Executive Summary

Keck Medicine of USC recognizes that health behaviors, clinical care, social and economic factors, and the physical environment all play a collective role in determining a person’s health. Not surprisingly, Keck Medicine has long been in the business of addressing clinical care, and often health behaviors, in order to influence health outcomes. Their hospital Community Health Needs Assessments (CHNA) identify the most pervasive health issues facing their service areas and where significant health disparities exist in the region. To have the greatest impact, Keck Medicine recognized the need to go beyond the healthcare experience to the root causes of these health issues.

To better understand the root causes of poor health outcomes, Keck Medicine commissioned National Health Foundation (NHF) to conduct a Community Environmental Scan that would create a clear picture of the communities in the Keck Medical Center’s target area, including their social, economic and physical barriers to healthy living, and engage the community for their perspective on these issues. The target area includes the Boyle Heights, Lincoln Heights, Ramona Gardens and El Sereno neighborhoods. NHF has a mission to improve the health of under-resourced communities by taking action on the social determinants of health, so this was a natural partnership. NHF would build upon the CHNA of Keck Hospital of USC and make recommendations that would help the community benefit department put their CHNA into action.

NHF’s Community Environmental Scan Process included three distinct components: (1) secondary data collection and literature review; (2) a community engagement strategy with three phases of canvassing, focus groups and stakeholder surveys; and (3) qualitative data analysis, which was combined with quantitative data analysis, brought publicly-available statistics to create a complete picture of the community. This comprehensive picture of the target area brings to light the critical social and environmental barriers to healthy living and provides insights into potential areas of investment for the hospital’s community benefit department to have impact on population health and health disparities.

This report details NHF’s work in the communities surrounding Keck Medicine of USC between September 2018 and February 2019. During this time, NHF reviewed public literature and data sets, and conducted two canvassing events, ten focus groups and a robust stakeholder survey. From this, NHF determined the community’s top five critical health concerns of (1) affordable, quality housing, (2) healthy food access, (3) environmental health (4) healthcare access, and (5) mental health. Once these issues were identified, NHF considered them through the lenses of community statistics, and social, environmental and physical neighborhood characteristics, to determine the best strategies for impacting those community concerns. After fully understanding those community concerns, and the neighborhood characteristics at play, NHF considered the organizations already doing work in the service area to address these concerns. What results from this effort is a series of low and high-intensity investment recommendations to tackle these top five community concerns and ultimately the health outcomes that are intricately tied to each.
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Introduction
Introduction

Building Upon the Community Health Needs Assessment (CHNA)

Addressing social determinants of health as a strategy for improving population health has become a critical focus for healthcare systems and hospitals across the country. However, research, including large-scale national surveys, has shown that while hospitals and health systems are beginning to appreciate the importance of the social determinants of health, the industry sometimes struggles to adequately address the social needs of their patients and communities when formulating their community benefit and population health strategies.

State and federal laws require that every nonprofit, tax-exempt hospital conduct a Community Health Needs Assessment (CHNA) at least every three years. The CHNA serves as a hospital’s basis for constructing its community benefit strategy. Traditionally, hospitals have framed their CHNAs and community benefit strategic plans in terms of health outcomes and health services without a thorough evaluation of the social determinants of health in their surrounding communities.

Hospitals are now beginning to appreciate the gap between the data gathering and analysis that goes into traditional CHNAs and what is really needed to design community benefit strategies targeted to improve the social determinants of health present in the communities they serve. To fill this gap, a methodical and in-depth approach beyond that of a traditional CHNA is needed.

There are multiple approaches to community benefit data gathering, analysis and strategic planning. The most effective approaches are focused on engaging the population that stands to benefit from the philanthropy and making investments that leverage existing successes. To be successful in those regards, hospitals should pair the traditional CHNA data analytics process with an approach that engages the target population, seeking to understand the community-level barriers to health, and take stock of the community-based organizations and other resources successfully addressing these barriers.

Partnering to Address the Issue

National Health Foundation (NHF) was commissioned by Keck Medicine of USC (Keck Medicine) to tackle this problem through a unique community engagement effort. This partnership is grounded in a placed-based, methodical approach for engaging the community, understanding the social determinants of health existing within a target area, and identifying key leverage points for future investment to improve population health.

Focusing on the communities surrounding Keck Medicine, National Health Foundation was commissioned to produce a “community environmental scan” for the hospital. The scan is to be used in tandem with their CHNA and to develop or support better community benefit efforts to address the social determinants of health. Developed by NHF, with active participation from residents, the scan is aimed at fully defining the social determinants of health that act as barriers to communities achieving their highest level of health, and the critical work already ongoing in the community to address these barriers.
Digging Down to the Root Causes of Poor Health Outcomes

A well-informed community environmental scan will enable a hospital’s community benefit department to identify the most critical social determinants affecting residents, pinpoint successes already happening within the community, understand the best opportunities for leverage, and launch an implementation plan and investment strategy that hits those data-driven targets and tackles those root causes of poor health.

Research demonstrates an individuals’ health is more closely related to where they live than to their genetic makeup. It is within a neighborhood, where a person grows up and spends most of their time living, working, playing and praying, that health outcomes are determined. These social and environmental conditions, or social determinants, create either access or barriers to healthy living that ultimately have more impact than genetics, lifestyle choices, or proximity to a health facility. Potential barriers include the lack of green space to play sports and exercise; bike lanes and walkable streets; access to healthy foods or clean water; or affordable housing. These social determinants of health drive poor health outcomes and the extreme health disparities seen in so many under-resourced communities across Southern California.

A community engagement effort and subsequent report by National Health Foundation will identify the most critical social determinants impacting the poor health outcomes documented by Keck Medicine of USC’s CHNA, pinpoint successes already happening within the community to address these underlying issues, understand the best opportunities for leverage, and launch an implementation plan and investment strategy that hits those targets and tackles root causes of poor health.
Process
Community Environmental Scan Process

NHF’s Community Environmental Scan Process included three distinct components: (1) secondary data collection and literature review focused on published literature and public data mining; (2) a community engagement strategy with three phases of canvassing, focus groups and stakeholder surveys; and (3) qualitative data analysis, which is brought together with quantitative, publicly-available statistics in order to create a complete picture of the community. This comprehensive picture of Keck Medicine’s service area brings to light the critical social and environmental barriers to healthy living and provides insights into potential areas of investment for the hospital’s community benefit department to impact population health.

Pre-Research

National Health Foundation’s community engagement team began the process by getting a rough sketch of the community through public data sets and literature on the service area. Data on Keck Medicine of USC’s and USC Norris Comprehensive Cancer Center’s (the hospital) target area were collected from a variety of city, county and state level sources, and used to present demographic and local conditions that represent specific social determinants of health, such as: access to healthy food and green space, neighborhood crime rates, economic status, and housing availability. This effort was intended to give insight into neighborhood-level barriers to health, but not influence community input during subsequent collection.

Sources of public data include The California Healthy Places Index, Los Angeles County Department of Public Health “Key Indicators of Health,” the United States Census Bureau, and Keck Medicine of USC’s previous CHNA. Data available was compiled or kept at the ZIP Code level to identify neighborhoods and communities within the hospital’s service area.

Data on service providers and community-based organizations addressing community health concerns was gathered to identify potential focus group recruitment locations and understand the variety of services provided in the region. Through an Internet search and informal conversations with community members, organizations operating in the area were identified.

Community Engagement Strategy

The Community Engagement Strategy was designed to gather community input on disparities within the hospital’s target area, understand community resources, gauge gaps in services, and clarify and enhance the community profile obtained through pre-research.

Data collection occurred in three phases: community canvassing; focus groups; and community stakeholder surveys. Through an extensive community engagement approach and consequent data analysis, neighborhood residents’ five key health concerns were identified. These were used as guideposts in making recommendations on key areas of potential investment for the hospital.
Through an extensive community engagement approach and consequent data analysis, neighborhood residents’ five key health concerns were identified.

**Canvassing**

*Locations*

Community canvassing occurred at two large events across the hospital’s service area. Events included the Boyle Heights Christmas Parade and the Ramona Gardens Holiday Gift Give Away.

*Questions*

The two questions asked were:

1. What stops you from achieving your highest level of health?
2. What does your community need to be healthier?

*Method for Data Collection*

The canvassing events included a self-service survey where participants could write and place answers to two open-ended questions on poster boards. This survey method, based on the dot survey technique, was used to increase access to survey questions for participants, show transparency with community residents, be a fun, interactive and participatory activity, and increase ease for tallying answers.

**Focus groups**

*Gathering Participants*

During canvassing events, language preferences for focus groups were determined and community residents were recruited for focus group participation.

Focus groups were held at parent centers in elementary and middle schools, predominantly attended by parents of young children, and at community recreation centers and community clinics. One focus group was conducted with a senior citizen group known as Friends of Ramona Gardens at their local adult recreation center. Each location was chosen for its ease of access to community members and the likelihood of neighbor participation.
Questions

The set of questions aimed to engage community residents in discussing challenges and needs for improving their health. The full focus group guide can be found in Appendix A.

1. What things in your community negatively affect your health? How are they affecting your health?
2. What do you believe are the most significant health needs for you and members of your community?
3. What health resources are available in your community? How can these resources better serve to improve the health of your community?
4. Are you aware of any resources in the community being provided by the hospital? What would you like to see them provide?

Method for Data Collection

Focus groups ranged from one-hour to an hour and a half and followed the University of Kansas’ Community Toolbox guidelines for focus groups. A series of questions were asked of the group and the session was audio recorded. After the focus groups were conducted, NHF staff listened to the session and transcribed the recording word for word. The transcription was then coded and analyzed.

Stakeholder Surveys

Gathering Participants

The responding stakeholders represented a broad range of interest in the hospital’s target area and included nonprofit leaders, school principals, and local government officials (see the list of stakeholders in Appendix B). Community stakeholders were identified during community canvassing and focus group recruitment. Executive leaders in community organizations or schools, or individuals heavily involved in addressing community issues through local government were identified as qualified stakeholders.

Questions

Stakeholder surveys were developed and disseminated once canvassing and focus group themes emerged. The surveys summarized the needs and concerns of community residents, which allowed the NHF team to ask stakeholders more direct questions regarding the severity of the emerging issues.

Method for Data Collection

Stakeholders were contacted via email or in person during canvassing events and were asked to participate in an anonymous online survey based on concerns raised through community input. The online survey was administered using Google Forms and emailed to stakeholders who expressed interest in participating. The survey used a Likert scale format and asked stakeholders to rank how strongly they agreed or disagreed with community concerns or issues being present in their community. Stakeholders were given the opportunity to expand on their answers using fill-in sections below each question.
Qualitative Data Analysis

Defining the Community’s Top Five Health Concerns

Data from each phase underwent content analysis. Content analysis refers to a research method that codes and evaluates text so qualitative data can be converted to quantitative data. Answers to questions and specific quotes were coded and analyzed to identify key reoccurring themes. The top five codes were identified from each phase.

