



Community Health Needs Assessment



2016

Table of Contents

Executive Summary	5
Introduction	14
Background and Purpose.....	14
Service Area	14
Project Oversight	16
Consultant.....	16
Methods	17
Secondary Data Collection.....	17
Primary Data Collection	17
Information Gaps	19
Public Comment.....	19
Identification of Significant Health Needs	20
Review of Primary and Secondary Data.....	20
Significant Health Needs.....	20
Resources to Address Significant Needs	20
Priority Health Needs	21
Impact Evaluation	22
Community Demographics	23
Population.....	23
Race/Ethnicity.....	24
Language.....	25
Limited English Speaking Households	26
Social and Economic Factors.....	27
Social and Economic Factors Ranking.....	27
Poverty	27
Households.....	28
Households by Type	29
Free or Reduced Price Meals.....	30
Public Program Participation	30
Unemployment.....	31
Educational Attainment	31
Homelessness	32

Crime and Violence.....	33
Community Input - Social and Economic Factors.....	34
Health Care Access	36
Health Insurance Coverage	36
Sources of Care.....	37
Barriers to Care.....	39
Access to Primary Care Community Health Centers	39
Delayed Care.....	40
Community Input – Access to Health Care.....	40
Dental Care.....	42
Community Input – Dental Care	43
Birth Characteristics.....	45
Births	45
Teen Birth Rate.....	45
Community Input – Teen Pregnancy	45
Prenatal Care.....	46
Low Birth Weight.....	47
Infant Mortality	48
Breastfeeding.....	48
Mortality/Leading Causes of Death	49
Leading Causes of Premature Death	49
Death Rate.....	49
Leading Causes of Death.....	49
Heart Disease Mortality.....	51
Cancer Mortality.....	52
Stroke Mortality	53
Diabetes	54
Respiratory (Lung) Disease Mortality	55
Pneumonia and Influenza Mortality	56
Alzheimer's Disease Mortality	57
Chronic Disease.....	58
Health Status	58
Disability	58

Asthma	58
Diabetes	59
Heart Disease	60
High Blood Pressure	60
Cancer	61
HIV/AIDS	61
Sexually Transmitted Diseases	62
Teen Sexual History.....	62
Hospitalization and ER Rates by Principal Diagnoses.....	63
Community Input – Chronic Disease	64
Health Behaviors.....	66
Health Behaviors Ranking.....	66
Overweight and Obesity.....	66
Fast Food.....	68
Soda Consumption	68
Fruit Consumption.....	68
Access to Fresh Produce	68
Physical Activity	69
Community Input – Overweight and Obesity	69
Mental Health.....	71
Mental Health.....	71
Community Input – Mental Health	72
Substance Abuse.....	74
Cigarette Smoking	74
Alcohol and Drug Use	74
Community Input – Substance Abuse	75
Preventive Practices	77
Flu and Pneumonia Vaccines.....	77
Immunization of Children	77
Mammograms.....	78
Pap Smears	78
Colorectal Cancer Screening	78
Community Input – Preventive Practices.....	79

Attachment 1. Community Interviewees and Focus Groups80
Attachment 2. Community Resources82
Attachment 3. Impact Evaluation.....84

Executive Summary

Beverly Hospital is an award-winning, nationally recognized non-profit hospital serving East LA and the surrounding communities. Beverly Hospital has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California State Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r) (3) direct tax-exempt hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

Beverly Hospital is located at 309 West Beverly Boulevard, Montebello, California 90640. The service area includes portions of Service Planning Areas (SPAs) 3 (San Gabriel) and 7 (East) in Los Angeles County. The service area includes 14 zip codes, representing 11 cities or neighborhoods.

Beverly Hospital Service Area

Geographic Area	Zip Code	SPA
Bell / Bell Gardens	90201	SPA 7
Commerce	90040	SPA 7
East Los Angeles	90022, 90023, 90063	SPA 7 & 4
El Monte	91732	SPA 3
Montebello	90640	SPA 7
Monterey Park	91754, 91755	SPA 3
Pico Rivera	90660	SPA 7
Rosemead	91770	SPA 3
South El Monte	91733	SPA 3
Whittier	90601, 90606	SPA 7

Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health and substance abuse and preventive practices. These data are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community. The report also includes benchmark comparison data that measures Beverly Hospital data findings with Healthy People 2020 objectives.

Primary Data Collection

Targeted interviews and focus groups were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Seventeen (17) interviews were completed in June and July, 2016. Four

focus groups were conducted in July 2016 and engaged 43 persons. One of the focus groups was conducted in Spanish with a bilingual facilitator.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, the previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website and public comment was requested on the assessment report. To date, no written comments have been received.

Overview of Key Findings

This overview summarizes significant findings drawn from an analysis of the data from each section of the report. Full data descriptions, findings, and data sources follow.

Community Demographics

- The population of the Beverly Hospital service area is 710,992.
- Children and youth, ages 0-17, make up 25.9% of the population; 69.7% are adults, ages 18-64; and 11.5% of the population are seniors, ages 65 and over. The median age in the service area is 35.3.
- 77.3% of the service area population is Hispanic/Latino; 16.5% of residents are Asian; 4.8% are White; 0.6% are African American; and 0.9% are American Indian/Alaskan Native, multiple, or other race/ethnicity.
- English is spoken in the home among 18.9% of the service area population. Spanish is spoken at home among 65.1% of the population; 15% of the population speak an Asian language.
- 23.8% of area households are limited English speaking households.

Social and Economic Factors

- In the service area, 22.6% of the population is at or below 100% of the federal poverty level (FPL). Over half (52%) of the population in the service area is considered low-income, living at or below 200% of FPL.

Poverty Levels

	Service Area	Los Angeles County	California
<100% FPL	22.6%	18.4%	16.4%
<200% FPL	52.0%	40.9%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

- The median household income ranges from \$37,082 in East Los Angeles 90022 to \$70,841 in Whittier 90601.
- The unemployment rates in service area cities range from 4.4% in South El Monte to 12% in Commerce.

- Among adults, ages 25 and older, 40.5% of area adults lack a high school diploma, 41.3% of service area adults are high school graduates and 18.3% are college graduates.
- The high school graduation rate for LAUSD (70.2%) is lower than the county (77.9%), and state (81%) rates. The Healthy People 2020 objective is an 82.4% high school graduation rate.
- Among the homeless population, 29.2% in SPA 3 and 29.4% in SPA 7 are chronically homeless. The rates of chronic homelessness have increased from 2013 to 2015. Those who are homeless in SPA 7 have high rates of substance abuse (43.8%) and mental illness (30.3%).

Community Input – Social and Economic Factors

Stakeholder interviews and focus groups identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community:

- Socioeconomics is inextricably linked to health. The area has high poverty, a lack of housing and low education levels.
- Sustainable employment equates to accessing health care. We need a lot of jobs for different education levels. There is low education attainment in the service area and not a lot of jobs that are tailored for that.
- There is an increase in homelessness and increasing rising rents, this contributes to poor health as well.
- We have a crumbling infrastructure in terms of streets in disrepair, poor lighting and sidewalks crumbling. This doesn't motivate people to go outside of their homes.
- This is a food desert, but you have every fast food you can name and they are all drive through. Aside from mom and pop or liquor stores I can't identify a large market. There is a lack of access to healthy foods.

Health Care Access

- In SPA 3, 85.9% of the population is insured and in SPA 7, 85.4% are insured. When insurance coverage for the service area is examined by zip code, 27.6% of area residents are uninsured. There is a large variation between those areas with the best coverage: 84.3% of residents in Whittier 90601, compared to 65.2% of residents in Bell/Bell Gardens who are insured.

Insurance Coverage

	SPA 3	SPA 7	Los Angeles County	California
Insured	85.9%	85.4%	86.7%	88.1%
Uninsured	14.1%	14.6%	13.3%	11.9%

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

- 14.3% of residents in SPA 3 and 16% of SPA 7 residents visited an ER over the period of a year. In SPA 7, youth visited the ER at the highest rates (22.4%). In SPA 3 seniors (18.6%) visit the ER at the highest rates.
- Residents of SPA 7 delayed or did not get medical care (11.4%) when needed at a slightly higher rate than in SPA 3 (10.3%) and also showed a higher rate of delayed and unfilled prescriptions (8.8% vs. 7.5%).
- 21.7% of children in SPA 3 and 25.7% in SPA 7 had never been to a dentist. Adults in SPA 7 are less likely to have dental insurance and to be able to afford dental care.

Community Input – Access to Care

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to access to care:

- Even with the Affordable Care Act, people still can't afford co-payments. But access is improving.
- Seniors don't always understand insurance policies and don't always follow through on resources because they are not aware of the resources in their policy.
- Transportation is a barrier to accessing care, especially with the senior population.
- Patients need primary doctors and specialists who speak their language and are within their area.
- There are multiple dental providers in the area but residents lack dental insurance or they don't have money for out-of-pocket dental costs for co-pays.
- In SPA 3 kids are not getting dental care. It is an unmet need particularly in low-income, minority communities.

Birth Characteristics

- In 2012, there were 10,593 births in the service area.
- Teen births occurred at a rate of 8.8% of total births in the service area.
- Pregnant women in the service area entered prenatal care in the first trimester at a rate of 86.4%. This rate exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

- The service area rate of low birth weight babies is 6.3% (63.2 per 1,000 live births). The service area rate meets the Healthy People 2020 objective of 7.8% of births being low birth weight.
- Breastfeeding rates at Beverly Hospital indicate 88.1% of new mothers use some breastfeeding and 33.2% use breastfeeding exclusively. These rates are lower than the average rate among hospitals in the county and state.

Community Input – Teen Pregnancy

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to teen pregnancy:

- Impact is being made and the numbers of teen pregnancies have gone down.
- Teens do not know how to access resources, to get to clinic or to seek medical advice.
- Because of age group and situation, pregnant teens may drop out of school.
- Young girls don't know how to parent. They are frightened, happy they are pregnant, but they do not know what it entails and are not emotionally ready.

Leading Causes of Death

- Heart disease, cancer, and stroke are the top three leading causes of death in the service area. When compared to the county and state, the service area has lower death rates for the top three causes of death.
- In SPA 3 and SPA 7, coronary heart disease was the leading cause of premature death.

Chronic Disease

- Among the residents in SPA 3, 21.4% rate themselves as being in fair or poor health, whereas in SPA 7 it's 19.4%.
- The population diagnosed with asthma in SPA 3 is 13.1%, and in SPA 7 11.4% of the population has asthma. Among youth in SPA 3, 16.7% have been diagnosed with asthma, and 6.2% of youth in SPA 7 have asthma.
- 12% of adults in SPA 3 and 12.4% in SPA 7 reported they have been diagnosed with diabetes.
- For adults in SPA 3, 5.6% have been diagnosed with heart disease, and 5.5% of SPA 7 adults have been diagnosed with heart disease.
- In the service area, SPA 7 has higher rates of chlamydia, gonorrhea and early syphilis than does SPA 3, though their rates are lower than for the county in general. Females ages 20-24 have the highest rates of Chlamydia, males ages 20-29 have the highest rates of Gonorrhea, and males ages 25-34 have the highest syphilis rates. Blacks/African Americans have the highest rates of the listed sexually transmitted infection.

Community Input – Chronic Disease

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to chronic disease:

- We have a lot of kids with diabetes and asthma in the schools.
- Air pollution leads to asthma and individuals in more polluted areas are getting high blood pressure as well.
- In the El Monte area, rates of diabetes are high. Causes of death are related to chronic disease coronary health disease, lung disease, COPD, so it's an issue that needs to be addressed.
- Latinos tend to access the health care system when their disease is in the later stages. They have more diabetes-related complications because they access health care in the later stages of the disease.
- Some patients don't feel a sense of urgency. Chronic diseases do not really impact them until it's advanced.

Health Behaviors

- 33.7% of adults, 16.6% of teens, and 17.8% of children in SPA 3 are overweight; in SPA 7 it's 35.3% of adults, 19.8% of teens and 14.1% of children.

Adults, 20+ Years of Age, Overweight and Obesity by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
African American	73.3%	83.1%	75.8%	74.2%
Asian	36.8%	45.1%	39.3%	40.6%
Latino	71.2%	71.5%	72.0%	73.5%
White	59.6%	64.1%	55.2%	58.1%

Source: California Health Interview Survey, 2011-2014. <http://ask.chis.ucla.edu/>

- Among adults, 91.7% in SPA 3, and 88.4% in SPA 7 indicated that accessing fresh produce (fruits and vegetables) was somewhat or very easy.
- Many area children and teens (19.6% in SPA 3 and 13.5% in SPA 7) spend over five hours in sedentary activities after school on a typical weekday, and 28.6% in SPA 3 and 20% in SPA 7 spend over 8 hours a day on sedentary activities on weekend days.

Community Input – Overweight and Obesity

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to overweight and obesity:

- Healthy food is not available 24-7, and it is also very costly to eat healthy food.
- Grocery stores have mostly left our neighborhood. We have stores that don't offer healthy choices.

- Safety is an issue, areas of gangs and graffiti on walls, so not going out and walking or going to parks. Parents don't let their kids go to the park, or let them out because of gang issues. City does good job of dealing with it but it is still an issue.

Mental Health and Substance Abuse

- Among adults, 7.1% in SPA 3 and 9.2% in SPA 7 experienced serious psychological distress in the past year.
- Almost half the adults in SPA 7 (47.9%) and 43.3% of adults in SPA 3 who needed help for an emotional or mental health problem did not receive treatment.
- Among teens, 22.1% in SPA 3 needed help for emotional or mental health problems, which is higher than the county (19.1%) and state (19.8%) rates; it was lower in SPA 7, at 15.3%.
- 11.2% of adults in SPA 3 and 10.6% in SPA 7 are current smokers, lower than the Healthy People 2020 objective for cigarette smoking among adults (12%). 10.9% of SPA 3 teens and 7.3% of SPA 7 teens have smoked an electronic (vaporizer) cigarette.
- Among adults in SPA 7, 37.9% had engaged in binge drinking in the past year, which is a higher level than found in the county (31.5%) and state (32.6%).
- More than twice as many teens in SPA 3 (30.2%) as SPA 7 (14.2%) reported having tried alcohol. While more SPA 3 teens had also tried illegal drugs (13.3% vs. 10% for SPA 7), levels were lower than county (15.2%) and about the same as state (13.2%) levels.

Community Input – Mental Health and Substance Abuse

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to mental health:

- There is a stigma associated with mental health issues and seeking mental health care. It is considered a source of shame. It's a hidden problem that is often addressed through self- medicating.
- A lot of people don't seek help. Their family tradition is they can handle things themselves or there is no help available.
- Among the homeless a high percentage suffers with mental illness and a lot of veterans have PTSD.
- Depression is more prevalent now than ever before. People are more comfortable sharing that they are having issues, which is a step in the right direction.
- In high school alcohol and drugs are rampant.
- Alcohol is sometimes normalized in the Latino population, it's normal for men to drink and to drink a lot.

- Spice came out a few years ago and it's awful.

Preventive Practices

- Among area seniors, 71.3% in SPA 3 and 68.4% in SPA 7 had received a flu shot. Adults received flu shots at the lowest rate – 35.1% in SPA 3 and 29.9% in SPA 7. 70% is the Healthy People 2020 goal for flu vaccination.
- Area rates of compliance with childhood immunizations upon entry into kindergarten are above the state average (92.9%), with the exception of LAUSD, which shows a lower rate of compliance (85.6%).
- The Healthy People 2020 objective for mammograms is that 81.1% of women 50-74 years to have a mammogram in the past two years; In SPA 3, 76.7% of women in the target demographic have had a mammogram, and in SPA 7, 76.5% have, which does not meet this objective.
- The Healthy People 2020 objective for Pap smears in the past three years is 93% of 21-65 year olds to be screened. In SPA 3, 81.2% of women have had a Pap smear, and in SPA 7, 85.9% of women 21-65 have had a Pap smear in the past three years.

Community Input – Preventive Practices

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to preventive practices:

- There are a lot of providers that give low cost and free vaccines in SPA 3. Community clinics provide screenings and vaccines.
- Access is much better right now. Vaccines are free or low cost. Preventive services with the Affordable Care Act are much easier to access.
- Very common to see primary prevention for blood pressure, stroke, blood sugar, etc. at health fairs. We all need to do better on that follow-up piece. They are getting screened and show an issue, and then what is the process of going to get follow-up care?

Identification of Significant Health Needs

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 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 significant health need.

