
2025

Keck Hospital of USC
Community Health Needs Assessment



Keck Medicine of **USC**

Table of Contents

EXECUTIVE SUMMARY	3
Introduction	3
Community Assessed	3
Significant Community Health Needs.....	5
Significant Community Health Needs: Discussion	6
Access to Health and Preventive Services.....	6
Health Literacy	7
Mental Health	7
Nutrition, Physical Activity, and Chronic Conditions.....	8
Social Determinants of Health.....	9
Substance Use.....	10
DATA AND ANALYSIS	11
Community Definition	11
Community Benefit Service Area.....	13
Secondary Data Summary	15
Demographics	15
Socioeconomic Indicators.....	16
Other Health Status and Access Indicators.....	17
Medically Underserved Areas and Populations.....	20
Health Professional Shortage Areas	20
Findings of Other CHNAs.....	21
Community Input Summary.....	23
Hospital Staff Focus Groups.....	23
Key Informant Interviews.....	24
Community Partner and Stakeholder Survey	25
Other Key Findings	27
Strengths, Resources, and Opportunities	29
OTHER FACILITIES AND RESOURCES IN THE COMMUNITY	30
Federally Qualified Health Centers.....	30
Hospitals.....	32
Other Community Resources	35
APPENDIX A – OBJECTIVES AND METHODOLOGY	37
Regulatory Requirements.....	37

Methodology	37
Data Sources	38
Consultant Qualifications	39
APPENDIX B – SECONDARY DATA ASSESSMENT	40
Demographics.....	40
Socioeconomic Indicators	48
People in Poverty.....	48
Median Household Income.....	49
Centers for Disease Control and Prevention Social Vulnerability Index	53
Food Access.....	54
Unemployment	56
Housing and Homelessness	57
Community Safety	61
Built Environment	62
Physical Environment.....	63
Other Health Status and Access Indicators	64
Access to Care	64
Mortality	71
Health Status, Chronic Disease, and Disability	80
Nutrition and Physical Activity	85
Mental Health	87
Maternal and Child Health	89
Substance Use.....	93
Preventive Practices.....	96
Findings of Other Assessments	99
Community Health Equity Improvement Plan for Los Angeles County, 2024-2029	99
California State Health Improvement Plan, 2024.....	99
California’s Comprehensive Cancer Control Plan, 2021-2025	100
APPENDIX C – COMMUNITY INPUT PARTICIPANTS	104
APPENDIX D – IMPACT EVALUATION.....	106

EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment (CHNA) was conducted by Keck Hospital of USC (Keck Hospital or the hospital) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Keck Hospital of USC is a private, nonprofit, 401-bed acute care hospital. The hospital offers some of the most sophisticated technology available. Keck Hospital of USC provides innovative care for complex medical and surgical issues. Among the hospital's advanced services are neuro-interventional radiology, minimally invasive cardiothoracic surgery, robotic surgery, and interventional cardiology. Surgical specialties include organ transplantation and neurosurgery, as well as cardiothoracic, bariatric, esophageal, orthopedic, and plastic and reconstructive surgeries.

In addition to patient care, Keck Hospital of USC is a site for clinical research. Keck Hospital of USC is also strongly committed to education. As a member of the USC family, it is a teaching hospital, training residents and fellows in graduate medical education. Keck Hospital of USC is also a highly regarded clinical rotation site for nursing and other allied health professions programs.

The hospital is part of Keck Medicine of USC (the University of Southern California's clinical enterprise) and is one of two university-based medical systems in the Los Angeles area. Keck Medicine combines academic excellence, world-class research, and state-of-the-art facilities to provide highly specialized care for some of the most acute patients in the country. USC's internationally renowned physicians and scientists provide world-class patient care at Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, USC Arcadia Hospital, and more than 100 clinics located in Los Angeles, Orange, Kern, Tulare, and Ventura counties.

Keck Hospital of USC and USC Norris Cancer Hospital together operate as Keck Medical Center (KMC) and have defined their communities to be the same. However, because the hospitals offer different services, they each have developed their own CHNA reports.

This CHNA has been conducted using widely accepted methodologies to identify the significant health needs of a specific community. The assessment also has been conducted to comply with federal and state laws and regulations.

Community Assessed

For purposes of this CHNA, the community is defined as Los Angeles County, California. This CHNA also assesses a Community Benefit Service Area (CBSA) comprised of local neighborhoods proximate to Keck Medical Center. The community was defined by considering the geographic origins of the inpatient discharges and outpatient visits during the year ended June 30, 2024. The CBSA was defined based on certain unique demographic and socioeconomic characteristics of the hospital's local neighborhoods. For the year ended June 30, 2024, Los

EXECUTIVE SUMMARY

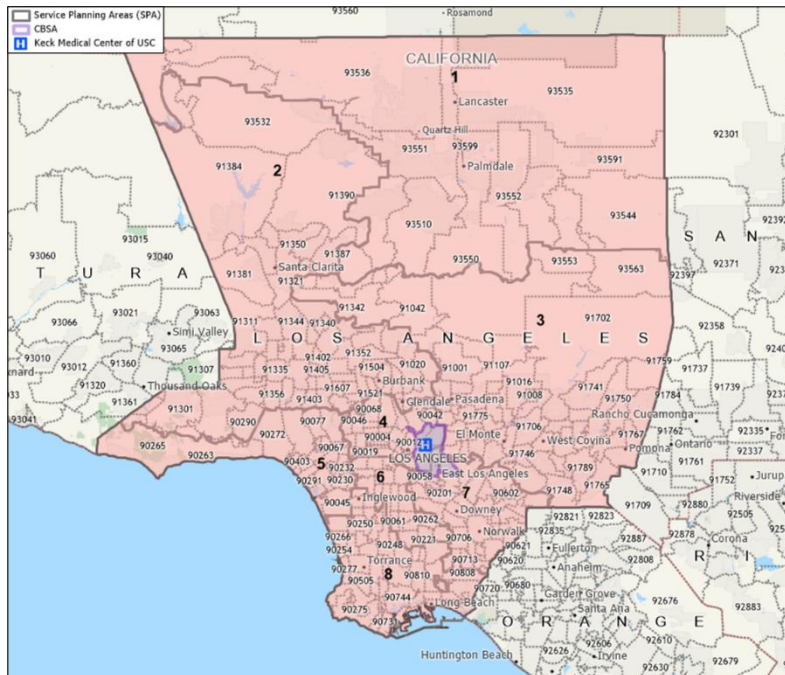
Angeles County accounted for 62.3 percent of Keck Hospital's inpatient cases and 80.9 percent of its outpatient cases. The CBSA accounted for 3.4 percent of Keck Hospital's inpatient cases and 5.3 percent of outpatient cases.

In 2023, Los Angeles County was home to approximately 9.8 million people. Substantial variation in socioeconomic conditions exists across Los Angeles County. For example, in 2023 the poverty rate in the CBSA was approximately 19.0 percent while the rate in many other Los Angeles County ZIP Codes was under 5.0 percent.

Assessing a CBSA allows Keck Medical Center to understand and potentially address unique community health needs in local neighborhoods and to build on KMC's role and impacts as an anchor institution.

The following maps portray the community that was assessed (including the CBSA) and the hospital's location.

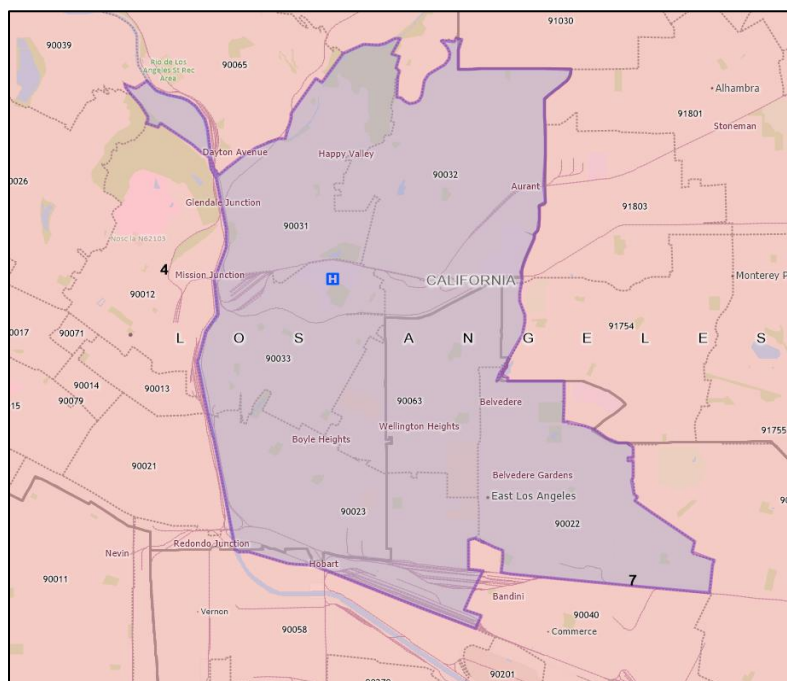
Map of Los Angeles County, the CBSA, and Keck Hospital of USC



Source: Los Angeles County Department of Public Health and Caliper Maptitude, 2024.

EXECUTIVE SUMMARY

Map of the CBSA and Keck Hospital of USC



Source: Los Angeles County Department of Public Health and Caliper Maptitude, 2024

The hospital is located in Boyle Heights (ZIP Code 90033) and Los Angeles County Department of Public Health’s Service Planning Area (SPA) 4. To help carry out its mission, the County designated eight such SPAs.¹

Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, the hospital has identified the following significant community health needs:

- Access to Health and Preventive Services
- Health Literacy
- Mental Health
- Nutrition, Physical Activity, and Chronic Conditions
- Social Determinants of Health
- Substance Use

The assessment also finds that advancing health equity and the needs of a growing older adult population may have the greatest potential to enhance or sustain community health.

¹ <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>

EXECUTIVE SUMMARY

Significant Community Health Needs: Discussion

Access to Health and Preventive Services

Accessing health and preventive services is challenging for some members of the community, particularly residents who are uninsured or underinsured, have limited financial resources, have limited English proficiency, are living with a disability, and who are members of racial, ethnic, and other minority groups.

Secondary data indicate access to health and preventive services as a significant community health need, including the following:

- The per capita supply of primary care physicians in Los Angeles County (1,330:1) compared unfavorably to California (1,230:1).
- A greater percentage of CBSA residents (14.2 percent) were uninsured compared to Los Angeles County (8.7 percent), and California (6.9 percent).
- A greater percentage of Antelope Valley (30.9 percent), Metro (30.1 percent), South (31.4 percent), and East (25.8 percent) SPA residents had difficulty obtaining needed medical care compared to Los Angeles County (25.4 percent).
- An anticipated growth of 29.4 percent in the cohort aged 65 years and older between 2025-2035 will likely lead to an increased demand for health services.
- Utilization of preventive services such as cancer tests, cholesterol screening, routine visits to a doctor and dentist, and vaccinations was lower than U.S. averages in the CBSA and Los Angeles County.
- Fair or poor self-rated health status and frequent physical distress compared unfavorably in the CBSA (30.9 and 17.9 percent), Los Angeles County (19.6 and 13.0 percent), and California (18.8 and 13.1 percent) compared to national averages (17.9 and 12.7 percent).
- Federal designation of Medically Underserved Areas and Populations (MUA/P) and Health Professional Shortage Areas (HPSA).
- The California State Health Improvement Plan (2024) has prioritized increasing access to health and preventive services.

Community input confirmed access to health and preventive services as a significant need. The primary care shortage is a critical issue leading to long wait times for appointments (3-6 months), delays and avoidance of care, and using emergency care as an alternative. Some specialty care is limited and sub-specialization in certain disciplines, such as neurology and cardiology, has created a “funnel issue”, limiting access. Healthcare workforce shortages are cited as a significant and growing concern. An uneven distribution of resources has created “healthcare deserts”, particularly in South and South Central LA. Other access barriers include cost of care (despite insurance), medication cost, medical debt, insurance restrictions and limitations, coordination of care, language barriers, technology access and literacy, and navigation challenges. There is a significant need for improved cultural sensitivity and language and translation services.

EXECUTIVE SUMMARY

Health Literacy

Limited health literacy is a significant community health concern worsening health outcomes and disproportionately impacting residents with lower incomes, lower educational attainment, limited English proficiency, and older adults and racial and ethnic minority populations. In the United States, health literacy is a stronger predictor of a person's health status than income, employment status, education level, and racial or ethnic population.²

Secondary data indicate health literacy as a significant community health need, including the following:

- A greater percentage of CBSA residents (40.9 percent) had less than a high school diploma compared to Los Angeles County (19.3 percent), California (15.4 percent), and U.S. averages (10.6 percent).
- A greater percentage of CBSA residents (36.3 percent) had limited English proficiency compared to Los Angeles County (23.2 percent), California (17.3 percent), and U.S. averages (8.4 percent).
- The California State Health Improvement Plan (2024) has prioritized early learning and increasing access to culturally and linguistically appropriate services.

Community input participants confirmed health literacy as a significant community health need. Participants describe limited health literacy as impacting residents' ability to navigate the healthcare system, choose an appropriate doctor, obtain specialty care, understand and adhere to medical advice and prescription regimens, and make decisions about health behaviors such as nutritional intake.

Mental Health

Mental health concerns are widespread across all ages and demographics, and the supply of mental health providers and facilities is insufficient to meet the demand.

Secondary data indicate mental health is a significant community health need, including the following:

- The percentage of residents reporting frequent mental distress was higher in the CBSA (19.7 percent) compared to county (16.0 percent), state (16.0 percent) and U.S. (15.8 percent) averages.
- Social isolation and lack of social and emotional support compared unfavorably in the CBSA (39.2 and 37.5 percent) to county (34.8 and 31.5 percent), state (34.9 and 30.8 percent), and U.S. (31.9 and 25.1 percent) averages.
- Suicide mortality rates in Antelope Valley (10.1 per 100,000), San Fernando (9.7 per 100,000), and Metro (10.5 per 100,000) SPAs were higher than Los Angeles County (8.5 per 100,000).

² World Health Organization www.who.int

EXECUTIVE SUMMARY

- Numerous federally designated mental health Health Professional Shortage Areas (HPSAs) throughout Los Angeles County.
- The California State Health Improvement Plan (2024) has prioritized objectives related to adult and youth depression and suicide.

Community input identified mental health status and access to mental health services as significant community health needs. The supply of counselors, therapists, and facilities is insufficient to meet the demand. Participants cited chronic stress related to financial insecurity, social isolation, discrimination, language barriers, and employment issues, disproportionately impacting residents of the CBSA. Participants describe a need for practical solutions for managing stress, improving mental health, and services culturally tailored and offered in preferred languages. Social isolation is especially concerning amongst youth, older adults, and the LGBTQ community. Immigration policy and deportation concerns have caused fear, impact emotional wellbeing, and have had mental health consequences amongst immigrant populations.

Nutrition, Physical Activity, and Chronic Conditions

Poor nutrition, obesity, physical inactivity, and related chronic conditions are prevalent throughout Los Angeles County contributing to decreased quality of life and poor health outcomes.

Secondary data indicate nutrition, physical activity, and chronic conditions as significant community health needs, including the following:

- Adult obesity rates were higher in the CBSA (31.1 percent) compared to Los Angeles County (26.2 percent) and California (28.3 percent).
- The prevalence of asthma, diabetes, and high cholesterol was higher in the CBSA compared to U.S. averages.
- The percentage of CBSA residents (33.3 percent) reporting no leisure-time physical activity was higher than Los Angeles County (23.1 percent), California (22.4 percent), and national (23.7 percent) averages.
- Overall disability rates were higher in the CBSA compared to county, state, and national averages and rates for cognitive, independent living, self-care, and vision disabilities were more than 50 percent higher than national averages.
- Mortality rates for chronic conditions such as diabetes, hypertension, liver disease, and Alzheimer's disease in Los Angeles County were above U.S. rates; mortality rates for hypertension and hypertensive renal disease were more than 50 percent above U.S. rates.
- Mortality rates for heart diseases, cerebrovascular disease, diabetes, liver disease, and kidney disease were more than 50 percent higher in Black populations compared to rates for all races and ethnicities combined and diabetes mortality rates were also more than 50 percent higher among Native Hawaiian and Pacific Islander residents.

Community input participants confirmed nutrition, physical activity, and chronic conditions as significant health needs. Contributing factors were identified as negative impacts of the built environment, such as lack of parks and green spaces, decreased walkability, cost and limited availability of quality grocery stores, and density of fast-food restaurants. Heart disease,

EXECUTIVE SUMMARY

diabetes, hypertension, and cancers are prevalent. Access to outpatient dietitian services, nutrition education, and other preventive services is limited. Alzheimer's disease and dementia are growing issues and especially concerning in Hispanic and Latino populations. There is a need for support care for families, community-based resources, and education and awareness campaigns.

Social Determinants of Health

Social Determinants of Health (SDOH) are conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.³ Social determinants of health play an important role in health equity.

Secondary data indicate SDOH as a significant community health need, including the following:

- Federally designated low-income census tracts and low-income and low access to healthy food census tracts were concentrated in and around the CBSA (proximate to Keck Medical Center), in South Central Los Angeles (including areas of Inglewood, Long Beach, and Torrance), and northern Los Angeles County (Palmdale and Lancaster).
- Los Angeles Metropolitan Area residents who identified as LGBT were more likely to be uninsured, food insecure, and have low-income compared to those who identified as non-LGBT (straight).
- There was a high prevalence of food insecurity in the CBSA (32.4 percent) compared to Los Angeles County (17.2 percent), California (15.9 percent), and the United States (13.9 percent).
- Between 2019-2023, unemployment rates in the CBSA (4.7 percent) have been higher than county (4.6 percent), state (4.1 percent), and national (3.3 percent) averages.
- Median household income for the CBSA (\$62,642) was approximately 25.0 percent below the Los Angeles County (\$83,411) median household income.
- Rates of home ownership were lower in the CBSA (33.3 percent) and Los Angeles County (46.1 percent) compared to California (55.8 percent) and the United States (65.0 percent).
- The percentage of households in the CBSA (53.6 percent), Los Angeles County (57.4 percent), and California (54.7 percent) designated as "rent burdened" (spending more than 30 percent of income on housing) was higher than national averages (50.4 percent).
- In 2024, 75,312 residents were experiencing homelessness (both sheltered and unsheltered) in Los Angeles County and approximately 25.0 percent of the unhoused population resided in Metro (SPA 4 and where Keck Medical Center is located).
- The CDC's Social Vulnerability Index ranked Los Angeles County as having high levels of socioeconomic vulnerability.

Community input participants identified SDOH as significant needs adversely impacting health, including poverty and economic insecurity, food insecurity, access to safe and affordable housing, transportation challenges, and access to education and career development. Participants

³ <https://health.gov/healthypeople/priority-areas/social-determinants-health>

EXECUTIVE SUMMARY

express that social issues persist because of low wages relative to high costs of living. There is a significant lack of affordable housing leading to difficulties establishing stable housing and many residents experience housing cost burden. The area surrounding Keck Medical Center and the CBSA is described as a food desert, with high density of fast food and scarcity of quality grocery stores and supermarkets. Homelessness is a critical issue, especially in SPA 4, where the largest population of people experiencing homelessness reside and resources are insufficient to meet demands. Transportation challenges exist, particularly for residents without a car, those with limited mobility, limited financial resources, vision problems, and patients whose treatment requires multiple appointments (such as chemotherapy).

Substance Use

Substance use is a widespread issue, affecting all ages and demographics.

Secondary data indicates substance use disorders as a significant community health need, including the following:

- Antelope Valley (25.1 per 100,000), Metro (23.2 per 100,000), and South (19.9 per 100,000) SPAs had higher rates of drug overdose mortality compared to Los Angeles County (16.3 per 100,000).
- Adult smoking was higher in Antelope Valley, Metro, South and South Bay SPAs compared to Los Angeles County and the Healthy People 2030 target.
- Density of alcohol outlets (on and off-premises, alcohol consumption, and binge drinking rates were higher in Metro, West, and South Bay SPAs compared to Los Angeles County.
- Density of marijuana outlets and marijuana use was higher in San Fernando, Metro, and West SPAs compared to Los Angeles County.
- The California State Health Improvement Plan (2024) prioritized objectives related to tobacco and substance use.

Community input identified substance use as a top community concern. Participants express that substance use is a widespread issue, affecting all ages and demographics, with concerns related to alcohol, tobacco, fentanyl, opioids, and marijuana. Substance use is cited as a growing concern among older adults. Overdose rates are concerning, particularly in Boyle Heights. There is a need for a sociocultural approach to substance use treatment in the Latino community that emphasizes the community and family instead of the individual, reduces stigma and barriers, and reaches people through platforms they commonly use.

DATA AND ANALYSIS

Community Definition

This section identifies the community that was assessed by Keck Hospital of USC. The community was defined by considering the geographic origins of the inpatient discharges and outpatient visits during the year ended June 30, 2024, and demographic and socioeconomic characteristics of Keck Hospital's local community.

On that basis, the community was defined as Los Angeles County with a Community Benefit Service Area (CBSA) consisting of local neighborhoods and cities surrounding Keck Hospital, including Boyle Heights (ZIP Code 90033), Lincoln Heights (ZIP Code 90031), El Sereno (ZIP Code 90032), and East LA (ZIP Codes 90022, 90023, and 90063).

Los Angeles County accounted for 62.3 percent of Keck Hospital's 2024 inpatient volumes and 80.9 percent of outpatient cases. The CBSA accounted for 3.4 percent of Keck Hospital's inpatient volumes and 5.3 percent of its outpatient cases (**Exhibit 1**).

Exhibit 1: Keck Hospital Discharges and Outpatient Visits, 2024

Area	Inpatient Discharges		Outpatient Visits	
	Number	Percent	Number	Percent
CBSA	412	3.4%	16,344	5.3%
Los Angeles County	7,620	62.3%	247,883	80.9%
Community	7,620	62.3%	247,883	80.9%
Other Areas	4,615	37.7%	58,423	19.1%
Hospital Total	12,235	100.0%	306,306	100.0%

Source: Keck Medicine of USC's Utilization Data, 2024.

The total population of Los Angeles County in 2023 was approximately 9.8 million people with 283,927 people residing in the CBSA (**Exhibit 2**).

Exhibit 2: Community Population, 2023

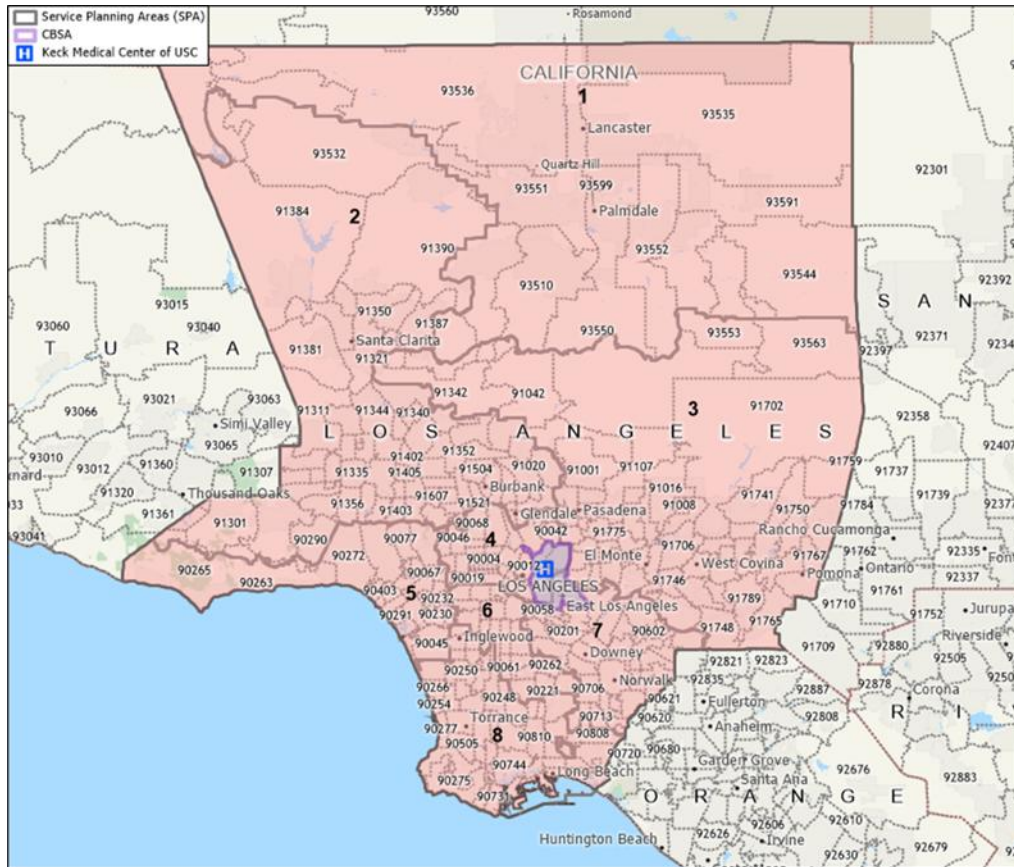
Area	Total Population	Percent Population
CBSA	283,927	2.8%
Los Angeles County	9,848,406	100.0%
Community Total	9,848,406	100.0%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2023.

DATA AND ANALYSIS

Exhibit 3 presents a map of Los Angeles County with ZIP Code boundaries, Service Planning Areas (SPAs) 1-8, the CBSA, and hospital campus identified. The hospital is located in Boyle Heights (ZIP Code 90033) and Los Angeles County Department of Public Health's Service Planning Area (SPA) 4. To help carry out its mission, the County designated eight such SPAs.⁴ **Exhibit 4** presents a map of the CBSA.