Although each of the phase’s activities were important and provided insight into perceived health barriers, focus groups allowed for a more in-depth understanding of health concerns and were therefore weighted differently during analysis. The weighing of focus group data is indicative of the importance of community input and followed common protocol for community data collection methods.

The top five themes from each data set were identified and given a score from 5 to 1, with fives given to the top themes in each group and one point given to the fifth most frequent health concerns. The scores were then multiplied according to their weight and significance. After all data sets were scored, each set was added together to determine the top five community health concerns. The weighing of the focus group data only changed the order of the top five health concerns and did not cause another health concern to enter or fall out of the top five.

Flowchart 1. Analysis to Identify Main Community Health Concerns
NHF considered each top concern through the lenses of community statistics, and social, environmental and physical neighborhood characteristics, to determine the best strategies for impacting those community concerns.

Limitations

As with most qualitative data collection methods, focus group, canvassing, and stakeholder survey data were subject to personal experiences, biases, and self-reported issues. Although data collection occurred across the hospital’s target area to offset this limitation, information gathered during focus groups and community forums was dependent on who was invited and who attended the event. Efforts were made to include people representative of the broad interests of the community and/or were members of the most under-resourced neighborhoods. Given the nature of collaboration and partnerships within community-based organizations, there may have been one or two repeating community members participating in focus groups. These participants were noted and not included in the total number reported.

Creating a Complete Picture

Once the community’s top five concerns were identified, NHF brought all data together for review. NHF considered each top concern taking into consideration community statistics, and social, environmental and physical neighborhood characteristics, to determine the best strategies for impacting those community concerns. After fully understanding those community concerns, and the neighborhood characteristics at play, NHF also considered the organizations already doing work in the service area to address these concerns. What resulted from this effort area is a series of low and high-intensity investment recommendations to tackle these top five community concerns and ultimately the health outcomes that are intricately tied to each.
Results
National Health Foundation conducted a thorough review of publicly available literature and data sets to get an understanding of the demographic, social, economic and physical characteristics of the community. From there, NHF implemented its community engagement strategy, which resulted in the following:

- 2 community canvassing events that received 111 responses from residents through a dot-survey
- 10 focus groups attended by a total of 108 community residents
- 11 stakeholder surveys were obtained from a sample of 25 individuals (44% response rate)

Events were spread across the hospital’s target area and integrated different segments of the population to get a representative sample of the neighborhoods. Results of these efforts are as follows.

**Community Characteristics and Social and Environmental Conditions**

**Defined Target Area**

Keck Medicine of USC and USC Norris Comprehensive Cancer Center are surrounded by the Boyle Heights, Lincoln Heights, Ramona Gardens and El Sereno communities (the target area). Just east of downtown Los Angeles, these four communities are made up of five ZIP Codes that have unique health outcomes and social determinants of health.

*Map 1: Keck Target Area*
Demographic Profile of the Service Area

The hospital’s target area is predominantly a Latino, non-English speaking community. Overall, the area is a fairly homogeneous community when compared to Los Angeles County as a whole. There are slight variations in income level, healthcare access and retail/job density. There are similar rates of poverty across the area, except for El Sereno which reports having around 10% less residents living under the Federal Poverty Level. All five ZIP Codes show there is a high percentage of renters with a significant percentage facing a severe housing cost burden.

<table>
<thead>
<tr>
<th>Table 1: Demographic Profile</th>
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</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Latino</td>
</tr>
<tr>
<td>Black</td>
</tr>
</tbody>
</table>

| **Education (Bachelors or Higher)** | 9.9% | 28.4% |
| **Language (Non English Speaking Households)** | 25.8% | 14.7% |

Social and Environmental Determinants of Health

Publicly available data describing the community’s social and environmental conditions show a complex and interconnected web of situational factors that are affecting residents’ abilities to make healthy choices and live healthy lives. Refer to Appendix C for a full table and measurement definitions.

Socioeconomic Status

It is evident from scores of research that socioeconomic status plays a major role in health outcomes and influences almost all other factors that impact the health of community residents.5 Overall, community members in the hospital’s target area have a lower than average annual household income when compared to the rest of Los Angeles City and County ($37,609.78 for the five ZIP Codes as compared to $55,312 and $61,270 for LA City and LA County respectively). Although the average income is low, there are varying degrees of income disparities between the different neighborhoods that are impacting health outcomes and community resident’s perceived health levels. Boyle Heights (90033) reports having the lowest annual household income at $28,698 with almost 70% of its residents living below the Federal Poverty Limit. It is important to note that the 90033 Zip Code includes Ramona Gardens, a low-income public housing community operated by the Los Angeles Housing Authority.

<table>
<thead>
<tr>
<th>Table 2: Socioeconomic Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ZIP</strong></td>
</tr>
<tr>
<td>90031</td>
</tr>
<tr>
<td>90033</td>
</tr>
<tr>
<td>90023</td>
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<tr>
<td>90063</td>
</tr>
<tr>
<td>90032</td>
</tr>
<tr>
<td><strong>Target Area Average</strong></td>
</tr>
<tr>
<td><strong>Los Angeles County</strong></td>
</tr>
</tbody>
</table>
**Housing Cost Burden**

A challenge for both high- and low-income earners is the burden of housing cost, although certainly a greater challenge for those living on less income. Just over half (50.2%) of households across the target area report having a severe housing cost burden; meaning over half of a households’ income is spent on rent. At the worst end of the spectrum, 76.8% of residents in the southern half of Boyle Heights (90023) report experiencing a severe housing cost burden (50% or more of income going towards rent).

<table>
<thead>
<tr>
<th>ZIP</th>
<th>REGION</th>
<th>Housing Cost Burden</th>
<th>% Renter Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>90031</td>
<td>Lincoln Heights</td>
<td>36.9%</td>
<td>69.9%</td>
</tr>
<tr>
<td>90033</td>
<td>Boyle Heights/ Ramona Gardens</td>
<td>37.1%</td>
<td>81.7%</td>
</tr>
<tr>
<td>90023</td>
<td>Boyle Heights</td>
<td>76.8%</td>
<td>71%</td>
</tr>
<tr>
<td>90063</td>
<td>Boyle Heights</td>
<td>69.4%</td>
<td>65.0%</td>
</tr>
<tr>
<td>90032</td>
<td>El Sereno</td>
<td>30.7%</td>
<td>52.4%</td>
</tr>
<tr>
<td></td>
<td>Target Area Average</td>
<td>50.2%</td>
<td>68.2%</td>
</tr>
<tr>
<td></td>
<td>Los Angeles County</td>
<td>29.1%</td>
<td>52.6%</td>
</tr>
</tbody>
</table>

**Crime Rates**

When looking at the Los Angeles Time’s ranking of neighborhood crime (from 1 being the community with the highest crime rate, to 200 being the community with the lowest crime rate), it is evident the neighborhoods within the hospital’s target area are above-average to average (ranging from 45-102) when it comes to crime rates. Both Boyle Heights (including Ramona Gardens) and Lincoln Heights have higher than average crime rates. El Sereno reports having the lowest crime rate in the target area, with an average of 54 crimes committed per 10,000 residents. (Since the LA Times Neighborhood Mapping Project reports data based on neighborhood boundaries, ZIP Code level data is not available.)

<table>
<thead>
<tr>
<th>ZIP</th>
<th>REGION</th>
<th>Crime Ranking</th>
<th>Crime per 10,000 people</th>
</tr>
</thead>
<tbody>
<tr>
<td>90031</td>
<td>Lincoln Heights</td>
<td>49/200 LA Neighborhoods</td>
<td>86</td>
</tr>
<tr>
<td>90033</td>
<td>Boyle Heights/ Ramona Gardens</td>
<td>45/200 LA Neighborhoods</td>
<td>321</td>
</tr>
<tr>
<td>90023</td>
<td>Boyle Heights</td>
<td>45/200 LA Neighborhoods</td>
<td>321</td>
</tr>
<tr>
<td>90063</td>
<td>Boyle Heights</td>
<td>45/200 LA Neighborhoods</td>
<td>321</td>
</tr>
<tr>
<td>90032</td>
<td>El Sereno</td>
<td>102/200 LA Neighborhoods</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Target Area Average</td>
<td>n/a</td>
<td>220</td>
</tr>
<tr>
<td></td>
<td>Los Angeles County</td>
<td>n/a</td>
<td>55</td>
</tr>
</tbody>
</table>
Built Environment

The built environment data shows that neighborhoods in the hospital’s target area fare worse in access to supermarkets (large scale grocery stores) and job opportunities when compared to LA County; the latter significantly impacting household income levels. Although within the target area park access is better than the county average, it is important to note that many of the parks and green spaces in the area are situated next to or between freeways, which could lessen their lure to community residents. Furthermore, at the neighborhood level, El Sereno has significantly less park access when compared to the target area and county. Overall, the hospital's target area has significantly more access to transportation services when compared to LA County.

Table 5: Built Environment Conditions

<table>
<thead>
<tr>
<th>Zip</th>
<th>Region</th>
<th>Park Access (Live more than 1/2 mile)</th>
<th>Supermarket Access (Live more than 1/2 mile)</th>
<th>Transit Access (Live more than 1/2 mile)</th>
<th>Retail Density (Jobs per acre)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90031</td>
<td>Lincoln Heights</td>
<td>3.8%</td>
<td>29.2%</td>
<td>18.1%</td>
<td>1.9</td>
</tr>
<tr>
<td>90033</td>
<td>Boyle Heights/Ramona Grd.</td>
<td>15.9%</td>
<td>57.7%</td>
<td>26.9%</td>
<td>2.1</td>
</tr>
<tr>
<td>90023</td>
<td>Boyle Heights</td>
<td>10.0%</td>
<td>47.9%</td>
<td>16.7%</td>
<td>2.5</td>
</tr>
<tr>
<td>90063</td>
<td>Boyle Heights</td>
<td>24.7%</td>
<td>43.3%</td>
<td>13.5%</td>
<td>1.3</td>
</tr>
<tr>
<td>90032</td>
<td>El Sereno</td>
<td>42.7%</td>
<td>51.7%</td>
<td>9.6%</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>Target Area Average</td>
<td>19.4%</td>
<td>45.9%</td>
<td>16.9%</td>
<td>1.78</td>
</tr>
<tr>
<td></td>
<td>Los Angeles County</td>
<td>28.2%</td>
<td>38.2%</td>
<td>46.8%</td>
<td>2.59</td>
</tr>
</tbody>
</table>
Disparities by Neighborhood
Based on the data above, it is clear the four neighborhoods within the hospital’s target area fall along a spectrum of need. To better understand this spectrum, a few neighborhood-level characteristics can be noted.

