2025

USC Verdugo Hills Hospital
Community Health Needs Assessment

USC Verdugo Hills Hospital

Keck Medicine of **USC**

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EXECUTIVE SUMMARY

Introduction

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

USC Verdugo Hills Hospital is a private, nonprofit, community hospital that has been serving the cities of Glendale and La Cañada Flintridge, and the surrounding foothill communities of Southern California, for more than 40 years. The hospital's services include a 24-hour emergency room, a primary stroke center, bariatric and minimally invasive surgery, orthopaedic surgery, occupational, physical and speech therapy, cardiac rehabilitation and imaging and diagnostic services. The VHH team also includes patient navigators who offer guidance and education, and coordinate care to ensure patients are well informed and prepared every step of the way.

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.

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 VHH community is defined as 22 ZIP Codes within Los Angeles County, representing 14 cities or communities comprising portions of Service Planning Areas 2, 3, and 4 (San Fernando, San Gabriel, and Metro). The community was defined by considering the geographic origins of the inpatient discharges and outpatient visits during the year ended June 30, 2024.

For the year ended June 30, 2024, the 22 ZIP Codes accounted for 57.2 percent of VHH's inpatient cases and 66.5 percent of its outpatient cases.

In 2023, the VHH community was home to approximately 675,000 people. Substantial variation in socioeconomic conditions exists across the VHH community. For example, in 2023 the rate for children in poverty was over 25.0 percent in ZIP Codes 90031 (Lincoln Heights), 91103 (Pasadena), and 91203 (Glendale) while the rate in many other VHH ZIP Codes was under 10.0 percent.

EXECUTIVE SUMMARY

The following maps portray the community that was assessed and the hospital's location.

Map of the USC Verdugo Hills Hospital Community within Los Angeles County
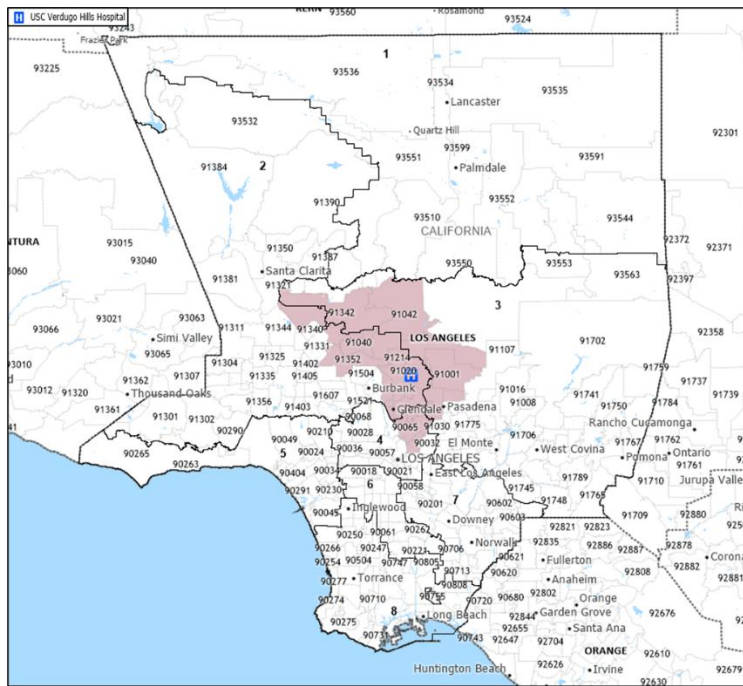
Source: Los Angeles County Department of Public Health and Caliper Maptitude, 2024.

Map of the USC Verdugo Hills Hospital Community
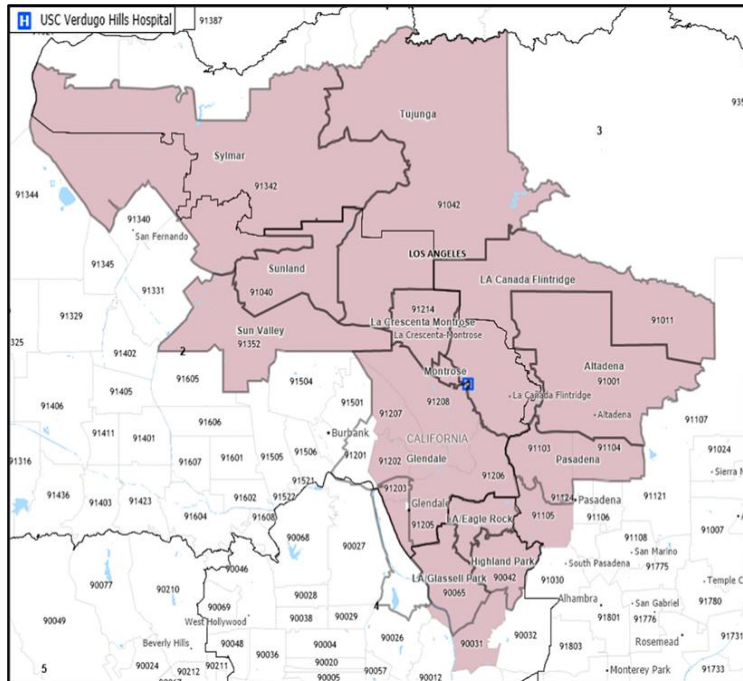
Source: Los Angeles County Department of Public Health and Caliper Maptitude, 2024

The hospital is located in Glendale, California (ZIP Code 91208) and Los Angeles County Department of Public Health's Service Planning Area (SPA) 2. 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 Services
- Dental Health
- Health Literacy
- Mental Health
- Needs of Older Adults
- Nutrition, Physical Activity, and Chronic Conditions
- Preventive Practices
- Social Determinants of Health
- Substance Use

Significant Community Health Needs: Discussion

Access to Health Services

Accessing health 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 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 residents of Lincoln Heights, (13.0 percent), Glendale/91203 and 91204 (11.5 and 10.8 percent), Sylmar (10.0 percent), and Sun Valley (12.8 percent) were uninsured compared to Los Angeles County (8.7 percent), California (6.9 percent), and the U.S. (8.6 percent).
- A greater percentage of Glendale (30.4 percent), Tujunga (27.0 percent), and Lincoln Heights (33.3 percent) 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, in Los Angeles County, between 2025-2035 will likely lead to an increased demand for health services.

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[1] http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm

- Fair or poor self-rated health status and frequent physical distress compared unfavorably in the VHH community (19.4 and 13.4 percent), Los Angeles County (19.6 and 13.0 percent), and California (18.8 and 13.1 percent) to national averages (17.9 and 12.7 percent).
- Federal designation of Medically Underserved Areas (MUA) and Health Professional Shortage Areas (HPSA).
- The California State Health Improvement Plan (2024) has prioritized increasing access to health services.

Community input confirmed access to health 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. Informants cite that primary care providers are extremely limited in some areas of the VHH community, and it can be difficult to find providers who accept health plans.

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. 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.

Dental Health

Accessing dental care, particularly pediatric dental care, is challenging for some members of the community, especially residents who are uninsured, underinsured, enrolled in Medi-Cal Dental, with limited financial resources, transportation challenges, and language barriers.

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

- In 2022, the percentage of adults who visited a dentist in the past year was lower (under 55 percent) in numerous VHH ZIP Codes compared to the county (62.0 percent), state (62.7 percent), and national average (63.9 percent).
- The percentage of adults with poor (8.4 percent) and fair (21.5 percent) condition of teeth compared unfavorably to California (7.5 and 18.6 percent, respectively).
- The percentage of Los Angeles County (7.9 percent) children, ages 3-11, who couldn't afford needed dental care was higher than California (6.3 percent).
- The state of California leads the nation with more than 450 dental care HPSAs.[2]

Community input confirmed dental health and access to dental health services is a significant community health concern particularly for pediatric dental care; disproportionately impacting immigrant families and lower income residents. Affordable dental providers that accept Medi-

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[2] The United States Needs 10,716 More Dentists to Cover Shortage Areas - Dentistry Today

Cal Dental and other insurance plans are limited in the VHH community. Time, distance, and transportation challenges create barriers to accessing dental care outside the community.

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.[3]

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

- A greater percentage of VHH residents (16.7 percent) had less than a high school diploma compared to California (15.4 percent), and U.S. averages (10.6 percent).
- A greater percentage of VHH residents (24.1 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 understand preventive health measures, medical advice and prescription regimens, and navigate the healthcare system, disproportionately impacting older adults, residents with limited English ability, and lower educational levels.

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:

- Diagnosed depression and frequent mental distress were higher in many VHH ZIP Codes compared to the national average.
- Social isolation and lack of social and emotional support compared unfavorably in the VHH community (34.7 and 30.9 percent) to national (31.9 and 25.1 percent) averages.
- Federally designated mental health Health Professional Shortage Areas (HPSAs).
- The California State Health Improvement Plan (2024) has prioritized objectives related to adult and youth depression and suicide.

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[3] World Health Organization www.who.int

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 describe a need for 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. Stigma around accessing mental health services is a barrier, particularly for older adults and immigrant populations.

Needs of Older Adults

The number of older adults in the community is growing while younger cohorts are declining. This change will likely contribute to greater demand for health services as older adults tend to utilize more services than younger people. This change may also have implications for healthcare delivery and operations as younger cohorts tend to comprise the workforce.

Secondary data indicates the needs of older adults as a significant community health concern, including the following:

- The population of adults 65 years of age and older in Los Angeles County is projected to grow 29.4 percent between 2025 and 2035 compared to a decline of 0.3 percent for the Los Angeles County total population, a decline of 16.1 percent for the 0-19 age cohort, and a decline of 7.0 percent for the age 30-64 cohort.
- At 17.2 percent, the VHH community had a higher 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).
- The percentages of residents receiving preventive services recommended for older adults was lower in the VHH community compared to national averages.
- The California Quality Collaborative prioritized chronic illness management and care coordination, access, equity, and disparities in care, beneficiary choice, and cognitive and behavioral health for California's Medicare beneficiaries.

Growth in the older adult population and health and social related needs of older adults were frequently discussed as top concerns by informants. Community input participants note that older adults are disproportionately impacted by social isolation, mental health issues, substance use disorders, and chronic illnesses. Informants note a rise in the prevalence of older adults living alone and challenges related to self-care. Problems with balance, gait, and ambulation and the increased risk of falls are also significant concerns.

Nutrition, Physical Activity, and Chronic Conditions

Poor nutrition, physical inactivity, and related chronic conditions are prevalent throughout the community 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:

- At 25.4 percent, the VHH community's obesity rate is lower than county (26.2 percent) and state (28.3 percent) averages; however, is a significant proportion of the population.
- Many cities and communities within the VHH community had lower available recreational space (acres per 1,000 population) compared to Los Angeles County overall.
- Altadena, Eagle Rock, Glassell Park, Sun Valley, and Sylmar compared unfavorably to Los Angeles County overall for being within a 10-minute walk to recreational space.
- The prevalence of high cholesterol was higher in the VHH community (36.7 percent) compared to California (34.1 percent).
- Exclusive breastfeeding three months after delivery was significantly less common amongst Asian and Pacific Islander (26.2 percent), Black (28.6 percent), and Hispanic (26.3 percent) residents compared to White residents (48.2 percent) in Los Angeles County.
- 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. Heart disease, 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. Community input participants describe a need for school and community-based resources, and education and awareness campaigns, especially for children to foster healthier lifestyles at a younger age.

Preventive Practices

Access to and utilization of preventive services is challenging for some community members, especially for residents who are uninsured or underinsured, have lower incomes, and have limited English proficiency.

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

- Colorectal cancer screening among adults aged 45-75 years was lower in the VHH community (57.1 percent) and Los Angeles County (53.0 percent) than the U.S. (66.3 percent).
- Mammography use among women aged 50-74 years was lower in the VHH community (75.8 percent) and Los Angeles County (74.4 percent) compared to the U.S. (76.5 percent).
- The percentage of residents who had a routine checkup in the past year was lower in the VHH community (72.2 percent) and Los Angeles County (71.8 percent) compared to the U.S. (76.1 percent).

- Cervical cancer screening rates were lower in SPAs 2,3, and 4 compared to Los Angeles County overall.
- The California State Health Improvement Plan (2024) has prioritized increasing access to preventive services.

Community input participants confirmed preventive practices as a significant need. Participants described a gap in availability of preventive services, such as nutrition education, diabetes prevention and management, cancer screening, chronic disease screening, and other health and wellness support services. Vaccine hesitancy is discussed as a top concern, and community-based and school-based education and services are needed. There is a need for culturally sensitive programming offered in multiple languages, especially in Korean, Armenian, and Spanish.

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.[4] 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 were present in Sun Valley, Sylmar, Pasadena, Glendale, Highland Park, LA/Glassell Park, and Lincoln Heights.
- In 2019-2023, a higher proportion of Black and Hispanic (or Latino) residents were living in poverty than other cohorts.
- The percentage of children in poverty in Lincoln Heights (29.9 percent), Pasadena/ZIP Code 91103, and Glendale/ZIP Code 91203 (29.7 percent) was more than 50 percent above the U.S. average (16.3 percent).
- Median household incomes in Lincoln Heights, Montrose, Tujunga, Pasadena (ZIP Code 91103), Glendale (ZIP Codes 91203, 91204, 91205, and 91206), and Sun Valley were below the Los Angeles County median household income.
- 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).
- The CDC's Social Vulnerability Index ranked the ZIP Codes comprising the VHH community as having high levels of socioeconomic vulnerability.
- There was a high prevalence of food insecurity in the VHH community (16.5 percent) compared to California (15.9 percent) and the United States (13.9 percent); areas in Sylmar, Sun Valley, and Pasadena had rates over 24.0 percent.
- Unemployment rates throughout the VHH community have been higher than county, state, and national averages.
- The percentage of households in the VHH community (58.9 percent), Los Angeles County (57.4 percent), and California (54.7 percent) designated as "rent burdened"

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[4] https://health.gov/healthypeople/priority-areas/social-determinants-health

(spending more than 30 percent of income on housing) was higher than national averages (50.4 percent).

- The percentage of residents who own their home was lower in the VHH community (46.7 percent) and Los Angeles County (46.1 percent) compared to California (55.8 percent) and the United States (65.0 percent).
- From 2020 to 2024, the number of people experiencing homelessness in Glendale and Pasadena increased.

For some members of the community, negative health outcomes are experienced due to social determinants. 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.

Community input indicated a significant lack of affordable housing leading to difficulties establishing stable housing and many residents experience housing cost burden. Homelessness is a significant concern. Homelessness amongst families with school-aged children is cited as a rising concern, impacting physical and mental health and children's ability to be successful in school.

Community input participants note that transportation challenges exist, particularly for residents of the foothills, those with limited mobility, residents without a car, and limited access to Metro micro transit service.

Some areas of the VHH community have been badly damaged by fires, including Altadena, precipitating increased needs for health and social services.

Substance Use

Substance use is a widespread issue, affecting all ages and demographics.
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Secondary data indicates substance use disorders as a significant community health need, including the following:

- The percentage of adults engaging in binge drinking was higher in most VHH ZIP Codes compared to the national average.
- Adult smoking was higher in Lincoln Heights (13.7 percent), Tujunga (13.4 percent), Glendale/91204 (14.0 percent), Glendale/91205 (14.1 percent), and Sun Valley (14.2 percent) compared to the county average (10.7 percent).
- Drug overdose mortality rates were highest in Eagle Rock (16.8 per 100,000), exceeding all other areas in the VHH community and 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 and growing concern, affecting all ages and demographics, with

concerns related to recreational drugs, methamphetamines, nitrous, cocaine, and opioids. Substance use is noted as a growing concern among older adults, particularly alcohol use. There is a need for a sociocultural approach to substance use treatment and approaches to decrease stigma.

DATA AND ANALYSIS

Community Definition

This section identifies the community that was assessed by Verdugo Hills Hospital. The community was defined by considering the geographic origins of the inpatient discharges and outpatient visits during the year ended June 30, 2024.

On that basis, the community was defined as 22 ZIP Codes within Los Angeles County, representing 14 cities or communities comprising portions of San Fernando (2), San Gabriel, (3) and Metro (4) Service Planning Areas **(Exhibit 1)**.

These 22 ZIP Codes accounted for 57.2 percent of VHH's 2024 inpatient volumes and 66.5 percent of outpatient cases (**Exhibit 2**).

Exhibit 1: Verdugo Hills Hospital Community

City/Community	ZIP Code	Service Planning Area (SPA)
Altadena	91001	3
Glendale	91201, 91202, 91205, 91206, 91207, & 91208	2
Highland Park	90042	2
La Cañada Flintridge	91011	3
La Crescenta Montrose	91214	2
LA/Eagle Rock	90041	4
LA/Glassell Park	90065	4
Lincoln Heights	90031	4
Montrose	91020	2
Pasadena	91103 & 91104	3
Sun Valley	91352	2
Sunland	91040	2
Sylmar	91342	2
Tujunga	91042	2

Source: Los Angeles County Department of Public Health, 2025.

