2003-2005, 12 out of the 21 zip codes in this primary service area had a majority of their population ages 12 and over who were overweight or obese. The zip code with the highest rate of overweight/obesity during those years was 90008, at 59.8%. Please see Figure 66 for more detail.

**Figure 66. Percentage of Overweight and Obese (12+ years) in SVMC’s Primary Service Area, 2005**

Zip Code	Overweight (BMI >25 and <30)	Obese (BMI 30+)	Total (BMI 25+)	Zip Code	Overweight (BMI >25 and <30)	Obese (BMI 30+)	Total (BMI 25+)
90004	31.2%	17.3%	48.5%	90020	28.6%	14.6%	43.2%
90005	31.4%	17.3%	48.9%	90026	31.9%	17.8%	49.7%
90006	33.1%	19.5%	52.6%	90027	30.5%	15.9%	46.4%
90007	31.4%	18.8%	50.2%	90028	31.8%	17.5%	49.3%
90008	34.3%	25.5%	59.8%	90029	31.9%	18.2%	50.1%
90010	29.1%	13.6%	42.7%	90031	30.7%	17.3%	48.0%
90011	35.9%	22.8%	58.7%	90037	35.2%	23.6%	58.8%
90016	34.7%	23.6%	58.3%	90044	33.8%	25.4%	59.2%
90017	33.7%	19.8%	53.5%	90046	32.1%	15.9%	48.0%
90018	34.7%	23.7%	58.4%	90057	32.2%	18.3%	50.5%
90019	31.7%	19.6%	50.3%				

Source: CHIS, 2003-2005



## 2. Smoking

Note: Please note that data in this section has not been updated since the 2007 community needs assessment.

Cigarette smoking is the leading cause of preventable death in the United States and is a risk factor for diseases such as cardiovascular disease, respiratory disease, and lung cancer (LACDPH, 2010). Each year nearly 9,000 lives and \$4.3 billion are lost to smoking related disease in Los Angeles County. In 2005, approximately 15%, or nearly one out of every six adults 18 years and older smoked cigarettes in Los Angeles County. This is down approximately 4% from the late 1990s.

- Smoking decreased in Los Angeles County from 2002 (15.2%) to 2005 (14.6%) as well as in five of the six SPAs, except SPA 6, which is in SVMC’s primary service area, where smoking increased from 2002 (15.3%) to 2005 (17.3%).
- In 2005, the percent of adult smokers in SVMC’S primary service area is larger than the percent of adult smokers in Los Angeles County (16.4% in SPA 4 and 17.3% in SPA 6 vs. 14.6%).

**Figure 67. Percentage of Adults (18+ years) who Smoke Cigarettes by SPA, 2005**

	2005		2002-03	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage
<b>Los Angeles County</b>	14.6%	1,067,000	15.2%	18.1%	18.2%
<b>Service Planning Area</b>					
San Fernando (2)	14.5%	223,000	14.6%	18.1%	18.8%
San Gabriel (3)	12.9%	171,000	14.3%	15.4%	18.6%
<b>Metro (4)</b>	<b>16.4%</b>	<b>150,000</b>	<b>16.8%</b>	<b>20.3%</b>	<b>18.8%</b>
West (5)	13.3%	71,000	13.7%	19.2%	13.3%
<b>South (6)</b>	<b>17.3%</b>	<b>115,000</b>	<b>15.3%</b>	<b>19.1%</b>	<b>18.9%</b>
East (7)	10.7%	101,000	14.7%	17.1%	19.0%
South Bay (8)	16.7%	190,000	16.4%	18.4%	17.4%

Source: 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

### 2.1 Established Smokers

In 2007, across Los Angeles County, 14.3% of residents are current, established smokers and an additional 1.1% smoke occasionally. SPAs 4 and 6 in GSH’s primary service area have the highest percentage of established smokers (15.7% and 19.7%). Please see Figure 68 for more data.



**Figure 68. Percentage of Adults (18+ years) Who Are Current, Non-Regular, Former and Non-Smokers by SPA, 2007**

		2007		2005	2002-03
		Percentage	Estimated #	Percentage	Percentage
<b>Los Angeles County</b>	Current Smoker	14.3%	1,061,000	13.9%	14.4%
	Non-Regular Smoker	1.1%	79,000	0.8%	0.9%
	Former Smoker	21.2%	1,572,000	23.3%	22.9%
	Non-Smoker	63.5%	4,713,000	62.1%	61.8%
<b>Service Planning Area</b>					
<b>San Fernando (2)</b>	Current Smoker	13.3%	209,000	13.9%	13.9%
	Non-Regular Smoker	* 0.9%	15,000	* 0.5%	* 0.7%
	Former Smoker	25.5%	401,000	26.3%	24.7%
	Non-Smoker	60.2%	946,000	59.3%	60.7%
<b>San Gabriel (3)</b>	Current Smoker	11.9%	163,000	11.9%	13.2%
	Non-Regular Smoker	* 1.0%	14,000	* 1.0%	* 1.1%
	Former Smoker	19.1%	262,000	22.6%	20.5%
	Non-Smoker	68.1%	936,000	64.5%	65.2%
<b>Metro (4)</b>	<b>Current Smoker</b>	<b>15.7%</b>	<b>146,000</b>	<b>15.5%</b>	<b>15.8%</b>
	<b>Non-Regular Smoker</b>	<b>* 1.2%</b>	<b>12,000</b>	<b>* 0.9%</b>	<b>* 1.0%</b>
	<b>Former Smoker</b>	<b>20.1%</b>	<b>188,000</b>	<b>23.2%</b>	<b>22.9%</b>
	<b>Non-Smoker</b>	<b>63.0%</b>	<b>587,000</b>	<b>60.4%</b>	<b>60.2%</b>
<b>West (5)</b>	Current Smoker	9.7%	51,000	13.1%	13.1%
	Non-Regular Smoker	-	-	-	-
	Former Smoker	26.7%	140,000	27.0%	24.4%
	Non-Smoker	63.4%	332,000	59.6%	61.8%
<b>South (6)</b>	<b>Current Smoker</b>	<b>19.7%</b>	<b>133,000</b>	<b>16.1%</b>	<b>13.9%</b>
	<b>Non-Regular Smoker</b>	<b>* 1.2%</b>	<b>8,000</b>	<b>* 1.3%</b>	<b>* 1.3%</b>
	<b>Former Smoker</b>	<b>16.9%</b>	<b>114,000</b>	<b>20.0%</b>	<b>19.6%</b>
	<b>Non-Smoker</b>	<b>62.3%</b>	<b>422,000</b>	<b>62.6%</b>	<b>65.1%</b>



		2007		2005	2002-03
		Percentage	Estimated #	Percentage	Percentage
East (7)	Current Smoker	13.8%	131,000	10.0%	13.3%
	Non-Regular Smoker	* 1.6%	16,000	-	* 1.5%
	Former Smoker	19.2%	183,000	20.8%	20.4%
	Non-Smoker	65.4%	625,000	68.5%	64.8%
South Bay (8)	Current Smoker	15.5%	179,000	15.9%	16.0%
	Non-Regular Smoker	* 0.9%	10,000	* 0.8%	* 0.5%
	Former Smoker	20.4%	235,000	22.1%	25.2%
	Non-Smoker	63.3%	730,000	61.2%	58.3%

Source: 2007, 2005, 2002-03 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

\* The estimate is statistically unstable (relative standard error  $\geq 23\%$ ) and therefore may not be appropriate to use for planning or policy purposes.

19. Estimates may differ from prior estimates as new weights were utilized beginning March 20, 2006.

## 2.2 Smoke Exposure

*Note: Data in this section has not been updated since the 2007 community needs assessment.*

Childhood exposure to secondhand smoke can increase the likely of getting sick, wheezing and coughing, asthma attacks, and ear infections. Furthermore, secondhand smoke can limit the development of the lungs and lead to bronchitis and pneumonia. For infants, exposure to cigarette smoke can lead to Sudden Infant Death Syndrome (Center for Disease and Control). In Los Angeles County, 6.4% of parents with children admitted their child was exposed to tobacco smoke at home (2005). This estimate is down 1.1% from 2002 and down an additional 4.7% from 1999. A larger proportion of tobacco exposure occurred in children aged 6-17 years versus from 0-5 years of age (7.9% vs. 3.2%).

In SVMC’s primary service area, SPA 4 (3.2%) had smaller percentage of children being exposed to tobacco in the home than Los Angeles County (6.4%). However, SPA 6 (10.7%) had a larger percentage of children exposed to tobacco in the home.



**Figure 69. Percentage of Parents of Children (0-17 Years) Who Reported Their Child Exposed to Tobacco Smoke in the Home by SPA, 2005**

	2005		2002-03		1999-00	
	Percentage	Estimated #	Percentage	Percentage	Percentage	Percentage
<b>Los Angeles County</b>	6.4%	178,000	7.5%		11.1%	
<b>Service Planning Area</b>						
San Fernando (2)	6.6%	36,000	5.4%		11.2%	
San Gabriel (3)	4.9%	24,000	7.4%		9.3%	
<b>Metro (4)</b>	<b>3.2%</b>	<b>10,000</b>	<b>7.6%</b>		<b>9.6%</b>	
West (5)	* 3.7%	4,000	6.9%		13.9%	
<b>South (6)</b>	<b>10.7%</b>	<b>38,000</b>	<b>9.3%</b>		<b>10.6%</b>	
East (7)	5.3%	22,000	6.6%		11.2%	
South Bay (8)	7.6%	34,000	8.2%		11.8%	

Source: 2007, 2005, 2002 and 1999 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

### 3. Alcohol Use

Although moderate alcohol consumption is common among adults with no adverse effects, alcohol abuse can cause medical consequences such as cardiovascular disease, hypertension, cancer, and liver disease (LACDPH, 2001). Approximately 100,000 deaths each year can be attributed to alcohol and an estimated \$184.6 billion is spent on alcohol related problems each year in the U.S. (LAC/DHS 2001). In Los Angeles County in 2005, more than half of adults (53.6%) reported drinking alcohol in the past month, and approximately one in six (17.3%) admitted to binge drinking (five or more drinks for men or three or more drinks for women) at least once in the past month. One out of every 25 adults, or 4.3%, admitted to consuming 60 or more drinks in the past month. For 2007, alcohol use in SVMC’s primary service area SPA 4 (49.7%) and SPA 6 (43.3) is lower than Los Angeles County (52.0%).



**Figure 70. Percentage of Adults (18+ years) Who Reported Drinking Alcohol in the Past Month by SPA, 2007**

	2007		2005	2002-03	1999-00
	Percentage	Estimated #	Percentage	Percentage	Percentage
<b>Los Angeles County</b>	52.0%	3,877,000	53.6%	54.3%	54.4%
<b>Service Planning Area</b>					
San Fernando (2)	60.8%	960,000	61.8%	59.1%	58.2%
San Gabriel (3)	47.2%	651,000	49.4%	50.8%	52.7%
<b>Metro (4)</b>	<b>49.7%</b>	<b>465,000</b>	<b>51.1%</b>	<b>52.7%</b>	<b>53.1%</b>
West (5)	64.7%	336,000	68.9%	70.6%	67.2%
<b>South (6)</b>	<b>43.3%</b>	<b>295,000</b>	<b>38.7%</b>	<b>44.0%</b>	<b>44.2%</b>
East (7)	45.1%	432,000	47.7%	49.7%	49.8%
South Bay (8)	52.9%	613,000	56.2%	55.4%	56.1%

Source: 2007, 2005, 2002-03, 1999-00 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

### 3.1 Binge Drinking

In general, binge drinking rates have dropped since the 2007 community needs assessment. In 2007, 16.2% of adults in Los Angeles County were binge drinking, down from 17.3% in 2005. In SVMC’s primary service area, SPA 4 (18.3%), and SPA 6 (17.9%) percentages are slightly higher compared to Los Angeles County. Data in Figure 71 shows SPA 4 experienced a slight decrease in binge drinkers from, 19.2% in 2005 to 18.3% in 2007. However, In SPA 6, the percentage of binge drinkers increased from 13.7% in 2005 to 17.9% in 2007.

**Figure 71. Percentage of Adults (18+ years) who Reported Binge Drinking\* in the Past Month by SPA, 2007**

	2007		2005
	Percentage	Estimated #	Percentage
Los Angeles County	16.2%	1,190,000	17.3%
<b>Service Planning Area</b>			
San Fernando (2)	16.2%	253,000	18.3%
San Gabriel (3)	13.8%	188,000	16.1%
<b>Metro (4)</b>	<b>18.3%</b>	<b>169,000</b>	<b>19.2%</b>
West (5)	12.8%	66,000	17.4%
<b>South (6)</b>	<b>17.9%</b>	<b>121,000</b>	<b>13.7%</b>
East (7)	18.5%	174,000	17.8%
South Bay (8)	15.9%	183,000	17.6%

Source: 2007, 2005 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

\* Binge drinking for females is drinking 4 or more drinks and males 5 or more drinks on one occasion at least one time in the past month.



### 3.2 Chronic Drinking

In 2007, 3.3% of adults in Los Angeles County reported chronic or heavy drinking; this is down from 4.3% in 2005. In SVMC’s primary service area, SPA 4 had lower percentages of chronic or heavy drinkers from 2005 to 2007. On the contrary, SPA 6 experienced an increase from 2005 to 2007. Figure 72 below details the percent of adults who reported chronic drinking in the past month in 2005 and 2007.

**Figure 72. Percentage of Adults (18+ years) Who reported Chronic Drinking\* in the Past Month by SPA, 2007**

	2007		2005
	Percentage	Estimated #	Percentage
Los Angeles County	3.3	242,000	4.3
<b>Service Planning Area</b>			
San Fernando (2)	4.0	63,000	4.7
San Gabriel (3)	2.6	35,000	3.6
<b>Metro (4)</b>	<b>3.8</b>	<b>34,000</b>	<b>5.3</b>
West (5)	2.7	14,000	4.5
<b>South (6)</b>	<b>3.4</b>	<b>23,000</b>	<b>3.1</b>
East (7)	2.6	24,000	2.9
South Bay (8)	3.5	40,000	5.5

Source: 2007, 2005 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health  
 \* Chronic/Heavy drinking is males consuming more than 60 drinks and females more than 30 drinks in the previous month.

### 4. Drug Use

In 2007, approximately 2% (153,000) of Los Angeles County adults were treated for substance abuse or addiction in the past five years. Compared to Los Angeles County, SVMC’s primary service area reported higher substance abuse rates (2.1% for SPA 4, and 3.0% for SPA 6). SPA 6 (3.0%) had one of the highest proportions of adults receiving drug abuse treatment across Los Angeles County.

**Figure 73. Percentage of Adults (18+ years) Who Reported Receiving Treatment for Substance Abuse or Addiction by SPA, 2007**

	2007	
	Percentage	Estimated #
Los Angeles County	2.0	153,000
<b>Service Planning Area</b>		
San Fernando (2)	2.2	34,000
San Gabriel (3)	1.5	20,000
<b>Metro (4)</b>	<b>2.1</b>	<b>20,000</b>
West (5)	1.7	9,000



	2007	
	Percentage	Estimated #
South (6)	3.0	21,000
East (7)	0.9	9,000
South Bay (8)	2.9	33,000

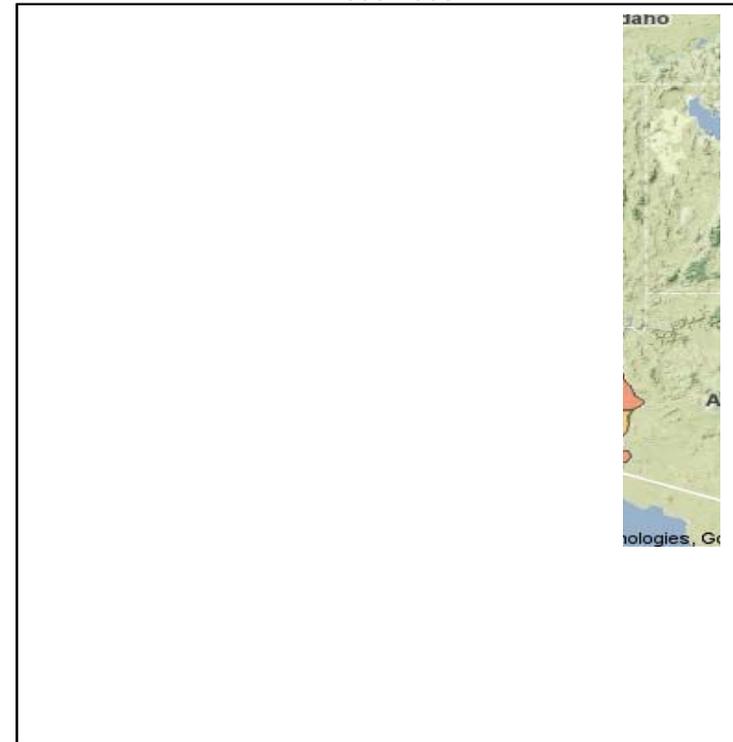
Source: 2007 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

### 5. Youth Involved in Gangs

When asked directly on the California Healthy Kids Survey from 2006-2008, “Do you consider yourself a member of a gang?” approximately 6% to 8% of girls and 11% of boys in grades 7, 9, and 11 reported that they consider themselves gang members. Students enrolled in Community Day Schools or continuation programs, were more likely to report gang involvement (11.9% of girls and 21.1% of boys). Also, students who reported lower levels of school connectedness; such as not being treated fairly, not feeling close to people, not happy, or not feeling safe at school; were nearly three times more likely to be involved in gang membership than students who reported higher levels of school connectedness. By racial/ethnic group, African American students were most likely (14.5%) to be gang involved and Asian students (6.9%) were least likely to report being involved with gangs. Eleven percent of Native American and Pacific Islanders were involved with gangs and 10 percent of Hispanic/Latinos.

Approximately 9.9% to 12.8% of Los Angeles County youth reported gang membership in 2006-2008. San Bernardino County, which is the largest county in the state and lies adjacent to Los Angeles County, showed a higher range of gang involvement (12.8% to 16.3%). Orange County as well as Los Angeles County’s other neighbors had similar gang membership participation levels. Los Angeles County’s range compared to some of California’s Northern Counties was highest at 16.3% to 24.1%.<sup>22</sup>

Figure 74. Reports of Gang Membership by County, 2006-2008



<sup>22</sup> Kidsdata.org



## 6. Youth Arrest/Felonies

08

Juvenile felony arrest rates were on the decline from 1998 to 2004 among youth ages 10 to 17. However from 2005 through 2008 the rates have slightly increased across the state and most populated counties. Statewide, the majority of felony arrest cases involved boys, ages 13-17, and adolescent African Americans. In 2008, youth were arrested on felony charges for property offenses (39.3%); violent offenses, such as homicide, rape, robbery, assault, and kidnapping (27.0%); other offenses like weapons or hit-and-run (23.2%); drug and alcohol offenses (8.6%); or sex offenses (2%). The rate of juvenile felony arrests varies by county, from 7.7 per 1,000 youth ages 10-17 in Humboldt County to 34.7 in San Francisco in 2008. Keep in mind that the rate of arrests can be influenced by multiple factors, and are an imperfect measure of juvenile criminal activity.

,000)

The rate of youth felony arrests in Los Angeles County and neighboring counties was moderate compared to the rest of the state. Approximately 11.6 to 15.5 per 1,000 of the County's youth were arrested on felony charges in 2008. San Bernardino County, which is the largest county in the state and lies adjacent to Los Angeles County, was the same. As well as for Los Angeles County's other neighboring counties except Kern County which had a higher young adult felony rate of 15.5 to 19.2 per 1,000. Orange County was lowest with a range of 7.7 to 11.6 per 1,000 youth felony charges. Los Angeles County's youth felony arrest rate compared to some of California's Northern Counties was highest at 19.2 to 34.7 per 1,000 youth.<sup>23</sup> The Statewide juvenile felony arrest rate was 14.1 per 1,000.

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<sup>23</sup> Kidsdata.org



## E. CHRONIC DISEASE

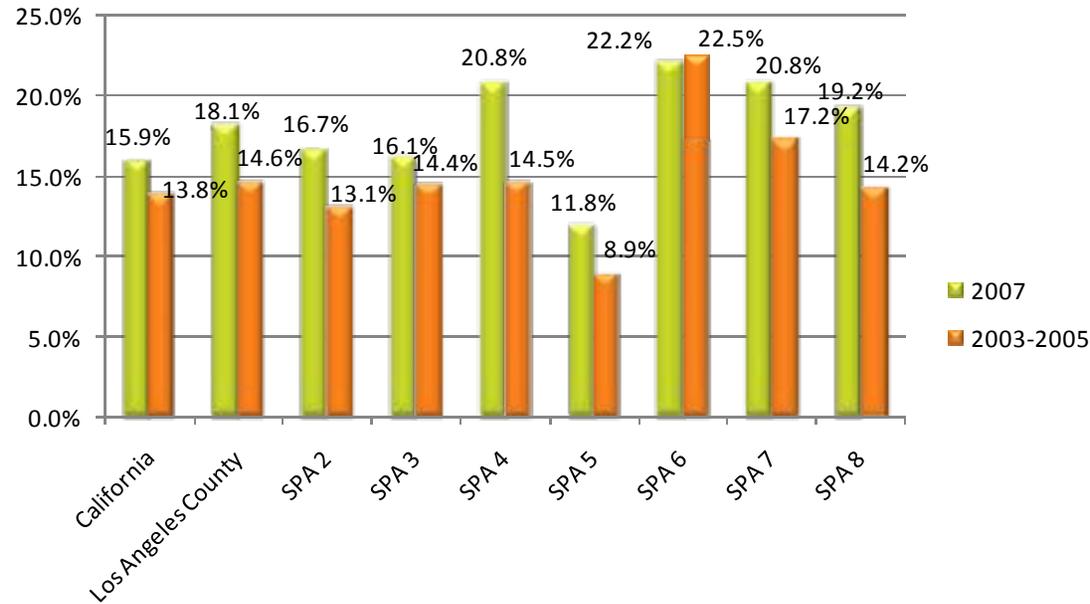
Focus group and interview participants cited repeatedly “chronic diseases” as one of the top health issues facing their communities, including diabetes, asthma, heart disease, and hypertension. The trend is not only apparent among adults, but it is also increasing for youth and children in recent years. Many recent immigrants, including the undocumented, provide cheap labor in the informal, low-wage, underground economy that has become even more challenging during the recession. One participant referred to these immigrants as “a permanent underclass.” Speaking specifically about Thai immigrants in this economy, one participant said that “they experience a lot of stress and tension that has to do with cultural displacement and dislocation, so they suffer from poor diet, high cholesterol, and high blood pressure or hypertension.”