According to California Healthy Places Index, almost all census tracts in Boyle Heights and Lincoln Heights qualify as “disadvantaged census tracts.” Typically, disadvantaged census tracts fair worse in poverty level and experience worse environmental conditions. Those census tracts, plus four in El Sereno scored above the 80th percentile in the Hardship Index, indicating that those residents face greater economic hardship than over 80% all other census tracts in the state of California. The remaining El Sereno census tracts all scored over the 60th percentile. This crystalized the plight of those neighborhoods, and signified their heightened need, particularly for economic solutions.

Furthermore, six census tracts within the service area (primarily in Lincoln Heights) qualify as California Qualified Opportunity Zones. California Opportunity Zones are determined by the state to have a higher than average amount of residents considered low-income and, overall, lack business investment in the community. Businesses or investors can apply for federal tax-breaks to establish industries and services in Opportunity Zones that provide for unmet needs of residents.

Lastly, all of Lincoln Heights, most of Boyle Heights, including Ramona Gardens, and the west side of El Sereno are determined by the Federal Health Resources and Services Administration to be a Medically Underserved Area/Population (MUA/P); defined as a geographic area and/or population with a lack of access to primary care services. MUAs have a shortage of primary care health services for residents within a geographic area and the residents may face economic, cultural, or linguistic barriers to health care.

Community Perceptions of Barriers to Health
Social, economic and physical conditions play a vital role in an individual’s and community’s health. These factors influence how community residents perceive their level of health and their ability to make healthy choices. It is evident, based on the community feedback presented below, that residents understand these conditions and know that they impact their health and their ability to make healthy choices.

After community data collection activities and analysis were complete, the top five community health concerns for residents in Boyle Heights, Lincoln Heights, El Sereno and Ramona Gardens that emerged were as listed below.

Top 5 Community Health Concerns:

1. Affordable, Quality Housing
2. Healthy Food Access
3. Environmental Health Issues
4. Healthcare Access
5. Mental Health Issues
Affordable, Quality Housing
Where a person lives has a significant impact on their health and quality of life. Affordable, quality housing refers to three important and interrelated aspects of housing and how they link to health. They include: physical conditions within homes; housing instability; and housing affordability. Community input gathered from the residents reflected all three of these subthemes.

Residents voiced the difficulty of finding housing that they could afford. Residential crowding was often seen as one of their only options, with two to three families living in one residence. Rent increases were also a significant issue, with increases occurring every year despite there being no improvement in the actual quality of the apartment. Residents also expressed concern with the quality of their living conditions. Environmental health concerns such as lead, asbestos, and pests were among the most frequent worries. The age and condition of the apartments were also questioned. This was a consistent concern across all communities, but most notable in Ramona Gardens. Although considered affordable housing, the community described Ramona Gardens as having substandard living conditions. Residents depicted the cost of housing and the poor quality of living conditions as resulting in poor mental health outcomes, including stress, anxiety, and depression.

One hundred percent (100%) of community stakeholders strongly agreed that affordable housing was an issue negatively affecting their community. Many cited gentrification as an ongoing, increasing problem that is displacing families and making it more difficult for them to find a place to call home.

“Many renters on the Eastside have been experiencing rent increases, habitability issues, evictions, etc. This has been causing a lot of stress, anxiety, and malnutrition.”

Community Narrative

“Sometimes even though you find housing, it might not be good quality for your health because if you have lead, mold in the walls, there are a lot of problems that affect your health and it can even be worse to find housing with that.” – Parent, El Sereno Middle School, El Sereno

“The rent is so high now. It’s very high and you think if your rent suddenly increases and you don’t have enough money where you are going to live with your kids?” – Parent, Albion Elementary, Lincoln Heights

“Our mental health and emotional health are being affected because we see our neighbors moving and see vacant apartments because they couldn’t pay the rent.” – Resident, Ramona Gardens

“Displacement has been happening in our community, so much that two, three families have to join together to get a house because the payments are too high” – Resident, Boyle Heights

“A lot of people have been living in their apartments for more than 20 years. Even if they move out, my brother was diagnosed with cancer twice, so it doesn’t matter how far you move out. If it’s in [your body] then it’s going to go wherever you are at.” – Senior, Ramona Gardens

“70% of residents in the Eastside are renters and vulnerable to displacement due to the lack of protections given by the city. Many renters in the Eastside have been experiencing rent increases, habitability issues, evictions etc. This has been causing a lot of stress, anxiety, and malnutrition.” – Stakeholder, Boyle Heights
Healthy Food Access
Eating a balanced, nutrient-dense diet is foundational for good health and disease prevention. Research suggests regular consumption of nutritious foods, like fresh fruits and vegetables, help reduce the incidence of chronic diseases such as heart disease, diabetes and hypertension. Access to healthy food is one of the main factors that determines whether or not an individual regularly consumes nutritious food. Communities that report having less access to healthy foods are often referred to as food deserts. The USDA defines food deserts as communities vapid of fresh fruits, vegetables and other healthful whole foods due to a lack of grocery stores or farmers’ markets, or lack transportation options to where such foods are sold.

Based on community and stakeholder input, the hospital’s service area would be considered a food desert. Community residents frequently expressed they have limited access to healthy foods because grocery stores, farmers’ markets and even small-scale, affordable markets are scarce. Many residents reported the same few grocery stores as the only option for purchasing produce but expressed that even then, quality and quantity was low due to the overwhelming need in the area. Furthermore, many residents expressed the distance and transportation options for travel to the few grocery stores hinder their ability to buy healthy foods; citing the need for multiple buses over the course of hours to get to and from full-service grocers. Residents in Ramona Gardens specifically expressed the need for a full-service grocery store because the one small corner market close to the housing complex is very expensive and has little variety.

One hundred percent (100%) of the community stakeholders strongly agreed that healthy food options were lacking in the community and is negatively impacting resident’s health.

“We need food and nutritious food[…] Having a food bank here would be very helpful.”

Community Narrative

“Here we are isolated from stores. We have one store, but it sells very expensive food and it’s in bad condition. There is no big store nearby.” - Senior, Ramona Gardens

“We do not have many options here in our community to eat healthy. The only option right now is Food 4 Less […] and they are not cheap or have enough variety.” - Parent, Farmdale Elementary, El Sereno

“Farmer’s Markets are limited and isolated to one area and often becoming merchandise fairs rather than offering fresh veggies” - Stakeholder, Boyle Heights

“We need food and nutritious food […] having a food bank here would be very helpful.” - Resident, Ramona Gardens

“Is there a Farmers market here? Alhambra yes, but not here. In El Sereno no. Here it would be perfect for at least once a week. It would be good to provide because there are also parents who receive WIC.” - Resident, El Sereno

“There are more liquor shops and, now weed shops, on the Eastside than organic food providers” - Stakeholder, Boyle Heights
Environmental Health

The environment is defined as all physical, chemical and biological factors external to a person, and all the related behaviors. Among the diverse set of environmental factors, community and stakeholder input all agreed that poor air quality and poor sanitation services, such as the presence of trash, are environmental health conditions that are negatively impacting their community.

Community members expressed concern regarding their proximity to freeways. Residents from Ramona Gardens and Boyle Heights described a high prevalence of asthma related to smog and car emissions from the freeways and high density of industrial manufacturing buildings surrounding their neighborhoods. Residents also voiced distress about parks being located next to freeways, given the increased exposure to air pollutants when attempting to be physically active or simply spend more time outdoors to get “fresh air.”

Another prominent issue found after data analysis was the high presence of municipal solid waste, or trash. Residents stated streets around their neighborhoods were often riddled with trash including clothing, plastic items, bulky furniture and dog feces. The high presence of waste was described as a contribution to poor mental health and social disorder. This led to feelings of fear and lack of safety when walking around their neighborhoods. In addition, community members were concerned that the amount of waste increased their risk for infectious diseases.

“If you go to the park that is by the freeway, it is healthy to walk, but the air is not healthy. It’s like a contradiction”

Community Narrative

“We are surrounded by freeways, there is a lot of smog and we are breathing in illnesses. We also have a lot of warehouses that contaminate the air and it’s hard to breathe.” - Resident, Boyle Heights

“If you go to the park that is by the freeway, it is healthy to walk, but the air is not healthy. It’s like a contradiction” - Resident, Boyle Heights

“The contamination from the freeway is an issue. When one cleans the windows, you clean pure black. There is a lot of smoke, a lot of smog, and well our respiratory systems suffer the consequences. There is a lot of people with asthma.” – Resident, Ramona Gardens

“We are all a little emotionally distressed at different levels because of the lack of cleanliness. We should have more effective programs...” - Parent, PUC Charter School, Lincoln Heights

“In the trash there’s fleas, lice, rats, cockroaches [...] I feel that they carry diseases.” - Resident, El Sereno

“I have seen the trash last weeks or months on the streets [...] I have seen an increase in trash everywhere and it makes the neighborhood look ugly.” - Resident, Lincoln Heights
Healthcare Access
Access to healthcare has a profound impact on an individual's health and is a key indicator of a community's overall health. Healthcare access is more than someone's ability to see a doctor and receive treatment for a physical or mental illness. Access to care also includes the ability to understand and navigate healthcare and insurance systems, the location of services, availability of culturally appropriate services, the cost of care, and availability of prevention services.

The main concern that arose from community input regarding healthcare access includes a lack of easily accessible and affordable places to receive care. Community input indicated the number of providers in the area was not sufficient for the area’s need. Many community residents, but especially Ramona Gardens residents, expressed clinics have long wait times or have limited and inconvenient hours; both causing community members to go a long period of time without regular check-ups or addressing severe health issues.

One hundred percent (100%) of community stakeholders either strongly agreed or agreed that healthcare access and affordability was a health concern in the target area (70% of stakeholders strongly agreed).

Two additional subthemes arose regarding healthcare access. Community residents and stakeholders shared that general information regarding available services in the area was lacking. Since many residents are not aware of services provided, they reported they rely on local community health fairs for regular check-ups. The second subtheme that emerged was the quality of care for residents on government issued health insurance. Residents reported feeling that Medicare and Medical covered patients are not treated as well as individuals covered by private insurance.

“They should treat me well. Not because of my plan but because I am a human being and I need respect and need your quality services.”

Community Narrative

“There are many small clinics, but unfortunately they are very short staffed.” - Resident, Boyle Heights

“There are long wait times and it’s short staffed. I just prefer to go to the emergency room. If I have to take my children, it can take 6 to 8 hours.” - Resident, Boyle Heights

“There is a clinic here, but it is only opened once a week. The doctor is good but it’s just never open.” - Resident, Ramona Gardens

“They should treat me well. Not because of my plan but because I am a human being and I need respect and need your quality services.” - Resident, Ramona Gardens

“In the last few years there have been more health fairs […] but I don’t know how much they are actually helping people because all they do is test for cholesterol or sugars, but don’t give more information.” - Resident, El Sereno

“They need to open better clinics. There is not enough.” - Resident, El Sereno

“More information on what is accessible will help lead to a healthier community.” - Stakeholder, Lincoln Heights
Mental Health
Mental health, defined as an individual’s emotional, psychological, and social well-being, has shown to have a large impact on not only the physiological health of a community, but also its overall quality of life.13 Two major subthemes emerged from the community input. They include the need for: access to mental health services and addressing stigma associated with mental health.

