

USC Verdugo Hills Hospital

Keck Medicine of USC

A photograph of the USC Verdugo Hills Hospital building, a multi-story structure with a modern architectural style featuring dark grey and light beige panels. The building is partially obscured by lush green trees. In the foreground, there is a well-maintained garden with several rectangular hedges and various plants. A red banner is overlaid on the image, containing the hospital's name and affiliation.

USC Verdugo Hills Hospital
Part of Keck Medicine of USC

2019

Community **HEALTH**
NEEDS Assessment

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Executive Summary

USC Verdugo Hills Hospital is a nonprofit hospital and a part of Keck Medicine of USC. Keck Medicine of USC is the University of Southern California's medical enterprise. Encompassing academic excellence, world-class research and state-of-the-art clinical care, we attract internationally renowned experts who teach and practice at the Keck School of Medicine of USC, the region's first medical school.

As required by state and federal law, USC Verdugo Hills Hospital has undertaken a Community Health Needs Assessment (CHNA). California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by USC Verdugo Hills Hospital. The health needs identified in this report help to guide the hospital's community benefit activities.

Community Definition

USC Verdugo Hills Hospital (VHH) is located at 1812 Verdugo Boulevard in Glendale, California, 91208. The service area includes 20 ZIP Codes in 14 cities/communities comprising portions of Service Planning Areas (SPAs) 2, 3 and 4. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through 4 canvassing events that engaged 71 residents, 6 focus groups that engaged 65 people, a survey that obtained responses from 12

community members, and 12 interviews with community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

Priority Health Needs

The community stakeholders who were interviewed were asked to prioritize the significant health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided and resulted in an overall average for each health need. Among the interviewees, access to health care, economic insecurity, mental health and substance use and misuse were ranked as the top four priority needs in the service area. A brief description of the significant health needs listed in priority order follows:

1. **Access to health care** – Health insurance coverage is a key component to accessing health care. The Healthy People 2020 objective is for 100% insurance coverage for all population groups. Among service area residents, 86.4% have health insurance. 94.8% of children, ages 0 to 17, are insured, and 81.1% of area adults have health insurance. Typically, residents find it more difficult to access specialty care than primary care. In SPA 2, 13.1% of adults had difficulty accessing specialty care. 12.8% of adults in SPA 3 and 18.3% of SPA adults had difficulty accessing specialty care.
2. **Economic insecurity** – Among the residents represented in the hospital service area, 13.6% of families had incomes <100% of the Federal Poverty Level. In the service area, 12.7% of seniors live in poverty. Over half of renters (55.7%) in the service area spend 30% or more of their income on rent. A community stakeholder noted rent is so expensive it takes a large portion of a person's paycheck. The money people are paying for rent takes away money that can be spent on health care and healthy food.
3. **Mental health** – In SPA 2, 10.1% of adults are at risk for depression and 8% have depression. 11% of SPA 3 adults are at risk for depression and 6.4% have depression. 15.7% of adults in SPA 4 are at risk for depression and 10.8% have depression. 7.1% of adults in SPA 2, 7.9% of adults in SPA 3 and 9.6% of adults in SPA 4 have seriously thought about committing suicide. A community stakeholder noted, "Depression is widespread, under-recognized and under diagnosed. The treatment service system is fragmented and there is poor coordination with medical services."

4. **Substance use and misuse** – The Healthy People 2020 objective for cigarette smoking among adults is 12%. 10.9% of adults in SPA 2, 11.3% in SPA 3 and 14.2% in SPA 4 smoke cigarettes. For those who had misused prescription drugs, sedatives were the most likely to be misused in SPA 2 (60%), and SPA 4 (57%). In SPA 3, 61% of those who misused prescription drugs used Vicodin. Stakeholders noted substance use is not concentrated with low-income, less advantaged communities, it is also occurring with people who have middle and upper class incomes who overuse and abuse prescription opiates.
5. **Chronic diseases** – Heart disease, cancer, and Alzheimer’s disease are the top three causes of death in the service area. Stroke is the fourth leading cause of death and Chronic Lower Respiratory Disease is the fifth leading cause of death. Among adults in SPA 2, 12.2% have been diagnosed as pre-diabetic and 7.2% have been diagnosed as diabetic. 13.9% of adults in SPA 3 have been diagnosed as pre-diabetic and 10% have been diagnosed as diabetic. 11.6% of adults in SPA 4 have been diagnosed as pre-diabetic and 10.1% have been diagnosed as diabetic.
6. **Overweight and obesity** – In SPA 2, 36.7% of adults, 8.9% of teens and 14.2% of children are overweight. 35.1% of adults in SPA 3, 19.6% of teens and 19.3% of SPA 3 children are overweight. In SPA 4, 33.7% of adults, 20% of teens and 16.9% of children are overweight. When overweight and obesity are examined by race/ethnicity, African Americans and Latinos have the highest rates in the service area SPAs. Asians have the lowest rates of overweight and obesity. Stakeholders noted the issues with accessing healthy and nutritious foods. It is easier and less expensive to purchase fast foods.
7. **Preventive practices** – The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 65.0% of seniors in SPA 2, 59.5% in SPA 3 and 65.8% in SPA 4 received a pneumonia vaccine. The Healthy People 2020 objective for mammograms is 81.1% of women, ages 50-74 years, have a mammogram in the past two years. 77.9% of women in SPA 2, 76.7% in SPA 3 and 78.5% in SPA 4 had a mammogram in the past two years. A stakeholder noted if people don’t feel any symptoms of disease, with all the other issues going on in their life, preventive care is not a priority.
8. **Sexually transmitted infections (STIs)** – Among service area SPAs, SPA 4 has the highest rates of sexually transmitted infections. In SPA 4, the rate of chlamydia is 797 per 100,000 persons. The rate of gonorrhea in SPA 4 is 400 per 100,000 persons and the rate of syphilis in SPA 4 is 103 per 100,000 persons. These rates exceed the county rates of sexually transmitted infections. Community stakeholders noted an increase in cases of syphilis in LA County. In particular, there is a spike in congenital syphilis.

9. **Dental care** – 6.7% of children in SPA 2, 15.2% in SPA 3 and 12.7% of children in SPA 4 lack dental insurance. 42.9% of adults in SPA 2, 41% of adults in SPA 3 and 50.8% of adults in SPA 4 lack dental insurance. A stakeholder noted a big concern in kids is tooth decay and poor oral health. It's relatively prevalent and a source of discomfort that can get in the way of learning in school and can adversely impact quality of life overall.
10. **Senior health** – Among seniors, falls and injuries from falls were more likely among residents of SPA 2 (30.3%) and SPA 4 (29.9%) than senior residents of the county (27.1%). Among seniors who fell, 12.8% in SPA 2, 8.4% in SPA 3 and 9.9% in SPA 4 were injured as a result of the fall. A stakeholder commented it is hard for older adults to express their needs and get their questions asked and care for themselves if they are incapacitated.
11. **Transportation** – In the hospital service area, 76.4% of workers drove alone to work. The average commute time was 29.3 minutes. 4.4% of commuters took public transit to work, which falls below the Healthy People 2020 goal of 5.5%. A community stakeholder stated, "Transportation is a huge challenge when it comes to accessing referrals to specialty care because there are not enough resources in any one community."

Report Adoption, Availability and Comments

This CHNA was adopted by the USC Verdugo Hills Hospital Governing Board on May 28, 2019.

This report is widely available to the public on the hospital's web site, <https://uscvhh.org/giving/community-outreach>. Written comments on this report can be submitted to Deborah Weirick at deborah.weirick@vhh.usc.edu.

Introduction

Background and Purpose

USC Verdugo Hills Hospital began in 1947 as Behrens Memorial Hospital. Rather than expand the Behrens facility, a new hospital was built on the hilltop land donated by the Greene family. In 1972, Verdugo Hills Hospital was created serving patients in the cities of Glendale and La Cañada Flintridge, as well as the surrounding Foothill communities of Southern California. In 2013, Verdugo Hills Hospital partnered with the University of Southern California (USC), creating USC Verdugo Hills Hospital. USC Verdugo Hills Hospital became part of Keck Medicine of USC.

USC Verdugo Hills Hospital is a 158-bed nonprofit community hospital. Services include a 24-hour emergency room staffed by USC faculty physicians; a primary stroke center; bariatric and minimally invasive surgery; OB-GYN and infant services; orthopaedic surgery; occupational, physical and speech therapy; cardiac rehabilitation; and imaging and diagnostic services including mammograms, magnetic resonance imaging (MRI), CT scans and angiograms. In 2018, USC Verdugo Hills Hospital opened a six-bed, state-of-the-art neonatal intensive care unit (NICU) to provide care for infants born prematurely or with critical medical conditions.

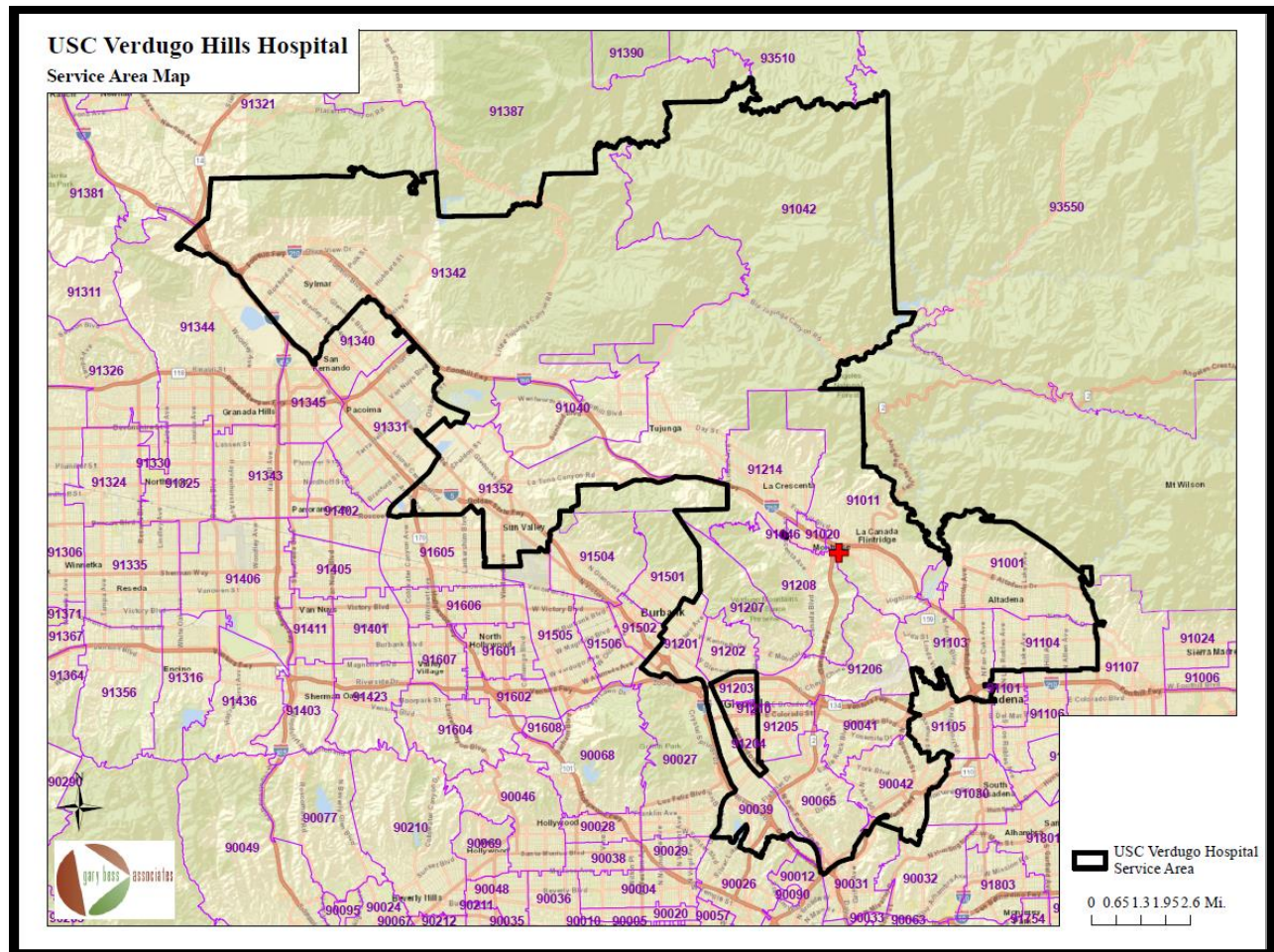
The passage of the Patient Protection and Affordable Care Act and California SB 697 require tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies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

Service Area

USC Verdugo Hills Hospital (VHH) is located at 1812 Verdugo Boulevard in Glendale, California, 91208. The service area includes 20 ZIP Codes in 14 cities/communities comprising portions of Service Planning Areas (SPAs) 2, 3 and 4. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions. The USC Verdugo Hills Hospital service area is presented below by community, ZIP Code and SPA.

USC Verdugo Hills Hospital Service Area

Geographic Area	ZIP Code	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
Los Angeles	90039	4
Montrose	91020	2
Pasadena	91103, 91104	3
Sun Valley	91352	2
Sunland	91040	2
Sylmar	91342	2
Tujunga	91042	2



Project Oversight

The Community Health Needs Assessment process was overseen by:

Deborah Weirick

Special Projects Manager

USC Verdugo Hills Hospital

Consultant

Biel Consulting, Inc. conducted the CHNA. Biel Consulting, Inc. is a specialist in the field of community benefit for nonprofit hospitals. Dr. Melissa Biel has over 24 years of experience conducting hospital Community Health Needs Assessments. For this CHNA, she was assisted by Sevanne Sarkis, JD, MHA, MEd and Jennifer Lopez, MPA, LSSBB.

www.bielconsulting.org

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, access to health care, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Los Angeles County and California to help frame the scope of an issue as it relates to the broader community.

Sources of data include: U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Think Health LA, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2020 objectives, where appropriate. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

Verdugo Hills Hospital gathered information and opinions from persons who represent the broad interests of the community served by the hospital.

Interviews

Twelve (12) interviews were completed from January to March, 2019. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the Los Angeles Department of Public Health.

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

Interview questions focused on the following topics:

- Health issues in the community
- Challenges and barriers people face in addressing these issues
- Socioeconomic, behavioral, or environmental factors contributing to poor health in the community
- Potential resources to address the identified health needs, such as services, programs and/or community efforts
- Additional comments and concerns

Community Engagement

Keck Medicine commissioned the National Health Foundation (NHF) to conduct a Community Environmental Scan to create a more three dimensional picture of the hospital communities, including their social, economic and physical barriers to healthy living, and engage the community for their perspectives on these issues.

The Community Engagement Strategy was designed to gather community input on disparities within the hospital's service area, understand community resources, gauge gaps in services, clarify and enhance the community profile and provide recommendations for strategies and investments that could address community concerns and health disparities. Data collection occurred in three phases: community canvassing; focus groups; and community stakeholder surveys.