Exhibit 2: Verdugo Hills Hospital Discharges and Outpatient Visits, 2024

ZIP Code	City/Community	Inpatient Cases	Outpatient Cases	Percent Inpatient	Percent Outpatient
91042	Tujunga	628	5,424	10.3%	7.8%
91214	La Crescenta Montrose	596	8,239	9.8%	11.8%
91040	Sunland	396	3,260	6.5%	4.7%
91011	La Cañada Flintridge	323	6,485	5.3%	9.3%
91020	Montrose	258	2,111	4.2%	3.0%
91208	Glendale	240	4,457	3.9%	6.4%
91001	Altadena	123	2,241	2.0%	3.2%
91206	Glendale	119	2,444	1.9%	3.5%
90065	LA/Glassell Park	99	1,213	1.6%	1.7%
91205	Glendale	88	1,079	1.4%	1.5%
91104	Pasadena	84	1,055	1.4%	1.5%
90041	LA/Eagle Rock	72	1,027	1.2%	1.5%
91342	Sylmar	72	991	1.2%	1.4%
91207	Glendale	65	1,322	1.1%	1.9%
90042	Highland Park	58	799	0.9%	1.1%
91103	Pasadena	56	972	0.9%	1.4%
91352	Sun Valley	56	652	0.9%	0.9%
90031	Lincoln Heights	56	333	0.9%	0.5%
91105	Pasadena	53	629	0.9%	0.9%
91202	Glendale	51	1,538	0.8%	2.2%
91203	Glendale	44	685	0.7%	1.0%
91204	Glendale	30	326	0.5%	0.5%
	Other Areas	2,614	23,358	42.8%	33.5%
	VHH Community Total	**3,493**	**46,271**	**57.2%**	**66.5%**
	Hospital Total	6,107	69,629	100.0%	100.0%

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

The total population of the Verdugo Hills Hospital community was approximately 675,000 people in 2023 (**Exhibit 3**). The total population of Los Angeles County was approximately 9.8 million people in 2023.[5]

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[5] U.S. Census Bureau, ACS 5-Year Estimates, 2019-2023

Exhibit 3: Community Population by ZIP Code, 2023

City/Community	ZIP Code	Total Population	Percent Population
Sylmar	91342	93,513	13.8%
Highland Park	90042	58,344	8.6%
Sun Valley	91352	46,153	6.8%
LA/Glassell Park	90065	45,075	6.7%
Lincoln Heights	90031	36,881	5.5%
Altadena	91001	36,402	5.4%
Pasadena	91104	35,595	5.3%
Glendale	91205	34,890	5.2%
Glendale	91206	32,330	4.8%
La Crescenta Montrose	91214	31,707	4.7%
LA/Eagle Rock	90041	27,351	4.1%
Tujunga	91042	27,055	4.0%
Pasadena	91103	24,910	3.7%
Glendale	91202	22,258	3.3%
Sunland	91040	21,436	3.2%
La Cañada Flintridge	91011	20,094	3.0%
Glendale	91204	18,847	2.8%
Glendale	91203	16,482	2.4%
Glendale	91208	15,467	2.3%
Pasadena	91105	12,546	1.9%
Glendale	91207	10,626	1.6%
Montrose	91020	7,265	1.1%
Community Total		**675,227**	**100.0%**

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

Verdugo Hills Hospital is located at 1812 Verdugo Boulevard, Glendale, California, 91208.

Exhibit 4 presents a map of Los Angeles County with ZIP Code boundaries, Service Planning Areas (SPAs) 1-8, and hospital campus identified. The hospital is located in Glendale (ZIP Code 91208) and Los Angeles County Department of Public Health's Service Planning Area (SPA) 2. To help carry out its mission, the County designated eight such SPAs.[6] **Exhibit 5** presents a map of the VHH community.

Exhibit 4: USC Verdugo Hills Hospital Community within Los Angeles County
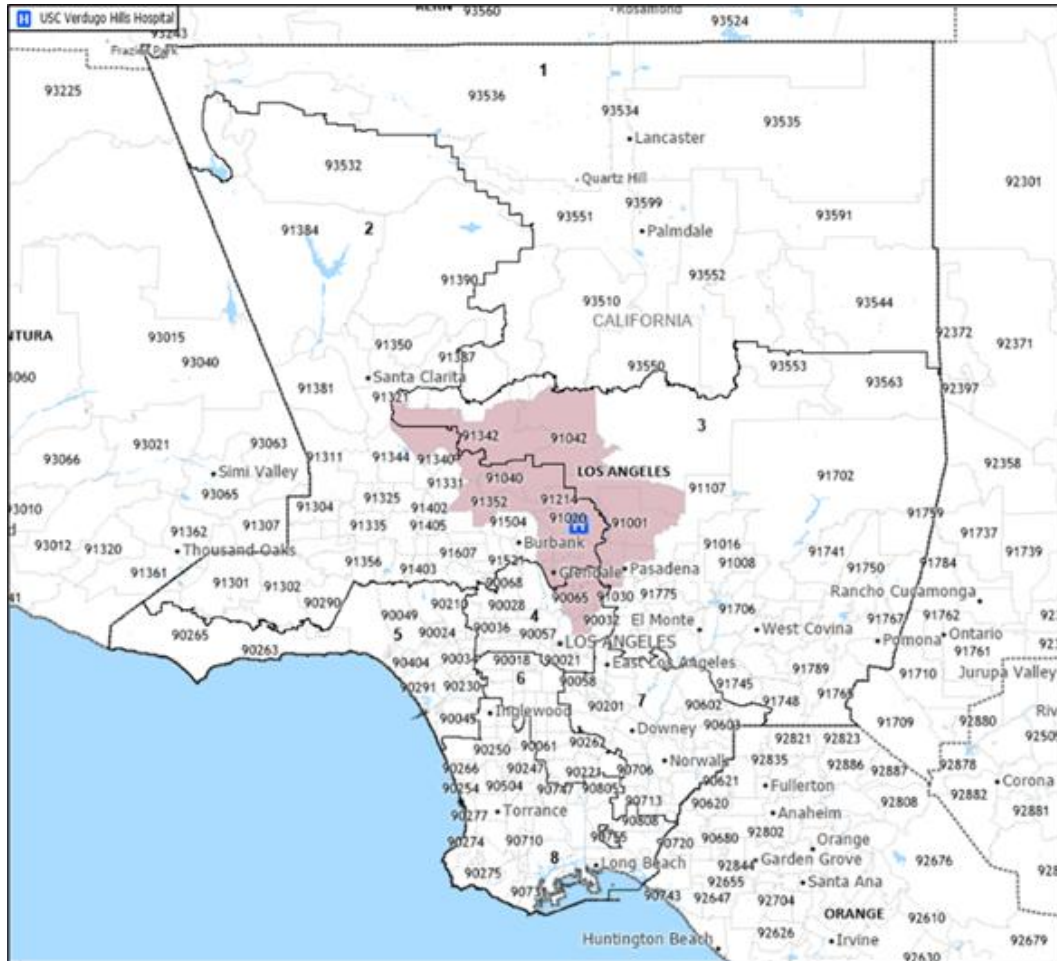
Source: Los Angeles County Department of Public Health and Caliper Maptitude, 2024.

Exhibit 5: USC Verdugo Hills Hospital Community

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

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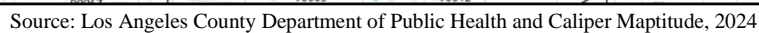
The following section summarizes principal observations from the secondary data analysis. See Appendix B for more detailed information.

Demographics

Demographic characteristics and trends directly influence community health needs.

The total population of the Verdugo Hills Hospital community in 2023 was approximately 675,200 people and approximately 9.8 million people were estimated to reside in Los Angeles County. 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 amongst the 0-19 age cohort and an expected decline of 7.0 percent or 332,979 people amongst 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 community.

Over 20.0 percent of residents in ZIP Codes 91105 (Sun Valley), 91202 (Sunland), and 91207 (Lincoln Heights), 91402 (Altadena), and 91001 (Glendale) were age 65 or older. At 17.2 percent, the VHH community had a higher 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 40.6 percent of residents in the VHH community identified as Hispanic (or Latino), lower than Los Angeles County (48.3 percent), and higher than California (39.8 percent), and U.S. (19.0 percent) averages. ZIP Codes 91342 (LA/Glassell Park), 91352 and 90031 (Lincoln Heights), 90042 (Montrose), and 90065 (Highland Park) had the highest proportion of Hispanic (or Latino) residents, each over 50.0 percent.

ZIP Codes 91001 (Glendale) and 91103 (Pasadena) had shares of the population identified as Black or African American over 15.0 percent while in most VHH community ZIP Codes this proportion was under 4.0 percent. The VHH community had a lower proportion of the population identified as Black or African American (3.9 percent) compared to the county, state, and nation (7.8, 5.5, and 12.4, respectively).

In 2019-2023, ZIP Codes 91011 and 91214 (Glendale), 90031 (Lincoln Heights), and 90041 (LA/Eagle Rock) had the highest proportions of residents identified as Asian, each over 25.0 percent of the population. The VHH community had a lower proportion of the population identified as Asian (13.8 percent) compared to county and state averages (15.0 and 15.3), and a higher proportion than the national average (5.8 percent).

In 2019-2023, proportions of the population foreign born (born outside of the United States) were higher in the VHH community (38.5 percent), Los Angeles County (33.4 percent), and California (26.7 percent) compared to the national average (13.9 percent).

In 2019-2023, the percentage of VHH residents (16.7 percent) without a high school diploma was higher than state (15.4 percent) and national averages (10.6 percent). The share of VHH residents (24.1 percent) reporting linguistic isolation (speaking English less than well) was 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.[7]

In 2019-2023, 12.2 percent of VHH community residents lived in poverty, lower than Los Angeles County and U.S. averages (13.6 percent and 12.4 percent). Poverty rates for Hispanic (or Latino) and Black residents have been well above rates for White residents (14.4 and 16.1 compared to 11.5 percent), in the VHH community. The percentage of children in poverty was significantly higher in ZIP Codes 90031 (Lincoln Heights), 91103 (Pasadena), and 91203

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[7] www.odphp.health.gov/healthypeople.

(Glendale) compared to the VHH community rate (each over 26.0 percent compared to 15.1 percent).

In 2019-2023, median household incomes in Lincoln Heights, Montrose, Tujunga, Pasadena (91103), Glendale (91203, 91204, 91205, and 91206), and Sun Valley (91352) were below Los Angeles County and California median incomes.

Census tracts identified as low-income were present in the VHH community, concentrated in and around Sylmar, Sun Valley, Glendale, LA/Glassell Park, Highland Park, Lincoln Heights, and Pasadena.

In 2019-2023, the VHH community had a lower percentage (7.7 percent) of the population without health insurance than Los Angeles County (8.7 percent) and the United States (8.6 percent); and a higher percentage than California (6.9 percent).

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 unemployed, uninsured, food insecure, and have low-income than those who identified as non-LGBT.

The Centers for Disease Control and Prevention's Social Vulnerability Index scored the VHH community and Los Angeles County as having high levels of social vulnerability compared to U.S. averages.

Census tracts federally designated as low-income and low access to healthy and affordable food were present in Sun Valley and Sylmar. In 2022, the overall food insecurity rates in the VHH community (16.5 percent), Los Angeles County (17.2 percent), and the state (15.9 percent) were higher than the national average (13.9 percent) and several ZIP Codes (91342, 91352, and 91103) had food insecurity rates over 24.0 percent.

From 2020-2024, unemployment rates throughout the VHH community (except La Cañada Flintridge), Los Angeles County, and California have been higher than national rates.

The percentage of households designated as rent burdened in the VHH community (58.9 percent), Los Angeles County (57.4 percent), and California (54.7 percent) have been above national averages (50.4 percent). Several ZIP Codes including areas in Glendale (91207) and Montrose (91020) had over 70.0 percent of households rent burdened.

Homeownership was significantly lower in the VHH community (46.7 percent), Los Angeles County (46.1 percent), and California (55.8 percent) compared to the national average (65.0 percent).

From 2020 to 2024, the number of people experiencing homelessness in Glendale and Pasadena increased.

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In 2018-2022, in Highland Park, Glassell Park, Lincoln Heights, Sun Valley, and Sylmar, the percentage of adults reporting their neighborhood was safe from crime and the percentage of children with a safe place to play compared unfavorably to Los Angeles County.

Built environment indicators for access to recreational space and walkability compared unfavorably in Altadena, Eagle Rock, Glassell Park, Sun Valley, and Sylmar to Los Angeles County. Lincoln Heights, Sun Valley, and Sylmar had the lowest percentages of land with tree canopy coverage.

Average daily density of fine particulate matter (air pollution) in micrograms per cubic meter (PM2.5) 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 **Exhibit 6** appear to be the most significant in the VHH community 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 example, in 2019-2023, the percentage of residents without a high school diploma was 16.7 percent in the VHH community; this statistic was 8.6 in the U.S.

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Exhibit 6: Significant Indicators

Indicator	Geographic Area	Area Value	Bench-mark 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	VHH Community	16.7%	10.6%	United States	18
Linguistically isolated, 2019-2023	VHH Community	24.1%	8.4%	United States	18
Poverty rate, Black, 2019-2023	VHH Community	16.1%	12.4%	U.S., all races/ethnicities	20
Poverty rate, Hispanic (or Latino), 2019-2023	VHH Community	14.4%	12.4%	U.S., all races/ethnicities	20
Social Vulnerability Index, 2022	VHH Community	0.64	0.58	United States	25
Food insecurity, 2022	VHH Community	16.5%	13.9%	United States	26A
Unemployment, 2025	La Crescenta Montrose	6.2%	4.1%	United states	28
	Altadena	5.8%	4.1%	United States	28
	Glendale	5.7%	4.1%	United States	28
Rent burdened households, 2019-2023	VHH Community	58.9%	50.4%	United States	29
Homeownership, 2019-2023	VHH Community	46.7%	65.0%	United States	31
Air pollution in mcg per cubic meter (PM2.5)	Los Angeles County	15.6	7.3	United States	36
Uninsured rate, 2019-2023	Lincoln Heights (90031)	13.0%	7.7%	VHH Community, overall	37
	Sun Valley (91352)	12.8%	7.7%	VHH Community, overall	37
	Glendale (91203)	11.5%	7.7%	VHH Community, overall	37
Per capita supply of primary care physicians, 2024	Los Angeles County	1,330:1	1,230:1	California	38
Difficulty obtaining needed medical care, 2021	Glendale	30.4%	25.4%	Los Angeles County	39
	Lincoln Heights	33.3%	25.4%	Los Angeles County	39
	Tujunga	27.0%	25.4%	Los Angeles County	39
Alzheimer's disease mortality per 100,000, 2023	Los Angeles County	47.4	36.8	United States	41
HTN/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, 2017-2021	Los Angeles Metro Area	4.7	2.8	United States	43
Fair or poor self-rated health status, 2022	VHH Community	19.4%	17.9%	United States	48
Social isolation, 2022	VHH Community	34.7%	31.9%	United States	53
Current smoking, 2022	Glendale (91204)	14.0%	10.7%	Los Angeles County	59
	Glendale (91205)	14.1%	10.7%	Los Angeles County	59
	Sun Valley (91352)	14.2%	10.7	Los Angeles County	59
Binge drinking, 2022	VHH Community	17.8%	16.6%	United States	59
Colorectal cancer screening, adults, 2022	VHH Community	57.1%	66.3%	United States	60
Routine checkup in the past year, adults, 2022	VHH Community	72.2%	76.1%	United States	60
Visited dentist in the past year, 2022	Lincoln Heights (90031)	52.2%	63.9%	United States	63
	Sun Valley (91352)	53.9%	63.9%	United States	63

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
- 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 VHH community including areas in Sun Valley, Sunland, Eagle Rock, and Glassell Park.

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. Several geographic and low-income population HPSAs have been identified in the VHH community including areas in Boyle Heights, Glendale, and Sun Valley.

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

The California Medicare Collaborative (2025) prioritized strategies for improving care delivery to Medicare patients. California's 65 and older population is the fastest growing age cohort. The Collaborative prioritized high impact and feasible recommendations spanning four focus areas:

1. Chronic illness management and care coordination
2. Access, equity and disparities in care
3. Beneficiary choice in a confusing market
4. Cognitive and behavioral health

Community Input Summary

Community input was obtained through a hospital staff focus group, key informant interviews, and a community partner and stakeholder survey conducted between March and May 2025. A total of fifty-two (52) individuals, representing more than thirty (30) 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. A hospital staff focus group was conducted by online video conference on April 15, 2025. Interviews were conducted by online video conferences from March 14 to April 25, 2025. Candidates from 56 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. Thirty (30) respondents completed the survey.

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

Hospital Staff Focus Group

A hospital staff focus group was conducted to obtain input relevant to community health needs in the Verdugo Hills Hospital community.

On April 15, 2025, twelve (12) Verdugo Hills Hospital staff members participated in a focus group discussion. Participants represented a variety of roles and departments including Patient and Family Experience, Community Resource Center for Aging, Business Development, Food and Nutrition, Patient and Family Service, Office of Performance and Transfers, Quality, Administration, Nursing, and Pharmacy.