The analysis of secondary data yielded a preliminary list of significant health needs, which then 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.

Significant Health Needs

The following significant health needs were determined:

- Access to care
- Chronic diseases
- Dental care
- Mental health
- Overweight and obesity
- Preventive practices
- Substance abuse
- Teen pregnancy

Priority Health Needs

The identified significant health needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on 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. Calculations totaling severity and importance scores from the community stakeholder interviews resulted in the following prioritization of the significant health needs:

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.89
Access to care	3.78
Chronic diseases	3.78
Preventive practices	3.67
Teen pregnancy	3.57
Dental care	3.56
Overweight and obesity	3.22
Substance abuse	3.22

Introduction

Background and Purpose

Since its beginning in 1949 Beverly Hospital has continually set new standards in quality and innovation in patient care, research, teaching and community service. Located in Montebello, Beverly Hospital is an award-winning, nationally recognized non-profit hospital serving East LA and the surrounding communities. The hospital has 224 licensed beds and provides the full range of inpatient and outpatient care. Our mission is to be a leading, independent non-profit community hospital, improving the quality of life of its constituents through health education, disease prevention, and state-of-the-art illness and injury treatment. Our vision is to commit to providing quality health care through a cost-effective organization that educates and motivates all members of our health care team to become personally involved and individually responsible for the continuous improvement of our services.

Beverly Hospital has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct tax-exempt hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years. The Community Health Needs Assessment is a primary tool used by Beverly Hospital to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates primary and secondary data that focus on the health and social needs of the service area.

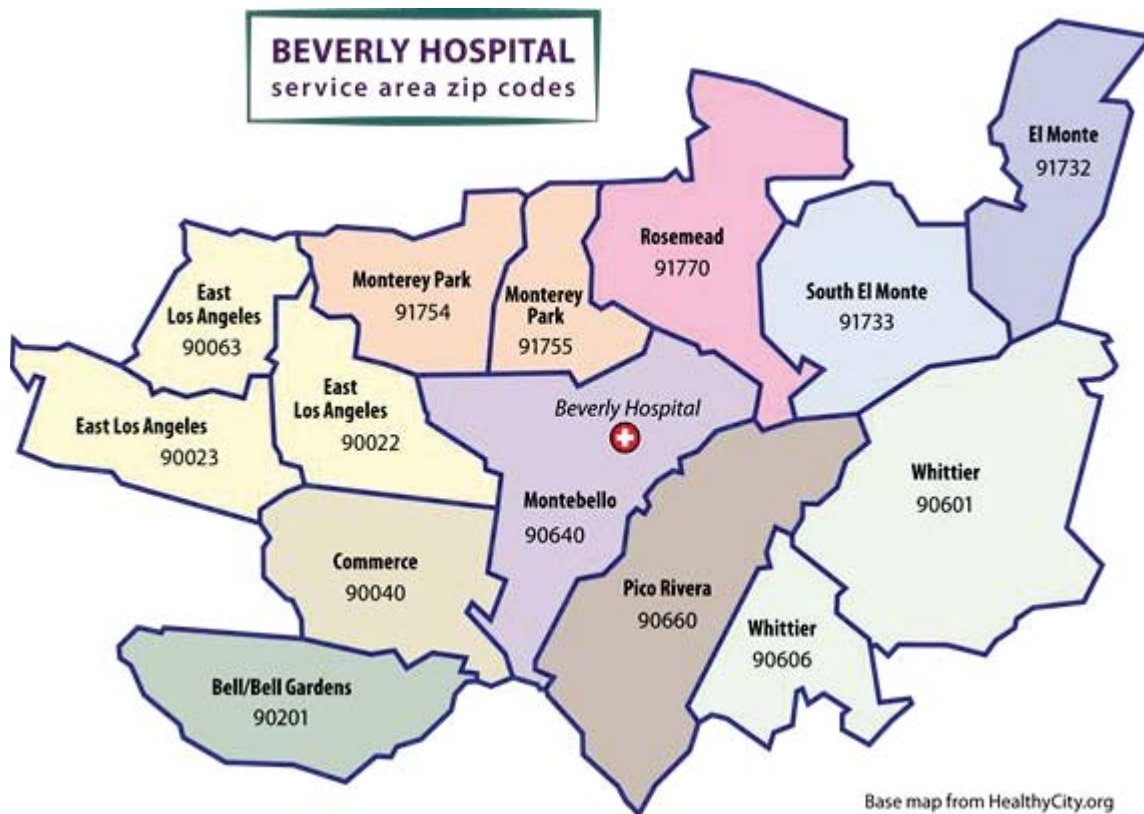
Service Area

Beverly Hospital is located at 309 West Beverly Boulevard, Montebello, California 90640. The service area includes portions of Service Planning Areas (SPAs) 3 (San Gabriel) and 7 (East) in Los Angeles County. The service area includes 14 zip codes, representing 11 cities or neighborhoods. To determine the service area, Beverly Hospital takes into account the zip codes of inpatients discharged from the hospital. The Beverly Hospital service area is presented below by community, zip code and Service Planning Area (SPA).

Beverly Hospital Service Area

Geographic Area	Zip Code	SPA
Bell / Bell Gardens	90201	SPA 7
Commerce	90040	SPA 7
East Los Angeles	90022, 90023, 90063	SPA 7 & 4
El Monte	91732	SPA 3
Montebello	90640	SPA 7
Monterey Park	91754, 91755	SPA 3
Pico Rivera	90660	SPA 7
Rosemead	91770	SPA 3
South El Monte	91733	SPA 3
Whittier	90601, 90606	SPA 7

Map of the Beverly Hospital Service Area



Project Oversight

The Community Health Needs Assessment process was overseen by:

Coral Nakamatsu

Administrative Director of Business Development/Marketing

Beverly Hospital

Lisa Higuera

Community Benefit Intern

Beverly Hospital

Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the Beverly Hospital Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals to develop, implement, and evaluate community benefit programs. www.bielconsulting.com

Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, health care access, birth characteristics, leading causes of death, chronic disease, health behaviors, mental health, substance abuse and preventive practices. Analyses were conducted at the most local level possible for the service area, given the availability of the data. For the purposes of this Needs Assessment, when examining data by SPA, SPA 3 and 7 geographic areas are presented.

Sources of data include the U.S. Census American Community Survey, the California Health Interview Survey, the California Department of Public Health, the California Employment Development Department, the Los Angeles County Department of Public Health, the Los Angeles Homeless Services Authority, the Uniform Data System, the County Health Rankings, the California Department of Education, and others. When pertinent, these data sets are presented in the context of Los Angeles County and California State, framing the scope of an issue as it relates to the broader community.

Secondary data for the hospital 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 included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures Beverly Hospital data findings as compared to Healthy People 2020 objectives. 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.

Primary Data Collection

Targeted interviews and focus groups were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital.

Interviews

Seventeen (17) interviews were completed in June and July, 2016. For the interviews, community stakeholders identified by Beverly Hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have current data or other

information relevant to the health needs of the community served by the hospital facility. Input was obtained from Los Angeles County Department of Public Health officials.

At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Focus Groups

Four focus groups were conducted in July 2016 and engaged 43 persons. The focus group meetings were hosted by trusted community organizations. An agency contact was available to answer any questions at each focus group. At the beginning of each focus group, the purpose of the focus group and the community assessment were explained, the participants were assured their responses would not be attributed to them as responses would be aggregated. One of the focus groups was conducted in Spanish with a bilingual facilitator. The focus group discussions were voice recorded for ease of documenting the discussion.

Before beginning the discussion, the facilitator asked for oral consent from each of the participants that they wished to participate in the focus group and agreed to be voice recorded. The focus group participants were asked to share their perspectives related to topics within the following areas:

- Biggest issues and health concerns facing the community.
- Issues, challenges, barriers faced by community members specific to the identified health needs.
- Special populations or groups that are most affected by a health need.
- Programs and resources available to address the health needs.
- How the hospital can help address the community needs.
- Other comments or concerns.

A list of the stakeholder interview respondents, their titles and organizations, and the focus groups can be found in Attachment 1.

Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews and focus groups. These data were then used to help guide the interviews and focus groups. The needs assessment interviews and focus groups were structured to obtain greater depth and richness of information and build on the secondary data review. During the interviews and focus groups, participants were asked to identify the major health issues in the community, and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and

barriers relative to the significant health needs, and identify potential resources to address these health needs, such as services, programs and/or community efforts. The interviews and focus groups focused on these significant health needs:

- Access to care
- Chronic diseases
- Dental care
- Mental health
- Overweight and obesity
- Preventive practices
- Substance abuse
- Teen pregnancy

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Specifically, cancer incidence rates are not available at a rate more local than Los Angeles County. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Primary data collection and the prioritization process were also subject to limitations. Themes identified during interviews were likely subject to the experience of individuals selected to provide input. The final prioritized list of significant health needs is also subject to the affiliation and experience of the individuals who participated in the prioritization process.

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 to be solicited. In compliance with these regulations, the previous Beverly Hospital Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <http://www.beverly.org/AboutUs/IntheCommunity>. Public comment was requested on these reports. To date, no written comments have been received.

Identification of Significant Health Needs

Review of Primary and Secondary Data

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

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 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 analysis of secondary data yielded a preliminary list of significant health needs, which then 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.

Significant Health Needs

The following significant health needs were determined:

- Access to care
- Chronic diseases (asthma, cancer, diabetes, heart disease and stroke)
- Dental care
- Mental health
- Overweight and obesity
- Preventive practices (screenings and vaccines)
- Substance abuse (drug/alcohol/tobacco use)
- Teen pregnancy

Resources to Address Significant Needs

Through the interviews and focus groups, community stakeholders identified potential community resources to address the significant health needs. The identified community resources are presented in Attachment 2.

Priority Health Needs

The identified significant health needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the identified 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.

Calculations totaling severity and importance scores from the community stakeholder interviews resulted in the following prioritization of the significant health needs:

Each of the stakeholder interviewees was sent a link to an electronic survey (Survey Monkey) in advance of the interview. The stakeholders were asked to rank each identified health need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Overweight and obesity, chronic diseases and mental health had the highest scores in the survey. Dental care had the highest rankings for worsening over time; and substance abuse also rated high on insufficient resources available to address the need.

Significant Health Needs Ranked by Importance Score

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absence of Resources
Access to care	50.0%	37.5%	50.0%
Chronic diseases	77.8%	55.6%	55.6%
Dental care	57.1%	71.4%	71.4%
Mental health	75.0%	62.5%	87.5%
Overweight and obesity	85.7%	50.0%	50.0%
Preventive practices	37.5%	0%	28.6%
Substance abuse	50.0%	25.0%	75.0%
Teen pregnancy	16.7%	16.7%	33.3%

The interviewees were asked to rank order the health needs according to highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Mental health, access to

care and chronic diseases were ranked as the top three priority needs in the service area. The calculations of the community input resulted in the following prioritization of the significant health needs:

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.89
Access to care	3.78
Chronic diseases	3.78
Preventive practices	3.67
Teen pregnancy	3.57
Dental care	3.56
Overweight and obesity	3.22
Substance abuse	3.22

Community input on these health needs is detailed throughout the CHNA report.

Impact Evaluation

In 2013, Beverly Hospital conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy associated with the 2013 CHNA, Beverly Hospital chose to address affordable and accessible services to low-income and uninsured persons; reduction of risk factors for leading causes of death through preventive health education; culturally responsive services focused on the Latino community; senior citizen health promotion; and coordination of services with health care and community service agencies through a commitment of community benefit programs and resources. The evaluation of the impact of actions the hospital used to address these significant health needs can be found in Attachment 3.

Community Demographics

Population

Based on the American Community Survey's 5-year estimate from 2010-2014, the population of the Beverly Hospital service area was 710,992.

Population, 5-Year Estimates, 2010-2014

	Zip Code	Population
Bell / Bell Gardens	90201	102,515
Commerce	90040	12,830
East Los Angeles	90022	69,516
East Los Angeles	90023	45,886
East Los Angeles	90063	54,353
El Monte	91732	63,849
Montebello	90640	63,400
Monterey Park	91754	33,622
Monterey Park	91755	27,305
Pico Rivera	90660	63,686
Rosemead	91770	63,119
South El Monte	91733	43,790
Whittier	90601	34,143
Whittier	90606	32,978
Beverly Hospital Service Area		710,992
Los Angeles County		9,974,203

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05.<http://factfinder.census.gov>

Of the area population, 49.3% are male and 50.7% are female, which is identical to the county percentages.

Population by Gender

	Service Area	Los Angeles County
Male	49.3%	49.3%
Female	50.7%	50.7%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05.<http://factfinder.census.gov>

Children and youth, ages 0-17, make up 25.9% of the population; 69.7% are adults, ages 18-64; and 11.5% of the population are seniors, 65 and over. The median age in the service area is 34.1, lower than the median age in the county of 35.3.

Population by Age

	Service Area	Los Angeles County
0 – 4	7.1%	6.5%
5 – 9	6.9%	6.3%
10 – 14	7.1%	6.5%

	Service Area	Los Angeles County
15 – 17	4.8%	4.2%
18 – 20	4.6%	4.5%
21 – 24	6.4%	6.2%
25 – 34	14.5%	15.3%
35 – 44	14.1%	14.2%
45 – 54	12.8%	13.8%
55 – 64	10.2%	10.9%
65 – 74	6.0%	6.3%
75 – 84	3.8%	3.6%
85+	1.7%	1.7%
2015 Median Age	34.1	35.3

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05.<http://factfinder.census.gov>

When the service area is examined by zip code, Bell/Bell Gardens and East Los Angeles have the largest percentage of youth, ages 0-17. Monterey Park has the highest percentage of residents 65 and older (19.1%).

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

	Zip Code	Youth Ages 0 – 17	Seniors Ages 65+
Bell / Bell Gardens	90201	32.5%	5.9%
Commerce	90040	25.7%	13.8%
East Los Angeles	90022	28.0%	9.9%
East Los Angeles	90023	29.7%	7.8%
East Los Angeles	90063	28.8%	9.6%
El Monte	91732	26.0%	10.1%
Montebello	90640	22.6%	14.9%
Monterey Park	91754	19.9%	19.1%
Monterey Park	91755	15.3%	19.1%
Pico Rivera	90660	25.4%	13.3%
Rosemead	91770	20.0%	15.3%
South El Monte	91733	27.0%	10.4%
Whittier	90601	23.2%	13.5%
Whittier	90606	24.5%	11.2%
Beverly Hospital Service Area		25.9%	11.5%
Los Angeles County		23.5%	11.6%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05.<http://factfinder.census.gov>

Race/Ethnicity

In the service area, 77.3% of the population is Hispanic/Latino; 16.5% of the residents are Asian; 4.8% are White; 0.6% are African American; and 0.9% are American Indian/Alaskan Native or other or multiple race/ethnicity. This is a much higher percentage of Hispanics/Latinos and a much lower percentage of Whites than found at the county level. There are also a higher percentage of Asians and a lower percentage of Blacks than found county-wide.

Race/Ethnicity

	Service Area	Los Angeles County
Hispanic/Latino	77.3%	48.1%
Asian	16.5%	13.8%
White	4.8%	27.2%
Black/African American	0.6%	8.0%
American Indian/Alaska Native	0.2%	0.2%
Native Hawaiian/Pacific Islander	0.1%	0.2%
Other / Multiple	0.6%	2.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05.<http://factfinder.census.gov>

Language

The languages spoken at home by area residents mirror the racial/ethnic make-up of the Beverly Hospital service area communities. Spanish is spoken in the home among 65.1% of the population. English is spoken at home among 18.9% of the population; 15% of the population speak an Asian language; and 1% of the population speaks another language at home.

Language Spoken at Home, Population 5 Years and Older

	Service Area	Los Angeles County
Speaks only English	18.9%	43.2%
Speaks Spanish	65.1%	39.4%
Speaks Asian/Pacific Islander language	15.0%	10.8%
Speak Indo-European language	0.8%	5.4%
Speaks other language	0.2%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02.<http://factfinder.census.gov>

When communities in the service area are examined by zip code, the areas with the highest concentrations of Spanish-speakers are East Los Angeles and Bell/Bell Gardens. The highest concentrations of English-only speakers were in Whittier, and neighborhoods with a high percentage of Asian language speakers include: Monterey Park, Rosemead and El Monte. The highest concentration of Indo-European language speakers (other than Spanish) is found in Montebello.