Exhibit 3: Keck Hospital's Community within Los Angeles County

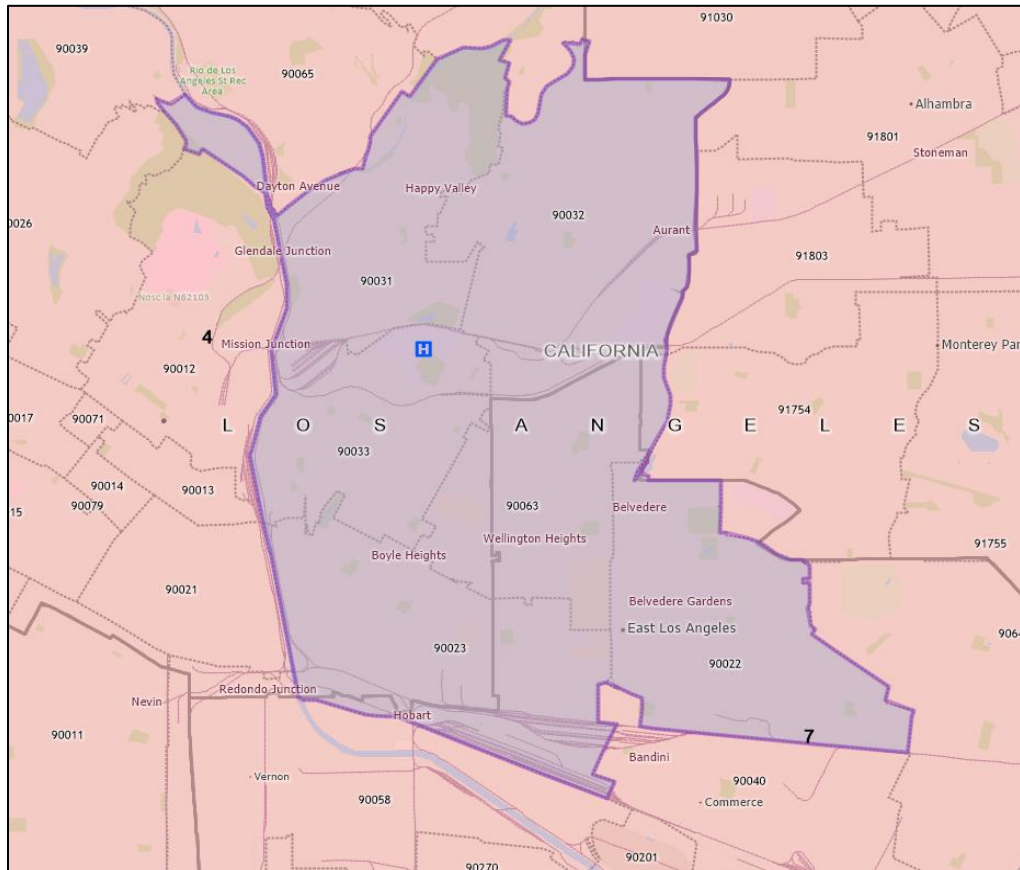


Source: Los Angeles County Department of Public Health and Caliper Maptitude, 2024.

⁴ <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>

DATA AND ANALYSIS

Exhibit 4: Keck Hospital's Community Benefit Service Area



Source: Los Angeles County Department of Public Health and Caliper Maptitude, 2024.

Community Benefit Service Area

Keck Hospital of USC serves Los Angeles County and beyond. Los Angeles County is large and diverse, both in land area and population. Establishing a Community Benefit Service Area (CBSA) allows the health system to concentrate efforts on the local community which has unique social, economic, and health needs, allows for greater measurable impact, and creates the opportunity for stronger relationships with residents and community partners. Additionally, there is a growing trend for universities and healthcare systems, also called anchor institutions, to ensure their institutional and operational resources are aligned with their clinical mission to improve health and well-being in the communities they serve by focusing on local hiring, purchasing, and investing. Anchor institutions are often among the largest employers, purchasers, and investors and therefore can have a significant impact on building inclusive local economies to address economic and racial inequities in community conditions that drive poor health.⁵

Exhibit 5 illustrates the substantial variation in demographic characteristics and disparity in socioeconomic indicators between the Community Benefit Service Area (CBSA), Los Angeles County, and California.

⁵ <https://healthcareanchor.network/>

DATA AND ANALYSIS

Exhibit 5: Demographic & Socioeconomic Characteristics, CBSA versus LA County and California, 2023

Indicator	CBSA	Los Angeles County	California
Total Population	283,927	9,848,406	39,242,785
Percent in Poverty	19.0%	13.6%	12.0%
Percent Children in Poverty	27.3%	17.7%	15.1%
Hispanic (or Latino) Population	86.3%	48.3%	39.8%
Black or African American Population	1.3%	7.8%	5.5%
Percent without Health Insurance	14.2%	8.7%	6.9%
Less than High School Diploma	40.9%	19.3%	15.4%
Limited English Proficiency	36.3%	23.2%	17.3%
Home Ownership	33.3%	46.1%	55.8%
Household Income	\$62,642	\$82,516	\$91,551

Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

Note: United States Median Household Income - \$78,528.

In 2019-2023, the CBSA had a higher share of the population living in poverty compared to Los Angeles County and California. The share of children living in poverty was significantly higher compared to county and state averages. Over 86.0 percent of residents in the CBSA identified as Hispanic (or Latino) compared to 48.3 percent in Los Angeles County and approximately 40.0 percent in California. CBSA residents were more likely to be uninsured and have limited English proficiency and were less likely to have a high school diploma and own homes compared to Los Angeles County and California. The median household income in the CBSA is approximately 25.0 percent below the county median and lower than the U.S. median household income.

DATA AND ANALYSIS

Secondary Data Summary

The following section summarizes principal observations from the secondary data analysis. See Appendix B for more detailed information.

Demographics

Demographic characteristics and trends directly influence community health needs.

The total population of Los Angeles County in 2023 was approximately 9.8 million people. Los Angeles County's population is expected to decline 0.3 percent between 2025 and 2035, representing a decrease of 28,117 people. There is an expected decline of 16.1 percent or 353,776 people in the 0-19 age cohort and an expected decline of 7.0 percent or 332,979 people in the 30-65 age cohort. The aged 65 and older cohort is anticipated to have the fastest growth rate, 29.4 percent between 2025-2035. This change will likely contribute to greater demand for health services as older adults tend to utilize more services than younger people.

Demographic characteristics, such as age, race, ethnicity, education, and income levels, vary across the county.

Over 50 percent of residents in ZIP Codes 91406 (Van Nuys), 90822 (Long Beach), and 90073 (Los Angeles) were age 65 or older in 2023 while this proportion was under 20.0 percent in most Los Angeles County ZIP Codes. At 12.7 percent, the CBSA had a lower proportion of residents ages 65 years and older compared to the county, California, and the U.S. (14.7, 15.3, and 16.8 percent).

Over 86.0 percent of residents in the CBSA identified as Hispanic (or Latino), significantly higher than Los Angeles County (48.3 percent), California (39.8 percent), and U.S. (19.0 percent) averages. ZIP Codes 90270 (Maywood), 90255 (Huntington Park), 90022 and 90023 (East Los Angeles and part of the CBSA) had the highest proportion of Hispanic (or Latino) residents, each over 95.0 percent.

Several ZIP Codes (90056, 90008, 90043, and 90047, including the Los Angeles neighborhoods of Baldwin Hills, Windsor Hills, Vernon, and View Park), 90305 (Inglewood), and 90746 (Carson) had shares of the population identified as Black or African American over 50 percent. The CBSA had a significantly lower proportion of the population identified as Black or African American (1.3 percent) compared to county, state, and U.S. averages (7.8, 5.5, and 12.4 percent).

In 2019-2023, ZIP Codes 91755 (Monterey Park), 91108 (San Marino), 91789 (Walnut), 90010 (Los Angeles), and 91770 (Rosemead) had the highest proportions of residents identified as Asian, each over 65.0 percent of the population. The CBSA had a lower proportion of the population identified as Asian (7.2 percent) compared to county and state averages (15.0 and 15.3), and a higher proportion than the national average (5.8 percent).

Proportions of the population foreign born (born outside of the United States) were higher throughout Los Angeles County (33.3 percent) and California (26.7 percent) compared to the

DATA AND ANALYSIS

national average (13.9 percent). SPA 4 (where Keck Medical Center and the CBSA are located) had a higher share of residents born outside the United States, compared to all other SPAs and county, state, and national averages.

In 2019-2023, the percentage of CBSA residents (40.9 percent) without a high school diploma was more than double Los Angeles County (19.3 percent) and comparatively higher than state (15.4 percent) and national averages (10.6 percent). The share of CBSA residents (36.3 percent) reporting linguistic isolation (speaking English less than well) was significantly higher than county (23.2 percent), state (17.3 percent), and national averages (8.4 percent).

Socioeconomic Indicators

Across the lifespan, people who live in impoverished communities have an increased risk for chronic diseases and illness, higher mortality, and lower life expectancy.⁶

In 2019-2023, 13.6 percent of Los Angeles County residents lived in poverty, higher than California and U.S. averages (12.0 percent and 12.4 percent). Poverty rates for Hispanic (or Latino) and Black residents have been well above rates for White residents (15.6 and 19.8 compared to 11.4 percent), in Los Angeles County. The poverty rate in the CBSA has been considerably higher for all races and ethnicities compared to county, state, and national averages.

In 2019-2023, median household incomes in Los Angeles County (\$82,513) and California (\$91,551) were higher than the national average (\$78,525). Median household income was lower in the CBSA (\$62,642), Metro/SPA 4 (\$72,912), and South/SPA 6 (\$58,898) compared to county, state, and national averages.

Census tracts identified as low-income were present throughout the county, concentrated in and around the CBSA (proximate to Keck Medical Center campus), in south central Los Angeles (including areas of Inglewood, Long Beach, and Torrance), and northern Los Angeles County (Palmdale and Lancaster).

In 2019-2023, the percentage of children in poverty in the CBSA (27.3 percent) was over 1.5 times the rate for Los Angeles County (17.7 percent) and significantly higher than the California rate of 15.1 percent.

In 2019-2023, the county had a higher percentage (8.7 percent) of the population without health insurance than California (6.9 percent) and the United States (8.6 percent). The share of the population without health insurance in the CBSA was significantly higher (14.2 percent) than the county, state, and national average.

Disparities in socioeconomic indicators exist for lesbian, gay, bisexual, and transgender (LGBT) communities compared to non-LGBT communities in the Los Angeles metropolitan area and the U.S. In 2019, Los Angeles metropolitan area residents who identified as LGBT were more likely to be uninsured, food insecure, and have low-income than those who identified as non-LGBT.

⁶ www.odphp.health.gov/healthypeople.

DATA AND ANALYSIS

Census tracts federally designated as low-income and low access to healthy and affordable food were present in the CBSA, East Los Angeles, Palmdale, Long Beach, and Lancaster. In 2022, the percentage of CBSA residents (32.4 percent) experiencing food insecurity was significantly higher than county (17.2 percent), state (15.9 percent), and national (13.9 percent) averages.

In 2019-2023, unemployment rates for the CBSA (4.7 percent) were higher than county (4.6 percent), state (4.1 percent), and national (3.3 percent) rates.

The percentage of households designated as rent burdened in the CBSA (53.6 percent), Los Angeles County (57.4 percent), and California (54.7 percent) has been above the national average (50.4 percent). Several ZIP Codes including areas in Los Angeles (90089), San Marino/Pasadena (91108) and Pearblossom (93553) had over 90 percent of households rent burdened.

Homeownership was significantly lower in the CBSA (33.3 percent), compared to Los Angeles County (46.1 percent) and California (55.8 percent) averages.

In 2023 and 2024, SPA 4 (Metro), had the highest population of unhoused people (both sheltered and unsheltered), compared to all other SPAs, approximately 25 percent of Los Angeles County's total unhoused population. SPAs 2 and 6 (San Fernando and South) also had comparatively high proportions of people experiencing homelessness.

In 2018-2022, rates for serious violent crimes were higher in Los Angeles County (525.9 per 100,000) compared to the U.S. average (377.1 per 100,000). Serious violent crime rates were more than 50 percent above the Los Angeles County and U.S. averages in Metro and South SPAs. Homicide and firearm mortality were significantly above Los Angeles County rates and the Healthy People 2030 target in SPA 6 (South).

Built environment indicators for access to recreational space and land with tree canopy coverage compared unfavorably in Antelope Valley, San Fernando, San Gabriel, and West SPAs to Los Angeles County.

Average daily density of fine particulate matter (air pollution) in micrograms per cubic meter (PM_{2.5}) in Los Angeles County and California was more than 50 percent above the U.S. average.

Other Health Status and Access Indicators

Other secondary data from California Department of Public Health, Los Angeles County Department of Public Health, Centers for Disease Control and Prevention, Health Resources and Services Administration, and the United States Department of Agriculture, have been assessed. Based on an assessment of the available secondary data, the indicators presented in **Exhibits 6A and 6B** appear to be the most significant in the CBSA and Los Angeles County.

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic, such as the average value for Los Angeles County, California, or the United States. For

DATA AND ANALYSIS

example, in 2019-2023, the percentage of residents without health insurance was 14.2 percent in the CBSA; this statistic was 8.6 in the U.S.

Exhibit 6A: Significant Indicators, CBSA

Indicator	Geographic Area	Area Value	Benchmark Value	Benchmark Area	Exhibit
Adults without a high school diploma, 2019-2023	CBSA	40.9%	19.3%	Los Angeles County	18
Linguistically isolated, 2019-2023	CBSA	36.3%	23.2%	Los Angeles County	18
Poverty rate, 2019-2023	CBSA	19.0%	13.6%	Los Angeles County	19
Median household income, 2022-2023	CBSA	\$62,642	\$83,411	Los Angeles County	21
Social Vulnerability Index Score, 2022	CBSA	0.94	0.58	United States	24
Food insecurity past 12 months, 2022	CBSA	32.4%	13.9%	United States	25
Unemployment, 2019-2023	CBSA	4.7%	3.3%	United States	27
Rent burdened households, 2019-2023	CBSA	53.6%	50.4%	United States	28
Homeownership, 2019-2023	CBSA	33.3%	65.0%	United States	30
Uninsured rate, 2019-2023	CBSA	14.2%	8.6%	United States	36
Fair or poor self-rated health status, adults, 2022	CBSA	30.9%	17.9%	United States	49
Frequent physical distress, adults, 2022	CBSA	17.9%	12.7%	United States	49
Diagnosed diabetes, adults, 2022	CBSA	15.2%	12.0%	United States	50
Cognitive disability, adults, 2022	CBSA	20.5%	13.4%	United States	52
Independent living disability, adults, 2022	CBSA	12.1%	7.9%	United States	52
Self-care disability, adults, 2022	CBSA	6.5%	3.8%	United States	52
Diagnosed depression, adults, 2022	CBSA	22.2%	20.7%	United States	55
Social isolation, adults, 2022	CBSA	39.2%	31.9%	United States	55
Frequent mental distress, adults, 2022	CBSA	19.7%	15.8%	United States	55
Colorectal cancer screening, adults, 2022	CBSA	45.7%	66.3%	United States	64
Mammography, women aged 45-75 years, 2022	CBSA	70.9%	76.5%	United States	64
Routine checkup within the past year, adults, 2022	CBSA	68.2%	76.1%	United States	64
All teeth lost among adults aged 65+, 2022	CBSA	14.5%	12.2%	United States	65
Visited dentist in the past year, adults, 2022	CBSA	49.3%	63.9%	United States	65

Source: Verité Analysis.

DATA AND ANALYSIS

Exhibit 6B: Significant Indicators, Los Angeles County

Indicator	Geographic Area	Area Value	Benchmark Value	Benchmark Area	Exhibit
65+ population change, 2025-2035	Los Angeles County	29.4%	-0.3%	Community total	13
Adults without a high school diploma, 2019-2023	Los Angeles County	19.3%	10.6%	United States	18
Linguistically isolated, 2019-2023	Los Angeles County	23.2%	8.4%	United States	18
Poverty rate, Black, 2019-2023	Los Angeles County	19.8%	12.4%	U.S., all races/ethnicities	20
Poverty rate, Hispanic (or Latino), 2019-2023	Los Angeles County	15.6%	12.4%	U.S., all races/ethnicities	20
Median household income, 2022-2023	Los Angeles County	\$83,411	\$91,551	California	21
Uninsured, LGBT, 2019	LA Metro Area	20.0%	11.0%	California, non-LGBT	23
Food insecurity, LGBT, 2019	LA Metro Area	22.0%	14.0%	California, non-LGBT	23
Social Vulnerability Index Score, 2022	Los Angeles County	0.86	0.58	United States	24
Food insecurity past 12 months, 2022	Los Angeles County	17.2%	13.9%	United States	25
Unemployment, 2019-2023	Los Angeles County	4.6%	3.3%	United States	27
Rent burdened households, 2019-2023	Los Angeles County	57.4%	50.4%	United States	28
Homeownership, 2019-2023	Los Angeles County	46.1%	65.0%	United States	30
Air pollution in mcg per cubic meter (PM2.5)	Los Angeles County	15.6	7.3	United States	35
Uninsured rate, 2019-2023	Los Angeles County	8.7%	6.9%	California	36
Per capita supply, primary care physicians, 2021-2024	Los Angeles County	1,330:1	1,230:1	California	37
Alzheimer's disease mortality per 100,000, 2023	Los Angeles County	47.4	36.8	United States	41
HTN/hypertensive renal disease mortality per 100,000, 2023	Los Angeles County	18.4	12.2	United States	41
Heart disease mortality per 100,000, Black, 2023	Los Angeles County	277.4	175.3	LA County, overall	42
Diabetes mortality per 100,000, Black, 2023	Los Angeles County	57.4	34.7	LA County, overall	42
Diabetes mortality per 100,000, NHPI, 2023	Los Angeles County	53.0	34.7	LA County, overall	42
Stomach cancer mortality, per 100,000, 2018-2022	Los Angeles County	4.9	2.7	United States	43
Lack of social and emotional support, adults, 2022	Los Angeles County	31.5%	25.1%	United States	55
Colorectal cancer screening, adults 45-75 years, 2022	Los Angeles County	53.0%	66.3%	United States	64
Visits to doctor for routine checkup, adults, 2022	Los Angeles County	71.8%	76.1%	United States	64

Source: Verité Analysis.

When available Los Angeles County community health data are arrayed by race and ethnicity, significant differences are observed for:

- Poverty rates
- Food insecurity rates
- Chronic disease mortality
- Unintentional injury mortality
- Homicide mortality
- Teen birth rates
- Breastfeeding initiation and duration

DATA AND ANALYSIS

- Infant mortality rates

These differences indicate the presence of racial and ethnic health inequities and disparities.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an “Index of Medical Underservice.” In 2025, census tracts designated as medically underserved were present in the CBSA in areas proximate to Keck Medical Center, throughout South Central Los Angeles, and northeastern Los Angeles County.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present. Certain types of health facilities also are HPSAs.

- Over fifty (50) geographic areas and population groups have been identified as primary care, mental health, or dental health HPSAs in Los Angeles County.

DATA AND ANALYSIS

Findings of Other CHNAs

The **2024-2029 Community Health Equity Improvement Plan (CHEIP) for Los Angeles County** is a shared plan between the Los Angeles County Department of Public Health and community partners and stakeholders designed to advance health equity and foster healthier communities. CHEIP reflects the highest priority population health issues and builds on an equity framework focused on ensuring that everyone has a fair and just opportunity to attain optimal health and wellbeing. CHEIP includes the following four focus areas and goals:

1. Black/African American Infant and Maternal Mortality
2. Sexually Transmitted Infections and Congenital Syphilis
3. Environmental Justice
4. Violence Prevention

Let's Get Healthy California (LGHC), the California State Health Assessment (SHA), identified key health issues, contributing factors, and health disparities for Californians. The **2024 LGHC State Health Improvement Plan (SHIP)** provides a framework and strategic approach to streamline efforts across California that are working to address shared priorities. The SHIP highlights how public health and partners will collaborate to address key health issues and advance health equity. The 2024 California SHIP priorities are:

- Healthy Beginnings
- Living Well
- End of Life
- Redesigning the Health System
- Creating Healthy Communities
- Lowering the Cost of Care

California's 2021-2025 Comprehensive Cancer Control Plan was developed by stakeholders and issued by the California Dialogue on Cancer (CDCOC) and is the fourth iteration of the state's plan focused on reducing cancer burden. Stakeholders represented the racial, ethnic, gender, economic, and geographic diversity of California. The plan's strategies are intended to direct collective efforts of cancer control stakeholders, including community members, health care providers, community-based organizations, and institutions, toward specific and measurable goals targeted at cancer burden reduction. The 2021-2025 plan outlines the following goals:

- Reduce the number of new cancer cases and deaths due to cancer.
- Ensure the collection, dissemination, and utilization of comprehensive and understandable cancer-related surveillance data for cancer control evaluation, planning and monitoring in California.
- Assure all Californians have access to resources that promote wellness and access to quality services.
- Prevent cancer through risk-factor reduction by optimizing social and environmental support for recommended health behaviors.
- Increase recommended population-based screening among Californians, for the purpose of increasing early detection of cancers, thereby increasing survivorship.

DATA AND ANALYSIS

- Improve California cancer survivors' quality of follow-up care and quality of life, and treatment outcomes through increased awareness, education, and access to survivorship and supportive treatment resources and services.
- Strengthen and support cancer research along the lifespan to reduce the cancer burden in California.

DATA AND ANALYSIS

Community Input Summary

Community input was obtained through hospital staff focus groups, key informant interviews, and a community partner and stakeholder survey conducted between March and May 2025. A total of fifty-three (53) individuals, representing more than twenty (20) organizations, provided input to this CHNA. Key informants included representatives from the Los Angeles County Department of Public Health, hospital staff and providers, USC staff and leaders, representatives of social service and non-profit organizations, and representatives of medically underserved, low-income, and minority populations. Hospital staff focus groups were conducted by online video conferences March 26 and 28, 2025. Interviews were conducted by online video conferences from March 14 to April 25, 2025. Candidates from 30 organizations who represent the broad interests of the community and those with special knowledge of or expertise in public health were invited to provide input via the community partner and stakeholder survey.

See Appendix C for a list of community input participant organizations and affiliations.

Hospital Staff Focus Groups

Two hospital staff focus groups were conducted to obtain input relevant to community health needs in Los Angeles County and the Community Benefit Service Area (CBSA).

On March 26, 2025, six (6) Keck Hospital staff members participated in a focus group discussion and on March 28, 2025, five (5) Norris Cancer Hospital staff members participated in a focus group discussion. Participants represented a variety of roles and disciplines including hospital business operations, pharmacy, evidence-based practice administration, population health and public health sciences, patient experience, social work, nursing, and project management.

Each focus group began with a presentation that discussed the CHNA process and purpose, an overview of secondary data, and a preliminary summary of unfavorable community health indicators. Following the presentation, meeting participants were engaged in a facilitated discussion and asked to identify the “top three to five” community health concerns, identify access to care issues, discuss the most significant cancer-related needs, identify community conditions or trends that are most concerning when it comes to cancer-related risks, and identify geographic areas and/or populations with the greatest unmet needs. After the group discussion, participants were invited to individually complete the community partner and stakeholder survey. Survey results are presented in the Community Partner and Stakeholder Survey section below.

Focus group participants most frequently identified the following as current ***significant health concerns*** in the community. Participants described these health concerns as widespread, impacting residents across Los Angeles County, and as being more pronounced in some areas including the Community Benefit Service Area (CBSA).

- **Access to care** issues particularly related to an undersupply of primary care providers and some specialty care, workforce shortages, medication cost, insurance barriers and restrictions, system navigation challenges, and an uneven distribution of resources creating “healthcare deserts”.

DATA AND ANALYSIS

- Impacts of the **built environment** on physical and mental wellbeing related to limited access to safe spaces and opportunities for physical activity, walk and bike ability, and access to recreational outdoor spaces.
- **Cancer** concerns include a need for increased awareness and education of risk factors and prevention, cost of treatment (including access to medications), and family and caregiver support.
- High prevalence of **chronic conditions** including diabetes, hypertension, End-stage renal disease (ESRD), heart disease, and Alzheimer's disease.
- **Environmental concerns** include air pollution, water quality, toxic pollutants due to wildfires, and occupational exposures.
- Limited **health literacy** related to understanding how to care for one's health, how to choose a doctor, and medication and care plan adherence; disproportionately impacting residents with limited English proficiency, and lack of familiarity with navigating the healthcare system.
- **Mental health** concerns include poor mental health status and access to mental health care (both counselors and therapists and crisis care).
- **Preventive services** related to access to routine care and screenings. Barriers to obtaining recommended preventive services include lack of insurance or underinsurance, insurance coverage restrictions, work hours, a need for health education and increased awareness of recommendations, and poor access to primary care.
- **Social Determinants of Health**
 - Housing cost, access to affordable, safe, and stable housing, and homelessness
 - Socioeconomic status related to adequate income, access to good employment, and childcare
 - Healthy food access, especially in Boyle Heights and the CBSA
 - Access to safe, reliable, and affordable transportation
 - Access to quality education

Key Informant Interviews

Eighteen (18) interviews were conducted with representatives from the Los Angeles Department of Public Health (SPA 4 Region and Division of Medical and Dental Affairs), first responders, recreation and community services organizations, mental health advocacy, cancer support, school districts, Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital and University of South California (Strategic Initiatives, University Relations, Community and Local Government Partnerships, and the Office of Community Engagement) to obtain insight into significant community health issues.

Questions focused on identifying and discussing significant health issues in the community and significant barriers to accessing health resources. Interviewees were asked to discuss the main reasons the health concerns are present, specific cancer-related needs and trends, which geographic areas and populations are most impacted, and strengths, resources, and opportunities.

Interview participants most frequently identified the following as current *significant health concerns* throughout Los Angeles County:

DATA AND ANALYSIS

- **Access to care** issues related to the cost of care, a critical undersupply of providers (primary care and specialists), lack of health insurance or underinsurance, limited availability of culturally and linguistically appropriate care, and navigation challenges.
- **Built environment** concerns, particularly in SPA 4 and other urban areas where the population is dense and there is inadequate access to safe, outdoor space for exercise and recreation.
- **Cancer** concerns related to a need for risk reduction, prevention, early detection, education and awareness of cancer care and treatment options, psychosocial support during and after treatment, and cost of cancer care.
- **Chronic conditions** include obesity, HTN, heart disease, diabetes, and Alzheimer's disease (which is a growing concern in Latino communities) and the rise of chronic conditions amid children and teens is concerning.
- **Community and public safety** related to gang activity and violence, especially gun violence.
- Limited **health literacy** and its impact on the ability to find, understand, and use information to make health-related decisions.
- Insufficient **language and translation** services and **cultural sensitivity and humility**.
- **Mental health** concerns include prevalence of depression, anxiety, chronic stress related to financial insecurity, social isolation, discrimination, language barriers, and employment issues.
- **Environmental** influences on health and wellbeing include particle pollution from wildfire smoke, smog, limited shade, parks, and other protective factors, limited access to spaces for physical activity, and occupational exposures.
- There is a need for **preventive services**, such as nutrition education, cooking classes, diabetes prevention and management, particularly for immigrant populations, delivered culturally specific and in preferred languages. Vaccination hesitancy has risen and education and services are needed, especially amongst parents of young children.
- **Social Determinants of Health** include socioeconomic challenges, food access, housing cost, homelessness, and transportation.
- **Substance use** concerns include alcohol, tobacco, fentanyl, opioids, marijuana, and other drugs.