Canvassing

Community canvassing occurred at four large events across the hospital's service area: Sunland-Tujunga Farmers' Market; two community movie nights hosted by Los Angeles City Council Member Monica Rodriguez (Los Angeles Council District 7) at recreation centers in Sylmar and Lake View Terrace; and at "Concert in the Park" at Verdugo Hills Park hosted by the City of Glendale Community Service and Parks department.

Canvassing questions were:

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

The canvassing events engaged 71 residents in a self-service survey where they could write and place answers to three open-ended questions on poster boards. This survey method, based on the dot survey technique, was used to increase access to survey questions for participants, show transparency with community residents, be an interactive and participatory activity, and increase ease for tallying answers.

Focus Groups

During canvassing events, language preferences for focus groups were determined and community residents were recruited for focus groups participation. Six (6) focus groups engaged 65 persons and were conducted from July to October, 2018.

Focus groups were primarily held at parent centers in elementary and middle schools, predominantly attended by parents of young children. One focus group was held for senior citizens at an adult recreation complex and another consisted of high school youth. Each of these locations was chosen for its ease of access to community members and the likelihood those neighbors would be willing to participate.

The focus group questions aimed to engage community residents in discussing challenges and needs for improving their health.

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

Stakeholder Surveys

Community stakeholders were identified during community canvassing and focus group recruitment. Executive leaders in community organizations or schools, or individuals heavily involved in addressing community issues through local government were identified as qualified stakeholders. The responding stakeholders represented a broad range of interest in the hospital's services area and included nonprofit leaders, school principals, police department representatives and local government officials.

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

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

A list of the community respondents can be found in Attachment 2.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous 2016 Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://uscvhh.org/giving/community-outreach>. To date, no comments have been received.

Identification and Prioritization of Significant Health Needs

Identification of Significant Health Needs Using Secondary Data

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant health needs were identified::

- Access to health care
- Asthma
- Dental care
- Diabetes
- Economic insecurity
- Heart disease
- Liver disease
- Mental health
- Overweight and obesity
- Preventive practices
- Senior health
- Sexually transmitted infections
- Substance use and misuse
- Transportation

Prioritization of Health Needs Using Primary Data

The identified list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. Community stakeholder interviews were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

The interview stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the interviewees, mental health, access to health care, economic insecurity and overweight and obesity received the highest rankings for severe and significant impact on the community. Substance use and misuse and economic insecurity had the highest scores for worsened over time. Substance use and misuse, transportation, economic insecurity and mental health had the highest rankings of insufficient or absent resources.

Significant Health Need	Severe and Significant Impact on the Community	Worsened over Time	Insufficient or Absent Resources
Access to health care	77.8%	28.6%	62.5%
Chronic diseases	66.7%	25.0%	28.6%
Dental care	28.6%	16.7%	71.4%
Economic insecurity	77.8%	88.9%	88.9%
Mental health	88.9%	66.7%	87.5%
Overweight and obesity	77.8%	33.3%	57.1%
Preventive practices	55.6%	12.5%	50.0%
Senior health	71.4%	33.3%	50.0%
Sexually transmitted infections	22.2%	33.3%	66.7%
Substance use and misuse	71.4%	100%	100%
Transportation	50.0%	42.9%	100%

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Among the interviewees, access to health care, economic insecurity, mental health and substance use and misuse were ranked as the top four priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Prioritization of Health Needs by Community Stakeholder Interviewees

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Access to health care	4.00
Economic insecurity	4.00
Mental health	3.89
Substance use and misuse	3.78
Chronic diseases	3.67

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Overweight and obesity	3.67
Preventive practices	3.67
Sexually transmitted infections	3.63
Dental care	3.38
Senior health	3.38
Transportation	3.22

To make the identification and prioritization of significant community health needs more robust and three dimensional, Keck Medicine of USC engaged the services of, the National Health Foundation to conduct a Community Environmental Scan. Community data collection activities and analysis associated with the environmental scan resulted in identification of five community health concerns for residents in USC Verdugo Hills Hospital's service area along with recommendations to address these concerns. These health priorities were:

1. Substance use and misuse
2. Mental health
3. Community safety
4. Access to health care
5. Lack of youth and family services

Resources to Address Significant Health Needs

Through the interview process, stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

Review of Progress

In 2016, Verdugo Hills Hospital conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2016 CHNA addressed access to health care, cancer, diabetes, mental health and overweight and obesity through a commitment of community benefit programs and charitable resources. The impact of the actions Verdugo Hills Hospital used to address these significant health needs can be found in Attachment 4.

Demographic Profile

Population

The population of the USC Verdugo Hills Hospital (VHH) service area is 666,468. From 2011 to 2016, the population increased by 1.0%, lower than the 2.8% increase in population countywide.

Total Population and Change in Population, 2011-2016

	VHH Service Area	Los Angeles County
Total population	666,468	10,057,155
Change in population, 2011-2016	1.0%	2.8%

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP05. <http://factfinder.census.gov>

Of the area population, 48.6% are male and 51.4% are female.

Population by Gender

	VHH Service Area	Los Angeles County
Male	48.6%	49.3%
Female	51.4%	50.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Children and youth, ages 0-17, make up 20.1% of the population, 64.9% are adults, ages 18-64, and 15.0% of the population are seniors, 65 and over. The service area has a higher percentage of seniors than the county.

Population by Age

	VHH Service Area	Los Angeles County
0 – 4	5.4%	6.3%
5 – 9	5.4%	6.2%
10 – 14	5.7%	6.3%
15 – 17	3.6%	4.0%
18 – 20	2.4%	4.3%
21 – 24	6.7%	6.1%
25 – 34	13.7%	15.7%
35 – 44	13.9%	13.9%
45 – 54	14.3%	13.7%
55 – 64	13.9%	11.3%
65 – 74	8.3%	6.8%
75 – 84	4.5%	3.7%
85+	2.2%	1.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

In the service area, Sylmar has the largest percentage of youth, ages 0-17 (26.3%). Glendale 91207 has the highest percentage of residents 65 and older (30.4%) in the

service area.

Population by Youth, Ages 0-17, and Seniors, Ages 65+

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Altadena	91001	37,699	20.4%	23.2%
Glendale	91201	23,510	16.3%	22.1%
Glendale	91202	23,219	15.1%	28.1%
Glendale	91205	37,664	17.6%	24.3%
Glendale	91206	34,247	17.2%	27.1%
Glendale	91207	10,071	16.8%	30.4%
Glendale	91208	17,180	22.7%	19.9%
Highland Park	90042	63,109	22.2%	15.3%
La Cañada Flintridge	91011	20,679	25.1%	24.3%
La Crescenta Montrose	91214	30,935	22.6%	21.2%
LA/Eagle Rock	90041	28,405	17.6%	23.3%
LA/Glassell Park	90065	46,965	21.7%	18.3%
Los Angeles	90039	28,436	16.0%	20.6%
Montrose	91020	8,448	20.8%	23.1%
Pasadena	91103	28,124	22.6%	19.4%
Pasadena	91104	38,725	21.4%	19.9%
Sun Valley	91352	47,079	25.0%	15.8%
Sunland	91040	19,587	16.5%	23.8%
Sylmar	91342	95,222	26.3%	14.9%
Tujunga	91042	27,164	18.9%	20.4%
VHH Service Area		666,468	20.1%	21.8%
Los Angeles County		10,057,155	22.8%	12.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Sexual Orientation

4.7% of adults in SPA 2, 3.9% in SPA 3 and 9.6% of adults in SPA 4 identify as part of the Lesbian Gay Bisexual (LGB) community.

Sexual Orientation

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Straight or heterosexual	94.0%	94.3%	88.9%	93.0%	93.6%
Gay, lesbian or homosexual	2.0%*	1.8%*	6.5%	2.7%	2.4%
Bisexual	2.7%*	2.1%*	3.1%*	2.5%	2.6%
Not sexual/celebrate/none/other	1.3%*	1.8%*	1.6%*	1.8%	1.4%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

Race/Ethnicity

In the hospital service area, 45.9% of the population is White. Hispanics/Latinos make up 33% of the population. Asians comprise 14% of the population, and African Americans are 4% of the population. Native Americans, Hawaiians, and other races

combined total 3.1% of the population. The service area has a larger percentage of Whites compared to the county and state

Population by Race and Ethnicity

	VHH Service Area	Los Angeles County	California
White	45.9%	26.7%	38.4%
Hispanic or Latino	33.0%	48.3%	38.6%
Asian	14.0%	14.1%	13.7%
Black or African American	4.0%	8.0%	5.6%
Other or multiple	2.8%	2.5%	2.9%
Native Hawaiian and Pacific Islander	0.2%	0.2%	0.4%
American Indian and Alaskan	0.1%	0.2%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Language

In the service area, English only is spoken at home among 43% of the population. Spanish is spoken in the home among 26.4% of the population, 19.4% of the population speaks an Indo-European language, and 10.5% of the population speaks an Asian/Pacific Islander language at home. The service area has a higher percentage of the population that speaks an Indo-European language in the home when compared to the county and the state.

Language Spoken at Home for the Population 5 Years and Over

	VHH Service Area	Los Angeles County	California
Speaks only English	43.0%	43.3%	56.0%
Speaks Spanish	26.4%	39.4%	28.8%
Speaks Indo-European language	19.4%	5.4%	4.4%
Speaks Asian/Pacific Islander language	10.4%	10.9%	9.8%
Speaks other language	0.8%	1.0%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02 <http://factfinder.census.gov>

When examined by place, Sun Valley (66.1%) and Sylmar (63.7%) have the highest percentage of Spanish speakers in the service area. La Crescenta/Montrose (22.8%) and Eagle Rock (21.5%) have the highest percentage of Asian language speakers in the service area. The highest percentage of Indo-European languages spoken at home in the service area is found in Glendale.

Language Spoken at Home by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Altadena	91001	71.4%	21.8%	2.6%	3.7%
Glendale	91201	25.1%	17.0%	7.1%	48.9%
Glendale	91202	33.7%	9.5%	10.2%	44.5%

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Glendale	91205	21.4%	21.5%	10.9%	44.6%
Glendale	91206	27.3%	11.6%	12.9%	46.2%
Glendale	91207	39.1%	6.1%	6.0%	48.8%
Glendale	91208	48.5%	6.3%	13.7%	31.3%
Highland Park	90042	33.2%	55.3%	9.5%	1.6%
La Cañada Flintridge	91011	65.9%	5.3%	18.6%	9.8%
La Crescenta Montrose	91214	55.2%	6.6%	22.8%	14.2%
LA/Eagle Rock	90041	49.6%	25.0%	21.5%	3.6%
LA/Glassell Park	90065	31.7%	53.9%	11.6%	2.6%
Los Angeles	90039	49.9%	31.4%	13.0%	4.5%
Montrose	91020	50.2%	12.8%	17.3%	19.6%
Pasadena	91103	43.9%	48.8%	4.5%	2.3%
Pasadena	91104	53.6%	27.7%	7.0%	10.5%
Sun Valley	91352	21.4%	66.1%	4.5%	7.7%
Sunland	91040	60.7%	16.2%	5.7%	16.6%
Sylmar	91342	30.4%	63.7%	4.1%	1.4%
Tujunga	91042	46.8%	22.0%	5.6%	24.8%
VHH Service Area		43.0%	26.4%	10.5%	19.4%
Los Angeles County		43.3%	39.4%	10.9%	5.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Linguistic Isolation

Linguistic isolation is defined as the population, over age 5, who speaks English “less than very well.” In the service area, 24.1% of the population is linguistically isolated.

Linguistic Isolation among Population, over 5 Years of Age

	Percent
VHH Service Area	24.1%
Los Angeles County	24.9%
California	18.6%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Veteran Status

In the service area, 3.6% of the population, 18 years and older, are veterans. This is lower than the percentage of veterans found in the state (5.9%).

Veterans

	VHH Service Area	Los Angeles County	California
Veteran status	3.6%	3.8%	5.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) were ranked according to social and economic factors with 1 being the county with the best factors to 57 for the county with the poorest factors. Los Angeles County is ranked 29, up from 42 just two years ago for social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Los Angeles County	29

Source: County Health Rankings, 2018. www.countyhealthrankings.org

The 2018 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value.

Sun Valley, Glendale 91205 and Highland Park have a ranking of 5, indicating areas with high socioeconomic need.

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Sun Valley	91352	90.5	5
Glendale	91205	87.9	5
Highland Park	90042	84.3	5
Sylmar	91342	81.4	4
LA/Glassell Park	90065	79.6	4
Glendale	91201	70.0	4
Pasadena	91103	66.9	4
Tujunga	91042	47.5	3
Glendale	91206	47.0	3
Pasadena	91104	34.4	2
Sunland	91040	31.5	2
LA/Eagle Rock	90041	30.8	2
Los Angeles	90039	30.6	2
Montrose	91020	22.2	2
Altadena	91001	11.7	1

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Glendale	91207	8.5	1
La Crescenta Montrose	91214	8.2	1
Glendale	91208	6.9	1
La Cañada Flintridge	91011	0.4	1

Source: 2018 SocioNeeds Index, <https://www.conduent.com/community-population-health/>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2016, the Federal Poverty Level (FPL) was an annual income of \$11,880 for one person and \$24,300 for a family of four. Among the residents represented in the hospital service area, 13.6% of families had incomes <100% of the Federal Poverty Level. Glendale 91205 (21.7%) and Highland Park (21%) had the highest poverty levels in the service area.

Families in Poverty by ZIP Code (<100% FPL)

	ZIP Code	Percent
Altadena	91001	10.5%
Glendale	91201	14.6%
Glendale	91202	13.3%
Glendale	91205	21.7%
Glendale	91206	15.2%
Glendale	91207	8.0%
Glendale	91208	6.9%
Highland Park	90042	21.0%
La Cañada Flintridge	91011	2.8%
La Crescenta Montrose	91214	5.0%
LA/Eagle Rock	90041	11.3%
LA/Glassell Park	90065	19.4%
Los Angeles	90039	9.4%
Montrose	91020	12.3%
Pasadena	91103	19.5%
Pasadena	91104	16.6%
Sun Valley	91352	20.0%
Sunland	91040	14.8%
Sylmar	91342	16.0%
Tujunga	91042	13.4%
VHH Service Area		13.6%
Los Angeles County		17.8%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

Children in Poverty

Family income has been shown to affect children's wellbeing. Compared to their peers, children in poverty are more likely to have physical health, behavioral and emotional problems. A view of children in poverty by SPA indicates 17.1% of children in SPA 2,

21.3% of children in SPA 3 and 31.2% of children in SPA 4 live below the poverty level. In SPA 2, 48.5% of children are categorized as low-income ($\leq 200\%$ FPL), 55.5% of children in SPA 3 and 67.7% of children in SPA 4 are low-income.

Children in Poverty, Ages 0-17

	SPA 2	SPA 3	SPA 4	Los Angeles County
0-99% FPL	17.1%	21.3%	31.2%	22.6%
100-199% FPL	19.7%	22.9%	24.4%	22.4%
200-299% FPL	11.7%	11.3%	12.1%	13.2%
300% FPL and above	51.6%	44.5%	32.2%	41.7%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Seniors in Poverty

In the service area, 12.7% of seniors live in poverty, which is lower than the county rate (13.5%) and higher than the state rate (10.3%).