Language Spoken at Home by Zip Code

	Zip Code	English	Spanish	Asian/Pacific Islander	Indo European
Bell / Bell Gardens	90201	9.3%	89.4%	0.5%	0.2%
Commerce	90040	26.4%	72.6%	0.1%	0.8%
East Los Angeles	90022	14.0%	85.3%	0.5%	0.2%
East Los Angeles	90023	8.0%	91.3%	0.6%	0.1%
East Los Angeles	90063	9.3%	89.6%	1.1%	0.1%
El Monte	91732	14.7%	56.9%	28.0%	0.4%
Montebello	90640	28.8%	57.2%	9.6%	4.1%

	Zip Code	English	Spanish	Asian/Pacific Islander	Indo European
Monterey Park	91754	25.3%	24.2%	49.6%	0.8%
Monterey Park	91755	18.7%	18.6%	61.9%	0.8%
Pico Rivera	90660	25.8%	71.1%	2.2%	0.7%
Rosemead	91770	17.1%	26.5%	55.5%	0.8%
South El Monte	91733	13.2%	67.4%	19.2%	0.2%
Whittier	90601	48.1%	46.9%	2.7%	2.0%
Whittier	90606	36.3%	62.4%	0.7%	0.6%
Beverly Hospital Service Area		18.9%	65.1%	15.0%	0.8%
Los Angeles County		43.2%	39.4%	10.8%	5.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

Limited English Speaking Households

To be identified as a limited English speaking household all household members, 14 years and older, have some difficulty speaking English. In the service area, 23.8% of the households are limited English speaking. Whittier (90601, 90606) have the lowest percentage of limited English speaking households (6.3% and 9.6%). Monterey Park-91755 (31.9%), East Los Angeles-90023 (31.8%) and South El Monte (31.7%) have the highest percentage of limited English speaking households.

Limited English Speaking Households

	Zip Code	Percent
Bell / Bell Gardens	90201	27.8%
Commerce	90040	22.9%
East Los Angeles	90022	24.8%
East Los Angeles	90023	31.8%
East Los Angeles	90063	26.2%
El Monte	91732	29.3%
Montebello	90640	19.9%
Monterey Park	91754	24.3%
Monterey Park	91755	31.9%
Pico Rivera	90660	12.9%
Rosemead	91770	29.4%
South El Monte	91733	31.7%
Whittier	90601	6.3%
Whittier	90606	9.6%
Beverly Hospital Service Area		23.8%
Los Angeles County		14.0%

Source: U.S. Bureau of the Census, 2010-2014 American Community Survey, 5-year average; B16002. <http://factfinder.census.gov>

Social and Economic Factors

Social and Economic Factors Ranking

The County Health Rankings database, social and economic indicators are examined as a contributor to the health of a county's residents. California's 58 counties are ranked according to social and economic factors with 1 being the county with the best factors to 58 for that county with the poorest factors. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and others. Los Angeles County is ranked as 42, in the bottom half of all California counties according to social and economic factors—its lowest ranking in four years.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	42

Source: County Health Rankings, 2015. www.countyhealthrankings.org

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2014, the federal poverty level (FPL) for one person was an annual income of \$11,670 and for a family of four was \$23,850. The Beverly Hospital service area has a higher rate of poverty than Los Angeles County or the state, with 22.6% at or below 100% of the federal poverty level (FPL) versus 18.4% for the county and 16.4% for California. This is mirrored in the percentage of the population below 200% FPL, with the service area being higher (52%) than Los Angeles County (40.9%) and the state (36.4%).

Poverty Levels

	Service Area	Los Angeles County	California
<100% FPL	22.6%	18.4%	16.4%
<200% FPL	52.0%	40.9%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

A view of poverty by zip code shows that the highest rates of poverty among the general population, as well as among children and seniors, are found in East Los Angeles 90023 (31.4% of the general public, 41.8% of children, and 29.5% of seniors live in poverty). Bell/Bell Gardens and the other East Los Angeles zip codes (90022 & 90063) also have very high levels of poverty among all listed age groups. El Monte and South El Monte also show high rates of poverty among the general public and children as compared to other zip codes in the Service Area. Compared to the county and state, the service area has higher rates of poverty in all of the listed age categories.

Poverty Levels of Individuals, Children under Age 18, and Seniors 65+

	ZCTA	Individuals	Children	Seniors
Bell / Bell Gardens	90201	30.0%	40.6%	23.7%
Commerce	90040	18.6%	25.5%	20.3%
East Los Angeles	90022	25.8%	36.0%	19.0%
East Los Angeles	90023	31.4%	41.8%	29.5%
East Los Angeles	90063	26.9%	36.9%	24.2%
El Monte	91732	24.3%	35.2%	16.8%
Montebello	90640	14.7%	21.9%	12.2%
Monterey Park	91754	14.8%	17.6%	15.4%
Monterey Park	91755	18.0%	24.3%	16.1%
Pico Rivera	90660	14.6%	20.1%	11.4%
Rosemead	91770	19.0%	27.5%	14.4%
South El Monte	91733	22.7%	34.4%	12.5%
Whittier	90601	11.3%	15.3%	8.4%
Whittier	90606	11.2%	13.0%	14.1%
Beverly Hospital Service Area		22.6%	31.1%	16.2%
Los Angeles County		18.4%	26.0%	13.4%
California		16.4%	22.7%	10.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

40.6% of adult residents of SPA 3, and 38.2% of SPA 7 adults living below 200% of the Federal Poverty Level reported food insecurity. For SPA 3, this was slightly higher than both the state average of 38.4% and the county level of 39.5%; SPA 7 was slightly below county and state rates.

Food Insecurity, Adults below 200% of Poverty

	Percent
SPA 3	40.6%
SPA 7	38.2%
Los Angeles County	39.5%
California	38.4%

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

Households

In the service area there are 187,371 households and 198,140 housing units. The median household income is \$46,835 and the average (mean) household income is \$58,851. These are lower than for Los Angeles County.

Household Income

	Service Area	Los Angeles County
Median Household Income	\$46,835	\$55,870
Average Household Income	\$58,851	\$82,109

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

When looked at by zip code, the median household income ranges from \$37,082 in East Los Angeles 90022 to \$70,841 in Whittier 90601.

Median Household Income

	ZCTA	Households	Median Income
Bell / Bell Gardens	90201	24,249	\$37,013
Commerce	90040	3,551	\$44,531
East Los Angeles	90022	17,207	\$39,051
East Los Angeles	90023	10,860	\$37,082
East Los Angeles	90063	13,483	\$39,206
El Monte	91732	16,062	\$41,485
Montebello	90640	19,719	\$47,436
Monterey Park	91754	10,514	\$56,767
Monterey Park	91755	8,352	\$52,517
Pico Rivera	90660	16,456	\$56,607
Rosemead	91770	16,906	\$47,078
South El Monte	91733	10,514	\$40,930
Whittier	90601	10,984	\$70,841
Whittier	90606	8,514	\$63,833
Beverly Hospital Service Area		187,371	\$46,835
Los Angeles County		3,242,391	\$55,870
California		12,617,280	\$61,489

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

Households by Type

When households are examined by type, the service area has the highest percentage of family households with children under 18 years old (37.6% of all households) and the highest percentage households with a female as head of household and children (9.9% of all households), but the lowest percent of seniors 65+ living alone (6.8% of all households), when compared with the county and state.

Households by Type

	Total Households	Family Households with Children under 18	Female Head of Household with own Children under 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
Beverly Hospital Service Area	187,371	37.6%	9.9%	6.8%
Los Angeles County	3,242,391	31.3%	7.8%	8.1%
California	12,617,280	32.4%	7.1%	8.6%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

Free or Reduced Price Meals

The percentage of students eligible for the free or reduced price meal program is one indicator of socioeconomic status. In several area school districts, over 90% of the student population are eligible for the free or reduced price meal program, indicating a high level of low-income families; these include Mountain View and El Monte City School Districts and El Monte Union High School District. The majority of the other area districts have over three-quarter of their student body who are eligible. These rates are higher than county and state rates. Meanwhile, Whittier's various school districts include Lowell Joint School District (37.4%), and East Whittier City School District (54.4%), which are the only two districts with levels below county and state levels.

Free or Reduced Price Meals Eligibility

	Percent Eligible Students
Alhambra Unified School District	67.9%
East Whittier City School District	54.4%
El Monte City School District	90.6%
El Monte Union District	91.8%
El Rancho Unified School District	82.6%
Garvey School District	84.6%
Los Angeles Unified School District	75.6%
Lowell Joint School District	37.4%
Montebello Unified School District	86.7%
Mountain View School District	93.5%
Rosemead School District	82.8%
Whittier City School District	79.9%
Whittier Union High School District	68.0%
Los Angeles County	66.5%
California	58.6%

Source: California Department of Education, 2014-2015. <http://data1.cde.ca.gov/dataquest/>

Public Program Participation

Residents in SPA 3 and SPA 7 have higher rates of participation in the WIC and Food Stamp government sponsored public programs as compared to state and county residents. In SPA 3, 40.6% of residents below 200% of the FPL say they cannot afford food and 19.2% utilize food stamps. In SPA 7, 38.2% of residents below 200% FPL cannot afford food and 26.3% utilize food stamps. These rates indicate a considerable percentage of residents who may qualify for food stamps but do not access this resource. WIC benefits are more readily accessed. Among children in SPA 3, 66.4% access WIC, and in SPA 7 59.6% access WIC benefits. Among SPA 3 residents, 5.5% are TANF/CalWorks recipients, which are lower than state and county rates, and 13.2% of SPA 7 residents are TANF/CalWorks recipients, which is higher.

Public Program Participation

	SPA 3	SPA 7	Los Angeles County	California
Not Able to Afford Food (<200%FPL)	40.6%	38.2%	39.5%	38.4%
Food Stamp Recipients (<300% FPL)	19.2%	26.3%	18.7%	18.1%
WIC Usage Among Children, 6 Years & Under*	66.4%	59.6%	53.3%	45.6%
TANF/CalWorks Recipients*	5.5%	13.2%	7.4%	7.1%

Source: California Health Interview Survey, 2014, or * 2012-2014. <http://ask.chis.ucla.edu/>

Unemployment

The unemployment rates of service area cities show a diverse range from 4.4% in South El Monte to 12% in Commerce. Bell (11.1%), El Monte (10.2%), East Los Angeles (9.8%), Bell Gardens (9.5%) and Rosemead (9.5%) all show rates higher than the county rate (8.3%), which is in turn higher than the state (7.5%).

Unemployment Rate, 2014 Average

	Percent
Bell	11.1%
Bell Gardens	9.5%
Commerce	12.0%
East Los Angeles	9.8%
El Monte	10.2%
Montebello	7.1%
Monterey Park	7.4%
Pico Rivera	7.6%
Rosemead	9.5%
South El Monte	4.4%
Whittier	6.5%
Los Angeles County	8.3%
California	7.5%

Source: California Employment Development Department, Labor Market Information, 2014; <http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>

Educational Attainment

Among adults, ages 25 and older, 40.5% of adults lack a high school diploma; this is significantly higher than the county rate of 23.2%. 41.3% of service area adults are high school graduates and 18.3% are college graduates. In Los Angeles County 40% of residents are high school graduates and 36.7% are college graduates.

Educational Attainment of Adults, 25 Years and Older

	Beverly Hospital Service Area	Los Angeles County
Less than 9 th Grade	25.3%	13.6%
Some High School, No Diploma	15.2%	9.6%
High School Graduate	25.4%	20.5%
Some College, No Degree	15.9%	19.5%
Associate Degree	5.4%	6.8%
Bachelor Degree	9.4%	19.5%
Graduate or Professional Degree	3.5%	10.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

High school graduation rates are determined by taking the number of graduates for the school year divided by the number of freshman enrolled four years earlier. The high school graduation rate for LAUSD (70.2%) is lower than the county (77.9%), and state (81%) rates and does not meet the Healthy People 2020 objective of a 82.4% high school graduation rate. All other area districts have higher graduation rates than the county and state, and do meet the Healthy People 2020 objective.

High School Graduation Rates, 2013-2014

	High School Graduation Rate
Alhambra Unified School District	94.0%
El Monte Union District	86.3%
El Rancho Unified School District	90.2%
Los Angeles Unified School District	70.2%
Montebello Unified School District	88.0%
Whittier Union High School District	89.9%
Los Angeles County	77.9%
California	81.0%

Source: California Department of Education, 2013-2014. <http://dq.cde.ca.gov/dataquest/>.

Homelessness

Every two years, the Los Angeles Homeless Services Authority (LAHSA) conducts the Greater Los Angeles Homeless Count to determine how many individuals are homeless on a given day. Data from this survey show an increase in homelessness from 2013 to 2015. In 2015, SPA 3 had an annualized estimate of 3,093 homeless persons and SPA 7 had 3,571 homeless persons. In SPA 3, 81% are individuals and 18.7% of the homeless are families. In SPA 7, 79.3% of the homeless are single adults and 20.2% are families. The percent of unsheltered homeless has dropped in SPA 3 from 2013 to 2015, and risen in SPA 7. The percentage of unaccompanied minors has decreased since 2013.

Homeless Population, 2013-2015 Homeless Count Comparison

	SPA 3		SPA 7		Los Angeles County	
	2013	2015	2013	2015	2013	2015
Total Homeless	2,794	3,093	2,429	3,571	39,463	44,359
Sheltered	48.9%	56.1%	36.9%	25.4%	36.3%	30.1%
Unsheltered	51.1%	43.9%	63.1%	74.6%	63.7%	69.9%
Individual Adults	81.8%	81.0%	78.2%	79.3%	78.9%	81.1%
Family Members	17.4%	18.7%	20.5%	20.2%	18.8%	18.2%
Unaccompanied Minors (<18)	0.8%	0.4%	1.2%	0.4%	2.3%	<1%

Source: Los Angeles Homeless Services Authority, 2013 & 2015 Greater Los Angeles Homeless Count.
<http://www.lahsa.org/homeless-count/results>

Among the homeless population, 29.2% in SPA 3 and 29.4% in SPA 7 are chronically homeless. The rates of chronic homelessness have increased from 2013 to 2015. The homeless in SPA 7 have high rates of substance abuse (43.8%) and mental illness (30.3%). There is a notable increase from 2013 to 2015 in the homeless population with a domestic violence experience, and a decrease in homeless veterans.

Homelessness Subpopulations

	SPA 3		SPA 7		Los Angeles County	
	2013	2015	2013	2015	2013	2015
Chronically Homeless	21.2%	29.2%	20.2%	29.4%	24.5%	34.4%
Substance Abuse	28.7%	23.9%	31.1%	43.8%	31.2%	25.2%
Mental Illness	28.0%	20.3%	28.2%	30.3%	28.0%	29.8%
Veterans	11.8%	7.7%	11.4%	8.0%	11.3%	9.8%
Domestic Violence Experience	9.5%	18.6%	9.0%	25.8%	1.0%	21.4%
Physical Disability	18.8%	18.5%	17.9%	20.7%	8.9%	19.8%
Persons with HIV/AIDS	1.1%	0.9%	1.0%	0.2%	0.6%	0.2%

Source: Los Angeles Homeless Services Authority, 2013 & 2015 Greater Los Angeles Homeless Count.
www.lahsa.org/homelesscount_results

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Crime statistics indicate that most service area cities have lower rates of violent crime than the county or state, with the exception of Commerce, Bell, and Los Angeles (East Los Angeles was not available separately); also, South El Monte has a higher rate than the state, but lower than the county. Commerce had the highest rate of violent crime (859.2 per 100,000 persons) and the highest rate of property crimes (7,748.4 per 100,000 persons). Bell had the second-highest rate of violent crime, at 623.9 per 100,000, and Whittier had the second-highest rate of property crimes, with a distant 2,884.5 per 100,000 persons. Montebello and Pico Rivera also had property crime rates higher than the county and state.

Violent Crimes Rates and Property Crime Rates, per 100,000 Persons, 2012

	Property Crime Rates	Violent Crime Rates
Bell Police Dept.	1,835.7	623.9
Bell Gardens Police Dept.	1,702.2	292.3
Commerce	7,748.4	859.2
El Monte Police Dept.	1,933.1	342.4
Los Angeles Police Dept.	2,269.1	481.1
Montebello Police Dept.	2,793.6	229.8
Monterey Park Police Dept.	1,668.0	122.4
Pico Rivera	2,781.8	407.9
Rosemead	1,670.4	261.6
South El Monte	1,950.9	430.3
Whittier Police Dept.	2,884.5	284.8
Los Angeles County*	2,327.1	446.4
California	2,758.7	423.1

Source: U.S. Department of Justice, FBI, Uniform Crime Reporting Statistics, 2012. www.bjs.gov/ucrdata/index.cfm
<https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/tables/6tabledatadecpdf>

Calls for domestic violence are categorized as with or without a weapon. The domestic violence calls in the service area were primarily *with* weapons. The with weapon call rate (53.9%) in the service area was lower than the county, but higher than state rates.