The need for better access to mental health services such as counseling, therapy, and support groups was consistent across all communities participating in the focus groups and stakeholder surveys. Residents would especially like to see an increase in mental health services related to depression, trauma, and anxiety available for children and adolescents. Community members also voiced the need for increased mental health staff at schools, a trusted community resource where families often seek guidance. Citizenship status and health insurance enrollment were also cited as two significant barriers for accessing mental health services. There was also a call for low-cost services that would serve those who are undocumented or uninsured. Considering the demographics of the service area, undocumented individuals not being able to access mental health care means a large portion of the population is left untreated.

Stigma surrounding mental health may debilitate efforts to increase mental health services. Community input showed residents felt stigma, many times stemming from cultural norms, kept people, especially adolescents, from seeking services. Stigma also made it more difficult to know how to access resources.

“There is very little mental health staff at the clinics in our communities. You have to get a referral and sometimes the referral can take up to two years…”

Community Narrative

“There is very little mental health staff at the clinics in our communities. You have to get a referral and sometimes the referral can take up to two years so you can get another appointment” – Resident, Boyle Heights

“We need mental health services for our youth. I am on a waiting list and there are twenty people ahead of my son and they only call me to see if he’s the same or worse. [...] Suicide rates are increasing among our youth, we need more doctors focused on mental health in our schools” – Resident, Boyle Heights

“I think it’s the culture that has made this happen. Every time there is more people who have poor mental health because they haven’t received help in time. We don’t know where we can go or what we can do, or what to say, or where to call…” – Parent, Lincoln Heights

“We need more information on mental health. For a lot of Hispanics, it’s a stigma, we don’t want to accept these things or talk about it, we need more information.” – Resident, Lincoln Heights

“It’s important that there be mental health help for people who are undocumented. There is a lot of people who need mental health care and aren’t insured, so it’s important that there be more help for them.” – Resident, Boyle Heights
When community engagement data was compiled and compared with publicly available statistics, a complex and unique picture of the community’s health came to light. In comparing quantitative statistics on affordable, quality housing, healthy food access, environmental health issues, healthcare access, and mental health issues, it was critical to understand to what degree the community’s perceptions were supported by facts. Determining this would inform the types of strategies recommended to address each concern. Additionally, a difference in perceptions and quantitative data might suggest that the data is not accurate or lagging. What follows are descriptions of the interplay between perceptions and hard data, which was then used to inform the recommendations below.

Do Affordable, Quality Housing Perceptions Align with the Data?
Affordable, quality housing refers to three important and interrelated aspects of housing and how they are linked to health: physical conditions within homes, housing affordability, and housing instability.6 Unaffordable housing reduces the income that a household has available for other basic needs, such as healthy food, health care and transportation. It also negatively impacts mental health due to the continuous stress.6 According to the US Department of Housing and Urban Development, housing is affordable when people pay less than 30% of their income on rent or mortgage.6 Los Angeles County is the nation’s third most expensive housing market. Research from the California Healthy Places Index indicates that 50.2% of the population in the hospital’s target area experience severe housing cost burden with more than 50% of their household income going to housing costs. This is nearly double Los Angeles County’s rate which is 29.1%. Boyle Heights has the largest population experiencing this burden with 76.8%.

Housing instability is another prominent issue affecting the community, sixty eight percent (68.2%) of residents are renters, exposing them to an increase vulnerability of housing instability. Experiences of eviction and foreclosure can negatively impact mental health as well and is associated with behavioral issues such as teen pregnancy and drug use in adolescents.6 Lack of housing stability puts families at risk for homelessness, where they can experience physical and mental deprivation potentially causing acute and chronic health problems.7 Those who reported having difficulty paying for their housing reported fair or poor health status compared to those who did not have problems paying (30.9% vs. 18.7%) The average person in the US, spends 90% of their time indoors, and two-thirds of that time is spent at home.8 While a person’s home is traditionally seen as a protective haven, for many, home is a health hazard where poverty, environmental hazards, and poor design can cause disease and poor health outcomes.
Housing quality is assessed in terms of environmental exposures to toxins such as lead, pests, molds, and residential crowding. In the hospital's target area, many families with young children live in older houses, built before 1978, which is when lead-based was banned. This exposes countless families to lead paint which is the leading cause of lead poisoning in children nationwide. The area also has over—crowded housing with an average household size of 3.7 compared to LA County's 2.8 household size. East Los Angeles ranks as 26th in household size out of 265 Los Angeles neighborhoods. In a report by First 5 LA, more than half of their survey respondents (61%) expressed that pests such as cockroaches, mice, and rats pose a major problem in East LA and 2 out of 3 respondents reported evidence of these pests around their homes. In addition, many families utilize harsh chemicals in attempt to control such pests. An increase of toxic chemicals in the home can lead to asthma and other health complications for young children. Exposure to lead, residential overcrowding, and pests can have serious health effects, such as irreversible effects on brain and nervous system development, tuberculosis and respiratory infections, and other chronic diseases.  

**Do Healthy Food Access Perceptions Align with the Data?**

Community engagement data indicates access to healthy food is limited and negatively impacting the health of community residents. Community residents reported the lack of grocery stores and inconvenient travel time to get to grocers in the community as barriers to healthy eating.

Individuals and families will not eat nutritious meals if it is not readily available to them. Healthy People 2020 suggest an increase in access to healthy foods corresponds with healthier eating practices. It goes further to report households without vehicles or convenient public transportation, or households without grocery stores within walking distance are less likely to establish healthy eating patterns and therefore experience higher rates of obesity, diabetes and other chronic disease. Evidence also suggest that predominantly Hispanic or Latino neighborhoods, like the communities within the hospital's target area, have an average of only 32% as many chain grocery stores as middle-income, white neighborhoods.

Findings from the USDA and the California Department of Public Health (CDPH) support residents’ claims that access to healthy food is limited. The USDA’s “Food Desert Locator,” a mapping tool that shows food deserts by census tract, reveals the majority of residents in El Sereno live farther than one mile away from a full-service grocery store, and the majority of residents that live in the five census tracts comprising Lincoln Heights live more than ½ mile away from healthy food options; certifying both communities as food deserts. CDPH’s GIS tracker for healthy food options also shows a lack of chain supermarkets, which are known to offer the most quantity and best quality healthy food options.

Farmers’ markets, often considered a solution to food deserts, are also severely lacking in the target area. There are three main farmers’ markets that serve individuals and families in the area, as compared to neighboring Downtown Los Angeles with five farmers’ markets; which has far fewer residents and is an area primarily designated for work not everyday life activities like grocery shopping.
Poor air quality is linked to premature death, cancer, and long-term damage to respiratory and cardiovascular systems.

Do Environmental Health Perceptions Align with the Data?
Community engagement data depicted air pollution and municipal solid waste as issues of concern for the hospital’s target area. Environmental health involves preventing or controlling disease related to interactions between people and their environment. A healthy environment is integral to ensuring an increase in years of life and positive quality of life.  

Poor air quality is linked to premature death, cancer, and long-term damage to respiratory and cardiovascular systems. Community data points towards the communities’ proximity to freeways as a cause for poor air quality, however traffic pollution is not the only concern. The target area is also surrounded by factories and unregulated auto body shops. All these emission sources can increase asthma attacks in children and cause impaired lung function, cancer, premature death and death from cardiovascular diseases. According to the U.S. Environmental Protection Agency (EPA), one of the top ten polluted zip codes in California is 90023, which is in the Boyle Heights neighborhood. Boyle Heights and Ramona Gardens are situated very close to mobile source emissions and encompassed by four freeways, Interstate-60,-5,-10, and Highway 101. First 5 LA reports that 92% of residents consider air pollution from cars, trucks, and buses a problem in East Los Angeles, and approximately 29% of residents in East Los Angeles have at least one child with asthma. Asthma is an especially relevant concern in California, where it is the primary cause of school absenteeism.

Poorly managed solid waste can seriously impact health and cause problems to the surrounding environment. Waste, such as excreta can cause infectious diseases and attract flies, rats, and other creatures that can spread diseases. In First 5 LA’s community assessment of East Los Angeles, 85% of their respondents considered trash in their communities a problem. The issues included overflowing trash and dumping of large items, such as furniture. Trash provides breeding grounds for rats, cockroaches, and other pests that can have negative health effects, including triggering asthma, and chemical poisoning from hazardous waste. Additionally, the presence of trash contributes to perceptions of social disorder. According a Harvard University article, neighborhood disorder has been linked to declines in individual health and well being, it makes residents feel less safe walking around their neighborhoods and increases the incidence of depression and psychological stress.
Primary drivers of the high uninsured rate are most likely due to the high percentage of residents living below the Federal Poverty Limit and their citizenship status.

**Do Healthcare Access Perceptions Align with the Data?**

Healthcare access was identified by residents and stakeholders in the hospital’s target area as a common issue impacting health. Residents specifically mentioned a lack of available services, a lack of information on what and where services are available, and an overall negative feeling from providers because of their insurance coverage status.

One common driver for healthcare access being a barrier to healthy living is adequate insurance coverage. Although residents within the target area did not consistently mention being uninsured as a healthcare access issue, the uninsured rate is high compared to Los Angeles County (64.3% of residents report having insurance coverage, compared to 84.3% of Los Angeles County residents). Primary drivers of the high uninsured rate are most likely due to the high percentage of residents living below the Federal Poverty Limit (FPL) and citizenship status. Only 37.13% of residents living within the hospital’s target area have an income exceeding 200% of the federal poverty limit. Additionally, 54.6% of residents living within LA County’s Service Planning Area 4, which encompasses the hospital’s target area, report being foreign born (this does not necessarily reflect citizen status but could indicate there is a higher percentage of residents unfamiliar with the US and local healthcare systems).

As for the concern regarding the feeling of disrespect from providers due to their insurance coverage status, not much local information is available to back up this claim. However, a Health Affairs article, “Overcoming Lower-Income Patients’ Concerns About Trust and Respect from Providers,” indicates that a feeling of mistrust and lack of respect is common among low-income patients. It goes further to state these perceptions are proving to have negative health impacts. While the actions of providers might be based on perceptions, it is a common perception in the community and worthy of being addressed. “Doctor-patient communication: Patient perceptions” states an improved connection between providers and patients results in better clinical outcomes and improve patient compliance.