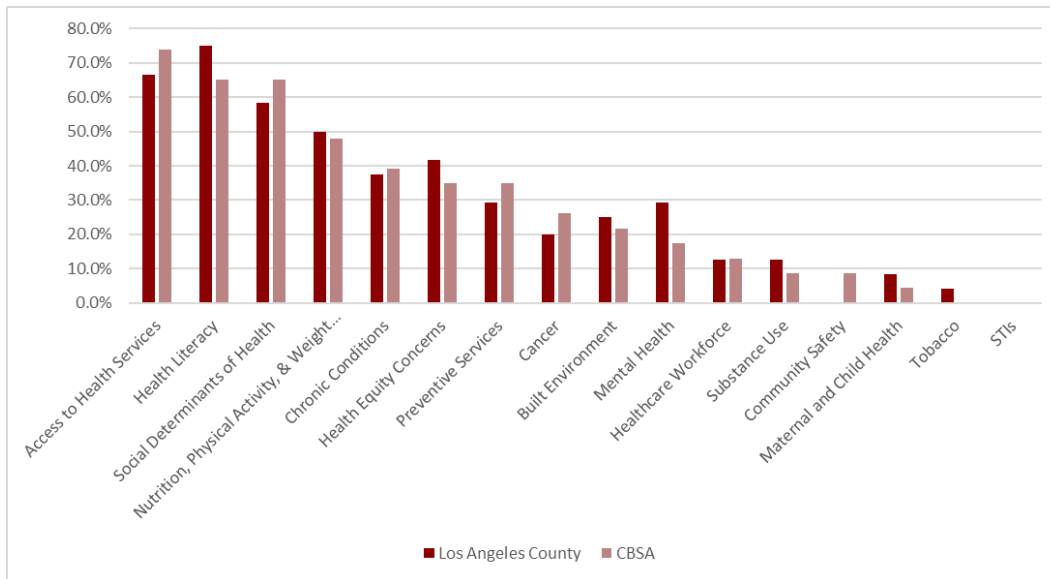
Community Partner and Stakeholder Survey

An online community partner and stakeholder survey was conducted March to April 2025. The survey consisted of twelve (12) questions organized into the following topics: significant health needs in Los Angeles County and the CBSA, healthcare access issues, geographic areas and population groups with high levels of unmet needs, and cancer-related needs. Twenty-four (24) participants completed the survey.

Survey respondents were asked to identify the top 3-5 most significant health issues that contribute to poor health for Los Angeles County residents and for the CBSA (Boyle Heights, Lincoln Heights, El Sereno, and East LA). The chart below depicts the percentage of survey respondents who selected each need as most significant in the county and the CBSA.

DATA AND ANALYSIS

Priority Health Issues by Area (LA County and the CBSA)



Survey respondents who chose Social Determinants of Health as one of the top five needs (in LA County, the CBSA, or both) were asked to rank the social determinants in order of most significant to least significant. Socioeconomic status was identified as the primary concern, followed by housing, food security, transportation, and education access and quality.

Survey respondents identified the following healthcare services as difficult to access:

- Cancer care
- Dental care
- Mental health services
- Physical therapy
- Preventive care including health and nutrition education and screenings
- Primary care
- Resources for post-discharge care, including durable medical equipment

Geographic areas identified as having high levels of unmet needs include South Los Angeles, Watts, Compton, East LA, Metro LA, Sylmar, Pacoima, ZIP Code 90033, and South Central LA.

Population groups identified as having the greatest unmet needs include Black residents, Latinx residents, residents with low-income, young people, older adults, undocumented residents, LGBTQ community, and first-generation adults.

Survey respondents were asked to use a slider bar (0-100) to indicate how much of a concern cancer is among community residents. The average level of cancer concern among community residents was 64 out of 100.

DATA AND ANALYSIS

When respondents were asked to rank the most significant cancer needs, early detection was the primary concern, followed by risk reduction and prevention, treatment, and survivorship.

Respondents indicated the following community conditions or trends as most concerning when it comes to cancer-related risks: homelessness, rising cancer rates among young adults (especially colon cancer), lack of education and awareness of preventive screenings, environmental factors, food insecurity, smoking, poor nutrition, and high prevalence in Latino communities.

Other Key Findings

The community members and populations with the greatest unmet needs were identified as residents with limited English proficiency or language barriers, Hispanic (or Latino) residents, immigrant populations (including Armenian, Russian, Ukrainian, Ethiopian, Korean, Vietnamese, Chinese, Filipino, among others), undocumented residents, Black or African American residents, residents with low-income, unhoused or unsheltered residents, youth, older adults, those living with disabilities, and members of the LGBTQ community. Participants noted that geographic areas with unmet health care needs include Boyle Heights, Compton, East LA, Metro LA, Pacoima, South Central LA, South LA, and Sylmar.

Los Angeles County is large and diverse, both in landscape and populations. There is a need to strengthen language access, including written materials and verbal communication, and to provide culturally responsive care to diverse communities to improve access to care and advance health equity.

Growth in the older adult population and health and social related needs of older adults was frequently discussed as a top concern. Many older adults are socially isolated and without family support as their children and other relatives have left the area due to the high cost of living. Community input participants note that older adults are disproportionately impacted by mental health issues, substance use disorders, and chronic illnesses.

Health disparities exist for the LGBTQ community. Residents who identify as LGBTQ often experience stigma associated with sexual orientation, are not accepted by families, and lack social support. Younger members of the LGBTQ community may experience homelessness compounding other health and social issues. STI and HIV rates in the LGBTQ community are concerning and treatment is complicated by stigma and access barriers.

The primary care shortage is a critical issue leading to long wait times for appointments (3-6 months), delaying care, and using emergency care as an alternative. Community input participants note that healthcare resources are unevenly distributed throughout Los Angeles County leading to gaps in care and services. South and South Central LA are described as “healthcare deserts”.

Insurance restrictions create further barriers to care and healthcare silos, with coverage limitations and restrictions on choice of provider and facilities, particularly for residents using Medi-Cal. Sub-specialization of some types of care, such as neurology and cardiology, has created a “funnel issue” and limited access. Access to tertiary and quaternary care can be

DATA AND ANALYSIS

complicated by challenges related to interfacility transfers and Medi-Cal and Medicare coverage being insufficient for the high-level of care. Medical debt is discussed as a growing concern. Medical care and hospital bills are costly and there is a need to improve financial assistance policies for those with limited coverage.

Participants indicated that navigating the complex healthcare system is difficult, especially for those with limited English proficiency, limited health literacy, mental health issues, and residents who are unhoused. Use of technology creates barriers for those who do not have access and skill, particularly when so many aspects of accessing and utilizing care are done online.

For some members of the community, negative health outcomes are experienced due to Social Determinants of Health. Low income, housing insecurity, transportation challenges, and food insecurity compound to make health care and other services difficult to access. Participants express that social issues persist because of low wages relative to high costs of living, insufficient education, and lack of access to resources. There is a significant lack of affordable housing leading to difficulties establishing stable housing and many residents experience housing cost burden. The area surrounding Keck Medical Center is described as a food desert, with high density of fast food and scarcity of quality grocery stores and supermarkets.

Homelessness is a critical issue, especially in SPA 4, where the largest population of people experiencing homelessness reside (home to Keck and Norris hospitals). Some residents experiencing homelessness have health concerns related to overcrowding, hygiene issues, and substance use disorders. Homelessness among families with school-aged children is a rising concern, impacting physical and mental health and children's ability to be successful in school.

Transportation challenges exist, particularly for residents without a car, those with limited mobility, vision problems, patients whose treatment requires multiple appointments (such as chemotherapy), and limited financial resources. It is difficult to get from public transportation to the hospitals due to distance and the hilly landscape. Rideshare options are available but expensive.

Participants noted integration of promotores (in the Latino community) and community health workers (CHW) has been very helpful in addressing SDOH and identified a need for more community health workers who can provide culturally specific care in preferred languages.

Participants describe a need for short and long-term economic investment and relationship building in the local community surrounding Keck and Norris hospitals (the CBSA). There is a need for enhanced educational opportunities, job training and career pathways, housing support, and quality grocery stores. Participants note a historical underinvestment which has led to distrust amongst residents and fear that improvements will lead to gentrification, increased housing cost, and displacement.

Mental health concerns are widespread across all ages and demographics. Participants describe a need for practical solutions for managing stress, improving mental health, and services culturally tailored and offered in preferred languages. Social isolation is especially concerning in youth and older adult populations. Immigration policies and deportation concerns have caused fear,

DATA AND ANALYSIS

impact emotional wellbeing, and have had mental health consequences amongst immigrant populations. Residents often delay or avoid care due to fear or lack of documentation, worsening health outcomes. Access to mental health services is also a concern. There are not enough facilities or therapists to meet the demand, leading to long waits for appointments. In addition, it is challenging to find outpatient mental health providers willing to accept insurance.

Substance use is prevalent and has had an impact on all ages and demographics. Overdose rates are concerning, particularly in Boyle Heights. There is a need for a sociocultural approach to substance use treatment in the Latino community that emphasizes the community and family instead of the individual, reduces stigma and barriers, and reaches people through platforms they commonly use.

Cancer incidence is concerning, and participants identified a need for better access to screenings and preventive services such as nutrition and physical activity education and support, and tobacco cessation interventions. Understanding access to cancer care and treatment is challenging, especially for family members and caregivers. Clinical services exist but can be difficult to access and navigate. There is a need for advocates and navigators, especially navigators who are culturally sensitive and multilingual. Cancer care is often intense, protracted, and costly which takes a toll on families and can lead to unemployment and other burdens. Racial and ethnic minority groups are underrepresented in clinical trials and there is a need for more outreach and education to advance health equity.

Chronic conditions are a top concern. Heart disease, diabetes, hypertension, and cancer are prevalent. Poorly managed diabetes and hypertension can progress to end-stage renal disease (ESRD), leading to dialysis or transplant for some residents. Access to outpatient dietitian services, nutrition education, and other preventive services is limited.

Alzheimer's disease and dementia are growing issues and especially concerning in Hispanic and Latino populations. There is a need for support care for families, community-based resources, and education and awareness campaigns as the condition is not well understood.

Strengths, Resources, and Opportunities

Top strengths and resources in the community were identified as an established network of community-based organizations and services, a strong sense of community, availability of high-quality healthcare, hospitals, and public health system, medical and health sciences schools, and integration of community health workers and promotores.

Community input participants indicated opportunities for the hospitals to connect with existing community partners and resources, particularly in the Eastside or the CBSA. Strategies coupling healthcare services with faith-based and fellowship services have been successful and participants discuss an opportunity to enhance and expand this approach. Community input participants frequently mentioned an opportunity to focus on workforce development through local hiring, connecting residents to quality jobs and career pathways, building the healthcare workforce and financial security in the local community.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities, clinics, and resources available in the Keck Medical Center community that are available to address community health needs.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as “medically underserved.” These clinics provide primary medical care and can offer mental health and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are more than 55 FQHC sites operating in Los Angeles County (**Exhibit 7**).

Exhibit 7: Federally Qualified Health Centers, 2025

FQHC Site Name	FQHC Site Name
South Central Family Health Center	Behavioral Health Services, Inc.
Central City Community Health Center, Inc	Apla Health & Wellness
Northeast Community Clinic	San Fernando Community Hospital
Mission City Community Network, Inc	Southern California Medical Center, Inc.
The Achievable Foundation	Venice Family Clinic
Community Medical Wellness Centers, Usa	Universal Community Health Center
Valley Community Healthcare	Samuel Dixon Family Health Center, Inc.
Bartz-Altadonna Community Health Center	Health Access For All Inc.
El Proyecto Del Barrio, Inc.	Pomona Community Health Center
Los Angeles Free Clinic., The	All for Health, Health for All, Inc.
Pediatric And Family Medical Foundation	Complete Care Community Health Center, Inc.
Los Angeles LGBT Center	East Valley Community Health Center, Inc
Via Care Community Health Center	Arroyo Vista Family Health Foundation
Clínica Monseñor Oscar A Romero	University Muslim Medical Association, Inc
Westside Family Health Center	Korean Health, Education, Info & Research Center
Northeast Valley Health Corporation	The R.O.A.D.S. Foundation, Inc.
Los Angeles Christian Health Centers	Chinatown Service Center
Family Health Care Centers of Greater LA, Inc.	Watts Healthcare Corp
Altamed Health Services Corporation	Benevolence Industries Inc
The Children's Clinic, Serving Children & Families	Herald Christian Health Center
Comprehensive Community Health Centers Inc	Kedren Community Health Center, Inc.
St. Anthony Medical Centers	Yehowa Medical Services

Source: Health Resources and Services Administration, 2025.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Exhibit 7: Federally Qualified Health Centers, 2025 (continued)

FQHC Site Name	FQHC Site Name
Asian Pacific Health Care Venture, Inc.	Gracelight Community Health
Central Neighborhood Health Foundation	AAA Comprehensive Healthcare Inc.
Wilmington Community Clinic	Center For Family Health & Education Inc.
St. John's Community Health	JWCH Institute, Inc.
Harbor Community Clinic	The Clinic, Inc.
All-Inclusive Community Health Center	

Source: Health Resources and Services Administration, 2025.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Hospitals

Exhibit 8 presents information on licensed general acute care hospital facilities that operate in Los Angeles County. There are over 100 general acute care hospitals, with over 24,000 licensed beds, in Los Angeles County. **Exhibit 9** identifies other types of hospitals in the community.

Exhibit 8: General Acute Care Hospitals, 2025

Facility Name	Address	City	ZIP Code	Total Number of Beds
Adventist Health Glendale	1509 Wilson Terrace	Glendale	91206	515
Adventist Health White Memorial	1720 E. Cesar E. Chavez Avenue	Los Angeles	90033	353
Adventist Health White Memorial Montebello	309 West Beverly Boulevard	Montebello	90640	192
Alhambra Hospital Medical Center	100 South Raymond Avenue	Alhambra	91801	144
Antelope Valley Medical Center	1600 West Avenue J	Lancaster	93534	420
Barlow Respiratory Hospital	2000 Stadium Way	Los Angeles	90026	105
California Hospital Medical Center - Los Angeles	1401 South Grand Avenue	Los Angeles	90015	392
California Rehabilitation Institute, LLC	2070 Century Park East	Los Angeles	90067	138
Casa Colina Hospital	255 East Bonita Avenue	Pomona	91767	99
Catalina Island Medical Center	100 Falls Canyon Road	Avalon	90704	12
Cedars-Sinai Marina Hospital	4650 Lincoln Boulevard	Marina Del Rey	90292	103
Cedars-Sinai Medical Center	8700 Beverly Boulevard	Los Angeles	90048	915
Centinela Hospital Medical Center	555 East Hardy Street	Inglewood	90301	362
Children's Hospital Of Los Angeles	4650 W. Sunset Boulevard	Los Angeles	90027	438
City Of Hope Helford Clinical Research Hospital	1500 Duarte Road	Duarte	91010	217
Coast Plaza Hospital	13100 Studebaker Road	Norwalk	90650	117
College Medical Center	2776 Pacific Avenue	Long Beach	90806	121
College Medical Center Hawthorne Campus	13300 Hawthorne Boulevard	Hawthorne	90250	64
College Medical Center South Campus APH	1725 Pacific Avenue	Long Beach	90813	36
Community Hospital of Huntington Park	2623 East Slauson Avenue	Huntington Park	90255	81
Docs Surgical Hospital	6000 San Vicente Boulevard	Los Angeles	90036	17
East Los Angeles Doctors Hospital	4060 Whittier Boulevard	Los Angeles	90023	127
Emanate Health Foothill Presbyterian Hospital	250 South Grand Avenue	Glendora	91741	105
Emanate Health Inter-Community Hospital	210 W. San Bernardino Road	Covina	91723	191
Emanate Health Queen of the Valley Hospital	1115 South Sunset Avenue	West Covina	91790	325
Encino Hospital Medical Center	16237 Ventura Boulevard	Encino	91436	148
Garfield Medical Center	525 North Garfield Avenue	Monterey Park	91754	210
Glendale Memorial Hospital and Health Center	1420 South Central Avenue	Glendale	91204	334
Greater El Monte Community Hospital	1701 Santa Anita Avenue	South El Monte	91733	115

Source: California Department of Public Health, 2025.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Exhibit 8: General Acute Care Hospitals, 2025 (continued)

Facility Name	Address	City	ZIP Code	Total Number of Beds
Henry Mayo Newhall Hospital	23845 Mcbean Parkway	Valencia	91355	334
Henry Mayo Newhall Memorial Hospital APH	25727 Mcbean Parkway	Valencia	91355	23
Hollywood Presbyterian Medical Center	1300 North Vermont Avenue	Los Angeles	90027	434
Huntington Hospital	100 W. California Boulevard	Pasadena	91105	534
Kaiser Foundation Hospital - Baldwin Park	1011 Baldwin Park Blvd.	Baldwin Park	91706	271
Kaiser Foundation Hospital - Downey	9333 Imperial Highway	Downey	90242	424
Kaiser Foundation Hospital - Los Angeles	4867 Sunset Boulevard	Los Angeles	90027	492
Kaiser Foundation Hospital - Mental Health Center	765 College Street	Los Angeles	90012	68
Kaiser Foundation Hospital - Panorama City	13652 Cantara Street	Panorama City	91402	218
Kaiser Foundation Hospital - South Bay	25825 South Vermont Avenue	Harbor City	90710	257
Kaiser Foundation Hospital - West La	6041 Cadillac Avenue	Los Angeles	90034	265
Kaiser Foundation Hospital - Woodland Hills	5601 De Soto Avenue	Woodland Hills	91367	274
Keck Hospital Of USC	1500 San Pablo Street	Los Angeles	90033	401
Kindred Hospital - Baldwin Park	14148 Francisquito Avenue	Baldwin Park	91706	95
Kindred Hospital - La Mirada	14900 Imperial Highway	La Mirada	90638	118
Kindred Hospital - Los Angeles	5525 West Slauson Avenue	Los Angeles	90056	81
Kindred Hospital - San Gabriel Valley	845 North Lark Ellen Avenue	West Covina	91791	76
Kindred Hospital - South Bay	1246 West 155Th Street	Gardena	90247	54
Kindred Hospital Paramount	16453 Colorado Avenue	Paramount	90723	183
L.A. Downtown Medical Center	1711 West Temple Street	Los Angeles	90026	151
L.A. Downtown Medical Center - IngleSide Campus	7500 Hellman Avenue	Rosemead	91770	118
LAC/Harbor-UCLA Medical Center	1000 West Carson Street	Torrance	90502	453
LAC/Rancho Los Amigos National Rehab Center	7601 East Imperial Highway	Downey	90242	158
Los Angeles Community Hospital	4081 East Olympic Boulevard	Los Angeles	90023	130
Los Angeles Community Hospital at Bellflower	9542 Artesia Boulevard	Bellflower	90706	32
Los Angeles County Olive View-UCLA Medical Center	14445 Olive View Drive	Sylmar	91342	355
Los Angeles General Medical Center	2051 Marengo Street	Los Angeles	90033	676
Martin Luther King, Jr. Community Hospital	1680 East 120Th Street	Los Angeles	90059	131
Memorial Hospital of Gardena	1145 W. Redondo Beach Blvd.	Gardena	90247	172
MemorialCare Long Beach Medical Center	2801 Atlantic Avenue	Long Beach	90806	453
MemorialCare Miller Children's & Women's Hospital	2801 Atlantic Avenue	Long Beach	90806	357
Mission Community Hospital - Panorama Campus	14850 Roscoe Boulevard	Panorama City	91402	145
Monrovia Memorial Hospital	323 South Heliotrope Avenue	Monrovia	91016	49
Monterey Park Hospital	900 South Atlantic Boulevard	Monterey Park	91754	101

Source: California Department of Public Health, 2025.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Exhibit 8: General Acute Care Hospitals, 2025 (continued)

Facility Name	Address	City	ZIP Code	Total Number of Beds
Northridge Hospital Medical Center	18300 Roscoe Boulevard	Northridge	91325	394
Norwalk Community Hospital	13222 Bloomfield Avenue	Norwalk	90650	50
Olympia Medical Center	5900 West Olympic Blvd	Los Angeles	90036	119
Pacific Gardens Medical Center	21530 Pioneer Boulevard	Hawaiian Gardens	90716	124
Pacifica Hospital of the Valley	9449 San Fernando Rd	Sun Valley	91352	231
Palmdale Regional Medical Center	38600 Medical Center Drive	Palmdale	93551	190
PIH Health Good Samaritan Hospital	1225 Wilshire Boulevard	Los Angeles	90017	408
PIH Health Hospital - Downey	11500 Brookshire Avenue	Downey	90241	199
PIH Health Whittier Hospital	12401 Washington Blvd.	Whittier	90602	523
Pomona Valley Hospital Medical Center	1798 North Garey Avenue	Pomona	91767	427
Providence Cedars-Sinai Tarzana Medical Center	18321 Clark Street	Tarzana	91356	204
Providence Holy Cross Medical Center	15031 Rinaldi Street	Mission Hills	91345	378
Providence Little Co. of Mary Mc - San Pedro	1300 West Seventh Street	San Pedro	90732	231
Providence Little Co. of Mary Medical Center Torrance	4101 Torrance Boulevard	Torrance	90503	327
Providence Little Co. of Mary Subacute Care Center	1322 West 6Th Street	San Pedro	90732	125
Providence Little Co. of Mary Transitional Care Center	4320 Maricopa Street	Torrance	90503	115
Providence Saint Joseph Medical Center	501 S Buena Vista Street	Burbank	91505	383
Ronald Reagan UCLA Medical Center	757 Westwood Plaza	Los Angeles	90095	446
Saint John's Health Center	2121 Santa Monica Blvd.	Santa Monica	90404	266
San Dimas Community Hospital	1350 West Covina Boulevard	San Dimas	91773	101
San Gabriel Valley Medical Center	438 W. Las Tunas Drive	San Gabriel	91776	273
Santa Monica - UCLA Medical Center & Ortho Hospital	1250 16Th Street	Santa Monica	90404	281
Sherman Oaks Hospital	4929 Van Nuys Boulevard	Sherman Oaks	91403	153
Southern California Hospital at Culver City	3828 Delmas Terrace	Culver City	90232	410
Southern California Hospital at Hollywood	6245 De Longpre Avenue	Hollywood	90028	100
St. Francis Medical Center	3630 E. Imperial Highway	Lynwood	90262	354
St. Mary Medical Center - Long Beach	1050 Linden Avenue	Long Beach	90813	360
Torrance Memorial Medical Center	3330 Lomita Boulevard	Torrance	90505	610
UCI Health-Lakewood	3700 South Street	Lakewood	90712	172
UCLA West Valley Medical Center	7300 Medical Center Drive	West Hills	91307	260
USC Arcadia Hospital	300 West Huntington Drive	Arcadia	91007	348
USC Kenneth Norris Jr. Cancer Hospital	1441 Eastlake Avenue	Los Angeles	90089	60
USC Verdugo Hills Hospital	1812 Verdugo Boulevard	Glendale	91208	158
Valley Presbyterian Hospital	15107 Vanowen Street	Van Nuys	91405	350
West Covina Medical Center	725 South Orange Avenue	West Covina	91790	46
Whittier Hospital Medical Center	9080 Colima Road	Whittier	90605	178

Source: California Department of Public Health, 2025.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

Exhibit 9: Other Hospitals by Type, 2025

Facility Name	Address	City	ZIP Code
Acute Psychiatric Hospital			
Aurora Charter Oak	1161 East Covina Boulevard	Covina	91724
Aurora Las Encinas Hospital	2900 East Del Mar Boulevard	Pasadena	91107
BHC Alhambra Hospital	4619 Rosemead Boulevard	Rosemead	91770
BHC Alhambra Hospital	18646 Oxnard Street	Tarzana	91356
College Hospital	10802 College Place	Cerritos	90703
Del Amo Behavioral Health System	23700 Camino Del Sol	Torrance	90505
Department Of State Hospitals - Metropolitan	11401 Bloomfield Avenue	Norwalk	90650
Gateways Hospital and Mental Health Center	1891 Effie Street	Los Angeles	90026
Glendora Hospital	150 W Route 66	Glendora	91740
Joyce Eisenberg Keefer Medical Center	7150 Tampa Avenue	Reseda	91335
Kedren Community Mental Health Center	4211 Avalon Boulevard	Los Angeles	90011
Motion Picture and Television Hospital	23388 Mulholland Drive	Woodland Hills	91364
Resnick Neuropsychiatric Hospital at UCLA	150 Medical Plaza	Los Angeles	90095
Chemical Dependency Recovery Hospital			
BHC Alhambra Hospital	2180 Valley Boulevard	Pomona	91768
Tom Redgate Memorial Recovery Center	1775 Chestnut Street	Long Beach	90813
Psychiatric Health Facility			
BHC Alhambra Hospital	9808 Venice Blvd	Culver City	90232
La Casa Psychiatric Health Facility	6060 Paramount Blvd.	Long Beach	90805
Ocean View Psychiatric Health Facility	2600 Redondo Avenue, Suite 500	Long Beach	90806
Star View Adolescent - PHF	4025 West 226 Street	Torrance	90505

Source: California Department of Public Health, 2025.

Other Community Resources

A wide variety of health and social service resources are available to assist Los Angeles County residents. 211 LA (or 211 LA County) is the hub for connecting community members and community organizations with all types of health, human, and social services in Los Angeles County. 211 LA's services are funded through partnerships with the LA County Board of Supervisors, CEO, and Departments; with contracts with the State of California, LAHSA, SoCal Gas, Southern California Edison, AARP, and others; and with grants from foundations including the National Institute of Health (NIH).

211LA is free, confidential, and easily accessible online at www.211LA.org or by phone 24 hours, seven days a week. Residents can connect with 211LA by call, text, email, or live chat. Services are available in the following categories:

- COVID-19 Info and Supports
- Crisis Services
- Disability Services

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

- Education
- Family and Children
- Food
- Healthcare
- Housing
- Immigration
- Income and Employment
- Legal Services
- LGBTQ
- Mental Health
- Re-Entry Services
- Seniors and Older Adults
- Transportation
- Utilities and Community Services
- Veteran Services
- Youth Services

Additional information about these resources and participating providers can be found at www.211LA.org/resources.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.⁷ In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves.
- Assess the health needs of that community.
- Solicit and consider input from people who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility.
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined.
- A description of the methodology used to determine the health needs of the community.
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs for geographic areas and populations by focusing on the following questions:

- **Who** in the community is most vulnerable in terms of health status or access to care?
- **What** are the unique health status and/or access needs for these populations?
- **Where** do these people live in the community?
- **Why** are these problems present?