The 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 pressing 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 Verdugo Hills Hospital community.

- Increased health and social needs of **a growing older adult population** related to social isolation, rising rates of dementia, grief and loss, mobility issues, long term care, and resources for aging in place.
- Insufficient **language and translation services** and **culturally specific care** to meet the demand of the very diverse VHH community.

- **Workforce shortages** related to an undersupply of primary doctors and other healthcare providers and staff, recruitment issues, cost of living relative to wages, and work-life balance.
- Concerns with low high school graduation rates and **limited educational attainment**.
- Limited **health literacy** related to understanding **preventive health** measures, medical advice and prescription regimens, and navigating the healthcare system; disproportionately impacting residents with limited English proficiency, older adults, and lower educational levels.
- **Poverty, low income, income inequality, and cost of living** relative to wages, particularly in Tujunga, Sunland, Sun Valley, South Glendale, Lincoln Heights, and Sylmar.
- **Access to care** concerns related to a critical under supply of primary care, leading to long wait times for appointments, inappropriate use of ambulance services and emergency care, and creating barriers to specialty care when a referral is needed.
- Access to some **specialty care** is limited including orthopedics, pain management, dermatology, neurology, rheumatology, endocrinology, neuropsychiatric testing, and dementia care.
- **Affordable housing and homelessness** are growing concerns related to high rent and housing cost and an increase in unhoused residents with unique health related needs.
- Limited availability and cost of **dental care**, especially pediatric dental care; disproportionately impacting children of immigrant families.
- **Mental health** concerns include poor mental health status and access to mental health services, both inpatient and outpatient.
- **Transportation** challenges particularly for older residents, residents who do not drive, those with mobility issues, and vision impairment.
- A growing concern with **substance use** including recreational drugs, methamphetamines, nitrous, cocaine, and opioids; the concern is widespread impacting all ages and demographics with a rising concern noted among older adults.

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:

- **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 amongst 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 amongst parents of young children has risen and education and services are needed.
- **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 the VHH community, healthcare access issues, geographic areas and population groups with high levels of unmet needs, and cancer-related needs. Thirty (30) participants completed the survey.

Survey respondents were asked to identify the top 3-5 most significant health issues that contribute to poor health. The chart below depicts the percentage of survey respondents who selected each need as most significant in the VHH community.

Priority Health Issues in the VHH Community
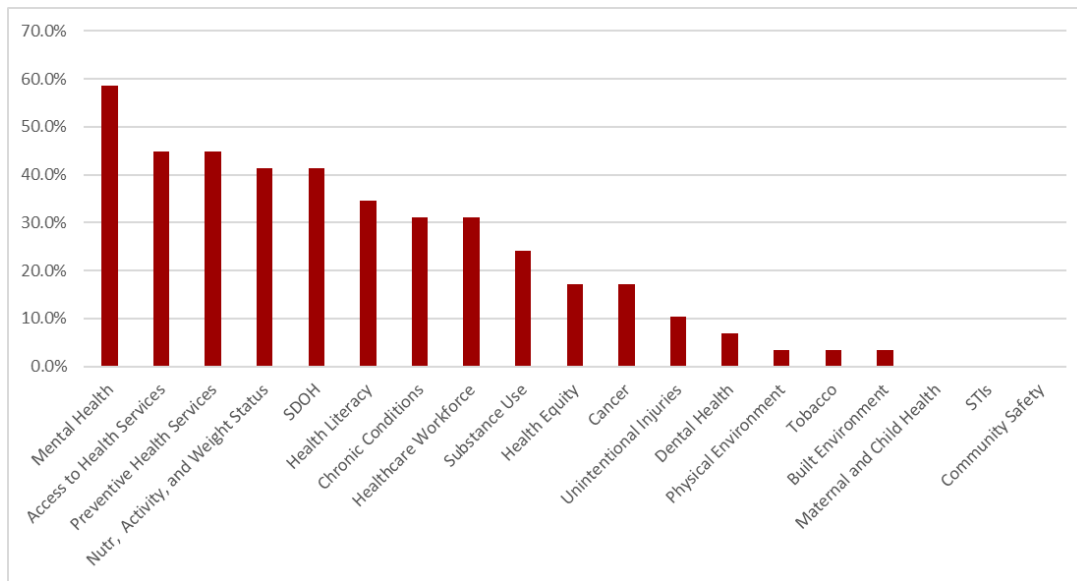
Survey respondents identified the following healthcare services as difficult to access:

- Dental care
- Dermatology
- Endocrinology
- Geriatric psychiatry
- Mental health services, particularly culturally competent mental health care
- Neurology and neuropsychological testing
- Oncology
- Preventive care and cancer screening
- Primary care
- Rheumatology
- Substance abuse services

Geographic areas identified as having high levels of unmet needs include Tujunga, Sunland, South Glendale (ZIP Codes 91203 and 91205), La Crescenta, Montrose. Sylmar, Lincoln Heights, and Sun Valley.

Population groups identified as having the greatest unmet needs include older adults (65 and older), Black residents, Latino residents, Armenian residents, Korean residents (especially older Korean residents), those with limited English proficiency, those with lower incomes and financial resources, unhoused individuals, teens, young adults, and new immigrant individuals and families.

Other Key Findings

The Verdugo Hills Hospital community is diverse and 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 were frequently discussed as top concerns. 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. Informants note a rise in the prevalence of older adults living alone and challenges related to self-care. Problems with balance, gait, and ambulation and the increased risk of falls are significant concerns.

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 primary care providers are extremely limited in some areas of the VHH community, including La Cañada Flintridge, and it can be difficult to find providers who accept the more affordable health plans. Healthcare workforce issues are a significant concern with provider burnout cited as a top concern.

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 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.

Access to affordable dental care is limited, especially for pediatric dental care; disproportionately impacting children of new arrival immigrant families who have not had preventive dental care. Informants indicate that dental screenings are provided for school-aged children but there is a significant lack of affordable dental care for referrals. Community input participants note that it is difficult to find dental providers who accept Medi-Cal Dental. More affordable dental care is available outside the VHH community; however, transportation challenges exist.

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 or knowledge to use it, particularly when so many aspects of accessing and utilizing care are done online. Informants cited that internet connectivity and cell service is limited in some areas of the VHH community.

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.

Transportation challenges exist, particularly for residents of the foothills, those with limited mobility, residents without a car, and limited access to Metro micro transit service.

Homelessness is a significant concern. Some residents experiencing homelessness have health concerns related to overcrowding, hygiene issues, and substance use disorders. Homelessness amongst families with school-aged children is a rising concern, impacting physical and mental health and children's ability to be successful in school.

Some areas of the VHH community have been badly damaged by fires, including Altadena, precipitating increased needs for healthcare, mental health, and social services.

Mental health concerns are widespread across all ages and demographics. Participants describe a need for services that are culturally tailored and offered in preferred languages. Social isolation is especially concerning amongst youth and older adults. Informants note that trauma is a rising concern amongst some new arrival immigrant populations as they have come from dangerous conditions and political environments in their home country. Immigration policy and deportation concerns have caused fear, 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 (inpatient and outpatient) 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, with rising concerns amongst older adults. 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 Verdugo Hills Hospital community were identified as a strong sense of community, a very collaborative environment with an established network of community-based organizations, numerous community hospitals, high quality healthcare, high quality educational institutions, and access to community centers and recreational spaces.

Community input participants indicated opportunities for the hospital to provide better coordination of care and care transitions, especially for older adults and adults with chronic diseases. Preventive care services, such as cancer tests, chronic disease screening, nutrition education, and lifestyle management programs are needed. The Community Resource Center for Aging is noted as successful and there is a need to increase awareness and accessibility of its services. 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 VHH 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.

Exhibit 7 provides a list of FQHCs in the community. More information can be found about locations and services via the web address listed for each.

Exhibit 7: Federally Qualified Health Centers, 2025

FQHC Site Name	Website
AltaMed	www.altamed.org
All for Health, Health for All	www.all4health.org
Comprehensive Community Health Centers	www.cchccenters.org
Arroyo Vista Family Health Center	www.arroyovista.org
Northeast Valley Health Corporation	www.nevhc.org

Source: Health Resources and Services Administration, 2025.

Hospitals

Exhibit 8 presents information on licensed general acute care hospital facilities. There are six general acute care hospitals, with over 2,100 licensed beds, in the VHH community. **Exhibit 9** identifies other types of hospitals in Los Angeles County.

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
Glendale Memorial Hospital and Health Center	1420 South Central Avenue	Glendale	91204	334
Huntington Hospital	100 W. California Boulevard	Pasadena	91105	534
Los Angeles County Olive View - UCLA Medical Center	14445 Olive View Drive	Sylmar	91342	355
Pacifica Hospital of the Valley	9449 San Fernando Rd	Sun Valley	91352	231
USC Verdugo Hills Hospital	1812 Verdugo Boulevard	Glendale	91208	158

Source: California Department of Public Health, 2025.

Exhibit 9: Other Hospitals by Type, Los Angeles County, 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.[8] 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)."[9]

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[8] Internal Revenue Code, Section 501(r).
[9] 501(r) Final Rule, 2014.

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 data[10] published by others and primary data obtained through community input. Input from the community was obtained through key informant interviews, a hospital staff focus group, 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 community meeting and/or interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in Verdugo Hills 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 Verdugo Hills Hospital. 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), a hospital staff focus group (12 participants), and a community partner and stakeholder survey (30 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/.

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[10] "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.

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 Verdugo Hills Hospital community.
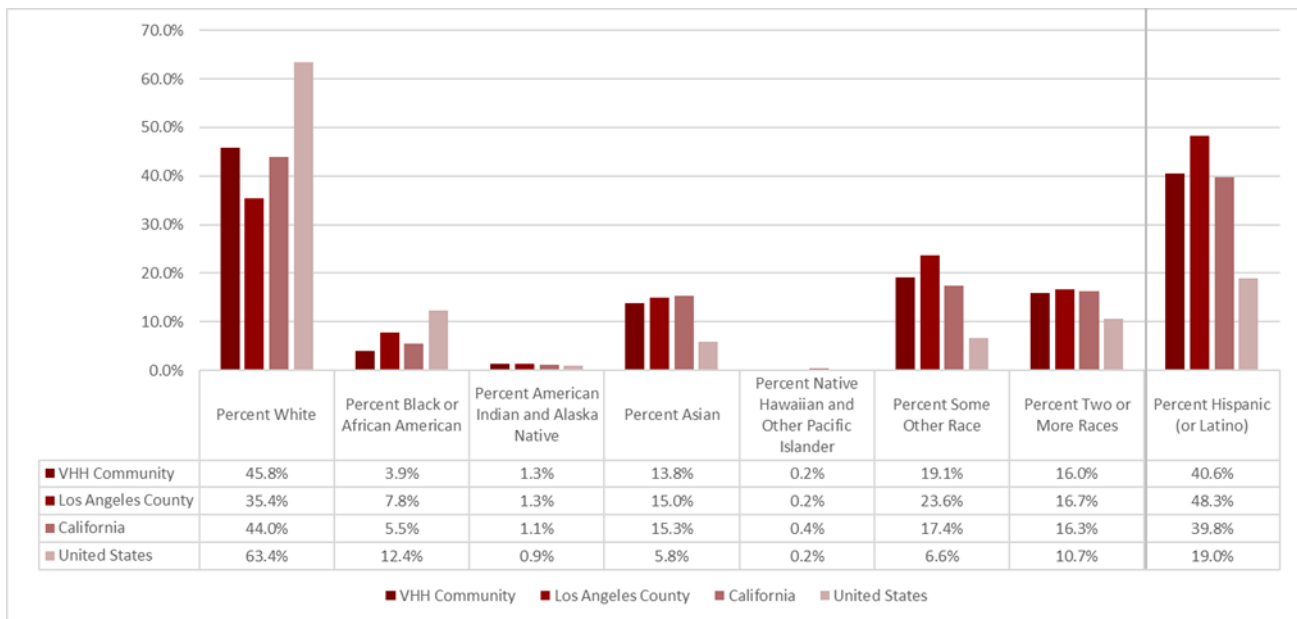
Demographics

Population characteristics and changes influence health needs. In 2023, a total of 675,227 people were estimated to reside in the Verdugo Hills Hospital community and approximately 9.8 million people were estimated to reside in Los Angeles County.

Exhibit 10 portrays shares of the population by race and ethnicity for the VHH community, Los Angeles County, California, and the United States.

In 2019-2023, the VHH community, Los Angeles County, and California had lower proportions of the population identified as White compared to the U.S. The VHH community had lower shares of the population identified as Black or African American, Asian, Some Other Race, multi-racial, and Hispanic (or Latino) compared to Los Angeles County. The VHH community, Los Angeles County, and California had significantly higher proportions of residents identified as Hispanic (or Latino) compared to the U.S.

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

	Percent White	Percent Black or African American	Percent American Indian and Alaska Native	Percent Asian	Percent Native Hawaiian and Other Pacific Islander	Percent Some Other Race	Percent Two or More Races	Percent Hispanic (or Latino)
VHH Community	45.8%	3.9%	1.3%	13.8%	0.2%	19.1%	16.0%	40.6%
Los Angeles County	35.4%	7.8%	1.3%	15.0%	0.2%	23.6%	16.7%	48.3%
California	44.0%	5.5%	1.1%	15.3%	0.4%	17.4%	16.3%	39.8%
United States	63.4%	12.4%	0.9%	5.8%	0.2%	6.6%	10.7%	19.0%

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

Exhibit 11 portrays proportions of the population that were foreign born for the VHH community, Los Angeles County, California, and the U.S. The VHH community had a higher share of foreign-born residents than county, state, and U.S. averages.

Exhibit 11: Foreign Born Population, 2019-2023
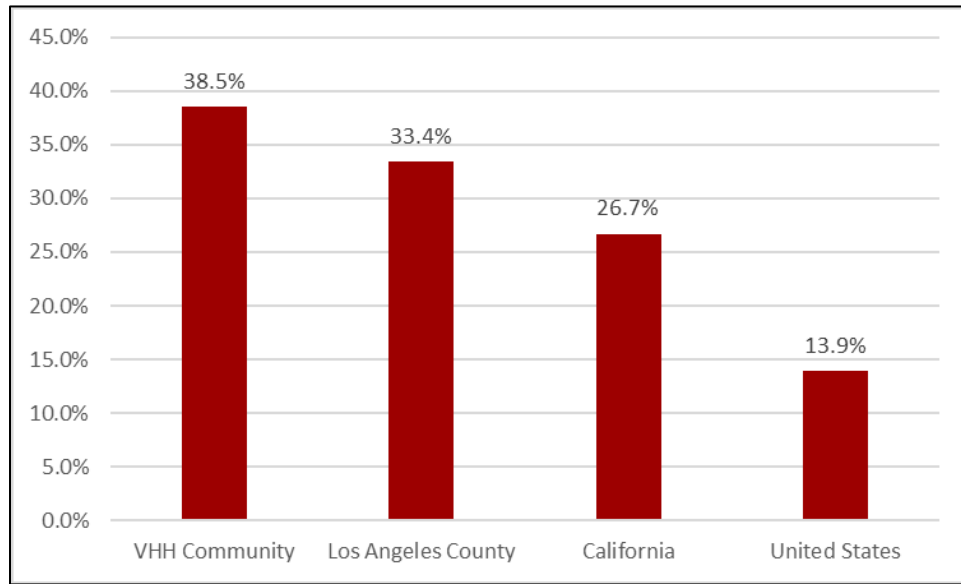
Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates.

Exhibit 12 portrays the percentage of the population 5 years of age and older with limited English proficiency (LEP) by ZIP Code for the VHH community with county, state, and nation.

Exhibit 12: Limited English-Speaking Status, 2019-2023

Area	Population Ages 5 and Older	Percent with Limited English Proficiency
90031 (Lincoln Heights)	34,930	**38.2%**
90041 (LA/Eagle Rock)	25,599	14.4%
90042 (Highland Park)	55,841	22.4%
90065 (LA/Glassell Park)	42,530	23.0%
91001 (Altadena)	34,481	8.9%
91011 (La Cañada Flintridge)	19,264	8.9%
91020 (Montrose)	6,843	18.8%
91040 (Sunland)	20,372	17.2%
91042 (Tujunga)	25,878	26.1%
91103 (Pasadena)	23,710	20.0%
91104 (Pasadena)	33,967	17.4%
91105 (Pasadena)	12,051	8.4%
91202 (Glendale)	21,274	29.9%
91203 (Glendale)	15,802	**36.8%**
91204 (Glendale)	17,954	**39.4%**
91205 (Glendale)	33,268	**39.2%**
91206 (Glendale)	30,400	28.6%
91207 (Glendale)	10,096	21.0%
91208 (Glendale)	14,760	13.8%
91214 (La Crescenta Montrose)	29,704	16.6%
91342 (Sylmar)	88,246	25.1%
91352 (Sun Valley)	43,887	34.5%
VHH Community	640,857	24.1%
Los Angeles County	**9,329,609**	**23.2%**
California	37,028,644	17.1%
United States	313,447,641	8.4%

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

Glendale (ZIP Codes 91203, 91204, and 91205) and Lincoln Heights (ZIP Code 90031) had the highest percentages of population with limited English proficiency. Light grey shading indicates where these percentages exceeded county-wide values; dark grey shading indicates percentages more than 50 percent above county-wide values.