Many factors can be at play with this latter concern. Not only is a large portion of the target population low-income and receive government issued healthcare insurance or assistance, but many are also non-English speakers and/or foreign-born residents. All these factors can influence the interactions one has with healthcare providers and can influence how providers see or treat these patients. Numerous research reports indicate racial and ethnic minorities face significant disparities when it comes to health outcomes and that culturally sensitive providers can help alleviate barriers to receiving care.
Untreated, mental disorders such as stress, depression and anxiety can put individuals at risk for self-destructive behavior, drug and alcohol abuse, and suicide.

Do Mental Health Perceptions Align with the Data?
Community engagement data revealed that access to mental health services and the stigma around mental health preventing the seeking of treatment were top concerns.

Mental health affects the overall health of communities by driving how people handle stress, relate to others, and make healthy decisions. Mental disorders are one of the most common causes of disability. Untreated, mental disorders such as stress, depression and anxiety can put individuals at risk for self-destructive behavior, drug and alcohol abuse, and suicide. Continued stress on an individual’s body can lead to serious health problems including mental disorders such as depression and anxiety. Furthermore, depression and anxiety can affect people’s ability to participate in health promoting behaviors.

Findings from the Los Angeles County Department of Public Health Key Indicators of Health highlight mental health as a significant health concern, specifically emphasizing depression. While only 12.3% of adults in Service Planning Area 4 tried to get mental health care in the past year, 10.8% of adults were diagnosed with depression. The depression rate is higher than the Los Angeles County rate of 8.6%.

Among the communities assessed, stress and anxiety were also major concerns. Reasons were attributed to demands of everyday life, high cost of living, and poor environmental and living conditions. These communities also have a high percentage, 89.7%, of Latino residents, who experience stigma as a significant cultural barrier to seeking treatment. According to the U.S. Office of Surgeon General’s report, Mental Health: Culture, Race, and Ethnicity only 10% of Latinos pursue treatment from a mental health provider potentially due to language barriers, faith and spirituality, privacy concerns, and lack of insurance. Therefore, lack of cultural competence could also be a factor in the perception of lack of mental health services and their effectiveness.
Overall community residents and stakeholders identified a general lack of resources as a problem for residents in the target area.

Other Noteworthy Community Health Concerns
While the five community issues discussed above were the top issues identified after all community engagement data was analyzed, other issues and concerns were also identified to be impacting the health of community residents. Such community health concerns include the increased presence of cannabis in the community, homelessness, transportation issues, and community violence. Regarding cannabis, community residents frequently cited a significant increase in marijuana dispensaries popping up in the area, and a concern about second-hand effects of marijuana smoke, especially on children.

Both community residents and stakeholders identified homelessness as an issue but connected it with housing affordability. Many individuals did mention encampments around the community are creating a sense of poor community safety. Homeless encampments could also be increasing the perception of environmental health issues.

Concerns with transportation were mainly tied to healthy food access and healthcare access, but many residents, especially in Ramona Gardens cited very low access to reliable transportation for any activity. And lastly, although few community residents suggested violence and gangs were an issue, the stakeholders identified it as a significant concern. Many emphasized that gang activity has decreased over the last few years, but it is still present and impacting community health.

Overall community residents and stakeholders identified a general lack of resources as a problem for residents in the target area. Residents reported knowing there was help and services for the identified concerns but didn’t know where or how to access them. Resources, but more specifically, the promotion of available resources and services, like printed pamphlets or an online portal, would significantly help alleviate many community concerns.
Recommendations
Research demonstrates that an individual’s health outcomes are only 20% impacted by clinical care. Together playing a much larger role are health behaviors, social and economic factors, and the physical environment, which are also interconnected. For this report, a community engagement model was deployed to understand the target area residents’ perceptions of the top five community-level barriers to healthy living. Interestingly, two of those top five concerns were related to health care access (general and mental health) whereas the other three were related to more general community characteristics (affordable, quality housing, healthy food access and environmental health). Below are strategies for making a marked improvement in those areas, along with recommendations for community investments that utilize those strategies.

**Impacting the Affordable, Quality Housing Concern**

**Strategies for Addressing This**
Community engagement data depicted housing affordability, housing instability, and physical conditions within homes or housing quality as issues for concern.

**Strategy 1: Increase Community Services**
According to the Los Angeles County Department of Public Health, Housing and Health In Los Angeles County reports increasing community services is a quick solution to help mitigate housing issues. Services such as landlord mediation, help with overdue rent and utility bills, and emergency food, clothing, childcare, and transportation assistance can keep families in their homes and prevent them from becoming homeless. An example is tenant based-rental assistance programs that serve as interventions to expand affordable housing options to low-income families. These programs are supported by public housing funds and subsidize the cost of housing by providing rental vouchers. These subsidies offer families more rental options and reduce the likelihood of living in high poverty neighborhoods. These programs have been shown to improve neighborhood safety.7

**Strategy 2: Educate and Empower the Community**
Use national, state and local public campaigns and programs to educate and empower private- and public-sector housing providers, owners and tenants about the dangers of unsafe and unhealthy housing and about their rights and responsibilities. Community partners can help increase inspection access to renting families. This can include improving education outreach to residents, encouraging the use of integrated pest management applications to reduce pesticide exposure, and identifying measurable correlations of resident health and sustained code compliance. The American Hospital Association recommends a Home Assessment and Repair program which can reduce the risk of harmful exposures to environmental hazards. Potential partners that can be tapped include community organizations and local hardware stores.31

**Strategy 3: Expand Affordable Housing**
Expand the supply of affordable housing units for low-income individuals and families. Protect existing affordable housing that is at risk of conversion to unaffordable market-rate housing. In order to create trust and reduce fear within impacted communities it is important to make a public commitment to involve community members in all development decisions.7

**Strategy 4: Support Public Policies**
Los Angeles County Department of Public Health also recommends supporting policies that provide development without displacement, preserving or replacing affordable housing for low-income residents in all neighborhoods and areas undergoing development. It is also important to support policies that increase economic security for individuals and families by expanding opportunities for employment and increasing workers’ incomes, such as a higher minimum wage and earned income tax credit.
Related Service Providers In Your Service Area

Inquilinos Unidos (IU)
Inquilinos Unidos, which means united tenants, empowers low-income Los Angeles tenants through community organizing, education and advocacy. Since their inception, IU has successfully organized tenants to advocate for their own improved housing conditions. They provide education through workshops and trainings, door to door canvassing, individual counseling, to inform low income tenants on their rights and was to defend them. Through advocacy, IU partners with other organizations and mobilizes tenants to speak on and to engage in larger policy and legislative campaigns around affordable housing issues.  
http://www.inquilinosunidos.org

Housing Rights Center
This organization’s mission is to actively support and promote fair housing through education, advocacy and litigation, to the end that all persons can secure the housing they desire and can afford, without discrimination. 
http://housingrightscenter.org

East LA Community Corporation (ELACC)
ELACC advocates for economic and social justice in Boyle Heights and East Los Angeles by building grassroots leadership, developing affordable housing and neighborhood assets, and providing access to economic development opportunities for low- and moderate-income families. As asset developers, they strategize across multiple neighborhoods to create housing that retains the arts and culture, while at the same time improving the quality of life for those they serve.  
http://www.elacc.org

Habitat for Humanity
With the support of community partners, donors and volunteers, Habitat LA constructs new or renovates existing homes alongside Habitat Partner Homebuyers. In addition to a down payment and monthly mortgage payments, homeowners invest Sweat Equity hours building their future Habitat home and the homes of other Habitat Homebuyers. Habitat LA’s Neighborhood Revitalization Initiative (NRI) was created to address two interconnected problems in greater Los Angeles; the persistent lack of affordable housing and the disinvestment in their neighborhood infrastructure that has eroded the stability of communities throughout the service area.  
https://www.habitatla.org/neighborhood-revitalization/

Union de Vecinos
Union de Vecinos is an organization of neighborhood committees where low-income working families, seniors, and youth come together to for a Network of Neighborhood Committees promoting economic and environmental justice, civic engagement, preservation of housing, and building healthy and stable community neighborhoods. The Neighborhood Committees organize local clean-ups, murals, custom bench designs, community-wide cultural celebrations, stop lights and cross walks for safety, solar powered lighting in areas with no light posts, and many other initiatives that improve the quality of life in Boyle Heights and Maywood. 
http://www.uniondevecinos.org/
Below are specific recommendations on community investments to tackle this health concern. There are a variety of solutions proposed and each could be further tailored based on budget, partnerships or multi-purpose aims.

**Low Investment Solutions $1,000 - $10,000**

*Referrals to Tenant Support Services*
Local residents accessing services at the Keck Medicine facilities could benefit from a referral to tenant support services through local providers, should they indicate a housing need. This concept could be scaled up with the implementation of a housing risk screening tool, with follow-up referrals and ongoing support.

*Sponsor Pro-Housing Media Campaigns*
Provide support to campaigns such as United Way’s Everyone In to indicate Keck Medicine’s recognition of this issue and concern for solutions.

*Neighborhood Improvement Volunteer Days*
Organize or support an organization that coordinates neighborhood volunteer days that focus on improving community structures like apartment building or other built environment improvements. Ensure neighbors lead these efforts and make decisions as to the neighborhoods or areas in greatest need of improvements.

**High Investment Solutions $10,000 - $50,000**

*Tenant Support Screening and Support*
Keck Medicine could implement a housing risk screening tool with primary and specialty care providers. This screening tool could trigger referrals to housing support services by providing a pamphlet of available, local services. This concept could be further scaled up with ongoing care management support for those at highest risk levels.

**Significant Investment Solution $50,000+**

*Healthy Homes Data Collaborative*
Modeled after a concept in Cleveland, Ohio and funded by The BUILD Health Challenge, Keck Medicine could launch a housing data collaborative to collect data on home inadequacies that result in asthma and lead poisoning, which could be used to identify families in at-risk homes and potentially in need of health interventions.
Impacting the Healthy Food Access Concern

Community and stakeholder input clearly identified healthy food access as an issue in the community. Driven by a lack of full-service grocery stores and poor transportation options, Boyle Heights, Lincoln Heights, Ramona Gardens, and El Sereno residents need more options to purchase healthy foods.

Strategy 1: Increase Healthy Food Options

Hospitals can take many approaches to increasing healthy food options in the communities they serve. From supporting the expansion of food banks or food giveaways, to supporting advocacy efforts to ease zoning practices that hinder chain grocery store development, hospitals can help increase access.