Domestic Violence Calls, 2014

	Total	Without Weapon	With Weapon
Bell	120	38.3%	61.7%
Bell Gardens	97	93.8%	6.2%
Commerce	44	2.3%	97.7%
El Monte	389	91.5%	8.5%
Montebello	156	30.1%	69.9%
Monterey Park	102	86.3%	13.7%
Pico Rivera	260	25.0%	75.0%
Rosemead	156	37.8%	62.2%
South El Monte	133	21.1%	78.9%
Whittier	257	3.9%	76.1%
Beverly Hospital Service Area	1,714	46.1%	53.9%
Los Angeles County	39,145	34.5%	65.5%
California	158,547	60.9%	39.1%

Source: California Department of Justice, Office of the Attorney General, 2014. <https://oag.ca.gov/crime/cjsc/stats/domestic-violence>

*Data available by city rather than zip code, and East Los Angeles was not listed separately.

Community Input - Social and Economic Factors

Stakeholder interviews and focus groups identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community:

- Socioeconomics is inextricably linked to health. The area has high poverty, a lack of housing and low education levels.
- Sustainable employment equates to accessing health care. We need a lot of jobs for different education levels. There is low education attainment in the service area and not a lot of jobs that are tailored for that.
- There is an increase in homelessness and increasing rising rents, this contributes to poor health as well.
- Residents do not have enough money. They don't have time to exercise and don't have money to buy healthy foods.
- We don't have enough green space. There are not enough parks, and where there are parks, residents feel that it's not safe for them to be there.
- We have a crumbling infrastructure in terms of streets in disrepair, poor lighting and sidewalks crumbling. This doesn't motivate people to go outside of their homes.
- This is a food desert, but you have every fast food you can name and they are all drive through. Aside from mom and pop or liquor stores I can't identify a large market. There is a lack of access to healthy foods.
- The undocumented do not have access to public services like food stamps so they must rely on less healthier choices. The cost is far greater to purchase healthier food.
- We encounter language barriers.

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2020 goal is for 100% insurance coverage for all population groups. While none of the zip codes in the service area meet that goal, some come closer than others. Two of the 14 zip codes have over 80% insured (Whittier 90601 has 84.3% coverage), while five have less than 70% insured (Bell/Bell Gardens has 65.2% coverage). As a whole, the service area has a lower rate of insurance coverage (72.4%) than the county (79.1%) or the state (83.3%).

Health Insurance Coverage by Zip Code

	Zip Code	Percent
Bell / Bell Gardens	90201	65.2%
Commerce	90040	77.4%
East Los Angeles	90022	66.3%
East Los Angeles	90023	65.5%
East Los Angeles	90063	66.4%
El Monte	91732	72.6%
Montebello	90640	76.8%
Monterey Park	91754	82.3%
Monterey Park	91755	79.0%
Pico Rivera	90660	76.8%
Rosemead	91770	77.0%
South El Monte	91733	67.0%
Whittier	90601	84.3%
Whittier	90606	78.5%
Beverly Hospital Service Area		72.4%
Los Angeles County		79.1%
California		83.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2701. <http://factfinder.census.gov>

When looked at by SPA, SPAs 3 (85.9%) and 7 (85.4%) show lower insurance rates than the county (86.7%) and state (88.1%).

Insurance Coverage

	SPA 3	SPA 7	Los Angeles County	California
Insured	85.9%	85.4%	86.7%	88.1%
Uninsured	14.1%	14.6%	13.3%	11.9%

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

22% of the population in SPA 3 and 30.7% in SPA 7 had Medi-Cal coverage. In SPA 3, 42.1% have employment-based insurance, and in SPA 7 it's 40.5%. SPA 3 has a higher percentage of Medicare recipients than SPA 7 or the county.

Insurance Coverage

	SPA 3	SPA 7	Los Angeles County	California
Medi-Cal	22.0%	30.7%	24.4%	22.5%
Medicare Only	1.2%	0.4%	1.4%	1.4%
Medi-Cal/Medicare	4.4%	1.2%	3.7%	3.0%
Medicare & Others	8.0%	6.3%	7.4%	9.0%
Other Public	0.3%	1.9%	0.8%	1.0%
Employment Based	42.1%	40.5%	41.5%	44.8%
Private Purchase	7.8%	4.3%	7.4%	6.4%
No Insurance	14.1%	14.6%	13.3%	11.9%

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

When insurance coverage by SPA was examined by age groups, adults, ages 18-64, had the highest rate of uninsured. Coverage for children was primarily through Medi-Cal and employment-based insurance. Seniors had low rates of uninsured and high rates of Medicare coverage. SPA 7 had the highest rates of uninsured among adults and SPA 3 among seniors and children. The Healthy People 2020 objective is 100% health insurance coverage for children and adults.

Insurance Coverage by Age Group

	Ages 0-17			Ages 18-64			Ages 65+		
	SPA 3	SPA 7	County	SPA 3	SPA 7	County	SPA 3	SPA 7	County
Medi-Cal	41.7%	53.6%	45.5%	18.3%	25.4%	21.0%	6.4%	0.0%	1.8%
Medicare Only	N/A	N/A	N/A	0.3%	0.0%	0.1%	7.4%	4.8%	10.9%
Medi-Cal/Medicare	N/A	N/A	N/A	1.8%	0.6%	1.4%	23.8%	9.5%	23.5%
Medicare & Others	N/A	N/A	N/A	0.0%	0.0%	0.2%	57.4%	76.8%	60.0%
Other Public	0.0%	0.4%	0.8%	0.5%	2.0%	0.9%	0.0%	6.3%	0.6%
Employment Based	45.9%	38.3%	44.4%	49.5%	46.3%	48.0%	2.2%	2.2%	1.4%
Private Purchase	1.8%	2.2%	4.9%	11.7%	5.7%	9.7%	0.0%	0.0%	0.3%
No Insurance	10.6%	5.5%	4.4%	17.8%	20.1%	18.8%	2.9%	0.0%	1.6%

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

Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. Children and seniors are more likely to have a usual source of care in SPA 7 than in SPA 3 or the county. 91.4% of children in SPA 3 have a usual source of care, while in SPA 7 that number is 96.7%. 95.6% of seniors in SPA 7 have a usual source of care, while only 84.5% of seniors in

SPA 3 do. Among adults, 81.1% of SPA 3 adults and 80.9% of SPA 7 adults have a usual source of care, which are both slightly higher than county levels.

Usual Source of Care

	Ages 0-17			Ages 18-64			Ages 65+		
	SPA 3	SPA 7	County	SPA 3	SPA 7	County	SPA 3	SPA 7	County
Usual Source of Care	91.4%	96.7%	90.3%	81.1%	80.9%	79.9%	84.5%	95.6%	92.3%

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

When access to care through a usual source of care is examined by race/ethnicity, Latinos are the least likely to have a usual source of care, followed by Asians, then African Americans; Whites are the most likely to have a usual source of care.

Usual Source of Care by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
African American	87.7%	98.5%	85.6%	86.2%
Asian	79.7%	89.8%	81.8%	85.0%
Latino	78.6%	84.3%	80.8%	81.7%
White	94.1%	95.0%	90.7%	91.0%

Source: California Health Interview Survey, 2012-2014. <http://ask.chis.ucla.edu/>

A doctor's office, HMO, or Kaiser is the usual source of care for 61.9% of SPA 3 and 59.2% of SPA 7 residents. Clinics and community hospitals are the source of care for 19.1% in SPA 3 and 25.5% in SPA 7. The ER is a source of care for a small percentage of area residents (2% of SPA 3).

Sources of Care

	SPA 3	SPA 7	Los Angeles County	California
Dr. Office/HMO/Kaiser	61.9%	59.2%	57.6%	60.7%
Community Clinic/Government Clinic/Community Hospital	19.1%	25.5%	23.6%	23.0%
ER/Urgent Care	2.0%	0.0%	1.7%	1.4%
Other	1.0%	1.6%	0.9%	0.7%
No Source of Care	16.1%	13.7%	16.2%	14.2%

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

14.3% of residents in SPA 3 and 16% of SPA 7 residents visited an ER over the period of a year. In SPA 7, youth visited the ER at the highest rates (22.4%). In SPA 3 seniors (18.6%) visit the ER at the highest rates. In SPA 7 and SPA 6 low-income residents visit the ER at higher rates. SPA 7 residents living in poverty visit the ER at higher rates than found in SPA 3 and the county.

Use of Emergency Room

	SPA 3	SPA 7	Los Angeles County	California
Visited ER in Last 12 Months	14.3%	16.0%	18.0%	18.0%
0-17 Years Old	13.7%	22.4%	21.4%	19.5%
18-64 Years Old	13.4%	12.5%	16.6%	17.3%
65 and Older	18.6%	21.1%	18.5%	18.9%
<100% of Poverty Level	16.4%	22.8%	19.2%	21.7%
<200% of Poverty Level	12.1%	20.0%	18.9%	20.0%

Source: California Health Interview Survey, 2013-2014. <http://ask.chis.ucla.edu/>

Barriers to Care

Adults in the service area experience a number of barriers to accessing care, including cost of care and prescriptions. Adults in SPA 7 reported higher rates of being unable to afford care than SPA 3 or the county, with the exception of prescription medications.

Barriers to Access

	SPA 3	SPA 7	Los Angeles County
Adults Unable to Afford Dental Care in the Past Year	27.7%	33.9%	30.3%
Adults Unable to Afford Medical Care in the Past Year	15.1%	17.8%	16.0%
Adults Unable to Afford Mental Health Care in the Past Year	4.4%	8.1%	6.1%
Adults Unable to Afford Prescription Medication in Past Year	15.6%	15.3%	15.4%
Adults Who Reported Difficulty Accessing Medical Care	31.9%	34.6%	31.7%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2011. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm>

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (Zip Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)¹, 52.0% of the population in the service area is categorized as low-income (200% of Federal Poverty Level) and 21.1% of the population are living in poverty.

There are 31 Section 330 funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area, including: AltaMed Health Services, Garfield Health Center, Queenscare Health Centers, Complete Care Community Health Center, Inc., Clinica Monseñor Oscar A. Romero, Arroyo Vista Family Health Foundation, Herald Christian Health Center, Chinatown Service Center, Asian Pacific Healthcare Venture, Southern California Medical Center, East Valley

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Community Health Center, Inc., Community Health Alliance of Pasadena, JWCH Institute, Friends of Family Health Center, Los Angeles Christian Health Centers, Bienvenidos Community Health Center, Family Healthcare Centers of Greater Los Angeles, Inc., Northeast Community Clinic, Inc., St. John’s Well Child and Family Center, and Central City Community Health Center, Inc..

Even with Community Health Centers serving the area, there are a significant number of low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes have a total of 90,543 patients in the service area, which equates to 24.7% penetration among low-income patients and 12.7% penetration among the total population. From 2012-2014 the clinic providers added 21,079 patients for a 30.3% increase in patients served by Community Health Centers. However, there remain 276,330 low-income residents, approximately 75% of the population at or below 200% FPL that are not served by a Community Health Center.

Low-Income Patients Served and Not Served by FQHCs and Look-Alikes

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
366,873	90,543	24.7%	12.7%	276,330	75.3%

Source: UDS Mapper, 2014. <http://www.udsmapper.org>

Delayed Care

Residents of SPA 7 delayed or did not get medical care (11.4%) when needed at a slightly higher rate than in SPA 3 (10.3%) and also showed a higher rate of delayed and unfilled prescriptions (8.8% vs. 7.5%). Rates of delay were lower in SPA 3 than the county and state.

Delayed Care

	SPA 3	SPA 7	Los Angeles County	California
Delayed or Didn't Get Medical Care In Past 12 Months	10.3%	11.4%	11.7%	11.3%
Delayed / Didn't Get Prescription Meds In Past 12 Months	7.5%	8.8%	7.9%	8.7%

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

Community Input – Access to Health Care

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to access to health care:

- Covered CA has been implemented but people are not enrolling. It’s an access issue, they can’t pay for it. Large concentration of Asians Americans and Latinos are known to not enroll in Covered CA – they do not want to pay for it, or they

don't see a need for insurance. In immigrant communities it's still very prevalent to not see a doctor because you don't think you are sick.

- The main issues with access to care are mistrust of going to a primary care provider and sometimes it tends to be linked to death or having cancer or being sick, so a fear of going and lack of insurance coverage. People are afraid or can't afford cost even though it's supposed to be affordable. They will usually pay the initial fee and then fall off because they can't keep up with the monthly payments. Lack of trust and financial barriers.
- Parents do not understand their children's insurance eligibility or benefits. We have kids who need eye glasses and think they don't have vision coverage– but they do. They just have to call and ask about it. They don't know what is covered in their plans.
- There is access to different services but people are timid about accessing that.
- The undocumented are too scared to access services. In this area it's the Chinese American population and a new surge of low-income Vietnamese moving into the area, as well as a significant Latino population. Seniors are a vulnerable population among the undocumented.
- We are aware of the 211 line and other resources that are available, and patient navigators are in place. But residents often are not aware of these resources. We need to outreach to educate on resources available to the public.
- Uninsured populations will have access to care for the first time. Especially the pre-elderly. A barrier in past was no insurance. It was not affordable even if offered at work. The problem is people don't know how to obtain insurance and access care.
- Health literacy is an issue with access to care. First place some people go is the ED and they use it as a usual source of care. Where do I go when I'm sick? It's not the ED. We need to get that word out. The community needs to see there is more to health care than the ED and other options exist.
- Cultural competency is concern. I don't want to go to doctor because not understand what he says and I don't get treated right. I'm intimidated. Providers have to be culturally competent. Not just speak Spanish but know cultural nuances. Often you aren't dealing with just a patient; often the entire family comes to the appointment.
- Access to bilingual providers is another issue. Beverly is located in a primarily Hispanic Latino community that is heavily Spanish speaking. It is important to be able to speak to your provider in your primarily language – somethings can get lost in the translation.
- Some families have to travel to get to nearest doctor or hospital. Having to rely on public transportation it is very cumbersome to maintain appointments.

- A lot of people have Medi-Cal and Medicare. Fewer and fewer providers are accepting this form of coverage. There are huge wait lists for care or providers have reached limits of how many patients they can serve. Ability to use insurance may be limited.
- Even with the Affordable Care Act, people still can't afford co-payments. But access is improving.
- Seniors don't always understand insurance policies and don't always follow through on resources because they are not aware of the resources in their policy.
- There is a bill pending to allow undocumented to purchase state health insurance at no cost or low cost according to income. Many are undocumented in the area. This would tremendously help a lot of people
- Patients need primary doctors and specialists who speak their language and are within their area. People tend to want to go to doctor who is local.
- Transportation is a barrier to accessing care, especially with the senior population. There is a fee for some services and seniors prefer to not utilize it because of the cost associated with the care.
- Mainly who lack insurance coverage also lack a general education of health problems.

Dental Care

21.7% of children in SPA 3 and 25.7% in SPA 7 had never been to a dentist. No parent interviewed in SPA 3 indicated that their teen had never been to the dentist. In SPA 7, 10% of teens had not been to a dentist. With the exception of SPA 3 teens, these percentages are all higher than the county and state levels.

Dental Care among Children and Teens, 2013-2014

	SPA 3	SPA 7	Los Angeles County	California
Children Never Been to the Dentist	21.7%	25.7%	18.1%	17.7%
Children Been to Dentist Less Than 6 Months to 2 Years	72.0%	74.4%	80.9%	81.2%
Teens Never Been to the Dentist	0.0%	10.0%	2.6%	2.1%
Teens Been to Dentist Less Than 6 Months to 2 Years	95.3%	87.6%	94.9%	94.8%

Source: California Health Interview Survey, 2013-2014. <http://ask.chis.ucla.edu/>
 * = statistically unstable due to sample size

Adults in SPA 7 are less likely to have dental insurance and to be able to afford dental care. 61.2% of SPA 3 adults had been to a dentist within the past year, compared to 57.4% of SPA 7 adults; both rates are lower than the county (64.8%). 33.9% of SPA 7 adults reported being unable to obtain dental care because they could not afford it, vs. 27.7% of SPA 3 adults.