Seniors in Poverty

	Percent
VHH Service Area	12.7%
Los Angeles County	13.5%
California	10.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 DP03. <http://factfinder.census.gov>

Public Program Participation

In SPA 2, 37.4% of adults, below 200% of the FPL, cannot afford food and 15.8% utilize food stamps. In SPA 3, 31.8% of adults, below 200% of the FPL, cannot afford food and 18.4% utilize food stamps. In SPA 4, 46.4% of residents, below 200% FPL, cannot afford food and 25.5% utilize food stamps. These rates indicate a considerable percentage of residents who may qualify for food stamps, but do not access this resource. Among children in SPA 2, 41.4% access WIC benefits. 71% in SPA 3 and 53.6% in SPA 4 access WIC benefits. Among SPA 2 residents, 5.7% are TANF/CalWorks recipients. In SPA 3, 10.4% are TANF/CalWorks recipients, and 10.7% of SPA 4 residents are TANF/CalWorks recipients.

Public Program Participation

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Not able to afford food ($<200\%$ FPL)	37.4%	38.1%	46.4%	42.6%	42.0%
Food stamp recipients ($<300\%$ FPL)	15.8%	18.4%	25.2%	20.6%	20.7%
WIC usage among qualified children under 6	41.4%	71.0%	53.6%	54.1%	44.3%
TANF/CalWorks recipients	5.7%	10.4%	10.7%	10.5%	9.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Free and Reduced Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. 50.2% of children in the Glendale Unified School District, 59.3% in the Pasadena Unified School District, and 81.1% of children in the Los Angeles Unified School District are eligible for the program.

Free and Reduced Price Meals Eligibility

	Percent Eligible Students
Glendale Unified School District	50.2%
Pasadena Unified School District	59.3%
Los Angeles Unified School District	81.1%
Los Angeles County	69.3%
California	60.1%

Source: California Department of Education, 2017-2018, <http://data1.cde.ca.gov/dataquest/>

Community Input – Economic Insecurity

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

- Economics impact health. With a lot of individuals we serve, some have unstable income, some work day to day.
- Income inequality impacts Pasadena and Glendale. The perception is there is a high concentration of affluent people in these communities, but there continues to be neighborhoods that are really falling behind. Housing insecurity and homelessness continues to be a problem in Pasadena and Glendale as well. Food insecurity is another challenge.
- Rent is so expensive it takes a large portion of a person's paycheck. The money they are paying for rent takes away money that can be spent on health care and healthy food.
- Residents suffer from higher rates of poverty and fewer opportunities for quality education, fewer employment opportunities, limited infrastructure for job development and youth development programs, and pollution in the neighborhood. Many families who spend a high percent of their income on housing often live in crowded and poor housing conditions, which contribute to adverse health outcomes.
- We see a large number of immigrants who haven't received care prior to coming to our clinics, so socioeconomic factors impact them.
- In the areas served by the hospital, there are clearly higher income areas. But for the most part, there are middle to lower-income neighborhoods in the service area. The fact that people need to work more than one job, they have incredible stress in their lives. And that impacts children as they are growing up.

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. 27.2% of households in SPA 2, with incomes less than 300% of the Federal Poverty Level, were food insecure. In SPA 3, 21.8% of households were food insecure and in SPA 4, 32% of households were food insecure.

Food Insecure Households, <300% FPL

	SPA 2	SPA 3	SPA 4	Los Angeles County
Food insecure households, <300% FPL	27.2%	21.8%	32.0%	29.2%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Employment

In SPA 2, 6% of area residents were unemployed and looking for work. 4.9% of persons in SPA 3 and 6.9% of SPA 4 residents were unemployed and looking for work.

Employment Status

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Full-time employed (21 or more hours per week)	57.3%	52.5%	61%	55.5%	55.1%
Part-time employed (20 or less hours per week)	8.7%	10.1%	10.2%	8.8%	8.9%
Unemployed and looking for work	6.0%	4.9%	6.9%	6.5%	5.6%
Unemployed and not looking for work	27.6%	32.0%	21.7%	28.9%	30.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Family Size

The average family size in the service area is 3.42 persons, which is lower than in the county (3.69 persons) and the state (3.54 persons).

Average Family Size

	Family Size/Persons
VHH Service Area	3.42
Los Angeles County	3.69
California	3.54

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Housing and Households

There are 231,471 housing units in the hospital service area. 52.1% of the occupied housing units are owner-occupied and 47.9% are renter-occupied. Glendale 91205 has the highest percentage of renter-occupied housing units in the service area (84.9%). La

Cañada Flintridge has the highest percentage of owner-occupied housing units in the service area (89.2%).

Housing Units, Owners and Renters

	ZIP Code	Total Housing Units	Owner Occupied	Renter Occupied
Altadena	91001	13,670	75.6%	24.4%
Glendale	91201	8,506	31.1%	68.9%
Glendale	91202	9,254	38.3%	61.7%
Glendale	91205	14,784	15.1%	84.9%
Glendale	91206	13,758	34.6%	65.4%
Glendale	91207	4,241	58.3%	41.7%
Glendale	91208	6,212	68.5%	31.5%
Highland Park	90042	21,525	44.4%	55.6%
La Cañada Flintridge	91011	7,080	89.2%	10.8%
La Crescenta Montrose	91214	10,892	75.2%	24.8%
LA/Eagle Rock	90041	10,021	53.2%	46.8%
LA/Glassell Park	90065	15,841	47.8%	52.2%
Los Angeles	90039	12,478	43.6%	56.4%
Montrose	91020	3,757	30.0%	70.0%
Pasadena	91103	8,941	46.2%	53.8%
Pasadena	91104	13,780	51.0%	49.0%
Sun Valley	91352	12,801	52.7%	47.3%
Sunland	91040	7,701	69.5%	30.5%
Sylmar	91342	25,679	66.4%	33.6%
Tujunga	91042	10,550	51.5%	48.9%
VHH Service Area		231,471	52.1%	47.9%
Los Angeles County		3,490,118	45.7%	54.3%
California		13,911,737	54.1%	45.9%

Source: U.S. Census Bureau, American Community Survey, 2014-2016, DP04. <http://factfinder.census.gov>

In the service area, there are 209,860 households. Over the last five years, households decreased by 3.5% while housing units grew at a rate of 0.7%. From 2011-2016, the percent of owner-occupied housing units decreased by 4.8% and renter-occupied units increased by 7.1%. Vacancies increased by 1.2%.

Households and Housing Units, and Percent Change, 2011-2016

	VHH Service Area			Los Angeles County		
	2011	2016	Percent Change	2011	2016	Percent Change
Households	217,445	209,860	(-3.5%)	3,218,518	3,281,845	2.0%
Housing units	229,948	231,471	0.7%	3,437,584	3,490,118	1.5%
Owner occ.	118,509	112,866	(-4.8%)	1,539,554	1,499,576	(-2.6%)
Renter occ.	98,936	105,994	7.1%	1,637,009	1,782,269	8.9%
Vacant	12,463	12,611	1.2%	219,066	208,273	(-4.9%)

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP04. <http://factfinder.census.gov>

Median Household Income

Household income is defined as the sum of money received over a calendar year by all household members, 15 years and older. Median household income reflects the relative affluence and prosperity of an area. The median household income in the service area ranged from \$38,138 in Glendale 91205 to \$158,281 in La Cañada Flintridge.

Median Household Income

	ZIP Code	Median Household Income
Altadena	91001	\$89,906
Glendale	91201	\$54,603
Glendale	91202	\$62,104
Glendale	91205	\$38,138
Glendale	91206	\$53,911
Glendale	91207	\$86,190
Glendale	91208	\$111,563
Highland Park	90042	\$51,444
La Cañada Flintridge	91011	\$158,281
La Crescenta Montrose	91214	\$91,255
LA/Eagle Rock	90041	\$68,457
LA/Glassell Park	90065	\$54,796
Los Angeles	90039	\$77,361
Montrose	91020	\$70,014
Pasadena	91103	\$62,697
Pasadena	91104	\$70,208
Sun Valley	91352	\$51,047
Sunland	91040	\$70,841
Sylmar	91342	\$63,895
Tujunga	91042	\$51,461
Los Angeles County		\$57,952
California		\$63,783

Source: U.S. Census Bureau, American Community Survey, 2014-2016, DP03. <http://factfinder.census.gov>

Housing Affordability

Safe and affordable housing is an essential component of healthy communities. Over half of renters (55.7%) in the service area spend 30% or more of their income on rent.

Renters Spending 30% or More of Household Income on Rent

	VHH Service Area	Los Angeles County	California
Renters spending $\geq$ 30% of income on rent	55.7%	59.3%	56.4%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Homelessness

Since 2005, the Los Angeles Homeless Services Authority (LAHSA) had conducted the annual Greater Los Angeles Homeless Count to determine how many individuals and

families are homeless on a given day. Data from this survey show an increase in homelessness from 2015 to 2018. In SPA 2, 77.2% of the homeless are single adults and 29.5% are families. In SPA 3, 87.2% of the homeless are single adults and 16.9% are families. In SPA 4, 89.7% of the homeless are single adults and 9.9% are families. From 2015 through 2018, the percent of sheltered homeless in SPA 2, SPA 3 and SPA 4 decreased. Shelter includes cars, RVs, tents and temporary structures (e.g. cardboard), in addition to official homeless shelters. The percentage of unaccompanied minors has decreased from 2015 to 2018.

Los Angeles Continuum of Care Homeless Population*, 2015-2018 Comparison

	SPA 2		SPA 3		SPA 4		Los Angeles County	
	2015	2018	2015	2018	2015	2018	2015	2018
Total homeless	5,216	7,478	3,093	3,605	11,681	14,218	41,174	49,955
Sheltered	26.6%	25.6%	43.9%	22.6%	34.3%	25.6%	29.7%	24.8%
Unsheltered	73.4%	74.4%	56.1%	77.4%	65.7%	74.4%	70.3%	75.2%
Individual adults	78.2%	77.2%	81.0%	87.2%	85.2%	89.7%	81.1%	84.1%
Families/family members	27.4%	29.5%	24.2%	16.9%	14.1%	9.9%	18.2%	15.8%
Unaccompanied minors (<18)	0.8%	.01%	0.4%	0%	0.6%	0.3%	0.7%	0.1%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count.

<https://www.lahsa.org/homeless-count/> *These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

The percentage of chronically homeless increased in SPA 3 and SPA 4 between 2015 and 2018. During this time period, the percentage of chronically homeless decreased in SPA 2. Rates of homelessness as a result a domestic violence experience increased in the service area SPAs from 2015 to 2018.

Los Angeles County Continuum of Care Homelessness Subpopulations*

	SPA 2		SPA 3		SPA 4		Los Angeles County	
	2015	2018	2015	2018	2015	2018	2015	2018
Chronically homeless	37.8%	24.2%	29.2%	33.6%	28.4%	30.2%	30.0%	25.7%
Domestic violence experience	23.9%	26.0%	18.6%	35.0%	22.5%	31.4%	21.5%	26.8%
Persons with HIV/AIDS	1.7%	1.1%	8.7%	0.6%	3.2%	3.2%	1.9%	1.4%
Physical disability	21.0%	12.9%	18.5%	13.5%	17.4%	16.1%	19.5%	13.5%
Serious mental illness	40.2%	24.4%	20.3%	30.2%	29.2%	29.4%	29.6%	24.2%
Substance abuse disorder	21.1%	15.0%	23.9%	20.0%	24.3%	17.8%	25.2%	13.5%
Veterans	11.3%	5.0%	7.9%	6.4%	10.6%	7.6%	10.6%	7.1%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count.

<https://www.lahsa.org/homeless-count/> *These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

Glendale and Pasadena conduct their own homeless counts. During the 2018 Glendale homeless count, 168 unduplicated homeless persons were counted; 106 were adults and 62 were children. In the Pasadena homeless count, 677 people were homeless on

any given night. Rates of unsheltered homeless, homeless persons with mental illness and a domestic violence experience increased from 2016 to 2018 in Glendale and Pasadena.

Glendale and Pasadena Homeless Subpopulations, 2016-2018 Comparison

	Glendale		Pasadena	
	2016	2018	2016	2018
Total homeless	240	168	530	677
Sheltered	77%	34%	44%	26%
Unsheltered	23%	66%	66%	68%
Individual adults	73%	43%	85%	77%
Family members	27%	57%	14%	23%
Chronically homeless	47%	63%	42%	24%
Domestic violence experience	18%	38%	6%	11%
HIV/AIDS	3%	3%	1%	1%
Mental illness	11%	18%	19%	30%
Substance abuse	10%	43%	13%	13%
Veterans	10%	4%	8%	5%

Source: City of Glendale Homeless Count <https://www.glendaleca.gov/home/showdocument?id=38404>. Pasadena Homeless Count https://www5.cityofpasadena.net/housing/wp-content/uploads/sites/3/2018/09/Pasadena-Homeless-Count_2018.pdf

Education

In the service area, 16% of the adult population has less than a high school education. This is lower than county (22.3%) and state (17.9%) rates. 18.2% of the population are high school graduates and 47.1% have a college degree; this is a higher percentage of college degrees than in the county and state.

Educational Attainment

	VHH Service Area	Los Angeles County	California
Population age 25 and over	465,698	6,712,079	25,554,412
Less than 9th grade	9.7%	13.1%	9.9%
9th to 12 th grade, no diploma	6.3%	9.2%	8.0%
High school graduate	18.2%	20.7%	20.6%
Some college, no degree	18.7%	19.4%	21.7%
Associate degree	8.0%	6.9%	7.8%
Bachelor's degree	24.3%	20.1%	20.1%
Graduate or professional degree	14.8%	10.7%	11.9%

Source: U.S. Census Bureau, American Community Survey, 2014-2016, DP02. <http://factfinder.census.gov>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshman enrolled four years earlier. The high school graduation rates for the area high school districts range from 76.1% for LAUSD to 89.2% for the Glendale Unified School District. LAUSD and Pasadena Unified do not meet the Healthy People 2020 objective of an 87% high school graduation rate.

High School Graduation Rates, 2016-2017

	Graduation Rate
Glendale Unified School District	89.2%
Los Angeles Unified School District	76.1%
Pasadena Unified School District	84.5%
Los Angeles County	84.8%
California	86.6%

Source: California Department of Education, 2018. <https://data1.cde.ca.gov/dataquest/>

Children's Access to and Utilization of Parks, Playgrounds and Open Spaces

Youth who live in close proximity to safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities. 83.4% of children in SPA 2, 88% of children in SPA 3 and 87.2% of children in SPA 4 visited a park, playground or open space within the past month.

Children Who Visited a Park, Playground or Open Space in the Last Month

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Children visited a park, playground or open space in past month	83.4%	88.0%*	87.2%*	85.1%	86.0%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Transportation

In the hospital service area, 76.4% of workers drove alone to work. The average commute time was 29.3 minutes. 4.4% of commuters took public transit to work, which falls below the Healthy People 2020 goal of 5.5%.