The American Hospital Association’s report, “Social Determinants of Health: Food Insecurity and the Role of Hospitals” list investment in food systems such as farmers markets, food banks and food pantries as a nonclinical approach that could help provide more healthy food options to those in need and provide access to those with limited transportation.32

Strategy 2: Healthy Small Food Retailer Conversion & Certification Programs

Low-income, minority communities in Los Angeles are saturated with small, corner markets that are often the sole option for food purchases. The hospital can support corner store conversion programs that encourage corner markets to provide healthy options, like fruits and vegetables, to their patrons. ChangeLab Solutions, a national law and policy think-tank aimed at improving health, has a guide for establishing healthy small food retailer certification programs that provides ideas for store owners to participate and increase the variety of food options they sell. A certification program is one way to encourage participation and inform residents where healthy options are available in their neighborhoods.33 This approach can also increase the local economy by keeping a family’s food dollars around their neighborhoods.

Strategy 3: Support Advocacy and Policy Efforts

Unfortunately, it is far too common for full-service grocery stores to be lacking in low-income communities and communities of color. Often this is a business decision from the retailers, but also because US cities have a long and proven record of purposely skipping or removing city planning policies that allow for the construction of grocery stores and food retailers in such communities.34

Supporting community advocacy groups and organizations that aim to change or update city planning policies can lead to more inclusive, health-based policies that can open the door for more food retailers to come into the community and provide healthy food to residents.
East LA Community Corporation Food Pantry – Boyle Heights
East LA Community Corporation (ELACC) advocates for economic and social justice in Boyle Heights and East Los Angeles by building grassroots leadership, developing affordable housing and neighborhood assets, and providing access to economic development opportunities for low income and moderate-income families. ELACC believes food and housing are fundamental necessities for every family to thrive. ELACC holds a monthly food pantry where they offer a free, 25-pound bag of food to individuals and families.
elacc.org

Leadership for Urban Renewal Network – COMPRA Foods
Leadership for Urban Renewal Network (LURN) is dedicated to supporting sustainable communities by developing solutions to fight poverty, build sustainable economies and resilient communities. LURN’s COMPRA Foods program, which stands for Community Markets Purchasing Real and Affordable Food is an initiative that organizes the purchasing power of small-scale grocers in low-income neighborhoods to secure better prices and quality products from wholesalers. The COMPRA Foods program is already functional in many small corner markets across East and South LA.
lurnetwork.org

Food Forward – Southern California
Food Forward fights hunger and prevents food waste by rescuing fresh surplus produce and connects this abundance with people in need. Food Forward uses multiple channels to collect produce that would otherwise go to waste and redistributes 100% of the rescued foods to hunger relief agencies.
https://foodforward.org

The Los Angeles Food Policy Council (LAFPC)
LAFPC serves as the backbone organization of over 400 organizations and agencies working for healthy, sustainable and fair food. LAFPC cultivates a network of change makers from across food systems to provide strategic guidance on research, policy, development and trainings.
https://www.goodfoodla.org
Below are specific recommendations on community investments to tackle this health concern. There are a variety of solutions proposed and each could be further tailored based on budget, partnerships or multi-purpose aims.

**Low Investment Solutions $1,000 - $10,000**

*Advocacy Solutions*
Support the development of grocery stores and other healthy food options within the boundaries of the service area. Promote hospitals’ support of these efforts in marketing and media. This concept could be scaled up as depending on policy matters taken up by local legislature.

*Corner Store Conversions*
Support the development of healthy food options in local corner markets by providing support to groups who are changing the offerings within these stores. By establishing a local food purchasing collaborative, or leveraging an existing one, local stores could obtain the support they need to order, obtain, maintain, price, and sell fresh produce.

**High Investment Solutions $10,000 - $50,000**

*Establish additional Farmers “Markets”*
Bring healthy food directly to the hospital campus or surrounding community for patients, employees and neighbors to access. Programs such as Food Forward can provide produce free-of-charge to neighbors with a small fee for logistics and management. Other local service providers could participate in a variety of ways from promoting the market, referring those in need, or providing additional services at the event. Other neighborhood concerns could be addressed through this same venue (e.g. tenant assistance services could be promoted at this event). This could also be a wonderful opportunity for the hospitals’ volunteer and outreach entities.
Impacting the Environmental Health Concern

Strategies for Addressing This
Community engagement data indicated that environmental health was a significant challenge for the hospital’s target area, specifically air pollution and poor sanitation services, such as the presence of trash.

Strategy 1: Invest in Community Clean-Ups
Invest in organizations that can establish regular community clean ups, increase green space, and community wide trainings. Community clean ups allow residents and local businesses to feel they can make a positive impact on their neighborhood by simply picking up trash. Clean communities reassure other members of the community that where they live, and work are important. While increasing green space including planting trees, building more parks, and building community gardens helps improve mental health and promotes physical activity. An environmental equity program established by the Connecticut Department of Environmental Protection is good example to mirror. The program revitalized garbage littered sites by cleaning them and turning them into community gardens. The presence of ownership deterred people from dumping their trash in vacant areas. In addition, more community gardens help to mitigate the issue of access to healthy food, another top issue in the hospital’s target area.

A best practice for community clean-ups is involving communities, including residents, health care providers, businesses, schools and others. Involvement activities can include education and planning for public participation. Strategies that are consistent, ongoing, culturally relevant, mutually respectful and empowering allow residents to influence decisions.

Strategy 2: Educate Community and Health Care Providers
Advocate for community concerns through venues such as coalitions, commissions, and town halls. Building the capacity of residents to advocate on their own behalf is an important component, this can be done by educating and organizing community members. In the hospital’s target area, there are several community-based organizations already organizing residents. It is important to support and tap into existing advocacy groups for leadership.

Strategy 3: Promote and Support Green Initiatives
Support initiatives that clean up, reduce, and mitigate existing environmental problems and hazards through actions such as increased monitoring and enforcement by responsible agencies. The hospital can also invest in implementing innovative economic revitalization approaches and emerging green technologies to transform overburdened areas into healthy, sustainable and vibrant communities with jobs for local residents. It is also important to work with organizations to change their policies to create healthier environments, looking at housing, health and safety issues, and land use planning through general plans.
Related Service Providers In Your Service Area

East Yard Communities for Environmental Justice (EYCEJ)
EYCEJ is community-based organization that works to facilitate self-advocates in East Los Angeles, Southeast Los Angeles and Long Beach. By providing workshops & trainings, EYCEJ prepares community members to engage in the decision-making processes that directly impact their health and quality of life. Through grass-roots organizing and leadership building skills, EYCEJ works to enable under-represented communities to be heard, which in turn influences policy change, policy makers and agencies that can institute health protective environmental justice policies that are in the best interest of local, regional, and statewide residents.
http://eycej.org/

Communities for a Better Environment
Founded in 1978, Communities for a Better Environment (CBE) is one of the preeminent environmental justice organizations in the nation. The mission of CBE is to build people's power in California's communities of color and low-income communities to achieve environmental health and justice by preventing and reducing pollution and building green, healthy and sustainable communities and environments. CBE provides residents in blighted and heavily polluted urban communities in California with organizing skills, leadership training and legal, scientific and technical assistance, so that they can successfully confront threats to their health and well-being.
http://www.cbecal.org

Los Angeles Conservation Corps
The Los Angeles Conservation Corps is an environmentally focused youth development organization. They transform the lives of youth from disadvantaged communities through work and education. Work projects improve the quality of life for their communities and protect the environment for future generations. The programs equip young Corps members with life skills and work experience by employing them in a variety of conservation projects. Some of those projects which include building parks and community gardens, planting trees, refurbishing hiking trails, removing graffiti, and cleaning alleyways.
https://www.lacorps.org/

Asthma Coalition of Los Angeles County (ACLAC)
Coordinated by the LA County Department of Public Health, the Asthma Coalition of Los Angeles County (ACLAC) is a broad-based coalition of community partners that advocates policy and systems change to prevent, minimize, and manage the burden of asthma. The coalition supports activities including training medical professionals to better manage uncontrolled asthma, providing health assessments and education focused on reducing asthma irritants and triggers in patients’ homes, and promoting policies to improve multi-unit housing home inspections and mandates to reduce pests and other asthma triggers.
http://www.asthmacoalitionla.org/
Below are specific recommendations on community investments to tackle this health concern. There are a variety of solutions proposed and each could be further tailored based on budget, partnerships or multi-purpose aims.

**Low Investment Solutions $1,000 - $10,000**

*Be Present in the community / Community Clean-Up Events*
Host events, educational and exercise classes, and services at local parks or community centers. Pair these health events with park or community clean-up efforts. Use these opportunities to promote the hospital and its services, and local community-based organizations.

*Community Volunteer Corps*
Create a dedicated group of volunteers or support existing groups, like youth from Los Angeles Conservation Corps, who visit each neighborhood on a weekly basis to pick up trash, identify needed improvements and talk with neighbors. This participation within the community will generate good will toward the hospital and will create community advocates through volunteerism. Those advocates could share community needs with local neighborhood councils and council members.

*Community Improvements Planning*
Partner with a local organization to engage the community in a community redesign/design plan. Understand where improvements can be made and create a plan to prioritize those changes. Potentially include the development of community gardens to simultaneously address the availability of fresh produce.

**High Investment Solutions $10,000 - $50,000**

*Implement the Community Improvements Plan*
This effort could be a high or significant investment, depending on the types of improvements required and other sources of funding that could be leveraged. The development of community gardens could also leverage other community partners such as the American Heart Association and additional funding streams.

*Environmental Justice Advocacy*
Team up with organizations tackling these local issues. Work with neighbors to educate and train them to advocate for healthier rules and regulations within the community. Ensure these neighbors also have access to tenant support services and other relevant services to address their social needs.
Impacting the Healthcare Access Concern

Strategies for Addressing This
Community engagement data indicates healthcare access was a significant challenge for residents; specifically finding providers with appropriate wait times and schedules, understanding what healthcare resources are available in the community, and the feeling of receiving poorer care due to insurance coverage status.

Strategy 1: Community-Based Patient Navigators
An investment in community-based patient navigators or community health workers, individuals who provide guidance to patients and community residents as they move through health care systems, could be very beneficial and alleviate many of the community’s concerns. Traditionally, patient navigators guide people who are already in a hospital’s care. However, community-based navigators are not assigned to a specific patient and are typically dispersed into a community (e.g. in recreation centers, schools, housing complexes, etc.) and provide guidance on health screenings, financial assistance, links patients to primary care providers, or recommends next steps to people confused about their coverage and available services.

Patient navigator programs aim to increase access to care by addressing poor health literacy, cultural barriers, and logistical barriers like transportation and scheduling conflicts. Many successful patient navigator programs started from the American Cancer Society and the National Cancer Institute and have showed to reduce barriers to care.

Strategy 2: Increase the Visibility and Availability of Healthcare Services
Based on the findings, effective efforts to promote healthcare services could include educating the public on what services are covered by their health insurance and where to access those covered services in the community. This education will help patients understand their situation and access appropriate levels of care.