Adult Dental Care

	SPA 3	SPA 7	Los Angeles County
Adults Who Have Dental Insurance that Pays for Some or All of Their Routine Dental Care	49.0%	47.0%	48.2%
Adults Unable to Obtain Dental Care Because They Could Not Afford It	27.7%	33.9%	30.3%
Adults Who Reported Their Last Visit to a Dentist Was Less Than 12 Months Ago *	61.2%	57.4%	64.8%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011.

www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

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

Community Input – Dental Care

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to dental care:

- Access increased for dental care for adult care. Big increase of patients with new Affordable Care Act coverage.
- We often can't get assistance for care for toothaches. Just extract for emergency. No cleaning or care for gum disease is available.
- No access to dentist, our district has USC dental comes to district and we do assessments who needs to see the dentist and they come here and do treatment. Cleaning and cavities.
- There are multiple dental providers in the area but residents lack dental insurance or they don't have money for out-of-pocket dental costs for co-pays.
- In SPA 3 kids are not getting dental care. It is an unmet need particularly in low-income, minority communities.
- Poor dental health affects the heart. Latinos have higher unmet dental health needs largely because the lack of dental insurance. Another instance is that they wait too long to access care. Any infection doesn't bode well for the heart.
- Some insurance policies don't cover dental care. Even private insurance often doesn't cover it.
- Often seniors are forced to put dental expenses on credit. We have lots of dentist in town but people aren't always properly insured for it.
- When diet is poor, consequence is their teeth are deteriorating. Cavities and surgery drinks, need to restore integrity of teeth. There are perhaps more dental clinics than health clinics and cost is far less then health insurance but people tend to wait longer to get help.
- Medi-Cal and Medicare coverage is very minimal and cost of dental care is very high. While people decide whether they want to access dental careit can get even more severe.
- Everyone needs to go to the dentist. People new to Medi-Cal can go to the dentist. They don't know the extent of what is covered.
- Drugs deteriorate teeth.

- Lack of access to affordable dental care and when there is something that pops up in the community as a free resource, it gets overbooked. Education about early dental care. A lot of people don't know how important it is and how much it affects your overall health. Education is key.
- Cost is issue. People do not go to get preventive care, they wait until pain infringes on their lives.

Birth Characteristics

Births

In 2012, there were 10,593 births in the service area; more-recent birth data by zip code is not currently publicly available.

Teen Birth Rate

In 2012, teen births occurred at a rate of 8.8% of total births. This rate is higher than the teen birth rate found in the state (6.2%) and county (6.3%). The highest rates of teen births were found in East Los Angeles (zip code 90063 had a rate of 11.9% of live births, 90022 had a rate of 11.8%, and 90023 had a rate of 10.6%) and Bell / Bell Gardens (zip code 90201 also had a teen birth rate of 11.8% of live births). However, when examining geographic areas with a small occurrence it is important to use caution when drawing conclusions from data as small occurrences may result in high rates.

Births to Teenage Mothers (Under Age 20)

	Zip Codes	Births to Teen Mothers	Live Births	Percent Teen Births
Bell / Bell Gardens	90201	195	1,646	11.8%
Commerce	90040	16	171	9.4%
East Los Angeles	90022	130	1,102	11.8%
East Los Angeles	90023	86	810	10.6%
East Los Angeles	90063	108	904	11.9%
El Monte	91732	99	996	9.9%
Montebello	90640	62	786	7.9%
Monterey Park	91754	13	429	3.0%
Monterey Park	91755	6	521	1.2%
Pico Rivera	90660	60	795	7.5%
Rosemead	91770	37	932	4.0%
South El Monte	91733	69	703	9.8%
Whittier	90601	15	376	4.0%
Whittier	90606	31	422	7.3%
Beverly Hospital Service Area		927	10,593	8.8%
Los Angeles County		8,147	128,512	6.3%
California		30,814	494,332	6.2%

Source: California Department of Public Health, 2012; <https://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

Community Input – Teen Pregnancy

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to teen pregnancy:

- For some teens, low self-esteem, depression, partners that are wrong lead them down the wrong path and they get stuck in these relationships.

- We could focus on prevention if we could get out to more schools and discuss safe sexual practices. But it can be a barrier getting into schools and talking about certain topics.
- Teen pregnancy is prevalent in Hispanics. The rates are decreasing but there is a need for more education.
- Overall levels have dropped but teen pregnancy rates are still concerning. Latino population has relatively high prevalence. We need education on birth control targeted at young women and men. We must educate the family (mom and dad) that birth control is important and to know if their teens are sexually active. For our community that is one of those uncomfortable topics people have trouble discussing even within their own families.
- Impact is being made and the numbers of teen pregnancies have gone down. Montebello Unified and several of the high schools have programs.
- In the South Gate area, STDs always an issue and increase in teen pregnancies. We are going to try to get in schools to do safe sex practices. This leads to drop out rates and other issues.
- Teens do not know how to access resources, to get to clinic or to seek medical advice.
- Because of age group and situation, pregnant teens may drop out of school. They put themselves at a disadvantage when they do not graduate high school.
- Young girls don't know how to parent. If a 14 year-old gets pregnant, her parents might not allow her to stay in the house. They are frightened, happy they are pregnant, but they do not know what it entails and are not emotionally ready.
- Teens don't think about the consequences of unprotected sex. The grandparents take care of the babies while the parents are still in high school or are out working.

Prenatal Care

Pregnant women in the service area entered prenatal care in the first trimester at a rate of 86.4%. This rate of early entry into prenatal care is higher than the LA County rate of 84.9% and the state rate of 83.6%, as well as meeting the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester. Commerce (83.1%) and El Monte (84.0%) had the lowest rates of early prenatal care. Montebello had the highest rate of first trimester prenatal care (88.9%).

On-Time Entry into Prenatal Care (In First Trimester)

	Zip Codes	On-Time Prenatal Care	Live Births*	Percent
Bell / Bell Gardens	90201	1,324	1,561	84.8%
Commerce	90040	128	154	83.1%
East Los Angeles	90022	846	959	88.2%

On-Time Entry into Prenatal Care (In First Trimester)

	Zip Codes	On-Time Prenatal Care	Live Births*	Percent
East Los Angeles	90023	565	655	86.3%
East Los Angeles	90063	653	749	87.2%
El Monte	91732	781	930	84.0%
Montebello	90640	652	733	88.9%
Monterey Park	91754	323	380	85.0%
Monterey Park	91755	366	429	85.3%
Pico Rivera	90660	671	760	88.3%
Rosemead	91770	711	804	88.4%
South El Monte	91733	561	652	86.0%
Whittier	90601	310	361	85.9%
Whittier	90606	352	412	85.4%
Beverly Hospital Service Area		8,243	9,539	86.4%
Los Angeles County		105,257	124,010	84.9%
California		406,080	485,583	83.6%

*Source: California Department of Public Health, 2012; <https://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>
Births in which the age of the mother is unknown are not included in the tabulation.

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The service area rate of low birth weight babies is 6.3% (63.2 per 1,000 live births). This is lower than the county rate (7%) and the state rate (6.8%). The service area meets the Healthy People 2020 objective of 7.8% of births being low birth weight. When examined by zip code, two neighborhoods have a rate that exceeds the Healthy People 2020 objective: East Los Angeles zip codes 90022 and 90023. When examining geographic areas with a small occurrence it is important to use caution when drawing conclusions from data as small occurrences may result in high rates.

Low Birth Weight (Under 2,500 g)

	Zip Codes	Low Birth Weight	Live Births	Percent
Bell / Bell Gardens	90201	108	1,646	6.6%
Commerce	90040	10	171	5.8%
East Los Angeles	90022	89	1,102	8.1%
East Los Angeles	90023	69	810	8.5%
East Los Angeles	90063	45	904	5.0%
El Monte	91732	65	996	6.5%
Montebello	90640	51	786	6.5%
Monterey Park	91754	24	429	5.6%
Monterey Park	91755	30	521	5.8%
Pico Rivera	90660	34	795	4.3%
Rosemead	91770	49	932	5.3%
South El Monte	91733	42	703	6.0%
Whittier	90601	24	376	6.4%

Low Birth Weight (Under 2,500 g)

	Zip Codes	Low Birth Weight	Live Births	Percent
Whittier	90606	29	422	6.9%
Beverly Hospital Service Area		669	10,593	6.3%
Los Angeles County		9,058	128,519	7.0%
California		33,798	494,365	6.8%

Source: California Department of Public Health, 2012; <https://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

Infant Mortality

The infant (less than one year of age) mortality rate in the service area was approximately 3.8 deaths per 1,000 live births, which is lower than the county rate (4.3) and the state rate (4.5 deaths per 1,000 live births). The infant death rate is less than the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

Infant Mortality Rate, 2013

	Infant Deaths	Live Births	Death Rate
Beverly Hospital Service Area	40	10,593	3.8
Los Angeles County	567	131,697	4.3
California	2,348	494,392	4.7

Source: California Department of Public Health, Vital Statistics Query System, 2013 <http://informaticsportal.cdph.ca.gov/chsi/vsq/>; California Health and Human Services Data Portal, 2013 <https://chhs.data.ca.gov/browse?category=Demographics>

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Beverly Hospital Medical Center indicate 88.1% of new mothers use some breastfeeding and 33.2% use breastfeeding exclusively. These rates are lower than the average rate among hospitals in the county and state, particularly for exclusive breastfeeding.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Beverly Hospital	620	88.1%	234	33.2%
Los Angeles County	109,455	92.8%	62,955	53.3%
California	396,602	92.9%	275,706	64.6%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2013 <https://www.cdph.ca.gov/data/statistics/Documents/MO-MCAH-HospitalTotalsReport2013.pdf>

Mortality/Leading Causes of Death

Leading Causes of Premature Death

In Los Angeles County, 42% of people in 2012 died before they reached age 75, with deaths prior to 75 years of age determined by the Los Angeles County Department of Public Health to be premature. In SPA 3 and SPA 7, coronary heart disease was the leading cause of premature death. The only other cause to appear in the top 5 for both SPAs was Liver Disease/Cirrhosis (#2 in SPA 3, and #4 in SPA 7).

Leading Cause of Premature Death, Service Planning Areas 3 & 7, 2012

SPA 3	SPA 7
1. Coronary Heart Disease	1. Coronary Heart Disease
2. Liver Disease / Cirrhosis	2. Motor Vehicle Crash
3. Suicide	3. Homicide
4. Diabetes	4. Liver Disease / Cirrhosis
5. Lung Cancer	5. Stroke

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2015.
<http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt12.pdf>

Death Rate

The overall mortality rate for all causes of death in the service area is 530.0 per 100,000 persons. This is lower than the county rate (583.9 per 100,000 persons) and the state (626.9 per 100,000 persons).

Crude Death Rate per 100,000 Persons, 5-Year Average Total, 2008-2012

	Average Annual Deaths	Rate
Beverly Hospital Service Area	3,768	530.0
Los Angeles County	57,773	583.9
California	236,089	626.9

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012,
<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

Leading Causes of Death

Heart disease, cancer, and stroke are the top three leading causes of death in the service area. When compared to the county and state, the service area has lower death rates for the top three causes of death. The rates of death for diabetes, and for flu and pneumonia were higher in the service area than in the county or state. When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate. Crude rates are subject to wide variation due to variations in median age from zip code to zip code, and from service area to county and state; the service area has a lower median age (34.1 vs. 35.3 for the county and 35.6 for the state) which would be expected to lower the mortality rate for many of the examined causes of death.

Leading Causes of Death, Crude Rate per 100,000 Persons, 5-Year Average, 2008-2012

	Service Area		Los Angeles County	California
	Deaths	Rate	Rate	Rate
Diseases of the Heart	1,006	141.5	162.5	157.1
Cancer	886	124.6	140.1	148.8
Stroke	219	30.8	33.3	35.9
Diabetes	195	27.4	20.9	19.8
Chronic Lower Respiratory Disease/ Chronic Obstructive Pulmonary Disease	169	23.8	29.6	34.7
Pneumonia and Flu	150	21.5	20.9	16.3
Alzheimer's	124	17.4	22.9	28.7

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012, <http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

Heart Disease Mortality

The service area has a rate of death due to heart disease of 141.5 per 100,000 persons, which is lower than the county and state rates. Monterey Park (91754) has the highest rate of death due to heart disease (245.1).

Heart Disease, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate	Median Age
Bell / Bell Gardens	90201	80	78.4	28.2
Commerce	90040	22	171.5	35.2
East Los Angeles	90022	84	120.5	30.5
East Los Angeles	90023	58	126.0	30.2
East Los Angeles	90063	66	120.7	30.9
El Monte	91732	78	121.8	33.7
Montebello	90640	125	196.8	36.1
Monterey Park	91754	82	245.1	41.5
Monterey Park	91755	47	170.7	44.4
Pico Rivera	90660	112	175.2	34.7
Rosemead	91770	99	156.5	40.9
South El Monte	91733	46	104.6	33.7
Whittier	90601	55	161.1	37.4
Whittier	90606	42	161.9	34.6
Beverly Hospital Service Area		1,006	141.5	34.1
Los Angeles County		16,074	162.5	35.3
California		59,177	157.1	35.6

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012,

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Cancer Mortality

The crude death rate for all cancers in the service area is 124.6 per 100,000 persons, which is lower than the county (140.1), state (148.8) and Healthy People 2020 (161.4) rates. Monterey Park (91754) has the highest rate of death due to cancer (218.3).

All Cancers, Crude Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate	Median Age
Bell / Bell Gardens	90201	72	70.0	28.2
Commerce	90040	17	135.6	35.2
East Los Angeles	90022	68	97.8	30.5
East Los Angeles	90023	40	86.7	30.2
East Los Angeles	90063	59	108.5	30.9
El Monte	91732	65	102.4	33.7
Montebello	90640	92	144.8	36.1
Monterey Park	91754	73	218.3	41.5
Monterey Park	91755	53	194.1	44.4
Pico Rivera	90660	105	164.2	34.7
Rosemead	91770	101	159.4	40.9
South El Monte	91733	46	105.5	33.7
Whittier	90601	47	137.7	37.4
Whittier	90606	48	146.8	34.6
Beverly Hospital Service Area		886	124.6	34.1
Los Angeles County		13,861	140.1	35.3
California		56,040	148.8	35.6

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012,

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Stroke Mortality

The crude death rate for stroke in the service area is 30.8 per 100,000 persons, which is again lower than the county (33.3), and state (35.9) rates. Monterey Park (91754) has the highest rate of death, due to stroke, (55.9).

Cerebrovascular Disease (Stroke), Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate	Median Age
Bell / Bell Gardens	90201	14	13.3	28.2
Commerce	90040	4	32.7	35.2
East Los Angeles	90022	22	31.6	30.5
East Los Angeles	90023	12	25.7	30.2
East Los Angeles	90063	13	24.3	30.9
El Monte	91732	17	26.0	33.7
Montebello	90640	21	33.1	36.1
Monterey Park	91754	19	55.9	41.5
Monterey Park	91755	14	50.5	44.4
Pico Rivera	90660	25	39.9	34.7
Rosemead	91770	23	36.1	40.9
South El Monte	91733	11	25.1	33.7
Whittier	90601	13	38.7	37.4
Whittier	90606	12	36.4	34.6
Beverly Hospital Service Area		219	30.8	34.1
Los Angeles County		3,296	33.3	35.3
California		13,528	35.9	35.6

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012,
<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Diabetes

The crude death rate from diabetes in the service area is 27.4 per 100,000 persons, which is higher than the county (20.9) and state rates (19.8). Commerce has the highest rate of death due to diabetes (45.2); however, this is based on an average of only 6 deaths per year, so the rate may be unreliable.

Diabetes, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate	Median Age
Bell / Bell Gardens	90201	18	17.9	28.2
Commerce	90040	6	45.2	35.2
East Los Angeles	90022	21	29.9	30.5
East Los Angeles	90023	16	34.9	30.2
East Los Angeles	90063	18	32.7	30.9
El Monte	91732	12	18.5	33.7
Montebello	90640	24	37.9	36.1
Monterey Park	91754	12	36.3	41.5
Monterey Park	91755	7	26.4	44.4
Pico Rivera	90660	20	31.1	34.7
Rosemead	91770	13	20.9	40.9
South El Monte	91733	11	24.7	33.7
Whittier	90601	7	20.5	37.4
Whittier	90606	10	29.7	34.6
Beverly Hospital Service Area		195	27.4	34.1
Los Angeles County		2,088	20.9	35.3
California		7,373	19.8	35.6

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012,
<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Respiratory (Lung) Disease Mortality

Chronic Lower Respiratory Disease and Chronic Obstructive Pulmonary Disease include emphysema and bronchitis. The crude death rate for respiratory disease in the service area is 23.8 per 100,000 persons, which is lower than the county (29.6) and state rates (34.7). Monterey Park (91754) has the highest rate of death due to lung disease (42.8).