Transportation for Workers, Ages 16 Years and Over

	VHH Service Area	Los Angeles County	California
Drove alone to work	76.4%	73.3%	73.5%
Carpooled to work	8.9%	9.8%	10.6%
Commuting by public transportation	4.4%	6.5%	5.2%
Walked and or biked to work	3.2%	3.7%	3.8%
Worked from home	5.8%	5.2%	5.4%
Mean travel time to work (minutes)	29.3	30.4	28.4

Source: U.S. Census Bureau, American Community Survey, 2014-2016 <http://factfinder.census.gov>

Community Input – Transportation

Stakeholder interviews identified the following issues, challenges and barriers related to transportation. Following are their comments, quotes and opinions edited for clarity:

- Transportation is a huge need. It takes hours to get around on public transportation.
- Scheduling transportation and the long wait times are barriers to accessing care.
- People rely on public transportation or a family member to drive them to and from

appointments. Using car services, like Uber and Lyft are more convenient but they cost money.

- Transportation is a huge challenge when it comes to accessing referrals to specialty care because there are not enough resources in any one community.
- For seniors, transportation is a huge issue. Transportation needs to be safe and accessible for those who are mobility impaired. The cost is so high. People live further away and have to travel far.

Crime and Violence

Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. 95.2% of adults in SPA 2, 90.1% of adults in SPA 3 and 74.3% of adults in SPA 4 perceived their neighborhoods to be safe from crime.

Perceived Neighborhood Safe from Crime

	SPA 2	SPA 3	SPA 4	Los Angeles County
Perceived neighborhood safe from crime	95.2%	90.1%	74.3%	84.0%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

12% of adults in SPA 2, 7.6% of SPA 3 adults and 9.2% of SPA 4 adults reported physical violence (hit, slapped, pushed, kicked, etc.) by an intimate partner.

Intimate Partner Violence, Physical Violence

	SPA 2	SPA 3	SPA 4	Los Angeles County
Intimate partner violence	12.0%	7.6%	9.2%	9.1%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department

Calls for domestic violence are categorized as with or without a weapon. Weapons include firearms, knives, other weapons, and fists or other parts of the body that inflict great bodily harm. The “with weapon” domestic violence call rate was 74.7% in Los Angeles, 60% in La Cañada Flintridge, 26.3% in Pasadena and 10.6% in Glendale.

Domestic Violence Calls, 2017

	Total	Without Weapon	With Weapon	Percent with Weapon
La Cañada Flintridge	10	4	6	60.0%
Glendale	349	312	37	10.6%
Pasadena	312	230	82	26.3%
Los Angeles City	23,197	5,876	17,321	74.7%
Los Angeles County	42,148	14,193	27,955	66.3%
California	164,569	93,783	70,786	43.0%

Source: California Department of Justice, Office of the Attorney General, 2017. <https://oag.ca.gov/crime/cjsc/stats/domestic-violence>

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. Access to quality, comprehensive clinical care is important for health. Barriers to care such as costs can result in unmet health needs, delays in provision of appropriate treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2020 objective is for 100% insurance coverage for all population groups.

Among service area residents, 86.4% have health children. 94.8% of children, ages 0 to 17, are insured, and 81.1% of area adults have health insurance. These rates of health insurance coverage exceed county rates. In the service area, Sun Valley (80.8%) has the lowest health insurance rate and La Cañada Flintridge (96.3%) has the highest rate of health insurance coverage.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 17	18 to 64
Altadena	91001	91.5%	98.9%	87.4%
Glendale	91201	85.7%	95.2%	80.7%
Glendale	91202	87.8%	89.1%	84.3%
Glendale	91205	82.8%	92.3%	76.7%
Glendale	91206	88.3%	96.0%	83.2%
Glendale	91207	91.5%	100%	86.4%
Glendale	91208	89.5%	96.4%	84.7%
Highland Park	90042	82.5%	93.1%	76.5%
La Cañada Flintridge	91011	96.3%	96.0%	95.7%
La Crescenta Montrose	91214	92.3%	95.4%	89.5%
LA/Eagle Rock	90041	89.4%	95.3%	85.8%
LA/Glassell Park	90065	82.5%	94.2%	75.6%
Los Angeles	90039	89.1%	97.8%	85.2%
Montrose	91020	89.5%	97.8%	84.7%
Pasadena	91103	82.6%	93.4%	75.9%
Pasadena	91104	88.4%	96.9%	83.2%
Sun Valley	91352	80.8%	93.8%	73.0%
Sunland	91040	92.4%	97.1%	89.5%
Sylmar	91342	84.1%	93.5%	78.1%
Tujunga	91042	85.7%	96.0%	80.0%
VHH Service Area		86.4%	94.8%	81.1%
Los Angeles County		84.1%	93.8%	78.2%
California		87.4%	94.6%	82.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2701. <http://factfinder.census.gov>

When the type of insurance coverage was examined, 26.3% of the population in SPA 2, 27.2% in SPA 3, and 38.7% in SPA 4 had Medi-Cal coverage. In SPA 2, 44.9% had

employment-based insurance, in SPA 3, 44% has employment-based insurance and in SPA 4, 30.3% of the population had employment-based insurance.

Insurance Coverage by Type

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Medi-Cal	26.3%	27.2%	38.7%	33.1%	29.9%
Medicare only	1.4%	1.3%	1.6%*	1.2%	1.3%
Medi-Cal and Medicare	3.5%	4.8%	6.0%	4.5%	3.8%
Medicare and others	8.5%	8.3%	4.9%	7.5%	8.8%
Other public	0.6%*	0.5%*	1.2%*	1.1%	1.3%
Employment based	44.9%	44.0%	30.3%	39.8%	43.3%
Private purchase	7.8%*	5.4%	5.8%	6.4%	6.2%
No insurance	9.3%	10.2%	17.4%	11.0%	9.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

76.9% of residents in SPA 2, 44.6% in SPA 3 and 73.6% in SPA 4 reported it was very difficult or somewhat difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO).

Difficulty Finding Affordable Health Insurance Plan through Insurance Company or HMO

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Very Difficult	41.9%	22.8%*	52.2%	41.6%	40.5%
Somewhat Difficult	35.0%	21.8%*	21.4%*	21.5%	24.2%
Not too Difficult	13.3%*	43.9%	20.6%*	24.6%	19.5%
Not at all Difficult	9.8%*	11.5%*	5.8%*	12.3%	15.9%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

6.8% of residents in SPA 2, 5.8% in SPA 3 and 7.3% of residents in SPA 4 had insurance that was not accepted by a general doctor. 11.5% of residents in SPA 2, 11.4% in SPA 3 and 10.5% of residents in SPA 4 had insurance that was not accepted by a medical specialist.

Insurance not Accepted by General Doctor or Medical Specialist in Past Year

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Insurance not accepted by general doctor	6.8%	5.8%*	7.3%	6.0%	5.3%
Insurance not accepted by medical specialist	11.5%	11.4%*	10.5%	11.1%	10.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 14.2% of SPA 2 residents, 15% of SPA 3 residents and 23% of SPA 4 residents do not have a regular source of health care.

Does Not Have Usual Source of Care

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
No usual source of medical care	14.2%	15.0%	23.0%	15.8%	14.3%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>.

In SPA 2, 63.3% of adults access care at a doctor's office, HMO or Kaiser, and 19.8% access care at a clinic or community hospital. 60.9% of adults in SPA 3 access care at a doctor's office, HMO or Kaiser and 21.4% access care at a clinic or community hospital. 43% of SPA 4 adults access care at a doctor's office, HMO or Kaiser, and 30.5% access care at a clinic or community hospital.

Sources of Care

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Dr. office/HMO/Kaiser	63.3%	60.9%	43.0%	56.8%	59.4%
Community clinic/government clinic/ community hospital	19.8%	21.4%	30.5%	24.3%	23.7%
ER/Urgent Care	1.8%	1.9%*	2.5%*	2.1%	1.7%
Other	0.9%*	0.8%*	1.0%*	1.0%	0.9%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Difficulty Accessing Care

A delay of necessary care can lead to an increased risk of complications. 47.4% of residents in SPA 2, 51.4% of residents in SPA 3 and 48.5% of residents in SPA 4 were always able to get a doctor's appointment within two days.

Ability to Get Doctor's Appointment Within 2 Days in the Past 12 Months

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Always able	47.4%	51.4%	48.5%	45.8%	48.8%
Usually able	19.7%	19.3%	16.1%	22.0%	21.4%
Sometimes able	19.5%	17.6%	12.7%	16.2%	16.5%
Never able	13.4%	11.7%	22.7%	16.0%	13.2%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>.

Typically, residents find it more difficult to access specialty care than primary care. In SPA 2, 13.1% of adults had difficulty accessing specialty care. 12.8% of adults in SPA 3 and 18.3% of SPA adults had difficulty accessing specialty care.

Difficulty Finding Primary and Specialty Care

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Difficulty finding primary care	6.2%	4.5%	7.0%	5.6%	5.8%
Difficulty finding specialty care	13.1%	12.8%	18.3%	13.8%	12.9%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>.

20.6% of residents in SPA 2, 19% of SPA 3 residents and 19.7% of SPA 4 residents visited an emergency room over the past 12-months.

Visited Emergency Room in the Past 12 Months

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Visited ER	20.6%	19.0%	19.7%	20.8%	20.6%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>.

Delayed Care

A delay of necessary care can lead to an increased risk of complications. 42.9% of SPA 2 residents, 47.6% of residents in SPA 3, and 57% of residents in SPA 4 delayed or did not get health care due to cost or lack of insurance.

Delayed Care Due to Cost or Lack of Insurance

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	42.9%	47.6%	57.0%	46.2%	47.7%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>.

Community Input – Access to Health Care

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

- For those who participate in the health insurance exchange and purchase their own insurance because their employer does not provide it, there is a tendency to purchase lower cost plans with the highest deductible and co-pays. There is the hope they will not need it, but when they do need it, it is insurmountable to obtain care due to the high cost of the deductibles and copays.
- We are a community center, so we might not have all the services a patient comes to us for. I see this as a challenge. They are undeserved and need to come in for basic services and we may have to refer them elsewhere for additional treatment.
- For individuals who do not have health insurance, those who are not citizens, they have barriers to accessing care. My Health LA has become stricter with the information they gather from patients.

- Some people have to take off work and lose a day of pay to go to the doctor.
- The general population still uses the ED for primary care. This means they don't have insurance coverage or they are not connected to a primary care provider.
- Access continues to be an issue in SPA 4. It is not about increasing providers, which will not solve the issues. What is needed is more clinic hours, transportation, making sure care is culturally and linguistically appropriate for the client accessing the care. For children, they need to have a caregiver who can take them to get care.
- With the recent changes with ICE and Homeland Security, we see more people are more hesitant to come into the health center. Enrollment numbers for My Health LA have not significantly decreased, but they are taking longer to enroll in the program, and they are not sure if they should come in.

Dental Care

Oral health is essential to a person's overall health and wellbeing. 6.7% of children in SPA 2, 15.2% in SPA 3 and 12.7% of children in SPA 4 lack dental insurance. 42.9% of adults in SPA 2, 41% of adults in SPA 3 and 50.8% of adults in SPA 4 lack dental insurance.

Adults and Children without Dental Insurance

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Children without dental insurance	6.7%*	15.2%*	12.7%*	10.2%	9.9%
Adults without dental insurance	42.9%	41.0%	50.8%	44.5%	40.0%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>. *Statistically unstable due to sample size.

In SPA 2, 3.2% of adults had never been to a dentist. 3.8% of SPA 3 adults and 7% of SPA 4 adults had never been to a dentist. 7.5 % of children in SPA 2, 24.8% in SPA 3 and 10.8% in SPA 4 had never been to a dentist.

Adults and Children Never Been to Dentist

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Adults never been to dentist	3.2%	3.8%	7.0%*	3.3%	2.3%
Children never been to dentist	7.5%*	24.8%*	10.8%*	13.6%	14.3%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>. *Statistically unstable due to sample size.

Community Input – Dental Care

Stakeholder interviews identified the following issues, challenges and barriers related to dental care. Following are their comments, quotes and opinions edited for clarity:

- It is difficult to recruit pediatric dentists to work at community clinics.
- Clinics provide basic dental care but for implants and other complex procedures they must go elsewhere for care and most patients cannot afford to pay for it.

- Most dental health care coverage only covers an annual checkup and the 6-month cleaning. If you need dental work beyond that, it must be paid for “out of pocket,” and that is a huge barrier to care.
- A big concern in kids is tooth decay and poor oral health. It’s relatively prevalent and a source of discomfort that can get in the way of learning in school and can adversely impact quality of life overall.
- Among adults, there are big deficits in the percent of those who get the dental care they need. They are not getting preventive care. They are just getting care when they absolutely need it. Even then, people are not sure where to go and they can’t afford it, so there are financial barriers.
- Water is fluoridated in LA, but some geographic pockets don’t have it. There is some public opposition and fear it can be harmful, but it has been shown to be very safe.

Birth Characteristics

Births

From 2013 to 2015, there was an average of 7,257 births in the hospital service area.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 456.1 per 1,000 live births, which is lower than county (581.2 per 1,000 live births) or state (524.0 per 1,000 live births) rates.

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

	VHH Service Area	Los Angeles County	California
Delivery paid by public insurance or self-pay	456.1	581.2	524.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Prenatal Care

14.2% (141.8 per 1,000 live births) of pregnant women in the service area entered prenatal care after the first trimester. This equates to 85.8% of pregnant women receiving prenatal care in the first trimester. This exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

Late Prenatal Care (After 1st Trimester), per 1,000 Live Births

	VHH Service Area	Los Angeles County	California
Late prenatal care	141.8	173.3	179.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Teen Birth Rate

Teen births occurred at a rate of 41.0 (4.1%) per 1,000 live births in the service area. This rate was lower than the teen birth rate in the county (55.5 per 1,000 live births) and state (55.4 per 1,000 live births).

Births to Teenage Mothers (Under Age 20)

	VHH Service Area	Los Angeles County	California
Births to teen mothers	4.1%	5.6%	5.5%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Premature Birth

The rate of premature births (occurring before the start of the 37th week of gestation) in the service area, was 5.6% (55.6 per 1,000 live births). This rate of premature births was higher than the county and state rate (5.3%) of premature births.

Premature Birth, before Start of 37th Week or Unknown, per 1,000 Live Births

	VHH Service Area	Los Angeles County	California
Premature birth	5.6%	5.3%	5.3%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possible death. The service area rate of low birth weight babies was 6.9% (69.3 per 1,000 live births). This was lower than the county rate (7.1%). The service area rate meets the Healthy People 2020 objective of 7.8% low birth weight births.

Low Birth Weight (<2,500 g), per 1,000 Live Births

	VHH Service Area	Los Angeles County	California
Low birth weight	6.9%	7.1%	6.8%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Mother Smoked Regularly During Pregnancy

The rate of mothers in the service area who smoked regularly during pregnancy was 0.6% (5.6 per 1,000 live births), which was lower than the county rate (2.1%) and state rate (2.4%).