Increasing the availability of the hospital’s community screenings and immunization services, like the LAC+USC Breathmobile, can address many of the community’s concerns surrounding a lack of accessible and quick resources in the region. Offering these services outside the hospital campus, directly into the neighboring communities could serve to address this concern and increase the presence of the hospital where it is not commonly thought of as a healthcare resource.
Related Service Providers In Your Service Area

Keck Medicine of USC and USC Norris Comprehensive Cancer Center has a thorough grasp on the service providers in the region. In addition, the hospitals’ current investments in health education seminars, health fairs and screenings are tackling this issue.

One Service provider was mentioned frequently by residents:

**Clinica Romero**
Clinica Romero believes in serving as an engine for civic participation and community self-sustainability by educating their staff and the community on policies affecting access to healthcare. Their goal is to build leadership capacity and advocacy opportunities for community members. Clinica Romero Promotoras de Salud and community members involved in the Mi Vida! Mi Salud! Right to Health Committee. [https://clinicaromero.com/patient-resources-community-organizing/](https://clinicaromero.com/patient-resources-community-organizing/)

Below are specific recommendations on community investments to tackle this health concern. There are a variety of solutions proposed and each could be further tailored based on budget, partnerships or multi-purpose aims.

**Low Investment Solutions $1,000 - $10,000**

*Increase Patient Education*
Invest in or conduct local workshops geared toward building individuals’ health literacy and understanding of the different levels of care and when it is appropriate to access each. Include culturally-sensitive handouts so that individuals can take the information home with them and refer to it in times of need.

*Increase Services Available in the Community*
Host more screenings, events or seminars within the community instead of on the hospital campus. Offering these services outside the hospital campus, directly into the neighboring communities could serve to address this concern and increase the presence of the hospital where it is not commonly thought of as a healthcare resource.

**High Investment Solutions $10,000 - $50,000**

*Develop a Community-Based Patient Navigators Program*
Partner with a local community-based organization to develop a patient navigator program that targets populations in underserved communities. These navigators can be strategically placed around the service area.
Impacting the Mental Health Concern

Strategies for Addressing This
Community engagement data revealed that access to mental health services and the stigmas around mental health preventing the seeking of treatment were top concerns. Community members cited high cost of living and poor environmental and living conditions as major stressors. These stressors correlate with two other top issues stated in this report: affordable, quality housing and environmental health. Addressing these issues may positively affect the community’s mental health.

Strategy 1: Integrated Behavioral Health Care
One of the most successful approaches hospitals have taken to improve access to mental health services is incorporating Integrated Behavioral Health Care (IBHC). According to the National Institute of Mental Health (NIMH) IBHC or integrated care combines primary health care and mental health care in one setting. This can address mental health, substance abuse, and other needs within primary care settings. Integrated care blends the expertise of mental health, substance use, and primary care clinicians, with feedback from parents and their caregivers. Considering adults are more likely to be seen in a primary care setting than within a mental health system, integrated care can increase the diagnoses of mental health issues such as anxiety and depression and provide referrals for the appropriate services.

Strategy 2: Place Trained Individuals in the Community for Local Support
According to the Office of the Surgeon General’s report, National Prevention Strategy, effective practices for increasing access to mental health services include training key community members and expanding mental health services. Community members such as adults who work with the elderly, youth, and armed services personnel can be trained to identify the signs of depression and suicide and refer people to community resources. This can be done through a “Train the Trainer” or Community Health Worker approach. Since community health workers come from the communities they serve, they are often a best practice for tackling issues on stigma around public health.

Strategy 3: Expand the Breadth of Services Offered
Expanding mental health services to extend past counseling and therapy would also increase access to services for individuals who are uninsured or are undocumented. The expansion of services can include patient navigation, support groups, workshops on topics such as mindfulness, coping with trauma, resilience training, etc.

Strategy 4: Public Awareness Campaign
To address the stigma surrounding mental health experiences and accessing of services, there is a growing public dialogue around these issues. Locally, “Each Mind Matters,” is a California statewide mental health stigma reduction campaign. An integral component of the campaign is to amplify voices to simply talk about mental health.
Related Service Providers In Your Service Area

**Alma Family Services**
Alma Family Services offers culturally competent services to meet client’s needs in their homes and residential facilities, schools, social and vocational programs, juvenile facilities, and other settings as appropriate. In addition, Alma provides eight interdisciplinary mental health outpatient office locations serving all age ranges including those with substance abuse in East Los Angeles. Alma also provides mental health services which are functionally integrated within community health facilities and domestic violence programs in the greater East Los Angeles and San Gabriel communities including The Wellness Center at the Historic General Hospital Center in Boyle Heights.

[http://almafamilyservices.org](http://almafamilyservices.org)

**El Centro De Ayuda (ECDA)**
ECDA offers an array of clinical services for individuals mandated by court, Department of Children and Family Services, the Probation Department as well as individuals seeking assistance on a voluntary basis. ECDA has provided mental health services to the Boyle Heights community since 1981. Their goal is to provide a broad continuum of high quality and culturally relevant clinical services for low-income youth and families. ECDA’s holistic approach to mental health is supported by their multiservice agency and their wide network of longstanding partnerships with community agencies.

**Clinica Romero**
Clinica Romero’s Behavioral Health department works with a patient’s primary care provider to ensure a coordinated plan of care. They provide an array of services that meet the patient where they are at and assist them in managing their mental health symptoms. They have bilingual staff that consists of both licensed therapists and students from social work and marriage & family therapy who work with each patient individually in order to tailor the most beneficial treatment for them.

[https://clinicaromero.com/services-mental-health/](https://clinicaromero.com/services-mental-health/)

**Pacific Clinics**
Pacific Clinics serves children, transitional age youth, families, adults, and older adults. They offer mental health, substance use treatment, and supportive services to Medi-Cal eligible individuals and families. A diverse staff provides culturally and linguistically relevant services in over 14 languages to the region’s culturally and ethnically diverse populations. They provide services in over 60 locations across Los Angeles, Ventura, San Bernardino, and Orange Counties.

[https://www.pacificclinics.org/](https://www.pacificclinics.org/)

**Barrio Action**
Barrio Action was established to empower young people to succeed both academically and socially, working with people of all ages, with a special emphasis on helping high-risk and at-risk youth, young adults and their families. The staff of Barrio Action works in partnership with youth and their families, seeking to increase youth’s understanding of life choices available to them. Mental health services are available through a referral process. They can accommodate children with Medical, a few non-Medical recipients.

[http://www.barrioaction.org](http://www.barrioaction.org)
Below are specific recommendations on community investments to tackle this health concern. There are a variety of solutions proposed and each could be further tailored based on budget, partnerships or multi-purpose aims.

Low Investment Solutions $1,000 - $10,000

*Engage in Public Awareness of the Importance of Mental Health*
Locally activate the state-wide “Each Mind Matters” campaign by dedicating marketing resources to promoting the campaign in local faith-based organizations or schools.

*Expand Breadth of Mental Health Services Offered*
Partner with a local organization to provide a new service in an under-served area. Services could include something as simple as “mindfulness” or as complicated as patient navigation.

High Investment Solutions $10,000 - $50,000

*Create a Cadre of Community Health Workers*
Establish a train-the-trainer program with a community-based partner that will engage a cadre of volunteers to become educated in recognizing mental health needs in individuals and refer them to local services. These volunteer Community Health Workers could be placed at strategic locations across the service area.

*Sponsor Local Mental Health Teams*
Encouraging or support these organizations in increasing the amount of mental health counselors and supervised clinical interns they employ in order to create more opportunities for people to receive help. For example, the hospital might establish a Keck Medicine-sponsored clinical intern position at a local community clinic.
Final Considerations

The top health concerns identified by residents within the hospital’s target area are interconnected and together have a significant impact on health. It is because of this the hospital could leverage its investments by designing solutions that target multiple concerns. For example, trained community health workers could host patient education days in local community parks while handing out other resource brochures targeting housing services and or place to buy fresh foods.
Appendix A – Focus Group Guide

Focus Group Guideline

Welcome and thank you for volunteering to take part in this focus group. You have been asked to participate as your point of view is important. We realize you are busy and we appreciate your time. Please take about 5 minutes to fill out the demographic survey we have passed out.

Introduction: Hello, my name is ___ and this is ___. We are with the National Health Foundation and we’re partnering with Keck Medicine of USC to conduct this focus group. The purpose of this focus group discussion is to gather community input on what is impacting your health and understand what you think, can make your community a healthier place for you to live. The WHO defines health as, “the state of complete physical, mental, and social well-being, and not merely the absence of disease...” At NHF we work on what is known as the social determinants of health. These determinants of health are everyday situations or things in your community that influence your overall health. (SHARE INFOGRAPHIC). Please look over the infographic to see some determinants of health and start to think how these things have impacted you.

We want to understand what social determinants you and your community are dealing with. And understand ways you see that can improve your community so that everyone here can be as healthy as they can be. The focus group discussion will take no more than two hours. Would it be OK if we recorded the focus group, so we don’t miss any information? (if yes, switch on the recorder)

Anonymity: Despite being taped, I would like to assure you that the discussion will be anonymous. The tapes will be kept safely until they are transcribed word for word, then they will be destroyed. The transcribed notes of the focus group will contain no information that would allow individual subjects to be linked to specific statements. You should try to answer and comment as accurately and truthfully as possible. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however, please try to answer and be as involved as possible.

Ground rules

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers
- You do not have to speak in any particular order
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you
- You do not have to agree with the views of other people in the group
- Does anyone have any questions?
- OK, let’s begin
Warm up

- First, I’d like everyone to introduce themselves. Can you tell us your name?

Introductory question

I am just going to give you a couple of minutes to think about your experience of living in this community and how you think living here has impacted your health. Is anyone happy to share their experience?

Questions

1. What things in your community negatively affect your health? How are they affecting your health?
2. What do you believe are the most significant health needs for you and members of your community?
3. What health resources are available in your community? How can these resources better serve to improve the health of your community? NAME RESOURCES/ORGS
4. Are you aware of any resources in the community being provided by the hospital? What would you like to see them provide?