Focusing on **who** is most vulnerable and **where** they live is important to identifying groups experiencing health inequities and disparities. Understanding **why** these issues are present is challenging but is important to design effective community health improvement initiatives. The question of **how** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on “all of the relevant facts and circumstances,” including the “geographic location” served by the hospital facility, “target populations served” (e.g., children, women, or the aged), and/or the hospital facility’s principal functions (e.g., focus on a particular specialty area or targeted disease).”⁸

⁷ Internal Revenue Code, Section 501(r).

⁸ 501(r) Final Rule, 2014.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Accordingly, the community definition considered the geographic origins of the hospital's patients and also the hospital's mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data⁹ published by others and primary data obtained through community input. Input from the community was obtained through key informant interviews, hospital staff focus groups, and a community partner and stakeholder survey. Key informant and focus group participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. See Appendix C for a list of community input participants. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be “significant” if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by state and local health departments, and (3) input from community stakeholders who participated in the focus group and/or interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in Keck Hospital's previous CHNA process. See Appendix D.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Keck Medical Center. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

Input from people representing the broad interests of the community was considered through key informant interviews (18 participants), hospital staff focus groups (11 participants), and a community partner and stakeholder survey (24 respondents). Participants included: individuals with special knowledge of or expertise in public health, local public health departments, hospital staff and providers, representatives of social service organizations, leaders, representatives, and members of medically underserved, low-income, and minority populations.

Keck Medicine of USC posts CHNA reports, and Implementation Strategies online at <https://www.keckmedicine.org/community-benefit/>.

⁹ “Secondary data” refers to data published by others, for example the U.S. Census and Delaware Health and Social Services. “Primary data” refers to data observed or collected from first-hand experience, for example by conducting interviews.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 150 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, financial assistance policies, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in hospital community benefits, 501(r) compliance, and Community Health Needs Assessments.

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data related to health needs in the Keck Hospital community.

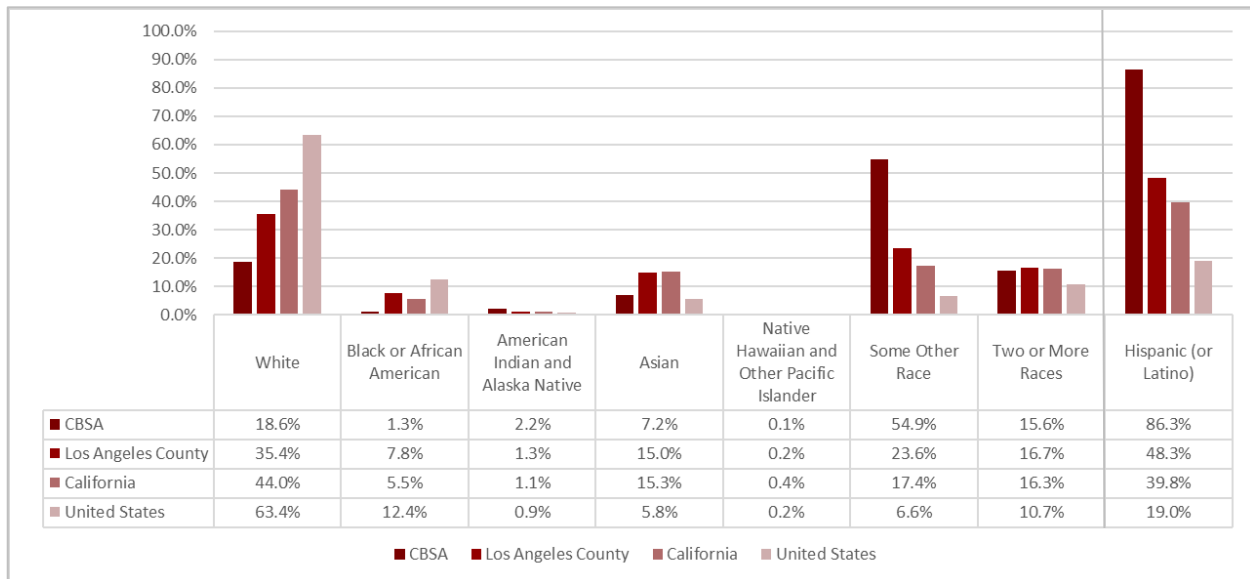
Demographics

Population characteristics and changes influence health needs. In 2023, a total of 9.8 million people were estimated to reside in Los Angeles County and approximately 284,000 people were estimated to reside in the CBSA.

Exhibit 10 portrays population distribution by race and ethnicity for Los Angeles County, the CBSA, and the United States.

In 2019-2023, the CBSA and Los Angeles County had lower proportions of the population identified as White compared to California and the U.S. The CBSA had comparatively high shares of the population identified as Hispanic (or Latino) and as Some Other Race. The proportion of residents identified as Hispanic (or Latino) was higher in the county and in California than in the U.S.

Exhibit 10: Population by Race and Ethnicity, 2019-2023

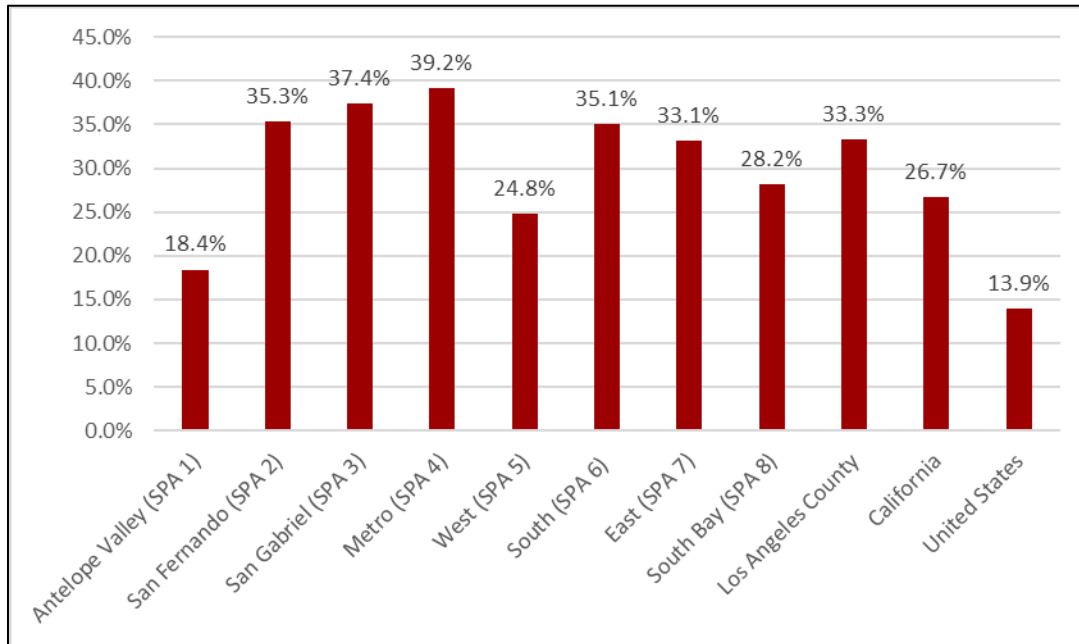


Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 11 portrays proportions of the population that were foreign born by Los Angeles County SPA, in California, and in the U.S. SPA 4 (where Keck Medical Center is located) had the highest share of foreign-born residents portrayed.

Exhibit 11: Foreign Born Population by SPA, 2022-2023



Source: Los Angeles County Department of Public Health, June 2023 and U.S. Census ACS 5 Year Estimates, 2019-2023. Keck Medical Center and the CBSA are in SPA 4.

Exhibit 12 portrays the percentage of the population 5 years of age and older and the percentage of households with limited English proficiency (LEP) by SPA and for the county.

Exhibit 12: Limited English-Speaking Status by SPA, 2022

Area	LEP (Ages 5 and Older)	Percentage of Households with LEP
Antelope Valley (SPA 1)	15.8%	6.4%
San Fernando (SPA 2)	21.2%	11.4%
San Gabriel (SPA 3)	26.0%	14.4%
Metro (SPA 4)	28.4%	17.6%
West (SPA 5)	8.1%	4.7%
South (SPA 6)	31.2%	15.0%
East (SPA 7)	25.6%	13.1%
South Bay (SPA 8)	18.3%	8.6%
Los Angeles County	22.9%	12.0%
California	17.1%	8.4%

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023. Keck Medical Center and the CBSA are in SPA 4.

APPENDIX B – SECONDARY DATA ASSESSMENT

SPAs 3, 4, 6, and 7 (San Gabriel, Metro, South, and East) had the highest percentages of population and households with limited English proficiency. Light gray shading indicates where these percentages exceeded county-wide values.

Exhibit 13 portrays the estimated population in the county by age cohort in 2025 and projected to 2035.

Exhibit 13: Projected Change in Los Angeles County Population, 2025 to 2035

Age Cohort	Projected Population 2025	Projected Population 2035	Percent Change 2025-2035
0-19	2,198,298	1,844,522	-16.1%
20-29	1,146,630	1,316,570	14.8%
30-64	4,741,348	4,408,369	-7.0%
65+	1,662,650	2,151,348	29.4%
Community Total	9,748,926	9,720,809	-0.3%

Source: California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2070 (Baseline 2023 Population Projections; Vintage 2024 Release). Sacramento: California. September 2024.

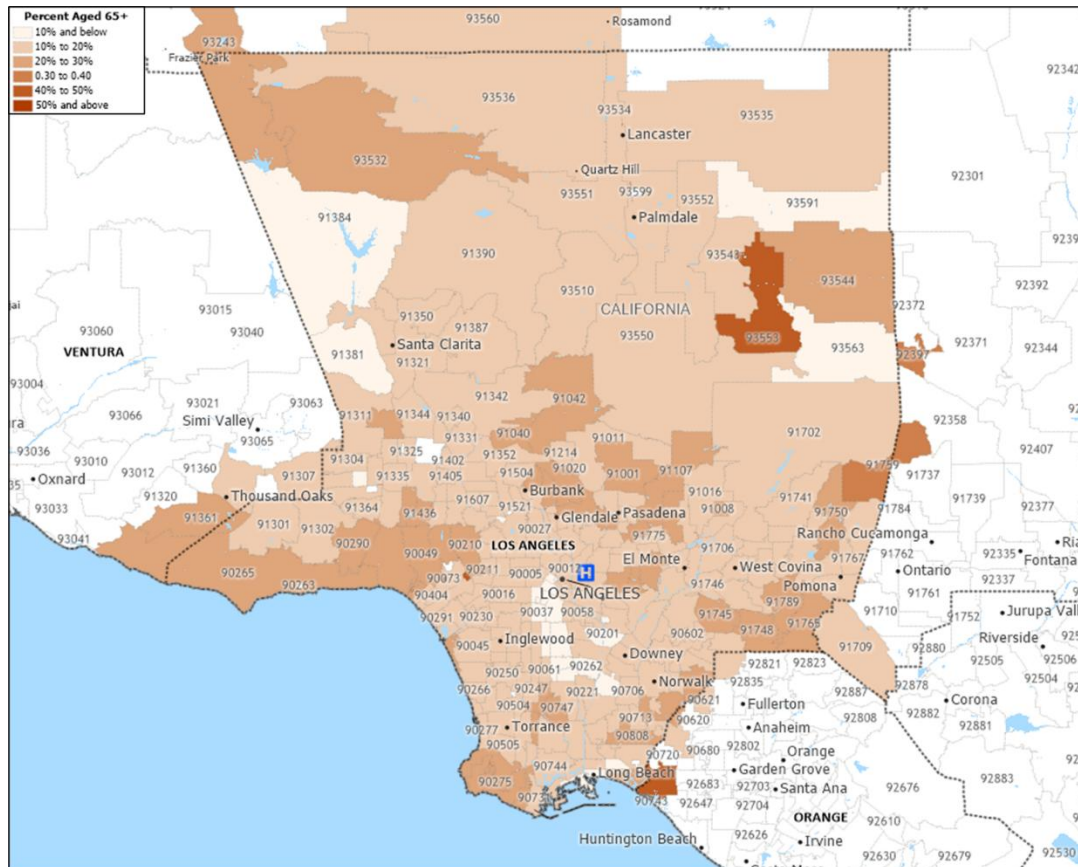
Between 2025 and 2035, the community's population is expected to decline by approximately 28,000 people, or 0.3 percent. The population aged 65 years and older is projected to grow 29.4 percent in the same period, a significant development likely to affect community health needs in the county.

Two age cohorts (0-19 and 30-64) have an anticipated decline in population between 2025 and 2035.

Exhibits 14 through 17 show how certain demographic characteristics, such as age and race and ethnicity vary across the county.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 14: Percent of Population – Aged 65+, 2019-2023



Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

Description

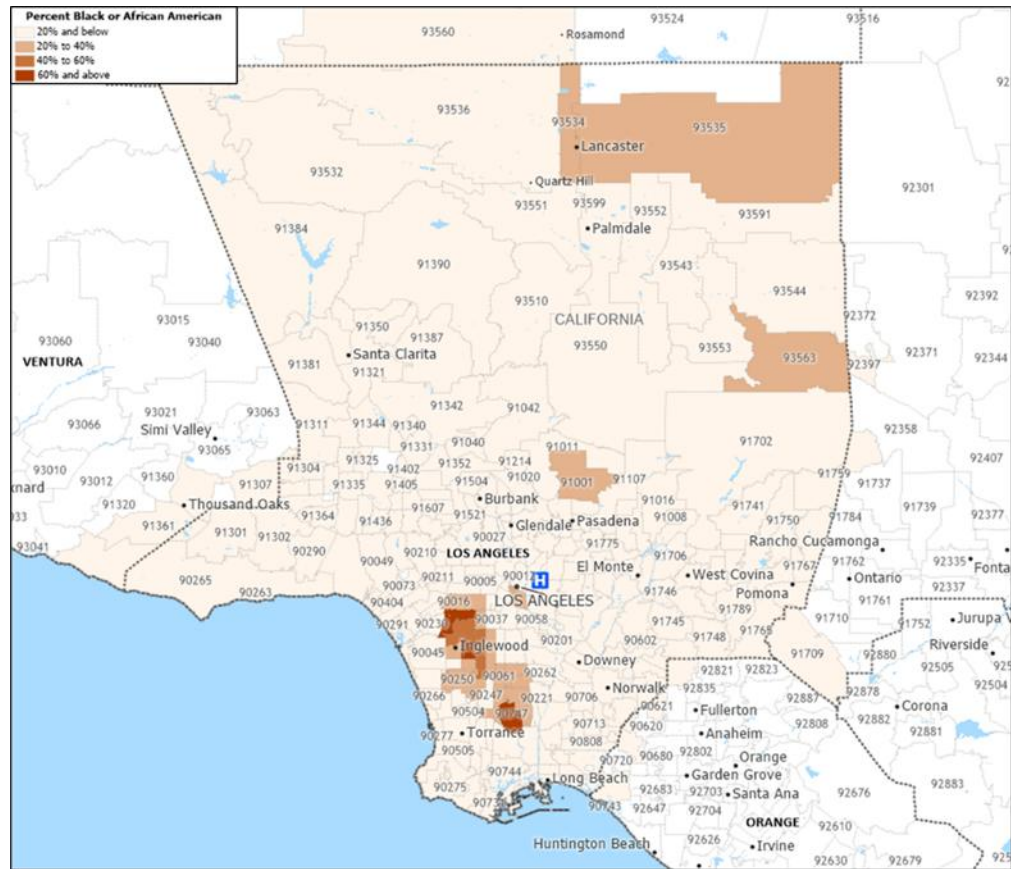
Exhibit 14 portrays the percentage of the population 65 years of age and older by ZIP Code.

Observations

- In 2019-2023, ZIP Codes 91406 (Van Nuys), 90822 (Long Beach), and 90073 (Los Angeles) each had shares of the population aged 65 years and older exceeding 50 percent.
- Most Los Angeles County ZIP Codes had shares of the population aged 65 years and older under 20 percent.
- At 12.7 percent, the CBSA had a lower proportion of residents aged 65 years and older than Los Angeles County (14.7 percent), California (15.3 percent), and the U.S. (16.8 percent) averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 15: Percent of Population – Black, 2019-2023



Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

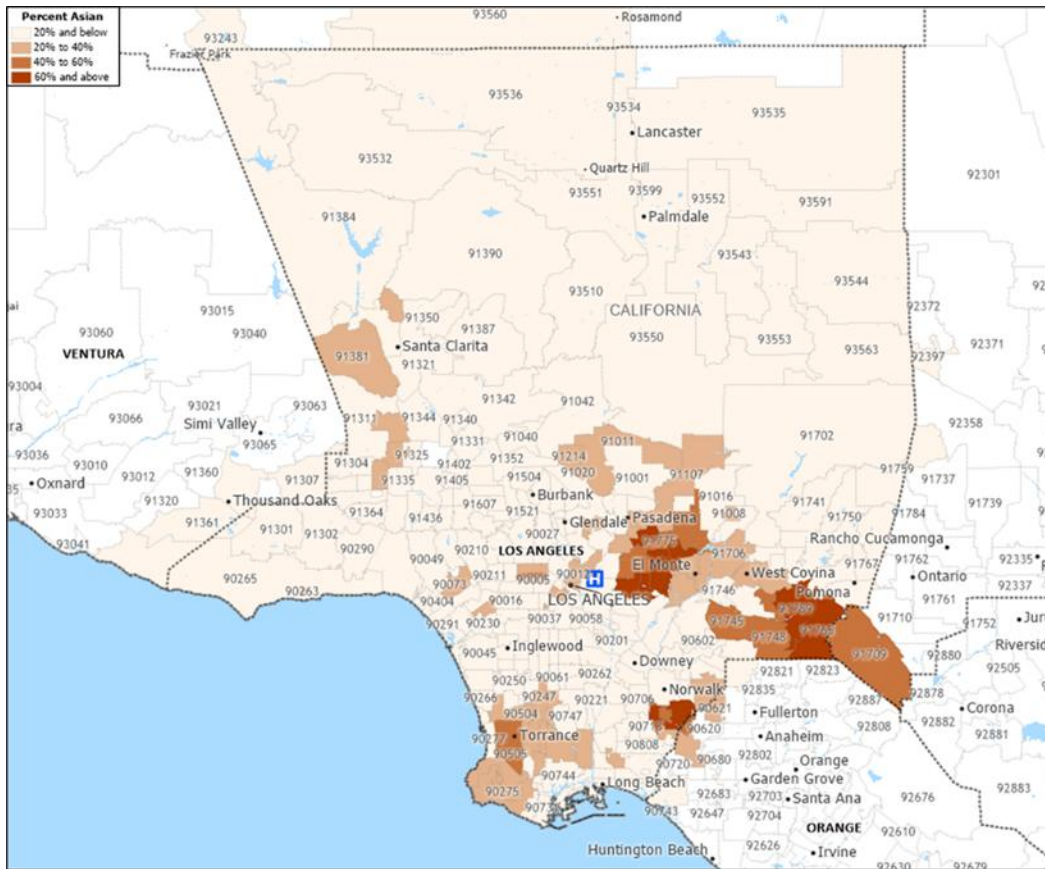
Description

Exhibit 15 portrays the percentage of the population – Black or African American by ZIP Code.

Observations

- In 2019-2023, several ZIP Codes (90056, 90008, 90043, and 90047, including the Los Angeles neighborhoods of Baldwin Hills, Windsor Hills, Vernon, and View Park), 90305 (Inglewood), and 90746 (Carson) had shares of the population identified as Black or African American of over 50 percent.
- The CBSA had a significantly lower proportion of the population identified as Black or African American (1.3 percent) compared to county, state, and U.S. averages (7.8, 5.5, and 12.4 percent, respectively).

Exhibit 16: Percent of Population – Asian, 2019-2023



Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

Description

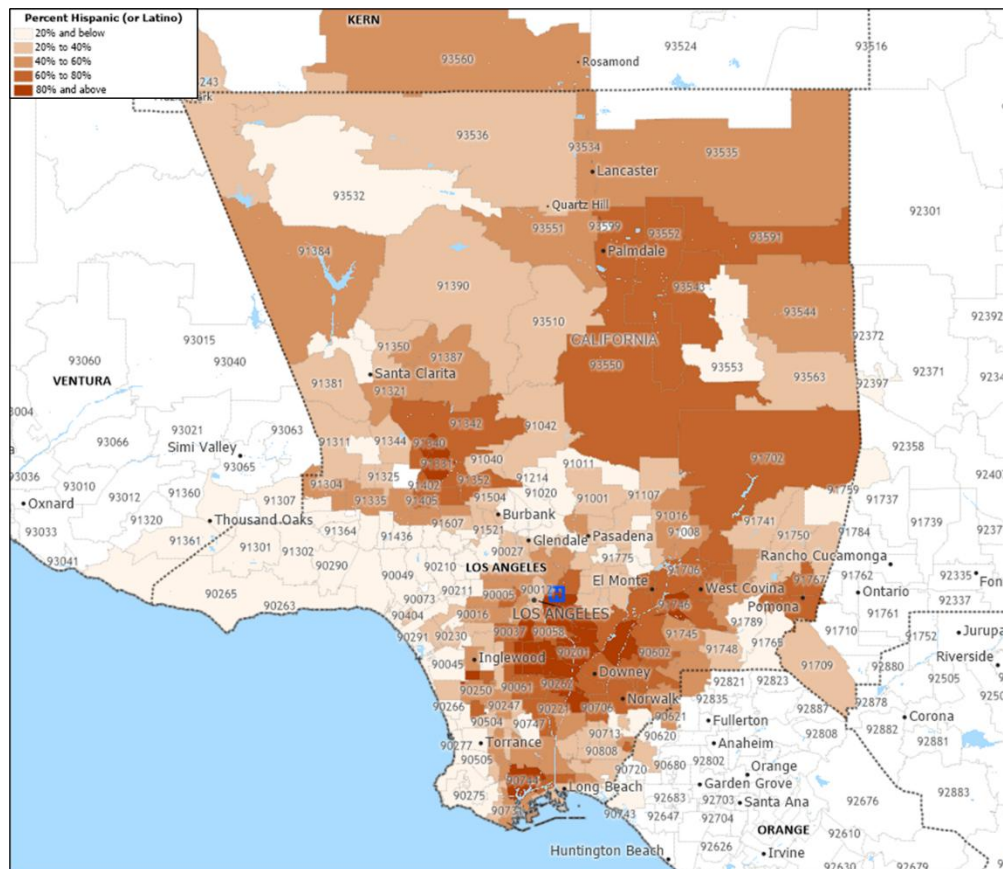
Exhibit 16 portrays the percentage of the population – Asian by ZIP Code.

Observations

- In 2019-2023, ZIP Codes 91755 (Monterey Park), 91108 (San Marino), 91789 (Walnut), 90010 (Los Angeles), and 91770 (Rosemead) had the highest proportions of residents identified as Asian, each over 65 percent of the population.
- The CBSA had a lower proportion of the population identified as Asian (7.2 percent) compared to county and state averages (15.0 and 15.3), and a higher proportion than the national average (5.8 percent).

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 17: Percent of Population – Hispanic (or Latino), 2019-2023



Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

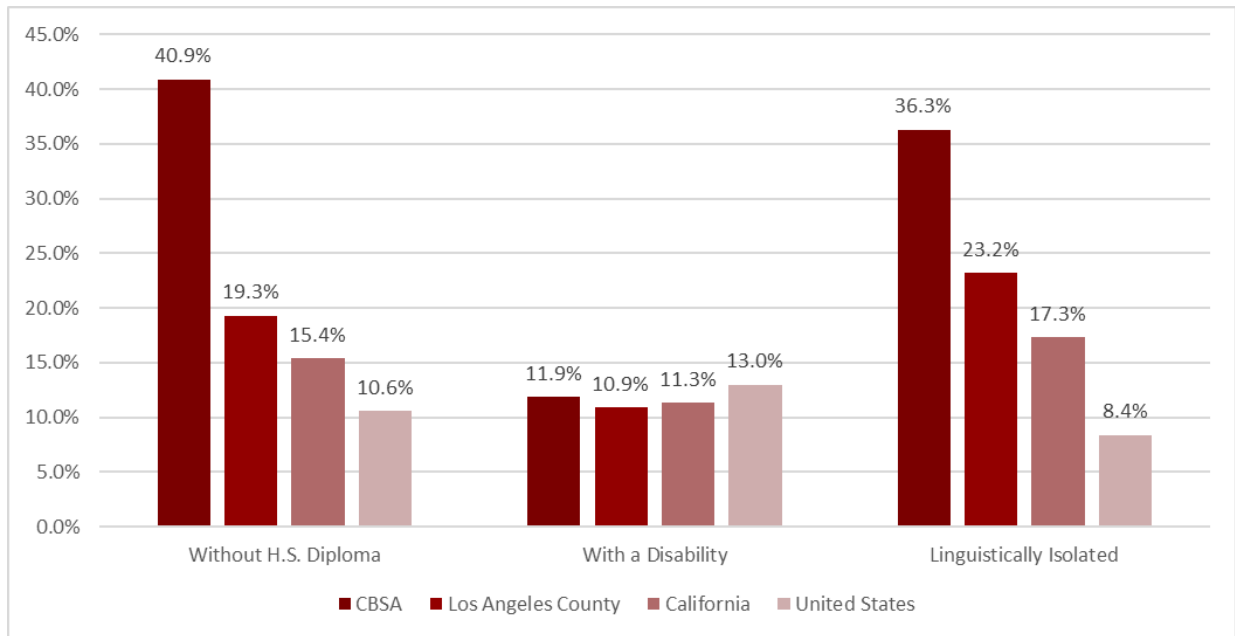
Description

Exhibit 17 portrays the percent of the population – Hispanic (or Latino) by ZIP Code.

Observations

- Approximately 86.3 percent of the population living in the CBSA ZIP Codes identified as Hispanic (or Latino), while about 48.3 percent of Los Angeles County identified as Hispanic (or Latino).
- ZIP Codes 90270 (Maywood), 90255 (Huntington Park), 90022 and 90023 (East Los Angeles and part of the CBSA) had the highest proportion of Hispanic (or Latino) residents, each over 95.0 percent.

Exhibit 18: Selected Socioeconomic Indicators, 2019-2023



Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

Description

Exhibit 18 portrays the percentage of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated. Linguistic isolation is defined as residents who speak a language other than English and who speak English less than “very well.”