Chronic Lower Respiratory/Chronic Obstructive Pulmonary Disease, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate	Median Age
Bell / Bell Gardens	90201	15	14.2	28.2
Commerce	90040	3	20.3	35.2
East Los Angeles	90022	10	14.1	30.5
East Los Angeles	90023	7	15.7	30.2
East Los Angeles	90063	9	16.2	30.9
El Monte	91732	17	26.6	33.7
Montebello	90640	15	23.0	36.1
Monterey Park	91754	14	42.8	41.5
Monterey Park	91755	10	38.1	44.4
Pico Rivera	90660	18	28.9	34.7
Rosemead	91770	20	32.3	40.9
South El Monte	91733	11	24.7	33.7
Whittier	90601	10	28.1	37.4
Whittier	90606	10	30.3	34.6
Beverly Hospital Service Area		169	23.8	34.1
Los Angeles County		2,927	29.6	35.3
California		13,080	34.7	35.6

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012,
<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Pneumonia and Influenza Mortality

The crude death rate for pneumonia and flu in the service area is 21.5 per 100,000 persons, which is higher than the county (20.9) and state (16.3) rates. Monterey Park (91754) has the highest rate of death (54.7).

Pneumonia/Influenza, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate	Median Age
Bell / Bell Gardens	90201	8	8.0	28.2
Commerce	90040	4	28.1	35.2
East Los Angeles	90022	14	20.7	30.5
East Los Angeles	90023	7	14.4	30.2
East Los Angeles	90063	11	20.2	30.9
El Monte	91732	11	17.2	33.7
Montebello	90640	16	25.2	36.1
Monterey Park	91754	18	54.7	41.5
Monterey Park	91755	11	41.8	44.4
Pico Rivera	90660	13	20.7	34.7
Rosemead	91770	18	28.5	40.9
South El Monte	91733	7	16.9	33.7
Whittier	90601	6	18.2	37.4
Whittier	90606	5	14.6	34.6
Beverly Hospital Service Area		150	21.5	34.1
Los Angeles County		2,067	20.9	35.3
California		6,154	16.3	35.6

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012,

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Alzheimer's Disease Mortality

The crude death rate for Alzheimer's disease in the service area is 17.4 per 100,000 persons, which is lower than the county (22.9) and state (28.7) rates. Whittier (90606) has the highest rate of death from Alzheimer's disease (32.7).

Alzheimer's Disease, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate	Median Age
Bell / Bell Gardens	90201	6	5.5	28.2
Commerce	90040	3	23.4	35.2
East Los Angeles	90022	10	14.4	30.5
East Los Angeles	90023	4	8.3	30.2
East Los Angeles	90063	7	13.2	30.9
El Monte	91732	8	12.8	33.7
Montebello	90640	18	28.4	36.1
Monterey Park	91754	11	32.1	41.5
Monterey Park	91755	5	19.0	44.4
Pico Rivera	90660	16	24.5	34.7
Rosemead	91770	11	17.1	40.9
South El Monte	91733	4	10.0	33.7
Whittier	90601	10	29.9	37.4
Whittier	90606	11	32.7	34.6
Beverly Hospital Service Area		124	17.4	34.1
Los Angeles County		2,263	22.9	35.3
California		10,794	28.7	35.6

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012.

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Chronic Disease

Health Status

Among the residents in SPA 3, 21.4% rate themselves as being in fair or poor health, whereas in SPA 7 it's 19.4%. The level of fair or poor health increases among seniors in SPA 3, where 41.3% of seniors have a self-rated fair or poor health status; this is much higher than the reported county and state rates. 17.3% of seniors in SPA 7 consider themselves to be in fair/poor health, which is lower than county and state rates.

Health Status, Fair or Poor Health

	SPA 3	SPA 7	Los Angeles County	California
Fair or Poor Health	21.4%	19.4%	19.3%	17.0%
18-64 Years Old	23.7%	26.0%	22.0%	19.3%
65+ Years Old	41.3%	17.3%	31.4%	27.9%

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

Disability

28.2% of adults in SPA 3 and 26.8% in SPA 7 had a physical, mental or emotional disability. Disabled persons in both SPAs (30.4% in SPA 3 and 27.8% in SPA 7) were far less likely to report having health insurance than disabled persons in the county (72.5%) and state (86.5%).

Population with a Disability

	SPA 3	SPA 7	Los Angeles County	California
Adults with a Disability	28.2%	26.8%	28.6%	28.9%
Disabled Persons with Health Insurance	30.4%	27.8%	72.5%	86.5%

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

Asthma

The population diagnosed with asthma in SPA 3 is 13.1%, and in SPA 7 11.4% has asthma. Among those with asthma, 34.1% in SPA 3, and 39.6% in SPA 7 take medication to control their symptoms. Among youth in SPA 3, 16.7% have been diagnosed with asthma, while only 6.2% of youth in SPA 7 have.

Asthma

	SPA 3	SPA 7	Los Angeles County	California
Diagnosed with Asthma, Total Population	13.1%	11.4%	12.1%	14.1%
Diagnosed with Asthma, 0-17 Years Old	16.7%	6.2%	12.4%	14.9%
ER Visit in Past Year Due to Asthma, Total Population	6.5%	28.0%	15.0%	11.8%
ER Visit in Past Year Due to Asthma, 0-17 Years Old	13.7%	21.7%	23.5%	18.2%
Takes Daily Medication to Control Asthma, Total Population	34.1%	39.6%	45.8%	44.6%
Takes Daily Medication to Control Asthma, 0-17 Years Old	13.6%	60.3%	44.4%	41.7%

Source: California Health Interview Survey, 2012-2014. <http://ask.chis.ucla.edu/>

Diabetes

Diabetes is a growing concern in the community. 12% of adults in SPA 3 and 12.4% in SPA 7 reported they have been diagnosed with diabetes. For adults with diabetes, 66.6% in SPA 3 and 52.6% in SPA 7 were very confident they can control their diabetes.

Adult Diabetes

	SPA 3	SPA 7	Los Angeles County	California
Diagnosed Pre/Borderline Diabetic	10.6%	12.9%	8.8%	10.5%
Diagnosed with Diabetes	12.0%	12.4%	10.0%	8.9%
Very Confident to Control Diabetes	66.6%	52.6%	56.9%	56.5%
Somewhat Confident	23.5%	45.4%	33.7%	34.7%
Not Confident	9.9%	2.0%	9.3%	8.8%

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

Rates of diabetes reported by Latino (13.5%) and White (14.3%) residents of Service Planning Areas 3 & 7 were higher than rates for those groups at county and state levels. Rates reported by African Americans (13%) and Asians (6.8%) were lower than the county, and in the case of Asians, lower than the state as well.

Adult Diabetes by Race/Ethnicity

	SPA and SPA 7	Los Angeles County	California
African American	13.0%	16.9%	12.4%
Asian	6.8%	10.0%	9.4%
Latino	13.5%	11.0%	10.0%
White	14.3%	7.1%	7.7%

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

Heart Disease

For adults in SPA 3, 5.6% have been diagnosed with heart disease, and 5.5% of SPA 7 adults have been diagnosed with heart disease. Among these adults, 50.3% in SPA 3, but only 33.7% in SPA 7 are very confident they can manage their condition, despite the fact that they are more likely to report that they have a management care plan than SPA 3 residents (79.4% vs. 67.2%).

Adult Heart Disease

	SPA 3	SPA 7	Los Angeles County	California
Diagnosed with Heart Disease	5.6%	5.5%	5.3%	5.9%
Very Confident to Control Condition	50.3%	33.7%	51.7%	54.4%
Somewhat Confident to Control Condition	38.8%	42.5%	37.2%	35.6%
Not Confident to Control Condition	10.9%	23.9%	11.0%	10.0%
Has a Management Care Plan	67.2%	79.4%	66.6%	72.2%

Source: California Health Interview Survey, 2012-2014; <http://ask.chis.ucla.edu/>

SPAs 3 and 7 reported a higher rate of heart disease among Whites (9.1%) and Asians (4.6%) than were claimed at the state or county level; rates were lower for area African Americans (4.2%) and Asians (4.9%) than for their county and state counterparts.

Adult Heart Disease by Race/Ethnicity

	SPA 3 and SPA 7	Los Angeles County	California
African American	4.2%	7.1%	5.2%
Asian	4.9%	6.3%	5.6%
Latino	4.6%	3.9%	4.0%
White	9.1%	8.0%	8.1%

Source: California Health Interview Survey, 2012-2014; <http://ask.chis.ucla.edu/>

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In SPA 3, 29.8% of adults reported having been diagnosed with high blood pressure, while in SPA 7, 20.8% of adults have been diagnosed with high blood pressure. Of these, 69.9% in SPA 3 and 60.2% in SPA 7 reported taking medication for their high blood pressure.

High Blood Pressure

	SPA 3	SPA 7	Los Angeles County	California
Diagnosed with High Blood Pressure	29.8%	20.8%	27.3%	28.5%
Takes Medication for High Blood Pressure	69.9%	60.2%	67.2%	68.5%

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

Whites (36.7% in SPA 3 and 37.1% in SPA 7) and Latinos (27.1% in SPA 3 and 26.3% in SPA 7) report higher rates of high blood pressure diagnoses than at the county and state levels. African Americans (40.6% in SPA 3 and 38.8% in SPA 7) and Asians (22.1% in SPA 3 and 19.1% in SPA 7) report lower levels than county and state.

Adult High Blood Pressure by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
African American	40.6%	38.8%	42.6%	39.2%
Asian	22.1%	19.1%	24.1%	21.6%
Latino	27.1%	26.3%	24.1%	24.4%
White	36.7%	37.1%	29.3%	30.5%

Source: California Health Interview Survey, 2011-2014. <http://ask.chis.ucla.edu/>

Cancer

Cancer incidence rates are available at the county level. In Los Angeles County, cancer levels are lower overall, than at the state level; however, the colorectal cancer rate (39.5 per 100,000 persons), uterine cancers, (25.6 per 100,000), thyroid cancer (13.1 per 100,000) and ovarian cancer, (12.2 per 100,000) exceed the state rates.

Cancer Incidence, Age-Adjusted, per 100,000 Persons, 2009-2013

	Los Angeles County	California
Cancer, All Sites	398.0	418.0
Breast (female)	116.5	121.7
Prostate (males)	114.2	119.0
Lung & Bronchus	40.0	46.6
Colon & Rectum	39.5	38.3
Uterine ** (females)	25.6	24.4
Non-Hodgkin Lymphoma	18.5	18.7
Urinary Bladder	16.4	18.2
In Situ Breast (female)	13.8	28.9
Melanoma of the Skin	13.3	21.1
Kidney and Renal Pelvis	13.3	14.3
Thyroid	13.1	12.3
Leukemia *	12.2	12.6
Ovary (females)	12.2	11.9
Pancreas	11.4	11.6

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2009-2013
<http://www.cancer-rates.info/ca/> * = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri

HIV/AIDS

In 2013, 155 cases of HIV/AIDS were diagnosed in SPA 3 for a rate of 9 per 100,000 persons, and 148 cases were diagnosed in SPA 7, with a rate of 11 per 100,000 persons. The rate of HIV/AIDS diagnosed in 2013 has decreased from 2012, and rates of diagnosis of HIV/AIDS are about half what is seen county-wide.

Rates of new diagnoses are highest among males, young adults 20-29, and Blacks/African Americans. 83% of the new cases were reportedly via male-to-male sexual contact, 10% via heterosexual sex, and 7% were cases where IV drug use was implicated.

HIV/AIDS Diagnoses, Number and Rate per 100,000 Persons, 2011 – 2013

	2011		2012		2013	
	Number	Rate	Number	Rate	Number	Rate
SPA 3	153	9	176	10	155	9
SPA 7	178	14	159	12	148	11
Los Angeles County	1,997	20	2,012	20	1,820	18

Source: County of Los Angeles, Public Health, 2014 Annual HIV / STD Surveillance Report
<http://publichealth.lacounty.gov/dhsp/Reports/HIV-STDsurveillanceReport2014.pdf>

Sexually Transmitted Diseases

In the service area, SPA 7 has higher rates of chlamydia, gonorrhea and early syphilis than does SPA 3, though their rates are lower than for the county in general. Of the three listed STDs, only Chlamydia in SPA 7 approaches county levels.

Females ages 20-24 have the highest rates of Chlamydia, males ages 20-29 have the highest rates of Gonorrhea, and males ages 25-34 have the highest syphilis rates. Blacks/African Americans have the highest rates of the listed sexually transmitted infection.

STD Cases, Rate per 100,000 Persons, 2014

	SPA 3	SPA 7	Los Angeles County
Chlamydia	394	530	551
Gonorrhea	73	93	154
Early Syphilis (Primary/ Secondary or Early Latent)	12	16	26

Source: County of Los Angeles, Public Health, 2014 Annual HIV / STD Surveillance Report
<http://publichealth.lacounty.gov/dhsp/Reports/HIV-STDsurveillanceReport2014.pdf>

Teen Sexual History

92.6% of area teens reported that they had never had sex; this was a higher rate of abstinence than seen at the county (78.4%) or state levels (82.9%). All of the teens that admitted to having had sex reported their first encounter as after the age of 15. Of those youth who had sex, only 23.4% had been tested for an STD, which is lower than the rates of testing reported at the county (36.7%) and state (31.7%) levels.

Teen Sexual History

	SPA 3 and SPA 7	Los Angeles County	California
Never Had Sex	92.6%	78.4%	82.9%
First Encounter Under 15 Years Old	0.0%	10.7%	7.6%
First Encounter Over 15 Years Old	7.4%	10.9%	9.5%
If Had Sex, Tested for STD in Past Year	23.4%	36.7%	31.7%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu/>

Hospitalization and ER Rates by Principal Diagnoses

At Beverly Hospital, the top five primary diagnoses resulting in hospitalization are digestive system, circulatory system, respiratory system, pregnancy and symptom diagnoses.

Hospitalization Rates by Principal Diagnosis

	Beverly Hospital Percent
Digestive System	13.0%
Circulatory System	12.8%
Respiratory System	10.8%
All Pregnancies	8.9%
Symptoms	8.2%
Births	8.1%
Infections	7.7%
Injuries/Poisonings/Complications	5.7%
Genitourinary System	5.1%
Endocrine System	4.7%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2014. http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

A look at the ER principal diagnoses indicates that 'symptoms' and injuries/poisonings/complications are the top two primary diagnoses presenting at the ER, followed by respiratory system, musculoskeletal system and genitourinary system diagnoses.

Emergency Room Rates by Principal Diagnosis

	Beverly Hospital Percent
Symptoms	26.0%
Injuries / Poisonings / Complications	18.3%
Respiratory System	8.3%
Musculoskeletal System	8.2%
Genitourinary System	6.1%
Nervous System	4.9%
Digestive System	4.1%
Skin Disorders	4.0%
Mental Disorders	3.7%
All Pregnancies	2.5%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2014. http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

Community Input – Chronic Disease

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to chronic disease:

- Obesity is a strong predictor of diabetes. What we find in this community is that Latinos with diabetes tend to have more diabetes related complications with more limb loss, more vision loss, more kidney failure, all related to diabetes. Latinos tend to access the health care system when their disease is in the later stages. They have more diabetes-related complications because they access health care in the later stages of the disease.
- Lot of clients have these chronic disease issues and they don't always take it too seriously. A challenge for clients is being motivated to go see doctor and when they are feeling better, to keep seeing the doctor and continue taking their medications.
- Asthma is a multitude of problems: lack of access to care, access to medications, a home environment that is not conducive to being asthma free, triggers like rodents and cockroaches.
- We have a lot of kids with diabetes and asthma in the schools. Diabetic kids fortunately have doctors so we can take care of them in the schools. The kids do well until 5th grade and then when they go to intermediate school and high school, the behavior changes. Making them be compliant becomes a bit more difficult. For asthma they have medications and it's controlled. A major problem is diabetic kids, there are so many in our district. I have been here for 15 years and have seen an increase in the past 7 years.
- Air pollution leads to asthma and individuals in more polluted areas are getting high blood pressure as well.
- In the El Monte area, rates of diabetes are high. Causes of death are related to chronic disease coronary health disease, lung disease, COPD, so it's an issue that needs to be addressed.
- Asthma is on the rise in general. See more of that among children but also adult onset asthma.
- Latinos tend to do better than non-Hispanic Whites with cancer.
- Many chronic diseases are tied to diet. We need preventive care, access to healthy foods more fruits and vegetables and farmer's markets. Poor high-need areas have more fast food chains. Fast food is overrepresented in poorer communities because that may be viewed as affordable.
- There is lead in the Vernon area, the soil is contaminated. People who live in the area are being made aware of the problem. Lead has devastating effects on early childhood development and kids' behavior once they go to school.
- It used to be unheard of that high school kids would have diabetes, but now it's getting more common.