Conclusion

- Thank you for participating. This has been a very successful discussion
- We hope you have found the discussion interesting
- If there is anything you are unhappy with or wish to complain about, please come talk to me
- I would like to remind you that any comments featuring in this report will be anonymous
- Before you leave, please hand in your completed personal details questionnaire
### Appendix B - Stakeholders

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Organization</th>
<th>Position</th>
<th>Community Representing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jesus Delgado</td>
<td>Boys and Girls Club of Ramona Gardens</td>
<td>Program Director</td>
<td>Ramona Gardens</td>
</tr>
<tr>
<td>Melisa Meza</td>
<td>The Wall Las Memorias-Project</td>
<td>Community Organizer</td>
<td>Boyle Heights/Lincoln Heights</td>
</tr>
<tr>
<td>Zenzontl Kuauhtzin</td>
<td>PUC School Los Angeles</td>
<td>Director of Parent Engagement</td>
<td>Lincoln Heights</td>
</tr>
<tr>
<td>Jennifer Maldonado</td>
<td>Inner City Struggle</td>
<td>Community Organizer</td>
<td>Boyle Heights/Lincoln Heights</td>
</tr>
<tr>
<td>Martha Gonzalez</td>
<td>Clinica Romero</td>
<td>Promotora Outreach Manager</td>
<td>Boyle Heights/Ramona Gardens</td>
</tr>
<tr>
<td>Alyssa Garcia</td>
<td>Los Fotos Project</td>
<td>Program Manager</td>
<td>Lincoln Heights</td>
</tr>
<tr>
<td>Daniel Zamora</td>
<td>Alma Family Services</td>
<td>Program Manager</td>
<td>Target Area</td>
</tr>
<tr>
<td>Veronica Polnco</td>
<td>Boyle Heights Neighborhood Council</td>
<td>Vice President</td>
<td>Boyle Heights</td>
</tr>
<tr>
<td>Mayra Carillo</td>
<td>Boyle Heights Neighborhood Council</td>
<td>Outreach Chair/Community Interest Seat</td>
<td>Boyle Heights</td>
</tr>
<tr>
<td>Angelica Loa Perez</td>
<td>Lincoln Heights Youth Arts Center</td>
<td>Executive Director</td>
<td>Lincoln Heights</td>
</tr>
<tr>
<td>Ana Carr</td>
<td>American Heart Association</td>
<td>Program Director</td>
<td>Target Area</td>
</tr>
</tbody>
</table>
## Appendix C – Social Determinants of Health Table and Definitions

<table>
<thead>
<tr>
<th>ZIP</th>
<th>AREA</th>
<th>HPI Score (Percentile)</th>
<th>Med Income</th>
<th>Under FPL</th>
<th>Educational Attainment (% w/ bachelors or higher)</th>
<th>Health Care Access (% Uninsured)</th>
<th>Retail Density (jobs per acre)</th>
<th>Alcoholic availability</th>
<th>Binge Drinking</th>
<th>Park Access (Live more than 1/2 mile)</th>
<th>Supermarket Access (Live more than 1/2 mile)</th>
<th>Crimes (# Violent Crimes per 1,000)</th>
<th>Transpor- tation (Do not have access to car)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90031</td>
<td>Lincoln Heights</td>
<td>19.4</td>
<td>$34,836.26</td>
<td>62.0%</td>
<td>14.3%</td>
<td>34.8%</td>
<td>1.9</td>
<td>88.1%</td>
<td>12.9%</td>
<td>3.8%</td>
<td>29.2%</td>
<td>4.26</td>
<td>18.1%</td>
</tr>
<tr>
<td>90033</td>
<td>Boyle Heights/ Ramona Gardens</td>
<td>9.5</td>
<td>$28,698.34</td>
<td>69.3%</td>
<td>8.0%</td>
<td>38.7%</td>
<td>2.1</td>
<td>93.9%</td>
<td>13.9%</td>
<td>15.9</td>
<td>57.7%</td>
<td>4.26</td>
<td>26.9%</td>
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<tr>
<td>90023</td>
<td>Boyle Heights</td>
<td>11.8</td>
<td>$36,555.37</td>
<td>67.0%</td>
<td>6.3%</td>
<td>42.9%</td>
<td>2.5</td>
<td>94.5%</td>
<td>8.5%</td>
<td>10.0%</td>
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<td>3.1</td>
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<td>90063</td>
<td>Boyle Heights</td>
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<td>$40,778.92</td>
<td>61.95</td>
<td>6.2%</td>
<td>41.3%</td>
<td>1.3</td>
<td>95.8%</td>
<td>2.6%</td>
<td>24.7%</td>
<td>43.3%</td>
<td>08</td>
<td>13.5</td>
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<tr>
<td>90032</td>
<td>El Sereno</td>
<td>27</td>
<td>$47,180.01</td>
<td>52.6%</td>
<td>14.9%</td>
<td>29.1%</td>
<td>1.1</td>
<td>68.2%</td>
<td>14.9%</td>
<td>42.7%</td>
<td>51.7%</td>
<td>4.26</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

Fares better  Neutral  Fares worse
<table>
<thead>
<tr>
<th>% Renter Population</th>
<th>Low-Income Renter Severe Housing Cost Burden (&gt;50% of income)</th>
<th>Crowded Housing</th>
<th>Ethnicity</th>
<th>Non English Speaking Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>69.9%</td>
<td>36.9%</td>
<td>20.4%</td>
<td>71.1% Latino, 23.7% Asian 5 % White</td>
<td>28.2%</td>
</tr>
<tr>
<td>81.7%</td>
<td>37.1%</td>
<td>24.6%</td>
<td>95% Latino, 3.6% Asian</td>
<td>31.1%</td>
</tr>
<tr>
<td>71.9%</td>
<td>76.8%</td>
<td>28.3%</td>
<td>99.1% Latino</td>
<td>29.8%</td>
</tr>
<tr>
<td>65.0%</td>
<td>69.4%</td>
<td>28.3%</td>
<td>99.6% Latino</td>
<td>24.1</td>
</tr>
<tr>
<td>52.4%</td>
<td>30.79%</td>
<td>15.6%</td>
<td>83.6% Latino, 11.2% Asian, 4.2% White, 1.1% African American</td>
<td>16.0%</td>
</tr>
</tbody>
</table>

Fares better
Neutral
Fares worse
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Connection to Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPI Score</td>
<td>HPI scores for each census tract can be compared across the state to paint an overall picture of health and well-being in each neighborhood in California. Ex. This pool has healthier community conditions than 45.6% of other California census tracts.</td>
<td></td>
</tr>
<tr>
<td>Above FPL</td>
<td>Percent of people earning more than 200% of federal poverty level (200% is often used to measure poverty in California due to high costs of living)</td>
<td>Every household should be able to afford the necessities of a healthy life—medical care, healthy food, quality housing, education, and other basics. Research indicates that economic opportunity is one the most powerful predictors of good health, and that impacts on health are especially pronounced for people in or near poverty.</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td>Percentage of people over age 25 with a bachelor’s education or higher</td>
<td>Everyone should have the opportunity to seek higher education and go to college if they choose. A college education is essential for many higher-paying careers, and it also helps people develop the cognitive skills and knowledge necessary to make healthy choices. A college education can also build important social and physiological skills.</td>
</tr>
<tr>
<td>Transportation</td>
<td>Percentage of households with access to an automobile</td>
<td>Everybody should have safe, accessible and convenient transportation options to get to work and other destinations, especially if they do not own or have access to a car. Lack of access to a car should not limit people’s access to opportunities. Getting around by foot, bike and public transit also creates opportunities for physical activity, encourages social cohesion, and reduces contributions to climate change and air pollution.</td>
</tr>
<tr>
<td>Two Parent Households</td>
<td>Percentage of children with two married or partnered parents/caregivers</td>
<td>Every child, regardless of the size of their household, should have the economic, social and emotional support needed for a healthy life. Living in a home with two married or partnered adults or caregivers can help ensure that children grow up with the support and resources they need to be healthy.</td>
</tr>
<tr>
<td>Retail Density</td>
<td>Number of retail, entertainment, and education jobs per acre</td>
<td>Everybody should have access to jobs, schools, shops and other essential goods and services which can impact one’s health and quality of life. Living in a community with a mix of uses and destinations can improve health by reducing household costs, encouraging physical activity, reducing chronic diseases, improving mental health, fostering community connections and supporting community resilience to climate change and pollution.</td>
</tr>
<tr>
<td>Alcohol Availability</td>
<td>Percentage of people who live less than ¼ mile of a store that sells alcohol</td>
<td>Everyone should have access to goods and services in their community that can support a healthy lifestyle. When there is a high concentration of places that do not promote and support health, including stores, bars, and restaurants that sell alcohol, it can adversely affect the health of people living in those communities.</td>
</tr>
<tr>
<td>Supermarket Access</td>
<td>Percentage of people in urban areas who live more than a half mile from a supermarket/large grocery store, or more than 1 mile in rural areas</td>
<td>Everyone should have access to healthy food options in their community. Having access to a nearby supermarket can encourage a better diet and eating behaviors, lower the costs of obtaining food, reduce chronic diseases, and lower the risk of food insecurity.</td>
</tr>
<tr>
<td>Park Access</td>
<td>Percentage of the population who do not live within walkable distance (half-mile) of a park, beach, or open space greater than 1 acre</td>
<td>Everybody should have access to parks and other open spaces near their home. Parks can encourage physical activity, reduce chronic diseases, improve mental health, foster community connections, and support community resilience to climate change and pollution.</td>
</tr>
<tr>
<td>% Renter Population</td>
<td>Percentage of renters</td>
<td>Everyone should be able to afford adequate housing without giving up healthy food, medical care, or other necessities, or accepting unsafe housing conditions. Everyone should have the opportunity to build wealth over time by purchasing a home, which can protect against rising rents and promote social ties and neighborhood stability. High housing costs and housing instability are associated with increased stress and depression, communicable diseases like tuberculosis, and decreased children’s wellbeing and educational outcomes.</td>
</tr>
<tr>
<td>Low-Income Renter Severe Housing Cost</td>
<td>Percentage of low-income renters who pay more than 50% of their income on housing costs</td>
<td>See above.</td>
</tr>
<tr>
<td>Crowded Housing</td>
<td>Percentage of households with more than one occupant per room</td>
<td>Every person should be able to live in housing with enough space for everyone living there. Uncrowded housing can improve mental health including stress and depression, decrease the spread of communicable diseases like tuberculosis, and improve children’s wellbeing and educational outcomes.</td>
</tr>
<tr>
<td>Health Care Access</td>
<td>Percentage of adults aged 18 to 64 years without health insurance</td>
<td>Everybody should have access to medical care when they need it and to keep their bodies healthy with regular check-ups. Research indicates that health insurance dramatically improves health outcomes by allowing people to access necessary care.</td>
</tr>
<tr>
<td>Crime</td>
<td>Number of Violent Crimes per 1,000 Population</td>
<td></td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>Percent of adults aged ≥18 years who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days</td>
<td>Every person should be able to get to school, work, doctor and dentist appointments, and other destinations that provide essential goods and services. Transit access has been linked to improved physical and mental health, physical activity, employment outcomes, medical care, air-quality and resiliency during disasters.</td>
</tr>
<tr>
<td>Non English Speaking Households</td>
<td>Percentage of households where no one 14 years or older speaks English well.</td>
<td></td>
</tr>
</tbody>
</table>
References
References


6. Hood H. Dwellling disparities: How poor housing leads to poor health. Environmental Health Perspective. 2005;113(5); A310-317

7. Housing and Health in Los Angeles County. Social Determinants of Health, Issues no. 2. Los Angeles: Los Angeles County Department of Public Health; February 2015


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