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

	VHH Service Area	Los Angeles County	California
Mothers smoked	0.6%	2.1%	2.4%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Infant Mortality

The infant (less than one year of age) mortality rate in Los Angeles County was 4.1 deaths per 1,000 live births, which was lower than the state rate (4.6 per 1,000 live births) and lower than the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births

	Los Angeles County	California
Infant death rate	4.1	4.6

Source: California Department of Public Health, County Health Status Profiles, 2018.
<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx>

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. Breastfeeding data are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at USC Verdugo Hills Hospital indicated 98%

of new mothers used breastfeeding and 74.6% used breastfeeding exclusively. These rates of breastfeeding rates were higher than the breastfeeding rates at hospitals in the county and state.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
USC Verdugo Hills Hospital	339	98.0%	258	74.6%
Los Angeles County	101,802	93.9%	67,939	62.6%
California	384,637	93.9%	285,146	69.6%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017

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

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at USC Verdugo Hills Hospital. Among White mothers, 97.2% initiated breastfeeding and 77.7% breastfed exclusively. Among Latina mothers, 97.5% initiated breastfeeding and 73.4% breastfed exclusively. 100% of Asian mothers chose to breastfeed and 76.7% breastfed exclusively. 100% of multiple race mothers initiated breastfeeding and 66.7% breastfed exclusively.

In-Hospital Breastfeeding, USC Verdugo Hills Hospital, by Race/Ethnicity

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
White	174	97.2%	139	77.7%
Latino/Hispanic	77	97.5%	58	73.4%
Asian	43	100%	33	76.7%
Multiple race	30	100%	20	66.7%
USC Verdugo Hills Hospital	339	98.0%	258	74.6%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017

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

Leading Causes of Death

Leading Causes of Death

Heart disease, cancer, and Alzheimer's disease are the top three causes of death in the service area. Stroke is the fourth leading cause of death and Chronic Lower Respiratory Disease is the fifth leading cause of death. These causes of death are reported as age-adjusted death rates. Age-adjusting eliminates the bias of age in the makeup of the populations that are compared. When comparing across geographic areas, age-adjusting is used to control the influence that population age distributions might have on health event rates.

Leading Causes of Death, Age-Adjusted, per 100,000 Persons, 2013-2015

	VHH Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Avg Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	3,401	160.5	166.9	161.5	No Objective
Ischemic heart disease	2,474	116.8	120.4	103.8	103.4
Cancer	3,072	146.2	150.6	158.4	161.4
Alzheimer's disease	814	38.1	32.2	35.5	No Objective
Stroke	716	33.9	35.6	38.2	34.8
Chronic Lower Respiratory Disease	673	31.9	30.9	36.0	Not Comparable
Pneumonia and influenza	482	22.7	22.7	16.8	No Objective
Unintentional injuries	429	20.8	21.5	31.8	36.4
Diabetes	378	17.9	23.9	22.6	Not Comparable
Liver disease	270	12.9	14.4	13.8	8.2
Kidney disease	221	10.4	11.1	8.5	Not Comparable
Suicide	168	8.1	7.8	11.0	10.2
Homicide	77	3.8	5.4	4.9	5.5
HIV	44	2.1	2.4	1.9	3.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease (a sub-category of heart disease) was higher in the service area (116.8 deaths per 100,000 persons) than in the state (103.8 deaths per 100,000 persons). The rate of ischemic heart disease death in the service area was higher than the Healthy People 2020 objective of 103.4 heart disease deaths per 100,000 persons.

The age-adjusted rate of death from stroke was lower in the service area (33.9 deaths per 100,000 persons) than in the county (35.6 deaths per 100,000 persons), and the

state (38.2 deaths per 100,000 persons). The rate of stroke death is lower than the Healthy People 2020 objective of 34.8 stroke deaths per 100,000 persons.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	3,401	160.5	166.9	161.5
Ischemic heart disease death rate	2,474	116.8	120.4	103.8
Stroke death rate	716	33.9	35.6	38.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million

Cancer

In the service area, the age-adjusted cancer mortality rate was 146.2 per 100,000 persons. This was lower than the county rate (150.6 per 100,000 persons) and the state rate (158.4 per 100,000 persons). The cancer death rate in the service area is lower than the Healthy People 2020 objective of 161.4 cancer deaths per 100,000 persons.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	3,072	146.2	150.6	158.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

For Los Angeles County, cancer mortality rates are slightly lower, overall, than state rates. In the county, the rates of death from female breast cancer (20.5 per 100,000 women), colorectal cancer (13.8 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), Non-Hodgkin Lymphoma (5.5 per 100,000 persons), stomach cancer (5.2 per 100,000 persons), and uterine cancers (4.8 per 100,000 women), exceed the state rates of death.

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

	Los Angeles County	California
Cancer all sites	142.1	146.6
Lung and bronchus	28.4	32.0
Breast (female)	20.5	20.1
Prostate (males)	19.1	19.6
Colon and rectum	13.8	13.2
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.6

	Los Angeles County	California
Ovary (females)	7.0	7.1
Leukemia*	6.1	6.3
Non-Hodgkin lymphoma	5.5	5.4
Stomach	5.2	4.0
Uterine** (females)	4.8	4.5
Urinary bladder	3.5	3.9
Kidney and renal pelvis	3.2	3.5

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> *Myeloid and Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia, accounting for 50% to 80% of dementia cases. In the service area, the Alzheimer's disease death rate was 38.1 per 100,000 persons. This was higher than the county and state rates.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's death rate	814	38.1	32.2	35.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) refers to a group of diseases that cause airflow blockage and breathing-related problems. This includes Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis and emphysema. In the service area, the CLRD death rate was 31.9 per 100,000 persons. This was higher than county rates and lower than state rates.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	673	31.9	30.9	36.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Diabetes

Diabetes is a leading cause of death and disproportionately affects minority populations and the elderly. Its incidence is likely to increase as minority populations grow and the population ages. In the service area, the diabetes death rate was 17.9 per 100,000 persons, which was lower than county and state rates.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	378	17.9	23.9	22.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area was 20.8 per 100,000 persons. The death rate from unintentional injuries was lower than the Healthy People 2020 objective of 36.4 deaths per 100,000 persons.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	429	20.8	21.5	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 22.7 per 100,000 persons, which was equal to the county rate and higher than the state rate.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	482	22.7	22.7	16.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Liver Disease

In the service area, the liver disease death rate was 12.9 per 100,000 persons. The service area exceeds the Healthy People 2020 objective for liver disease death of 8.2 per 100,000 persons.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	270	12.9	14.4	13.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Homicide

In the service area, the age-adjusted death rate from homicides was 3.8 per 100,000 persons. This rate was lower than the county and state rates for homicides. The Healthy People 2020 objective for homicide is 5.5 per 100,000 persons.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	77	3.8	5.4	4.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Suicide

In the service area, the age-adjusted death rate due to suicide was 8.1 per 100,000 persons. The Healthy People 2020 objective for suicide is 10.2 per 100,000 persons.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	168	8.1	7.8	11.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Kidney Disease

In the service area, the kidney disease death rate was 10.4 per 100,000 persons. This rate was lower than the county rate and higher than the state rate of death from kidney disease.

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	221	10.4	11.1	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

HIV

In the service area, the death rate from HIV was 2.1 per 100,000 persons. This rate was lower than the county HIV death rate (2.4 per 100,000 persons) and higher than the state rate of HIV death (1.9 per 100,000 persons).

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

	VHH Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	44	2.1	2.4	1.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Acute and Chronic Disease

Emergency Room Rates by Diagnosis

At USC Verdugo Hills Hospital, the top five emergency room diagnoses were injuries/poisonings, respiratory system, musculoskeletal system, genitourinary system and digestive system conditions.

Emergency Room Rates by Diagnosis, Top Ten Causes

	USC Verdugo Hills Hospital
Injuries/poisonings	25.2%
Respiratory system	9.2%
Musculoskeletal system	6.8%
Genitourinary system	6.6%
Digestive system	5.5%
Mental health disorders	3.2%
Infections	3.2%
Circulatory system	2.6%
Nervous system	2.0%
Nervous System (including eye disorders)	1.3%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Principal Causes of Emergency Room Injury Rates

Injury was the primary diagnosis for emergency room (ER) visits at USC Verdugo Hills Hospital. The most prevalent causes of these injuries were slips, trips and falls (8.4%). Car accidents (2.3%) were the second highest cause of ER injury visits.

Principal Causes of Emergency Room Injury Rates

	USC Verdugo Hills Hospital
Slipping, tripping, stumbling and falls	8.4%
Car occupant injured in transport accident	2.3%
Assault	0.6%
Pedestrian injured in transport accident	0.4%
Motorcycle rider injured in transport accident	0.3%
Pedal cycle rider injured in transport accident	0.2%
Intentional self-harm	0.1%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Hospitalization Rates by Diagnosis

At USC Verdugo Hills Hospital, the top five primary diagnoses resulting in hospitalization were infections, conditions of the digestive system, circulatory system, or respiratory system, and injuries/poisonings.

Hospitalization Rates by Principal Diagnosis, Top Ten Causes

	USC Verdugo Hills Hospital
Infections	12.2%
Digestive system	10.7%
Circulatory system	10.3%
Respiratory system	8.5%
Injuries/poisonings	8.1%
Mental health disorders	6.4%
Genitourinary system	5.9%
All pregnancies	5.6%
Musculoskeletal system	5.5%
Births	5.3%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Hospitalization Rates by Age

When hospitalizations at USC Verdugo Hills Hospital were examined by age, 49.1% of hospitalizations were for persons 70 years and older. 5.6% of hospitalizations were for infant, children and youth, ages 0-19.

Hospitalization Rates by Age, 2017

	USC Verdugo Hills Hospital
80 years +	29.0%
70 – 79	20.1%
60 – 69	17.8%
50 – 59	11.3%
40 – 49	5.3%
30 – 39	7.3%
20 – 29	3.5%
10 – 19	0.3%
Under 1 year	5.3%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Diabetes

Among adults in SPA 2, 12.2% have been diagnosed as pre-diabetic and 7.2% have been diagnosed as diabetic. 13.9% of adults in SPA 3 have been diagnosed as pre-diabetic and 10% have been diagnosed as diabetic. 11.6% of adults in SPA 4 have been diagnosed as pre-diabetic and 10.1% have been diagnosed as diabetic. For adults with diabetes, 62.8% in SPA 2 felt very confident they could control their diabetes. 58% of adults with diabetes in SPA 3 and 41.4% of adults with diabetes in SPA 4 felt very confident they could control their diabetes.

Adult Diabetes Control

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Diagnosed pre-diabetic	12.2%	13.9%	11.6%	12.4%	12.5%
Diagnosed diabetic	7.2%	10.0%	10.1%	9.7%	9.3%

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Very confident to control diabetes	62.8%	58.0%	41.4%	56.5%	58.5%
Somewhat confident	27.3%	29.6%	36.7%	32.8%	33.8%
Not confident	9.9%*	12.4%*	21.8%*	10.7%	8.8%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>. *Statistically unstable due to sample size

When diabetes rates are examined by race and ethnicity, Latinos have the highest rates in SPA 2 (9.3%) and SPA 3 (14%). In SPA 4, Asians (13.1%) have the highest rates of diabetes.

Adult Diabetes by Race/Ethnicity

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
African American	3.8%*	11.5%*	7.5%*	13.7%	11.6%
Asian	7.3%*	4.9%*	13.1%*	7.8%	8.8%
Latino	9.3%	14.0%	11.9%	11.7%	11.3%
White	6.1%	8.1%	5.0%*	6.9%	7.6%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>. *Statistically unstable due to sample size

Heart Disease

For adults in SPA 2, 5.8% have been diagnosed with heart disease and 1.5% had congestive heart failure (CHF). 5.9% of SPA 3 adults have been diagnosed with heart disease and 1.7% had CHF. 3.8% of adults in SPA 4 had heart disease and 1.5% had CHF. Among adults diagnosed with heart disease, 68.5% in SPA 2, 58.8% in SPA 3, and 66.5% in SPA 4 and were given a management care plan by a health care provider.

Adult Heart Disease

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Diagnosed with heart disease	5.8%	5.9%	3.8%	5.6%	6.3%
Had congestive heart failure	1.5%	1.7%	1.5%*	1.7%	1.9%
Has a management care plan	68.5%	58.8%	66.5%	66.5%	70.8%
Very confident to control condition	56.2%*	56.6%	29.4%*	53.5%	53.6%
Somewhat confident to control condition	42.0%*	42.1%*	53.2%*	36.0%	34.9%
Not confident to control condition	1.8%*	1.4%*	17.4%*	10.4%*	11.5%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>. *Statistically unstable due to sample size

High Blood Pressure

Hypertension (high blood pressure) is a co-morbidity factor for diabetes and heart disease. 26.7% of adults in SPA 2, 27.2% in SPA 3 and 27.7% of adults in SPA 4 have been diagnosed with high blood pressure.

Adult High Blood Pressure

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Diagnosed with high blood pressure	26.7%	27.2%	27.7%	28.2%	28.5%
Takes medication for high blood pressure	66.0%	69.6%	60.6%	66.9%	67.2%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>

In SPA 2, 35.6% of Asians and 26.7% of Latinos have been diagnosed with high blood pressure. In SPA 3, 40.5% of African Americans and 34.4% of Whites have high blood pressure. In SPA 4, 38.6% of African Americans and 30.7% of Whites have high blood pressure.

Adult Diagnosed with High Blood Pressure by Race/Ethnicity

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
African American	24.8%	40.5%	38.6%	42.6%	39.8%
Asian	35.6%	21.9%	25.3%	25.5%	23.7%
Latino	26.7%	26.0%	26.5%	25.6%	25.3%
White	24.3%	34.4%	30.7%	29.3%	31.1%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>

Asthma

Asthma is the most common chronic childhood illness, and it can significantly impact quality of life. 13.8% of children in SPA 2, 8.9% in SPA 3 and 9.1% in SPA 4 have been diagnosed with asthma. 43% of persons with asthma in SPA 2, 34.6% in SPA 3 and 55.4% in SPA 4 take medications daily to control their asthma.

Asthma

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Diagnosed with asthma, total population	13.4%	12.6%	10.9%	12.4%	14.7%
Diagnosed with asthma, 0-17 years old	13.8%*	8.9%*	9.1%*	12.6%	15.0%
ER visit in past year due to asthma, total population	9.0%*	10.3%*	12.0%*	11.2%	11.7%
Takes daily meds to control asthma, total population	43.0%	34.6%	55.4%*	43.8%	45.3%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

According to the Centers for Disease Control, poorly controlled asthma may impair a child's ability to attend school, affect his or her academic performance, and cause parents to miss work to care for an ill child. 28.2% of students in the service area have missed school due to asthma in the past 12 months.

School Days Missed Due to Asthma in Past 12 Months, Children and Teens

	SPAs 2, 3 and 4	Los Angeles County	California
0 day	70.2%	71.4%	73.6%
1 or 2 days	18.4%*	10.5%*	9.2%
3 or 4 days	5.8%*	8.3%*	5.0%*
5 to 10 days	4.0%*	4.2%*	6.4%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>. *Statistically unstable due to sample size.