- For the Hispanic community that frequents our facility, even if there are preventive health screenings they aren't taking advantage of it. There is a lack of knowledge of preventive screenings. Many males say they have never had colon cancer screening because they do not want to go to doctor for that.
- Main issue is lack of education. Barriers of culture, afraid of taking medication and keeping appointment with doctor and keeping diet beneficial for the patient.
- People lack the education of how to take care of themselves and different meal preparations, what foods not to eat. Also, conflict with tradition – tradition is hard to change.
- Some patients don't feel a sense of urgency. Chronic diseases do not really impact them until it's advanced. There are so many conflicting priorities in their lives they tend to neglect addressing these chronic conditions that worsen over time.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California’s 58 counties are ranked from 1 (healthiest) to 58 (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 17 puts Los Angeles County in the top 50% of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	17

Source: County Health Rankings, 2015. www.countyhealthrankings.org

Overweight and Obesity

33.7% of adults, 16.6% of teens, and 17.8% of children in SPA 3 are overweight; in SPA 7 it’s 35.3% of adults, 19.8% of teens and 14.1% of children. Area children under 12 years of age are more likely to be overweight than county or state children.

Overweight

	SPA 3	SPA 7	Los Angeles County	California
Adult (18+ Years)	33.7%	35.3%	35.2%	35.4%
Teen (Ages 12-17)	16.6%	19.8%	19.2%	17.2%
Child (Under 12)	17.8%	14.1%	12.7%	12.5%

Source: California Health Interview Survey, 2011-2014. <http://ask.chis.ucla.edu/>

The Healthy People 2020 objectives for obesity are 30.5% of adults aged 20 and over, and 16.1% of teens. SPA 3 is meeting these objectives, but SPA 7 is falling short, with 31.6% of adults and 22.2% of teens obese; these rates are higher than both county and state.

Obesity

	SPA 3	SPA 7	Los Angeles County	California
Adult (Ages 20+ Years)	24.3%	31.6%	25.9%	25.8%
Teen (Ages 12-17 Years)	15.1%	22.2%	14.9%	14.9%

Source: California Health Interview Survey, 2011-2014. <http://ask.chis.ucla.edu/>

Adult overweight and obesity by race and ethnicity in area SPAs indicate almost three-quarters of the adult population among African-Americans and Latinos, and well over half of Whites, are overweight or obese. Asians have the lowest rates of overweight

and obesity, though SPA 7 Asians report higher rates than at the county and state levels. In all cases, SPA 7 shows higher rates over overweight and obesity than SPA 3.

Adults, 20+ Years of Age, Overweight and Obesity by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
African American	73.3%	83.1%	75.8%	74.2%
Asian	36.8%	45.1%	39.3%	40.6%
Latino	71.2%	71.5%	72.0%	73.5%
White	59.6%	64.1%	55.2%	58.1%

Source: California Health Interview Survey, 2011-2014. <http://ask.chis.ucla.edu/>

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 or at health risk (overweight/obese). In two area school districts, over half of 5th grade students tested as needing improvement or at health risk from body composition; these were Mountain View and Alhambra School Districts. Among 9th graders the rates were generally improved, with the exception of Montebello Unified, where 9th graders were actually more likely to be overweight or obese than their 5th grade counterparts. Many area districts showed higher rates of unhealthy body compositions than county or state rates.

5th and 9th Graders, Body Composition, Needs Improvement + Health Risk

	Fifth Grade	Ninth Grade
Alhambra Unified School District	57.0%	30.0%
East Whittier City School District	44.9%	N/A
El Monte City School District	49.8%	N/A
El Monte Union H.S. District	N/A	44.9%
El Rancho Unified School District	49.3%	40.2%
Garvey School District	37.2%	N/A
Los Angeles Unified School District	49.8%	45.6%
Lowell Joint School District	32.9%	N/A
Montebello Unified School District	38.3%	43.6%
Mountain View School District	53.5%	N/A
Rosemead School District	35.6%	N/A
Whittier City School District	49.1%	N/A
Whittier Union High School District	N/A	39.8%
Los Angeles County	44.0%	39.0%
California	40.3%	36.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2014-2015. <http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Fast Food

Adults, ages 18-64, consume fast food at higher rates than children, 0-17. SPA 7 has higher rates of fast food consumption among adults when compared to SPA 3 and the county and state. 34.7% of adults and 16.4% of children in SPA 7 consume fast food 3 or more times a week, compared to 27.8% of SPA 3 adults and 16.9% of SPA 3 children.

Fast Food Consumption, 3 or More Times a Week

	SPA 3	SPA 7	Los Angeles County	California
Adult, Aged 18-64, Fast Food Consumption	27.8%	34.7%	26.8%	23.9%
Children and Youth, 0-17 Years of Age, Fast Food Consumption	16.9%	16.5%	16.4%	14.9%

Source: California Health Interview Survey, 2011-2014.; <http://ask.chis.ucla.edu/>

Soda Consumption

The percentage of adults who consume seven or more sodas in a week is higher in SPA 7 (14.1%) than in SPA 3 (9.6%), the county (10.2%), or the state (10.1%).

Adults Average Weekly Soda Consumption; 7 or more

	SPA 3	SPA 7	Los Angeles County	California
Adult Soda Consumption	9.6%	14.1%	10.2%	10.1%

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

Fruit Consumption

Teens in SPA 7 (49.4%) are slightly more likely to eat two or more servings of fruit a day than in SPA 3 (45.4%), though children 0 to 11 are slightly less likely to do so (67.6% vs. 68.2%). Teens overall are less likely to eat two or more servings of fruit a day than children.

Consumption of Fruit, Two or More Servings a Day, Children and Teens

	SPA 3	SPA 7	Los Angeles County	California
Children, 0 - 11	68.2%	67.6%	67.6%	69.8%
Teens, 12 - 17	45.4%	49.4%	54.9%	56.0%

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

Access to Fresh Produce

Among adults, 18 years and older, 91.7% in SPA 3, and 88.4% in SPA 7 indicated that they can find fresh produce (fruits and vegetables) in their neighborhood usually or always. While it's less common in SPA 7, it still exceeds county and state rates.

Adults who Reported Always or Usually Finding Fresh Produce in Neighborhood

	SPA 3	SPA 7	Los Angeles County	California
Adults, 18+ Years Old	91.7%	88.4%	85.5%	86.7%

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

Physical Activity

Many area children and teens (19.6% in SPA 3 and 13.5% in SPA 7) spend over five hours in sedentary activities after school on a typical weekday, and 28.6% in SPA 3 and 20% in SPA 7 spend over 8 hours a day on sedentary activities on weekend days. In addition, 12.9% of SPA 3 and 10.3% of SPA 7 teens were reported to spend no days during the week being physically active for at least one hour. 64.2% of SPA 3 and 84.7% of SPA 7 teens had been to a park, playground or open space in the past month.

Physical Activity

	SPA 3	SPA 7	Los Angeles County	California
5+ Hours Spent On Sedentary Activities After School On a Typical Weekday - Children and Teens	19.6%	13.5%	11.2%	11.4%
8+ Hours Spent On Sedentary Activities On a Typical Weekend Day - Children and Teens	28.6%	20.0%	25.2%	22.8%
Teens No Physical Activity in a Typical Week	12.9%	10.3%	9.4%	8.6%
Teens Visited Park/Playground/Open Space in Past Month	64.2%	84.7%	69.9%	71.9%

Source: California Health Interview Survey, 2013-2014; <http://ask.chis.ucla.edu/>

Community Input – Overweight and Obesity

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to overweight and obesity:

- Healthy food is not available 24-7, and it is also very costly to eat healthy food. People come to us because cannot find food. That comes with not having jobs often those programs that do provide food do not always have healthy food.
- Unhealthy foods in vending machines and fast food locations are quicker to purchase versus go to the grocery store and cook. Vending machines – we have a health initiative and now only offer foods with certain guidelines. People used to want soda and salty chips, and chocolate bars. It was in their best interest but some don't understand what they are always putting in their mouth – especially kids.
- Safety is an issue, areas of gangs and graffiti on walls, so not going out and walking or going to parks. Parents don't let their kids go to the park, or let them out because of gang issues. City does good job of dealing with it but it is still an issue.

- Grocery stores have mostly left our neighborhood. We have stores that don't offer healthy choices. Ralph's used to be here, now the store's produce section doesn't look as appealing as Ralph's used to. We have four 7-11s in Pico Rivera. Kids left at home, parents working and kids are making their own food choices. They go to the local corner market or 7-11 convenience store and buy chips, soda and other junk food.
- It's a matter of education. Two things that drive life expectancy are decreasing smoking and obesity.
- We need accessible, good healthy food.
- People want something quick and easy and fast food is everywhere. When people have to work 40 hours, it doesn't leave much time for exercise. Obesity doesn't discriminate.
- A lot families work two jobs; it's hard when they come home they are tired, the kids have homework and it's easy to get drive-through McDonald's.

Mental Health

Mental Health

Among adults, 7.1% in SPA 3 and 9.2% in SPA 7 experienced serious psychological distress in the past year. 14.4% of adults needed help for mental health and/or alcohol and problems in SPA 3 and 21.9% in SPA 7. 9.8% of adults in SPA 3 saw a health care provider for their mental health and/or alcohol and drug issues in the past year, while in SPA 7 it was 12.2%.

7.8% of adults in SPA 3 and 8.5% in SPA 7 had taken a prescription medication for at least two weeks for an emotional or mental health issue in the past year. Almost half the adults in SPA 7 (47.9%) and 43.3% of adults in SPA 3 who needed help for an emotional or mental health problem did not receive treatment. The Healthy People 2020 objective is for 64.6% of adults with a mental disorder to receive treatment, which equates to 35.4% or fewer who do not receive treatment.

Mental Health Indicators, Adults

	SPA 3	SPA 7	Los Angeles County	California
Adults who had Serious Psychological Distress During Past Year	7.1%	9.2%	9.6%	7.7%
Adults who Needed Help for Emotional-Mental and/or Alcohol-Drug Issues in Past Year	14.4%	21.9%	18.0%	15.9%
Adults who Saw a Health Care Provider for Emotional/Mental Health and/or Alcohol-Drug Issues in Past Year	9.8%	12.2%	13.0%	12.0%
Has Taken Prescription Medicine for Emotional/Mental Health Issue in Past Year	7.8%	8.5%	9.2%	10.1%
Sought/Needed Help but Did Not Receive Treatment	43.3%	47.9%	43.2%	43.4%

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

Among teens, 22.1% in SPA 3 needed help for emotional or mental health problems, which is higher than the county (19.1%) and state (19.8%) rates; it was lower in SPA 7, at 15.3%. Frequent mental distress was reported during the past month by 4.7% of SPA 3 teens, compared to only 0.4% of SPA 7 teens.

Mental Health Indicators, Teens

	SPA 3	SPA 7	Los Angeles County	California
Teens Who Needed Help for Emotional or Mental Health Problems in Past Year	22.1%	15.3%	19.1%	19.8%
Teens Who Had Serious Psychological Distress During the Past Month	4.7%	0.4%	4.9%	4.2%

Source: California Health Interview Survey, 2011-2014. <http://ask.chis.ucla.edu/>

Community Input – Mental Health

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to mental health:

- Frequently insurance does not cover all mental health issues.
- High school kids have a lot of anxiety, and self-diagnosed depression.
- For Asian Americans in the San Gabriel Valley one of the major concerns is that mental health be culturally appropriate. It is still a very taboo issue. Large stigma, lack of resources to address it. Very difficult topic to handle culturally.
- El Monte Health Neighborhood can see that there is clear need to address mental health issues. Resources are insufficient in the area, lack of providers and not enough providers that have the cultural and linguistic competency to address the different ethnic populations in the area.
- Depression and anxiety and traumatic events in childhood if not followed up with appropriately can cause a lot of problems down the line. If taken care of and supported at the time it would reduce the cost of everything that follows. Department of mental health is in the process of forming health neighborhoods to make access to care easier by educating providers and get them involved in networks.
- There is a stigma associated with mental health issues and seeking mental health care. It is considered a source of shame. It's a hidden problem that is often addressed through self- medicating. Often with alcohol. the biggest barrier is getting over that myth and stigma and educating people that it is ok to reach out and see a mental health specialist.
- Depression for older adults is not a normal part of aging, neither is anxiety. It should be addressed by a provider, and it's not about getting a pill.
- A lot of people don't seek help. Their family tradition is they can handle things themselves or there is no help available. Nursing homes do not take people with mental disabilities. To find resources to help them is difficult. Need access to insurance.
- We don't often make connection with trauma and impact on mental health and subsequent impact on academic achievement and long term economic opportunities.
- Need to look at suicide rates and young adult population and intervene early. Challenges we encounter are that some insurance policies don't adequately cover mental health. Laws exist even on the federal level to make it an issue of parity, it is a health issue. People still do not understand what mental illness is.
- Among the homeless a high percentage suffers with mental illness and a lot of veterans have PTSD.

- Depression is more prevalent now than ever before. People are more comfortable sharing that they are having issues, which is a step in the right direction.
- Community itself is not receptive to the word mental health. Think you are crazy, something is wrong with you.
- Stigma. Getting better but still it's you're crazy and you have to go to a psychologist, something in your head. A lot of my clients are dual diagnosis and I can see before they would never talk about it. It wouldn't come up in group now it does "my therapist said this" – that barrier of silence is breaking down.
- Substance abuse and mental health are sisters. Often parents were abusers themselves and children learn what they see. Some can go their own way some can get away from it, others cannot.

Substance Abuse

Cigarette Smoking

The 2013-2014 California Health Interview Surveys indicated that in SPA 3, 11.2% of adults smoke cigarettes, while 10.6% of adults in SPA 7 are current smokers. The Healthy People 2020 objective for cigarette smoking among adults is 12%.

Cigarette Smoking, Adults

	SPA 3	SPA 7	Los Angeles County	California
Current Smoker	11.2%	10.6%	11.7%	12.2%
Former Smoker	16.9%	18.8%	21.4%	22.8%
Never Smoked	71.9%	70.6%	66.8%	64.9%

Source: California Health Interview Survey, 2013-2014. <http://ask.chis.ucla.edu>

Among teens in SPA 3 and SPA 7, none who were interviewed claimed to currently smoke cigarettes, although 10.9% of SPA 3 teens and 7.3% of SPA 7 teens indicated that they had smoked an e-cigarette.

Smoking, Teens

	SPA 3	SPA 7	Los Angeles County	California
Current Cigarette Smoker	0.0%	0.0%	2.3%	2.1%
Ever Smoked an e-Cigarette	10.9%	7.3%	11.3%	10.3%

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

Alcohol and Drug 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, 28.8% in SPA 3 and 37.9% in SPA 7 had engaged in binge drinking in the past year. SPA 7 showed higher levels of binge drinking than found in the county (31.5%) and state (32.6%).

Binge Drinking, Adults

	SPA 3	SPA 7	Los Angeles County	California
Adult Binge Drinking Past Year	28.8%	37.9%	31.5%	32.6%

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

More than twice as many teens in SPA 3 (30.2%) as SPA 7 (14.2%) reported having tried alcohol. While more SPA 3 teens had also tried illegal drugs (13.3% vs. 10% for SPA 7), levels were lower than county (15.2%) and about the same as state (13.2%) levels. More SPA 3 teens have also used marijuana in the past year (9.9%) than SPA 7 (6.7%), but fewer than L.A. County (10.2%).