Observations

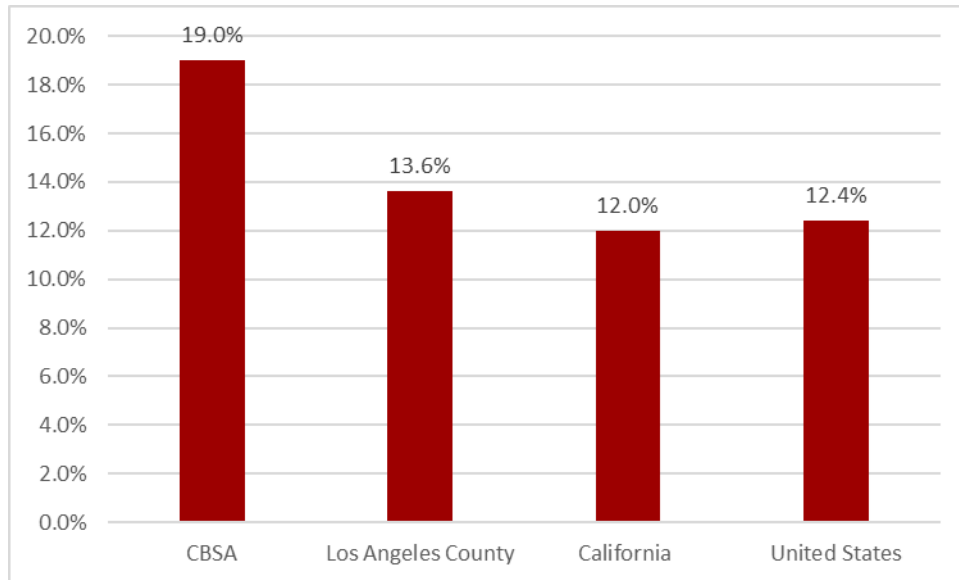
- In 2019-2023, high school graduation rates in the CBSA, Los Angeles County, and California were below the national average.
- Graduation rates were particularly low in the CBSA.
- The CBSA, Los Angeles County, and California had lower shares of the population with a disability than the nation.
- The percentage of residents linguistically isolated was significantly higher in the CBSA compared to the county, the state, and the nation.

Socioeconomic Indicators

This section includes indicators for poverty, food access, unemployment, housing affordability, homelessness, community safety, built environment, physical environment, and social vulnerability. All have been associated with health status.

People in Poverty

Exhibit 19: Percent of People in Poverty, 2019-2023



Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

Description

Exhibit 19 portrays poverty rates in the CBSA, county, state, and nation.

Observations

- In 2019-2023, the poverty rate in the CBSA was significantly higher than Los Angeles County, state, and national averages.
- The poverty rate in Los Angeles County was higher than state and national averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 20: Poverty Rates by Race and Ethnicity, 2019-2023

Area	Asian	Black	White	Hispanic (or Latino)	All Races & Ethnicities
CBSA	20.2%	23.8%	16.2%	19.0%	19.0%
Los Angeles County	11.3%	19.8%	11.4%	15.6%	13.6%
California	9.7%	19.1%	10.1%	14.7%	12.0%
United States	9.9%	21.3%	9.9%	16.9%	12.4%

Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

Description

Exhibit 20 portrays poverty rates by race and ethnicity. Light grey shading indicates rates above the U.S average for all races and ethnicities combined (12.4 percent) and dark grey shading indicates rates more than 50 percent above this average.

Observations

- In 2019-2023, a higher proportion of Los Angeles County Black and Hispanic (or Latino) residents were living in poverty than other cohorts.
- Poverty rates were significantly higher in the CBSA.

Median Household Income

Exhibit 21: Median Household Income, 2022-2023

Area	Median Household Income
Antelope Valley (SPA 1)	\$79,235
San Fernando (SPA 2)	\$98,353
San Gabriel (SPA 3)	\$93,762
Metro (SPA 4)	\$72,912
West (SPA 5)	\$124,923
South (SPA 6)	\$58,898
East (SPA 7)	\$82,888
South Bay (SPA 8)	\$94,702
CBSA	\$62,642
Los Angeles County	\$83,411
California	\$91,551
United States	\$78,528

Source: Los Angeles County Department of Public Health, June 2023 & US Census Bureau, 2019-2023, ACS 5-Year Estimates.

Note: CBSA, California and U.S data, 2023; SPAs and LA County data, 2022.

Keck Medical Center and the CBSA are in SPA 4.

APPENDIX B – SECONDARY DATA ASSESSMENT

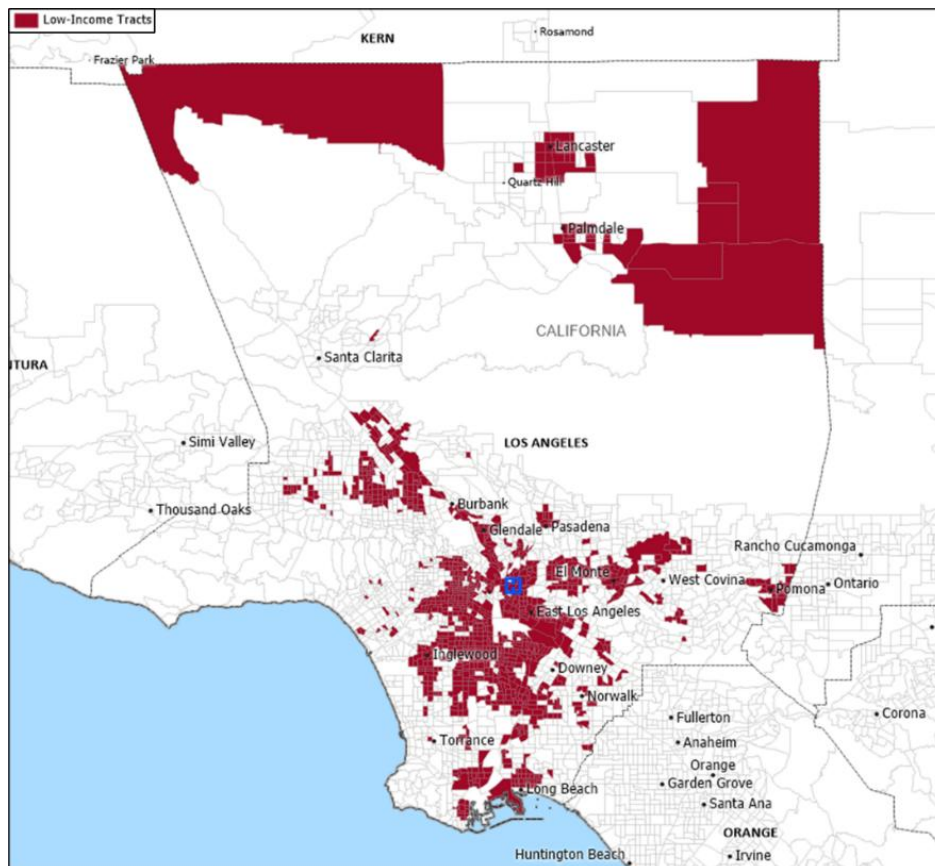
Description

Exhibit 21 shows median household incomes for residents of SPAs 1-8, the CBSA, Los Angeles County, and California – with national rates for comparison. Light gray shading indicates median household incomes that are below the Los Angeles County median household income.

Observations

- In 2022, median household income for the CBSA was significantly lower than county, state, and national medians.
- Median household incomes were also comparatively low in SPAs 1, 4, 6, and 7 (Antelope Valley, Metro, South, and East).

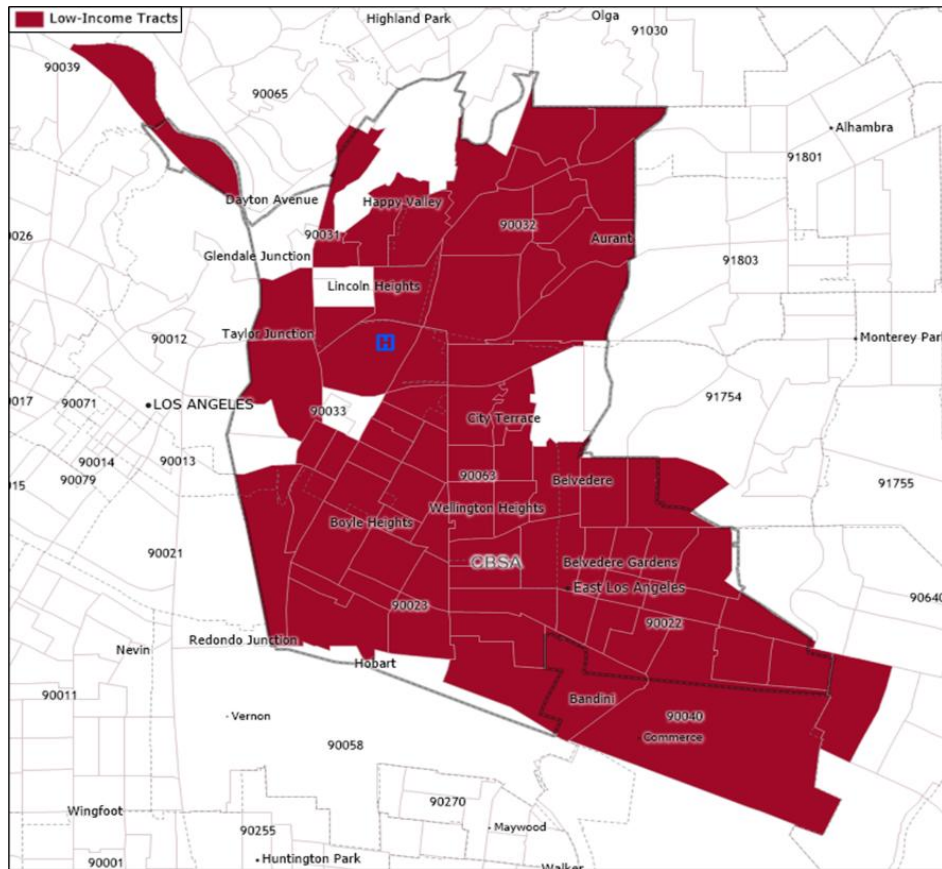
Exhibit 22A: Low Income Census Tracts, Los Angeles County, 2019



Source: Economic Research Service (ERS), U.S. Department of Agriculture (USDA). [Food Access Research Atlas](https://www.ers.usda.gov/data-products/food-access-research-atlas/), <https://www.ers.usda.gov/data-products/food-access-research-atlas/>, 2021 and Caliper Maptitude, 2024.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 22B: Low Income Census Tracts, CBSA, 2019



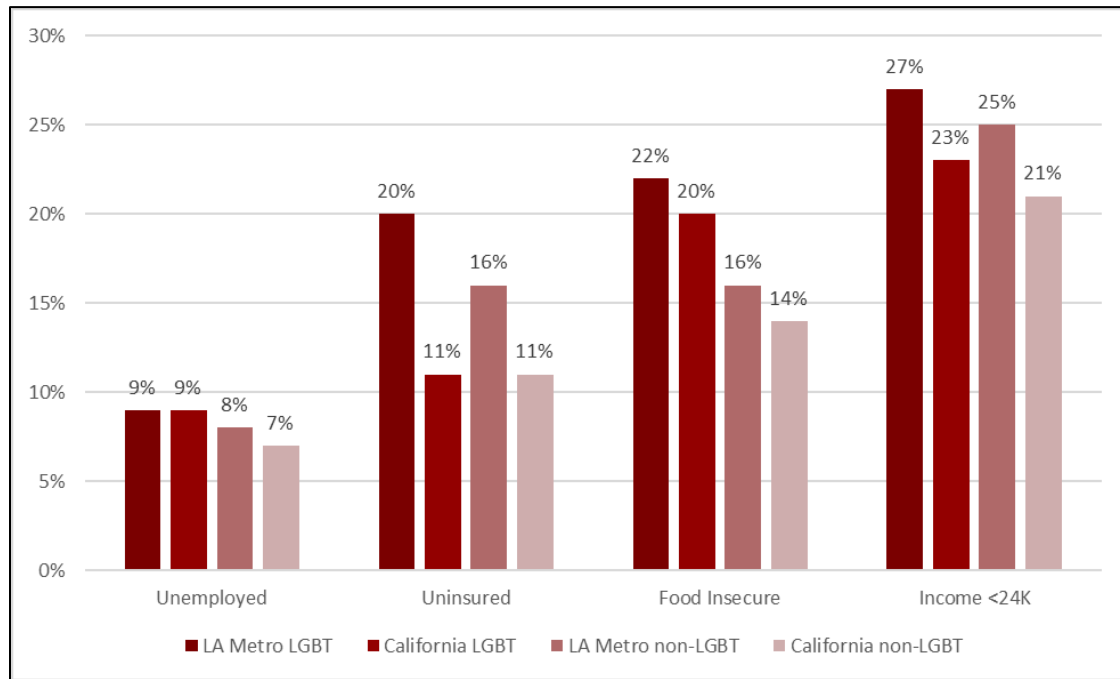
Source: Economic Research Service (ERS), U.S. Department of Agriculture (USDA). [Food Access Research Atlas](https://www.ers.usda.gov/data-products/food-access-research-atlas/), <https://www.ers.usda.gov/data-products/food-access-research-atlas/>, 2021 and Caliper Mapitude, 2024.

Description: Exhibits 22A and 22B portray the location of federally designated low-income census tracts in Los Angeles County and the CBSA.

Observations

- In 2019, low-income census tracts were present throughout the county, concentrated in Central and South Central Los Angeles (including areas of Inglewood, Long Beach, and Torrance), and northern Los Angeles County (Palmdale and Lancaster).
- Nearly every census tract within the CBSA has been federally designated as a low-income census tract.

Exhibit 23: Select Socioeconomic Characteristics, Los Angeles Metro Area and California, LGBT vs. Non-LGBT, 2019



LGBT Demographic Data Interactive, January 2019, Los Angeles, CA: The Williams Institute, UCLA School of Law.

Description

Exhibit 23 presents selected socioeconomic indicators for lesbian, gay, bisexual, and transgender (LGBT) communities compared to non-LGBT communities in the Los Angeles Metropolitan Area and California. The Los Angeles Metropolitan Area includes Los Angeles, Long Beach, Santa Ana, and Anaheim. In 2019, approximately 523,000 people or 5.1 percent of the population in the Los Angeles Metropolitan Area identified as LGBT.¹⁰

Observations

- In 2019, Los Angeles Metropolitan Area residents who identified as LGBT were more likely to be unemployed, uninsured, food insecure, and have low-income than those who identified as non-LGBT in the metro area and California.

¹⁰ <https://williamsinstitute.law.ucla.edu/publications/lgbt-us-msa/>

Centers for Disease Control and Prevention Social Vulnerability Index

Exhibit 24: Social Vulnerability Index, 2022

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
CBSA	290,706	0.93	0.87	0.96	0.81	0.94
Los Angeles County	9,936,690	0.89	0.28	0.97	0.92	0.86
California	39,356,104	0.67	0.40	0.93	0.80	0.72
United States	331,097,593	0.54	0.47	0.72	0.63	0.58

Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, 2022.

Description

Exhibit 24 portrays the Centers for Disease Control and Prevention’s Social Vulnerability Index (SVI) for Los Angeles County, California, and the United States. SVI is a measure of the degree of social vulnerability. Higher scores indicate higher levels of vulnerability.

The SVI is based on 15 variables derived from U.S. census data and grouped into four themes, including Socioeconomic Status, Household Characteristics, Racial & Ethnic Minority Status, and Housing Type & Transportation.

Light grey shading indicates scores above the U.S average score. Dark grey shading indicates scores that are more than 50 percent above the U.S. average.

Observations

- In 2022, the overall social vulnerability index score was higher for the county than the state and nation.
- Socioeconomic, minority status, and housing & transportation vulnerability scores were higher in Los Angeles County and California than in the U.S.
- The socioeconomic theme score was more than 50 percent higher for the county than for the U.S.
- Socioeconomic, household composition, and overall social vulnerability scores were more than 50 percent higher for the CBSA than for the U.S.

Food Access**Exhibit 25: Food Insecurity Indicators, 2022**

Indicator	CBSA	Los Angeles County	California	United States
Food insecurity in the past 12 months	32.4%	17.2%	15.9%	13.9%
Received food stamps in the past 12 months	30.5%	15.4%	14.6%	11.8%
Utility services shut-off threat in the past 12 months ¹¹	12.1%	7.1%	6.9%	7.5%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 3/21/2025. <https://www.cdc.gov/places>.

Description

Exhibit 25 portrays CDC’s PLACES food insecurity indicators for the CBSA, Los Angeles County, and California with the U.S. provided as a benchmark. PLACES data are derived from the Behavioral Risk Factor Surveillance System (BRFSS) and are available for every U.S. ZIP Code, census tract, county, and state. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

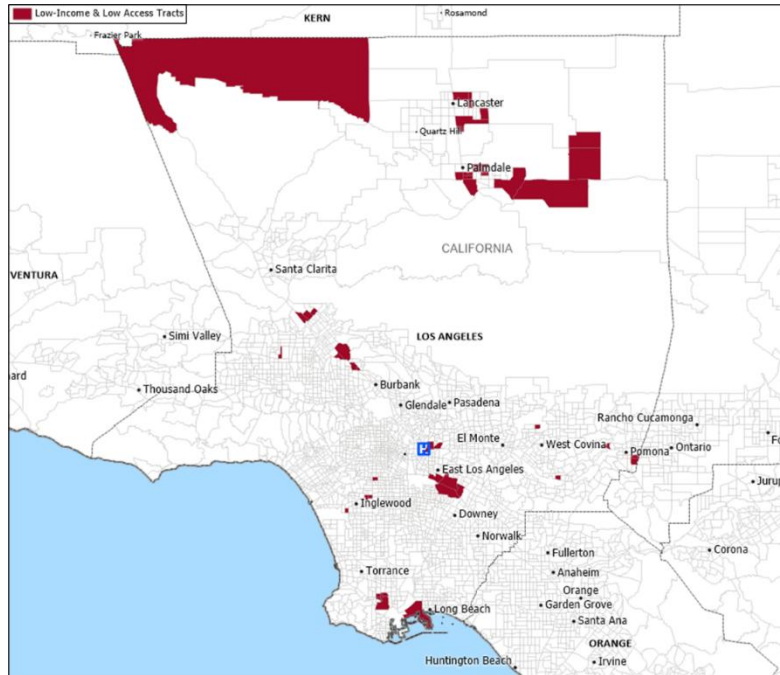
Observations

- In 2022, the percentages of CBSA residents with food insecurity, having received food stamps, and a threat of utility services being shut off in the past 12 months were more than 50 percent above U.S. averages.
- Rates of food insecurity and receiving food stamps were also comparatively high in Los Angeles County and California compared to U.S. averages.

¹¹High utility bills and lack of a functional kitchen have been shown to negatively impact food security - <https://www.feedingamerica.org>.

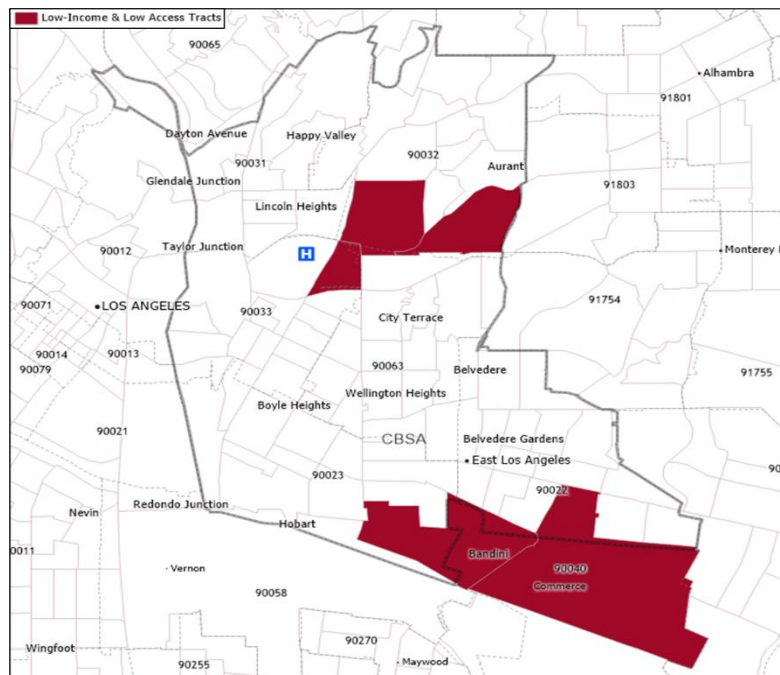
APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 26A: Low-Income and Low Access to Healthy Food Census Tracts, Los Angeles County, 2019



Source: Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Access Research Atlas, <https://www.ers.usda.gov/data-products/food-access-research-atlas/>, 2021 and Caliper Maptitude, 2024.

Exhibit 26B: Low-Income and Low Access to Healthy Food Census Tracts, CBSA, 2019



Source: Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Access Research Atlas, <https://www.ers.usda.gov/data-products/food-access-research-atlas/>, 2021 and Caliper Maptitude, 2024.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description

The U.S. Department of Agriculture's (USDA) Economic Research Service defines areas as low-income and low access by measuring distance to a grocery store or supermarket and the average income of the neighborhood. The USDA defines low access as more than one mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. Limited access to supermarkets, grocery stores, or other sources of healthy and affordable food may make it harder for people to eat a nutritious diet.¹²

Exhibits 26A and 26B identify areas designated as low-income and low access to healthy and affordable food in Los Angeles County and the CBSA.

Observations

- In 2019, federally designated low-income and low access areas were present throughout the county, concentrated in northwest Los Angeles County, East Los Angeles, Palmdale, Long Beach, and Lancaster.
- Numerous federally designated low-income and low access areas were present in the CBSA.

Unemployment

Exhibit 27: Unemployment Rates, 2019-2023

Area	Population 16 Years and Older	Population Unemployed	Percent Unemployed
CBSA	225,268	10,620	4.7%
Los Angeles County	8,033,916	365,701	4.6%
California	31,545,603	1,282,259	4.1%
United States	267,393,519	8,759,317	3.3%

Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

Description

Exhibit 27 shows unemployment rates from 2019-2023 for the CBSA, county, state, and nation. Light grey shading highlights indicators found to be worse than the national average.

Observations

- From 2019-2023, unemployment rates have been higher in the CBSA compared to county, state, and national averages.
- The unemployment rates in Los Angeles County and California were higher than the U.S. average.

¹² <https://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas/>

APPENDIX B – SECONDARY DATA ASSESSMENT

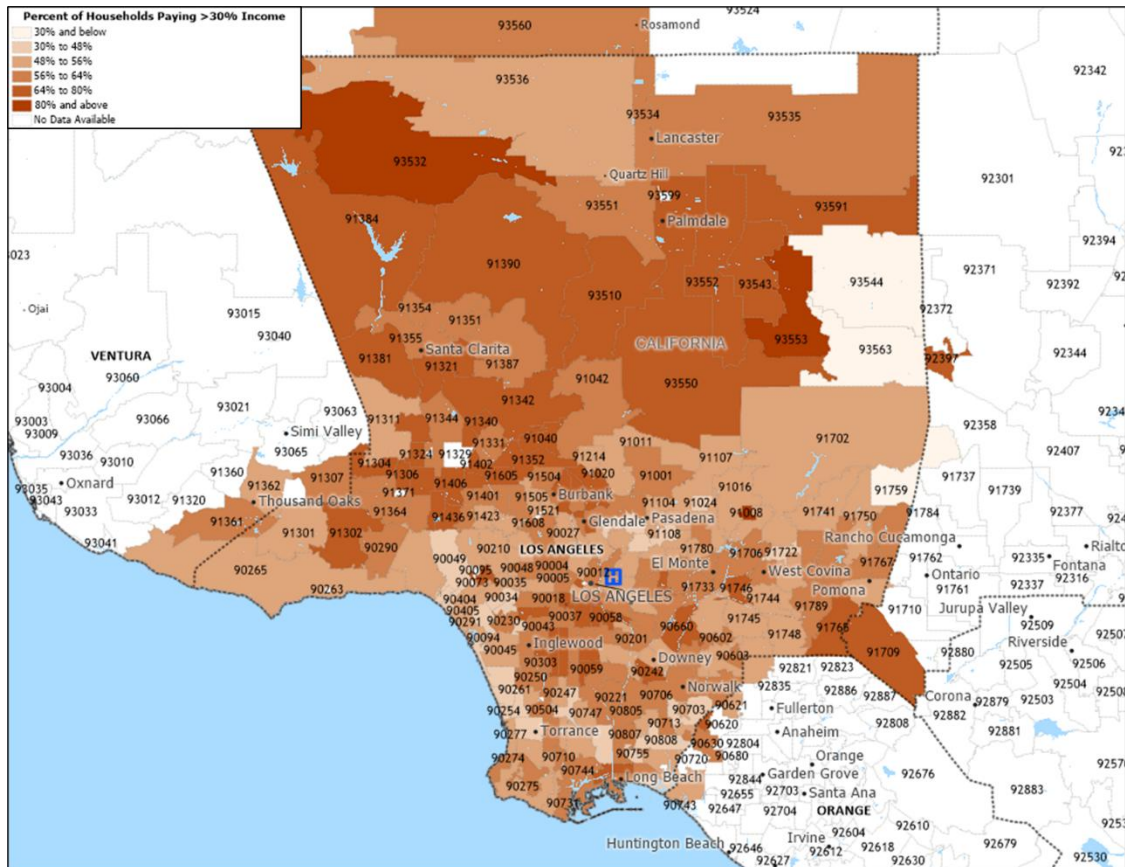
Housing and Homelessness

Exhibit 28: Percent of Rented Households Rent Burdened, 2019-2023

Area	Households Paying Rent	Households Paying >30% of Income for Rent	Percent of Households Rent Burdened
CBSA	51,421	27,585	53.6%
Los Angeles County	1,738,712	997,586	57.4%
California	5,639,568	3,087,543	54.7%
United States	41,515,732	20,909,407	50.4%

Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

Exhibit 29: Map of Percent of Rented Households Rent Burdened, 2019-2023



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description

The U.S. Department of Housing and Urban Development has defined rent burdened households as those spending more than 30 percent of income on housing.¹³

Exhibits 28 and 29 portray the percentage of households that meet this definition. ZIP Codes highlighted in darker shades are where more than 50 percent of households are rent burdened.

Observations

- In 2019-2023, 57.4 percent of rented households in Los Angeles County were designated as rent burdened, which was above state (54.7 percent) and national averages (50.4 percent).
- ZIP Codes in Los Angeles (90089), San Marino/Pasadena (91108), and Pearblossom (93553), had over 90 percent of households designated as rent burdened.