Exhibit 13 portrays the estimated Los Angeles County population 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, likely leading to an increased need for healthcare services. 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 community.

Exhibit 14: Percent of Population – Aged 65+, 2019-2023
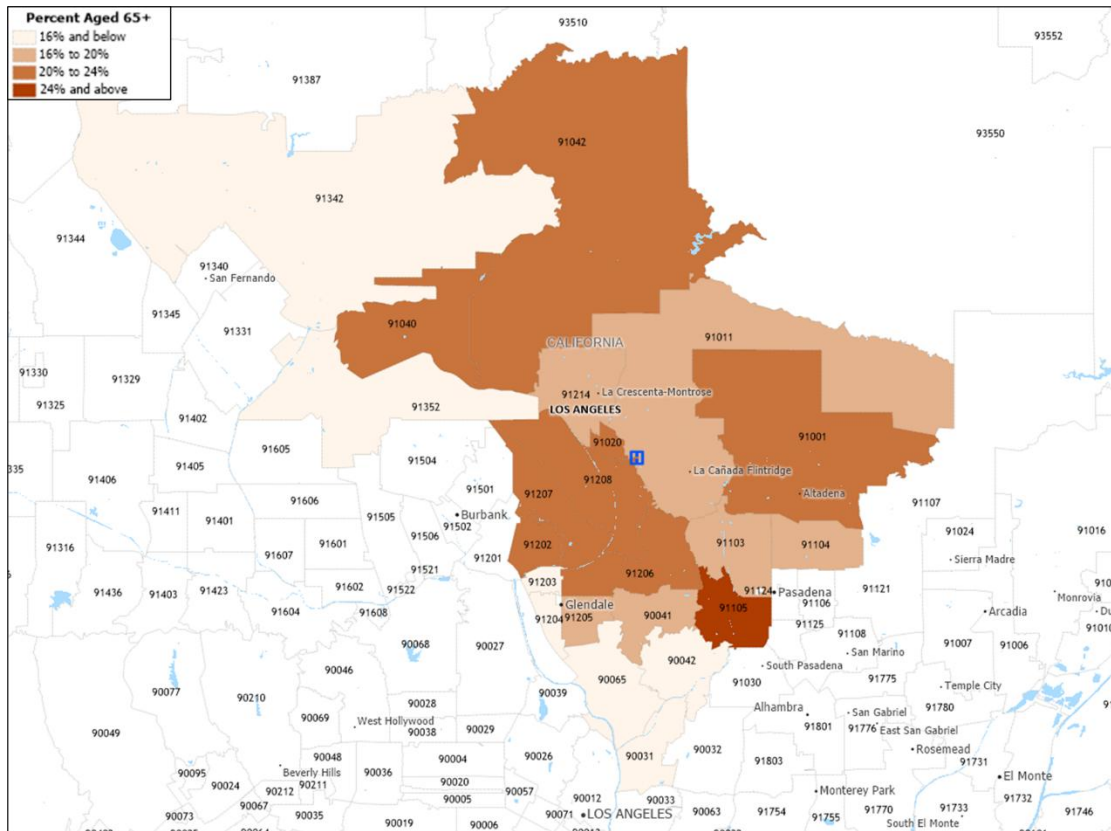
Source: U.S. Census Bureau, 2019-2023, American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.
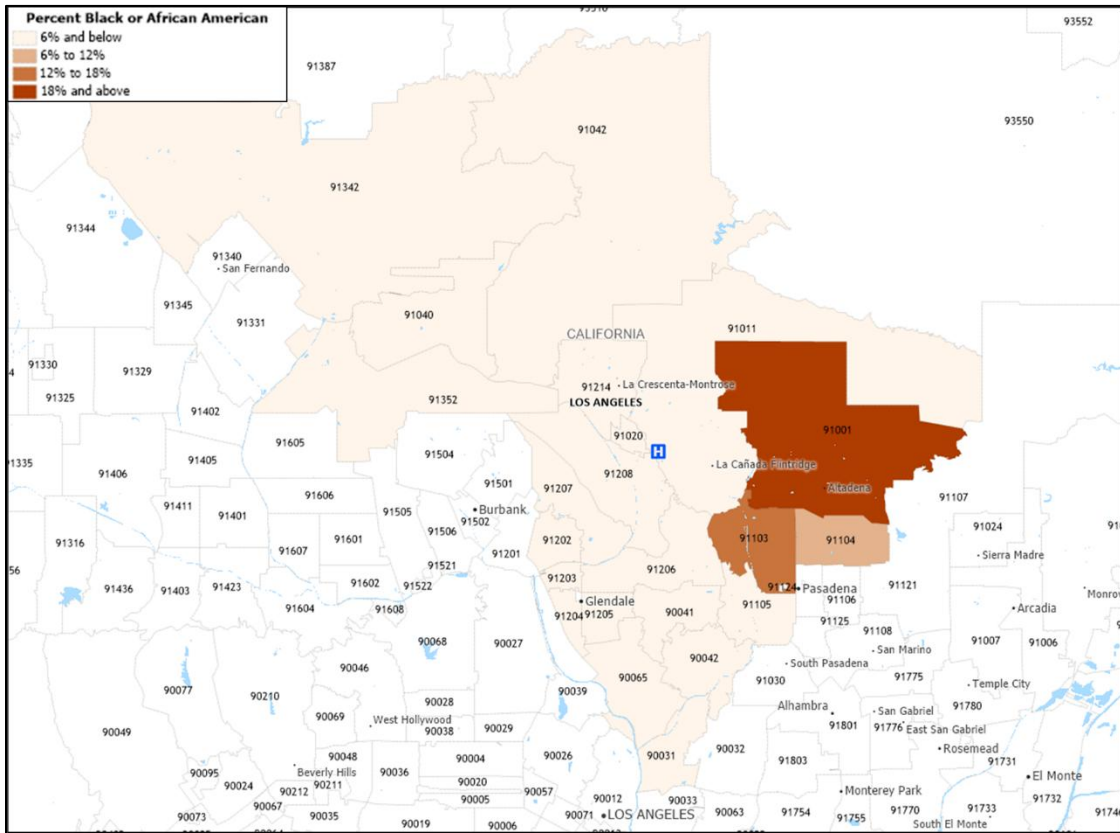
Description

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

Observations

- In 2019-2023, ZIP Codes 91105 (Sun Valley), 91202 (Sunland), 91207 (Lincoln Heights), 91042 (Altadena), and 91001 (Glendale) had the highest shares of the population aged 65 years and older, each over 20 percent.
- The share of the population aged 65 and older was higher in the VHH community (17.2 percent) compared to Los Angeles County (14.7 percent), California (15.3 percent), and the U.S. (16.8 percent).

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.
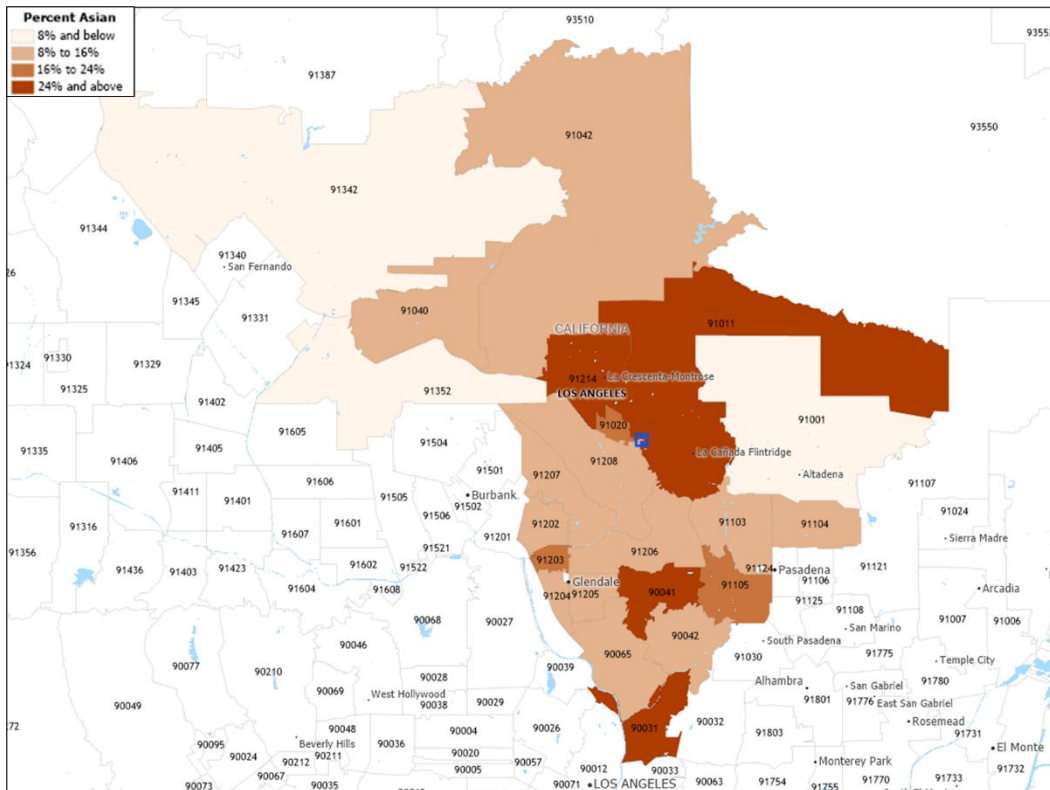
Description

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

Observations

- In 2019-2023, ZIP Codes 91001 (Glendale) and 91103 (Pasadena) had the highest shares of the population identified as Black or African American, 20.7 percent and 15.1 percent.
- Most ZIP Codes within the VHH community had under 4.0 percent of the population identified as Black or African American.

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.
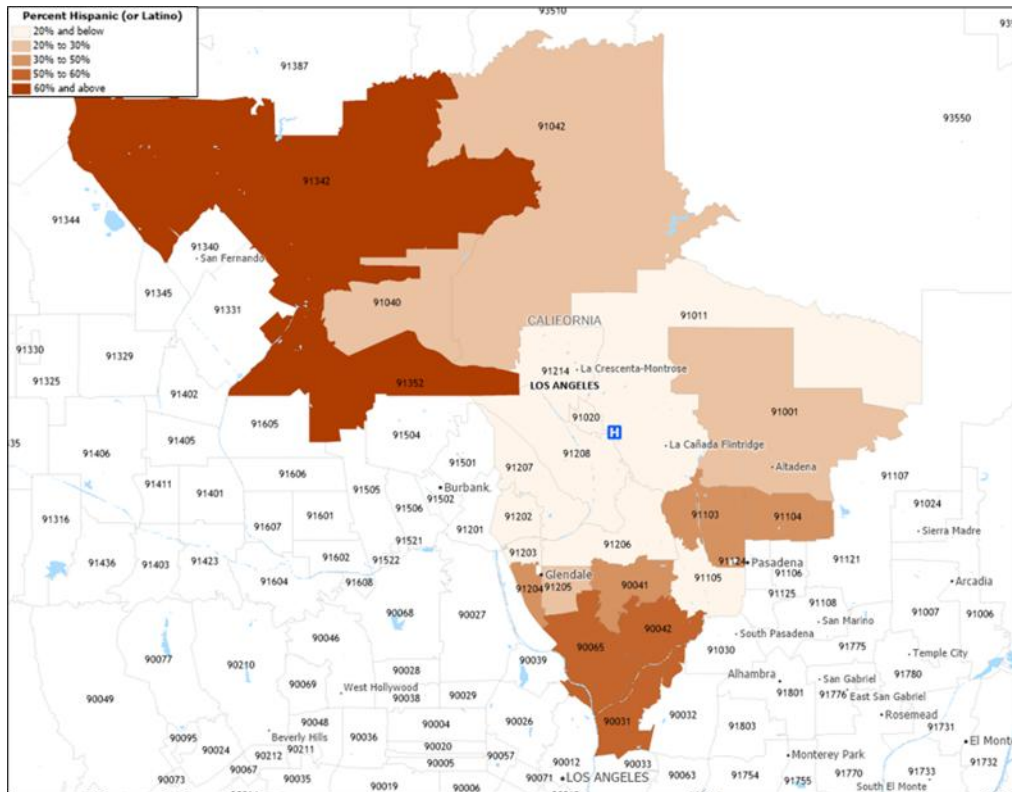
Description

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

Observations

- In 2019-2023, ZIP Codes 91011 and 91214 (Glendale), 90031 (Lincoln Heights), and 90041 (LA/Eagle Rock) had the highest proportions of residents identified as Asian, each over 25.0 percent of the population.

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.
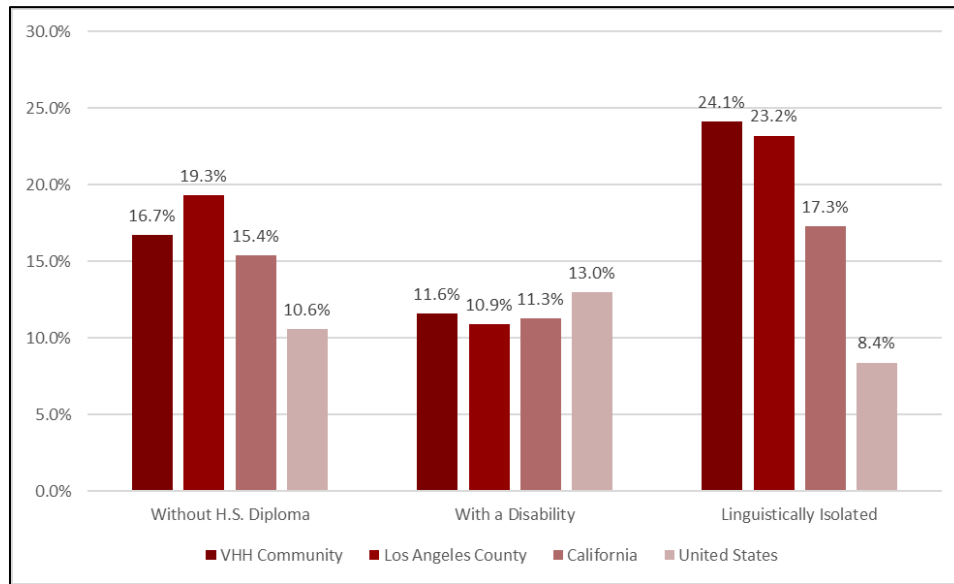
Description

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

Observations

- ZIP Codes 91342 (LA/Glassell Park), 91352 and 90031 (Lincoln Heights), 90042 (Montrose), and 90065 (Highland Park) had the highest proportion of Hispanic (or Latino) residents, each over 50.0 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."
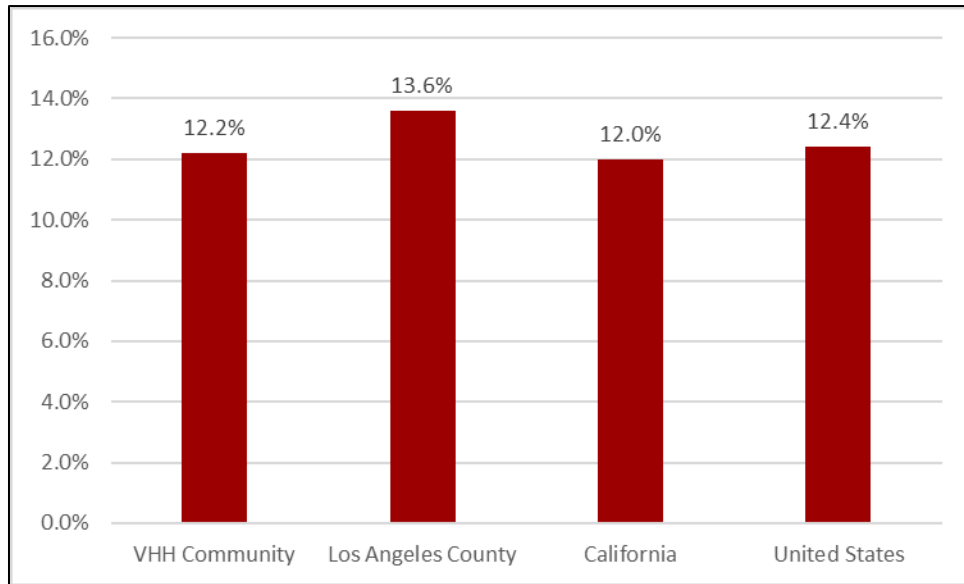
Observations

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

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 VHH community, county, state, and nation.

Observations

- In 2019-2023, the poverty rate in the VHH community was lower than Los Angeles County and comparable to state and national averages.

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

Area	Asian	Black	White	Hispanic (or Latino)	All Races & Ethnicities
VHH Community	8.6%	16.1%	11.5%	14.4%	12.2%
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 Black and Hispanic (or Latino) residents were living in poverty than other cohorts.