### 1. Diabetes

The prevalence of diabetes has been increasing across the globe and is now considered a worldwide pandemic. In Los Angeles County alone, diabetes is the sixth leading cause of death since 1997 and an important cause of premature death since 1999 (LACDPH, 2010). Across SPA (excluding SPA 6), Los Angeles County and California, the prevalence of diabetes has increased from 2003 to 2007. In 2007, 18.1% of adults ages 45 and over, almost 1 in 5, were diagnosed with diabetes, including borderline and pre-diabetes. This is an increase from 14.6% in 2003-2005 and is also higher than the prevalence rate in California (15.9%). In SVMC’s primary service area, SPA 4 significantly decreased from 2005 (20.8%) to 2007 (14.5%). SPA 6, however, increased from 2005 (22.2%) to 2007 (22.5%) and has the highest prevalence of diabetes among adults age 45 and over.



**Figure 76. Comparison of Prevalence of Diabetes among Adults Age 45 and Over By SPA, 2007**



Source: California Health Interview Survey (CHIS), 2007

In 2003-2005, 17 of the 21 zip codes SVMC’s primary service area had a higher prevalence of diabetes than Los Angeles County. The zip code with the highest prevalence rate was 90037 (21.2%).

**Figure 77. Percentage Diagnosed with Diabetes\*(Adults Age 45 and Over) in SVMC’s Primary Service Area, 2005**

Zip Code	Percentage	Zip Code	Percentage	Zip Code	Percentage
90004	14.9%	90016	19.7%	90028	14.2%
90005	15.7%	90017	18.0%	90029	15.7%
90006	17.3%	90018	20.6%	90031	16.9%
90007	19.8%	90019	16.2%	90037	21.2%
90008	20.5%	90020	14.4%	90044	20.9%
90010	16.2%	90026	15.6%	90046	11.6%
90011	20.9%	90027	12.7%	90057	17.0%
<b>Los Angeles County</b>	<b>14.6%</b>				



<b>State</b>	<b>13.8%</b>
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Source: CHIS, 2003-2005  
 \*Includes Borderline and Pre-Diabetic

## 2. Asthma

In 2007, 11.8% of the population in Los Angeles County was diagnosed with asthma, which was comparable to the rate in 2003-2005. SVMC’s SPA 6 had an increase in percentage from 2003-2005 to 2007 (11.7% to 12.8%) but SPA 4 had a slight decrease (9.5% to 9.2%).

**Figure 78. Percentage Diagnosed with Asthma by SPA, 2007**

	Percentage	
	2007	2003-2005
Los Angeles County	11.8%	12.0%
San Fernando (2)	12.1%	11.5%
San Gabriel (3)	11.4%	11.8%
<b>Metro (4)</b>	<b>9.2%</b>	<b>9.5%</b>
West (5)	13.9%	12.0%
<b>South (6)</b>	<b>12.8%</b>	<b>11.7%</b>
East (7)	9.8%	12.1%
South Bay (8)	13.4%	13.7%

Source: California Health Interview Survey (CHIS)

In 2003-2005, 2 out of the 21 zip codes in this primary service area for SVMC had an asthma diagnosis rate higher than that of the County. Zip code 90008 had the highest rate of asthma diagnosis during those years (13.0%).

**Figure 79. Percentage Diagnosed with Asthma (All Ages) in SVMC’s Primary Service Area, 2005**

Zip Code	Percentage
90004	9.1%
90005	8.7%
90006	8.6%
90007	10.0%
90008	13.0%
90010	9.5%
90011	8.9%



Zip Code	Percentage
90016	11.3%
90017	8.2%
90018	11.0%
90019	10.5%
90020	9.2%
90026	9.2%
90027	10.9%
90028	10.6%
90029	9.1%
90031	8.9%
90037	10.1%
90044	12.2%
90046	11.4%
90057	8.7%
<b>Los Angeles County</b>	<b>12.0%</b>

Source: CHIS, 2003-2005

In 2007, 7.9% of the population under 18 years of age in Los Angeles County was diagnosed with asthma. This is a decrease by almost 1% from 2005 and a 0.2% decrease from 2002-03. SVMC’s SPAs 4 and 6 both showed a decrease in diagnosis rates from 2005 to 2007 (6.7% to 4.1% for SPA 4 and (9.0% to 7.8% for SPA 6). While SPA 6 is consistent with the rate for Los Angeles County, SPA 4 is lower.

**Figure 80. Percentage of Parents of Children (0-17 Years) Who Reported Their Child Ever Diagnosed with Asthma and Currently Still Have Asthma or Had an Asthma Attack in the past 12 months, 2007 by SPA, 2007**

	2007		2005	2002-03
	Percentage	Estimated #	Percentage	Percentage
<b>Los Angeles County</b>	7.9%	220,000	8.8%	8.1%
<b>Service Planning Area</b>				
San Fernando (2)	8.0%	44,000	7.9%	8.7%
San Gabriel (3)	7.6%	36,000	8.3%	8.4%
<b>Metro (4)</b>	<b>4.1%</b>	<b>13,000</b>	<b>6.7%</b>	<b>5.6%</b>
West (5)	7.6%	9,000	4.9%	13.0%
<b>South (6)</b>	<b>7.8%</b>	<b>29,000</b>	<b>9.0%</b>	<b>6.0%</b>
East (7)	8.8%	36,000	8.8%	7.7%



South Bay (8)	9.5%	42,000	11.0%	8.8%
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Source: 2007, 2005, and 2002 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

### 2.1 Childhood Asthma Hospitalization Rate

In 2007, the following zip codes in SVMC’s primary service area have an asthma hospitalization rate higher than 100 per 100,000 people under 20 years of age are (90008 (164), 90011 (123), 90016 (130), 90037 (205), 90044 (180), and 90057 (117).

**Figure 81. Childhood Asthma Hospitalization Rate Per 1,000,000 People Under 20 in SVMC’s Primary Service Area, 2007**

Zip Code	Rate	Zip Code	Rate	Zip Code	Rate
90004	67	90016	130	90028	37
90005	16	90017	65	90029	64
90006	46	90018	66	90031	81
90007	90	90019	74	90037	205
90008	164	90020	25	90044	180
90010	*	90026	68	90046	12
90011	123	90027	36	90057	117

Source: Office of Statewide Health Planning and Development (OSHPD), 2007

\* indicates data for this geographical area is not available or the sample size is too small.

### 3. Heart Disease

Overall, the prevalence of heart disease has increased every year in Los Angeles County from 1997 (4.8%) to 2007 (7.7%). Most SPAs in the Metro Collaborative fall under Los Angeles County’s rate of eight percent (7.7%) of residents diagnosed with heart disease, except SPA 8 (9.0%). Ten-year percentage increases in heart disease by SPA averages around 2.7% compared to 2.9% across Los Angeles County. SVMC’s SPAs 4 and 6 both show an increase in the percentage of adults diagnosed with heart disease from 2005 to 2007 (5.7% to 7.5% for SPA 4 and 6.4% to 7.6% for SPA 6).

**Figure 82. Percentage of Adults (18+ years) Diagnosed with Heart Disease by SPA, 2007**

	2007		2005	2002-03	1999-00	1997
	Percent	Estimated #	Percent	Percent	Percent	Percent
Los Angeles County	7.7%	578,000	6.8%	6.2%	7.4%	4.8%
<b>Service Planning Area</b>						
San Fernando (2)	7.4%	117,000	6.8%	4.9%	6.9%	4.2%



	2007		2005	2002-03	1999-00	1997
	Percent	Estimated #	Percent	Percent	Percent	Percent
San Gabriel (3)	7.9%	109,000	7.4%	7.2%	8.1%	5.2%
<b>Metro (4)</b>	<b>7.5%</b>	<b>70,000</b>	<b>5.7%</b>	<b>5.3%</b>	<b>8.0%</b>	<b>4.2%</b>
West (5)	5.8%	30,000	7.4%	4.8%	5.9%	4.0%
<b>South (6)</b>	<b>7.6%</b>	<b>51,000</b>	<b>6.4%</b>	<b>7.0%</b>	<b>6.6%</b>	<b>4.9%</b>
East (7)	7.5%	72,000	7.2%	7.3%	6.9%	5.1%
South Bay (8)	9.0%	104,000	6.5%	6.3%	8.1%	5.8%

Source: 2007, 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

#### 4. Arthritis

*Note: Data in this section has not been updated since the 2007 community needs assessment.*

The percentage of adults diagnosed with arthritis is larger than the percentage of adults diagnosed with heart disease. However, the rise in the percent of adults 18 years and older diagnosed with arthritis is less compared to the percentage of adults diagnosed with heart disease. Overall, the prevalence of arthritis has increased every year in Los Angeles County from 1999 (16.4%) to 2005 (18.1%).

SVMC’s SPA 4 (14.9%) fell below Los Angeles County’s rate (18.1%) of residents diagnosed with arthritis but SPA 6 ranked above (20.8%). Both SPAs 4 and 6 showed an increase from the 2002-2003 rates (12.5% and 15.8%).

**Figure 83. Percentage of Adults (18+ years) Diagnosed with Arthritis by SPA, 2005**

	2005		2002-03	1999-00
	Percent	Estimated #	Percent	Percent
Los Angeles County	18.1%	1,313,000	15.7%	16.4%
<b>Service Planning Area</b>				
San Fernando (2)	17.5%	270,000	15.6%	15.5%
San Gabriel (3)	17.6%	231,000	17.7%	18.9%
<b>Metro (4)</b>	<b>14.9%</b>	<b>137,000</b>	<b>12.5%</b>	<b>15.0%</b>
West (5)	15.3%	81,000	10.6%	13.1%
<b>South (6)</b>	<b>20.8%</b>	<b>137,000</b>	<b>15.8%</b>	<b>15.7%</b>
East (7)	18.0%	169,000	14.2%	17.5%



South Bay (8)	20.5%	233,000	17.8%	15.8%
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Source: 2005, 2002-03, 1999-00 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

### 5. High Blood Cholesterol

The largest reported chronic condition in Los Angeles County is high blood cholesterol. In 2007, 29% of adult residents in Los Angeles County suffer from this condition. In 1999-00, the reported percentage was much lower at 16.1%. For 2007, SVMC’s SPAs 4 and 6 reported lower percentages (26.0% and 25.5%) than Los Angeles County but have increased significantly from 1999-00 (15.3% and 11.0%).

**Figure 84. Percentage of Adults (18+ years) Diagnosed with High Blood Cholesterol by SPA, 2007**

	2007		2005	1999-00
	Percentage	Estimated #	Percentage	Percentage
Los Angeles County	29.1%	2,154,000	23.7%	16.1%
<b>Service Planning Area</b>				
San Fernando (2)	29.1%	456,000	26.4%	18.0%
San Gabriel (3)	31.5%	431,000	23.0%	18.3%
<b>Metro (4)</b>	<b>26.0%</b>	<b>242,000</b>	<b>21.5%</b>	<b>15.3%</b>
West (5)	30.6%	160,000	21.8%	13.5%
<b>South (6)</b>	<b>25.5%</b>	<b>174,000</b>	<b>18.3%</b>	<b>11.0%</b>
East (7)	30.5%	291,000	27.1%	14.4%
South Bay (8)	29.6%	340,000	24.3%	17.2%

Source: 2007, 2005 and 1999-00 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health

### 6. Hypertension/High Blood Pressure

The Los Angeles County Department of Public Health reports that one out of four (24.7%) Los Angeles County adults were diagnosed with hypertension in 2007 compared to only 15.8% of adults in 1997. Similar increasing trends are evident across SPAs, including GSH’S primary service area (SPA 4 and SPA 6). The prevalence of hypertension in the SPAs 4 and 6 had double-digit growth from 1997 to 2007 (13.8% vs. 24.8% for SPA 4 and 15.3% to 26.0% for SPA 6).



**Figure 85. Percentage of Adults (18+ years) Diagnosed with Hypertension by SPA, 2007**

	2007		2005		2002-03	1999-00	1997
	Percentage	Estimated #	Percentage	Estimated #	Percentage	Percentage	Percentage
Los Angeles County	24.7%	1,837,000	23.4%	1,699,940	20.1%	19.1%	15.8%
<b>Service Planning Area</b>							
San Fernando (2)	23.7%	373,000	21.4%	330,164	18.6%	18.9%	14.5%
San Gabriel (3)	24.2%	335,000	24.5%	324,552	19.7%	19.8%	17.6%
<b>Metro (4)</b>	<b>24.8%</b>	<b>232,000</b>	<b>22.1%</b>	<b>202,274</b>	<b>18.1%</b>	<b>19.0%</b>	<b>13.8%</b>
West (5)	19.3%	101,000	16.8%	88,831	16.5%	15.0%	13.2%
<b>South (6)</b>	<b>29.0%</b>	<b>197,000</b>	<b>29.0%</b>	<b>192,491</b>	<b>25.1%</b>	<b>20.1%</b>	<b>22.1%</b>
East (7)	25.3%	242,000	23.9%	223,297	19.9%	17.9%	16.0%
South Bay (8)	25.0%	289,000	24.5%	278,219	22.6%	20.4%	15.5%

Source: 2007, 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health

**F. CANCER**

**1. Cases of Invasive Cancer**

In 2010, 134,955 Californian’s will be diagnosed with cancer and 54,655 will lose their life due to the disease. Cancer is the second leading cause of death, accounting for nearly one out of every four deaths (24%) in 2007. In 2002-2006, the overall cancer incidence rate in California was lower compared to the nation. California cancer incidence rates for Asian/Pacific Islanders, African Americans, and non-Hispanic whites were between three and five percent lower than the nation. Hispanics in California had nearly 9% lower incidence rate than other Hispanics across the country. It is worth noting that that state and national differences in rates may be due to the difference in categorizing the race/ethnicity of cancer cases between California and Surveillance, Epidemiology, and End Results

**California Cancer Statistics**

- *Cancer incidence rates in California declined by 11% from 1988 to 2007.*
- *Cancer incidence in California is about the same or somewhat lower than elsewhere in the U.S. for most types of cancer.*
- *Despite these improvements, nearly one out of every two Californians born today will develop cancer at some point in their lives, and it is likely that one in five will die of the disease.*
- *Over the same period, cancer mortality rates declined by 21%. Mortality rates declined for all four major racial/ethnic groups in the state.*
- *The female breast cancer incidence rate in California has decreased by 7%, but the mortality rate has decreased by 31%.*
- *In 2006, the percent of women ages 18 and older in California who reported having a pap smear in the previous three years was 88% for African Americans, 88% for non-Hispanic white women, 84% for Hispanics, and 84% for Asians.*
- *Colon and rectum cancer incidence and mortality rates are declining sharply in most racial/ethnic groups.*

Source: California Cancer Registry, California Department of Public Health.



(SEER) Program (American Cancer Society, CA Division, 2009).

In Los Angeles County, over 34,335 residents will be diagnosed with cancer in 2010. Seventeen percent will be attributed to breast cancer, eleven percent due to colon cancer and five percent due to cervical cancer. 13,560 County residents will die due to cancer; specifically, 1,325 from colon cancer, 1,125 from cervical cancer and 375 from breast cancer.

Since 2007, cancer incidence rates have remained steady and the rate of screenings continues to improve.

## 2. Colorectal Cancer Screening (Blood Stool Tests)

*Note: Data in this section has not been updated since the 2007 community needs assessment.*

Colorectal cancer is an easily diagnosed condition with a good prognosis when caught at an early stage (PAS III 2005). However, according to Asian American Network for Cancer Awareness (2003), more people die from colon cancer each year than breast cancer, prostate cancer, and AIDS. Adults over the age of 50 should screen for colon cancer on a regular basis through colonoscopy every ten years or a sigmoidoscopy with a blood stool test every three to five years (Asian American Network for Cancer Awareness 2003).

In Los Angeles County, screening rates for a sigmoidoscopy are on the rise. In 2005, 38% of adults in Los Angeles County reported having a blood stool test within the past two years compared to 32.8% from 2002-2003. Blood stool test rates by SPA are in similar range to the County rate of 38.1%; rates by SPA range from a low of 35.6% in SPA 4 to a high of 43.3% in SPA 6, both the lowest and highest blood stool test rates are from SVMC’s primary service area.

**Figure 86. Percentage of Adults (50+ years) Reported Having a Blood Stool Test Within the Past Two Years by SPA, 2005**

	2005		2002-03 <sup>19</sup>
	Percentage	Estimated #	Percentage
Los Angeles County	38.1%	910,000	32.8%
<b>Service Planning Area</b>			
San Fernando (2)	38.7%	203,000	34.0%
San Gabriel (3)	36.2%	175,000	30.8%
<b>Metro (4)</b>	<b>35.6%</b>	<b>93,000</b>	<b>32.9%</b>
West (5)	40.4%	75,000	32.8%
<b>South (6)</b>	<b>43.3%</b>	<b>75,000</b>	<b>33.6%</b>
East (7)	36.4%	106,000	30.6%



South Bay (8)	40.2%	159,000	35.6%
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Source: 2005 and 2002-03 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services.

### 3. Cervical Cancer Screenings (Pap Smear)

There was a slight decrease of 1.4% in cervical cancer screenings among women from 2003 to 2005. However, by 2007 the percentage of women receiving screenings increased by over half a percent (0.6%) to 84.4% across Los Angeles County. An overwhelming majority of Los Angeles County women 18 years and older did report receiving a pap smear during the previous three years; however, the 2007 percentage (84.4%) was not as high as in 2002-03 where 85.4% of women received a pap smear screening during the previous three years.

The majority of Service Planning Areas reported pap smear screening rates comparable to Los Angeles County over the same time period from 2007 through 1997. In 2007, GSH’s SPA 4 (84.6%) and SPA 6 (88.3%) reported higher rates of pap smear screenings among women than Los Angeles County (84.4%). GSH’s SPA 4 and 6 experienced the greatest increase in pap smear rates since 1997 (17.8% and 17.3% respectively) compared to other SPAs and Los Angeles County (11.6%). Difference comparisons in rates of increase from 2005 to 2007, however, were much smaller. SPA 6 led with a 5.0%, year-over-year increase followed by under 2% for the remaining SPAs, except in San Fernando and San Gabriel that both dipped in pap smear screenings from 2005-2007.

According to the American Cancer Society, cervical cancer is a major problem among many recent Californian immigrants. The incidence of cancer, generally, is much lower for Hispanic and Asian/Pacific Islander subgroups than for non-Hispanic whites and African American subgroups. However, this is not the case for cervical cancer. Hispanic women have the highest risk of developing cervical cancer, twice as much compared to non-Hispanic white women, African American, and Asian/Pacific Islander women (American Cancer Society, 2009).

**Figure 87. Percentage of Adult Women (18+ years) Reported Having a Pap Smear (Within the Past Three Years for 2007, 2005 & 2002-03; Within the Past Two Years for 1999-00) by SPA, 1007**

	2007		2005	2002-03	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage	Percentage
<b>Los Angeles County</b>	84.4%	2,697,000	83.8%	85.4%	76.8%	72.8%
<b>Service Planning Area</b>						
San Fernando (2)	83.7%	562,000	84.2%	85.6%	77.0%	74.2%
San Gabriel (3)	81.3%	488,000	84.1%	83.2%	72.4%	73.3%
<b>Metro (4)</b>	<b>84.6%</b>	<b>328,000</b>	<b>82.8%</b>	<b>81.1%</b>	<b>73.8%</b>	<b>66.8%</b>
West (5)	87.3%	202,000	85.6%	88.2%	81.7%	76.4%



	2007		2005	2002-03	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage	Percentage
South (6)	88.3%	269,000	83.3%	89.9%	78.1%	71.0%
East (7)	85.0%	342,000	84.9%	85.2%	75.7%	70.3%
South Bay (8)	84.8%	423,000	83.2%	87.4%	81.6%	76.5%

Source: 2007, 2005, 2002-03, 1999-00, 1997 Los Angeles County Health Surveys; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

#### 4. Breast Cancer Screenings (Mammogram)

Breast cancer is the second leading cause of death among women; however, rates of breast cancer have decreased over the years (American Cancer Society, 2007). Breast cancer is the most common cancer among women in California, regardless of race (2009). More than three-fourths (77.9%) of the County’s women, age 50 and older, reported having a mammogram during the previous two years. Nearly three-fourths (73.7%) of the County’s women, age 40 and older, reported having a mammogram during the previous two years. For women 50 and older, this rate is 2.7% percentage points higher in 2007 compared to 2005. More importantly, the highest reported mammogram rate was 79.0% in 1999-2000. For women 40 and older, this is 0.2% percentage points higher in 2007 compared to 2005. The current rate of 73.7% is the highest for this age group, which was also seen in 1999-2000.