Exhibit 30: Percent of Owner-Occupied Housing Units, 2019-2023

Area	Occupied Housing Units	Owner Occupied Housing Units	Percent Homeownership
CBSA	80,765	26,871	33.3%
Los Angeles County	3,390,254	1,562,207	46.1%
California	13,434,847	7,494,811	55.8%
United States	127,482,865	82,892,037	65.0%

Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

Description

Exhibit 30 portrays the percentages of households that are occupied by the homeowner. Light grey shading indicates rates above the Los Angeles County average; dark grey shading indicates rates more than 50 percent above the average.

Observations

- In 2019-2023, homeownership was significantly lower in the CBSA compared to county, state, and national averages.
- Homeownership was lower in Los Angeles County and California compared to national rates.

¹³ <https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm>

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 31: Greater Los Angeles Homeless Count, SPA Estimates, 2023-2024

Area	2023			2024			2023-2024 Change		
	Unsheltered People	Sheltered People	Total People	Unsheltered People	Sheltered People	Total People	Unsheltered Change	Sheltered Change	Total Change
Antelope Valley (SPA 1)	3,833	853	4,686	5,538	1,134	6,672	1,705	281	1,986
San Fernando (SPA 2)	8,064	2,379	10,443	6,997	3,704	10,701	-1,067	1,325	258
San Gabriel (SPA 3)	3,458	1,551	5,009	3,630	1,213	4,843	172	-338	-166
Metro (SPA 4)	12,846	5,685	18,531	12,185	6,204	18,389	-661	519	-142
West (SPA 5)	5,235	1,434	6,669	4,143	1,240	5,383	-1,092	-194	-1,286
South (SPA 6)	8,431	4,564	12,995	8,682	5,204	13,886	251	640	891
East (SPA 7)	5,070	1,441	6,511	4,342	1,557	5,899	-728	116	-612
South Bay (SPA 8)	5,370	1,106	6,479	3,992	1,436	5,428	-1,378	330	-1,051
Los Angeles County	55,155	20,363	75,518	52,365	22,947	75,312	-2,790	2,584	-206

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless Count, 2023 and 2024. SPA 2 excludes data from Glendale, SPA 3 excludes data from Pasadena, and SPA 8 excludes data from Long Beach Continuums of Care (CoC). Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 31 provides point-in-time estimated counts of unhoused people living in the Los Angeles Continuum of Care (LACoC), comprised of 8 SPAs, excluding the cities of Glendale, Pasadena, and Long Beach who have their own CoCs. The LACoC is a regional planning body and an integrated system of care that guides and tracks unhoused individuals and families through comprehensive services throughout 85 cities.

Observations

- In 2023 and 2024, SPA 4 had the highest number of unhoused people (both sheltered and unsheltered) and accounted for approximately 25 percent of Los Angeles County's total unhoused population.
- SPAs 2 and 6 (San Fernando and South) also had comparatively high numbers of people experiencing homelessness.

Exhibit 32: Demographics of Unhoused People in Greater Los Angeles, 2024

Indicator	Prevalence in Homeless Population (%)
Chronically Homeless	42.0%
Difficulties with Substance Use	27.0%
Serious Mental Illness	24.0%
Veterans	5.0%
Fleeing Violence or Abuse	10.0%
Under 18 years of age	8.8%
Transitional Age Youth 18-24	3.0%
Adults Age 25+	82.0%
Adults Age 65+	8.3%
Black or African American	30.9%
Hispanic or Latino	32.5%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless Count, 2024.

Description

Exhibit 32 presents the prevalence of certain characteristics of unhoused people in Greater Los Angeles.

Observations

- In 2024, over 20.0 percent of Greater Los Angeles residents experiencing homelessness were also experiencing difficulties with substance use and serious mental illness.
- Approximately 42.0 percent of these individuals were chronically homeless and about 9.0 percent were under the age of 18.

APPENDIX B – SECONDARY DATA ASSESSMENT

Community Safety

Exhibit 33: Community Safety Indicators by SPA, 2018-2022

Indicator	Antelope Valley (SPA 1)	San Fernando (SPA 2)	San Gabriel (SPA 3)	Metro (SPA 4)	West (SPA 5)	South (SPA 6)	East (SPA 7)	South Bay (SPA 8)	Los Angeles County
Percentage of Adults (Ages 18+) Report Neighborhood is Safe	74.6%	79.5%	83.7%	60.8%	81.7%	52.8%	76.2%	74.1%	74.3%
Percentage of Children (1-17) Easy Access to Park or Play Area	77.6%	86.0%	87.8%	70.5%	91.4%	61.6%	88.7%	85.5%	82.1%
Serious Violent Crimes (per 100,000 Population), 2018-2022	442.9	341.5	273.5	967.6	405.6	1,204.9	587.6	317.2	525.9
Homicide Rate (per 100,000 Population), 2022	8.2	3.6	4.0	6.9	2.9	18.8	6.7	7.3	6.7
Firearm Mortality Rate (per 100,000 Population), 2018-2022	10.8	5.7	6.1	6.9	5.3	16.5	7.9	9.5	8.1

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 33 provides community safety statistics by SPA with Los Angeles County for comparison. Light grey shading indicates rates above the Los Angeles County average; dark grey shading indicates rates more than 50 percent above the average. The violent crime rate in the U.S. in 2022 was 377.1 per 100,000 population.¹⁴

Observations

- In 2018-2022, rates for serious violent crimes were highest in in the Metro and South SPAs (4 and 6).
- Homicide and firearm mortality rates were significantly above Los Angeles County rates in South SPA (6).

¹⁴ <https://www.statista.com/statistics/191219/reported-violent-crime-rate-in-the-usa-since-1990/>

Built Environment**Exhibit 34: Access to Recreational Space and Tree Canopy Coverage by SPA, 2022**

Area	Recreational Space (Acres per 1,000 Population)	10-Minute Walk to Recreational Space (% Population)	Land with Tree Canopy Coverage (% Weighted by Population)
Antelope Valley (SPA 1)	314.6	25.8%	1.7%
San Fernando (SPA 2)	132.4	50.4%	5.5%
San Gabriel (SPA 3)	225.4	59.6%	7.4%
Metro (SPA 4)	6.6	78.1%	3.7%
West (SPA 5)	63.5	59.5%	6.7%
South (SPA 6)	1.0	77.7%	2.3%
East (SPA 7)	5.4	69.9%	4.2%
South Bay (SPA 8)	33.4	77.9%	3.7%
Los Angeles County	92.9	64.2%	4.8%

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 34 provides built environment statistics that measure access to recreational spaces and tree canopy by SPA, with Los Angeles County averages for comparison. Light grey shading indicates values that are worse than the county average; dark grey shading indicates values more than 50 percent worse than average.

Observations

- The Metro, South, East, and South Bay SPAs had significantly lower available recreational space (acres per 1,000 population) than Los Angeles County.
- The Antelope Valley and South SPAs had comparatively limited tree canopy coverage.

APPENDIX B – SECONDARY DATA ASSESSMENT

Physical Environment

Exhibit 35: Air Pollution : Fine Particulate Matter, 2020

Indicator	Los Angeles County	California	United States
Average daily measure of fine particulate matter in mcg per cubic meter (PM2.5)	15.6	12.6	7.3

Source: County Health Rankings, 2025.

Description

Exhibit 35 presents the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Light grey shading indicates rates that are worse than the United States average; dark grey shading indicates rates more than 50 percent worse than the U.S. average. The Environmental Protection Agency (EPA) has average standards of 12.0 micrograms per cubic meter.

Observations

- Measures of fine particulate matter (air pollution) for Los Angeles County and California were more than 50 percent above the U.S. average.

Other Health Status and Access Indicators

Access to Care

Exhibit 36: Percent of Population without Health Insurance, 2019-2023

Area	Percent Uninsured
CBSA	14.2%
Los Angeles County	8.7%
California	6.9%
United States	8.6%

Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

Description

Exhibit 36 presents the estimated percentage of the population without health insurance. Light grey shading indicates areas with a higher percentage uninsured than the United States and dark grey shading indicates areas that were more than 50 percent above the United States average.

Observations

- In 2019-2023, the proportion of the population in the CBSA without health insurance was more than 50 percent above county, state, and national averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 37: Supply of Healthcare Providers, 2021-2024

Area	Primary Care Physicians	Mental Health Providers	Dentists
Los Angeles County	1,330:1	210:1	1,030:1
California	1,230:1	210:1	1,080:1
United States	1,330:1	300:1	1,360:1

Source: County Health Rankings, 2025.

Description

Exhibit 37 presents the number of primary care physicians, mental health providers, and dentists per resident in Los Angeles County, California, and the United States.

Observations

- In 2021-2024, there was one primary care physician for every 1,330 Los Angeles County residents. This was aligned with the national average and slightly higher than the state-wide average.
- The per capita supply of mental health providers and dentists in Los Angeles County compared favorably to national averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 38: Difficulty Obtaining Needed Medical Care, 2021

Area	Somewhat or Very Difficult to Obtain Care (% Adults)
Antelope Valley (SPA 1)	30.9%
San Fernando (SPA 2)	24.8%
San Gabriel (SPA 3)	22.7%
Metro (SPA 4)	30.1%
West (SPA 5)	17.5%
South (SPA 6)	31.4%
East (SPA 7)	25.8%
South Bay (SPA 8)	23.9%
Los Angeles County	25.4%

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

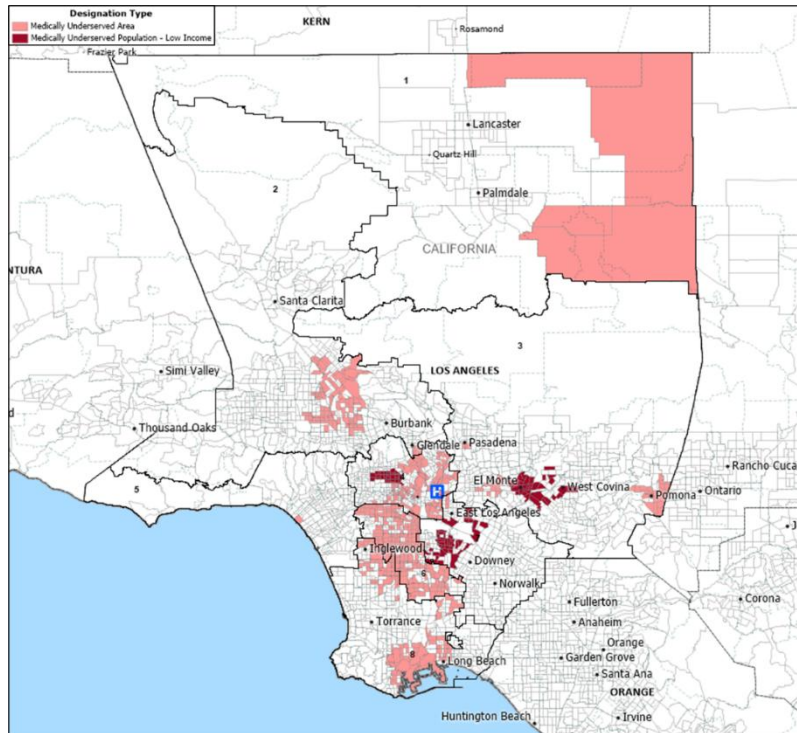
Exhibit 38 presents the percentage of adults reporting difficulty obtaining needed medical care by SPA and for Los Angeles County. Light grey shading indicates rates worse than the county average; dark grey shading indicates rates more than 50 percent worse.

Observations

- Antelope Valley, Metro, and South SPA (1, 4, 6, and 7) are where residents had the most difficulty accessing needed medical care.

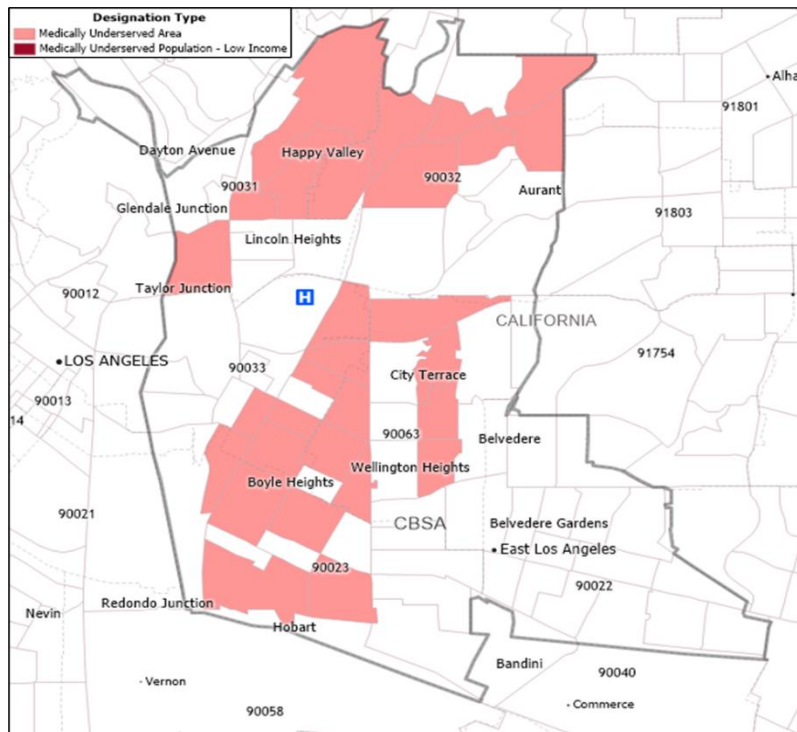
APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 39A: Locations of Medically Underserved Areas and Populations, Los Angeles County, 2025



Source: Health Resources and Services Administration, 2025 and Caliper Maptitude, 2024.

Exhibit 39B: Locations of Medically Underserved Areas and Populations, CBSA, 2025



Source: Health Resources and Services Administration, 2025 and Caliper Maptitude, 2024.

Description

Exhibits 39A and 39B identify the location of Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an “Index of Medical Underservice.” The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.¹⁵ Areas with a score of 62 or less are considered “medically underserved.”

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if “unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides.”¹⁶

Observations

- In 2025, census tracts designated as Medically Underserved Areas were present in central, south central, and northeastern Los Angeles County.
- Medically Underserved Populations were present in central and east Los Angeles County.
- Numerous census tracts within the CBSA were designated as medically underserved.

¹⁵ Heath Resources and Services Administration. See <http://www.hrsa.gov/shortage/mua/index.html>

¹⁶*Ibid.*

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 40: Health Professional Shortage Areas (HPSAs), 2025

HPSA Name	Designation Type	Primary Care	Mental Health	Dentist
Acton	High Needs Geographic HPSA		●	
Athens/Gardena Northeast	Geographic HPSA	●	●	
Avalon	High Needs Geographic HPSA	●	●	
Bell Northeast	Low Income Population HPSA	●	●	
Bell Southwest	High Needs Geographic HPSA		●	
Bellflower	Low Income Population HPSA		●	
Bellflower/Paramount South	Medicaid Eligible Population HPSA	●		
Bixby Knolls/Long Beach Central	Medicaid Eligible Population HPSA			●
Boyle Heights Central	High Needs Geographic HPSA		●	
Carson	Medicaid Eligible Population HPSA	●		
City Terrace East	Low Income Population HPSA	●		
Compton East	Low Income Population HPSA	●		
Compton East/North Long Beach	High Needs Geographic HPSA		●	
Crenshaw/Culver City East	High Needs Geographic HPSA		●	
Downtown Southeast	High Needs Geographic HPSA	●	●	●
East Los Angeles	Low Income Population HPSA		●	
Echo Park/Hollywood North Central	Low Income Population HPSA		●	
El Monte/Five Points	High Needs Geographic HPSA	●		
Exposition Park/Leimert Park	Low Income Population HPSA	●	●	●
Firestone/Florence South	High Needs Geographic HPSA		●	
Firestone/Florence South	Medicaid Eligible Population HPSA			●
Firestone/Florence South	Low Income Population HPSA	●		
Gardena West	Low Income Population HPSA	●		
Glendale Southeast	Low Income Population HPSA		●	
Harbor Gateway South/Lomita	Medicaid Eligible Population HPSA	●	●	
Hawthorne/Inglewood East	Low Income Population HPSA		●	
Huntington Park	High Needs Geographic HPSA		●	
Industry West La Puente	Low Income Population HPSA	●		
Inglewood East	Geographic HPSA	●		
Inglewood West	Low Income Population HPSA	●		
Juniper Hills	Geographic HPSA	●		
Lake Los Angeles	Geographic HPSA	●		
Lancaster Central/Palmdale North Central	Medicaid Eligible Population HPSA			●

Source: Health Resources and Services Administration, 2025.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 40: Health Professional Shortage Areas (HPSAs), 2025 (continued)

HPSA Name	Designation Type	Primary Care	Mental Health	Dentist
Lancaster Central/Palmdale North Central	High Needs Geographic HPSA	●		
Lancaster/Palmdale	Geographic HPSA		●	
Long Beach Central	Low Income Population HPSA			●
Long Beach Port	Low Income Population HPSA	●		
Long Beach West Central	High Needs Geographic HPSA	●	●	
Los Nietos/Santa Fe Springs Northeast	Medicaid Eligible Population HPSA	●		
Lynwood North Central	Low Income Population HPSA	●		
Lynwood South/Paramount North	Low Income Population HPSA	●	●	
North Hollywood Central	Low Income Population HPSA	●		
Pacoima East/Sun Valley	Low Income Population HPSA	●		
Palmdale Central	Geographic HPSA	●		
Paramount North/Willowbrook	Low Income Population HPSA	●		
Pomona Central	Low Income Population HPSA	●		
Pomona East	Low Income Population HPSA		●	
Reseda South/Van Nuys Southwest	Medicaid Eligible Population HPSA			●
San Fernando West	Low Income Population HPSA	●	●	
South Central	High Needs Geographic HPSA		●	
South Central Northeast	Low Income Population HPSA			●
South Central Northeast	High Needs Geographic HPSA	●	●	
South Central Southwest	Low Income Population HPSA	●		
Torrance East Central	Medicaid Eligible Population HPSA	●		
Watts/Willowbrook	High Needs Geographic HPSA		●	

Source: Health Resources and Services Administration, 2025.

Description

Exhibit 40 identifies where federally designated primary care, mental health and dental health, Health Professional Shortage Areas (HPSAs) are located.

A geographic area can be designated a federal HPSA if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. Health care facilities also can receive HPSA designation and additional Medicare reimbursement if they provide primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

Observations

- Over fifty (50) HPSAs are present in Los Angeles County.

APPENDIX B – SECONDARY DATA ASSESSMENT

Mortality

Exhibit 41: Leading Causes of Death per 100,000 Population, 2018-2023

Cause	Los Angeles County	California	United States
Diseases of heart	175.3	164.4	206.1
Malignant neoplasms	146.9	152.6	182.8
COVID-19	63.3	41.7	50.6
Alzheimer's Disease	47.4	43.5	36.8
Accidents (unintentional injuries)	40.6	47.1	61.2
Cerebrovascular disease	39.9	45.0	47.8
Diabetes mellitus	34.7	27.7	28.9
Chronic lower respiratory diseases	27.9	31.9	45.6
Influenza and pneumonia	18.9	14.4	14.9
Essential hypertension and hypertensive renal disease	18.4	15.7	12.2
Chronic liver disease and cirrhosis	16.9	15.8	15.2
Nephritis, nephrotic syndrome, and nephrosis	15.7	11.4	16.3
Parkinson disease	9.5	10.2	11.5
Intentional self-harm (suicide)	8.7	10.9	14.5
Assault (homicide)	6.9	5.4	6.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024.

Description

Exhibit 41 provides crude mortality rates per 100,000 population for the fifteen (15) leading causes of death in Los Angeles County, California, and the United States. Light grey shading indicates rates above U.S. averages; dark grey shading indicates rates more than 50 percent above U.S. averages.

Observations

- In 2018-2023, Los Angeles County mortality rates for COVID-19, Alzheimer's Disease, diabetes, influenza and pneumonia, hypertension and hypertensive renal disease, liver disease and cirrhosis, and assault were above national averages.
- Mortality rates for hypertension and hypertensive renal disease were more than 50 percent above national averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 42: Leading Causes of Death by Race & Ethnicity, Rates per 100,000 LA County Population, 2018-2023

Cause	AI/AN	Asian	Black	NHPI	White	Hispanic or Latino	All Races & Ethnicities
Diseases of heart	42.1	139.1	277.4	161.2	176.8	91.4	175.3
Malignant neoplasms	30.0	145.8	196.7	121.0	148.0	88.1	146.9
COVID-19	12.9	46.6	54.8	63.5	56.2	55.2	63.3
Alzheimer's Disease	7.4	36.8	51.7	15.5	50.4	22.3	47.4
Accidents (unintentional injuries)	13.8	17.5	66.2	32.9	40.3	32.8	40.6
Cerebrovascular disease	7.9	42.4	60.4	26.9	38.2	24.3	39.9
Diabetes mellitus	10.4	33.2	57.4	53.0	31.8	28.5	34.7
Chronic lower respiratory diseases	7.3	18.1	44.1	22.8	30.0	10.6	27.9
Influenza and pneumonia	9.2	5.9	13.2	9.1	20.0	19.6	18.9
Essential hypertension and hypertensive renal disease	3.5	24.2	24.2	Unreliable	18.8	11.0	18.4
Chronic liver disease and cirrhosis	3.1	19.1	33.9	11.4	16.4	10.1	16.9
Nephritis, nephrotic syndrome, and nephrosis	4.2	14.8	26.5	23.3	14.7	11.4	15.7
Parkinson disease	Unreliable	8.8	N/A	Unreliable	10.4	4.1	9.5
Intentional self-harm (suicide)	Unreliable	7.2	7.8	11.0	9.6	5.8	8.7
Assault (homicide)	Unreliable	N/A	23.3	Unreliable	6.1	7.4	6.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024.

Note: AI/AN – American Indian or Alaska Native, NHPI – Native Hawaiian or Other Pacific Islander.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description

Exhibit 42 provides crude mortality rates in Los Angeles County by race and ethnicity for the fifteen (15) leading causes of death. Light grey shading indicates rates above the rate for all races and ethnicities combined, dark grey shading indicates rates more than 50 percent above rates for all races and ethnicities combined.

Observations

- In 2018-2023, mortality rates in the Los Angeles County Black population for diseases of the heart, accidents (unintentional injuries), cerebrovascular diseases, diabetes, chronic lower respiratory diseases, hypertension and hypertensive renal disease, and assault (homicide) were more than 50 percent above rates for all races and ethnicities combined.
- Mortality rates for diabetes were significantly higher in the Los Angeles County Native Hawaiian or other Pacific Islander population compared to rates for all races and ethnicities combined.
- Mortality rates for chronic liver disease and cirrhosis and assault were higher amongst Hispanic (or Latino) residents compared to all races and ethnicities combined.
- Mortality rates for cerebrovascular diseases, influenza and pneumonia, and hypertension and hypertensive renal disease were higher amongst Asian residents compared to all races and ethnicities combined.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 43: Cancer Mortality, Age-adjusted Rates per 100,000 Population, 2018-2022

Cancer Site	Los Angeles County	California	United States
All Cancer Sites	130.3	132.7	146.0
Lung & Bronchus	21.4	23.2	32.4
Breast (Female)	19.2	18.8	19.3
Prostate (Male)	19.6	20.2	19.0
Colon & Rectum	12.6	12.0	12.9
Pancreas	9.1	10.4	11.2
Liver & Bile Duct	7.9	7.6	6.6
Ovary (Female)	6.6	6.3	6.0
Leukemia	5.5	5.5	5.9
Uterus (Corpus & Uterus, NOS) (Female)	5.8	5.4	5.2
Non-Hodgkin Lymphoma	4.7	4.8	5.0
Brain & ONS	4.2	4.4	4.4
Bladder	3.4	3.7	4.1
Esophagus	2.3	2.9	3.7
Kidney & Renal Pelvis	3.0	3.1	3.4
Stomach	4.9	3.7	2.7
Oral Cavity & Pharynx	2.2	2.4	2.6
Cervix (Female)	2.5	2.1	2.2
Childhood (Ages <20, All Sites)	2.0	2.2	2.1
Melanoma of the Skin	1.2	1.8	2.0
Childhood (Ages <15, All Sites)	1.9	2.0	1.9
Thyroid	0.7	0.6	0.5

Source: National Center for Health Statistics of the Centers for Disease Control and Prevention, State Cancer Profiles, Accessed 5/15/2025.

Description

Exhibit 43 provides age-adjusted cancer mortality rates for Los Angeles County, California, and the United States.

Observations

- In 2018-2022, cervix, liver and bile duct, ovary, prostate, stomach, thyroid, and uterus cancers were higher in Los Angeles County compared to national averages.
- The mortality rate for stomach cancer was more than 50 percent above the national rate.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 44: COVID-19 Mortality, Age-Adjusted, Per 100,000 Population, 2023

Area	COVID-19 Mortality Rate
Antelope Valley (SPA 1)	348.0
San Fernando (SPA 2)	324.7
San Gabriel (SPA 3)	335.5
Metro (SPA 4)	380.3
West (SPA 5)	153.1
South (SPA 6)	503.1
East (SPA 7)	409.2
South Bay (SPA 8)	262.5
Los Angeles County	340.0
California	255.7
United States	337.9

Source: Los Angeles County Department of Public Health, June 2023 and Johns Hopkins University, 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 44 presents data regarding COVID-19 mortality. Light grey shading highlights indicators found to be worse than the national average.

Observations

- As of 2023, Antelope Valley, Metro, South, and East SPAs experienced a COVID-19 mortality rate higher than county, state, and national averages.
- The county-wide COVID-19 mortality rate was higher than state and national averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 45: Poisoning Mortality, Crude Rate, per 100,000 Population, 2019-2023

Report Area	Total Population	Total Deaths	Crude Death Rate
Los Angeles County	9,839,236	10,908	22.2
California	39,222,534	51,144	26.1
United States	331,563,969	506,909	30.6

Source: Centers for Disease Control and Prevention, National Vital Statistics System, Accessed via CDC WONDER. 2019-2023.