Exhibit 21: Children in Poverty by ZIP Code, 2019-2023

Area	Child Population (aged 0-17)	Percent of Population (aged 0-17)	Percent Children in Poverty
90031 (Lincoln Heights)	7,141	19.6%	**29.9%**
90041 (LA/Eagle Rock)	5,001	19.4%	10.7%
90042 (Highland Park)	9,529	16.5%	16.9%
90065 (LA/Glassell Park)	7,985	17.8%	18.5%
91001 (Altadena)	6,756	18.7%	7.9%
91011 (La Cañada Flintridge)	5,645	28.1%	1.8%
91020 (Montrose)	1,605	23.0%	12.4%
91040 (Sunland)	3,982	18.8%	5.1%
91042 (Tujunga)	4,529	16.9%	13.7%
91103 (Pasadena)	4,973	20.6%	**26.7%**
91104 (Pasadena)	6,657	18.9%	16.9%
91105 (Pasadena)	1,636	13.3%	1.3%
91202 (Glendale)	3,717	16.8%	7.7%
91203 (Glendale)	2,738	16.6%	**29.7%**
91204 (Glendale)	3,123	17.0%	14.4%
91205 (Glendale)	5,763	16.6%	23.0%
91206 (Glendale)	5,626	17.6%	16.5%
91207 (Glendale)	1,895	17.9%	0.0%
91208 (Glendale)	3,028	19.6%	4.4%
91214 (La Crescenta Montrose)	8,030	25.4%	6.0%
91342 (Sylmar)	20,954	22.7%	17.5%
91352 (Sun Valley)	9,650	21.2%	16.8%
VHH Community	129,963	19.5%	15.1%
Los Angeles County	2,024,014	20.9%	17.7%
California	8,590,409	22.3%	15.1%
United States	**72,472,636**	**22.3%**	**16.3%**

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

Description

Exhibit 21 portrays poverty rates for children in the VHH community, county, state, and nation. Light grey shading indicates rates above the U.S average for children in poverty (16.3 percent) and dark grey shading indicates rates more than 50 percent above this average.

Observations

- In 2019-2023, the proportion of children in poverty was more than 50 percent above the U.S. average in ZIP Codes 90031 (Lincoln Heights), 91103 (Pasadena), and 91203 (Glendale).

Median Household Income

Exhibit 22: Median Household Income, 2019-2023

Area	Total Households	Median Household Income
90031 (Lincoln Heights)	12,166	$62,119
90041 (LA/Eagle Rock)	9,790	$111,834
90042 (Highland Park)	21,490	$94,401
90065 (LA/Glassell Park)	16,441	$92,903
91001 (Altadena)	12,724	$133,840
91011 (La Cañada Flintridge)	6,403	$221,451
91020 (Montrose)	3,212	$60,899
91040 (Sunland)	7,513	$104,719
91042 (Tujunga)	10,190	$81,707
91103 (Pasadena)	8,496	$84,683
91104 (Pasadena)	13,490	$103,052
91105 (Pasadena)	5,771	$156,835
91202 (Glendale)	8,779	$92,343
91203 (Glendale)	6,938	$77,925
91204 (Glendale)	6,805	$72,906
91205 (Glendale)	13,572	$59,005
91206 (Glendale)	12,449	$86,684
91207 (Glendale)	3,995	$108,196
91208 (Glendale)	6,029	$131,229
91214 (La Crescenta Montrose)	10,638	$131,716
91342 (Sylmar)	25,205	$95,480
91352 (Sun Valley)	12,402	$74,621
Los Angeles County	**3,390,254**	**$87,760**
California	13,434,847	$96,334
United States	127,482,865	$78,538

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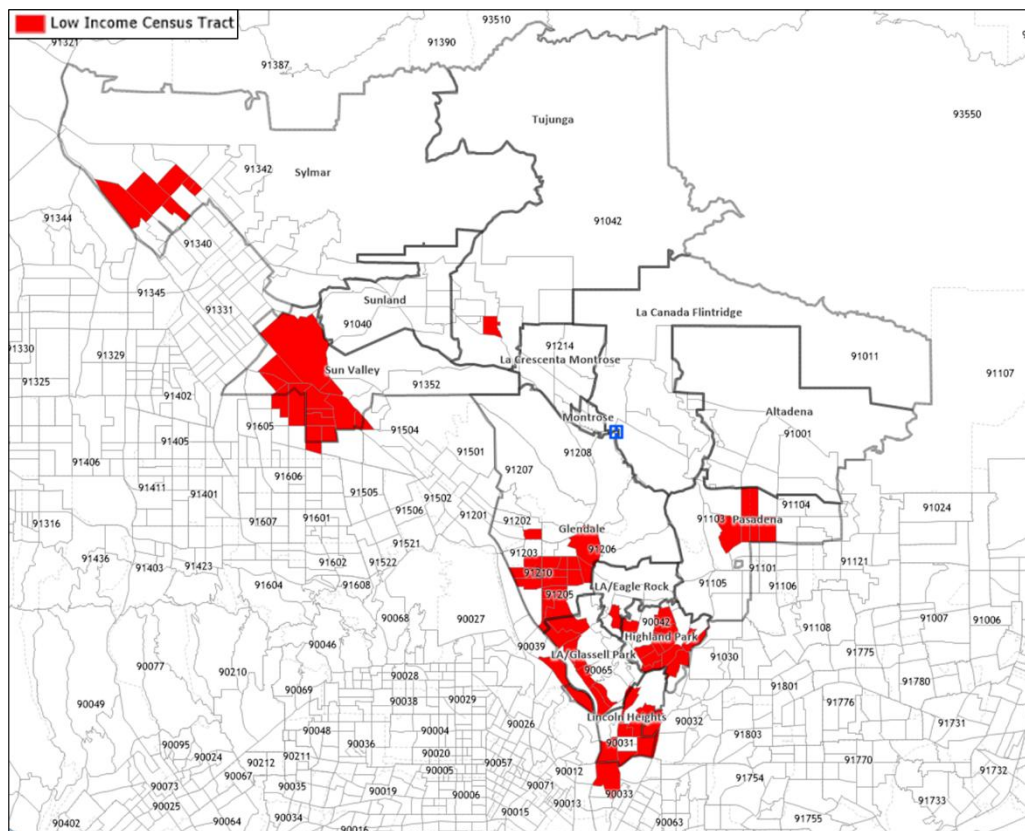
Description

Exhibit 22 shows median household incomes for residents of the VHH community, Los Angeles County, and California – with national rates for comparison. Light grey shading indicates median household incomes that are below the Los Angeles County median household income.

Observations

- In 2023, median household incomes were lower than Los Angeles County in Lincoln Heights (90031), Montrose (91020), Tujunga (91042), Pasadena (91103), Glendale (91203, 91204, 91205, and 91206), and Sun Valley (91352).

Exhibit 23: Low Income Census Tracts, 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.
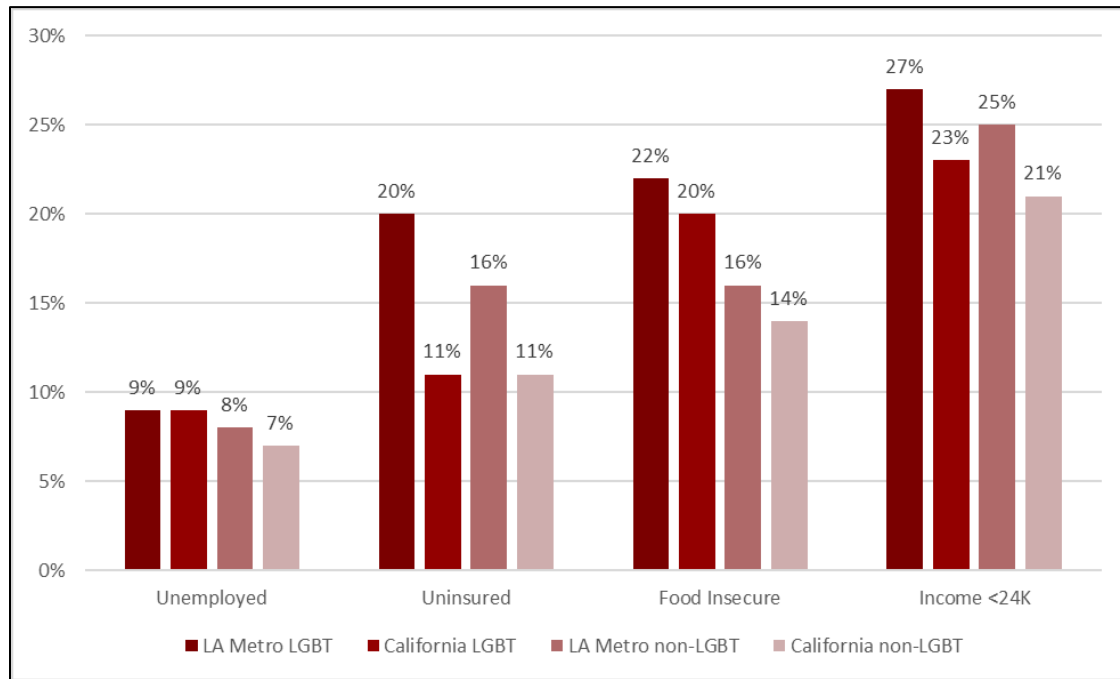
Description

Exhibit 23 portrays the location of federally designated low-income census tracts.

Observations

- In 2019, low-income census tracts were present Sun Valley, Sylmar, Pasadena, Glendale, Highland Park, LA/Glassell Park, and Lincoln Heights.

Exhibit 24: 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 24 presents select socioeconomic indicators for lesbian, gay, bisexual, and transgender (LGBT) communities compared to non-LGBT communities in the Los Angeles Metro 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.[11]

Observations

- In 2019, Los Angeles Metro 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, state, and nationally.

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[11] https://williamsinstitute.law.ucla.edu/publications/lgbt-us-msa/

Centers for Disease Control and Prevention Social Vulnerability Index

Exhibit 25: 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
VHH Community	680,948	0.60	0.61	0.55	0.67	0.64
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 25 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.
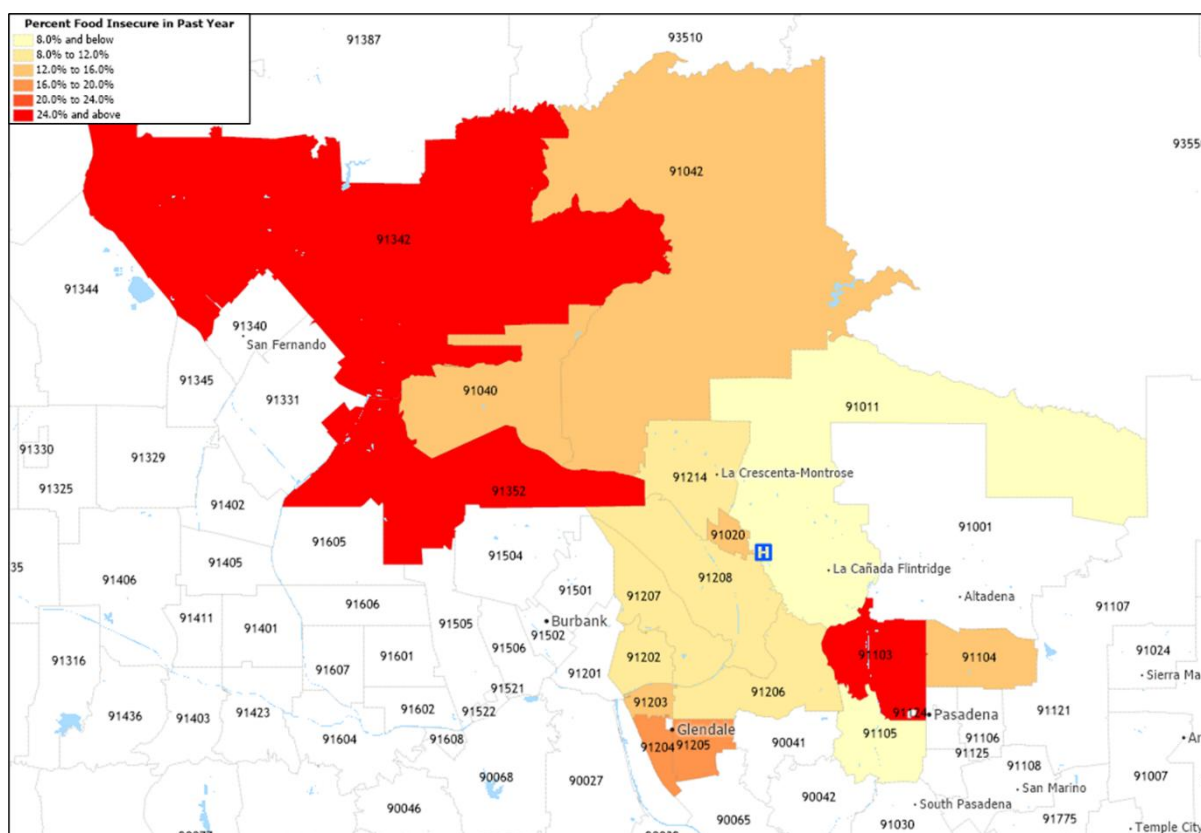
Observations

- In 2022, the overall social vulnerability index score was higher for the VHH community, Los Angeles County, and California than the nation.
- Socioeconomic, household composition, housing & transportation vulnerability scores were higher in the VHH community than the U.S.

Food Access

Exhibit 26A: Food Insecurity Indicators, 2022

Indicator	VHH Community	Los Angeles County	California	United States
Food insecurity in the past 12 months	16.5%	17.2%	15.9%	**13.9%**
Received food stamps in the past 12 months	15.6%	15.4%	14.6%	**11.8%**
Utility services shut-off threat in the past 12 months[12]	6.9%	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.

Exhibit 26B: Food Insecurity in the Past 12 Months by ZIP Code, 2022

Source: PLACES. Centers for Disease Control and Prevention. Accessed 3/21/2025. https://www.cdc.gov/places.

Description

Exhibit 26A portrays CDC's PLACES food insecurity indicators for the VHH community, 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

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

found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Exhibit 26B portrays percentages of adult food insecurity in the past 12 months by ZIP Code for the VHH community.

Observations

- In 2022, the percentages of VHH, Los Angeles County, and California residents with food insecurity and having received food stamps in the past 12 months were above U.S. averages.
- ZIP Codes 91342 (Sylmar), 91352 (Sun Valley), and 91103 (Pasadena) had the highest rates of adults experiencing food insecurity in the past 12 months, each over 24.0 percent.

Exhibit 27: Low-Income and Low Access to Healthy Food Census Tracts, 2019
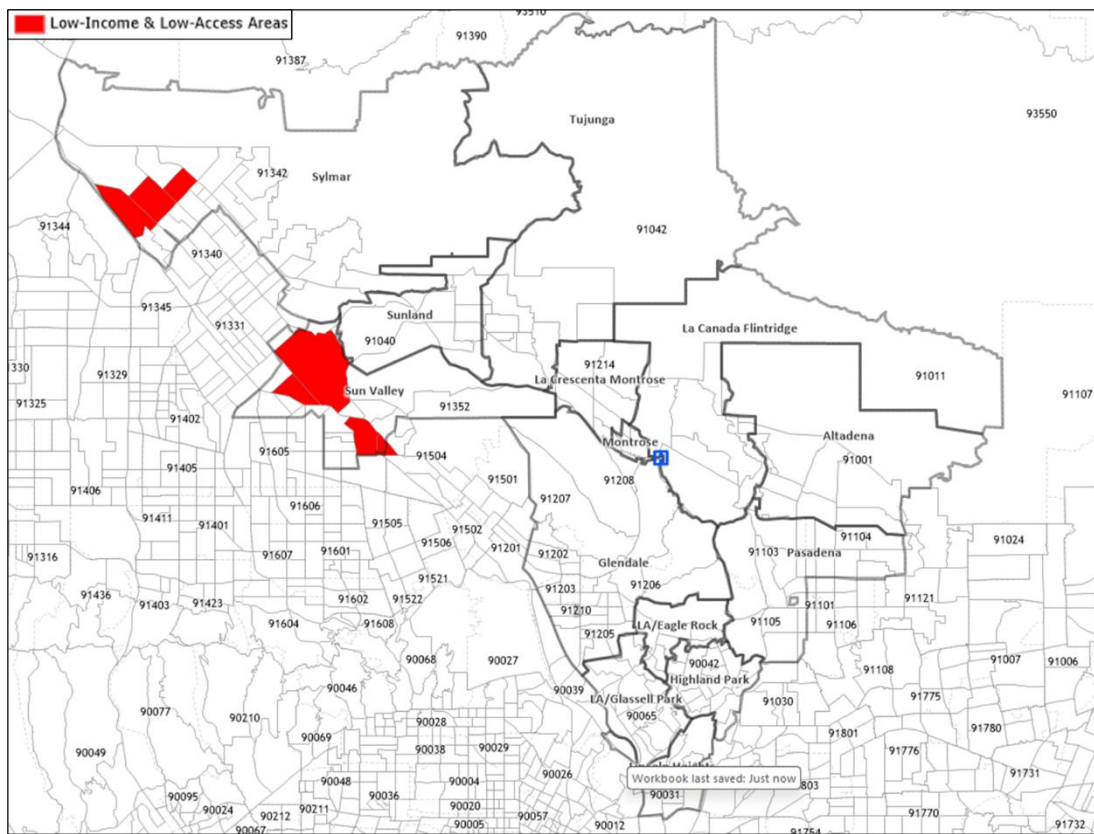
Source: Economic Research Service (ERS), U.S. Department of Agriculture (USDA). **Food Access Research Atlas**, https://www.ers.usda.gov/data-products/food-access-research-atlas/, 2021 and Caliper Maptitude, 2024.