Across SPAs, the range in percentage of women receiving a mammogram is 68.5% to 78.5% for the 40 and older group and for women 50 and older it is higher at 73.6% to 81.1%. In SVMC’s primary service area, both SPAs 4 and 6 had slightly lower percentages of women 40 and older who had mammograms in the past 2 years (68.5% and 72.0%). The rates for women 50 and older were 73.6% for SPA 4 and 81.1% for SPA 6.

**Figure 88. Percentage of Women (40+ years) Reported Having a Mammogram in the Past Two Years by SPA, 2007**

	2007		2005	2002-03	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage	Percentage
Los Angeles County	73.7%	1,591,000	70.6%	73.5%	73.7%	70.7%
<b>Service Planning Area</b>						
San Fernando (2)	75.4%	359,000	69.7%	73.4%	73.9%	68.3%
San Gabriel (3)	72.4%	303,000	72.4%	74.5%	72.5%	76.0%
<b>Metro (4)</b>	<b>68.5%</b>	<b>164,000</b>	<b>64.9%</b>	<b>70.1%</b>	<b>70.8%</b>	<b>67.6%</b>
West (5)	78.5%	127,000	71.7%	73.7%	76.1%	74.7%
<b>South (6)</b>	<b>72.0%</b>	<b>125,000</b>	<b>69.1%</b>	<b>71.6%</b>	<b>73.0%</b>	<b>70.3%</b>
East (7)	77.0%	205,000	74.6%	73.2%	73.6%	65.3%
South Bay (8)	73.3%	258,000	71.0%	75.4%	77.2%	72.7%

Source: 2007, 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health.



**Figure 89. Percentage of Women (50+ years) Reported Having a Mammogram in the Past Two Years by SPA, 2007**

	2007		2005	2002-03	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage	Percentage
<b>Los Angeles County</b>	77.9%	1,087,000	75.2%	77.9%	79.0%	76.2%
<b>Service Planning Area</b>						
San Fernando (2)	77.9%	238,000	73.8%	78.6%	81.0%	73.9%
San Gabriel (3)	76.4%	211,000	77.5%	78.6%	79.0%	82.1%
<b>Metro (4)</b>	<b>73.6%</b>	<b>114,000</b>	<b>67.4%</b>	<b>70.7%</b>	<b>73.6%</b>	<b>72.6%</b>
West (5)	77.5%	84,000	76.9%	78.5%	84.1%	77.5%
<b>South (6)</b>	<b>81.1%</b>	<b>87,000</b>	<b>79.8%</b>	<b>78.2%</b>	<b>81.9%</b>	<b>78.9%</b>
East (7)	79.6%	138,000	80.3%	78.7%	76.5%	70.8%
South Bay (8)	79.7%	180,000	73.4%	80.0%	81.1%	76.8%

Source: 2007, 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services

## G. HIV/AIDS

### 1. HIV/AIDS

As of December 2009, the HIV/AIDS Semi-annual Surveillance Summary reported a total 56,091 diagnosed AIDS cases; 26,643 living cases and 31,448 reported deaths in Los Angeles County. Since 2005 the number of diagnosed AIDS cases has steadily dropped, from 2008 to 2009 the number of diagnosed cases dropped by half (1,148 to 574). AIDS related deaths have also dropped since 2005, with the most notable drops occurring from 2006 to 2007 (542 to 316, difference of 226) and 2008 to 2009 (282 to 127, difference of 155). With the number of related deaths declining, the number of cases of individuals living with AIDS has slightly increased from 21,635 in 2005 to 24,643 in 2009.



**Figure 90. Cases of AIDS by Year of Diagnosis and Deaths among AIDS Cases, Los Angeles County, 2009**

Year	Diagnosed Cases	Deaths	Living Cases
2005	1,449	570	21,635
2006	1,370	542	22,463
2007	1,183	316	23,330
2008	1,148	282	24,196
2009	574	127	24,643
Cumulative*	56,091	31,448	

Source: Los Angeles County Public Health HIV/AIDS Semi-Annual Surveillance Summary 2010

\* The total count of cases since 1982.

By SPA, the number of AIDS cases reported annually has steadily declined since 2005. From 2005 to 2009, the number of reported AIDS cases dropped from 464 to 178 for SPA 4 and from 191 to 72 for SPA 6. Please see Figure 92 for the number of AIDS cases by year for each SPA.

**Figure 91. Annual Cases of AIDS by SPA, 2009**

	2009	2008	2007	2006	2005
Los Angeles County	574	1,148	1,183	11,370	1,449
<b>Service Planning Area</b>					
San Fernando (2)	62	152	154	176	189
San Gabriel (3)	53	87	73	98	94
<b>Metro (4)</b>	<b>178</b>	<b>388</b>	<b>379</b>	<b>445</b>	<b>464</b>
West (5)	25	42	32	67	65
<b>South (6)</b>	<b>72</b>	<b>149</b>	<b>143</b>	<b>168</b>	<b>191</b>
East (7)	45	77	66	82	90
South Bay (8)	125	231	288	316	332

Source: Los Angeles County Public Health HIV/AIDS Semi-Annual Surveillance Summary 2010

In 2009, gender by ethnicity numbers for persons living with AIDS in SVMC’s primary service area SPAs 4 and 6, reveal that the majority of reported cases were Hispanic males (4,214), White males (3,737), and Black males (2,386). The largest occurrence of male and female persons living with AIDS is in SPA 4 (9,251). Please see Figure 92 for more details.



**Figure 92. Number of persons living with AIDS in SVMC’s Primary Service Area by Gender and Ethnicity by SPA, 2009**

	San Fernando (2)		San Gabriel (3)		Metro (4)		West (5)		South (6)		East (7)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
<b>Gender</b>												
White	1,383	117	346	51	<b>3,654</b>	<b>96</b>	744	48	<b>83</b>	<b>20</b>	211	23
Black	295	68	203	86	<b>1,392</b>	<b>180</b>	170	35	<b>994</b>	<b>305</b>	83	25
Hispanic	1,145	141	784	128	<b>3,318</b>	<b>306</b>	270	27	<b>896</b>	<b>196</b>	1,038	183

Source: Los Angeles County Public Health HIV/AIDS Semi-Annual Surveillance Summary 2010  
 Data were not available for South Bay (8)

From 2005 to 2007, the number of deaths among AIDS cases declined within SVMC’s primary service area. However, in 2007, the largest number of AIDS related deaths in Los Angeles County occurred in SPA 4 (111), followed by 47 deaths in SPA 6.

**Figure 93. Number of Deaths Among AIDS cases by SPA, 2007**

	2007	2006	2005
Los Angeles County	316	542	570
<b>Service Planning Area</b>			
San Fernando (2)	35	69	81
San Gabriel (3)	21	45	42
<b>Metro (4)</b>	<b>111</b>	<b>195</b>	<b>201</b>
West (5)	10	24	31
<b>South (6)</b>	<b>47</b>	<b>69</b>	<b>63</b>
East (7)	24	28	32
South Bay (8)	62	101	114

Source: Los Angeles County Public Health HIV/AIDS Semi-Annual Surveillance Summary 2010

1.1 HIV/AIDS, for Adolescents

In 2007, California had the third highest number of reported number of AIDS cases (41 out of 54 cases). At the end of 2007, 3,230 adolescent’s ages 13 to 19 years were living with AIDS in the United States. The highest number of living cases occurred in New York with 768 cases, followed by Florida at 540 cases and California at 172 living cases.<sup>24</sup>

<sup>24</sup> CDC, HIV/AIDS Surveillance in Adolescents and Young Adults (through 2007)



In Los Angeles County, from 1982 through 2009 there were 292 diagnosed adolescent AIDS cases. The highest reported number of adolescent AIDS cases in KFH-LA’s service area was in the Metro Service Planning Area with 74 cases among 13 to 19 year olds. In 2007, 60 adolescents were living with AIDS in Los Angeles County. This is low compared to 2002-2004, where the numbers were in the high sixties. The most affected racial/ethnic subgroup were Hispanic/Latinos with 30 reported adolescent cases, followed by African Americans with 16 reported adolescent cases, and Whites with 5 cases. The total number of adolescent AIDS related deaths was 49 from 1982 to 2009, at a rate of less than 5 deaths annually.<sup>25</sup>

**H. COMMUNICABLE DISEASES**

**1. Tuberculosis**

The national tuberculosis (TB) rate in the United States has declined every year since 1993. From 2000 to 2008, the rate of TB cases decreased by an annual average of 3.8%. Disproportionally higher cases of TB still remain for foreign-born residents and minorities, especially for African Americans (2009). From 2003 to 2007, the rate of TB cases in Los Angeles County also decreased, with 2007 being the fifteenth year of decline since 1992. Also in 2007, the number of TB cases decreased by 8.2% from 2006. Despite the overall decreasing trend, Los Angeles County accounted for the highest number of TB cases in 2007: 2,725 cases or 29.9% (LADPH, 2008).

**Figure 94. TB Cases and Rates (Cases per 100,000 population) for Los Angeles County, 2007**

Year	Cases	Population	Rate	% of Rate of Change
2003	949	9,398,128	10.1	----
2004	930	9,535,937	9.8	-3.4%
2005	906	9,582,956	9.5	-3.1%
2006	885	9,644,738	9.2	-2.9%
2007	816	9,689,462	8.4	-8.2%

Source: LA County Department of Public Health, 2003-2007

According to 2007 Los Angeles County Department of Public Health data, TB affected (see Figure 95):

- Males 1.5 times more than females (61.4% vs. 38.6%).
- Individuals age 15-34 years (23.2%) and age 65 years and older (23.5%)
- More foreign-born individuals (79.3%)

<sup>25</sup> 2010 Los Angeles County Public Health’s HIV/AIDS Semi-Annual Surveillance Summary



- A larger number of Hispanics/Latinos (358 cases or 43.9%) and Asian Americans (329 cases or 40.4%). But the infection rate was the highest in Asian Americans (27.7 per 100,000), followed by African Americans (10.3 per 100,000)
- Of those reported with TB in Los Angeles County during 2007, 7.9% were co-infected with HIV. Of those with HIV and TB, the majority were male (89.1%); Hispanic/Latino (64.1%); and in the 25-44 year age group (56.1%).

**Figure 95. TB Cases and Rates (Cases per 100,000 population) by Gender, Ethnicity and Age for Los Angeles County, 2007**

	2003		2004		2005		2006		2007	
	Cases	Rate								
<b>Gender</b>										
Female	383	8.0	360	7.5	365	7.5	340	7.0	315	6.4
Male	566	12.2	570	12.1	541	11.4	545	11.4	501	10.4
<b>Race/Ethnicity</b>										
Asian	346	27.7	337	26.6	323	25.8	329	25.9	329	25.6
African American	90	10.3	100	11.3	97	11.2	86	10.2	74	8.7
Hispanic/Latino	434	9.9	426	9.5	426	9.4	394	8.5	358	7.7
White	78	2.7	67	2.3	58	2.0	75	2.6	54	1.9
Native American/Alaskan Native	1	3.5	0	0.0	1	3.5	1	3.5	0	0.0
<b>Age Group</b>										
00-04	21	3.1	24	3.4	24	3.3	28	3.9	25	3.4
05-14	17	1.1	20	1.3	12	0.8	13	0.9	9	0.6
15-34	246	8.8	216	7.8	206	7.4	219	7.8	189	6.7
35-44	158	11.1	151	10.0	187	12.4	134	8.9	117	7.8
45-54	150	12.7	164	13.1	165	12.9	157	12.1	150	11.4
55-64	119	15.9	130	15.9	111	13.2	131	15.1	134	15.1
65+	238	22.9	225	23.2	201	20.7	203	20.7	192	19.0

Source: LA County Department of Public Health, 2003-2007



## 2. Hepatitis A

Viral hepatitis is caused by at least five different types of viruses. In the United States, acute viral hepatitis infections are most often caused through the Hepatitis A virus (HAV), Hepatitis B virus (HBV), or Hepatitis C virus (HCV). These unrelated viruses are transmitted through different routes and have varied adverse effects on the body. Vaccines are available for the first two types of hepatitis viruses. HBV has been available since 1981 and HAV has been available since 1995 (Center for Disease Control, 2007). The Hepatitis A virus is preventable through the use of vaccines. In fact, HAV rates are declining most for children in those states that had implemented the vaccine starting in 1999 (CDC, 2007). This virus is transmitted from fecal matter to mouth, person-to-person and through food.

According to the 2008 LACDPH Annual Morbidity Report, the 2008 incidence rate in Los Angeles County was the same as the prior year – 0.82 per 100,000 population vs. 0.80 per 100,000 population. This rate is lower than the statewide rate of 1.22 and the national rate of 0.86. Hepatitis A occurred most often for those between the ages of 15-34 (1.2 per 100,000) and Asians (1.1 per 100,000). Reported cases for both SPAs in SVMC’s primary service area were low, SPA 4 7 cases (.5%) and SPA 6 2 cases (.2%).

**Figure 96. Reported Hepatitis A, Acute Cases and Rates per 100,000 by SPA, 2008**

Service Planning Area	Cases	Percentage	Rate/ 100,000
San Fernando (2)	17	21.3%	0.8
San Gabriel (3)	17	21.3%	1.0
<b>Metro (4)</b>	<b>7</b>	<b>8.8%</b>	<b>0.5</b>
West (5)	10	12.5%	1.5
<b>South (6)</b>	<b>2</b>	<b>2.5%</b>	<b>0.2</b>
East (7)	15	18.8%	1.1
South Bay (8)	7	8.8%	0.6

Source: Los Angeles County Department, 2008 Morbidity Report  
 Rates calculated based on less than 19 cases or events are considered unreliable

## 3. Hepatitis B

In the United States, Hepatitis B is a chronic infection that is the leading cause of chronic liver disease and cancer of the liver. Acute Hepatitis B is more prevalent and infectious than AIDS (LADHS, 2008)<sup>26</sup>. It is transmitted through blood and bodily fluids of infected individuals and from mother to child after birth. Chronic infections are more common among infants and children than adults.

<sup>26</sup> LA County Department of Public Health, Annual Morbidity Report 2008



The Center for Disease and Control reports that the frequency of HBV cases was down 82% (8.2 cases per 100,000) in 1990. In 2007 the number of cases was down 15% (1.5 cases per 100,000). However, in Los Angeles County, the incidence rate for acute Hepatitis B increased from 0.57 cases per 100,000 in 2007 to 0.68 cases per 100,000 in 2008 (LADHS, 2008)<sup>27</sup>.

In Los Angeles County, Hepatitis B affected most those between the ages of 55-64 (1.5 per 100,000); four-times as much in males; and African Americans (1.8 per 100,000). In SVMC’s primary service area, SPA 6 had the highest rate of infection (2.1 per 100,000). Of the 22 cases in SPA 6, eight were caused by an outbreak at a Long-Term Care Facility (LADHS, 2008). SPA 4 had an infection of rate of 0.5 per 100,000, and seven cases of acute Hepatitis B.

**Figure 97. Reported Hepatitis B, Acute Cases and Rates per 100,000 by SPA, 2008**

Service Planning Area	Cases	Percentage	Rate/100,000
San Fernando (2)	9	13.6%	0.4
San Gabriel (3)	6	9.1%	0.3
<b>Metro (4)</b>	<b>7</b>	<b>10.6%</b>	<b>0.5</b>
West (5)	9	13.6%	1.4
<b>South (6)</b>	<b>22</b>	<b>33.3%</b>	<b>2.1</b>
East (7)	6	9.1%	0.4
South Bay (8)	4	6.1%	0.4

Source: Los Angeles County Department, 2008 Morbidity Report  
 Rates calculated based on less than 19 cases or events are considered unreliable

#### 4. Hepatitis C

Hepatitis C is the most common blood borne infection in the United States (LADHC, 2008)<sup>28</sup>. However, surveillance of HCV remained difficult because there is no one laboratory test that identifies cases (LADHC, 2008). An estimated 3.2M Americans are chronically infected with HCV. It affects 600,000 California residents, causing 1,000-1,200 deaths in the state per year and is expected to triple in the next 20 years (Center for Health Improvement, 2005)<sup>29</sup>. It is more common in California’s prison population with an estimated 41% of inmates infected with Hepatitis C.

<sup>27</sup> LA County Department of Public Health, Annual Morbidity Report 2008  
<sup>28</sup> LA County Department of Public Health, Annual Morbidity Report 2008  
<sup>29</sup> Policy Brief: Stemming the Hepatitis C Epidemic in California Correctional Setting



From 2001 to 2003, the crude case rate of newly reported cases and the average number of cases were higher for LA County compared to California (CA Department of Health Services, 2005)<sup>30</sup>.

In 2008, there were five cases of confirmed acute Hepatitis C in Los Angeles County, an increase from two cases confirmed in 2007. In SVMC’s primary service area, there were no cases of acute Hepatitis C reported in 2008.

**Figure 98. Reported Hepatitis C, Acute Cases and Rates per 100,000 by SPA, 2008**

Service Planning Area	Cases	Percentage	Rate/100,000
San Fernando (2)	3	60.0%	0.1
San Gabriel (3)	1	20.0%	0.1
<b>Metro (4)</b>	<b>0</b>	<b>0.0%</b>	<b>0.0</b>
West (5)	0	0.0%	0.0
<b>South (6)</b>	<b>0</b>	<b>0.0%</b>	<b>0.0</b>
East (7)	0	0.0%	0.0
South Bay (8)	1	20.0%	0.1

Source: Los Angeles County Department, 2008 Morbidity Report  
 Rates calculated based on less than 19 cases or events are considered unreliable

**5. Pertussis**

During 2010, the Center for Disease Control reported several states are experiencing an increase in cases and/or localized outbreaks of pertussis, including a state-wide epidemic in California.<sup>31</sup> In fact, as of August 2010, the Los Angeles County Health Department issued a pertussis health alert. Los Angeles County’s occurrence of pertussis-related deaths is currently at its highest in 15 years. In June 2010, the state of California issued an epidemic of pertussis. The current year-to-date total number of confirmed or probable cases in Los Angeles County surpassed totals for 2009. Pertussis is most serious in infants less than three months of age.<sup>32</sup> Pertussis, or whooping cough, a highly contagious respiratory disease that is caused by a bacterial infection, is preventable through vaccine. However, even the vaccinated can sometimes still become infected because protection lasts only 5 to 10 years. Recently a pertussis vaccine has become available for preteens, teens, and adults.<sup>33</sup>

<sup>30</sup> County health status profile 2005

<sup>31</sup> Center for Disease Control and Prevention, Vaccines and Immunizations, Pertussis

<sup>32</sup> County of Los Angeles Department of Public Health, August 2010 Pertussis Alert

<sup>33</sup> County of Los Angeles Department of Public Health, Whooping Cough Fact Sheet



Over the last 5 years, 8,000-25,000 cases of pertussis were reported per year in the United States.<sup>34</sup> The June 2010 California Pertussis Summary Report, concluded to date there have been 1,337 cases of pertussis; resulting in a state rate of 3.4 per 100,000. This equates to five times the amount reported over the same period in 2009 (258 cases). Furthermore, if these current trends continue, California will report more cases of pertussis than in the last 50 years. Los Angeles County pertussis rates range from 0 to more than 70 cases per 100,000. Rates are highest among infants less than 6 months of age (69.6 per 100,000), children 7-9 years (10.2 per 100,000) and adolescents aged 10-18 years (9.3 per 100,000). Rates by race/ethnicity are highest among Whites (3.3 per 100,000). Rates by age and race reveal that Hispanic infants less than 6 months of age are most affected (94.2 per 100,000) and Whites aged 7-9 years (15.8 per 100,000).<sup>35</sup>

**Figure 99. Pertussis Rate per 100,000 Population of Reported Cases\*, by Race/Ethnicity and Age in California, January 1 - June 30, 2010**

	<6 mos	6 mos – 6 yrs	7-9 yrs	10-18 yrs	19-64 yrs	65+ yrs
	Rate	Rate	Rate	Rate	Rate	Rate
<b>White</b>	36.6	6.1	15.8	14.4	1.0	0.7
<b>Hispanic</b>	94.2	3.4	4.3	3.4	0.6	0.6
<b>API</b>	19.1	0.5	1.9	2.8	0.2	0.3
<b>Black</b>	43.1	2.6	2.5	1.3	0.3	0.0

Source: Center for Disease Control and Prevention, Vaccines and Immunizations, Pertussis

\*Out of 982 cases with known information

From 2006 to 2007 the Los Angeles County (LAC) Immunization Program’s Fall Assessment found that the fourth dose of DTaP coverage in LAC fell below the Healthy People 2010 target for kindergarteners and continues to be the most frequently missed childhood vaccine in Los Angeles County and in the United States.<sup>36</sup> The 2004-2008 five-year average of confirmed and probable pertussis cases was 77.0. Specifically, in 2009 there were 53 reported cases of pertussis (0.51 per 100,000)<sup>37</sup> and during the second quarter of 2009, the majority of pertussis cases occurred in children less than one year of age (52.5%, n=31) followed by the 15-34 age group (15.3%, n=9) and 45-54 age group (8.5%, n=5).