Cancer

Cancer incidence rates are available at the county level. In Los Angeles County, cancer rates are lower overall than at the state level. However, the rates of colorectal cancer (36.3 per 100,000 persons), uterine cancers, (25.9 per 100,000), thyroid cancer (13.6 per 100,000 persons), and ovarian cancer (12.0 per 100,000) exceed the state rates.

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, 2011-2015

	Los Angeles County	California
Cancer all sites	375.5	395.2
Breast (female)	115.0	120.6
Prostate (males)	95.2	97.1
Lung and bronchus	36.7	42.2
Colon and rectum	36.3	35.5
In situ breast (female)	26.1	28.2
Uterine** (females)	25.9	24.9
Non-Hodgkin lymphoma	17.8	18.2
Urinary bladder	15.1	16.8
Kidney and renal pelvis	13.2	13.9
Melanoma of skin	13.1	21.6
Ovary (females)	12.1	11.6
Thyroid	13.6	12.8
Leukemia*	11.6	12.3
Pancreas	11.2	11.4
Liver and bile duct	9.65	9.49
Stomach	9.31	7.42
Cervix uteri (females)	7.77	7.19
Miscellaneous	7.22	7.96
Myeloma	5.63	5.75
Testis (males)	5.50	5.71

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015 <http://www.cancer-rates.info/ca/> *Myeloid & Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to

chronic disease. Following are their comments, quotes and opinions edited for clarity:

- Chronic diseases can influence all aspects of life, your ability to maintain employment, caring for your family, your ability to be mobile; it can challenge your basic needs.
- In our clinic we see patients with diabetes, asthma, stroke, and liver disease. The main challenge is compliance, cost of medications, and adherence with the care plan.
- When it comes to diabetes, healthy food is expensive. For patients who are in poverty, it is hard to get healthy food. This is contributing to diabetes and obesity.
- A challenge is lifestyle and not complying with activities to lower their numbers. There is a challenge with consistent follow-up.
- Diabetic patient compliance is an issue. They do not comply with expectations of diet, activities, nor do they maintain their scheduled appointments.
- Once patients get comfortable with their current regimens, they commit to it short term, but long-term compliance is a major challenge.
- Adherence with treatment plans, medications, diet, cost of services, and poor living conditions can all lead to diabetes, heart disease, and liver disease. The main challenge we face is behavioral change for the patient. If we are able to incorporate education and they understand change needs to happen, we could reduce some of those barriers.
- When we talk about chronic disease, we need more time to see the patients. The challenge is to provide enough time during their clinic visit to address all their issues.
- For most of our patients with chronic disease symptoms, they aren't driven to follow up. If they feel okay, they skip their appointments. They only follow-up and come to the clinic when they have symptoms, like a headache and weakness.
- For people with chronic diseases, the biggest issue is access to health care. People need adequate access to preventive care and medications to help them.
- With cancer, there are so many disparities. Breast cancer continues to impact women of color partly because there are so many barriers to accessing a mammogram. We need to make it easy and quick for patients to move from screening to diagnostics.
- We are seeing a rise in diabetes and many people don't even know they have it. We need to do a better job of screening and getting them into care.
- We have a toxic food environment where we are inundated with high calorie, low nutrient foods that are inexpensive and marketed aggressively. In addition, our environment works against us to be physically active.

Health Behaviors

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 puts Los Angeles County in the top quarter of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 57)
Los Angeles County	11

Source: County Health Rankings, 2018 www.countyhealthrankings.org

Health Status

15.4% of residents in SPA 2, 18.9% in SPA 3 and 23.5% in SPA 4 rate themselves as being in fair or poor health.

Self-Reported Health Status

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Poor health status	2.9%	2.3%	5.5%	3.6%	3.5%
Fair health status	12.6%	16.6%	18.0%	15.6%	14.0%
Good health status	25.1%	30.8%	29.1%	29.4%	28.3%
Very good health status	33.4%	27.5%	26.9%	28.4%	29.9%
Excellent health status	26.0%	22.8%	20.5%	22.9%	24.3%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>.

Disability

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. In SPA 2, 30.6% of adults had a disability. 26.9% of SPA 3 adults and 29.8% of SPA 4 of adults had a physical, mental or emotional disability.

Population with a Disability

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Adults with a disability	30.6%	26.9%	29.8%	30.0%	29.7%
Disabled persons with health insurance	30.4%	28.2%	31.0%	30.3%	30.5%
Couldn't work due to physical/mental impairment	6.3%	5.0%	6.5%	6.3%	6.6%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>.

Children with Special Health Care Needs

Some children have chronic medical, developmental, behavioral, or emotional conditions. In SPA 2, 16% of children have a special health care need. 9.1% of children in SPA 3 and 12.3% of children in SPA 4 were reported by their caretakers to meet the criteria of having a special health care need.

Children with Special Needs

	SPA 2	SPA 3	SPA 4	Los Angeles County
Children with special health care needs	16.0%	9.1%	12.3%	14.5%

Source: Keys Indicators of Health by Service Planning Areas Los Angeles Department of Public Health 2017

http://publichealth.lacounty.gov/ha/docs/2015LACHS/KeyIndicator/PH-KIH_2017-sec%20UPDATED.pdf

Sexually Transmitted Infections

Among service area SPAs, SPA 4 has the highest rates of sexually transmitted infections. In SPA 4, the rate of chlamydia is 797 per 100,000 persons. The rate of gonorrhea in SPA 4 is 400 per 100,000 persons and the rate of syphilis in SPA 4 is 103 per 100,000 persons. These rates exceed the county rates of sexually transmitted infections.

STI Incidence, Annual New Cases, per 100,000 Persons

	SPA 2	SPA 3	SPA 4	Los Angeles County
Chlamydia	372	383	797	555
Gonorrhea	100	84	400	171
Syphilis	21	16	103	33

Source: [2015 Annual HIV/STD Surveillance Report](#) (May 2018), Division of HIV and STD programs, Los Angeles County

Department of Public Health

Teen Sexual History

7.6% of service area teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had sex. 10.9% of teenage boys reported having sex as compared to 0.6% of teenage girls.

Teens 14 to 17 Years Old Who Have Had Sex

	SPAs 2, 3 and 4	Los Angeles County	California
Teen total population	7.6%*	11.1%*	18.8%

Source: California Health Interview Survey, 2015-2016 <http://ask.chis.ucla.edu/> * Statistically unstable due to sample size.

Community Input – Sexually Transmitted Infections

Stakeholder interviews identified the following issues, challenges and barriers related to sexually transmitted infections. Following are their comments, quotes and opinions edited for clarity:

- This is a real concern. We have very high rates of STIs in the service area.

- There is so much stigma and shame around sexuality.
- There is an increasing issue with the teen population. It is a challenge to get teens and young adults in for testing.
- Syphilis is a concern right now. There is a real rise in cases of syphilis in LA County. In particular, there is a spike in congenital syphilis. There are not as many resources from LA County Public Health Department in our service area for STI testing. In eastern San Gabriel there used to be an STI clinic in Monrovia.
- We need to get women into timely prenatal care to eliminate congenital syphilis.
- The rise of STIs in LA County is not isolated to the community of men having sex with men. It is nondiscriminatory and impacts people of all ages, ethnicities and genders.
- When someone is diagnosed with a positive STI screen, there is an increased likelihood of HIV.
- There is not enough youth education on condom use and contraception, especially in low-income communities and communities of color.
- There is not adequate funding to address the rate of infections, it is very challenging. A couple of decades ago, there was such fear about HIV. As a result, people were using condoms and they were more careful about partners. With access to more effective treatments, we have relaxed our behaviors and concerns. In addition, certain populations have new ways of meeting partners, like through the Internet. This has fueled the risk of STIs. Some men are bisexual and closeted and that places more women at risk of STIs.

Overweight and Obesity

In SPA 2, 36.7% of adults, 8.9% of teens and 14.2% of children are overweight. 35.1% of adults in SPA 3, 19.6% of teens and 19.3% of SPA 3 children are overweight. In SPA 4, 33.7% of adults, 20% of teens and 16.9% of children are overweight.

Overweight

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Adults, ages 18+	36.7%	35.1%	33.7%	34.8%	35.0%
Teens, ages 12-17	8.9%*	19.6%*	20.0%*	19.4%*	17.3%
Children, ages under 12	14.2%*	19.3%*	16.9%*	14.3%	15.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

The Healthy People 2020 objectives for obesity are 30.5% of adults, ages 20 and over, and 16.1% of teens. Teens in SPA 3 and SPA 4 exceed this objective.

Obesity

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Adults, ages 18+	23.3%	25.5%	28.8%	28.4%	27.6%
Teens, ages 12-17	6.7%*	21.5%*	17.8%*	14.3%	18.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

When overweight and obesity are examined by race/ethnicity, African Americans and Latinos have the highest rates in the service area SPAs. Asians have the lowest rates of overweight and obesity.

Adult, Overweight and Obese by Race/Ethnicity

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
African American	56.0%*	75.7%*	79.4%	75.0%	71.9%
Asian	47.3%*	35.0%	45.8%*	41.3%	43.1%
Latino	70.0%	74.3%	70.0%	72.9%	73.3%
White	55.9%	62.6%	52.2%	56.5%	58.9%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). In the Los Angeles Unified School District, over a quarter of 5th, 7th and 9th grade students tested as body composition at health risk. 23% of 5th graders in the Pasadena Unified School District are at health risk (obese) for body composition. 22.5% of 9th graders in the Glendale Unified School District tested at needs improvement (overweight) for body composition.

5th, 7th and 9th Graders; Body Composition, ‘Needs Improvement’ and ‘Health Risk’

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Glendale Unified School District	21.2%	18.6%	19.4%	15.7%	22.5%	12.1%
Los Angeles Unified School District	20.4%	30.1%	21.2%	25.9%	22.1%	24.3%
Pasadena Unified School District	20.9%	23.0%	21.9%	20.4%	21.5%	17.8%
Los Angeles County	19.9%	25.3%	19.9%	21.9%	20.4%	20.1%
California	19.2%	21.5%	19.1%	19.6%	19.2%	18.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.

<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Vigorous-intensity aerobic activity should make up most of a child's 60 or more minutes of daily physical activity at least 3 days per week each day. 75.5% of children in SPA 2, 82% in SPA 3 and 76.5% of children in SPA 4 engaged in vigorous activity at least three days a week.

Children Engaged in Vigorous Physical Activity at Least 3 Days per Week

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Children engaged in vigorous physical activity	75.5%*	82.0%*	76.5%*	72.5%	75.0%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

27% of children and teens in SPA 2, 30.6% in SPA 3 and 66.3% in SPA 4 walked, biked or skated home from school in the past week.

Walked, Biked, Skated Home from School, Children and Teens

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Walked/biked/skated from school	27.0%	30.6%	66.3%	41.2%	39.5%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Access to Affordable Fresh Fruits and Vegetables

Families that are not able to easily access fresh fruits and vegetables are less likely to be able to provide healthy food options for their children. In SPA 2, 57.8% of families with children can always access affordable fruits and vegetables. 48.7% of SPA 3 families and 39.2% of SPA 4 families can always access affordable fruits and vegetables.

Affordable Fruits and Vegetables

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Always affordable in neighborhood	47.8%	48.7%	39.2%	44.8%	48.1%
Usually affordable in neighborhood	31.5%	29.4%	33.5%	30.7%	30.3%
Sometimes affordable in neighborhood	19.7%	20.8%	26.1%	22.8%	20.1%
Never affordable in neighborhood	0.9%*	1.2%*	1.3%*	1.7%	1.5%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Fast Food

Adults, ages 18-64, consumed fast food at higher rates than children, teens or seniors. Males in service area SPAs were more likely than females to consume fast food. Residents of SPA 3 consumed fast food at higher rates than found in SPA 2 and SPA 4.

Fast Food Eaten More Than Three Times Per Week

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Children and youth, ages 0 - 17	6.7%*	11.5%*	7.6%*	10.1%	9.7%
Adults, ages 18 – 64	16.4%	16.3%	11.7%	16.5%	15.2%
Seniors, ages 65+	6.7%*	8.0%	5.6%*	6.8%	5.3%
Males, all ages	17.7%	17.0%	13.1%	17.7%	16.3%
Females, all ages	8.5%	11.5%	7.3%	10.4%	9.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Soda/Sugar-Sweetened Beverage (SSB) Consumption

Adolescents are the highest consumers of soda and sugar-sweetened beverages (SSBs). 28.4% of children in SPAs 2, 3 and 4 drink one or more sodas and/or sugary drinks a day. 60.3% of teens in SPAs 2, 3 and 4 drink one or more sodas and/or sugary drinks a day

Children and Teens Who Consume 1 or More Sodas or Sweetened Beverages Daily

	SPAs 2, 3 and 4	Los Angeles County	California
Children consuming soda daily	11.5%*	12.9%*	15%
Teens consuming soda daily	35.5%*	32.1%	33.5%
Children consuming sugary drinks daily	16.9%*	21.3%	21.5%
Teens consuming sugary drinks daily	24.8%*	35.0%	34.7%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

Community Input – Overweight and Obesity

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

- Being obese impacts multiple systems over time. As a result, people develop diabetes and heart problems.
- We are not doing enough to help families feed themselves and develop good nutritional eating habits for children. People need to be able to access good, high-quality food in an affordable way. For middle and low-income families, they eat a fast food diet. And school lunches are still horrible. What do we need to do to get our communities on a nutritious diet? It has to start with babies and kids and families. We have to figure out how to get parents to make changes in their diets.
- People are hit from every direction with super-sized and huge portions and eating too many carbs. They make the choice of comfort food versus foods that are healthy.
- Kids are spending more of their free time in front of the TV or the computer screen.
- There is so much access to unhealthy food and it is easier to get than healthy food.

We have to make sure there are ways to make healthy food easily accessible and affordable. And people are not able to exercise and do the recommended physical activity. It is important for families to have access to safe parks.

Mental Health

Mental Health Indicators

In SPA 2, 10.1% of adults are at risk for depression and 8% have depression. 11% of SPA 3 adults are at risk for depression and 6.4% have depression. 15.7% of adults in SPA 4 are at risk for depression and 10.8% have depression.

Adults with or at Risk for Depression

	SPA 2	SPA 3	SPA 4	Los Angeles County
Adults with current depression	8.0%	6.4%	10.8%	8.6%
Adults at risk for major depression	10.1%	11.0%	15.7%	11.8%

Source: Keys Indicators of Health by Service Planning Areas Los Angeles Department of Public Health 2017

http://publichealth.lacounty.gov/ha/docs/2015LACHS/KeyIndicator/PH-KIH_2017-sec%20UPDATED.pdf

In the past year, 9% of adults in SPA 2, 8.2% in SPA 3 and 9.4% in SPA 4 had serious psychological distress. The Healthy People 2020 objective is for 72.3% of people who need help for mental health issues to receive treatment. 62% of SPA 2 adults, 57.9% of SPA 3 adults and 54.4% of SPA 4 adults received needed mental health treatment. 9.5% of SPA 2 adults, 8.8% of SPA 3 adults, and 11.3% of SPA 4 adults took prescription drugs in the past year for an emotional/mental health issue.