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.[13]

Exhibit 27 identifies areas designated as low-income and low access to healthy and affordable food.

Observations

- In 2019, federally designated low-income and low-access areas were present in Sylmar and Sun Valley.

Unemployment

Exhibit 28: Unemployment Rates, March 2025

Area	Labor Force	Employment	Unemployment	
			Number	Rate
Altadena, Census Designated Place (CDP)	21,400	20,200	1,200	5.8%
Glendale, City	95,800	90,300	5,500	5.7%
La Cañada Flintridge, City	8,800	8,400	300	3.8%
La Crescenta Montrose, (CDP)	10,100	9,400	600	6.2%
Los Angeles, City	2,062,700	1,944,600	118,200	5.7%
Pasadena, City	77,200	73,000	4,200	5.5%
Los Angeles County	5,047,900	4,767,600	280,300	5.6%
California	19,841,000	18,789,000	1,054,000	5.3%
United States	**170,653,000**	**163,412,000**	**7,242,000**	**4.1%**

Source: California Employment Development Department, Labor Market Information, Accessed Unemployment Rate and Labor Force, 2025.

Description

Exhibit 28 presents unemployment rates for cities and Census Designated Places (CDP) within the VHH community, Los Angeles County, California with national rates for comparison. Light grey shading indicates rates that are above the U.S. average.

Observations

- In March 2025, unemployment rates were above U.S. averages in most areas of the VHH community (excluding La Cañada Flintridge), Los Angeles County, and California.

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[13] https://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas/

Housing and Homelessness

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

Area	Households Paying Rent	Households Paying >30% of Income for Rent	Percent of Households Rent Burdened
VHH Community	108,940	64,120	58.9%
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 30: Map of Percent of Rented Households Rent Burdened, 2019-2023
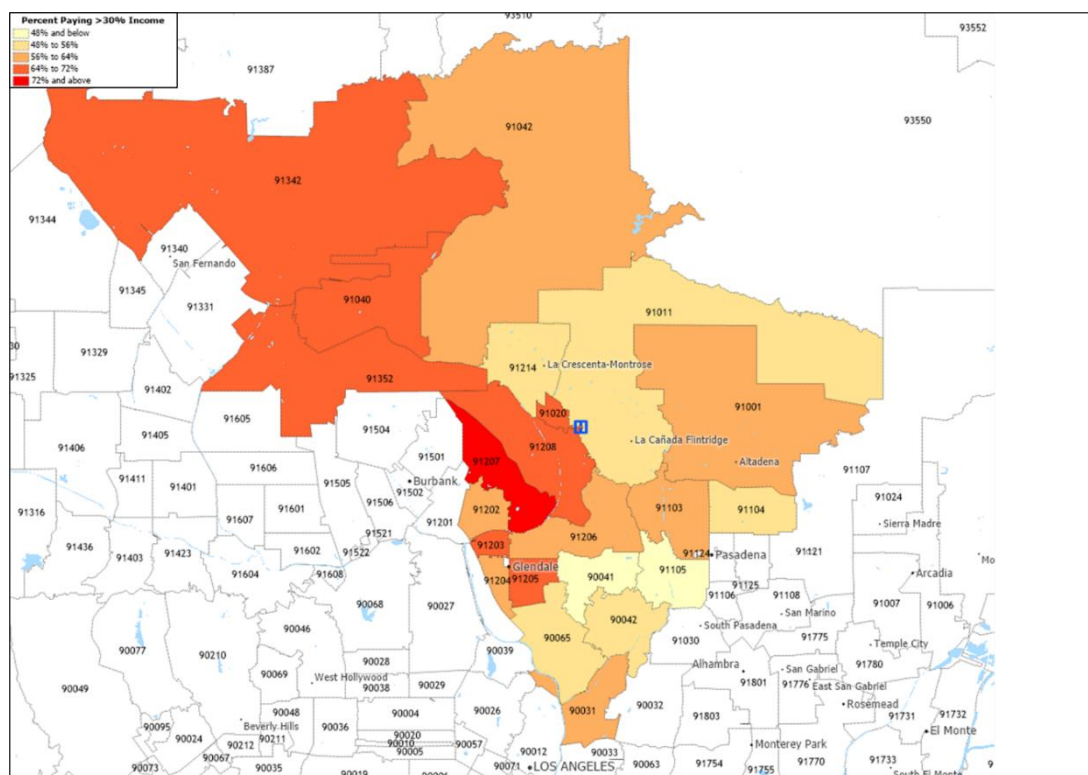
Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, and Caliper Maptitude, 2024.

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.[14]

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[14] https://www.federalreserve.gov/econres/notes/feds-notes/assessing-the-severity-of-rent-burden-on-low-income-families-20171222.htm

Exhibits 29 and 30 portray the percentage of rented households that meet this definition. ZIP Codes highlighted in darker shades are where more than 60 percent of households meet this definition.

Observations

- In 2019-2023, 58.9 percent of rented households in the VHH community were designated as rent burdened, above county (57.4 percent), state (54.7 percent), and national averages (50.4 percent).
- At over 70.0 percent, ZIP Codes 91207 (Glendale), and 91020 (Montrose) had the highest proportion of households designated as rent burdened.

Exhibit 31: Percent of Owner-Occupied Housing Units, 2019-2023

Area	Occupied Housing Units	Owner Occupied Housing Units	Percent Homeownership
VHH Community	80,765	26,871	46.7%
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.

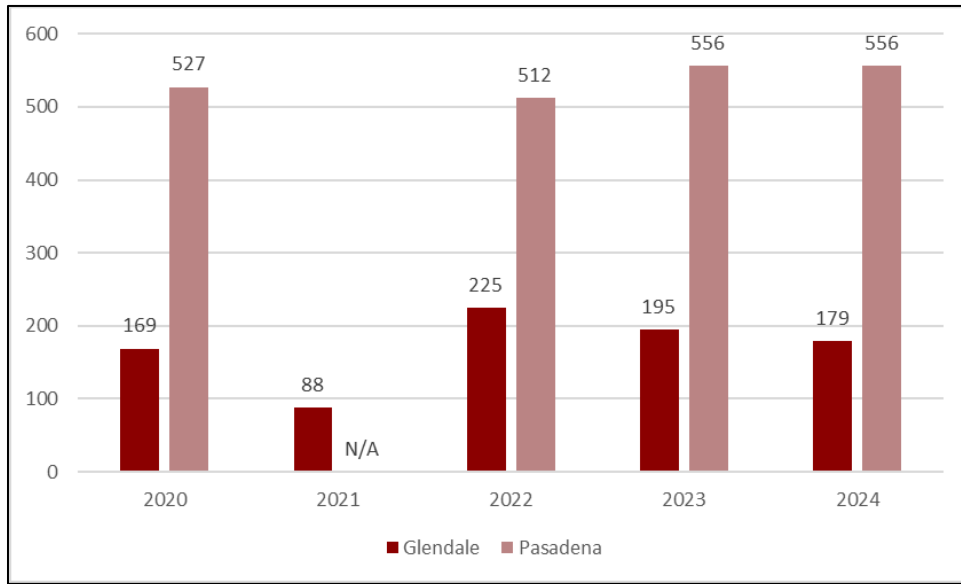**Description**

Exhibit 31 portrays the percentages of households that are occupied by the homeowner. Light grey shading indicates rates below the U.S. average; dark grey shading indicates rates more than 50 percent below the average.

Observations

- In 2019-2023, homeownership was significanlty lower in the VHH community, Los Angeles County, and California compared to national averages.

Exhibit 32: Glendale and Pasadena Homeless Populations, 2020-2024

Source: City of Glendale Homeless County and Pasadena Homeless Count, 2024.
Note: The Pasadena Homeless Count was not conducted in 2021 due to the pandemic.

Description

Exhibit 32 provides the point-in-time estimated count of unhoused people living in Glendale and Pasadena from 2020 to 2024.

Observations

- From 2020 to 2024, the number of people experiencing homelessness in Glendale and Pasadena increased.

Exhibit 33: 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 33 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.

Community Safety

Exhibit 34: Community Safety Indicators, 2018-2022

Area	Neighborhood Safe from Crime - Adults	Children with Easy Access to a Park or Safe Place to Play	Violent Crime per 100,000 Population
Altadena	88.9%	88.6%	149.7
Glendale	84.2%	89.7%	116.1
Tujunga	85.2%	86.5%	237.2
Highland Park	68.7%	73.0%	398.8
Eagle Rock	78.7%	80.5%	307.1
Glassell Park	70.3%	76.2%	401.2
Lincoln Heights	52.9%	71.4%	737.6
Pasadena	83.9%	87.8%	363.2
Sun Valley	64.0%	79.5%	487.6
Sylmar	69.7%	79.4%	368.4
San Fernando (SPA 2)	79.5%	86.0%	341.5
San Gabriel (SPA 3)	83.7%	87.8%	273.5
Metro (SPA 4)	60.8%	70.5%	**967.6**
Los Angeles County	**74.3%**	**82.1%**	**525.9**

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.

Description

Exhibit 34 provides community safety statistics available from Los Angeles County Department of Public Health, presented by city or community and SPA within the VHH community and 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. [15]

Observations

- In 2018-2022, in Highland Park, Glassell Park, Lincoln Heights, Sun Valley, and Sylmar, the percentage of adults reporting their neighborhood was safe from crime and the percentage of children with a safe place to play compared unfavorably to Los Angeles County.
- Violent crime rates compared unfavorably in Lincoln Heights compared to Los Angeles County and several areas (Highland Park, Glassell Park, Lincoln Heights, and Sun Valley) compared unfavorably to national averages.

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[15] https://www.statista.com/statistics/191219/reported-violent-crime-rate-in-the-usa-since-1990/

Built Environment

Exhibit 35: 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)
Altadena	19.7	61.0%	16.0%
Glendale	30.5	76.8%	6.0%
Tujunga	13.6	71.0%	8.0%
Highland Park	2.7	90.6%	7.0%
Eagle Rock	1.9	45.1%	9.0%
Glassell Park	0.6	51.9%	7.0%
Lincoln Heights	15.7	90.0%	4.0%
Pasadena	14.8	N/A	12.0%
Sun Valley	49.4	47.1%	3.0%
Sylmar	5.0	47.1%	4.0%
San Fernando (SPA 2)	132.4	50.4%	6.0%
San Gabriel (SPA 3)	225.4	59.6%	7.0%
Metro (SPA 4)	6.6	78.1%	4.0%
Los Angeles County	**92.9**	**64.2%**	**5.0%**

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.

Description

Exhibit 35 provides built environment statistics that measure access to recreational spaces and tree canopy by city or community and 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

- Most cities and communities within the VHH community had lower available recreational space (acres per 1,000 population) compared to Los Angeles County.
- Altadena, Eagle Rock, Glassell Park, Sun Valley, and Sylmar compared unfavorably to Los Angeles County overall for being within a 10-minute walk to recreational space.
- Lincoln Heights, Sun Valley, and Sylmar had the lowest percentage of land with tree canopy coverage.

Exhibit 36: Air Pollution: 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 36 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 primary annual average standards of 12.0 micrograms per cubic meter.

Observations

- Average daily density of fine particulate matter (air pollution) in micrograms per cubic meter (PM2.5) in Los Angeles County and California was more than 50 percent above the U.S. average.

Other Health Status and Access Indicators

Access to Care

Exhibit 37: Percent of Population without Health Insurance, 2019-2023

Area	Population	Percent Uninsured
90031 (Lincoln Heights)	36,483	**13.0%**
90041 (LA/Eagle Rock)	27,146	4.2%
90042 (Highland Park)	58,146	8.6%
90065 (LA/Glassell Park)	45,020	8.5%
91001 (Altadena)	36,310	3.4%
91011 (La Cañada Flintridge)	20,076	2.5%
91020 (Montrose)	7,117	5.2%
91040 (Sunland)	21,191	5.6%
91042 (Tujunga)	26,847	6.3%
91103 (Pasadena)	24,180	8.5%
91104 (Pasadena)	35,584	7.1%
91105 (Pasadena)	12,289	2.3%
91202 (Glendale)	22,155	4.8%
91203 (Glendale)	16,482	11.5%
91204 (Glendale)	18,383	10.8%
91205 (Glendale)	34,746	8.5%
91206 (Glendale)	32,079	5.3%
91207 (Glendale)	10,626	2.9%
91208 (Glendale)	15,452	4.8%
91214 (La Crescenta Montrose)	31,634	3.3%
91342 (Sylmar)	92,831	10.0%
91352 (Sun Valley)	45,950	12.8%
VHH Community	670,727	7.7%
Los Angeles County	9,778,622	8.7%
California	38,761,738	6.9%
United States	**327,425,278**	**8.6%**

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

Description

Exhibit 37 presents the estimated percentage of the population without health insurance. Light grey shading indicates areas that had a higher percentage uninured than the United States average 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 without health insurance in the VHH community was lower than county and national averages.
- The proportion of the population in Lincoln Heights without health insurance was more than 50 percent above county, state, and national averages.
- Areas in Glendale (ZIP Codes 91203 and 91204), Sylmar, and Sun Valley had comparitively high rates of uninured residents.

Exhibit 38: Per Capita 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 38 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.

Exhibit 39: Difficulty Obtaining Needed Medical Care, 2021

Area	Somewhat or Very Difficult to Obtain Care (% Adults)
Altadena	11.6%
Glendale	30.4%
Tujunga	27.0%
Highland Park	20.5%
Eagle Rock	18.8%
Glassell Park	20.6%
Lincoln Heights	33.3%
Pasadena	17.6%
Sun Valley	24.8%
Sylmar	24.0%
San Fernando (SPA 2)	24.8%
San Gabriel (SPA 3)	22.7%
Metro (SPA 4)	30.1%
Los Angeles County	**25.4%**

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.

Description

Exhibit 39 presents the percentage of adults reporting difficulty obtaining needed medical care available from the Los Angeles County Department of Public Health by city or community and SPA within the VHH community with Los Angeles County rates for comparison. Light grey shading indicates rates that are worse than the Los Angeles County average; dark grey shading indicates rates more than 50 percent worse than average.

Observations

- Glendale, Tununga, Lincoln Heights, and SPA 4 residents had the highest prevalance of difficulty accessing needed medical care compared to other areas in Los Angeles County.
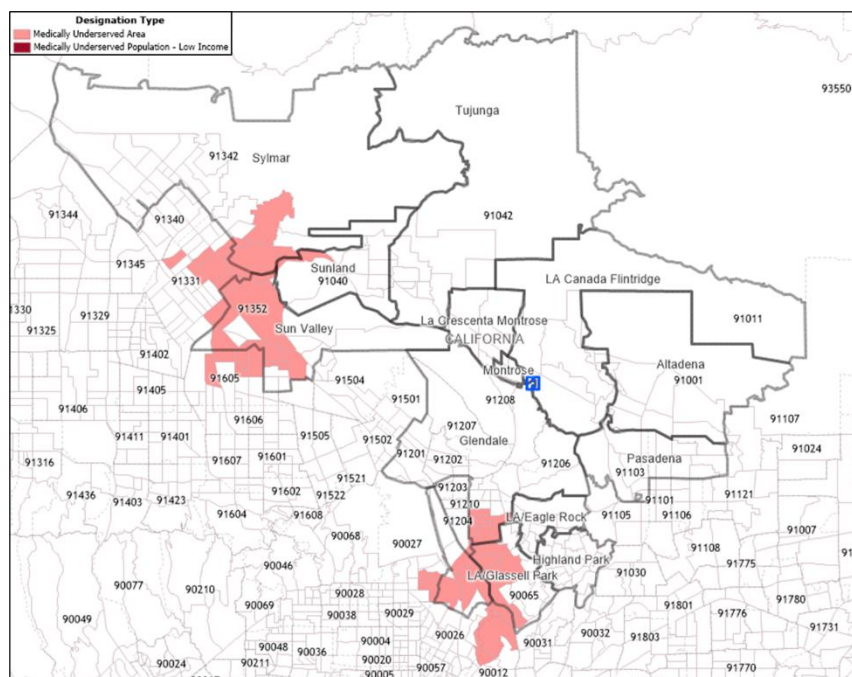
Exhibit 40A: Health Professional Shortage Areas (HPSA), VHH Community, 2025

HPSA Name	Designation Type	Primary Care	Mental Health	Dentist
Boyle Heights Central	High Needs Geographic HPSA		●	
Glendale Southeast	Low Income Population HPSA		●	
Pacoima East/Sun Valley	Low Income Population HPSA	●		

Source: Health Resources and Services Administration, 2025.