Teen Alcohol and Illegal Drug Use

	SPA 3	SPA 7	Los Angeles County	California
Teen Ever Had an Alcoholic Drink	30.2%	14.2%	27.3%	26.4%
Ever Tried Illegal Drugs, Including Marijuana, Cocaine, Sniffing Glue Or Others*	13.3%	10.0%	15.2%	13.2%
Use of Marijuana in Past Year*	9.9%	6.7%	10.2%	9.2%

Source: California Health Interview Survey, 2011-2014 & 2011-2012 (*); <http://ask.chis.ucla.edu/>

Community Input – Substance Abuse

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to substance abuse:

- Spice came out a few years ago and it's awful, you can buy it at the liquor store and have delusions.
- Retailers are selling to minors and a big issue is parents providing alcohol at home. The misconception is they are drinking at home and I have an eye on them.
- In high school alcohol and drugs are rampant.
- School does education but it is commonly accepted that certain substances are ok.
- Decrease in cigarette smoking but increase in e-cigarettes, flavorful, very dangerous and not enough regulation around it. Smoking cigarettes has increased in Asians (among Chinese and Koreans it is increasing). The tobacco companies are targeting those populations.
- Very common to see that people cannot provide food for themselves but they can always provide alcohol. Addiction is addiction. Can't buy food – but drugs, alcohol always around. Affordable, always a liquor store around the corner, very accessible.
- We don't have sufficient resources for this issue. SPA 3 the drug and alcohol use is generally lower than Los Angeles County average, but still feel there are not enough substance abuse providers to address all the issues. Important that we have providers that are culturally and linguistically competent and we do not have enough in the area. Part of Healthy Neighborhood project is that we can refer through our shared network.
- Another stigma issue. USC and UCLA did inventory of substance abuse programs for older adults and found that most are not targeted to older adults. Funded by department of mental health, most are methadone clinics. Again issue of education.
- Alcohol is sometimes normalized in the Latino population, it's normal for men to drink and to drink a lot.
- Use of alcohol use leads to falls in the elderly – this is often the beginning of a downward spiral and it ends in death.

- Huge issue. Tobacco use has gone down but drugs and alcohol are huge issues. Vaping and e-cigarettes is also an issue. Use of pain medication is an epidemic. Doctors are prescribing and not being monitored and kids are getting access to parents' medications.
- Heroin is becoming a big issue again. From legal standpoint, it is impossible to put everyone in jail so we need to be more effective in how we respond to this.
- Spice is now replacing meth use.
- Less people smoking from what I can see. Seeing some substance abuse in the parks.
- Easy to get drugs. Even in school it's very available. Schools try to not let it happen, but the ratio of kids to adults is not very high. With pot card, it's just too easy. Some kids start with cocaine or meth as their gateway drugs.
- Most frequent substance use would be smoking, opiate abuse, and pain medications. People are addicted to them.
- Because we have done such a good job with instituting policies like no smoking in restaurants, we are still making headway with tobacco cessation. But since we have been so successful, not as much attention has been focused on it and now there are not enough resources and information in appropriate languages, especially on the dangers of e-cigarettes.

Preventive Practices

Flu and Pneumonia Vaccines

Residents of SPA 3 are more likely to get flu shots, in every age group, than in SPA 7 or the county. Seniors tend to receive flu vaccines at higher rates than adults or children; however, only SPA 3 seniors met the 70% Healthy People 2020 goal, which applies to all age groups.

Among area seniors, 71.3% in SPA 3 and 68.4% in SPA 7 had received a flu shot. Adults received flu shots at the lowest rate – 35.1% in SPA 3 and 29.9% in SPA 7. Among children 6 months to 17 years of age, 53.9% of children in SPA 3 but only 37.9% in SPA 7, received a flu shot.

Flu Vaccine

	SPA 3	SPA 7	Los Angeles County	California
Received Flu Vaccine, 65+ Years Old	71.3%	68.4%	69.7%	72.7%
Received Flu Vaccine, 18-64	35.1%	29.9%	32.5%	37.4%
Received Flu Vaccine, 6 Months-17 Years Old	53.9%	37.9%	47.8%	53.7%

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

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 59.5% of queried seniors in SPA 3 and 60.9% in SPA 7 reported having obtained a pneumonia vaccine, which does not meet the Healthy People 2020 objective.

Pneumonia Vaccine, Adults 65+

	SPA 3	SPA 7	Los Angeles County
Adults 65+, Had a Pneumonia Vaccine	59.5%	60.9%	62.0%

Source: Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm#M>

Immunization of Children

Among area schools, rates of compliance with childhood immunizations upon entry into kindergarten are above state (92.9%) and county (91.4%) averages, with the exception of LAUSD (85.6%). Rosemead School District has the highest rate, at 99.7%.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2015-2016

	Percent
Alhambra Unified School District	96.9%
East Whittier City School District	96.5%
El Monte City School District	99.1%
El Rancho Unified School District	98.4%
Garvey School District	98.3%

	Percent
Los Angeles Unified School District	85.6%
Lowell Joint School District	93.1%
Montebello Unified School District	97.7%
Mountain View School District	99.0%
Rosemead School District	99.7%
Whittier City School District	92.4%
Los Angeles County	91.4%
California	92.9%

Source: California Department of Public Health, Immunization Branch, 2015-2016.
<https://www.cdph.ca.gov/programs/immunize/Pages/ImmunizationLevels.aspx>

Mammograms

The Healthy People 2020 objective for mammograms is that 81.1% of women 50-74 years to have a mammogram in the past two years. In SPA 3, 76.7% of women in the target demographic have had a mammogram, and in SPA 7, 76.5% have; both are just slightly less than the county rate of 77.3% of women aged 50-74.

Pap Smears

The Healthy People 2020 objective for Pap smears in the past three years is 93% of 21-65 year olds to be screened. In SPA 3, 81.2% of women have had a Pap smear, and in SPA 7, 85.9% of women 21-65 have had a Pap smear in the past three years.

Women Mammograms and Pap Smears

	SPA 3	SPA 7	Los Angeles County
Women 50-74 Years, Had a Mammogram in Past Two Years	76.7%	76.5%	77.3%
Women 21-65; Pap Smear in Past Three Years	81.2%	85.9%	84.4%

Source: Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm#M>

Colorectal Cancer Screening

The Healthy People 2020 objective for colorectal cancer screening is 70.5% of 50-75 year olds to be screened. SPA 3 (75.0%) exceeded this screening objective the last time the question was asked (2009), while SPA 7 fell just short, at 68.2%. Of adults advised to obtain screening, 65.6% in SPA 3 and 57.2% in SPA 7 were compliant at the time of the recommendation.

Colorectal Cancer Screening, Adults 50 to 75 years old

	SPA 3	SPA 7	Los Angeles County	California
Screening Sigmoidoscopy, Colonoscopy or Fecal Occult Blood Test	75.0%	68.2%	74.0%	76.6%
Compliant with Screening at Time of Recommendation	65.6%	57.2%	65.3%	67.2%

Source: California Health Interview Survey, 2009. <http://ask.chis.ucla.edu/>

Community Input – Preventive Practices

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to preventive practices:

- Screenings are key to any and all health issues.
- Every location has flu shots, etc. they offer it for free. We have a free clinic here but our numbers have decreased in the last three years. In talking to the community, we asked why it's been decreasing and they said it's because they were getting immunizations at doctor's office for free.
- Challenges to vaccines are misconceptions of vaccines and their side effects, goes hand in hand with distrust.
- Beliefs of the parents that can be a barrier for vaccinations. Personal and religious beliefs impact vaccine rates.
- Very common to see primary prevention for blood pressure, stroke, blood sugar, etc. at health fairs. We all need to do better on that follow-up piece. They are getting screened and show an issue, and then what is the process of going to get follow-up care?
- There are a lot of providers that give low cost and free vaccines in SPA 3. Community clinics provide screenings and vaccines.
- Access is much better right now. Vaccines are free or low cost. Preventive services with the Affordable Care Act are much easier to access.
- Parents not wanting their kids to be immunized due to myths is still an issue but not as bad as it has been. Some cultures don't trust government with immunizations. For some African Americans, very few will access immunizations even though we bring it to them and it's free.
- Residents don't understand importance of prevention versus being sick before seek medical attention.

Attachment 1. Community Interviewees and Focus Groups

Community input was obtained from public health professionals, representatives from organizations that represent medically underserved, low-income, or minority populations, and community residents.

Interviews

Name	Title	Organization
Joseph Alvarado	Management Analyst	Mexican American Opportunity Foundation
Janine Andrade	Director	Montebello Senior Center
Karina Barragan	Director of Resident Services Programs	TELACU Residential Management, Inc.
Dr. Evelyn Castro-Guillen	Chief Operating Officer	The Whole Child
Andres Centeno	District Nurse	El Rancho Unified School District
Mica Garcia	Site Director for Benevolence Program	Los Angeles Food Bank
Cevadne Lee	Multicultural Initiatives Director	American Heart Association/American Stroke Association
Heidi Lopez	Community Liaison Public Health Nurse	Los Angeles County Department of Public Health
Cristin Mondy	SPA 3 Area Health Officer	Los Angeles County Department of Public Health
Aurora Nweapauwa	School Nurse	Montebello Unified School District
Lizet Olmos	Supervisor, City of Pico Rivera	Pico Rivera Department of Parks and Recreation
Dr. Miguel Rodriguez	Endocrinologist, Internal Medicine	Beverly Hospital
Kathy Salazar	Executive Director	MELA Counseling Services
Tonio K. Sandoval	Community Liaison Public Health Nurse Supervisor SPA 7	Los Angeles County Department of Public Health
Alexandra Tostes	Director of Operations	Salvation Army - Bell Shelter
Alfonso Vega	Vice President of Health Services Administration	AltaMed
Dr. Valentine Villa	Professor, School of Social Work; Director, Applied Gerontology Institute	California State University, Los Angeles

Focus Groups

Agency Host	Date	Participants	Description of Group
Montebello-Commerce YMCA	7/6/16	7	Members of the community
Beverly Women's Health Clinic	7/12/16	5	Young mothers and pregnant women
Mexican American Opportunity Foundation	7/13/16	19	Spanish speaking members of the community
TELACU Del Rio	7/13/16	12	Seniors

Attachment 2. Community Resources

Community resources to potentially address the identified significant health needs 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 LA County at <https://www.211la.org/>.

Significant Health Needs	Community Resources
Access to care	Community Health Centers Dream Center Los Angeles County Department of Public Health Salvation Army San Gabriel Valley Health Consortium TELACU
Chronic diseases	American Cancer Society American Diabetes Association American Heart Association CareMore Community Health Centers Food bank Local parks and recreation programs Partners in Care
Dental care	AltaMed Community Health Centers Senior Centers USC School of Dentistry, mobile dental clinic
Mental health	Caring Connections Community Health Centers El Monte Health Neighborhood Enki Mental Health Los Angeles County Department of Mental Health MELA Counseling NAMI Schools and school districts Senior Centers YWCA San Gabriel Valley
Overweight and obesity	Activate Whittier Community Health Centers Farmer's Markets Playful City USA WIC
Preventive practices	Community Health Centers Health Care Partners

	Pharmacies (for flu shots)
Substance abuse	Alcoholics Anonymous LA CADA LA County Sheriff's Department Narcotics Anonymous Pico Rivera Tobacco group
Teen pregnancy	Best Start Child Care Alliance of Los Angeles Community Health Centers First 5 LA Los Angeles County Public Health Departments MAOF Planned Parenthood WIC

Attachment 3. Impact Evaluation

Beverly Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2013 Community Health Needs Assessment. Beverly Hospital chose to address affordable and accessible services to low-income and uninsured persons; reduction of risk factors for leading causes of death through preventive health education; culturally responsive services focused on the Latino community; senior citizen health promotion; and coordination of services with health care and community service agencies. To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs since the completion of the 2013 CHNA.

Affordable and accessible services to low-income and uninsured

Financial assistance: the hospital provided financial assistance through free and discounted care for health care services, consistent with Beverly Hospital's financial assistance policy. To address health care access issues, they also offered information and enrollment assistance in the Covered California health care exchange and other low-cost insurance programs. The hospital also partnered with the Center for Health Care Rights (CHCR) to provide information about Medicare Benefits updates.

Transportation: provided transportation support for those patients and families who may not be able to access needed care due to a lack of transportation.

Immunizations: the hospital offered free childhood immunizations for newborns to age 18 years old. Additionally, the hospital provided free flu immunizations for adults annually.

Reduction of risk factors for leading causes of death

Diabetes Center: accredited by the American Association of Diabetes Educators, the center provided free diabetes education on prevention, management and treatment of diabetes to the community, counseling to mothers who developed gestational diabetes during their pregnancies, and hosts diabetes awareness events, providing diabetes education, glucose screenings, and nutrition classes to participants 18 years and older.

KidsFit program: this 12-week family-focused program helped overweight and obese children develop good eating and exercise habits; the program was held in partnership with the Montebello -Commerce YMCA. The exercise program was geared to three age groups: pee wees (ages 6 to 8 years), juniors (ages 9 to 11 years), and teens (ages 12 to 18 years) and includes the parent or family member during all nutrition sessions.

CPR Classes: classes will continue to be offered for the community including students, parents, coaches, teachers from the Montebello, Los Nieto, El Rancho, and Whittier School Districts.

Cardiac Awareness: Cardiac lectures included information about conditions, risk factors, prevention, and response to cardiac emergencies. A variety of free screening tests were provided at the hospital health fair, including Ankle Brachial Index, Carotid Artery, Cholesterol and Blood pressure screenings.

Preventive Health Lectures: the hospital partnered with specialty physicians to provide health lectures for the community focused on Stroke Prevention, Healthy Nutrition, Depression, Prostate Cancer, Cardiac and Diabetes Care.

Exercise Classes for seniors: specialized exercise classes for seniors included Balance and Agility, Chair Aerobics, Zumba and Hula Dancing were offered on a monthly basis by certified training instructors.

Nutrition Classes: the hospital partnered with the East Los Angeles Network for Healthy California to provide nutrition classes for the community.

Breastfeeding Education: The hospital participated in the Baby-Friendly Hospital Initiative (BFHI), which is a global program sponsored by the World Health Organization to encourage breastfeeding as a best practice in Nutrition for newborns. The hospital implemented a full training program that includes lactation consultants, nursing training, patient education, support groups, and more.

Free and low-cost breast and cervical cancer screenings: through hospital-based clinics, Beverly Hospital offered Breast and Cervical Cancer screenings at low and no-cost for women through the Family PACT and Every Woman Counts programs.

Preventive Screenings: Blood pressure and Glucose screenings and education were provided at community sites, including Montebello Town Center, Montebello Senior Center, Pico Rivera Senior Center, Pico Rivera Women's Club, senior villas and local churches.

Culturally responsive services focused on the Latino community

Health Lectures in Spanish: established a Spanish Speakers Panel to provide health education lectures in Spanish language.

Health education materials in Spanish: we reviewed educational materials used in all

programs to ensure that Spanish literature is translated properly and uses quality illustrations appropriate for the Latino community.

Bilingual Classes: continued to provide free maternity, parenting classes, Infant CPR, Diabetes, and Senior classes in English and Spanish, and expanded programs to different locations to increase accessibility to the community.

Family-oriented approach: the hospital worked collaboratively with agencies to provide more education that addresses family behavioral health and preparation of family members for different stages of life, especially related to parenting and elderly care.

Senior citizen health promotion

Caregiver Support Groups: provided Caregiver Support Groups for those who care for a family member or friend over the age of 60.

Health education: lectures for seniors were offered. Topics include: Advanced Directives, Savvy Caregiver Workshops, AARP Safety Driving Classes, Dementia, among others.

Screenings: blood pressure, glucose screenings and other health promotion activities were expanded to more locations in the community to make them more accessible to the senior population.

Flu Immunizations: provided flu shots to seniors by the outreach nurses through health fairs and walk-in clinics hosted by the hospital during flu season.

Coordination of services with health care and community service organizations

SPA 7 Community Partnership: the hospital participated in collaborative community meetings to extend outreach efforts and develop opportunities for coordination of services with participating organizations.

Family-oriented Programs: developed new partnerships with agencies to provide more education on behavioral health related issues using a family-centered approach.

Pregnant Minors' program education: in collaboration with Montebello Unified School District, the hospital provided education to teens on abstinence, birth control, sexually transmitted diseases and pregnancy prevention. The hospital also provided clinical support to the school district focused on early pregnancy care, pregnancy counseling and prenatal care.

Community Health Fairs: participated in community health fairs, provided health education, screenings and information about services. Partnerships for the health fairs included: YMCA, Montebello Unified School District, El Rancho Unified School District, Montebello Senior Club, Pico Rivera Women's Club, Senior Centers, Montebello City, Chambers of Commerce, and others.

TB Testing: provided TB tests for the Montebello Police Department, the Firefighters Association, the Montebello School District Head Start Program and other organizations.