Mental Health Indicators, Adults

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Adults who had serious psychological distress during past year	9.0%	8.2%	9.4%	9.1%	8.1%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	14.2%	15.3%	21.2%	17.1%	16.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues and received treatment	62.0%	57.9%	54.4%	57.4%	59.2%
Has taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	9.5%	8.8%	11.3%	9.6%	11.0%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

27.7% of SPA 2 adults, 29.8% of SPA 3 adults and 32.9% of SPA 4 adults visited primary care physicians and mental health professionals for mental and emotional issues.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Primary care physician only	28.1%	19.3%	13.7%*	20.5%	24.0%
Mental health professional only	44.2%	51.0%	53.4%	46.0%	42.4%

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Both	27.7%	29.8%	32.9%	33.4%	33.6%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

10.8% of adults in SPA 2, 11% of adults in SPA 3 and 15.1% of adults in SPA 4 saw a professional for mental health, drug and/or alcohol issues over the course of a year.

Visits to a Professional for Mental/Drug/Alcohol Issues in Past Year

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
7+ visits	4.6%	5.7%	8.2%	6.1%	5.0%
4 – 6 visits	2.2%	2.0%*	3.1%*	2.3%	2.5%
1 – 3 visits	4.0%	3.3%	3.8%	3.6%	4.7%
0 visit	89.2%	89.0%	85.0%	87.9%	87.7%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In LA County, 4.5% of teens had serious psychological distress in the past year. Of these teens, 14.6% received counseling.

Mental Health Indicators, Teens

	SPAs 2, 3 and 4	Los Angeles County	California
Teens who had serious psychological distress during the past year	No data	4.5%*	4.3%
Teens who received psychological/emotional counseling in past year	13.3%*	14.6%	11.8%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

For adults with mental health problems, 15.7% in SPA 2 were unable to work more than three months due to problems with their mental health. In SPA 3, 25.2% of adults with mental health issues were unable to work more than three months. In SPA 4, for adults with mental health problems, 27.6% were unable to work more than three months.

Number of Days Unable to Work Due to Mental Health Problems

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Able to work all days	29.8%	25.4%*	20.1%*	22.5%	24.3%
Unable to work 7 days or less	17.6%	21.4%*	13.5%*	18.9%	17.0%
Unable to work 8 – 30 days	17.7%	20.5%*	25.5%*	17.8%	20.9%
Unable to work 31 days – 3 months	19.2%*	7.5%*	13.4%*	11.8%	11.9%
Unable to work more than 3 months	15.7%*	25.2%*	27.6%	29.0%	25.8%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

7.1% of adults in SPA 2, 7.9% of adults in SPA 3 and 9.6% of adults in SPA 4 have seriously thought about committing suicide.

Adults Who Ever Seriously Thought about Committing Suicide

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Seriously considered suicide, adults	7.1%	7.9%	9.6%	8.0%	8.9%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Community Input – Mental Health

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

- Those with mental health issues suffer broadly disproportionate adverse health outcomes. They live shorter lives, suffer higher rates of chronic diseases and experience higher levels of violence and substance use.
- A lot has improved with medicine prioritizing mental health care, but we still have a long way to go. There continues to be a stigma around seeking support for mental health issues. A lot of times people think there is some internal resource to pull them out of their funk, and it is seen as some sort of fault if you need support.
- Many insurance plans do not provide for good mental health care. You may be on a wait list for months and then can only receive treatment once a month.
- The majority of our patients with chronic conditions have underlying anxiety, depression and panic.
- A lot of individuals we serve are living in poverty. We can link mental health and poverty, a lack income or education, and not accessing mental health services.
- The homeless population struggles with mental illness.
- There are not too many options for youth. There is no place to send them if they need mental health hospitalization overnight stays.
- If we do implement mental health screenings, there are so many barriers in terms of not having places to refer people to. At the publicly accessible behavioral health programs in the area, which are few and far between, space is limited and there are challenges in accessing them.
- Mental health is stigmatized. Among Armenians and Asian Americans in our community, it is a huge challenge to access care.
- We need more clinics and clinicians as there is not enough access for people. It is hard to get people in for treatment, particularly for trauma informed treatment.
- It's hard for a patient to find mental health providers they are comfortable with. Those with mental health issues are not inclined to voluntarily seek treatment.
- Depression is widespread, under-recognized and under diagnosed. The treatment service system is fragmented and there is poor coordination with medical services. And the nexus with drug abuse and mental health is also very concerning.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. 10.9% of adults in SPA 2, 11.3% in SPA 3 and 14.2% in SPA 4 smoke cigarettes. Males are more than twice as likely to be smokers as females. The majority of smokers has stopped smoking for one or more days in the past year and is thinking of quitting smoking.

Adult Smoking

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Current smoker total population	10.9%	11.3%	14.2%	11.6%	12.2%
Current smoker male	15.7%	17.4%	21.3%	16.1%	15.8%
Current smoker female	6.4%	5.8%	6.6%	7.4%	8.8%
Stopped smoking for 1 or more days in past year to quit	66.3%	51.3%	68.9%	61.3%	59.9%
Thinking about quitting smoking in the next 6 months	68.2%	63.6%	86.4%	73.6%	73.0%
Smoked 100 or more cigarettes in lifetime	35.5%	29.5%	35.6%	32.8%	34.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

6.8% of teens in SPAs 2, 3 and 4 report having smoked an electronic (vaporizer) cigarette. This is lower than the county and state rates.

Teen E-Cigarette Smoking

	SPAs 2, 3 and 4	Los Angeles County	California
Ever smoked e-cigarette during the past year	6.8%*	9.5%	9.0%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>. *Statistically unstable due to sample size.

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults in SPAs 2, 3 and 4, 32.4% had engaged in binge drinking in the past year. 17.9% of teens in SPAs 2, 3 and 4 tried alcohol and 0.7% had engaged in binge drinking in the last month.

Alcohol Use

	SPAs 2, 3 and 4	Los Angeles County	California
Adults, binge drinking in the past year*	32.4%	32.7%	33.7%
Teens, ever had an alcoholic drink	17.9%*	20.3%	22.7%

	SPAs 2, 3 and 4	Los Angeles County	California
Teens, binge drinking in the past month	0.7%*	2.5%*	4.0%

Source: California Health Interview Survey, *2014-2015, 2014-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

Marijuana

Marijuana use was reported by 39% of residents in SPA 2, and 11% of the population used marijuana on an average of 16.1 days in the past 30 days. The average age to initiate marijuana use in SPA 2 was 17.2 years old. Marijuana use was reported by 54% of residents in SPA 3, and 14% of the population used marijuana on an average of 13.3 days in the past 30 days. The average age to initiate marijuana use in SPA 3 was 17.1 years old. Marijuana use was reported by 49% of residents in SPA 4, and 15% of the population used marijuana on an average of 14.9 days in the past 30 days. The average age to initiate marijuana use in SPA 4 was 18 years old.

Marijuana Use

	SPA 2	SPA 3	SPA 4	Los Angeles County
Ever tried marijuana, total population	39%	54%	49%	48%
Ever tried marijuana, 12-17 years old	27%	18%	22%	
Ever tried marijuana, 18-24 years old	60%	59%	53%	
Ever tried marijuana, 25+	35%	62%	47%	
Used marijuana past 30 days, total population	11%	14%	15%	14%
Used marijuana past 30 days, 12-17	11%	9%	9%	
Used marijuana past 30 days, 18-24	27%	20%	27%	
Used marijuana past 30 days, 25+	8%	15%	15%	
Avg. days used, past 30, total population	16.1	13.3	14.9	14.0
Avg. days used, past 30, users 12-17	10.6	8.9	10.7	
Avg. days used, past 30, users 18-24	13.5	11.4	15.2	
Avg. days used, past 30, users 25+	17.4	14.6	15.5	
Avg. age at initiation of use, total population	17.2	17.1	18.0	17.3
Avg. age at initiation of use, users 12-17	13.1	13.8	13.0	
Avg. age at initiation of use, users 18-24	15.8	15.9	15.7	
Avg. age at initiation of use, users 25+	18.0	17.2	17.7	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Prescription Drug Misuse

In SPA 2, 2% of the population misused prescription drugs on an average of 6.1 days in the past 30 days. The average age to initiate prescription drug misuse in SPA 2 was 23.2 years old. In SPA 3, 3% of the population misused prescription drugs on an average of 8.4 days in the past 30 days. The average age to initiate prescription drug misuse in SPA 3 was 20.72 years old. In SPA 4, 3% of the population misused

prescription drugs on an average of 9.1 days in the past 30 days. The average age to initiate prescription drug misuse in SPA 4 was 22.8 years old.

Prescription Drug Misuse

	SPA 2	SPA 3	SPA 4	Los Angeles County
Ever misused Rx meds, total population	16%	19%	20%	19%
Ever misused Rx meds, 12-17 years old	12%	10%	14%	
Ever misused Rx meds, 18-24 years old	23%	26%	22%	
Ever misused Rx meds, 25+	14%	23%	21%	
Misused Rx meds past 30 days, total population	2%	3%	3%	3%
Misused Rx meds past 30 days, 12-17	4%	5%	4%	
Misused Rx meds past 30 days, 18-24	9%	4%	3%*	
Misused Rx meds past 30 days, 25+	1.0%	3%	4%	
Avg. days misused, past 30, total population	6.1	8.4	9.1	9.1
Avg. days misused, past 30, users 12-17	9.4	8.7	7.7	
Avg. days misused, past 30, users 18-24	4.4	10.7	3.5*	
Avg. days misused, past 30, users 25+	6.0	10.4	9.9	
Avg. age at initiation of misuse, total population	23.2	20.7	22.8	21.5
Avg. age at initiation of misuse, users 12-17	13.7	14.3	11.1	
Avg. age at initiation of misuse, users 18-24	15.8	16.2	15.9	
Avg. age at initiation of misuse, users 25+	25.1	20.7	22.4	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

*Statistically unstable due to sample size

For those who had misused prescription drugs, sedatives were the most likely to be misused in SPA 2 (60%), and SPA 4 (57%). In SPA 3, 61% of those who misused prescription drugs used Vicodin.

Type of Prescription Drug Misuse

	SPA 2	SPA 3	SPA 4	Los Angeles County
Sedatives/sleeping pills	60%	54%	57%	52%
Vicodin/vikings	55%	61%	40%	49%
OxyContin/percs	32%	36%	29%	33%
Adderall/skipppy	26%	31%	24%	25%
Don't know	8%	5%	9%	9%

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Opioid Use

The rate of hospitalizations due to an opioid overdose was 5.6 per 100,000 persons in Los Angeles County. This is lower than the state rate (8.5 per 100,000 persons). Opioid overdose deaths in Los Angeles County were 3.2 per 100,000 persons, which was a lower death rate than found in the state (4.5 per 100,000 persons). The rate of opioid

prescriptions in Los Angeles County was 388.2 per 1,000 persons. This rate is lower than the state rate of opioid prescribing (507.6 per 1,000 persons).

Opioid Use

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	5.6	8.5
Age-adjusted opioid overdose deaths, per 100,000 persons	3.2	4.5
Opioid prescriptions, per 1,000 persons	388.2	507.6

Source: California Office of Statewide Health Planning and Development, [via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. https://discovery.cdph.ca.gov/CDIC/ODdash/](https://discovery.cdph.ca.gov/CDIC/ODdash/)

Community Input – Substance Use and Misuse

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

- It is a fine balance to manage a client's pain and prevent medicine abuse.
- We deal with the opioid crisis; it is very real, and it exists in our community. The opioid crisis hits every community, every socioeconomic community, the affluent and the indigent. In general, opioids are being used by youth, as young as age 13, to adults, approximately 55 years old. The typical clientele are youth experimenting, adults who are in that lifestyle, and older and affluent adults who have access to many drugs and medications and use them recreationally and abuse them. It is in the schools, and it is in the community.
- Alcohol tends to be more associated with our homeless population. It is an easy to access drug.
- There are a limited number of substance use treatment programs.
- One of the biggest areas of concern is youth and their exposure to gateway drugs, particularly with vaping. They are moving away from tobacco and toward vaping. Social media influences the choices kids make. We need to pay particular attention to youth, and we need to start young and educate them.
- Binge drinking is an issue among area adults.
- Substance use is not concentrated with low-income, less advantaged communities, it is also occurring with people who have middle and upper class incomes who overuse and abuse prescription opiates.
- People are really hooked on pain medications and what is particularly challenging is there are people who need those medications. Trying to distinguish between those who need medications versus those being harmed is challenging.

Preventive Practices

Immunizations

Rates of up-to-date immunizations among Kindergarten children exceed the county rate (90%) in the Glendale Unified School District (94.8%) and the Pasadena Unified School District (91.4%).

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2016

	Immunization Rate
Glendale Unified School District	94.8%
Los Angeles Unified School District (LAUSD)	85.6%
Pasadena Unified School District	91.4%
Los Angeles County	90.0%
California	92.8%

Source: [from www.kidsdata.org](http://www.kidsdata.org) California Department of Public Health, Immunization Branch, 2015-2016.

Flu Vaccine

The Healthy People 2020 objective is for 70% of the population to receive a flu shot. Seniors in SPA 2 (77.9%) and SPA 3 (74.1%) meet the Healthy People 2020 objective for flu shots. Adults received flu shots at a lower rate than children.

Flu Vaccine in the Past 12 Months

	SPA 2	SPA 3	SPA 4	Los Angeles County	California
Received flu vaccine, 65+	77.9%	74.1%	65.4%	69.3%	70.4%
Received flu vaccine, 18-64	32.7%	34.2%	30.9%	32.4%	36.8%
Received flu vaccine, 6 months-17 years	52.7%	55.3%	59.9%	50.2%	51.3%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/>.

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 65.0% of seniors in SPA 2, 59.5% in SPA 3 and 65.8% in SPA 4 received a pneumonia vaccine.

Pneumonia Vaccine, Adults 65+

	SPA 2	SPA 3	SPA 4	Los Angeles County
Adults 65+, had a pneumonia vaccine	65.0%	59.5%	65.8%	62.0%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Senior Falls

Among seniors, falls and injuries from falls were more likely among residents of SPA 2 (30.3%) and SPA 4 (29.9%) than senior residents of the county (27.1%).

Seniors Who Have Fallen in the Past Year

	SPA 2	SPA 3	SPA 4	Los Angeles County
Seniors who have fallen	30.3%	19.9%	29.9%	27.1%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Among seniors who fell, 12.8% in SPA 2, 8.4% in SPA 3 and 9.9% in SPA 4 were injured as a result of the fall.