In SVMC’s primary service area, there were a larger number of cases reported than in Los Angeles County. SPA 6 reported the highest number of cases (14) and SPA 4 reported 10 cases.<sup>38</sup>

<sup>34</sup> Center for Disease Control and Prevention, Vaccines and Immunizations, Pertussis

<sup>35</sup> LA County Department of Public Health Immunization Program, California Pertussis Summary Report (6/30/2010)

<sup>36</sup> County of Los Angeles Department of Public Health, 2007 Annual School Immunization Assessment, Preschool and Kindergarten

<sup>37</sup> LA County Department of Public Health Immunization Program, California Pertussis Summary Report (6/30/2010)

<sup>38</sup> County of Los Angeles Department of Public Health, Vaccine-Preventable Disease Surveillance Report, Quarter 2, 2009



## 6. Sexually Transmitted Infections

Sexually transmitted diseases (STDs) remain a major public health challenge in the United States. The Center for Disease Control estimates that there are approximately 19 million new STD infections each year, with almost half occurring among young people 15 to 24 years of age. The cost of STDs to the United States health care system is estimated to be \$15.9 billion annually. Chlamydia, gonorrhea, and syphilis cases represent only a fraction of the complete STD landscape in the United States as many cases of STDs including human papillomavirus and genital herpes are under-reported.<sup>39</sup>

*Chlamydia.* Rates for Chlamydia in Los Angeles County have been historically higher than both the national and state rates. The rate of Chlamydia in LA County was 442.8 per 100,000 compared to the California rate of 390.8 per 100,000<sup>40</sup> and the national rate of 401.3 per 100,000. Among all reportable sexually transmitted infections, Chlamydia is the most common in the United States as well as in Los Angeles County; it accounted for 79.1% of all STD cases in the county (LAC/DHS, 2008)<sup>41</sup> and has been increasing steadily from 2004 to 2008.

In 2008, within SVMC's primary service area, SPA 6 reported the highest rate of Chlamydia cases with 960.0 cases per 100,000. However, this was a decrease from 2005 (859.5 per 100,000). In both 2005 and 2008, SPA 6 had the highest rate of Chlamydia cases in Los Angeles County.

*Gonorrhea.* The incidence of reported gonorrhea cases in Los Angeles County has started to decrease every year since 2006. Currently it accounts for 15.1% of STD infections in Los Angeles County. In 2008, the infection rate in Los Angeles County was higher than California's rate but less than national rate (LAC/DHS, 2008). In 2008, gonorrhea affected 111.6 per 100,000 individuals the United States, 66.7 per 100,000 in California, and 84.7 per 100,000 in Los Angeles County.

In 2008, within SVMC's primary service area, SPA 6 reported the highest rate of gonorrhea cases with 246.5 cases per 100,000, down from 2005 (290.1 cases per 100,000). In both 2005 and 2008, SPA 6 had the highest rate of gonorrhea cases in Los Angeles County.

*Syphilis.* Incidence rates for primary and secondary syphilis fluctuated in the last few years. Currently the number of reported syphilis cases has decreased from 2007 to 2008. It accounts for a little over one percent of the STD infections in Los Angeles County. In 2008, the incidence of reported primary and secondary syphilis was higher in Los Angeles County than in California and the United States (LAC/DHS, 2008). In 2008, Syphilis affected 4.5 per 100,000 in the United States, 5.7 per 100,000 in California, and 7.3 per 100,000 in Los Angeles County.

In 2008, within SVMC's primary service area, SPA 4 reported the single highest rate of syphilis with 22.5 cases per 100,000 in Los Angeles County, up from 2005 (16.8 per 100,000). In both 2005 and 2008, SPA 4 had the highest rate of syphilis cases in Los Angeles County

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<sup>39</sup> CDC Sexually Transmitted Disease Surveillance, 2008

<sup>40</sup> CA Sexually Transmitted Disease, 2008

<sup>41</sup> LA County Sexually Transmitted Disease Morbidity Report, 2008



## I. MENTAL HEALTH

Mental health services was consistently cited by focus group and interview participants as one of the least available services in the community. More than most health issues, mental health illnesses carry a lot of stigma in communities of color. For instance, participants suggested that “cultural norms and biases in Latino and African American communities sometimes deter potential patients from seeking mental health care.” Similar perception was found in the Asian community. One participant said that mental health issues continued to be stigmatized in the Thai community even after the Thai Consulate brought mental health professionals from Thailand to educate the community.

There are also structure problems that make mental health care less accessible. Participants stated that many community clinics do not have mental health professionals on staff and referrals to mental health services are limited by what is available in the community. Some participants also cited the restricted nature of mental health funding and the priority of “trauma” over prevention. One participant explained, “DMH [Department of Mental Health] doesn’t allow for a mental wellness approach which a lot more people can benefit from. It doesn’t allow for creativity. We have a partner in the community who has been able to expand their healing center to offer acupuncture, traditional psychotherapy, yoga and other movement classes. It integrates a little bit of Eastern philosophy, all at no cost or cost. None of this was fundable by DMH.”

Unfortunately, the reduction in mental health services comes at a time of economic recession when the demand for these services sharply increases. Participants believed that unemployment and foreclosure are two major stressors that lead to an increase in depression and anxiety, which in turns leads to poor management of existing health and chronic conditions. Mental health issues tend to impact recent immigrants disproportionately, especially during economic downturn. One participant said, “A lot of low-income immigrant families are suffering from some type of depression and anxiety, as well as the somatic issues that could arise from it.” In addition to adjustment to an unfamiliar dominant culture, many recent immigrants find themselves in a tightening underground economy where it is harder to eke out a living. This is coupled with a harsh political environment that calls for more immigration control. For example, in the Korean community, according to participants who serve that community, stress from coping with a bad economy has led to a rise in alcoholism, family violence and suicides.

### **1. Mental Illness, Patients Under 20 Years Old**

During community focus groups, access to mental health was a top priority for parents. There was a heightened concern with the mental health of children, particularly teenagers. Community based organization also expressed the need for more mental health services in the communities they serve throughout Los Angeles County.

In 2007 there were an estimated 100,000 children in Los Angeles County between the ages of 3 and 17 years whose parents reported being unable to afford mental health care or counseling in the past year for their child. In SVMC’s primary service area, SPA 6 had the highest number



of children in Los Angeles County ages 3 to 17 years (22,000) whose parents were unable to afford mental health services for them in the past year. In SPA 4, the second highest in Los Angeles County, there were an estimated 17,000 children whose parents were unable to afford mental health services for them in the past year. Please see Figure 100 for more data.

**Figure 100. Percentage of Children (3-17 years) Unable to Afford Mental Health Care or Counseling in the Past Year by SPA, 2007**

	Percentage	Estimated #
<b>Los Angeles County</b>	4.2%	100,000
<b>Service Planning Area</b>		
Antelope Valley (1)	3.5%	3,000
San Fernando (2)	3.3%	16,000
San Gabriel (3)	2.9%	12,000
<b>Metro (4)</b>	<b>6.3%</b>	<b>17,000</b>
West (5)	3.9%	4,000
<b>South (6)</b>	<b>7.1%</b>	<b>22,000</b>
East (7)	3.4%	12,000
South Bay (8)	4.3%	16,000

Source: 2007 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

## 2. Alcohol-Drug Use and Induced Mental Illness

In 2009, a total of 1052 alcohol-drug use and alcohol-drug induced mental illness cases were reported within SVMC’s primary service area, with zip codes 90027 (108) and 90046 (97) reporting the highest number of cases (Office of Statewide Health Planning and Development, 2007).

**Figure 101. Number of Alcohol and Drug Related Mental Illness Cases in SVMC’s Primary Service Area, 2007**

Zip Code	Total #	Zip Code	Total #	Zip Code	Total #
90004	69	90016	49	90028	82
90005	34	90017	27	90029	32
90006	43	90018	52	90031	35
90007	25	90019	50	90037	42
90008	43	90020	29	90044	66
90010	1	90026	72	90046	97
90011	59	90027	108	90057	37
Los Angeles County	11,692				
California	34,967				



Source: Office of Statewide Health Planning and Development (OSDPD) 2007

### **3. Depression**

Since the last community needs assessment in 2007, the most frequently cited mental health issue continues to be depression. Similarly, focus group and the Los Angeles County Health Survey (LACHS) indicate that depression diagnosis in Los Angeles County has increased every year from 1999 to 2007 (see Figure 103). Women, older adults, and Native Americans, in particular, had the highest rates of depression in Los Angeles County.

Almost 14% of respondents in the LACHS reported being diagnosed with depression in 2007, a 4% increase from 2002 and a 5% increase from 1999. This is higher than the estimated 6.7 percent of adults in the United States in a given year affected by depression (NIMH, 2008). Although depression among both males and females increased from 1999 to 2007, females showed a greater increase (11.0% to 16.6%). Depression also increased among all age groups. Respondents between the ages of 50-59 years reported the highest level of depression (19.0%) followed by those between the ages of 60-64 years (18.2%).

In 2007, 13.6% of adults in Los Angeles County were diagnosed with depression (up from 12.9% in 2005). In SVMC's primary service area, the percentage of adults diagnosed with depression in 2007 was equal to or higher than Los Angeles County (13.6% in SPA 6 and 14.6% in SPA 4). From 2005 to 2007, the largest increase occurred within SPA 4 (from 11.9% to 14.6%). SPA 6 also experienced an increase of 12.2% in 2005 to 13.6% in 2007 (Figures 102-103).



**Figure 102. Percentage of Adults (18+ years) Diagnosed with Depression in SVMC’s Primary Service Area, 2007**



Source: 2007, 2005, 2002-03, 1999-00 Los Angeles County Health Surveys; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

**Figure 103. Percentage of Adults (18+ years) Diagnosed with Depression by SPA, 2007**

	2007		2005	2002-03	1999-00
	Percentage	Estimated #	Percentage	Percentage	Percentage
<b>Los Angeles County</b>	13.6%	1,009,000	12.9%	9.7%	8.8%
<b>Service Planning Area</b>					
San Fernando (2)	13.5%	212,000	12.8%	10.4%	9.7%
San Gabriel (3)	12.4%	171,000	11.2%	9.0%	7.2%
<b>Metro (4)</b>	<b>14.6%</b>	<b>136,000</b>	<b>11.9%</b>	<b>11.0%</b>	<b>9.6%</b>
West (5)	13.2%	69,000	16.6%	11.7%	8.8%
<b>South (6)</b>	<b>13.6%</b>	<b>92,000</b>	<b>12.2%</b>	<b>7.0%</b>	<b>6.9%</b>
East (7)	13.4%	128,000	13.2%	9.7%	8.7%
South Bay (8)	13.8%	159,000	13.7%	9.4%	9.8%



Source: 2007, 2005, 2002-03, 1999-00 Los Angeles County Health Surveys; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health  
 19. Estimates may differ from prior estimates as new weights were utilized beginning March 20, 2006.

#### 4. Attention Deficit Hyperactivity Disorder (ADHD)

The National Institute of Mental Health (NIMH) reports that 20% of American youth are affected with a mental disorder in their lifetime. Of those 20%, 10% of children were affected by a behavioral disorder such as attention deficit hyperactivity disorder (ADHD). In addition, 40% of respondents who reported having a disorder also met the criteria for having at least one additional disorder. Los Angeles County Survey results from 2007 indicate that higher educated households had higher rates of ADHD, with occurrences in twice as many boys compared to girls.

Roughly one out of every 20 children in Los Angeles County was diagnosed with ADHD, with the highest frequency in children aged 12-17 years old. In SVMC’s primary service area, both SPA 4 (5.2%) and 6 (4.8%) were below the Los Angeles County rate (5.3%).

**Figure 104. Percentage of Children (3-17 Years) Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) by SPA, 2007**

	2007		2002	1999
	Percentage	Estimated #	Percentage	Percentage
Los Angeles County	5.3%	126,000	4.5%	5.3%
<b>Service Planning Area</b>				
San Fernando (2)	5.8%	27,000	5.7%	4.9%
San Gabriel (3)	4.5%	19,000	4.0%	5.1%
<b>Metro (4)</b>	<b>5.2%</b>	<b>13,000</b>	<b>2.2%</b>	<b>5.1%</b>
West (5)	6.8%	6,000	5.8%	7.4%
<b>South (6)</b>	<b>4.8%</b>	<b>14,000</b>	<b>4.1%</b>	<b>6.1%</b>
East (7)	3.4%	12,000	4.2%	4.4%
South Bay (8)	6.9%	26,000	4.5%	5.5%

Source: 2007, 2002 and 1999 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.



**J. COMMUNITY AND SOCIAL ISSUES**

**1. Domestic Violence**

Actual domestic violence (DV) numbers are difficult to measure due to inconsistent data on the occurrence and circumstances of each DV event and dissimilar data sources. For example, data sources may be reported at the national, state or local level and information is collected dependent upon that agency’s mission or focus. County DV statistics are culled from three sources: law enforcement and criminal justice systems, the healthcare and public health systems, and self-reported surveys. More importantly, none of the aforementioned data sources are linked in any way that could present a more complete view of the cycle of DV.<sup>42</sup>

Domestic violence data is reported in the following categories: severe cases like homicides, hospitalizations for DV-related injuries, emergency room visits, and self-reported victimizations. Additionally, DV victimization without severe physical injury cases is less likely to be reported therefore true numbers are unknown.<sup>43</sup>

Overall, the number of state and County DV-related incidences is on the decline. The number of deaths due to assaultive injuries (homicides) among adolescent and adult females ages 10-44 saw a quick drop-off from the three-year period of 1997-1999 to the next three-year period from 1998-2000; following that six-year span to 2004-2006 existed a constant decline; however, it has been minimal. Starting in 1997-1999, the County three-year rate per 100,000 female deaths due to homicide was higher than the state three-year rate (3.8 per 100,000 vs. 3.2 per 100,000). More recently, Los Angeles County has seen larger decreases in the rate of DV-related homicides than the state.<sup>44</sup>

**Figure 105. Domestic Violence Death Due to Homicide Among Females (ages 10-44 years), 2006**

Three-Year Average	California				Los Angeles County			
	Number	Rate	86% Confidence Interval		Number	Rate	86% Confidence Interval	
			Lower	Upper			Lower	Upper
1994-1996	387	4.6	4.1	5.0	146	5.9	4.9	6.8
1995-1997	350	4.1	3.7	4.5	129	5.2	4.3	6.1
1996-1998	300	3.5	3.1	3.9	114	4.6	3.7	5.4
1997-1999	277	3.2	2.8	3.6	96	3.8	3.1	4.6
1998-2000	256	2.9	2.6	3.3	98	3.9	3.1	4.6
1999-2001	253	2.9	2.5	3.2	93	3.6	2.9	4.4
2000-2002	257	2.9	2.5	3.2	99	3.9	3.1	4.6

<sup>42</sup> LA Department of Public Health, ‘Domestic Violence Data Sources,’ Injury & Violence Prevention Program

<sup>43</sup> LA Department of Public Health, ‘Domestic Violence Data Sources,’ Injury & Violence Prevention Program

<sup>44</sup> LA County Department of Public Health



Three-Year Average	California				Los Angeles County			
	Number	Rate	86% Confidence Interval		Number	Rate	86% Confidence Interval	
			Lower	Upper			Lower	Upper
2001-2003	264	2.9	2.6	3.3	94	3.7	2.9	4.4
2002-2004	246	2.7	2.4	3.0	90	3.5	2.8	4.2
2003-2005	234	2.5	2.2	2.9	85	3.3	2.6	4.0
2004-2006	230	2.5	2.2	2.8	87	3.4	2.7	4.1

Note: Because there is no domestic violence-specific external cause of injury (E-Code) in the current Classification of Diseases (ICD) codebook, the numerator in this template reflects deaths due to all types of assault except data for California 2000. Prior to 1999, ICD-9 codes E960-E969 were used; after 1999, ICD-10 codes U01-U02, X85-Y09 and Y87.1 were used. Data from California Department of Public Health, Epidemiology and Prevention for Injury Control (EPIC) Branch does not include ICD-10 code Y87.1 for assault (homicide) by all other and unspecified means and the sequelae.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 1994-2005

Denominator data: California Department of Finance, "Race/Ethnic Population with Age & Sex Detail, 1970-2050", Sacramento, California, May 2004

Denominator data: California Department of Finance, "Race/Ethnic Population with Age & Sex Detail, 2000-2050", Sacramento, California, July 2007

In 2006, Los Angeles County reported 0.4 per 100,000 female (13 and over) hospitalizations due to assaultive injuries by a spouse or partner; almost half the rate compared to the state at 0.7 per 100,000 female hospitalizations over the same year. Historically, the number of County-reported DV hospitalization cases are less frequent than state trends.<sup>45</sup>

**Figure 106. Domestic Violence Hospitalizations Due to Violent Injuries Among Females (ages 13 and over), 2006**

Year	California				Los Angeles County			
	Number	Rate	95% Confidence Interval		Number	Rate	95% Confidence Interval	
			Lower	Upper			Lower	Upper
1997	199	1.5	1.3	1.7	38	1.0	0.7	1.4
1998	157	1.2	1.0	1.4	37	1.0	0.7	1.3
1999	141	1.0	0.9	1.2	38	1.0	0.7	1.3
2000	156	1.1	1.0	1.3	33	0.9	0.6	1.1
2001	120	0.9	0.7	1.0	31	0.8	0.5	1.1
2002	90	0.6	0.5	0.8	21	0.5	0.3	0.8
2003	103	0.7	0.6	0.8	26	0.6	0.4	0.9
2004	124	0.8	0.7	1.0	23	0.6	0.3	0.8
2005	129	0.9	0.7	1.0	30	0.7	0.5	1.0
2006	102	0.7	0.5	0.8	18	0.4	0.2	0.6

Note: ICD-9-CM Diagnosis E967.3 – Perpetrator or child or adult abuse by spouse or partner or by ex-spouse or ex-partner

<sup>45</sup> LA County Department of Public Health



Sources: California Office of Statewide Health Planning & Development, Patient Discharge Data. Prepared by California Department of Public Health  
 Epidemiology & Prevention for Injury Control (EPIC) Branch, Injury Surveillance & Epidemiology Section. Data retrieved on September 22, 2008.  
 Denominator data: California Department of Finance, "Race/Ethnic Population with Age & Sex Detail, 1990-1999", Sacramento, California, May 2004.  
 Denominator Data: California Department of Finance, "Race/Ethnic Population with Age & Sex Detail, 2000-2050", Sacramento, California, July 2007.

Historically, spousal abuse arrest rates have been similar between California and Los Angeles County. For example in 2006, 1.4 per 1,000 adults 18 and over was arrested in Los Angeles County for a domestic violence incidence and 1.6 per 1,000 was arrested statewide.<sup>46</sup>

**Figure 107. Domestic Violence Adult Arrests for Spousal Abuse, 2006**

Year	California						Los Angeles County					
	Total	Male	Female	Rate	Lower 95% CI	Upper 95% CI	Total	Male	Female	Rate	Lower 95% CI	Upper 95% CI
1997	63,636	53,778	9,858	2.7	2.7	2.8	18,725	15,819	2,907	2.9	2.8	2.9
1998	56,892	47,519	9,373	2.4	2.4	2.4	17,190	14,330	2,860	2.6	2.6	2.6
1999	52,128	43,104	9,024	2.2	2.1	2.2	15,776	13,029	2,747	2.3	2.3	2.4
2000	51,225	41,885	9,340	2.1	2.0	2.1	14,706	11,911	2,795	2.1	2.1	2.2
2001	52,392	42,662	9,730	2.1	2.1	2.1	15,227	12,351	2,876	2.2	2.1	2.2
2002	50,479	40,885	9,594	2.0	1.9	2.0	13,899	11,234	2,665	2.0	1.9	2.0
2003	48,854	39,325	9,529	1.9	1.8	1.9	12,931	10,485	2,446	1.8	1.8	1.8
2004	46,353	37,235	9,118	1.7	1.7	1.8	11,911	9,633	2,278	1.6	1.6	1.7
2005	45,083	36,116	8,967	1.7	1.7	1.7	11,206	9,120	2,088	1.5	1.5	1.6
2006	43,911	32,264	8,647	1.6	1.6	1.6	10,741	8,665	2,076	1.4	1.4	1.5

Sources: California Department of Justice Statistics Center, "Review of Domestic Violence Statistics, 1990-2003", Data retrieved June 12, 2007.  
 California Department of Justice Statistics Center, Special Request Unit, 2004-2005 data received by fax June 11, 2007.  
 California Department of Justice Statistics Center, Special Request Unit, 2005 data received by fax September 23, 2008.  
 Denominator data: California Department of Finance, "Race/Ethnic Population with Age & Sex Detail, 1970-2050", Sacramento, California, May 2004.  
 Denominator Data: California Department of Finance, "Race/Ethnic Population with Age & Sex Detail, 2000-2050", Sacramento, California, July 2007.