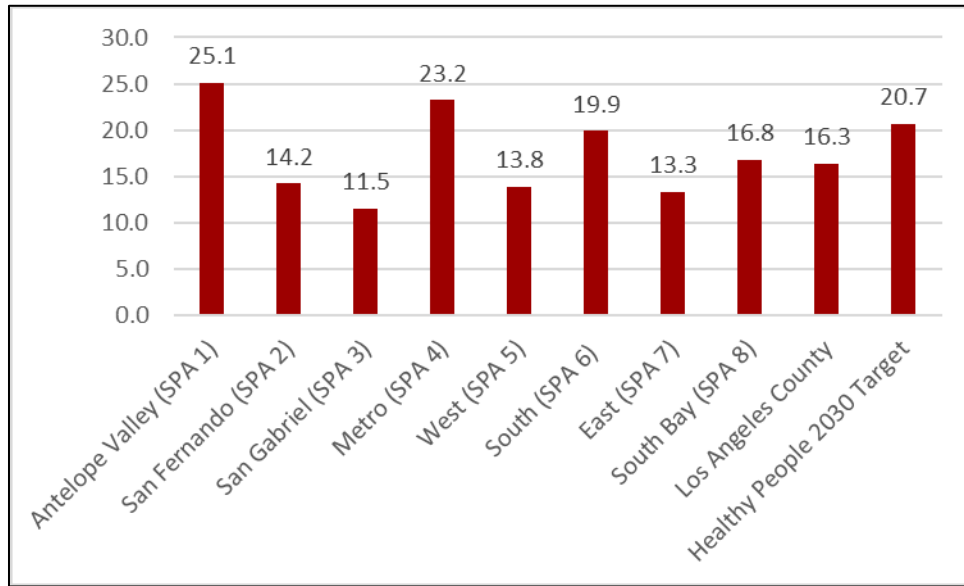
Description

Exhibit 45 presents the 2019-2023 five-year average rate of death due to poisoning (including drug overdose) per 100,000 population.

Observations

- Between 2019-2023, Los Angeles County and California had lower five-year average poisoning mortality rates than the U.S.

Exhibit 46: Drug Overdose Mortality by SPA, per 100,000 Population, 2018-2022



Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 46 presents the 2018-2022 drug overdose mortality rate per 100,000 population by SPA with Los Angeles County and the Healthy People 2030 target for comparison.

Observations

- Between 2018-2022, Antelope Valley (SPA 1) and Metro (SPA 4) had comparatively high drug overdose mortality rates exceeding all other SPAs, Los Angeles County, and the Healthy People 2030 target.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 47: Suicide Deaths, per 100,000 Population, 2019-2023

Report Area	Total Population	Total Deaths	Crude Death Rate
Los Angeles County	9,839,236	4,296	8.7
California	39,222,534	21,240	10.8
United States	331,563,969	240,465	14.5

Source: Centers for Disease Control and Prevention, National Vital Statistics System, Accessed via CDC WONDER. 2018-2022.

Description

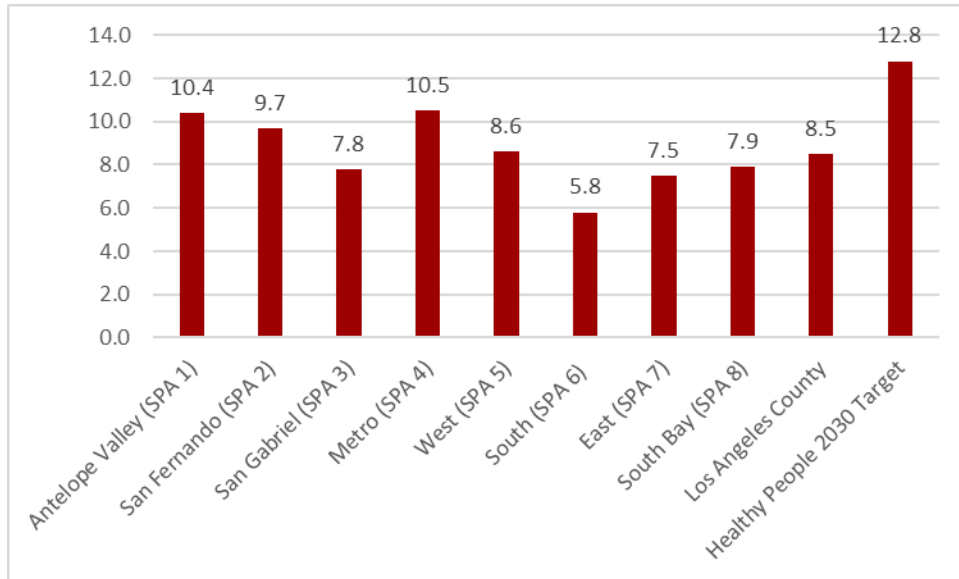
Exhibit 47 presents the 2019-2023 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population.

Observations

- Between 2019-2023, suicide rates were lower in Los Angeles County and California compared to the national average.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 48: Suicide Deaths by SPA, per 100,000 Population, 2018-2022



Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 48 presents the 2018-2022 suicide deaths by SPA with Los Angeles County and the Healthy People 2030 target for comparison.

Observations

- Between 2018-2022, suicide rates were higher in Antelope Valley, Metro, San Fernando, and West SPAs compared to Los Angeles County overall.
- All SPAs and Los Angeles County were below the Healthy People 2030 target.

APPENDIX B – SECONDARY DATA ASSESSMENT

Health Status, Chronic Disease, and Disability

Exhibit 49: Health Status and Frequent Physical Distress, 2022

Indicator	CBSA	Los Angeles County	California	United States
Fair or poor self-rated health status among adults	30.9%	19.6%	18.8%	17.9%
Frequent physical distress among adults	17.9%	13.0%	13.1%	12.7%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 3/21/2025. <https://www.cdc.gov/places>.

Description

Exhibit 49 presents CDC’s PLACES health status indicators for the CBSA, Los Angeles County, and California with the U.S. provided as a benchmark. PLACES data are derived from the Behavioral Risk Factor Surveillance Survey (BRFSS) and are available for every U.S. ZIP Code, census tract, county, and state. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- In 2022, the proportion of residents living in the CBSA with self-rated fair or poor health status was more than 50 percent above the U.S. average.
- A higher percentage of residents in the CBSA reported frequent physical distress compared to county, state, and national averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 50: Chronic Disease Indicators, 2022

Indicator	CBSA	Los Angeles County	California	United States
Arthritis	18.2%	19.3%	21.8%	26.6%
Cancer (non-skin) or melanoma	4.4%	6.0%	6.7%	8.2%
Chronic obstructive pulmonary disease (COPD)	5.6%	4.8%	5.4%	6.8%
Coronary heart disease	6.0%	5.4%	5.8%	6.8%
Current asthma	10.0%	9.1%	9.6%	9.9%
Diagnosed diabetes	15.2%	12.3%	11.5%	12.0%
High blood pressure	28.3%	28.2%	28.4%	32.7%
High cholesterol	35.5%	35.6%	34.1%	35.5%
Obesity	31.1%	26.2%	28.3%	33.3%
Stroke	3.6%	3.1%	3.1%	3.6%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 3/21/2025. <https://www.cdc.gov/places>.

Description

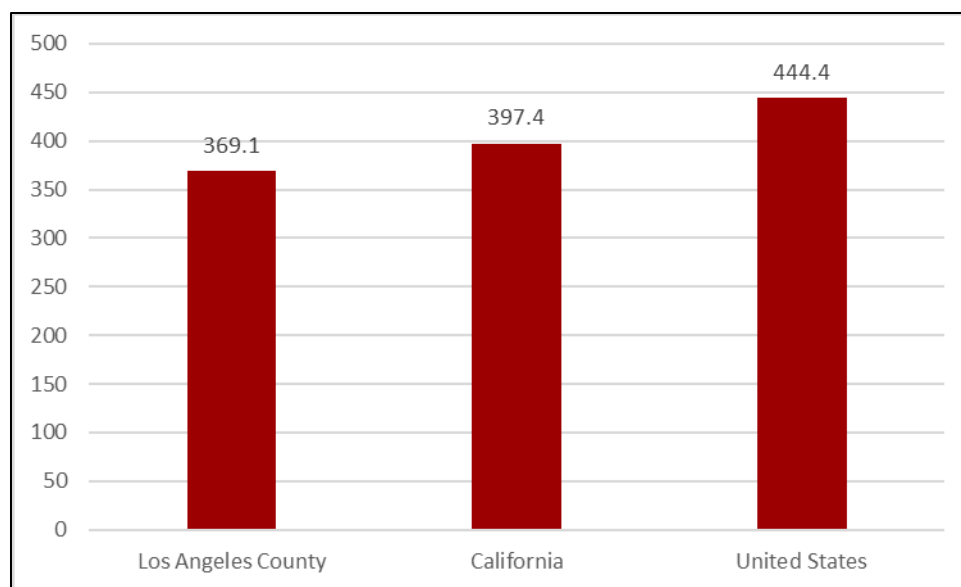
Exhibit 50 presents CDC’s PLACES health outcomes or chronic disease indicators for the CBSA, Los Angeles County, and California with the U.S. provided as a benchmark. PLACES data are derived from the Behavioral Risk Factor Surveillance Survey (BRFSS) and are available for every U.S. ZIP Code, census tract, county, and state. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- In 2022, the percentage residents living in the CBSA with current asthma and diagnosed diabetes was higher than national averages.
- Rates for COPD, coronary heart disease, current asthma, diabetes, high blood pressure, obesity, and stroke compared unfavorably in the CBSA to Los Angeles County averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 51: Cancer Incidence, Age-adjusted Rates per 100,000 Population, 2017-2021



Source: State Cancer Profiles, National Cancer Institute and CDC, 2017-2021.

Description

Exhibit 51 provides age-adjusted incidence rates for cancer (all sites), per 100,000 population for Los Angeles County, California, and the United States.

Observations

- In 2017-2021, Los Angeles County and California residents had lower cancer incidence rates compared to U.S. averages.

Exhibit 52: Disability among Adults, 2022

Indicator	CBSA	Los Angeles County	California	United States
Any disability	38.2%	28.3%	29.2%	29.9%
Cognitive disability	20.5%	13.7%	13.9%	13.4%
Hearing disability	6.9%	5.7%	6.2%	7.1%
Independent living disability	12.1%	7.9%	7.7%	7.9%
Mobility disability	17.9%	12.6%	12.8%	13.7%
Self-care disability	6.5%	3.8%	3.7%	3.8%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 3/21/2025. <https://www.cdc.gov/places>.

Description

Exhibit 52 presents CDC's PLACES disability indicators for the CBSA, Los Angeles County, and California with the U.S. provided as a benchmark. PLACES data are derived from the

APPENDIX B – SECONDARY DATA ASSESSMENT

Behavioral Risk Factor Surveillance Survey (BRFSS) and are available for every U.S. ZIP Code, census tract, county, and state. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- In 2022, the percentage of the CBSA population with cognitive disability, independent living disability, and self-care disability were more than 50 percent above state and national rates.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 53: HIV and Other Sexually Transmitted Infections by SPA, 2019-2021

Indicator	Antelope Valley (SPA 1)	San Fernando (SPA 2)	San Gabriel (SPA 3)	Metro (SPA 4)	West (SPA 5)	South (SPA 6)	East (SPA 7)	South Bay (SPA 8)	Los Angeles County
Early Syphilis Incidence Rate (Cases per 100,000 Population)	39.6	40.8	32.0	174.9	31.4	79.6	47.7	55.6	62.4
Congenital Syphilis Incidence Rate (Cases per 100,000 Live Birth), 2019-2021	158.2	74.5	80.9	161.8	N/A	217.1	103.0	91.2	112.7
Gonorrhea Incidence Rate (Cases per 100,000 Population)	254.7	189.9	148.0	732.6	207.0	457.2	203.7	275.7	306.7
Chlamydia Incidence Rate (Cases per 100,000 Population)	521.2	376.1	358.6	909.1	373.4	880.0	509.9	529.5	566.8
Persons Living with Diagnosed HIV Prevalence Rate (per 100,000 Population)	297.9	371.3	243.1	1,665.7	389.9	693.6	319.7	522.0	545.7

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 53 provides HIV and other sexually transmitted infection statistics available from the Los Angeles County Department of Public Health by SPA with Los Angeles County rates for comparison. Light grey shading indicates rates above the Los Angeles County average; dark grey shading indicates rates more than 50 percent above the average.

Observations

- In 2019-2021, HIV and other STI rates were significantly higher in Metro and South SPAs compared to Los Angeles County overall.

APPENDIX B – SECONDARY DATA ASSESSMENT

Nutrition and Physical Activity

Exhibit 54: Nutrition and Physical Activity Indicators by SPA, 2017-2023

Indicator	Antelope Valley (SPA 1)	San Fernando (SPA 2)	San Gabriel (SPA 3)	Metro (SPA 4)	West (SPA 5)	South (SPA 6)	East (SPA 7)	South Bay (SPA 8)	Los Angeles County	Healthy People 2030 Target
Percentage of Adults (18+) Who Meet the Guidelines for Physical Activity	33.3%	34.8%	33.4%	36.2%	43.3%	37.0%	36.6%	37.1%	36.0%	29.7%
Percentage of Adults (18+) Who Meet the Guidelines for Fruit and Vegetable Intake	9.0%	10.2%	10.2%	12.9%	13.3%	12.4%	9.1%	10.7%	10.8%	No Target
Percentage of Children (0 to 17) with Daily Sugar Sweetened Beverage Consumption	43.6%	29.8%	31.3%	35.0%	18.0%	46.8%	38.5%	33.3%	34.6%	No Target
Percentage of Adults (18+) with Daily Sugar Sweetened Beverage Consumption	45.6%	30.2%	34.3%	34.6%	17.4%	48.9%	44.7%	32.7%	35.1%	No Target
Percentage of Children (0 to 17) with Good or Excellent Access to Fresh Fruits & Vegetables	75.1%	87.3%	84.5%	70.3%	92.3%	56.6%	80.5%	82.1%	79.5%	No Target
Percentage of Children (6 Months to 17 Years) with Weekly Fast-Food Consumption	33.6%	36.5%	41.4%	32.5%	22.5%	39.8%	44.1%	36.2%	37.6%	No Target
Percentage of Population Living Near a Supermarket or Grocery Store	35.6%	57.6%	54.3%	82.3%	68.8%	68.6%	66.2%	65.5%	63.2%	No Target

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

APPENDIX B – SECONDARY DATA ASSESSMENT

Description

Exhibit 54 provides nutrition and physical activity indicators available from the Los Angeles County Department of Public Health by SPA with Los Angeles County and the Healthy People 2030 target (where available) for comparison.¹⁷ Light grey shading indicates rates above the Los Angeles County average; dark grey shading indicates rates more than 50 percent above the average.

Observations

- In 2017-2023, the percentage of adults who meet recommended guidelines for physical activity was unfavorable in Antelope Valley, San Fernando, and San Gabriel compared to Los Angeles County.
- Fruit and vegetable consumption compared unfavorably in Antelope Valley, San Fernando, San Gabriel, East, and South Bay compared to Los Angeles County.
- Sugar sweetened beverage and fast food consumption amongst children was problematic throughout Antelope Valley, Metro, South, and East SPAs.

¹⁷ [Healthy People 2030 | odphp.health.gov](https://odphp.health.gov/2030)

APPENDIX B – SECONDARY DATA ASSESSMENT

Mental Health

Exhibit 55: Mental, Social, and Emotional Health Indicators, Adults, 2022

Indicator	CBSA	Los Angeles County	California	United States
Diagnosed depression	22.2%	20.2%	20.6%	20.7%
Feeling socially isolated	39.2%	34.8%	34.9%	31.9%
Frequent mental distress	19.7%	16.0%	16.0%	15.8%
Lack of social and emotional support	37.5%	31.5%	30.8%	25.1%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 3/21/2025. <https://www.cdc.gov/places>.

Description

Exhibit 55 presents CDC’s PLACES mental, social, and emotional health indicators for the CBSA, Los Angeles County, and California with the U.S. provided as a benchmark. PLACES data are derived from the Behavioral Risk Factor Surveillance Survey (BRFSS) and are available for every U.S. ZIP Code, census tract, county, and state. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- In 2022, the percentage of the CBSA population with diagnosed depression was higher compared to the county, state, and U.S. averages.
- The percentages of the population reporting feelings of social isolation, frequent mental distress, and lack of social and emotional support were higher in the CBSA, Los Angeles County, and California compared to the United States.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 56: Mental and Emotional Health Indicators, Teens, 2023

Indicator	Los Angeles County	California
Needed help for emotional or mental health problems	29.7%	30.3%
Delayed/didn't get needed mental health care	41.4%	39.5%

Source: 2023 California Health Interview Survey, [AskCHIST™ Dashboard](#) | [UCLA Center for Health Policy Research](#).

Description

Exhibit 56 presents mental and emotional health statistics for teens in Los Angeles County and California available from the California Health Interview Survey (CHIS). Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- In 2023, the percentage of Los Angeles County teens who delayed or did not get needed mental health care was higher than the state average.

APPENDIX B – SECONDARY DATA ASSESSMENT

Maternal and Child Health

Exhibit 57: Perinatal and Infant Health Indicators by SPA, 2018-2022

Indicator	Antelope Valley (SPA 1)	San Fernando (SPA 2)	San Gabriel (SPA 3)	Metro (SPA 4)	West (SPA 5)	South (SPA 6)	East (SPA 7)	South Bay (SPA 8)	Los Angeles County	Healthy People 2030 Target
First Trimester Entry into Prenatal Care, as a Percentage of Total Live Births	75.5%	88.0%	84.4%	84.8%	91.4%	81.4%	85.5%	88.2%	85.5%	No Target
Preterm Live Births as a Percentage of Total Live Births, 2018-2022	10.5%	9.5%	8.7%	9.3%	7.6%	10.6%	9.4%	9.0%	9.3%	9.4%
Low Birthweight Live Births as a Percentage of Total Live Births, 2018-2022	11.0%	9.4%	8.5%	9.0%	7.4%	10.4%	9.1%	8.9%	9.2%	9.4%
Infant Mortality Rate (Infant Deaths per 1,000 Live Births), 2018-2022	9.3	7.6	7.2	7.3	6.6	8.9	7.9	7.6	7.8	No Target
Maternal Mortality Ratio (Female Deaths per 100,000 Live Births), 2018-2022	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10.3	15.7

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 57 provides perinatal and infant health indicators available from the Los Angeles County Department of Public Health by SPA with Los Angeles County and the Healthy People 2030 target (where available) for comparison.¹⁸ Light grey shading indicates rates above the Los Angeles County average; dark grey shading indicates rates more than 50 percent above the average.

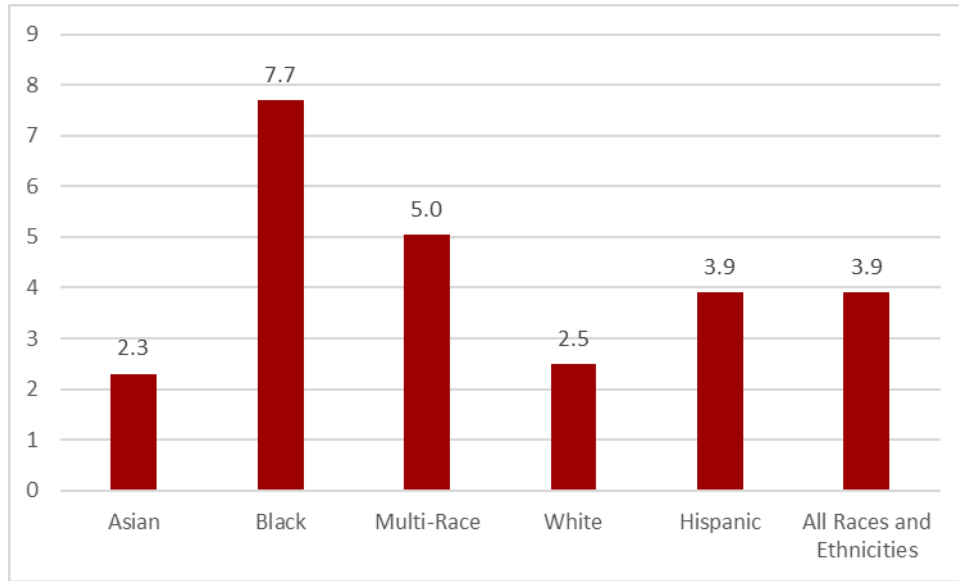
Observations

- In 2018-2022, the percentage of mother's accessing prenatal care in the first trimester was lower among residents of Antelope Valley, San Gabriel, Metro, and South SPAs compared to Los Angeles County.
- Infant mortality rates were higher than Los Angeles County rates in Antelope Valley, South, and East SPAs.

¹⁸ [Healthy People 2030 | odphp.health.gov](https://odphp.health.gov/Healthy-People-2030)

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 58: Infant Mortality by Race and Ethnicity, LA County, per 1,000, 2019-2021



Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Infant Mortality Dashboard, Last Modified June 2024. go.cdph.ca.gov/Infant-Mortality-Dashboard.

Note: No data available for AI/AN or Pacific Islander populations.

Description

Exhibit 58 presents infant mortality rates by race and ethnicity for Los Angeles County.

Observations

- Between 2019-2021, infant mortality rates for Black residents and residents who identified as multi-race were higher than the overall county rate.
- Asian and White residents had the lowest infant mortality rates among all population cohorts.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 59: Teen Births, per 1,000 Female Population, 2016-2022

Area	Female Population Age 15-19	Teen Births							
		AI/AN	Asian	Black	NHPI	White	Two or More Races	Hispanic or Latino	All Races & Ethnicities
Los Angeles County	2,143,853	12.8	0.9	16.0	10.7	2.2	5.0	16.6	12.1
California	8,744,396	16.8	1.5	15.9	10.9	5.4	7.8	18.6	12.7
United States	72,648,322	28.1	2.5	24.9	23.9	11.3	16.8	25.4	16.6

Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2016-2022.

Note: AI/AN – American Indian or Alaska Native, NHPI – Native Hawaiian or Other Pacific Islander.

Description

Exhibit 59 presents the seven-year average (2016-2022) number of births per 1,000 female population age 15-19 by race and Hispanic origin. Light grey shading indicates rates above the U.S. rate for all races and ethnicities combined (16.6 percent), dark grey shading indicates rates more than 50 percent above U.S. rate for all races and ethnicities combined.

Observations

- Between 2016-2022, average rates for teen mothers giving birth for AI/AN, Asian, NHPI, White, and multi-racial populations were lower in Los Angeles County compared to the U.S. average for all races and ethnicities combined (16.6 per 1,000); rates for Black and Hispanic populations were aligned with U.S wide average.
- Rates for teen mothers giving birth were comparatively higher for AI/AN, Black, NHPI, multi-racial, and Hispanic (or Latino) populations compared to Asian and White populations in Los Angeles County.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 60: Breastfeeding Initiation and Duration by Race & Ethnicity, LA County, 2021

Indicator	Asian/Pacific Islander	Black	White	Hispanic	All Races & Ethnicities
Intention to breastfeed before birth	94.1%	85.7%	94.4%	90.3%	85.4%
Any breastfeeding, 3 months after delivery	77.3%	58.7%	83.5%	64.1%	69.2%
Exclusive breastfeeding, 3 months after delivery	26.2%	28.6%	48.2%	26.3%	28.2%

Source: Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, Los Angeles County, 2019-2021. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division; 2024.

Description

Exhibit 60 presents breastfeeding initiation and duration statistics by race and ethnicity for Los Angeles County available through the California Department of Health. Light grey shading highlights indicators that compare unfavorably to the rate for all races and ethnicities combined.

Observations

- In 2019-2021, Black and Hispanic populations had a lower prevalence of breastfeeding three months after delivery compared to Asian/Pacific Islander and White populations.
- Exclusive breastfeeding three months after delivery was more common among White residents compared to all other racial and ethnic groups.

APPENDIX B – SECONDARY DATA ASSESSMENT

Substance Use

Exhibit 61: Tobacco Use by SPA, 2018-2022

Indicator	Antelope Valley (SPA 1)	San Fernando (SPA 2)	San Gabriel (SPA 3)	Metro (SPA 4)	West (SPA 5)	South (SPA 6)	East (SPA 7)	South Bay (SPA 8)	Los Angeles County	Healthy People 2030 Target
Percentage of Adults (18+) Who Smoke Cigarettes	9.4%	5.4%	4.8%	8.4%	3.7%	7.6%	4.6%	6.7%	6.0%	6.1%
Percentage of Adults (18+) Who Used E-Cigarettes in the Past Month	9.5%	4.6%	4.7%	6.8%	7.0%	4.4%	4.6%	7.7%	5.7%	No Target

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 61 provides tobacco use rates available from the Los Angeles County Department of Public Health by SPA with Los Angeles County and the Healthy People 2030 target (where available) for comparison.¹⁹ Light grey shading indicates rates above the Los Angeles County average; dark grey shading indicates rates more than 50 percent above the average. In 2022, the adult smoking rate was 10.0 percent in California and 13.0 percent in the United States.²⁰

Observations

- In 2018-2022, the percentages of adults who smoke cigarettes and who used E-cigarettes in the past month were significantly higher in Antelope Valley compared to Los Angeles County and the Healthy People 2030 target. Smoking and E-cigarette use was also comparatively higher in Metro, South, and South Bay SPAs.

¹⁹ [Healthy People 2030 | odphp.health.gov](https://odphp.health.gov/healthy-people-2030/)

²⁰ <https://www.countyhealthrankings.org/health-data/california/>

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 62: Alcohol Availability and Use by SPA, 2018-2022

Indicator	Antelope Valley (SPA 1)	San Fernando (SPA 2)	San Gabriel (SPA 3)	Metro (SPA 4)	West (SPA 5)	South (SPA 6)	East (SPA 7)	South Bay (SPA 8)	Los Angeles County	Healthy People 2030 Target
On-Premises Alcohol Outlets (per 10,000 Population)	5.1	8.5	9.1	20.6	20.9	2.5	7.5	11.8	10.4	N/A
Off-Premises Alcohol Outlets (per 10,000 Population)	4.8	6.3	5.8	7.6	7.2	5.4	7.2	7.3	6.5	N/A
Percentage of Adults (18+) Who Used Alcohol in the Past Month	51.1%	56.7%	55.0%	56.8%	71.9%	45.3%	54.6%	61.5%	56.7%	N/A
Percentage of Adults (18+) Who Reported Binge Drinking in the Past Month	19.0%	20.5%	19.1%	26.0%	25.3%	23.9%	22.0%	23.2%	22.1%	N/A

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 62 provides alcohol availability and consumption statistics available from the Los Angeles County Department of Public Health by SPA with Los Angeles County and the Healthy People 2030 target (where available) for comparison.²¹ Light grey shading indicates rates above the Los Angeles County average; dark grey shading indicates rates more than 50 percent above the average.