Seniors, Injured from Fall, Previous Year

	SPA 2	SPA 3	SPA 4	Los Angeles County
Seniors injured due to a fall	12.8%	8.4%	9.9%	11.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Community Input – Senior Health

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

- Older adults can have comorbidities with cognitive declines. It is hard for older adults to express their needs and get their questions asked and care for themselves if they are incapacitated.
- Some seniors have been abandoned by their kids. They live alone and they require support,
- Seniors start to have medical problems and they may trip and fall. This is usually a sign of a medical condition that is getting worse, like a heart issue and palpitations. Their brains are not fully oxygenated, and they tip over. When we talk to family we will likely hear they have fallen several times over the last couple of days. It could be a number of medical issues. Maybe their reaction time isn't what it used to be, they caught a toe on a carpet. A bigger issue is if they fall and break a bone. It is difficult to recover from and they can do a downhill slide with medical issues.
- As part of our work with LGBTQ populations we have discovered there is a sizable aging population of trans seniors.
- Seniors have a hard time accessing health care. If they are not eligible for low-income assistance, they have limited income to pay for it. If there are ethnic or language barriers, they need to access care from those who can speak their language. Transportation, accessible walkways, and good supportive shoes, impact health, even though they are not considered health care items.
- The medical profession is not all up to date on looking for signs of dementia in the elderly. And once they get a diagnosis, they may not be directed to resources that can help.
- Lack of transportation is a barrier to care for seniors.

Mammograms

The Healthy People 2020 objective for mammograms is 81.1% of women, ages 50-74 years, have a mammogram in the past two years. 77.9% of women in SPA 2, 76.7% in SPA 3 and 78.5% in SPA 4 had a mammogram in the past two years.

Women Who Had a Mammogram

	SPA 2	SPA 3	SPA 4	Los Angeles County
Mammogram	77.9%	76.7%	78.5%	77.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Pap Smears

The Healthy People 2020 objective for Pap smears is 93% of women, ages 21-65 years, be screened in the past three years. 88.2% of women in SPA 2, 81.2% in SPA 3 and 78.4% in SPA 4 had a Pap smear in the prior 3 years, which falls short of the Healthy People 2020 objective.

Women Who Had a Pap smear

	SPA 2	SPA 3	SPA 4	Los Angeles County
Pap smear within past 3 years	88.2%	81.2%	78.4%	84.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Community Input – Preventive Practices

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

- Education is a huge part of prevention. We also need access to quality foods and to empower people to take on healthy nutrition decisions.
- We offer HPV at all of our centers, we are one of the only public providers that talk about the HPV vaccine and administer it.
- There is an emphasis to treat something once it has occurred and not seek facilities to prevent injuries and illnesses. Prevention is not only pharmacological interventions but also resources to educate people. We need to make classes more accessible and encourage patients to seek out those resources.
- It is important to provide screenings, education and linkages to resources to get problems taken care of.
- In the trauma center, the highest causes of injury and death happen to be accidents, penetrating trauma and car accidents. So, injury prevention is important.
- All preventive services get done more effectively when a person has a regular medical provider or medical home. We have seen with the Affordable Care Act

(ACA) a dramatic reduction in the number of uninsured but we are not seeing an associated increase in people with a regular source of care. This means people are getting insured but they are not using their insurance correctly and they are less likely to get the preventive services that are so important.

- It is a challenge to convince people to get preventive care or exercise, whether it's to modify their behavior, their lifestyles, getting vaccinations, or a mother receiving prenatal care. If people don't feel any symptoms of disease, with all the other issues going on in their life, preventive care is not a priority.

Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the hospital service area were compared to the Healthy People 2020 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Service Area Data	Healthy People 2020 Objectives
High school graduation rate 76.1% - 89.2%	High school graduation rate 87%
Child health insurance rate 94.8%	Child health insurance rate 100%
Adult health insurance rate 81.1%	Adult health insurance rate 100%
Heart disease deaths 116.8 per 100,000	Heart disease deaths 103.4 per 100,000
Cancer deaths 146.2 per 100,000	Cancer deaths 161.4 per 100,000
Stroke deaths 33.9 per 100,000	Stroke deaths 34.8 per 100,000
Unintentional injury deaths 20.8 per 100,000	Unintentional injury deaths 36.4 per 100,000
Liver disease deaths 12.9 per 100,000	Liver disease deaths 8.2 per 100,000
Homicides 3.8 per 100,000	Homicides 5.5 per 100,000
Suicides 8.1 per 100,000	Suicides 10.2 per 100,000
On-time (1 st Trimester) prenatal care 85.8% of women	On-time (1 st Trimester) prenatal care 78% of women
Low birth weight infants 6.9% of live births	Low birth weight infants 7.8% of live births
Infant death rate 4.1 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Adult obese 23.3% SPA 2; 25.5% SPA 3; 28.8% SPA 4	Adult obese 30.5%
Teens obese 6.7% SPA 2; 21.5% SPA 3; 17.8% SPA 4	Teens obese 16.1%
High blood pressure 26.7% SPA 2; 27.2% SPA 3; 27.7% SPA 4	High blood pressure 26.9%
Did receive needed mental health care 62% SPA 2; 57.9% SPA 3; 54.4% SPA 4	Did receive needed mental health care 72.3%
Cigarette smoking by adults 10.9% SPA 2; 11.3% SPA 3; 14.2% SPA 4	Cigarette smoking by adults 12%
Annual adult influenza vaccination 32.7% SPA 2; 34.2% SPA 3; 30.9% SPA 4	Annual adult influenza vaccination 70%
Adult pneumonia vaccine 65% SPA 2; 59.5% SPA 3; 65.8% SPA 4	Adult pneumonia vaccine 90%
Mammograms 77.9% SPA 2; 76.7% SPA 3; 78.5% SPA 4	Mammograms 81.1%, ages 50-74, screened in the past 2 years
Pap smear 88.2% SPA 2; 81.2% SPA 3; 78.4% SPA 4	Pap smear 93%, ages 21-65, screened in the past 3 years

Attachment 2. Community Stakeholders

Interview Respondents

	Name	Title	Organization
1	Rachel Abelson	Director of Institutional Giving	Planned Parenthood of Pasadena and San Gabriel Valley
2	Ara Airapetian	Chief Medical Officer	Comprehensive Community Health Centers
3	Lucinda Guarino	Director of Wellbeing	YMCA of the Foothills
4	Toyin Indehen	Director of Community Engagement	Comprehensive Community Health Centers
5	Kimiko Kelly	Community Education Manager	Alzheimer's Association of Greater Los Angeles
6	Mary Lynne Knighton	Health Ministry Director	St. Dominic's Catholic Church, Eagle Rock
7	Rachel Koonse	Program Manager	Cancer Support Community Pasadena
8	Cristin Mondy	SPA 4 Area Health Officer	Los Angeles County Department of Public Health
9	Christian Port	Manager, Office of the President and Business Development	Planned Parenthood of Pasadena and San Gabriel Valley
10	Paul Simon	Chief Science Officer and Director of the Division of Assessment, Planning, and Quality	Los Angeles County Department of Public Health
11	Cody Smith	Fire Battalion Chief	Glendale Fire Department
12	Nayri Vartainian	Director of Social Responsibility	YMCA of the Foothills

Focus Group Participants

Group	Focus Group Date	Number of Participants	Language
La Cañada High School youth	7/24/18	11	English
Rosemont Middle School adults and parents	8/17/18	10	English
Glendale Adult Recreation Center seniors	8/24/18	11	English/Armenian
Aragon Elementary School adults and parents	9/7/18	12	Spanish
Pasadena/Altadena Coalition of Transformative Leaders community residents	9/28/18	12	English/Spanish
Roosevelt Elementary School adults and parents	10/2/18	9	English/Spanish

Survey Respondents

	Name	Title	Organization
1	Scott Anderle	Principal	Rosemont Middle School
2	Forrest Baird	Principal	Aragon Avenue Elementary School
3	Merle Bugarin	Principal	Roosevelt Elementary School
4	Susie Carmona	Area Representative	Office of Councilwoman Monica Rodriguez
5	Eduardo Carillo	Principal	Sunland Elementary School
6	Lucas Crowley	Business Development Manager	Tierra Del Sol Foundation
7	Sopha Ear	Board Secretary	Crescenta Valley Town Council
8	Time Feely	Captain	Glendale Police Department
9	Ian McFeat	Principal	La Cañada High School
10	Eve Sinclair	Area Director	Office of Councilwoman Monica Rodriguez
11	Kyle Studebaker	Treasurer	Crescenta Valley Town Council
12	Anonymous	Board Member	Glassell Park Neighborhood Council

Attachment 3. Resources to Address Needs

USC Verdugo Hills Hospital solicited community input through key stakeholder interviews to identify resources potentially available to address the significant health needs. These identified resources are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to Think Health LA at www.thinkhealthla.org and 211 Los Angeles County at www.211la.org/.

Health Need	Community Resources
Access to health care	ChapCare Medical and Dental Health Center Community Clinic Association of Los Angeles County Comprehensive Community Health Centers Glendale Health Center Glendale Healthier Community Coalition Healthy Way LA Northeast Valley Healthcare Corporation Planned Parenthood QueensCare San Gabriel Healthcare Consortium Young and Healthy Pasadena
Chronic diseases	Alzheimer's Association American Cancer Society American Diabetes Association American Heart Association American Lung Association Cancer Legal Resource Center Cancer Support Community Pasadena Center for Health Care Rights ChapCare Medical and Dental Health Center Community Clinic Association of Los Angeles County Comprehensive Community Health Centers Glendale Health Center Glendale Healthier Community Coalition Healthy Way LA Northeast Valley Healthcare Corporation Planned Parenthood QueensCare YMCA Young and Healthy Pasadena
Dental care	ChapCare Medical and Dental Health Center Comprehensive Community Health Centers Glendale Healthy Kids Healthy Start Kids Dental Place USC Mobile Dental Clinic Young and Healthy Pasadena
Economic insecurity	Ascencia CalFresh Catholic Charities Salvation Army Women, Infants and Children (WIC)
Mental health	ChapCare Medical and Dental Health Center Didi Hirsch Mental Health Services

Health Need	Community Resources
	FamilySource Center Glen Roberts Child Study Center Glendale Healthier Community Coalition Glendale Homeless Coalition National Association of Mental Illness (NAMI) Northeast Valley Healthcare Corporation Pacific Clinics QueensCare San Gabriel Healthcare Consortium Young and Healthy Pasadena
Overweight and obesity	CalFresh School districts and schools WIC YMCA
Preventive practices	ChapCare Medical and Dental Health Center Comprehensive Community Health Centers CVS Glendale Health Center Glendale Healthier Community Coalition Healthy Way LA Northeast Valley Healthcare Corporation Planned Parenthood QueensCare St. Dominic's Church Walgreens Young and Healthy Pasadena
Senior health	AARP Jewish Family Service of Los Angeles Justice in Aging LA Found – Project Lifesaver Legal Aid Foundation Meals on Wheels Older Adults Taskforce San Gabriel Valley Alzheimer's Taskforce
Sexually transmitted diseases	ChapCare Medical and Dental Health Center Comprehensive Community Health Centers Glendale Health Center Glendale Healthier Community Coalition Healthy Way LA Northeast Valley Healthcare Corporation Planned Parenthood QueensCare Young and Healthy Pasadena
Substance use and misuse	Ascensia California Smoker's Hotline Didi Hirsch Mental Health Services – Youth Substance Abuse Jewish Family Service of Los Angeles Leadership Center at UCSF Pioneers in Tobacco Cessation – LA County Right on Programs/Padres, Inc. San Gabriel Healthcare Consortium Tarzana Treatment Center The Sheriff's Youth Foundation of Los Angeles County Western Pacific Medical Corporation

Health Need	Community Resources
Transportation	Access Dial-a-Ride Los Angeles Metro Lyft Road to Recovery – American Cancer Society Uber

Attachment 4. Report of Progress

USC Verdugo Hills Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The medical center addressed: access to health care, cancer, diabetes, mental health and overweight and obesity through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2016 CHNA.

Access to Health Care

Transportation Services

Transportation is a documented barrier to accessing health care services. The hospital paid for taxi vouchers, ambulance services and van transportation for low-income patients and families who could not afford transportation to obtain needed health care services.

Dorr Institute for Arthritis: Operation Walk

Operation Walk is a volunteer medical services organization founded and run by Keck Medicine of USC's Dr. Lawrence Dorr. The nonprofit is dedicated to providing life improving care for arthritis and other debilitating bone and joint conditions for individuals who do not have health insurance. The hospital worked with Dr. Gilbert, a member of Operation Walk's team, and provided an operating room, anesthesiology, medications, medical supplies and staff to perform two orthopedic surgeries on uninsured individuals who reside in Los Angeles County.

Influenza Immunization Clinic

USC Verdugo Hills Hospital offered free flu vaccines in the community; 389 vaccines were administered.

La Cañada Unified School District TB Tests

USC Verdugo Hills Hospital, administered free TB screenings to La Cañada Unified School District (LCUSD) and Crescenta Valley Schools (GUSD) parent volunteers. This community program provided TB tests to 532 persons.

Cancer/Diabetes/Overweight/Obesity

Mammogram Screenings

USC Verdugo Hills Hospital provided 54 low-cost mammogram screenings for women in La Cañada Flintridge, Glendale and Montrose.

Health Fairs and Health Awareness Events

The hospital participated in community events, provided first aid and hosted educational booths, providing the public with information on risk prevention and disease management. USC Verdugo Hills Hospital hosted its annual Health and Wellbeing Fair and participated in the St. Dominic Church Health Ministry Health Fair, Glendale Educational Foundation Kids Fitness Challenge, JPL Safety Fair, Montrose Chamber of Commerce Oktoberfest, Golden Futures Senior Expo, La Cañada Elementary Nutrition Week, Glendale Health Festival, CalTech Health Fair, Crescenta Valley Hometown Country Fair, and YMCA Fiesta Days Run.

At these events, the hospital provided health education, resource information and referrals to health and community services. In addition, they provided stroke screening for 135 persons, blood pressure screening for 470 persons, cholesterol and glucose screenings for 300 persons, and vision screening for 300 persons. Balance and speech screenings were also provided for 145 persons.

Health Education Seminars

The hospital provided health education sessions that addressed disease prevention and health and wellness, cancer prevention and treatment, heart health, weight loss, nutrition and wellbeing, men's health and women's health, meningitis, pain management, organ donation, senior fall prevention, bone and joint health, brain health, stroke awareness, and healthy aging. In FY17, health education seminars reached over 2,775 persons. In FY18, health education seminars reached over 2,440 persons.

Breastfeeding Support Group and Workshops

Breastfed babies are known to be less overweight as they grow older than bottle fed babies. Support groups and workshops offered breast feeding advice and support to new mothers. The support groups were facilitated by a lactation specialist. A total of 1,499 encounters were provided.

Bariatric Support Meeting

Led by bariatric surgeons, free monthly support meetings were offered. Community members learned ways to improve their quality of life through reaching their weight-loss goals and decrease health risk factors that lead to obesity. This program reached over 44 individuals.

Mental Health

Health Education Seminars

The hospital made health education sessions available to the public. Sessions related to mental health care, identifying depression, suicide prevention, art therapy and wellbeing.

Psychiatric Inpatient Care

VHH provided access to needed psychiatric care hospitalization for low-income patients. While VHH does not have dedicated inpatient mental health care beds, it financially supports inpatient mental health care for vulnerable patients needing mental health hospitalization. Psychiatric care was provided to 34 vulnerable patients who were treated in the ED or at the hospital and then transported to a medically necessary inpatient mental health care bed.