From 1997 to 2002, Los Angeles County received a higher rate of domestic violence phone assistance calls to a law enforcement agency. This trend has reversed starting in 2003. From 2003 to 2006 the state received more DV assistance calls. The current County DV assistance phone call rate is 5.9 per 1,000 adults ages 18 and over versus 6.4 per 1,000 statewide.<sup>47</sup>

<sup>46</sup> LA County Department of Public Health

<sup>47</sup> LA County Department of Public Health



**Figure 108. Domestic Violence-Related Calls for Assistance in the Adult Population (ages 18 and over), 2006**

Year	California				Los Angeles County			
	Number of Calls	Rate	86% Confidence Interval		Number of Calls	Rate	86% Confidence Interval	
			Lower	Upper			Lower	Upper
1997	220,156	9.5	9.4	9.5	67,805	10.4	10.3	10.5
1998	196,832	8.3	8.3	8.4	62,278	9.4	9.4	9.5
1999	186,406	7.7	7.7	7.7	59,834	8.9	8.8	9.0
2000	196,880	7.9	7.9	8.0	60,960	8.8	8.8	8.9
2001	198,031	7.8	7.8	7.9	59,661	8.5	8.5	8.6
2002	196,569	7.6	7.6	7.7	56,661	7.9	7.9	8.0
2003	194,288	7.4	7.4	7.4	56,452	7.3	7.3	7.4
2004	186,439	7.0	7.0	7.0	48,041	6.6	6.5	6.7
2005	181,362	6.7	6.7	6.7	45,684	6.2	6.2	6.3
2006*	176,299	6.4	6.4	6.5	43,508	5.9	5.8	5.9

Note: Currently there is no standard definition of or reporting system for domestic violence. Domestic violence is a complex issue involving many social and psychological forces. Therefore, reliance on a single indicator does not present a complete picture of the problem. The begin addressing these barriers, it is important to identify the existing data sources and understand their advantages and limitations. Local police jurisdiction’s mandated reporting on “domestic violence-related calls for assistance” is one data source commonly used to describe the frequency of domestic violence in California, because it is population-based and easily accessible. However, these data only illustrate local law enforcement practices and response to domestic violence calls and are not an adequate source for measuring either the prevalence or incidence of domestic violence injuries.

\*Data cannot be broken down by age; therefore, calls included both adults and juveniles.

Sources: California Department of Justice Statistics Center, Division of Law Enforcement, Law Enforcement Information Center Special Report, “Total Domestic Violence Calls Received by Type of Weapon, by County, 1990-2001.”

California Department of Justice Statistics Center, California Criminal Justice Profile, 1998-2005.

California Department of Justice Statistics Center, Special Request Unit, 2006 data received by email on September 23, 2008.

Denominator data: California Department of Finance, “Race/Ethnic Population with Age & Sex Detail, 1990-1999”, Sacramento, California, May 2004.

Denominator Data: California Department of Finance, “Race/Ethnic Population with Age & Sex Detail, 2000-2050”, Sacramento, California, July 2007.

In Los Angeles County, over two-thirds of DV-related emergency calls to law enforcement involved weapons, such a firearms; knives; other weapons; and hands, fists or feet.



**Figure 109. Domestic Violence-Related Calls for Assistance Involving Weapons, 2006**

Los Angeles County							
Year	Domestic Violence-related calls for assistance			Number by Type of Weapon			
	Number of Calls	Proportion (%)	Number with Weapon	Firearm	Knife or Cutting Instrument	Other Dangerous Weapon	Hands, Fist, Feet, etc.
1997	67,805	71.6%	48,559	781	2,122	5,558	40,098
1998	62,278	70.0%	43,619	622	1,852	5,055	36,090
1999	59,834	71.2%	42,573	612	1,706	5,034	35,221
2000	60,960	72.2%	44,029	682	1,846	5,568	35,933
2001	59,661	71.7%	42,796	637	1,639	5,760	34,762
2002	56,452	70.9%	40,017	753	1,657	5,758	31,849
2003	52,790	71.6%	37,817	671	1,639	5,560	29,860
2004	48,041	71.7%	34,430	513	1,481	4,766	27,670
2005	45,684	71.9%	32,862	528	1,353	4,449	26,532
2006	43,508	67.7%	29,445	460	1,229	3,881	23,875

\*Data cannot be broken down by age; therefore, calls included both adults and juveniles.

Sources: California Department of Justice Statistics Center, Division of Law Enforcement, Law Enforcement Information Center Special Report, "Total Domestic Violence Calls Received by Type of Weapon, by County, 1990-2001".

California Department of Justice, Criminal Justice Statistics Center, California Criminal Justice Profile 1996-2005.

California Department of Justice, Criminal Justice Statistics Center, Special Request Unit, 2006 data received by email September 23, 2008.

## 2. Child Abuse and Neglect

Children under one year old have the highest rates of child abuse or neglect, at a rate of 22 per 1,000 cases in 2007. In California, one in eight (12.5%) abused children were under the age of one in 2008 – a rate of 21.6 per 1,000 infants. In Los Angeles County, more than one in ten (10.7%) abused children were under the age of one – a rate of 20.5 per 1,000 infants. The most commonly reported child abuse was physical abuse (48%), neglect (22%), sexual abuse (8%) and emotional abuse (7.5%). Child abuse is very serious as it can result in death or serious physical or emotional harm. In 2007, over 794,000 children were abused in the United States and 1,760 (2.35 per 100,000) died as a result of abuse.<sup>48</sup>

**Figure 110. Substantial Maltreatment Reports for Children Less Than One Year, Rate per 1,000 children, 2008**

	African American	White	Hispanic	Asian/Pacific Islander	Native American	Missing	TOTAL
California, Age Group Under 1 Year	69.2	19.8	19.8	6.2	69.7	33.9	21.6

<sup>48</sup> LA's Best Babies Network, Perinatal Scorecard 2010



<b>Los Angeles County, Age Group Under 1 Year</b>	65.7	15.4	19.1	5.0	45.1	11.7	20.5
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Source: LA's Best Babies Network, Perinatal Scorecard 2010

### 3. Teenage Pregnancy

Each teen pregnancy cost taxpayers an average of \$4,080 per year and each child born to a teen mother costs an additional \$1,430 per year, for an estimated total of \$270 million every year in public health care, child welfare, incarceration, and lost tax revenue<sup>49</sup>. In Los Angeles County, nearly 1 in 10 live births, or 15,000, was to women under the age of 19. The birth rate among Hispanic/Latinas from 15-17 years of age is 12 times higher than Asian teen mothers and 7 times higher than White teen mothers. The birth rate among African American teens 15-17 years of age is 6.5 times higher than White teens.

- In SVMC’s primary service area, SPA 6 had the highest percentage of teen births in Los Angeles County at 13.5%. Additionally, SPA 4 was higher than Los Angeles County’s 9.8 percent teen birth rate (2005)<sup>50</sup>.

### 4. Immigration

The United States immigrant population has nearly doubled from 1990 to 2006, from 20 million immigrants in 1990 to 37 million immigrants in 2006. The Urban Institute’s *MetroTrends 2008* found most immigrants originate from Latin America and Asia, and contribute diversity to America’s top 100 metro areas. California’s immigrant population is still the largest in the nation and continues to increase; however, that growth has slowed in the late 1990s and quickened in the 2000s.

In 2007, 26% of all immigrants relocated to California, down from 1990 (33%). California’s working-age immigrant population grew 9.5% annually from 1980 to 1990; however, it increased by half that by only 4.4% annually from 1990 to 2000, and half that by only 2% annually from 2000 to 2007. Historical immigrant destinations like Los Angeles County grew by only 1.8% per year from 1990 to 2007, compared to 11.9% growth per year in Riverside County and 9.9% in Kern County. Alameda, San Bernardino, Riverside, Kern, and Sacramento Counties had the fastest-growing immigrant populations since 1990. The growth in Alameda and Sacramento Counties was due primary to an increase in new immigrant arrivals, while growth in Kern, Riverside and San Bernardino stems more from relocation by more established immigrants. Riverside and San Bernardino’s relocation growth was mainly from Los Angeles County.<sup>51</sup>

<sup>49</sup> LA's Best Babies Network, Perinatal Scorecard 2010

<sup>50</sup> LA's Best Babies Network, Perinatal Scorecard 2010

<sup>51</sup> The Public Policy Institute of California, *New Patterns of Immigrant Settlement in California*, July 2009



A recent study led by The Public Policy Institute of California (PPIC), found that both documented and undocumented immigrants, particularly Latinos, are moving to new locales that are outside traditional immigrant geographies and social networks to destinations based strongly on better economic opportunities. Specifically, PPIC found that immigrants employed in the construction, manufacturing, and some service industries are less likely to choose to live in California than they were in 1990. In 2000, new immigrants in California had higher levels of education on average than in 1990. Furthermore, there was no evidence that the generosity of welfare programs affected choices. PPIC’s study suggests that California’s ability to attract highly skilled immigrants to its workforce is linked to economic conditions relative to other states. In addition, these demographic shifts have policy implications at the federal, state, and local level because many communities are confronting issues of integrating immigrants for the first time.<sup>52</sup>

In California, the largest immigrant population in 2008 originated from Latin American (54.6%), and nearly one third of that population resides in Los Angeles County. In addition, nearly one third of the Asian immigration population in California resides in Los Angeles County (please see Figure 111 for details). In Los Angeles County, a large percentage of the immigration population in 2008 originated from Latin American (59.9%) and Asia (32.1%). The same was true in the 2007 community needs assessment; however, there was a larger percentage of Asians (32.1%) in 2007 than in 2005 (27.4%). In 2009, 41.0% of foreign-born people were born in Mexico (smaller percentage than California, 43.3%)<sup>53</sup>.

**Figure 111. Foreign Born Population in Los Angeles County 2008 estimates**

	% of population	Estimated #	California (%)	Estimated # in CA
<b>Europe</b>	5.4%	186,069	6.9%	683,972
<b>Asia</b>	32.1%	1,112,673	34.8%	3,431,501
<b>Africa</b>	1.4%	49,705	1.5%	144,966
<b>Oceania</b>	0.4%	12,873	0.8%	75,589
<b>Latin American</b>	59.9%	2,076,954	54.6%	5,387,639
<b>Northern American</b>	0.9%	31,985	1.4%	135,212

Source: American Community Survey 1-Year Estimates, 2008.

The majority of the population in Los Angeles County that is foreign-born are between the ages of 25 and 64 (49.8%), and 65 and above (42.5%), much higher than in California (37.5% and 29.7%, respectively). Please see Figure 112 for more data.

**Figure 112. Foreign-born population by Age Group in Los Angeles County, 2008**

Age group	% of population	California (%)
<b>0-4</b>	2.2%	2.1%
<b>5-17</b>	9.0%	8.35%

<sup>52</sup> The Public Policy Institute of California, *New Patterns of Immigrant Settlement in California*, July 2009

<sup>53</sup> U.S. Census Bureau, 2009, American Community Survey



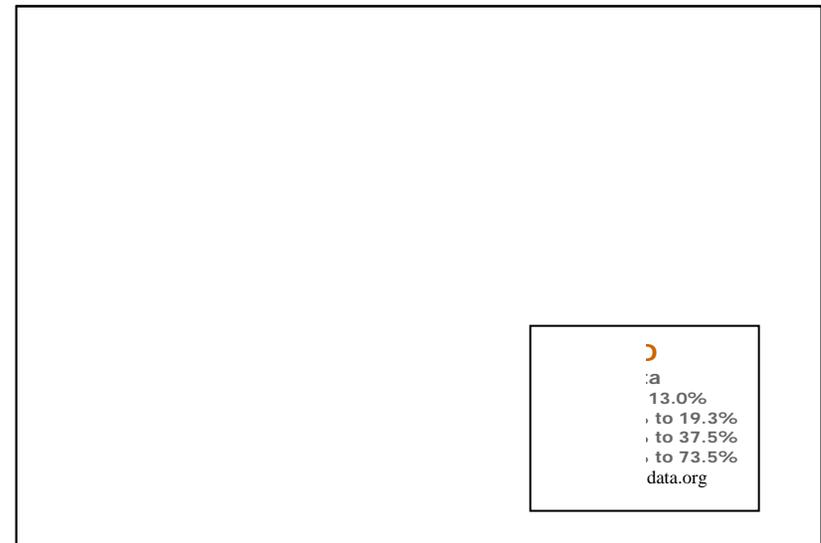
<b>18-24</b>	27.4%	22.2%
<b>25-64</b>	49.8%	37.5%
<b>65 and Above</b>	42.5%	29.7%

Source: U.S Census Bureau, American Community Survey, 2008.

### 5. School Dropouts

In 2007, the California Department of Education (CDE) calculated high school dropout rates for the first time using student-level data, as opposed to less accurate school-level data. CDE’s new methodology – the adjusted four-year derived dropout rate – is an estimated percentage of public high school dropouts over four years based on a single year’s data (numerator) and the grade 9-12 dropout count (denominator). Therefore, CDE’s new and more robust derived dropout rates will only draw data for 2008 since comparisons before or after are invalid. Los Angeles County’s youth gang involvement and felony arrest rates were below state averages; however, dropout rates were higher in the County of Los Angeles. In California, an estimated 98,420 students (18.9%) in grades 9-12 dropped out of high school in 2008. In Los Angeles County, the percentage was 21.0% - nearly one out of every four students in Los Angeles County dropped out of high school in 2008. As Figure 113 highlights, dropout rates varied widely at the county level, as well as the school district level. Statewide and across its counties, African American (32.9%), Native American/Alaska Native (24.1%), Hispanic/Latino (23.8%), Multiple Race/No Response (23.3%), and Pacific Islander (21.3%) students generally were more likely to drop out of high school than Caucasian/White (11.7%), Filipino (8.6%), and Asian (7.9%) students. Educational research shows that dropouts are more likely to be unemployed and receive public assistance.<sup>54</sup>

Figure 113. High School Dropout Rates by California County, 2008



### 6. Self-Reported Health Status

Of the estimated 1.4 million residents in Los Angeles County, nearly one out five (18.5%) self-reported they had fair to poor health status. Looking back to 1999-2000 longitudinal survey data, it shows a decline of 2.4%. In 2007, figures are the lowest on record for the Department of

<sup>54</sup> Kidsdata.org



Public Health’s Survey. SVMC SPA 4 (22.8%) and 6 (27.1%) reported a higher percentage of those in fair to poor health than Los Angeles County (18.5%).

**Figure 114. Percentage of Adults (18+ years) who Reported Fair/Poor Health Status by SPA, 2007**

	2007		2005	2002-03 <sup>19</sup>	1999-00	1997
	Percentage	Estimated #	Percentage	Percentage	Percentage	Percentage
Los Angeles County	18.5%	1,375,000	20.6%	20.3%	20.9%	20.5%
<b>Service Planning Area</b>						
San Fernando (2)	15.8%	249,000	15.4%	17.3%	15.4%	14.7%
San Gabriel (3)	19.4%	267,000	19.1%	20.2%	20.1%	22.2%
<b>Metro (4)</b>	<b>22.8%</b>	<b>213,000</b>	<b>25.5%</b>	<b>23.4%</b>	<b>28.5%</b>	<b>24.9%</b>
West (5)	7.4%	39,000	10.6%	11.4%	14.5%	12.5%
<b>South (6)</b>	<b>27.1%</b>	<b>183,000</b>	<b>33.4%</b>	<b>28.5%</b>	<b>28.2%</b>	<b>31.5%</b>
East (7)	19.1%	183,000	23.2%	23.1%	24.3%	24.2%
South Bay (8)	17.4%	202,000	20.5%	19.8%	19.9%	17.9%

Source: 2007, 2005, 2002-03, 1999-00, 1997 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

### 7. Average Number of Unhealthy Days

In 2007, the average number of unhealthy days in Los Angeles County was 5.4 days; this is down from 6.4 days in 2005. A similar trend is seen across all SPAs. In SVMC’s primary service area from SPAs 4 (5.8) and 6 (6.8) had a higher average of adults with unhealthy days in the past 30 days than Los Angeles County.

**Figure 115. Average Number of Unhealthy Days (Mental and/or Physical) in the past 30 days for Adults (18+ years) by SPA, 2007**

	2007	2005	2002-03	1999-00
	Average	Average	Average	Average
Los Angeles County	5.4	6.4	6.1	6.4
<b>Service Planning Area</b>				
San Fernando (2)	5.3	6.7	5.7	6.4
San Gabriel (3)	5.1	5.7	6.1	5.8
<b>Metro (4)</b>	<b>5.8</b>	<b>6.2</b>	<b>6.7</b>	<b>7.0</b>
West (5)	4.2	6.1	5.4	6.0
<b>South (6)</b>	<b>6.8</b>	<b>7.9</b>	<b>6.6</b>	<b>5.9</b>



East (7)	5.1	6.2	6.2	5.8
South Bay (8)	5.3	6.2	6.1	7.2

Source: 2007, 2005, 2002-03, 1999-00 LA County Health Surveys; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

### 8. Carbon Monoxide

Good air quality is especially important for good health. The quality of air is one of Southern California’s biggest challenges. According to the California Air Resource Board, by January of 2005, Southern Californian’s average carbon monoxide reading was 2.3 parts per million (ppm) and by the end of the same year it doubled to 4.3 ppm. It is worth noting that monitoring of carbon monoxide (CO), nitrogen dioxide (NO2) and sulfur dioxide (SO2) is not currently required anywhere in California.

### 9. Parks and Open Spaces

The number of parks and open spaces are vital to both the environment and good health. Figure 116 below details the number of protected acres per 1,000 for each zip code within the SVMC’s primary service area.

**Figure 116. Protected Areas per 1,000 People (Acre) in SVMC’s Primary Service Area, 2009**

Zip Code	Per 1,000 People (Acre)
90004	0.03
90005	0.05
90006	0.14
90007	0.72
90008	11.54
90010	
90011	0.61
90016	3.49
90017	
90018	0.18
90019	0.15
90020	0.16
90026	2.85
90027	57.09
90028	0.16



Zip Code	Per 1,000 People (Acre)
90029	0.10
90031	6.32
90037	1.59
90044	0.32
90046	8.03
90057	0.88

Data Source: California Protected Areas Database v1.3, 2009

- = data not available

### 10. Particulate Matters

Particulate Matter (PM10) is among the most harmful of all air pollutants and affects most children, the elderly, active adults, and those suffering from asthma or bronchitis. PM10 air particles are less than 10 microns in diameter--about 1/7th the thickness of the human hair. These harmful particles are a mixture of emissions from motor vehicles, wood burning stoves and fireplaces, dust from construction, landfills, agriculture, wildfires and brush/waste burning, industrial sources, and windblown dust. This mixture of smoke, soot, dust, salt, acids, and metals undergo chemical reactions in the atmosphere. When inhaled, they can increase the number and severity of asthma attacks, aggravate bronchitis and other lung diseases, and reduce the body's ability to fight infections.<sup>55</sup>

The National Ambient Air Quality Standards for PM10 over a 24-hour average is 150 µg/m<sup>3</sup> and the annual standard average is 50 µg/m<sup>3</sup>. State Ambient Air Quality Standards for PM10 over a 24-hour average is 50 µg/m<sup>3</sup> and the annual standard average is 20 µg/m<sup>3</sup>. Southern California experienced one 'red' day in January 2005 and five 'red' days in December 2005 where the national standard PM10 level was exceeded. In comparison, the South Coast Los Angeles County Air Basin did not exceed national PM10 standard levels during the same period. Average PM 10 levels were 40.6 in January and 98.4 in December for Southern California compared to 18.7 and 28.9 micrograms/cubic Meter (ug/m<sup>3</sup>) for the South Coast Basin.

### 11. Housing

#### 11.1 Housing Units

There are nearly 13 million households in the state (12,652,259) of California. And one in four households was located in Los Angeles County (3,234,680).<sup>56</sup> The distribution of the number of households across Service Planning Area show that the San Fernando area ranks highest with the most number of households at 21.4%, followed by San Gabriel at 17.4% and South Bay at 15.9%.

<sup>55</sup> CA Air Resource Board Particulate Matter (PM10) Air Pollution Fact Sheet, 2009



**Figure 117. Number of Households by SPA, 2009**

	Number of Households	Percentage of Los Angeles County
<b>Los Angeles County</b>	3,234,680	100%
<b>Service Planning Area</b>		
San Fernando (2)	702,175	21.7%
San Gabriel (3)	563,935	17.4%
<b>Metro (4)</b>	<b>438,522</b>	<b>13.6%</b>
West (5)	296,203	9.2%
<b>South (6)</b>	<b>256,441</b>	<b>7.9%</b>
East (7)	360,211	11.1%
South Bay (8)	515,512	15.9%
Cumulative	3,132,999	96.9%

Source HealthyCity.org(Nielsen Claritas, Inc), 2009. Data is approximated.

In SVMC’s primary service area, the largest amount of households are located in 90046 (29,388), 90026 (25,034), and 90016 (24,782).

**Figure 118. Number of Households by SVMC’s Primary Service Area, 2009**

	Number of Households	Percentage of Los Angeles County
<b>Los Angeles County</b>	3,234,680	100%
<b>Zip Codes</b>		
90004	23,817	0.74%
90005	16,478	0.51%
90006	20,088	0.62%
90007	13,122	0.41%
90008	13,493	0.42%
90010	940	0.03%
90011	22,898	0.71%
90016	16,785	0.52%

<sup>56</sup> HealthyCity.org, 2009



90017	8,858	0.27%
90018	15,931	0.49%
90019	24,782	0.77%
90020	18,442	0.57%
90026	25,034	0.77%
90027	23,119	0.71%
90028	15,320	0.47%
90029	14,306	0.44%
90031	10,817	0.33%
90037	15,545	0.48%
90044	25,589	0.79%
90046	29,388	0.91%
90057	16,608	0.51%
Cumulative	371,360	11.48%

Source HealthyCity.org(Nielsen Claritas, Inc), 2009

### 11.2 Occupied Versus Vacant Units

In 2010, there were a large number of occupied units in Los Angeles County (96.4%) than vacant units (3.6%). In SVMC’s primary service area, zip code 90046 has the most occupied units (29,388). However, zip code 90044 (2,148), 90011 (1,821), 90037 (1,502), and 90026 (1,444) have the largest number of vacant units.