Exhibit 40B: Locations of Medically Underserved Areas and Populations, VHH Community, 2025

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

Description

Exhibits 40A and 40B identify the location of Health Professional Shortage Areas (HPSAs) and 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.[16] Areas with a score of 62 or less are considered "medically underserved."

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[16] Heath Resources and Services Administration. See http://www.hrsa.gov/shortage/mua/index.html

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."[17]

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

- In 2025, census tracts designated as Medically Underserved Areas were present in central, south central, and northeastern Los Angeles County.
- VHH community census tracts in Sun Valley, Glassell Park, and Glendale were designated as medically underserved.
- Boyle Heights Central has been designated a geographic HPSA for mental health, Glendale Southeast has been designated a low-income population HPSA for mental health, and Pacoima East/Sun Valley has been designated a primary care HPSA for the low-income population.

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[17]*Ibid.*

Mortality

Exhibit 41: Leading Causes of Death, Crude Rates per 100,000 Population, 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	**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, mortality rates for COVID-19, Alzheimer's Disease, diabetes, influenza and pneumonia, hypertension and hypertensive renal disease, liver disease and cirrhosis, and assault in Los Angeles County were above national averages.
- Mortality rates for hypertension and hypertensive renal disease were more than 50 percent above national averages.

Exhibit 42: Leading Causes of Death by Race & Ethnicity, LA County, Crude Rates per 100,000 Population, 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.

Description

Exhibit 42 provides crude mortality rates by race and ethnicity per 100,000 population for the fifteen (15) leading causes of death in Los Angeles County. 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.

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.

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

Area	COVID-19 Mortality Rate
Altadena	209.3
Glendale	350.9
Tujunga	336.4
Highland Park	347.6
Eagle Rock	336.9
Glassell Park	233.5
Lincoln Heights	**664.0**
Pasadena	N/A
Sun Valley	431.2
Sylmar	497.5
San Fernando (SPA 2)	324.7
San Gabriel (SPA 3)	335.5
Metro (SPA 4)	380.3
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.

Description

Exhibit 44 presents data regarding COVID-19 mortality. Light grey shading highlights indicators found to be worse than the national average. Dark grey shading indicates rates that are more than 50 percent worse than the national average.

Observations

- As of 2023, Lincoln Heights experienced a COVID-19 mortality rate more than 50 percent above county, state, and U.S averages.
- The overall Los Angeles County COVID-19 mortality rate was higher than state and national averages.
- Highland Park, Sun Valley, Sylmar, and SPA 4 had higher rates of COVID-19 mortality compared to the county, state, and national averages.

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.
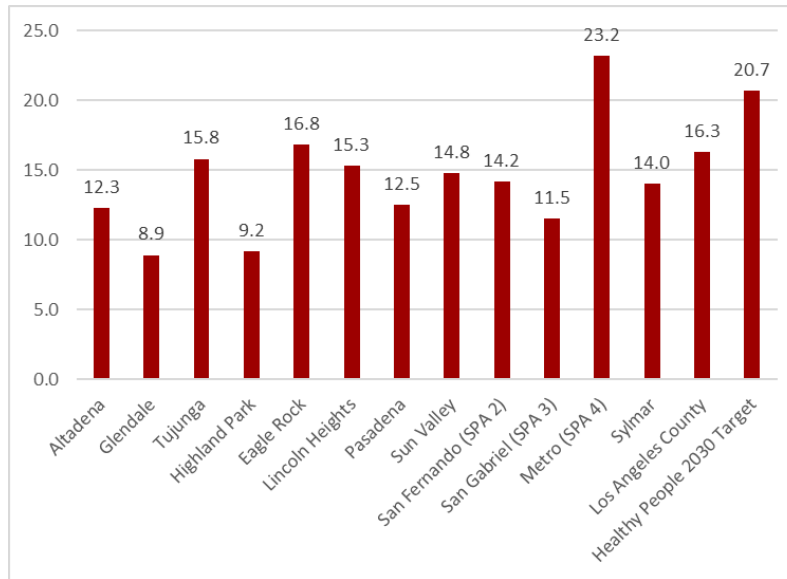
Description

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 compared to the U.S.

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

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.

Description

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

Observations

- Between 2018-2022, Eagle Rock and SPA 4 had comparitively high drug overdose morality rates exceeding all other SPAs and Los Angeles County.
- Most areas within the VHH community compared favorably to Los Angeles County and the Healthy People 2030 target for drug overdose mortality.

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.

Health Status, Disease, and Disability

Exhibit 48: Health Status and Frequent Physical Distress, 2022

Area	Fair or poor self-rated health status	Frequent physical distress
90031 (Lincoln Heights)	**27.0%**	16.2%
90041 (LA/Eagle Rock)	15.4%	11.1%
90042 (Highland Park)	20.5%	13.3%
90065 (LA/Glassell Park)	21.1%	13.6%
91001 (Altadena)	16.3%	11.9%
91011 (La Cañada Flintridge)	10.8%	9.1%
91020 (Montrose)	16.1%	12.1%
91040 (Sunland)	17.5%	13.2%
91042 (Tujunga)	19.5%	14.4%
91103 (Pasadena)	24.1%	15.3%
91104 (Pasadena)	17.9%	12.7%
91105 (Pasadena)	11.5%	9.5%
91202 (Glendale)	16.4%	12.6%
91203 (Glendale)	16.0%	11.9%
91204 (Glendale)	21.7%	14.7%
91205 (Glendale)	21.9%	15.4%
91206 (Glendale)	16.6%	12.6%
91207 (Glendale)	16.3%	12.8%
91208 (Glendale)	12.3%	10.3%
91214 (La Crescenta Montrose)	12.9%	10.4%
91342 (Sylmar)	24.9%	15.4%
91352 (Sun Valley)	**27.0%**	16.7%
VHH Community	19.4%	13.4%
Los Angeles County	19.6%	13.0%
California	18.8%	13.1%
United States	**17.9%**	**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 48 presents CDC's PLACES health status and physical distress indicators for the VHH community, 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 Lincoln Heights and Sun Valley residents with self-rated fair or poor health status was more than 50 percent above the U.S. average.
- Adults in the VHH community and Los Angeles County were more likely to report frequent physical distress compared to national averages.

Exhibit 49: Chronic Disease Indicators, Adults, 2022

Indicator	VHH Community	Los Angeles County	California	United States
Arthritis	20.3%	19.3%	21.8%	**26.6%**
Cancer (non-skin) or melanoma	7.1%	6.0%	6.7%	**8.2%**
Chronic obstructive pulmonary disease (COPD)	5.4%	4.8%	5.4%	**6.8%**
Coronary heart disease	5.7%	5.4%	5.8%	**6.8%**
Current asthma	9.4%	9.1%	9.6%	**9.9%**
Diagnosed diabetes	11.8%	12.3%	11.5%	**12.0%**
High blood pressure	28.8%	28.2%	28.4%	**32.7%**
High cholesterol	36.7%	35.6%	34.1%	**35.5%**
Obesity	25.4%	26.2%	28.3%	**33.3%**
No leisure time physical activity	22.6%	23.1%	22.4%	**23.7%**
Stroke	3.2%	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 49 presents CDC's PLACES health outcomes or chronic disease indicators for the VHH community, 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 VHH community compared favorably to county, state, and national rates for all chronic disease indicators, except high cholesterol.

Exhibit 50: Cancer Incidence, Age-adjusted Rates per 100,000 Population, 2017-2021
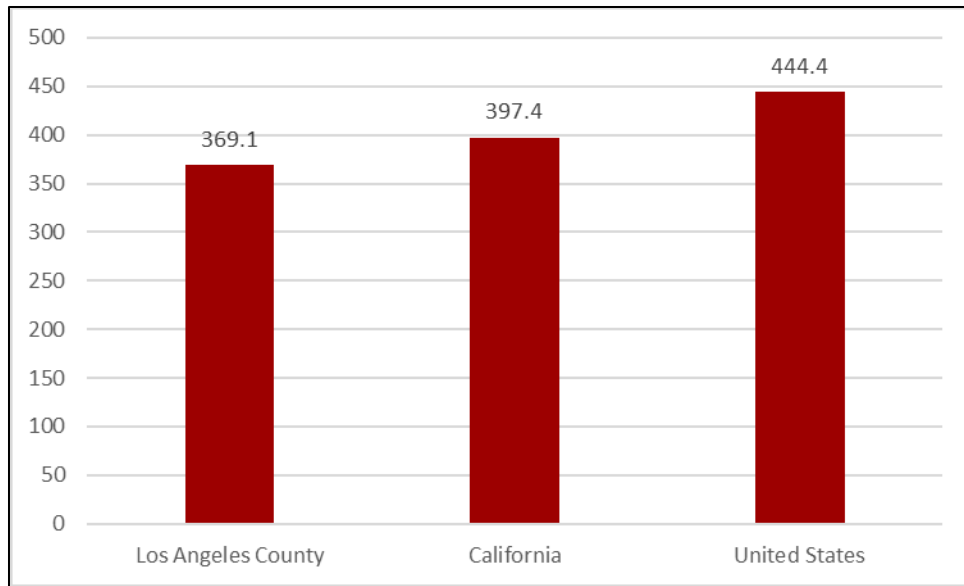
Source: State Cancer Profiles, National Cancer Institute and CDC, 2017-2021.

Description

Exhibit 50 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 51: Disability among Adults, 2022

Indicator	VHH Community	Los Angeles County	California	United States
Any disability	28.4%	28.3%	29.2%	**29.9%**
Cognitive disability	13.7%	13.7%	13.9%	**13.4%**
Hearing disability	6.1%	5.7%	6.2%	**7.1%**
Independent living disability	8.1%	7.9%	7.7%	**7.9%**
Mobility disability	13.0%	12.6%	12.8%	**13.7%**
Self-care disability	3.9%	3.8%	3.7%	**3.8%**
Vision disability	6.1%	6.2%	5.9%	**5.7%**

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

Description

Exhibit 51 presents CDC's PLACES disability indicators for the VHH community, 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 VHH residents with cognitive, independent living, self-care, and vision disabilities were above national rates.

Exhibit 52: HIV and Other Sexually Transmitted Infections by SPA, per 100,000, 2019-2021

Area	Early Syphilis	Gonorrhea	Chlamydia	Diagnosed HIV Prevalence
Altadena	35.7	216.4	292.5	359.8
Glendale	40.7	138.8	214.5	302.4
Tujunga	N/A	92.9	211.9	189.5
Highland Park	77.4	276.9	429.4	574.8
Eagle Rock	36.2	231.2	356.5	451.2
Glassell Park	57.6	230.5	410.6	717.0
Lincoln Heights	**103.5**	303.6	641.8	698.5
Pasadena	N/A	N/A	N/A	412.3
Sun Valley	73.2	203.9	492.9	379.5
Sylmar	35.6	149.6	491.6	312.1
San Fernando (SPA 2)	39.6	189.9	376.1	371.3
San Gabriel (SPA 3)	40.8	148	358.6	243.1
Metro (SPA 4)	**174.9**	**732.6**	**909.1**	**1,665.7**
Los Angeles County	**62.4**	**306.7**	**566.8**	**545.7**

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.

Description

Exhibit 52 provides HIV and other sexually transmitted infection statistics available from the Los Angeles County Department of Public Health by city or community and SPA within the VHH community 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, early syphilis incidence rates (per 100,000 live births) were above Los Angeles County rates in Highland Park, Lincoln Heights, and Sun Valley.
- Highland Park, Glassell Park, and Lincoln Heights had higher diagnosed HIV prevalance than the county-wide rate.

Mental Health

Exhibit 53: Social and Emotional Health Indicators, Adults, 2022

Indicator	VHH Community	Los Angeles County	California	United States
Feeling socially isolated	34.7%	34.8%	34.9%	**31.9%**
Lack of social and emotional support	30.9%	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 53 presents CDC's PLACES social and emotional health indicators for the VHH community, 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 percentages of the population reporting feelings of social isolation and lack of social and emtional support were higher in the VHH community, county, and state compared to the United States.

Exhibit 54: Diagnosed Depression and Frequent Mental Distress, 2022

Area	Diagnosed Depression	Frequent Mental Distress
90031 (Lincoln Heights)	20.4%	17.9%
90041 (LA/Eagle Rock)	19.4%	14.6%
90042 (Highland Park)	21.4%	17.1%
90065 (LA/Glassell Park)	20.7%	16.5%
91001 (Altadena)	19.9%	14.3%
91011 (La Cañada Flintridge)	17.9%	11.5%
91020 (Montrose)	20.7%	15.3%
91040 (Sunland)	22.4%	15.9%
91042 (Tujunga)	23.5%	17.2%
91103 (Pasadena)	21.0%	17.5%
91104 (Pasadena)	21.3%	15.6%
91105 (Pasadena)	18.3%	11.6%
91202 (Glendale)	22.8%	15.9%
91203 (Glendale)	22.8%	16.8%
91204 (Glendale)	23.0%	18.1%
91205 (Glendale)	23.6%	18.1%
91206 (Glendale)	22.2%	15.7%
91207 (Glendale)	22.1%	15.4%
91208 (Glendale)	20.7%	13.4%
91214 (La Crescenta Montrose)	19.7%	13.5%
91342 (Sylmar)	21.6%	18.1%
91352 (Sun Valley)	22.5%	19.0%
VHH Community	21.5%	16.3%
Los Angeles County	20.2%	16.0%
California	20.6%	16.0%
United States	20.7%	15.8%

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

Description

Exhibit 54 presents CDC's PLACES mental health status indicators for the VHH community, 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 adults with diagnosed depression and experiencing frequent mental distress was higher in most community ZIP Codes compared to national averages.

Maternal and Child Health

Exhibit 55: Perinatal and Infant Health Indicators, per 1,000 Live Births, 2018-2022

Area	Prenatal Care in the First Trimester	Preterm Births (17-36 weeks gestational age)	Low Birthweight Births (<2,500 grams)	Infant Mortality Rate
Altadena	91.9	7.5	7.0	N/A
Glendale	89.9	8.6	7.2	3.4
Tujunga	87.7	9.8	7.7	N/A
Highland Park	87.5	9.7	6.8	N/A
Eagle Rock	94.6	7.9	6.7	N/A
Glassell Park	91.2	8.3	6.4	N/A
Lincoln Heights	82.6	9.3	7.2	N/A
Pasadena	88.3	8.4	6.9	2.8
Sun Valley	81.0	10.0	6.8	N/A
Sylmar	87.0	10.5	8.2	N/A
San Fernando (SPA 2)	75.5	10.5	9.2	5.0
San Gabriel (SPA 3)	88.0	9.5	7.4	2.8
Metro (SPA 4)	84.4	8.7	7.0	3.3
Los Angeles County	**85.5**	**9.2**	**7.5**	**3.9**
Healthy People 2030 Target	No Target	9.4	No Target	5.0

Source: Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, June 2023.

Description

Exhibit 55 provides perinatal and infant health indicators available from the Los Angeles County Department of Public Health by city or community and SPA within the VHH community 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.

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[18] Healthy People 2030 | odphp.health.gov

Observations

- In 2018-2022, the percentage of mother's accessing prenatal care in the first trimester was lower amongst residents of Lincoln Heights, Sun Valley, and SPAs 2 and 4 compared to Los Angeles County.
- Preterm births were higher in Tujunga, Highland Park, Lincoln Heights, Sun Valley, and Sylmar compared to Los Angeles County.

Exhibit 56: Infant Mortality by Race and Ethnicity, LA County, per 1,000, 2019-2021
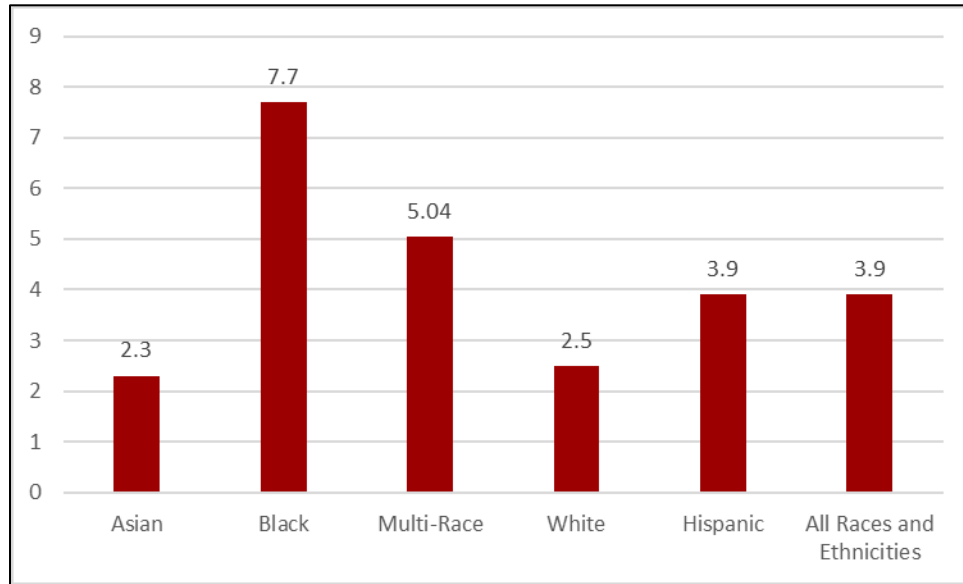
Source: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Infant Mortality Dashboard, Last Modified June 2024. go.cdph.ca.gov/Infant-Mortality-Dashboard.
Note: No data available for AI/AN or Pacific Islander populations.