Observations

- In 2018-2022, the number of retail outlets that sell alcohol for onsite consumption relative to the population was significantly higher in Metro and West (SPAs 4 and 5) compared to other SPAs and Los Angeles County.
- The percentage of adults who reported binge drinking in the past month was comparatively high in Metro, West, South, and South Bay SPAs compared to other SPAs and Los Angeles County overall.

²¹ [Healthy People 2030 | odphp.health.gov](https://odphp.health.gov/Healthy-People-2030)

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 63: Marijuana Availability and Use by SPA, 2018-2022

Indicator	Antelope Valley (SPA 1)	San Fernando (SPA 2)	San Gabriel (SPA 3)	Metro (SPA 4)	West (SPA 5)	South (SPA 6)	East (SPA 7)	South Bay (SPA 8)	Los Angeles County	Healthy People 2030 Target
Marijuana Outlets (per 10,000 Population)	0.6	2.8	0.8	4.2	2.3	2.3	1.0	1.4	2.0	N/A
Percentage of Adults (Ages 18+) Who Used Marijuana in the Past Month	15.0%	16.2%	9.5%	21.0%	20.7%	14.8%	8.3%	17.2%	14.9%	N/A

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.
Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 63 provides marijuana availability and use statistics available from the Los Angeles County Department of Public Health by SPA with Los Angeles County and the Healthy People 2030 target (where available) for comparison.²² Light grey shading indicates rates above the Los Angeles County average; dark grey shading indicates rates more than 50 percent above the average.

Observations

- In 2018-2022, the number of retail outlets that sell marijuana relative to the population was significantly higher in SPA 4 compared to other SPAs and Los Angeles County. The number of retail outlets was also comparatively high in San Fernando (SPA 2).
- The percentage of adults who reported using marijuana in the past month was higher than the county average in Antelope Valley, San Fernando, Metro, West, and South Bay.

²² [Healthy People 2030 | odphp.health.gov](https://odphp.health.gov/healthy-people-2030)

APPENDIX B – SECONDARY DATA ASSESSMENT

Preventive Practices

Exhibit 64: Prevention Practice Indicators, 2022

Indicator	CBSA	Los Angeles County	California	United States
Cholesterol screening among adults	81.9%	86.4%	85.5%	86.4%
Colorectal cancer screening among adults aged 45-75 years	45.7%	53.0%	57.4%	66.3%
Mammography use among women aged 50-74 years	70.9%	74.4%	75.7%	76.5%
Visits to doctor for routine checkup (past year, adults)	68.2%	71.8%	70.9%	76.1%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 3/21/2025. <https://www.cdc.gov/places>.

Description

Exhibit 64 presents CDC’s PLACES prevention practice indicators for the CBSA, Los Angeles County, and California with the U.S. provided as a benchmark. PLACES data are derived from the Behavioral Risk Factor Surveillance Survey (BRFSS) and are available for every U.S. ZIP Code, census tract, county, and state. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- In 2022, screening tests for cholesterol, colorectal cancer, breast cancer (mammography), and routine checkup with a doctor were lower in the CBSA compared to county, state, and national averages.
- Colorectal cancer screening, mammography, and routine doctor visit were comparatively low in the county and California compared to national averages.

APPENDIX B – SECONDARY DATA ASSESSMENT

Exhibit 65: Oral Health Indicators, 2022

Indicator	CBSA	Los Angeles County	California	United States
All teeth lost among adults aged (65+)	14.5%	12.2%	10.7%	12.2%
Visited dentist in the past year, adults	49.3%	62.0%	62.7%	63.9%

Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health. Accessed 3/21/2025. <https://www.cdc.gov/places>.

Description

Exhibit 65 presents CDC’s PLACES oral health indicators for the CBSA, Los Angeles County, and California with the U.S. provided as a benchmark. PLACES data are derived from the Behavioral Risk Factor Surveillance Survey (BRFSS) and are available for every U.S. ZIP Code, census tract, county, and state. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- In 2022, the percentage of the CBSA population aged 65 and older with all teeth lost was higher than the county, state, and national average.
- The percentage of adults with a dental visit in the last year was lower in the CBSA, county, and state compared to the national average.

Exhibit 66: Pap Smears and Human Papillomavirus (HPV) Vaccination by SPA, 2023

Area	Had Pap Smear within the past 3 Years (Ages 21-65 years)	Ever had HPV Vaccination (Ages 18-26 years)
Antelope Valley (SPA 1)	76.7%	52.6%
San Fernando (SPA 2)	79.8%	54.8%
San Gabriel (SPA 3)	80.9%	64.3%
Metro (SPA 4)	80.9%	51.3%
West (SPA 5)	90.2%	85.3%
South (SPA 6)	82.4%	53.8%
East (SPA 7)	79.6%	60.5%
South Bay (SPA 8)	82.8%	62.8%
Los Angeles County	81.4%	59.3%

Source: 2023 Los Angeles County Health Survey; Office of Health Assessment & Epidemiology, LA County Department of Public Health. Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 66 presents statistics for pap smear and HPV vaccination available from the Los Angeles County Department of Public Health. Light grey shading indicates rates that are worse than the Los Angeles County average.

APPENDIX B – SECONDARY DATA ASSESSMENT

Observations

- In 2023, a lower percentage of residents in Antelope Valley, San Fernando, San Gabriel, Metro, and East SPAs had cervical cancer screening (pap smear) in the past three years compared to Los Angeles County.
- HPV vaccination rates among residents ages 18-26 years were lower in Antelope Valley, San Fernando, Metro, and South SPAs compared to Los Angeles County.

Exhibit 67: Flu and Pneumonia Vaccination by SPA, 2023

Area	Had Flu Vaccination within the past Year (Ages 18+)	Had Flu Vaccination within the past Year (Ages 65+)	Ever Had Pneumonia Vaccination (Ages 65+)
Antelope Valley (SPA 1)	41.9%	64.5%	68.4%
San Fernando (SPA 2)	45.6%	66.7%	70.4%
San Gabriel (SPA 3)	49.3%	78.0%	76.5%
Metro (SPA 4)	46.5%	79.5%	71.2%
West (SPA 5)	53.4%	78.1%	72.3%
South (SPA 6)	40.5%	70.7%	64.3%
East (SPA 7)	45.2%	75.4%	71.5%
South Bay (SPA 8)	51.1%	70.8%	75.3%
Los Angeles County	47.1%	73.2%	72.3%

Source: 2023 Los Angeles County Health Survey; Office of Health Assessment & Epidemiology, LA County Department of Public Health. Keck Medical Center and the CBSA are in SPA 4.

Description

Exhibit 67 presents statistics for flu and pneumonia vaccination available from the Los Angeles County Department of Public Health. Light grey shading indicates rates that are worse than the Los Angeles County average.

Observations

- In 2023, rates for flu vaccination among adults 18 years and older were lower in Antelope Valley, San Fernando, Metro, South, and East SPAs compared to Los Angeles County.
- Rates for flu vaccination in adults aged 65 and older were lower in Antelope Valley, San Fernando, South, and South Bay SPAs compared to Los Angeles County.
- Pneumonia vaccination rates among those 65 years and older were comparatively low in Antelope Valley, San Fernando, Metro, South, and East SPAs.

Findings of Other Assessments

Community Health Equity Improvement Plan for Los Angeles County, 2024-2029

The Community Health Equity Improvement Plan (CHEIP) for Los Angeles County is a shared plan between the Los Angeles County Department of Public Health and community partners and stakeholders designed to advance health equity and foster healthier communities. CHEIP reflects the highest priority population health issues and builds on an equity framework focused on ensuring that everyone has a fair and just opportunity to attain optimal health and wellbeing. CHEIP includes the following four focus areas and goals:

1. **Black/African American Infant and Maternal Mortality** – In five years, reduce the gap by 50 percent in Infant Mortality Rates (IMR) between White and Black/African American babies by reducing the Black/African American IMR.
2. **Sexually Transmitted Infections and Congenital Syphilis** – The rate of primary and secondary syphilis will decrease among African American and Latinx men who have sex with men (MSM) by 20 percent in five years.
3. **Environmental Justice** – In five years, find and fix the sources of lead exposure for at least 25 percent of children with a blood lead level of 3.5 micrograms/dL or higher who live in the most polluted communities of Los Angeles County.
4. **Violence Prevention** – (1) Reduce the gap in homicide rates between African Americans and the Los Angeles County average by 20 percent in five years and (2) Reduce the number of adult women and gender diverse/expansive people who report ever experiencing physical violence by an intimate partner by 10 percent in five years.

California State Health Improvement Plan, 2024

Let's Get Healthy California (LGHC), the California State Health Assessment (SHA), identified key health issues, contributing factors, and health disparities for Californians. The LGHC State Health Improvement Plan (SHIP) provides a framework and strategic approach to streamline efforts across California that are working to address shared priorities. The SHIP highlights how public health and partners will collaborate to address key health issues and advance health equity. The 2024 California SHIP priorities are:

- **Healthy Beginnings** with objectives related to well woman visits, infant mortality, cesarean births, child vaccination rates, childhood obesity and physical activity, adolescent sugar sweetened beverage consumption, adolescent fruit and vegetable consumption, asthma ED visits, adolescent tobacco use, child maltreatment, adverse childhood experiences, youth depression, early learning, and school readiness.
- **Living Well** with objectives related to overall health status, adult obesity, diabetes prevalence, hypertension, high cholesterol, adult physical activity, adult sugary beverage consumption, adult fruit and vegetable consumption, adult tobacco use, adult depression, teen substance use, suicide, adult maltreatment, cognitive difficulty, and older adult falls.
- **End of Life** with objectives related to access to hospital based palliative care, increasing use of hospice care, terminal hospital stays that include ICU days, and advance care planning.

APPENDIX B – SECONDARY DATA ASSESSMENT

- **Redesigning the Health System** with objectives related to access to primary care providers, timely care (primary and specialty), increasing access to culturally and linguistically appropriate services, coordinated outpatient care for adults, preventable hospitalizations, hospital readmissions, and hospital acquired conditions.
- **Creating Healthy Communities** with objectives related to poverty, unemployment, housing cost burden, food insecurity, healthy food access, access to fruits and vegetables, walk trips, park access, neighborhood safety, violent crimes, community support, and volunteering.
- **Lowering the Cost of Care** with objectives related to rates of uninsured, total out of pocket costs, bending the health care cost curve, health care received in an integrated system, transparent information on cost and quality, and value-based payment.

The California State Health Improvement Plan for 2024 can be accessed at <https://letsgethealthy.ca.gov/progress/>.

California's Comprehensive Cancer Control Plan, 2021-2025

California's 2021-2025 Comprehensive Cancer Control Plan was developed by stakeholders and issued by the California Dialogue on Cancer (CDOC) and the is fourth iteration of the state's plan focused on reducing cancer burden. Stakeholders represented the racial, ethnic, gender, economic, and geographic diversity of California. The plan's strategies are intended to direct collective efforts of cancer control stakeholders, including community members, health care providers, community-based organizations, and institutions, toward specific and measurable goals targeted at cancer burden reduction. The 2021-2025 plan outlines the following goals and objectives:

- Reduce the number of new cancer cases and deaths due to cancer.
 - Decrease the rate of combined cancer incidence in California by 3.6 percent.
 - Decrease the rate of combined cancer mortality in California by 6.5 percent.
- Ensure the collection, dissemination, and utilization of comprehensive and understandable cancer-related surveillance data for cancer control evaluation, planning and monitoring in California.
 - Expand CCR data dictionary requirements of gender identity categories, establishing a statewide data standard, in alignment with national gender minority initiatives.
 - Enhance the capacity of cancer surveillance systems to produce and disseminate user-friendly cancer information and data reports that meet the needs of the public, public health-based organizations, research-based institutions, and other stakeholders.
 - Enhance the value and use of CCR data to improve population health through the expansion of existing linkages with other population registries, repositories, and relevant data sets.
- Assure all Californians have access to resources that promote wellness and access to quality services.

APPENDIX B – SECONDARY DATA ASSESSMENT

- Increase equitable access to quality cancer-related preventive, diagnostic, treatment, palliative, and end of life care for the uninsured and underinsured.
 - Reduce financial and geographical barriers to equitable cancer care for all Californians.
 - Reduce systemic and cultural barriers to equitable cancer care for Californians.
- Prevent cancer through risk-factor reduction by optimizing social and environmental support for recommended health behaviors.
 - Human Papilloma Virus (HPV)
 - Increase initiation of HPV vaccine among 13-year-olds.
 - Increase series completion of the HPV vaccine among 13-year-olds.
 - Reduce the rural/urban geographic disparity gap in HPV vaccination rates for 13-year-old Californians.
 - Obesity Prevention
 - Increase the number of pregnant women and women of childbearing age who limit sugary drink intake and consume recommended servings of fruit and vegetables.
 - Increase the number of children and adolescents who report not drinking sugary beverages and who consume recommended daily servings of fruit and vegetables.
 - Increase the number of children and adolescents who engage in a minimum of 60 minutes of structured and unstructured physical activity daily each week.
 - Tobacco Use
 - Reduce the prevalence of current tobacco product use among high school aged youth.
 - Reduce the prevalence of tobacco use among adults covered by Medi-Cal.
 - Increase tobacco assessment rates among patients in the California Cancer Registry.
 - Ultraviolet Light (UV) Exposure
 - Reduce UV exposure and the number of sunburns in outdoor occupational workers.
 - Reduce UV exposure and the number of sunburns in people participating in outdoor recreation.
 - Reduce indoor tanning use by sexual minority men (gay and bisexual men) in California.
- Increase recommended population-based screening among Californians, for the purpose of increasing early detection of cancers, thereby increasing survivorship.
 - Breast Cancer
 - Increase the percentage of breast cancers diagnosed at Stage 0 to 1.
 - Increase the percent of women who are referred for genetic assessment of a high risk for breast cancer due to hereditary/familial breast cancer syndromes.
 - Reduce breast cancer related mortality rates for non-Hispanic Black women.
 - Cervical Cancer

APPENDIX B – SECONDARY DATA ASSESSMENT

- Decrease the percentage of women from all racial/ethnic groups ages 21-65 without a hysterectomy, who have not received a Pap and/or HPV screening test in the past five years.
 - Eliminate the disparity in cervical cancer incidence among non-Hispanic Black and Hispanic women in California.
 - Eliminate the disparity in cervical cancer mortality among non-Hispanic Black, Hispanic, and Asian/Pacific Islander women in California.
- Colorectal Cancer
 - Decrease the rate of late-stage diagnosis of colorectal cancer among those who are covered by Medi-Cal and the uninsured.
 - Increase the colorectal cancer screening rate among all Californians.
 - Decrease late-stage diagnosis of colorectal cancer among all Californians between the ages of 40-49 years.
- Lung Cancer
 - Increase the number of lung cancer screening scans using low-dose computed tomography (LDCT).
 - Increase the number of lung cancer screening scans in minority underserved communities using LDCT.
 - Reach universal genetic, molecular testing, and comprehensive biomarker testing of all lung cancer tumors to help determine the best selection of therapies for patients.
- Melanoma
 - Decrease baseline melanoma incidence rate in 16 counties with rates exceeding the baseline.
 - Decrease incidence of thicker cutaneous melanoma (T3-T4) in 15 California counties with rates exceeding the state thickness-specific incidence and melanoma associated mortality rates exceeding the state average.
- Prostate Cancer
 - Increase the proportion of average risk men ages 45 years and older who have had an informed discussion with their healthcare provider regarding advantages and disadvantages of prostate cancer testing.
 - Increase the proportion of African American men 45 years and older who have had an informed discussion with their healthcare provider regarding advantages and disadvantages of prostate cancer testing.
- Improve California cancer survivors' quality of follow-up care and quality of life, and treatment outcomes through increased awareness, education, and access to survivorship and supportive treatment resources and services.
 - Treatment
 - Increase enrollment of diverse populations in cancer clinical trials (therapeutic and non-therapeutic trials).
 - Increase the number of patients who receive supportive care during and after treatment addressing some of the most overlooked issues including sexual health, intimacy, and fear of recurrence.
 - Survivorship

APPENDIX B – SECONDARY DATA ASSESSMENT

- Increase awareness and achievement of exercise guidelines for cancer survivors set by the American College of Sports Medicine (150 minutes of moderate intensity aerobic exercise).
 - Decrease the number of patients with cancer who experience financial distress through health care costs during and after cancer treatment (including preventive screenings and post-treatment maintenance).
 - Increase quality of care, improve standard of care in treatment, and increase clinical trial education.
- Strengthen and support cancer research along the lifespan to reduce the cancer burden in California.
 - Encourage minority participation through community-based participatory research (CBPR) that involves community members and stakeholders from the beginning states through all aspects of the research process.
 - Establish the foundation for comprehensive, statewide cancer research efforts that will benefit all Californians through promoting collaboration, consolidating cancer research information, and making use of the latest technological developments.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 68: Interviewee Organizational Affiliations

Organization
Cancer Support Community
City of Glendale Recreation & Community Services
Glendale Fire Department
Glendale Police Department
Glendale Unified School District
Keck Hospital of USC
Keck School of Medicine of USC
La Cañada Unified School District
Los Angeles County Department of Public Health
NAMI Glendale
University of Southern California (USC)
USC Norris Cancer Hospital
USC Verdugo Hills Hospital
Weingart YMCA
YMCA of the Foothills

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 69: Stakeholder Survey Respondents Organizational Affiliations*

Organization
Adolescent & Young Adult Cancer
Alta Med
American Cancer Society
American Heart Association
APLA Health & Wellness
California State University, Northridge
Cancer Support Community Pasadena
Children’s Hospital Los Angeles
Coalition of Black Men Physicians
GO2 Foundation
Hazard Park
Head Start California
Henry Mayo
Korean American Medical Association of Southern California
Korean Festival Foundation
Latino Equity Alliance
Leukemia & Lymphoma Society
Los Angeles World Affairs Council & Town Hall
Melanoma Research Foundation
Mental Health of America
MLK Community Health Foundation
National Association of Hispanic Nurses
Nutrition for Health & Longevity Community Program
Partners in Care Foundation
Pasadena Educational Foundation
Proyecto Pastoral
TransLatin@Coalition
YMCA Crenshaw
YMCA Weingart

*Note: This table reflects organizations who were invited to complete the community partner and stakeholder survey.

APPENDIX D – IMPACT EVALUATION

In FY23-24, Keck Hospital of USC engaged in activities and programs that addressed the priority health needs identified in the 2022 CHNA and the FY23-FY25 Implementation Strategy. Keck Hospital of USC has committed to community benefit efforts that address chronic diseases, food insecurity, mental health, and preventive practices. Selected activities and programs designed to help address these priority health needs are summarized below.

Health Need: Chronic Diseases			
Goal: Reduce the impact of chronic diseases and increase the focus on chronic disease prevention and treatment education.			
Strategy	Description of Activities to Address the Need	Collaborators	Measurable Outcomes and Impact
Offer community health education.	Provided lectures, presentations, and workshops, including the Annual Proyecto Pastoral Women's Conference (focused on health, wellness, and women's empowerment). Topics included fighting mental health stigma and shame, spirituality, building financial assistance.	Proyecto Pastoral	Approximately 500 people attended workshops, received information, assistance, and resource referrals
	Aided with Medi-Cal coverage renewal.		
	Actively supported the Los Angeles Heart & Stroke Walk by providing blood pressure screenings, education, walking with the community, and raising funds for research.	American Heart Association	Over 5,000 participants Over 500 walkers from Keck Medicine of USC Keck Medicine of USC's mission impact raised over \$50,000
Provide education to community members and primary care providers on cardiac disease and stroke prevention.	Provided community health education classes on heart disease and stroke prevention and chronic disease management.	American Heart Association Community FQHCs	184,000 people in greater Los Angeles were trained in Hands-Only CPR 37 FQHCs provided blood pressure equipment to patients

APPENDIX D – IMPACT EVALUATION

Health Need: Chronic Diseases (Continued)			
Strategy	Description of Activities to Address the Need	Collaborators	Measurable Outcomes and Impact
Address the circumstances that undermine the physical health of the community's homeless population.	<p>Keck Hospital supports the highly regarded USC Street Medicine program.</p> <p>USC Street Medicine advances care and justice for the unhoused through an interdisciplinary team combining medical care, social service outreach, and research to meet the unique needs of the unhoused community in Los Angeles. Medical and health care professionals meet patients in their lived reality to provide care.</p>	<p>Keck School of Medicine of USC</p> <p>California Street Medicine Collaborative</p>	<p>Reduced hospital admissions by 75%</p> <p>Decreased length of hospital stay from 12 to 7.9 days</p> <p>Housed 42% within a year of first "office visit" on the street²³</p>
Provide chronic disease support groups.	<p>Hosted the following support groups for the public, free of charge:</p> <ul style="list-style-type: none"> • Lung Transplant Support Group • Transplant Caregiver Support Group • Stroke Support Group • Deep Brain Stimulation Support Group • USC Brain Tumor Caregiver Support Group • Bariatric Support Group • Mindfulness Support Group • Multiple Sclerosis Support Group • Parkinson's Disease Support Group • Ventricular Assist Device (VAD) Support Group 	Keck School of Medicine of USC	Ten monthly support groups (120 sessions) provided each year

²³ [About - Street Medicine \(usc.edu\)](https://usc.edu/about-street-medicine)

APPENDIX D – IMPACT EVALUATION

Health Need: Chronic Diseases (Continued)			
Strategy	Description of Activities to Address the Need	Collaborators	Measurable Outcomes and Impact
Foster a welcoming environment for LGBTQ community members facing chronic diseases.	Actively participated in the Calavera LGBTQ Festival at Mi Centro, LGBTQ Community Center. Keck Medicine provided health education on topics such as tobacco cessation, substance use, harm reduction, and gender-affirming care.	Latino Equality Alliance Los Angeles LGBT Center	500 community members participated annually
	Hosted a health education table at the LifeCycle SoCal Expo providing gender affirming care services.	Los Angeles LGBT Center	250 community members participated annually
	SoCal LGBTQIA+ Health Conference featured speakers, workshops, and panels aimed at promoting inclusivity and understanding within the health care environment.	Kaiser Permanente Bernard J. Tyson School of Medicine	300 community members participated annually

APPENDIX D – IMPACT EVALUATION

Health Need: Food Insecurity			
Goal: Reduce the impact of food insecurity in the local community in collaboration with nonprofits.			
Strategy	Description of Activities to Address the Need	Collaborators	Measurable Outcomes and Impact
Address food access and affordability.	Eligible community members, USC students, and employees received \$10 tokens to redeem fruits and vegetables at the weekly <i>A Tu Salud</i> produce stand.	American Heart Association Hazard Park Recreation Center	Over 200 Participants More than 2,000 Tokens Distributed Over 5,000 pounds of fruits and vegetables distributed
Provide fresh fruits and vegetables for the local community and donate fruits and vegetables to families in need. Educate students on healthy lifestyle habits and eating habits.	Students experienced and learned farming practices, nutrition, business, and management skills and how to increase healthy food accessibility in communities known as food deserts through the Teaching Gardens Farmers Market.	American Heart Association Lincoln High School, Boyle Heights Neighborhood	Over 3,000 families served Over 50,000 pounds of produce distributed ²⁴
Support food security measures in East LA neighborhoods.	Provided nutrition, in the form of fresh produce and hot meals to hungry individuals and families at the weekly Weingart YMCA food distribution. Community members received linguistically appropriate health education on hypertension and storing fresh produce at home. Older adults were provided with grocery carts to assist with transporting groceries home as many residents walk to the distribution.	Weingart East Los Angeles YMCA	1,200 families served in produce distribution lines each month 100 grocery carts disbursed Over 1.7 million pounds of produce infused into the community ²⁵

²⁴ 2023-2024 AHA/Keck Year-End Mission Impact Report

²⁵ 2023 Weingart East LA YMCA Impact Report

APPENDIX D – IMPACT EVALUATION

Health Need: Mental Health			
Goal: Increase access to mental health care resources, services, and education. Decrease the stigma associated with seeking mental health care.			
Strategy	Description of Activities to Address the Need	Collaborators	Measurable Outcomes and Impact
Address the circumstances that undermine mental and emotional wellbeing of the community's homeless population.	<p>Keck Hospital supports the highly regarded USC Street Medicine program.</p> <p>USC Street Medicine advances care and justice for the unhoused through an interdisciplinary team combining medical care, social service outreach, and research to meet the unique needs of the unhoused community in Los Angeles. Medical and health care professionals meet patients in their lived reality to provide care.</p>	<p>Keck School of Medicine of USC</p> <p>California Street Medicine Collaborative</p>	<p>Reduced hospital admissions by 75%</p> <p>Decreased length of hospital stay from 12 to 7.9 days</p> <p>Housed 42% of those experiencing homelessness within a year of first "office visit" on the street²⁶</p>
Offer community health education, community lectures, presentations, and workshops.	<p>Provided lectures, presentations, and workshops, including the Annual Proyecto Pastoral Women's Conference (focused on health, wellness, and women's empowerment). Topics included fighting mental health stigma and shame, spirituality, building financial assistance.</p> <p>Provided Medi-Cal coverage renewal assistance.</p>	Proyecto Pastoral	Approximately 500 people attended workshops, received information, assistance, and resource referrals.
Ensure equitable and inclusive care of lesbian, bisexual, transgender, and queer (LGBTQ) community members facing mental health issues and concerns.	TTLc and KUMSC partnered to develop a state-of-the-art Gender Affirming Care Program for transgender, transsexual, gender-diverse, and intersex (TGI) people to improve access to culturally competent, sensitive care, daily food distribution, transitional housing, and case management.	The TransLatin@ Coalition (TTLc)	~5,000 LA community members served annually

²⁶ [About - Street Medicine \(usc.edu\)](https://www.usc.edu/about-street-medicine)

APPENDIX D – IMPACT EVALUATION

Health Need: Preventive Practices			
Goal: Improve community health through preventive practices.			
Strategy	Description of Activities to Address the Need	Collaborators	Measurable Outcomes and Impact
Promote a healthier community. Host health/wellness fairs and screening events.	Keck Medicine of USC hosted and participated in many community health events to provide information and resources, health education, and health screenings. 2023-2024 highlights include: <ul style="list-style-type: none"> • The Healthy Neighborhood Resource Fair • La Voz Community Health Fair 		Over 500 community members received health education, resources, and health screenings annually
	Actively supported and participated in the AIDS Walk Los Angeles, benefiting APLA Health, improving access to care for LGBTQ community members.	AIDS Walk LA and APLA Health	10,000 participants (including the Keck Pride Team) annually