**Figure 119. Occupied and Vacant Units in SVMC’s Primary Service Area, 2010**

	# Occupied Units	# Vacant Units
<b>Los Angeles County</b>	3,254,203	122,563
<b>SVMC Zip Codes</b>		
90004	23,952	764
90005	16,542	599
90006	20,343	915



	# Occupied Units	# Vacant Units
90007	13,068	721
90008	13,670	762
90010	936	14
90011	22,572	1,821
90016	16,752	864
90017	8,939	638
90018	15,919	983
90019	24,593	1,016
90020	18,354	550
90026	25,071	1,444
90027	23,119	724
90028	15,320	641
90029	14,306	517
90031	10,817	521
90037	15,570	1,502
90044	25,321	2,148
90046	29,388	963
90057	16,265	930

Source HealthyCity.org(Nielsen Claritas, Inc), 2009

### 11.3 Renter versus Owner-Occupied Units

In general, one of the indicators of community poverty is the level of renter-occupied housing units. About 79.8% of the housing units in SVMC’s primary service area were occupied by renters. This was significantly higher than the overall County rate of 52.2%. In fact, all of the zip codes in the primary service area had a higher percentage of renter-occupied housing units than the County. In general, one of the indicators of community poverty is the level of renter-occupied housing units. The following zip codes had higher percentages of renter-occupied housing units than the County overall (in decreasing order): 90017, 90057, 90028, 90020, 90005, 90006, 90029, 90007, 90004, 90010, 90027, 90026 & 90046, 90019, 90037, 90011, 90031, 90018, 90044, 90008, and 90016.



**Figure 120: Owner- vs. Renter-Occupied Housing Units in SVMC’s Primary Service Area, 2009**

Zip Code	Owner-Occupied Housing Units		Renter-Occupied Housing Units	
90004	4,168	<b>17.5%</b>	19,649	82.5%
90005	1,368	<b>8.3%</b>	15,110	91.7%
90006	1,707	<b>8.5%</b>	18,381	91.5%
90007	1,614	<b>12.3%</b>	11,508	87.7%
90008	4,548	<b>33.7%</b>	8,945	66.3%
90010	175	<b>18.6%</b>	765	81.4%
90011	6,161	<b>26.9%</b>	16,737	73.1%
90016	6,397	<b>38.2%</b>	10,361	61.8%
90017	134	<b>1.5%</b>	8,724	98.5%
90018	4,884	<b>30.7%</b>	11,047	69.3%
90019	6,575	<b>26.5%</b>	18,207	73.5%
90020	1,499	<b>8.1%</b>	16,943	91.9%
90026	5,731	<b>22.9%</b>	19,303	77.1%
90027	4,624	<b>20.0%</b>	18,501	80.0%
90028	685	<b>4.4%</b>	14,731	95.6%
90029	1,506	<b>10.3%</b>	13,174	89.7%
90031	3,308	<b>30.2%</b>	7,641	69.8%
90037	4,129	<b>26.6%</b>	11,416	73.4%
90044	8,513	<b>33.3%</b>	17,076	66.7%
90046	6,716	<b>22.9%</b>	22,597	77.1%
90057	719	<b>4.3%</b>	15,889	95.7%
<b>Service Area</b>	75,161	20.2%	296,705	79.8%
<b>Los Angeles County</b>	1,542,275	47.8%	1,687,122	52.2%

Source: Nielsen Claritas, Inc., 2009

Note: Bolded numbers indicate lower percentage than Los Angeles County overall of owner-occupied housing units

In 2010, SPA 4 had the largest percentage of renters (76.9%) in all of Los Angeles County, followed by SPA 6 (58.9%). Subsequently, both SPA 4 and 6 had the smallest percentage of homeowners (23.1% and 41.1%, respectively).

**Figure 121. Owner- vs. Renter-Occupied Housing Units by SPA, 2010**

Service Planning Area	Owner-Occupied Housing Units		Renter-Occupied Housing Units	
San Fernando (2)	381,386	54.0%	325,548	46.1%
San Gabriel (3)	332,903	60.9%	213,800	39.1%
<b>Metro (4)</b>	<b>100,893</b>	<b>23.1%</b>	<b>336,678</b>	<b>76.9%</b>



Service Planning Area	Owner-Occupied Housing Units		Renter-Occupied Housing Units	
West (5)	123,291	41.4%	174,414	58.6%
<b>South (6)</b>	<b>104,573</b>	<b>41.1%</b>	<b>150,057</b>	<b>58.9%</b>
East (7)	196,248	54.5%	163,963	45.5%
South Bay (8)	247,536	48.4%	263,511	51.6%
Los Angeles County	1,578,828	48.5%	1,675,375	51.5%

Source: Nielsen Claritas, Inc., 2010

### 11.4 Units in Structure

Of the housing structures in the SVMC primary service area, 11.4% had 50 or more units (compared to 8.2% in Los Angeles County overall) and 17.1% had between 20 and 49 units (compared to 8.9% in Los Angeles County overall). In general, a high percentage of units in a structure indicate both density and poverty (lower percentage of single homes and homeownership). The following zip codes had higher percentages of housing units with 50 or more units than that of Los Angeles County overall (in decreasing order): 90010, 90020, 90017, 90057, 90028, 90005, 90046, 90004, 90027, 90007, and 90006. Please see Figure 122 for data.

**Figure 122. Units in Structure in SVMC’s Primary Service Area, 2009**

Zip Code	Structure with 50+ Units		Structure with 20-49 Units	
<b>90004</b>	2,915	11.9%	5,180	21.1%
<b>90005</b>	4,369	25.6%	5,740	33.6%
<b>90006</b>	1,824	8.7%	5,172	24.6%
<b>90007</b>	1,319	9.5%	2,193	15.9%
90008	367	2.6%	2,009	14.1%
<b>90010</b>	368	38.6%	219	23.0%
90011	239	1.0%	754	3.1%
90016	508	2.9%	848	4.8%
<b>90017</b>	3,232	34.0%	3,669	38.6%
90018	1,001	5.9%	1,419	8.4%
90019	743	2.9%	1,933	7.5%
<b>90020</b>	6,518	34.3%	7,225	38.0%
90026	1,024	3.9%	2,395	9.1%
<b>90027</b>	2,834	11.9%	4,746	19.9%
<b>90028</b>	4,820	30.0%	5,214	32.5%
90029	1,025	6.7%	2,758	18.1%
90031	293	2.6%	502	4.4%



Zip Code	Structure with 50+ Units		Structure with 20-49 Units	
90037	500	2.9%	934	5.5%
90044	500	1.8%	948	3.4%
<b>90046</b>	4,296	14.2%	6,487	21.4%
<b>90057</b>	5,795	33.0%	6,430	36.6%
<b>Service Area</b>	44,490	11.4%	66,775	17.1%
<b>Los Angeles County</b>	275,916	8.2%	297,534	8.9%

Source: Nielsen Claritas, Inc., 2009

Note: Bolded numbers indicate zip codes with higher percentage than Los Angeles County overall of structures with 50+ units

In 2010, SPA 4 had the largest percentage of structures with 50 or more units (16.3%) in all of Los Angeles County. However, SPA 6 had the smallest percentage of structures with 50 or more units (3.2%) and the smallest percentage of structures with 20 to 49 units (4.7%) in all of Los Angeles County.

**Figure 123. Units in Structure by SPA, 2010**

Service Planning Area	Structures with 50+ Units		Structures with 20-49 Units	
San Fernando (2)	77,090	10.6%	85,121	11.7%
San Gabriel (3)	30,984	5.5%	25,658	4.6%
<b>Metro (4)</b>	<b>74,664</b>	<b>16.3%</b>	<b>80,170</b>	<b>17.5%</b>
West (5)	36,662	11.8%	38,940	12.5%
<b>South (6)</b>	<b>8,622</b>	<b>3.2%</b>	<b>12,815</b>	<b>4.7%</b>
East (7)	18,560	5.0%	18,591	5.0%
South Bay (8)	39,747	7.5%	39,559	7.5%
Los Angeles County	288,374	8.5%	303,217	9.0%

Source: Nielsen Claritas, Inc., 2010

### 11.5 Median Home Value

Median home values in SVMC’s primary service area range between \$120,000 and \$899,680. When taking into account that 23% of families in SVMC’s primary service area and have an income ranging between \$17,861 and \$48,587, homes values are disproportionately high and vary widely. Median home values are particularly high in zip code 90046 (\$899,680), 90010 (\$850,000), and 90027 (\$809,222).



**Figure 124. Owner-Occupied Median Home Values in SVMC’s Primary Service Area, 2010**

Zip Code	Median Home Value
90004	\$707,348
90005	\$690,761
90006	\$392,932
90007	\$380,192
90008	\$481,582
90010	\$850,000
90011	\$308,514
90016	\$350,194
90017	\$120,000
90018	\$365,250
90019	\$588,977
90020	\$382,792
90026	\$455,994
90027	\$809,222
90028	\$491,500
90029	\$493,555
90031	\$317,409
90037	\$323,634
90044	\$314,271
90046	\$899,680
90057	\$246,954

Source: Nielsen Claritas, Inc., 2010

**11.6 Vehicle Available**

In Los Angeles, the mode of transportation is vital to everyday existence. Commuters need to get from point A to point B across a vast geography to complete the basic, everyday tasks such as going to school or daycare; completing doctor visits; or buying groceries and medications. Therefore, it is clear that the percentage of commuters that have one or two vehicles available at home is higher at the Los Angeles County level and for most Service Planning Areas. However, in SVMC’s primary service area, a significant proportion of residents in SPAs 4 and 6 do not have a vehicle at home, 20.3% and 17.3% each.



**Figure 125. Number of Passenger Cars, Vans, and Pickup/Panel Trucks Kept at Home and Made Available for Use by SPA, 2010**

Number of Vehicles	State of California	Los Angeles County	San Fernando SPA (2)	San Gabriel SPA (3)	Metro SPA (4)	West SPA (5)	South SPA (6)	East SPA (7)	South Bay SPA (8)
<b>None</b>	954,982 7.6%	305,159 9.4%	44,395 6.3%	32,708 5.8%	<b>88,785</b> <b>20.3%</b>	17,497 5.9%	<b>43,985</b> <b>17.3%</b>	28,568 7.9%	43,152 8.4%
<b>1 Vehicle</b>	4,029,228 31.9%	1,121,110 34.7%	230,505 32.8%	160,329 28.4%	<b>189,063</b> <b>43.2%</b>	127,560 42.8%	<b>97,333</b> <b>38.2%</b>	108,227 30.1%	181,605 35.3%
<b>2 Vehicles</b>	4,761,045 37.6%	1,146,346 35.4%	276,873 39.4%	214,393 38.0%	<b>114,389</b> <b>26.1%</b>	111,478 37.4%	<b>70,001</b> <b>27.5%</b>	129,220 35.9%	188,127 36.6%
<b>3 Vehicles</b>	1,946,827 15.4%	439,506 13.6%	101,044 14.4%	101,142 17.9%	<b>30,406</b> <b>7.0%</b>	29,951 10.1%	<b>27,949</b> <b>11.0%</b>	59,227 16.4%	69,177 13.5%
<b>4 Vehicles</b>	670,089 5.3%	154,453 4.8%	34,963 5.0%	37,810 6.7%	<b>9,771</b> <b>2.2%</b>	8,282 2.8%	<b>9,994</b> <b>3.9%</b>	24,380 6.8%	23,136 4.5%
<b>5 Vehicles</b>	290,088 2.3%	68,106 2.1%	14,395 2.1%	17,553 3.1%	<b>5,157</b> <b>1.2%</b>	3,237 1.1%	<b>5,368</b> <b>2.1%</b>	10,589 2.9%	9,209 1.8%
<b>Total</b>	12,652,259	3,234,680	702,175	563,935	<b>437,571</b>	298,005	<b>254,630</b>	360,211	514,406

Source HealthyCity.org, 2010

11.7 Average Length of Residence

To measure the rate of residential stability and effects of migration – overall mobility – the census, tracks the percentage of the population who has remained at their residence for more than one year. This information is vital for age and gender estimates; small-area projections; employment, housing, education, and the elderly programs; public facilities; and fire and police stations.



In California, more than four out of five residents (84.5%) remained in the same house more than one year; 14.7% moved to a different residence and an additional 0.8% moved outside the Los Angeles County, 87.4% remained in the same house; 11.9% moved to a different residence and an additional 0.7% moved abroad<sup>57</sup>.

### 11.8 Year Housing Structure was Built

In 2010, the majority of housing structures in Los Angeles County were built between 1950-1959 (21.1%), 1960-1969 (16.2%), and 1970-1979 (14.5%). The remainder of housing structures were built between 1939 or earlier (12.3%), 1940-1949 (11.7%), 1980-1989 (11.6%), 200 or later (6.4%), and 1990-1999 (6.2%).

In SVMC's primary service area, the majority of homes were built in 1930 or earlier (26.1%), between 190 and 1959 (15.9%), or between 1960 and 1969 (14.7%).

### 11.9 Transition Services for Adults with Pediatric Illness

In 2005, more than one out of seven children (15.7%) in Los Angeles County met the criteria for having special health care needs.<sup>58</sup> According to Kidsdata.org, a comprehensive data and information website that provides over 300 indicators on the health and well-being on California's children, reported that more than one-third (37.1%) of California's youth with special care needs received support services for the transition to adulthood in 2005-2006. In the United States, slightly more youth (41.2%) received transition to adulthood support services than in California. Based on California's children with special health care needs (CSHCN) statistics, almost half (42.2%) of CSHCN received care within a medical home that is, a basic level of care that is ongoing, comprehensive, coordinated, and family-centered. Measures of transitional support services are vital given the overall increases in childhood chronic conditions such as asthma; attention-deficit/hyperactivity disorder (ADD/ADHD); diabetes; and depression; and with the advances in medicine means longer survival rates for children who are living well into adulthood.<sup>59</sup>

## **12. Safety/Crime**

In 2006, the California Department of Public Health reported a total of 802 homicides by firearms for Los Angeles County (California Department of Public Health, 2006). In SVMC's primary service area, there were a total of 141 homicides by firearm. The highest number of homicides by firearm occurred in zip codes 90011 (31), followed by 90044 (24).

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<sup>57</sup> 2007 American Community Survey via HealthCity.org

<sup>58</sup> Los Angeles County Health Survey, 2005

<sup>59</sup> Kidsdata.org, 2005-2006



**Figure 126. Homicides by Firearm in SVMC’s Primary Service Area, 2006**

Zip Code	#
90004	7
90005	0
90006	7
90007	0
90008	10
90010	0
90011	31
90016	9
90017	0
90018	13
90019	6
90020	0
90026	8
90027	0
90028	0
90029	0
90031	0
90037	20
90044	24
90046	0
90057	6

Source: California Department of Public Health (CDPH), 2006  
 Zeros indicate less than 5 deaths

### 13. Safe Parks

The percentage of parents in SVMC’s primary service area with children under the age of 18 who reported having easy access to a safe, green space for their children to play have generally improved from 1999 to 2007, excluding SPA 6 with a negligible drop from 62.7% in 1999 to 62.6% in 2007 (please see Figure 123 for data). Additionally, most SVMC SPAs report higher proportions of accessible safe parks than the Los Angeles County rate of 79.8%. Only SPA 4 (69.7%) and SPA 6 (62.6%) reported less safe parks than Los Angeles County.



**Figure 127. Percentage of Children (1-17 Years) whose Parents Reported Easy Access to a Park, Playground or Other Safe Place for their Child to Play by SPA, 2007**

	2007		2005	2002-03	1999-00
	Percentage	Estimated #	Percentage	Percentage	Percentage
<b>Los Angeles County</b>	79.8%	2,124,000	83.1%	82.7%	75.9%
<b>Service Planning Area</b>					
San Fernando (2)	83.9%	443,000	83.9%	86.7%	77.9%
San Gabriel (3)	85.3%	391,000	87.4%	84.7%	80.4%
<b>Metro (4)</b>	<b>69.7%</b>	<b>206,000</b>	<b>73.1%</b>	<b>72.4%</b>	<b>68.4%</b>
West** (5)	87.5%	94,000	85.1%	89.3%	78.3%
<b>South (6)</b>	<b>62.6%</b>	<b>218,000</b>	<b>72.1%</b>	<b>70.3%</b>	<b>62.7%</b>
East (7)	85.0%	339,000	86.1%	88.3%	78.7%
South Bay (8)	83.1%	351,000	90.0%	85.6%	81.5%

Source: 2007, 2005, 2002 and 1999 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, LA County Department of Public Health.

**14. Gentrification, Specifically Downtown L.A.**

Beginning in 1999 with the Adaptive Reuse Ordinance policy which enacted the conversion of specified commercially zoned property into residential property, Downtown Los Angeles has experienced an unprecedented residential population growth even during the economic downturns. Since the last Downtown Los Angeles Demographic Study in 2006, residents, employers and visitors have not only seen renewed growth in residential units, but also in new restaurants, nightspots, high-end grocery stores, and the new entertainment center, L.A. LIVE. These new offerings will be complemented with the extension of the forthcoming Gold Line light rail, the Convention Center Hotel, and the Cineplex at L.A. LIVE. From 2006 to 2008 the downtown area has seen a 36.9% increase in both residential population growth (from 28, 878 residents in 2006 to 39,537 residents in 2008) and in the number of residential units (18,999 units in 2006 to 26,011 units in 2008). Household size also increased. The average number of residents per downtown household was 1.6 in 2006 and 1.8 in 2008.<sup>60</sup>

The Downtown Center Business Improvement District’s 2008 Downtown LA Demographic Study reported that 78% of downtown residents completed college or higher levels of education, earned a median income of \$96,200, and a third were at a top/professional staff level. Nearly two-thirds (64.3%) of the population were between 23 and 44 years of age with a median age 37 Demographically, Downtown Los Angeles is becoming somewhat more ethnically diverse with a growth in both Hispanic/Latino and African American residents.

<sup>60</sup> DCBID Downtown LA Demographic Study 2008



**Figure 128. Downtown Los Angeles Residential Race/Ethnicity, 2008**

Race/Ethnicity	2006	2008	2-Year Percentage Change
White	53.2%	53.8%	0.6%
Asian/Pacific Islander	24.9%	20.9%	4.0%
Hispanic/Latino	10.1%	17.4%	7.3%
African American	5.3%	8.3%	3.0%

Source: DCBID Downtown LA Demographic Study 2008

Surveyed downtown respondents from 2006 and 2008 reported similar own versus rent residential living. Thirty percent owned their home compared to 60% who rented; an additional 10% had other living arrangements. Nearly two out of three (63.5%) downtown residents worked in the city in 2008 compared to more than one of two (55.1%) residents who reported working in the city in 2006. This upsurge may represent residents choosing to live, work and play in Downtown. Seventy-three percent of respondents admitting to spending their main activity dining out in one of downtown’s many trendy new restaurants or entertainment centers. In 2006, only 58% responded that their main downtown activity was dining out.<sup>61</sup>

**15. Homeless, Specifically New Homeless**

On a given day, or point in time, in 2009, the Los Angeles County homeless count was 48,053 people. This is a significant drop of 34.8% from 2007 where there were 73,702 homeless people and an even larger drop of 41.6% from 2005 when the Los Angeles Homeless Services Authority reported 82,291 homeless persons. Some of the reasons attributed to the decline were new and expanded programs including the County’s \$100 million Homeless Prevention Initiative, the City Permanent Supportive Housing Program, and the expanded Section 8 voucher programs that specifically target the homeless. This is coupled with a shift in program focus on homeless placement and the City of LA and the County government focus on expanding collaborative efforts to reduce homelessness.<sup>62</sup>

Within the Los Angeles Continuum of Care network, which includes all of Los Angeles County 67% of its 42,694 homeless were living on the streets, in parks, vehicles, abandoned buildings, or other non-emergency or transitional housing facility (e.g. unsheltered). Figure 129 below details sheltered and unsheltered homeless persons for the Los Angeles Continuum of Care by Service Planning Area. In 2009, the largest number of homeless persons resided in SVMC SPAs 4 (5,121) and 6 (2,157).

<sup>61</sup> DCBID Downtown LA Demographic Study 2008

<sup>62</sup> Los Angeles Homeless Services Authority, 2009 Greater Los Angeles Homeless Count: A Summary Report



**Figure 129. Los Angeles Continuum of Care by Sheltered and Unsheltered Persons by SPA, 2009**

	Sheltered		Unsheltered		Total
	Number	Percentage	Number	Percentage	Number
<b>LA Continuum of Care*</b>	14,050	33%	28,644	67%	42,694
<b>Service Planning Area</b>					
San Fernando (2)	1,515	46%	1,797	54%	3,312
San Gabriel (3)	1,010	36%	1,770	64%	2,780
<b>Metro (4)</b>	<b>5,121</b>	<b>46%</b>	<b>5,972</b>	<b>54%</b>	<b>11,093</b>
<b>West (5)</b>	<b>1,707</b>	<b>31%</b>	<b>3,831</b>	<b>69%</b>	<b>5,538</b>
<b>South (6)</b>	<b>2,157</b>	<b>25%</b>	<b>6,357</b>	<b>75%</b>	<b>8,514</b>
East (7)	1,236	27%	3,281	73%	4,517
<b>South Bay (8)</b>	<b>810</b>	<b>21%</b>	<b>3,144</b>	<b>79%</b>	<b>3,954</b>
Unknown SPA	50	9%	517	91%	567

\* Includes City of Los Angeles  
 Source: Los Angeles Homeless Services Authority

**Figure 130. Los Angeles Continuum of Care by Gender and Ethnicity, 2009**

	Number	Percent
<b>Gender</b>		
Adult Male	25862	60%
Adult Female	13,730	32%
Male Children (Under 18)	2,026	5%
Female Children (Under 18)	1,076	3%
<b>Ethnicity</b>		
Black/African American	19,886	47%
Hispanic/Latino	12,631	29%
White/Caucasian	8,924	21%
American Indian/Alaskan Native	783	2%
Asian/Pacific Islander	470	1%

Source: Los Angeles Homeless Services Authority



A survey of homeless persons in the City of Los Angeles and the Los Angeles Continuum of Care was administered from March through May of 2009. Survey results indicated that homeless subpopulations by gender were 60% adult male, 32% adult female, and 8% males and females under the age of eighteen. Subpopulations by ethnicity reflected a majority of African Americans (47%); followed by Hispanic/Latinos (29%), and Whites (21%). The remaining 3% comprised of American Indian/Alaskan Native and Asian/Pacific Islanders.