Description

Exhibit 56 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.

Exhibit 57: 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 57 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 were lower in Los Angeles County and California for all race and ethnic populations compared to the U.S.
- Rates for teen mothers giving birth were comparatively higher for AI/AN, Black, NHPI, and Hispanic (or Latino) populations compared to Asian and White populations in Los Angeles County.

Exhibit 58: 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 58 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 significantly more common amongst White residents compared to all other racial and ethnic groups.

Substance Use

Exhibit 59: Binge Drinking and Current Smoking, 2022

Area	Binge Drinking	Current Smoking
90031 (Lincoln Heights)	16.3%	13.7%
90041 (LA/Eagle Rock)	17.6%	8.7%
90042 (Highland Park)	19.1%	11.4%
90065 (LA/Glassell Park)	18.1%	11.5%
91001 (Altadena)	17.5%	9.1%
91011 (La Cañada Flintridge)	16.3%	6.3%
91020 (Montrose)	16.9%	11.0%
91040 (Sunland)	18.9%	11.5%
91042 (Tujunga)	18.3%	13.4%
91103 (Pasadena)	16.5%	12.7%
91104 (Pasadena)	18.3%	10.4%
91105 (Pasadena)	16.7%	6.2%
91202 (Glendale)	18.3%	11.2%
91203 (Glendale)	19.2%	11.3%
91204 (Glendale)	17.4%	14.0%
91205 (Glendale)	17.1%	14.1%
91206 (Glendale)	17.6%	10.9%
91207 (Glendale)	17.4%	11.1%
91208 (Glendale)	18.0%	7.8%
91214 (La Crescenta Montrose)	17.5%	8.5%
91342 (Sylmar)	18.6%	12.7%
91352 (Sun Valley)	18.2%	14.2%
VHH Community	17.8%	11.5%
Los Angeles County	17.6%	10.7%
California	18.1%	11.3%
United States	**16.6%**	**12.9%**

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

Description

Exhibit 59 presents CDC's PLACES binge drinking and current smoking indicators for the VHH community, 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 residents engaging in binge drinking was higher than the national average in nearly every VHH community ZIP Code.
- The percentage of residents who reported smoking currently was higher in Lincoln Heights, Tujunga, Glendale, and Sun Valley than national averages.

Preventive Practices

Exhibit 60: Preventive Practices, 2022

Indicator	VHH Community	Los Angeles County	California	United States
Cholesterol screening among adults	87.1%	86.4%	85.5%	**86.4%**
Colorectal cancer screening among adults aged 45-75 years	57.1%	53.0%	57.4%	**66.3%**
Mammography use among women aged 50-74 years	75.8%	74.4%	75.7%	**76.5%**
Visits to doctor for routine checkup (past year, adults)	72.2%	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 60 presents CDC's PLACES preventive practice indicators for the VHH community, 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 colorectal cancer, breast cancer (mammography), and routine checkup with a doctor were lower in the VHH community compared to national averages.
- Colorectal cancer screening, mammography, and routine doctor visit were also comparitively low in the county and California compared to national averages.

Exhibit 61: 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)
San Fernando (SPA 2)	79.8%	54.8%
San Gabriel (SPA 3)	80.9%	64.3%
Metro (SPA 4)	80.9%	51.3%
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.

Description

Exhibit 61 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.

Observations

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

Exhibit 62: 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+)
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%
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.

Description

Exhibit 62 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 amongst adults 18 years and older and pneumonia vaccination for adults 65 and older were lower in San Fernando and Metro SPAs compared to Los Angeles County.

Dental Health

Exhibit 63: Dental Health Indicators, 2022

Area	All Teeth Lost (Adults 65+)	Visited Dentist (Adults, past year)
90031 (Lincoln Heights)	14.8%	52.2%
90041 (LA/Eagle Rock)	6.6%	68.2%
90042 (Highland Park)	8.5%	60.8%
90065 (LA/Glassell Park)	8.7%	60.7%
91001 (Altadena)	6.1%	70.1%
91011 (La Cañada Flintridge)	4.0%	77.2%
91020 (Montrose)	8.3%	66.4%
91040 (Sunland)	8.5%	67.3%
91042 (Tujunga)	9.8%	63.8%
91103 (Pasadena)	11.3%	57.4%
91104 (Pasadena)	7.2%	66.4%
91105 (Pasadena)	4.0%	76.5%
91202 (Glendale)	8.3%	67.5%
91203 (Glendale)	8.1%	64.5%
91204 (Glendale)	11.1%	58.5%
91205 (Glendale)	15.1%	59.1%
91206 (Glendale)	8.9%	67.1%
91207 (Glendale)	6.3%	68.4%
91208 (Glendale)	6.3%	74.3%
91214 (La Crescenta Montrose)	4.6%	72.7%
91342 (Sylmar)	11.1%	56.5%
91352 (Sun Valley)	12.6%	53.9%
VHH Community	9.3%	63.5%
Los Angeles County	12.2%	62.0%
California	10.7%	62.7%
United States	12.2%	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 63 presents CDC's PLACES dental health indicators for the VHH community, 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 adults with a dental visit in the last year was lower in many VHH community ZIP Codes, including areas in Lincoln Heights, Highland Park, Glassell Park, Tununga, Pasadena, Glendale, Sylmar, and Sun Valley, compared to Los Angeles County and national averages.

Exhibit 64: Condition of Teeth, Adults, 2019-2023

Indicator	Los Angeles County	California
Condition of teeth: good	29.3%	**30.9%**
Condition of teeth: fair	21.5%	**18.6%**
Condition of teeth: poor	8.4%	**7.5%**

Source: 2023 California Health Interview Survey, AskCHIS™ Dashboard | UCLA Center for Health Policy Research.

Description

Exhibit 64 presents condition of teeth for adults 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 state average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- In 2019-2023, the percentage of Los Angeles County adults who reported the condition of their teeth as "good" was lower thant the statewide average and a greater percentage of Los Angeles residents report fair or poor condition of their teeth compared to the state.

Exhibit 65: Dental Utilization, Children, Ages 3-11, 2019-2023

Indicator	Los Angeles County	California
Couldn't afford needed dental care	7.9%	**6.3%**
Delays in dental care in the past year	8.6%	**8.5%**

Source: 2023 California Health Interview Survey, AskCHIS™ Dashboard | UCLA Center for Health Policy Research.

Description

Exhibit 65 presents statistics related to utilization of dental services for children 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 state average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- In 2019-2023, the percentages of Los Angeles County residents who couldn't afford needed dental care and had delays in dental care for chidren were higher than the state.

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.
- **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 Quality Collaborative – Improving Care for Medicare Beneficiaries (2025)

The California Medicare Collaborative prioritized strategies for improving care delivery to Medicare patients. California's 65 and older population is the fastest growing age cohort. The Collaborative prioritized ten high impact and feasible recommendations spanning four focus areas:

5. **Chronic illness management and care coordination**
   a. Strengthen chronic care management
   b. Promote Advanced Primary Care
   c. Increase support for and coordination with organizations that address health-related social needs
6. **Access, equity and disparities in care**
   a. Improve population health management
   b. Increase access to care for special populations
   c. Strengthen the clinical workforce needed to serve Medicare beneficiaries in an equitable way
7. **Beneficiary choice in a confusing market**
   a. Support patients and caregivers to make informed choices about their Medicare coverage
8. **Cognitive and behavioral health**
   a. Reduce stigma and normalize seeking cognitive and behavioral health services

b. Amplify and improve screening to promote earlier and wider detection of cognitive and behavioral health needs
c. Increase supports for patients with cognitive and behavioral health needs and their caregivers

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 66: 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

Exhibit 67: Stakeholder Survey Respondents Organizational Affiliations

Organization	Organization
Armenian American Grassroots Advocacy, Glendale Chapter	Glendale Rotary
Armenian American Medical Society	Glendale Youth Alliance
Armenian Relief Society, Western Region	Glenoaks Elementary School Foundation
Ascencia	Glendale Unified School District
Business Life Magazine	Home Again LA
Cancer Support Community	Homenetmen - Glendale Ararat Chapter
City of Glendale	Kids Community Dental Clinic
City of La Cañada	Kiwanis Club of Glendale
Commission on the Status of Women	Kiwanis Club of La Cañada
Community Center of La Cañada Flintridge	La Cañada Flintridge Chamber of Commerce
Community Foundation of the Verdugos	LA County Fire
County of LA Sherriff's Dept (Crescenta Valley Station)	La Cañada Unified School District
Crescenta Valley Chamber of Commerce, Executive Director	Los Angeles Supervisor
Didi Hirsch Mental Health Services	Montrose Christmas Parade Association
Flintridge Sacred Heart Academy	NASA Jet Propulsion Laboratory
Glendale Arts	Pasadena Fire Department
Glendale Chamber of Commerce	Pasadena Police Department
Glendale College Foundation	Salvation Army
Glendale Community College	Senior Citizens' Foundation of South Pasadena
Glendale Educational Foundation	Solheim Senior Community
Glendale Fire Department	Soroptimist of Glendale
Glendale Fire Foundation	St. Mary's Church
Glendale Latino Association	The Campbell Center
Glendale Latino Association	Western Diocese
Glendale Library, Arts & Culture Trust	Western Prelacy
Glendale Parks & Open Space Foundation	YMCA of Glendale
Glendale Police Department	YMCA of the Foothills
Glendale Police Foundation	YWCA

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

APPENDIX D – IMPACT EVALUATION

In FY23 and FY24, USC Verdugo Hills Hospital engaged in activities and programs that addressed the priority health needs identified in the 2022 CHNA and the FY23-FY25 Implementation Strategy. USC Verdugo Hills Hospital has committed to community benefit efforts that address **access to health care, chronic diseases, mental health, preventive practices (including COVID-19), and senior health.** Selected activities and programs designed to help address these priority health needs are summarized below:

Health Need: Access to Health Care			
Goal: Increase access to health care for the medically underserved.			
Strategy	**Description of Activities to Address the Need**	**Collaborators**	**Measurable Outcomes and Impact**
Provide transportation support to increase access to health care services.	The hospital provided taxi vouchers, ambulance services, and van transportation for low-income patients and families who could not afford transportation to obtain needed health care services.		Approximately $40,000 transportation and ambulance services were provided each year
Offer free and low-cost health care services (e.g. TB tests, flu shots, COVID-19 tests, mammograms) to reduce disease and disability.	Provided low-cost mammograms during the month of October, National Breast Cancer Awareness Month.		18 low-cost mammograms were administered in 2023 and 14 were administered in 2024.
	Free flu and COVID vaccinations were provided at the USC-VHH community health and wellbeing fair.	USC Pharmacy	126 (2023) and 84 (2024) community members received flu vaccinations/ 53 (2023) and 24 (2024) received COVID vaccinations

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**
Provide chronic disease education, screening, and treatment.	Monthly educational lectures were provided on a variety of health-related and safety topics through the "Doc Talk" program.	YMCA of the Foothills	Approximately 350-500 community members participated annually
	A six-week diabetes education series equipped individuals with diabetes or pre-diabetes with the skills and knowledge needed to manage the condition.		13 (2023) and 44 (2024) participants completed the program
	The annual USC-VHH community health and wellbeing fair offered hands-on CPR training, blood pressure screening, and healthy eating activities.	YMCA of the Foothills Glendale Police Department Glendale Fire Department Community Center of La Cañada	350 community members participated in 2023. 200 community members participated in 2024
	The One Glendale Afterschool Youth Sports Program is designed to increase physical activity, reduce screentime, improve consumption of nutritious food and promote healthy body weight amongst 4th and 5th grade students from Glendale elementary schools. USC-VHH provided nutrition education training to all eight school sites. Verdugo Hills Hospital staff measured pre and post height, weight, and BMI to track progress for students.	City of Glendale Community Services and Parks Department	~100 youth participate each soccer, volleyball, football, and basketball season (Total ~400 students per year)
Complete construction and open an interventional radiology catheterization laboratory (IR Cath Lab) to treat heart disease.	The IR Cath Lab at USC-VHH has significantly improved local access to specialized cardiovascular and interventional radiology procedures that require simultaneous radiological imaging. Recently licensed by the Department of Public Health for Coronary Interventions, the lab is reducing the need for patient transfers to other hospitals, minimizing potential treatment delays, and ultimately improving patient outcomes.		215 (2023) and 523 (2024) Cath Lab procedures accomplished

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**
Provide health education and support groups that offer information, resources, and assistance on mental health issues.	The annual Suicide Awareness and Prevention Conference aims to educate and raise awareness, for community members and health care professionals, on the signs, risk factors, causes and impact of suicide as well as available resources for prevention, treatment, and crisis interventions.	Co-hosted by the American Foundation for Suicide Prevention and sponsored by Horizon Healthcare, Los Angeles County Supervisor Kathryn Barger, Senator Anthony Portantino, and USC-VHH Foundation Caduceus Society	Over 300 community members, mental health professionals, and first responders attended each year 71 health professionals (2023) and 109 health professionals (2024) received 6-hours continuing education (CE) credit
Offer Stepping Stones, an inpatient and outpatient geropsychiatric program at USC-VHH, which is designed to help relieve emotional and personal distress for individuals age 50 and older.	The Stepping Stones geropsychiatric program provided assessment, therapies, and a full continuum of care to meet the personalized mental health needs of older adults and their families.	Glendale Police Department Horizon Healthcare	527 patient visits in 2023 and 378 patient visits in 2024
Develop partnerships among USC mental health specialists, primary care providers, addiction counselors, and community-based mental health service providers to increase screening and treatment of mental health problems.	The annual USC-VHH health and wellbeing fair offered education and resources on mental health and wellbeing.	YMCA of the Foothills Glendale Police Department Glendale Fire Department	350 community members participated in 2023 and 200 community members participated in 2024

		Community Center of La Cañada National Alliance on Mental Illness (NAMI)	

Health Need: Preventive Practices			
Goal: Improve community health through preventive practices.			
Strategy	**Description of Activities to Address the Need**	**Collaborators**	**Measurable Outcomes and Impact**
Develop free and low-cost educational health-care programs that focus on health prevention, prenatal care, parenting, and infant care.	A monthly family education program offering babysitting classes tailored for boys and girls ages 11-15. Classes teach infant/child CPR, basic first aid, accident prevention, safety tips, when to call 911, poison control, and fire/earthquake plan.		Approximately 100 participants completed the program each year
	As part of the hospital's Family Education Program, Beginnings Early Pregnancy Classes address pregnancy-related health topics, including nutrition, common discomforts of pregnancy, relaxation techniques and baby's development in the womb. Classes were offered monthly and open to the public.		Approximately 100 community members participated each year
Provide support groups available to the public at no charge.	Support groups and workshops offered breast feeding advice and support to new mothers as well as fathers. A lactation specialist facilitated the support groups. Open and free to the public, babies in arms were welcomed.		A total of 495 (2023) and 766 (2024) encounters were provided

Health Need: Senior Health			
Goal: Enhance senior health and wellbeing.			
Strategy	**Description of Activities to Address the Need**	**Collaborators**	**Measurable Outcomes and Impact**
Provide free health screenings for seniors.	USC-VHH provided education, screenings, and resources at the following community events: • Crescenta Valley Country Fair • Glendale Fire Service Day • GCC Health and Resource Fair		Over 2,700 community members participated
Offer classes and community education for seniors that promote health.	Annual Brain Health Forum provides community members with the latest in brain research and clinical practice including understanding genetics, dementias, and Alzheimer's Disease.	USC Alzheimer's Disease Research Center and California Alzheimer's Disease Centers at USC and Rancho Los Amigos	95 community members participated
	A variety of classes, workshops, support groups, and other programs were offered to promote health and wellbeing of older adults including: • Guided Autobiography Workshops • Grief & Loss: Beyond Blue Support Groups • Caregiver Night Out Activity Programs • Solo Aging Education and Discussion Sessions • Educational Presentations and Community Engagement Events	Community Resource Center for Aging Glendale Library Arts and Culture (Guided Autobiography Workshops and Solo Aging Education) YMCA of the Foothills (Caregiver Night Out)	3,500 community members participated
Support the Community Resource Center for Aging, which helps older adults improve their quality of life by providing access to resources, community-based services, and support systems that specialize in navigating the unique challenges of aging.	The Community Resource Center for Aging provides free information, referrals and assistance with questions commonly faced with aging. Resource specialists are available to assist with in home care/support, health insurance, caregiver respite, grief and loss, advance directives, and chronic health conditions.		Resource specialists assisted 527 community members (over 1,600 contacts)