**16. Food Insecurity**

As stated in the 2007 community needs assessment, living in food insecure households is related to poor diets, which can lead to nutritional deficiencies and poor health (LACDHS, 2007)<sup>63</sup>. Not having sufficient food and the nutrients it provides can impair the growth and development in children. It can also cause stress and increase the risk for depression in adolescents. Insufficient food can also cause obesity in adults and malnutrition in older adults. In 2007, of the adults living in food insecure households in California (2,875,000), 35% were living in Los Angeles County<sup>64</sup>. Also in 2007, 36.3% of adults in Los Angeles County were experiencing food insecurity, up from 28.3% in 2005 (CHIS)<sup>65</sup>.

In SVMC’s primary service area:

- SPA 6 had the largest percentage, of all SPAs in Los Angeles County, of food insecurity and had the largest percentage of adults diagnosed with diabetes or borderline diabetes (15.8%).

**Figure 131. Trends in Food Insecurity among Households by SPA, 2007**

	2007		2005
	Number	Percentage	Percentage
Los Angeles County	1,013,000	36.3%	28.3
<b>Service Planning Area</b>			
San Fernando (2)	144,000	34.1%	28.0
San Gabriel (3)	193,000	38.0%	32.1
<b>Metro (4)</b>	<b>145,000</b>	<b>32.8%</b>	<b>31.7</b>
West (5)	28,000	32.1%	13.3
<b>South (6)</b>	<b>178,000</b>	<b>39.5%</b>	<b>31.1</b>
East (7)	140,000	36.0%	20.9
South Bay (8)	159,000	38.1%	28.9

<sup>63</sup> LA Health Trends: Food Insecurity Increasing in Los Angeles County

<sup>64</sup> California Food Policy Advocates, 2010 Los Angeles County Nutrition and Food Insecurity Profile; California Health Interview Survey (CHIS)

<sup>65</sup> California Health Interview Survey (CHIS)



Source: California Health Interview Survey, 2007

As previously mentioned, not having sufficient food negatively affects certain age groups differently. The data shows that in Los Angeles County:<sup>66</sup>

- In 2007, 57.4% of adults were overweight or obese.
- 12.9% of children were considered overweight for their age.
- In 2009, 10.9% had diabetes and 0.9% were diagnosed with borderline or pre-diabetes.

In 2007, in SVMC’s primary service area:

- SPA 6 (15.8%) had the highest percentage of people with diabetes, and higher than Los Angeles County (10.9%).

**Figure 132. Percentage of Adults Diagnosed with diabetes or borderline/prediabetes by SPA, 2009**

	<b>Diabetic</b>	<b>Borderline/prediabetic</b>
Los Angeles County	10.9	0.9
<b>Service Planning Area</b>		
San Fernando (2)	6.4	0.9
San Gabriel (3)	13.9	1.2
<b>Metro (4)</b>	<b>8.3</b>	<b>0.8</b>
West (5)	8.3	0.8
<b>South (6)</b>	<b>15.8</b>	<b>0.6</b>
East (7)	12.7	0.6
South Bay (8)	12.4	0.9

Source: California Health Interview Survey, 2009

<sup>66</sup> California Health Interview Survey



## 17. Economy (Downturn)

The United States economy started its latest downturn in 2007 with the fall of the housing market, subsequent record breaking financial crisis and deep recession by the end of 2008, continuing into 2009.

The beginning of 2007 was welcomed with the biggest drop in both new and existing home sales since the early 1990s and the Dow Jones suffered the biggest one-day point loss since 2001. Freezing temperatures in California caused a \$1.3 billion loss in revenue. By the end of the same year, banks, mortgage lenders, real estate investment trusts, and hedge funds continued to suffer significant market losses as a result of mortgage payment defaults and mortgage asset devaluation. In California, sales of new and existing homes were down 39% from the previous year in November and foreclosure rates were at record highs.<sup>67</sup>

In the following year, by October 2008, the Dow Jones Industrial Average had its most volatile day ever in its 112 year history. By November, Japan was in a recession, in December the United States faced its own recession, and Britain faced the same fate in January 2009, right after Barack Obama became the 44<sup>th</sup> President of the United States. Immediately thereafter, President Obama began his \$787 billion economic stimulus package called the American Recovery and Reinvestment Act of 2009 that included a combination of spending measures and tax cuts. To promote housing stability, the President created the Homeowner Affordability and Stability Plan in February. Throughout the remainder of 2009, the GDP continued to drop and Chrysler and General Motors were bankrupt. The national poverty rate was 14.3%--the highest rate since 1994--and California's income levels fell for the first time since World War II. The recession ended for the United States by June 2009.<sup>68</sup>

By February 2010, the fourth quarter GDP report declared an increase of 5.9%. President Obama signed legislation to extend jobless benefits to Americans. For California, the start of 2010 fared better than the first half of 2009. Record unemployment rates of 2009 were replaced with job expansion in the industry sector in 2010. In June, manufacturing added 7,300 jobs; trade, transportation, and utilities added 5,600 jobs; professional and business services added 1,500; education and health services added 800; mining and logging added 600; and leisure and hospitality added 400. Overall, economic indicators were skewed due to the 2010 Census job recruitment and expiration of the federal First Time Home Buyers Tax Credit. Despite this, the unemployment rate dipped for the third consecutive month to 12.3% in June and new home construction permits were up 29% from the previous year and nonresidential building permits were up 7.3%.<sup>69</sup>

Participants believed that the economic downturn in the past few years have exacerbated the deterioration of community health. One participant stated that unemployment in South Los Angeles has risen to 20% since the beginning of the recession. The accompanying housing crisis has led to increased homelessness, including those from the middle class who have lost their jobs or their homes. Some health advocates

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<sup>67</sup> California Department of Finance, Chronology of Significant Events

<sup>68</sup> California Department of Finance, Chronology of Significant Events

<sup>69</sup> California Department of Finance, 2010 California Economic Indicators



called for more support for low-income housing, including senior housing for those seniors who have lost their savings in the recession, as a way to stabilize community health. One participant also stated that “the recession causes situational depression, and by virtue of extreme poverty and the stressors that come with it, also substance abuse, marital discords, and hopelessness in general.” In addition to the depression and anxiety, some participants also attributed an increase in diabetes rate to economic stress.

### **18. Unemployment and Job Market**

Preliminary October 2010 unemployment data indicate that California’s unemployment rate is at 12.0%. Los Angeles County is slightly higher at 12.5%. Comparatively, Los Angeles County is ranked 28th in California. Los Angeles County’s unemployment percentage rate is lower compared to San Bernardino County’s 13.7% percentage rate, Kern County’s 14.4% percentage rate, and Riverside County’s 14.7% unemployment percentage rate. Orange and Ventura County were below Los Angeles County’s unemployment rate, at 9.1% and 10.5% respectively.<sup>70</sup>

The Los Angeles County Economic Development Corporation’s forecasts that the U.S. GDP will increase by 2.9% and the leading sectors will be in consumer spending and business equipment investment while nonresidential construction and state/local spending will lag behind. By 2011 the state’s economy is predicted to increase non--farm employment by 1.3% and the industry leaders will no longer be in private education or information; by 2012, it will be in leisure/hospitality and retail trade. The administrative/support services industry will continue to do well into 2011; manufacturing and government related employment will continue to decline. Job growth is expected to be in the positive territory for all Southern California counties, especially for San Diego and Orange counties. Los Angeles County is expected to grow the least at 1.2% compared to 1.4% for San Diego and Orange Counties. In terms of job growth within Los Angeles County’s sub-regions, the Central/Downtown LA area will remain at 0.0% as well as for the Crenshaw/Mid-Cities/Hollywood sub-area. San Fernando Valley will dip at -0.1%, as well as for the San Gabriel Valley at -2.3%.<sup>71</sup>

### **19. Alcohol Distributors**

The availability of certain commodities, such as alcohol, in a community can affect both mental and physical behaviors of its residents. In addition, the number of alcohol distributors may also affect the rates of binge and chronic drinking.

In 2009, 22% of alcohol distributors<sup>72</sup> in California were located in Los Angeles County (California Department of Alcoholic Beverage Control). Of the total alcohol distributors in Los Angeles County (14,176), 22% were located in SVMC’s primary service area. The two zip codes with the

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<sup>70</sup> CA Employment Development Department, Monthly Labor Force Data for Counties, Preliminary October 2010

<sup>71</sup> Los Angeles Economic Development Corporation, Kyser Center for Economic Research, Economic Forecast, July 2010

<sup>72</sup> Alcohol distributors include bars, restaurant, liquor, grocery, and convenience stores.



highest number of alcohol distributors within the primary service area were zip codes 90028 (188), 90046 (130), 90010 (128), 90026 (102), and 90005 (96).

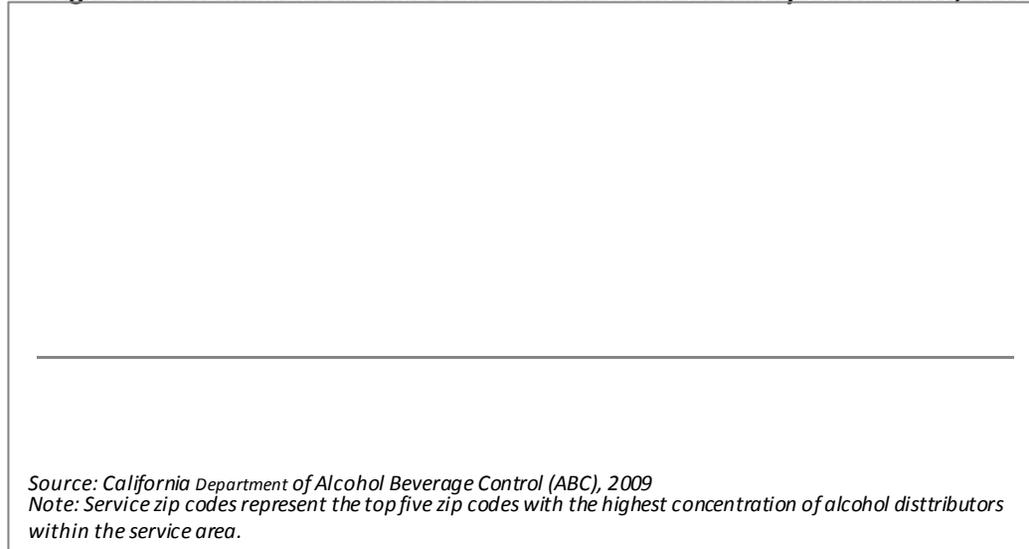
**Figure 133. Number of Alcohol Distributors in SVMC’s Primary Service Area, 2009**

Zip Code	#
90004	88
90005	96
90006	128
90007	48
90008	14
90010	51
90011	76
90016	38
90017	60
90018	28
90019	83
90020	92
90026	102
90027	99
90028	188
90029	79
90031	48
90037	41
90044	42
90046	130
90057	47

Source: California Department of Alcoholic Beverage Control, 2009



**Figure 134. Number of Alcohol Distributors in SVMC’s Primary Service Area, 2009**



**Figure 135. Percentage of Adults who Reported Binge Drinking\* in the Past Year by SPA, 2009**

	2009		2007	
	Percent	Estimated #	Percent	Estimated #
Los Angeles County	27.0%	2,014,000	27.8	2,038,000
<b>Service Planning Area</b>				
San Fernando (2)	27.5%	424,000	27.9%	425,000
San Gabriel (3)	22.1%	313,000	21.2%	294,000
<b>Metro (4)</b>	<b>27.8%</b>	<b>261,000</b>	<b>33.9%</b>	<b>298,000</b>
West (5)	29.2%	150,000	31.4%	163,000
<b>South (6)</b>	<b>25.2%</b>	<b>173,000</b>	<b>23.6%</b>	<b>158,000</b>
East (7)	30.2%	301,000	30.5%	289,000
South Bay (8)	<b>29.3%</b>	333,000	29.1%	342,000



Source: 2009, 2007 California Health Interview Survey

\*Males are considered binge drinkers if they consumed 5 or more alcoholic drinks on at least one occasion in the past year. Females are considered binge drinkers if they consumed 4 or more alcoholic drinks on at least one occasion in the past year.

## 20. Alcohol Outlets per 1,000 people

As mentioned in the above alcohol distributors section, the number of alcohol distributors can affect the surrounding communities negatively. In SVMC’s primary service area, zip code 90010 also had a large number of alcohol outlets per 1,000 people (23.02), followed by 90028 (5.95).

**Figure 136. Number of Alcohol Outlets per 1,000 in SVMC’s Primary Service Area, 2009**

Zip Code	Rate per 1,000
90004	1.25
90005	2.08
90006	1.92
90007	1.03
90008	0.45
90010	23.02
90011	0.70
90016	0.77
90017	2.17
90018	0.55
90019	1.17
90020	1.95

Zip Code	Rate per 1,000
90026	1.37
90027	1.94
90028	5.95
90029	1.78
90031	1.18
90037	0.68
90044	0.45
90046	2.53
90057	0.94

Source: California Department of Alcoholic Beverage Control, 2009



## II. Qualitative (Primary Data)

### Community Focus Groups

Focus groups were conducted across Los Angeles County as part of the 2010 community needs assessment in order to gather information from community members and Community Based Organization’s (CBOs) about health issues facing local communities. CBOs included agencies that provide health, social, and other types of services. Information was gathered to identify areas of needs and services available or lacking to meet those needs. There were two types of focus groups conducted in order to collect information from both the community member perspective as well as the CBO perspective. In addition, an online survey was made available to CBOs who were unable to attend a focus group. In total, there were ten focus group conducted (5 with community members and 5 with CBOs). A total of 158 participants attended one of the 10 focus groups. They were conducted in either English or Spanish, with a mixed age group, and they included both males and females. These focus groups took place in a variety of sites throughout Los Angeles County. Please see Figure 136 for specific information about each of the focus groups.

**Figure 137. Focus group characteristics, 2010**

	City/Site	Characteristics	Primary Language	Participants
<b>Community Based Organizations</b>				
1	Burbank/Buena Vista Library	Various agencies including health, social, and other service providers.	English	55
2	Los Angeles/Esperanza Community Housing	Community promotoras; Hispanic; male and female; mixed age group.	Spanish/English	7
3	Los Angeles/Center for Nonprofit Management	Various agencies including health, social, and other service providers.	English	4
4	Los Angeles/Center for Nonprofit Management	Various agencies including health, social, and other service providers.	English	14
5	Online *	Various agencies including health, social, and other service providers.	English	5
<b>Community Members</b>				
6	Los Angeles/Hope Street Family Center	Hispanic males (fathers); mixed age group.	Spanish	19
7	Los Angeles/Hope Street Family Center	Hispanic females (mothers); mixed age group.	Spanish	20



City/Site		Characteristics	Primary Language	Participants
8	Los Angeles/St. Barnabus Senior Services	Mixed ethnicity; seniors; males and females.	English	12
9	Los Angeles/Amanecer Community Counseling Services	Hispanic; mixed age group; males and females; parents.	Spanish	6
10	Pasadena/ City of Pasadena Human Services and Recreation Department	Mixed ethnicity; mixed age group; males and females.	English	16
			<b>Total</b>	<b>158</b>

\* An online survey was made available for those who were unable to participate in focus groups.

### A. Health Issues and Trends

Community Based Organization (CBOs). CBOs were asked to identify the most prevalent health needs in the communities they served. The following health topics were identified by all CBO focus groups: mental health, diabetes, and obesity. Mental health issues affect everyone. Those affected are experiencing stress, depression, anger management issues, and are sometimes suicidal (especially teenagers). The high prevalence of mental health needs in local communities has increased since the previous community needs assessment. When asked why they thought this was the case, CBOs attributed the rise to a variety of reasons that included the high unemployment rate, the rise in community violence, and isolation caused by the lack of person-to-person connection resulting from the dependency in technology to communicate. The number of adult and children who are obese and/or diabetic has also increased. CBOs mentioned that there is a lack of education for parents and their children on healthy eating habits and leading a healthy lifestyle (including physical activity). There is also a lack of green space for children to play and run. Healthy eating options are also not readily available, despite the willingness of some community members to eat healthier. One CBO mentioned that “people want to eat better but that isn’t an option for them,” or they simply cannot afford it. Other prevalent issues included the lack of available education on healthy living, dental care, heart disease, and respiratory problems. Dental care, particularly for children, is problematic because there is a lack of available and affordable services. CBOs noted that there has been an increase in emergency dental care that includes gum disease, tooth decay, infections, and root canals. For other health issues identified by CBOs please see figure 137.

Community Members. Community members were also asked to identify the most prevalent health needs/trends in their communities. Similar to CBOs, they also identified mental health as the top health need/trend in their community. In addition, high blood pressure and high cholesterol were in the top three identified health needs. Other identified health needs included diabetes and obesity. Please see Figure 138 for other issues identified by community members.



**Figure 138. Health issues/trends identified by focus group participants**

Health issues/trends identified:	Community Based Organization	Community Members
	#*	
AIDS	1	2
Arthritis	1	
Autism	2	
Cancer (including prostate, and sickle cell)	2	2
Dental care	3	1
Diabetes	5	3
Heart disease	3	
High Blood Pressure	1	4
High Cholesterol		4
Lack of education on healthy living	3	
Lack of employment leading to health issues or exacerbating existing issues		2
Lack of quality medical treatment		1
Mental health (anger management, stress, depression, emotional health, suicide)	5	5
Multi-diagnosis	1	1
Obesity (including children)	5	2
Respiratory problems (i.e. asthma, allergies)	3	1
Self medication	1	1
Specialty care		2
STD's	1	1
Substance abuse (i.e. marijuana)	2	2
Tobacco and alcohol	2	1
Vision issues		1

\*Total number of focus groups who cited the issue. Blank space indicates no focus group cited the issue.

### B. Health Service Needs

*Community Based Organization (CBOs).* CBOs were asked to identify health services lacking in the communities they serve. The top services lacking included green space, access to general medical care, mental health services, and health services for the elderly. Green space has become increasingly sparse, especially with the need to build more housing to accommodate the growing population. Community members felt



there is a need for more green space for children to play and engage in physical activity, and also for community gardens that would help in providing healthier food alternatives. With the budget cuts and the increase in health premiums, access to medical care has suffered especially in low-income communities. Also, with the high unemployment rate in their communities, there has been an increase of those needing mental health services to treat such emotional issues as stress and depression.

*Community Members.* Community members identified four services that are lacking including dental, vision, and health services for the elderly and undocumented individuals. Dental and vision services, some said, were very limited and expensive. With the increase in life expectancy being 80.3 years of age<sup>73</sup>, the need for more health services for seniors has increased. Specifically mentioned by seniors, there is a need for more affordable health services such as dental and vision services. Health services have become nearly impossible for undocumented individuals to access because they are too afraid, the services are unaffordable, or they are simply denied services by providers.

**Figure 139. Health services that are lacking identified by focus groups**

Health services that are lacking:	Community Based Organization	Community Members
	#*	
Access to medical care	2	
Dental services	1	2
Green space (to play and community gardens)	4	
Health services for elderly	2	1
Health services for homeless	1	
Health services for the undocumented		1
Mental health (for all)	2	
Vision	1	2

\*Total number of focus groups who cited the issue. Blank space indicates no focus group cited the issue.

### C. Barriers

*Community Based Organization (CBOs).* CBOs were asked to identify barriers that keep the community they serve from accessing health care. The most identified barriers by CBOs include transportation, immigration status, and language barriers. Some clients do not have access to reliable transportation or are unable to pay for public transportation. Some clients who are illegally in the country are too afraid to access health services, especially preventative, for fear of deportation. Those who experience language barriers are unable to communicate with health care providers in their native language, so either they do not access health care or are unable to understand and communicate with

<sup>73</sup> <sup>73</sup> County of Los Angeles Department of Public Health, Life Expectancy in Los Angeles County: How long do we live and why? A Cities and Communities Health Report



health care providers. Other barriers identified include not knowing where to go in their communities for information on available resources, cultural issues such as stigmas with certain health condition such as mental health, and lack of health literacy.

*Community Members.* Community members were asked to identify barriers they experienced in accessing health care. All focus groups agreed that language was the biggest barrier to accessing health care. Community members who do not speak English well or at all have an especially difficult time communicating with health care providers about diagnosis and treatment. Transportation and not knowing where to go to learn about available resources were the next most cited barriers by community members.

**Figure 140. Barriers to health care identified by focus groups**

Barriers to health care:	Community Based Organization	Community Members
	#*	
Affordability of services (i.e. dental and vision)	1	1
Cultural (stigmas and misconceptions)	2	1
Don't know where to go to learn about available resources	2	4
Economic status	1	2
Immigration status	3	2
Lack of health literacy (healthier lifestyle)	2	1
Language barrier	3	5
Services being cut	1	1
Transportation	3	4
Wait time (ER and community clinics)	1	2

\*Total number of focus groups who cited the issue. Blank space indicates no focus group cited the issue.

In addition to identifying barriers, focus group participants were also asked to provide suggestions for addressing them. Please see figure 141 for suggestions.

**Figure 141. How to address barriers identified, from two focus groups**

Community Based Organization
<ul style="list-style-type: none"> <li>• Advocate for government position to help address needs/barriers</li> <li>• Change laws that affect access (i.e. Arizona law)</li> <li>• Review eligibility requirements for programs in order to allow more people access</li> <li>• Decrease the price of healthcare</li> </ul>



Community Based Organization
<ul style="list-style-type: none"> <li>• Collaborate and partner to improve access</li> <li>• Work with government agencies</li> <li>• Shift the focus from negative to positive (asset based)</li> <li>• Funding, especially for general operations</li> <li>• Qualified service providers (i.e. dieticians)</li> <li>• Good volunteers that are consistent and dedicated</li> </ul>

*Community Based Organization (CBOs).* Community Based Organizations reported that the most difficult healthy behaviors to promote include exercise, a healthy lifestyle, not smoking and/or drinking, and mental health. With the decrease of available green space and affordable healthy eating options, it has become difficult for people to get physical activity or try to live a healthy lifestyle. Although it seems that smoking has been on the decline, CBOs still note this as a difficult behavior to get people to leave behind. According to CBOs, the number of people drinking have increased since the previous community needs assessment. That is also the case for those needing mental health services. As one CBO stated “there is a huge service gap” for mental health services for everyone. Some CBOs have attributed this to the current economic situation, particularly in low-income communities that have been hardest hit with unemployment. Other behaviors are mentioned in figure xx.

*Community Members.* Community members also identified exercise and a healthy lifestyle as the most difficult healthy behaviors to promote in their community. One community member mentioned that “it’s much easier for parents to send their kids to watch TV and play video games than to take them to the park.” As previously mentioned, the availability of affordable healthy food options is also a barrier to leading a healthy lifestyle. Please see figure 142 for other behaviors mentioned by community members.

**Figure 142. Healthy behaviors hardest to promote**

Healthy behaviors hardest to promote:	Community Based Organization	Community Members
	#*	
Being drug free (i.e. marijuana as a medicine)		1
Exercise	1	2
Good health and nutrition	1	2
Mental health	1	
Not drinking (especially in youth)	1	1
Not smoking	1	1
Preventative health care		1



\*Total number of focus groups who cited the issue. Blank space indicates no focus group cited the issue.

### D. Health Care Utilization

*Community Based Organization (CBOs).* CBOs were asked to share what they thought preventative health care meant. One CBO said that that preventative health care meant avoiding chronic illness. Another said it meant “breaking habits”, most specifically those bad habits that lead to poor health. As one CBO stated, it’s important to understand and clarify what the phrase “preventive health care” means because it might have different meanings for health care providers than community members.

*Community Members.* Community members had similar thoughts as to what preventative health care meant. To community members, preventive care meant such things as getting physical exams, pap smears, taking vitamins, getting vaccinations, being clean, eating healthy, and exercising. Overall, community members had good insight into what preventative health care meant. However, as noted earlier, preventative services are very difficult to obtain.

**Figure 143. What preventative health care means to focus group participants**

Community Based Organizations	Community Members
<ul style="list-style-type: none"> <li>• Avoiding chronic illness</li> <li>• “Prevention is to break [bad] habits.”</li> </ul>	<ul style="list-style-type: none"> <li>• Preventative care (i.e. pap smears, physicals, taking vitamins)</li> <li>• Vaccination</li> <li>• Cleanliness</li> <li>• Eating healthy</li> <li>• Exercising</li> </ul>

*Community Based Organization (CBOs).* CBOs identified where their clients went to obtain information on available health services. Many of the places were in their communities such as local churches, market places (i.e. Mercado La Paloma), and community clinics. Other places where clients obtained information included health fairs, USC Medical Center, emergency rooms, and television commercials.

*Community Members.* Community members also mentioned that they went to community clinics and hospitals for information on health services. However, they also mentioned that they called 211 for information, their local WIC office, and other local center such as St. Barnabas Senior Center and Hope Street Family Center.



**Figure 144. Where do people go for information on health services**

Community Based Organizations	Community Members
<ul style="list-style-type: none"> <li>• Churches</li> <li>• Health fairs</li> <li>• Mercado La Paloma</li> <li>• USC</li> <li>• ER</li> <li>• Television</li> <li>• Community clinics</li> </ul>	<ul style="list-style-type: none"> <li>• 211</li> <li>• Hope Street Family Center</li> <li>• WIC office</li> <li>• Community clinics</li> <li>• St. Barnabas</li> <li>• Hospitals (Veteran’s, St. Vincent, Good Samaritan)</li> </ul>

### E. General Community Issues

*Community Based Organization (CBOs).* CBOs were asked to share thoughts on what roles hospitals could play in addressing the health service needs out in the community. Many suggestions included the hospitals being more active and involved in the community. CBOs specifically suggested that hospitals do more outreach to inform the community about available services, more specifically those that are low cost or free. CBOs also thought that hospitals could have more health fairs either in the community or at their vicinity, provide health education to the community, provide more health screenings, and be more of a “connector” to services. Hospitals could also be more transparent to clients about their medical condition by being culturally sensitive and learning how to communicate with them. Aside from being friendly to the community, hospitals could also be more open to collaboration with CBOs to provide more services; hospitals could also create health campaigns in collaboration with local nonprofits, and provide grants to CBO’s for longer than one year. For more suggestions please look at Figure 145.

*Community Members.* Community members echoed some of the suggestions provided by CBOs including the hospital’s providing programming for the low income and also creating payment plans for those that are unable to pay for services all at once. In addition, community members would like information (i.e. brochures, etc.) to be provided to them in other languages such as Spanish. They would also like hospitals to have mobile clinics that go out to schools, parks, and other public spaces where people congregate. More specifically, they would like affordable, quality medical services including dental and vision.



**Figure 145. Role hospitals could play**

Community Based Organizations	Community Members
<ul style="list-style-type: none"> <li>• Outreach to the community to inform people of available services (i.e. low cost and free services)</li> <li>• Have more community health fairs</li> <li>• Provide education in the community</li> <li>• Be a connector to services for the community</li> <li>• Be culturally sensitive; learn how to communicate with patients</li> <li>• Share resources with other service providers</li> <li>• Provide more health screenings</li> <li>• Seek out partners to fill the need in the community</li> <li>• Provide transparency to patients about their medical condition</li> <li>• Create health campaigns and partner with local nonprofits</li> <li>• Create programming that reflects their mission</li> <li>• Improve ER wait time</li> <li>• Provide alternative medicine (i.e. acupuncture)</li> <li>• Provide speakers on chronic diseases to go speak at organizations</li> <li>• Continued grant funding versus just one year</li> <li>• Support clinics that provide treatment and help keep people for utilizing the ER</li> </ul>	<ul style="list-style-type: none"> <li>• Create low income programming (i.e. payment plans)</li> <li>• Provide information to the community in multiple language (i.e. Spanish)</li> <li>• Mobile clinics that go out to school, parks, or other public places</li> <li>• Provide affordable dental and vision services</li> <li>• Provide quality medical services</li> </ul>

*Community Based Organization (CBO’s).* CBOs also mentioned other community non-health issues that might impact health conditions in the community. Most issues deal with access to such things as healthy foods, housing that is affordable and clean, sufficient food, child care, services for foster youth, and services for returning veterans. There are also other issues that deal with the increase in violence in the community and in the home. One CBO mentioned that the increase in domestic violence has increase since 2009 by 49%, and that studies have shown that families facing severe economic challenges face triple rates of domestic violence.

*Community Members.* Community members also shared other non-health issues in their communities including the increase in teenage parents, homeless, and in the need for living assistance programs. There has also been a decrease in funding for after-school and summer programs, and funding for child care programs.



**Figure 146. Non-health community issues identified in focus groups**

Community Based Organizations	Community Members
<ul style="list-style-type: none"> <li>• Increase in teenage parents</li> <li>• Increase in homelessness (new homeless parents, former middle class)</li> <li>• Housing (safe and healthy)</li> <li>• Healthy relations between children and their parents</li> <li>• Social isolation due to the dependency of technology to communication (i.e. social skills for teens)</li> <li>• Services for returning veterans</li> <li>• Ghost clinics</li> <li>• Human trafficking</li> <li>• Literacy, unable to read</li> <li>• Domestic violence, increase</li> <li>• Community violence, increase</li> <li>• Gay and lesbian issues</li> <li>• Insufficient food leading to hunger</li> <li>• Access to healthy foods</li> <li>• Accessible child care</li> <li>• Services for foster youth (i.e. after emancipation, transition)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in teenage parents</li> <li>• Increase in homelessness</li> <li>• Increase in need for living assistance programs</li> <li>• Decrease in funding for after-school/summer programs</li> <li>• Decrease in funding for child care</li> </ul>

**Key Informant Interviews**

Key informant interviews were conducted with a total of 30 individuals. The interviewees represented health and human service organizations located in the service areas of the participating hospitals and serving community members. Most interviewees spoke about the issues they knew most about as part of their role in their organization, but were also able to speak about other health issues not directly related to the services they provided. They were asked a variety of questions about the communities they serve, more specifically about health trends, health needs, challenges and barriers to health care, and were also asked to provide suggestions for meeting community members’ health needs and a hospital’s potential role in meeting those needs.



### A. Health Related Issues and Trends

*Health related issues.* There are many factors that contribute to the well being or that threaten a community’s health. Key informants were asked to identify health related issues they observe in the community. The most prevalent health issues identified included diabetes, obesity, and mental health. Diabetes and obesity seem to go hand-in-hand. One interviewee said that “obesity and diabetes are very common among youth, particularly in the Hispanic [Latino] community.” Another interviewee added that “obesity is hardly just a medical issue. There is no pill to take. It’s a city planning issues that had to do with how we access food, what kind of food, open space, and community violence.” Mental health has also become very prevalent, particularly for immigrants. One interviewee stated that “for immigrant families experiencing a totally new environment is a big stressor.” Culture shock and the process of acculturation are very stressful. Asthma was also mentioned to be prevalent, especially with the declining air quality in Los Angeles but also related to poor quality housing. Hypertension and heart disease were also mentioned as prevalent health issues. Please see figure 147 for other health related issues mentioned.

**Figure 147. Health related issues identified by key informants**

Health issues identified:	# of times mentioned*
Access to healthcare	1
Access to specialty care	1
Acculturation	2
Adequate prenatal care	1
Alcohol and drug abuse	2
Asthma	4
Closure of clinics/hospital sites limited services	3
Dental care	2
Diabetes	8
Domestic violence	1
Food insecurity	1
Health education	1
Heart disease	3
Hepatitis B	1
Homelessness	1
Hypertension	3
Lack of affordable healthy food	2
Lack of developmental services	1
Lack of preventative care	1
Limited dental care	1



Health issues identified:	# of times mentioned*
Mental health (depression, stress, anxiety)	8
More need than can accommodate	1
Obesity	8
Poor quality housing	3
STD's	1
Teenage pregnancy	1
Undiagnosed eye and audiology problems	1

\*Total number of key informants who cited the issue.

*Health trends.* Positive and negative health trends were noted by key informants. Positive trends included the reduction of stigmas attached to mental health and substance abuse, an increase in emphasis on evidence-based methods of treatment versus business-based and a shift to empowering consumers by providing bilingual staff and parent partners to assist. Other *positive trends* include:

- Improvement in working with diabetes
- Improvement of dermatology
- Improvement of Electronic Referral Systems
- More people taking personal responsibility for their health
- Decrease in smoking
- Population shift to 100% Latinos in some areas
- More clinics and agencies opening

However, negative health trends were also noted. The most noted negative trends include the rise in obesity (particularly among Latinos and children), those having a poor diet, diabetes (particularly among children), domestic violence, need for mental health services, decrease in those who have health insurance (40% to 90%, as one interviewee noted), the increase in the need for specialty care, increase in job insecurity leading to stress and fear. Other *negative trends* noted include:

- Long waits at clinics
- Alcoholism
- Bed bugs



- Care for premature babies with long-standing medical problems
- Child abuse
- Demand of Spanish speaking providers
- Dental care
- Family violence
- Gang activities
- Getting information to the community on healthy lifestyles/choices
- High cholesterol
- Heart disease
- Homeless
- Hypertension
- Increase in amputations and blindness
- Increase in cost of services and health insurance
- Increased consciousness around health
- Lack of access to food
- Lead levels in homes
- More people attending health fairs
- Long waits for Neurology and Gastroenterology services
- Public assistance programs (food stamps)
- Suicide/homicide
- Housing (overcrowded)



## B. Health Service Needs

A variety of health needs were identified by key informants. The most frequently cited health needs were access to specialty care, dental care services, and mental health services. The need for specialty care has become greater, which has made it much more difficult to obtain specialty services such as a colonoscopy, mammogram, gastroenterology, and ophthalmology. Dental care services have also become increasingly difficult to obtain, especially with the budget cuts that affected Denti-Cal, which covered dental care for adults with Medi-Cal. The need for more mental health services has become greater, especially with all the distress resulting from unemployment and other societal factors. Please see Figure 148 for more identified health needs.

**Figure 148. Health needs identified by key informants**

Health needs identified:	# of times mentioned*
Access to behavioral health services	2
Access to healthier food options	1
Access to specialty care	6
Adequate staff	2
Caregiver support services	1
Dental care services	4
Easy access to fast food	1
Ethnic specific agencies	1
Health care cost (services and premiums)	2
Lack of trauma centers	1
Mental health services	3
Stigma around mental health	1
Transportation	1
Vision care services	1
Youth services	1

\*Total number of key informants who cited the issue.



### C. Barriers

Key informants identified a number of barriers that their clients identified in accessing health care. The most cited barrier was transportation. Many said that often clients did not have access to reliable transportation, could not afford public transportation, or simply live too far from where they need to go to receive services. Other barriers identified were language barriers and the inability to access health care services. The ability to communicate with a health care provider is difficult for those individuals that do not speak and understand English well or at all. This has become more of an issue with the influx of immigrants in recent years. In addition to language barriers, access to health care services in general, have become more difficult because of overcrowding, limited hours of operation or long wait times. Additional barriers mentioned include cultural barriers such as stigmas attached to certain conditions (i.e. mental health), immigration status creating fear or stress in obtaining services, the affordability of health care services especially for the unemployed that have limited economic resources, and the lack of health insurance. Additional barriers are listed in Figure 149.

When key informants were asked who were the most affected by these barriers, they said that the poor, men, immigrants (especially the undocumented), working people, the uninsured, seniors, adults, and families with children were the most affected.

**Figure 149. Barriers to health care services identified by key informants**

Health needs identified:	# of times mentioned*
Transportation	14
Language barrier	10
Access to health care services (overcrowding, limited hours, long wait times)	10
Cultural barriers (i.e. stigmas)	9
Immigration issues	9
Affordability of services, esp. for unemployed	8
Lack of health insurance , esp. adults	7
Don't know where to go to learn about available resources	5
Lack of health education	4
Bureaucracy in working with government agencies when trying to provide services	3
Lack of trust of the health care system (don't know the system)/providers	3
Lack access to child day care	3
Cultural competency	2
Going abroad for affordable health services	1



Health needs identified:	# of times mentioned*
Poor customer service	1
Lack of services (i.e. dental)	1

\*Total number of key informants who cited the issue.

Key informants shared suggestions for addressing barriers that include:

- Expand hours so that working parents can receive services outside of the regular work day for themselves and their children
- Have electronic medical records in order to be able to follow up on clients and their treatment
- Lessen requirements that individuals need to meet in order to receive services (i.e. evidence –based service delivery model)
- Improve wait times
- Provide more mental health services
- Go out into the community to build relationships with community members
- Mobile clinics for schools and other public places
- More services that focus on family involvement
- More dental care services
- Be more culturally competent
- Focus more on preventative care
- Translate health materials into multiple languages
- Create low-cost or free services/programs

Most difficult healthy habit to promote:

- Following medication dosage
- Exercise due to lack of green space
- Healthy eating habits
- Mental health awareness in certain ethnic communities (Latino and Korean)



## D. Health Care Utilization

*Preventative health care.* Key informants were asked what their service population knew about preventative health and where they went to obtain basic health care services. One key informant said that most of his service population did not utilize preventative health care, that instead they sought health care only when it was necessary or illness interrupted their school or work schedule. However, those who seek such care typically do so to obtain basic health care services consider getting immunizations and leading a healthy lifestyle by eating well and exercising as preventative health care.

To access basic health care services or if not feeling well many go to community health centers, private clinics, dental schools, and other community organizations. Some may even travel to faraway places such as Mexico. The following is a list of locations that key informants identified as places where community members go to obtain health care:

- USC Emergency Room
- St. Johns Well Child Clinic
- Medical home
- Queenscare
- Asian Pacific Health Care Venture
- Hope Street Family Center
- Amanecer
- Children’s Institute
- Galili
- San Judas
- San Miguel
- Hudson
- CHMC California Medical Hospital Center
- Eisner
- Clinica Romero

*Chronic and specialty care services.* Those that need treatment for chronic health issues may sometimes have access to private doctors, but more often people tend to go to community clinics or county hospitals to access emergency rooms or as part of the referral process. Key informants reported that some people use other ways to deal with their chronic health issues including using eastern medicine, an unlicensed provider, or simply choose to deal with the issues on their own and self medicate. However, when dealing with particular issues such as mental health, some key informants mentioned that it has become increasingly difficult to refer clients out because often there aren’t enough mental health professionals on staff to deal with the increasing number of people needing these types of specialty services. Individuals that have a primary care provider through private insurance are able to obtain referrals for specialty care much easier than those without private insurance.



## E. General Community Issues

*Hospital's role in addressing community health needs.* Key informants were asked how they thought hospitals could help address some of the community health needs mentioned earlier. Many mentioned collaboration, specifically how it would be beneficial for clinics and local hospitals to collaborate, aside from referrals, and to build relationships that would better serve patients. More collaborative care would allow for a well-rounded health safety net where specialty care services such as mental health would be part of primary care. Hospitals could also develop a referral system to help keep people out of the ER and reduce wait times, create preventive and early intervention programming, provide more health screenings for Hepatitis B and other chronic diseases, develop healthy living campaigns, and provide health information in multiple languages. In addition, capacity building suggestions were also shared including providing place-based planning with staff and having hospital staff participate on the boards of community organizations.

*Greatest concerns facing service population.* Key informants were asked to share what they saw as the greatest concerns and issues facing their service population. The greatest health concerns in key informants' service populations were mental health problems including stress, depression, and anxiety. Other health concerns included obesity, diabetes, heart disease including hypertension and high cholesterol, asthma in children, substance abuse including alcoholism, cancer, domestic violence, and dental services. However, there is also concern with the growing numbers in uninsured or underinsured, funding for health resources, and lack of affordability of medications.

In addition to health concerns, there are also certain concerns in the community that are not directly related to health. The largest concern was food insecurity. One key informant said that these communities are a "food desert"; many communities have an abundance of fast foods places but lack healthy, affordable alternatives. Unemployment is also a large concern. One key informant mentioned that South Los Angeles has been the hardest hit with an unemployment rate of over 30%. In addition to unemployment, there are also issues with monolingual households, the rise in the poverty levels, unhealthy living conditions due to multi-family residences, increase in foreclosures, and lack of transportation. There has also been a decrease in after-school programming, an increase in teenage pregnancy and school drop-outs.

## F. Assets

Despite all the issues mentioned by key informants, there have been some positive strides to addressing those issues. There has been an increase in the amount of health related information and education provided to the community at large. Promotoras and community members that have taken a leadership role have been crucial to the dissemination of information as they are more in sync with the community and their needs. This has also increased the community's involvement through health fairs. At the provider level, there have been increases in the number of facilities open to provide services, early intervention programs for children have been created, there is more case management to connect people to the appropriate services and programs, there has been an increase in free testing and screenings made available, there has



also been an increase in the importance of being culturally sensitive (many organizations are ethnic specific), and there has also been a shift in focus to the medical home model.

*Top 3 priorities.* Key informants were asked to share what they thought the top three priorities to be addressed in the coming years. The top three mentioned priorities were mental health (specifically stress, anxiety), obesity (for all but more specifically in children), and preventative care. Other priorities mentioned include:

- STDs (Chlamydia) (2)
- Dental care (2)
- Education (2)
- Integrated safety net services (2)
- Increase collaboration of hospitals with clinics on basic health care (2)
- Diabetes
- Teenage pregnancy
- Asthma
- Family preservation
- Peptic cancer
- Vision care
- Substance abuse

In addition, key informants were asked what they felt were some social barriers affecting the top three priorities. They mentioned gentrification, slum housing, increased poverty, disparity between patients with complex medical needs, increase in gang activity and crime, increase in domestic violence, and the lack of affordable child care particularly in homes where both parents work.

*Best ways to provide information to the community.* According to key informants, the best ways to provide health related information to the community are through marketing (smart messaging), community events such as fairs, and having convenings with both community members and providers where information and education can be provided. In addition, it would be important to leverage existing partnerships with community based resources such as churches to make connections with the community. It would also be useful to provide information and education in other languages aside from English, and to have culturally competent staff members that are able to communicate appropriately.

