



White Memorial Medical Center

2016 Community Health Needs Assessment



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White Memorial Medical Center 2016 Community Health Needs Assessment

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Acknowledgements: White Memorial Medical Center would like to acknowledge and thank all of our community partners that collaborated with us in the development of this Community Health Needs Assessment. We would also like to extend our sincere gratitude to our external consultant for their work in conducting and documenting this CHNA.

Executive Summary

White Memorial Medical Center

Empowering our communities

White Memorial Medical Center would like to thank you for the opportunity to work with our communities to conduct a formal Community Health Needs Assessment to learn about pressing health needs, identify community assets, and hear from all members of the community. This CHNA will help White Memorial Medical Center develop strategies to address the priority needs of the communities we serve. The goals of this assessment are to:

- Engage public health and community stakeholders including low-income, minority, and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors, and social determinants that impact health
- Identify community resources and collaborate with community partners to develop collective strategies
- Use findings to develop and implement a 2016-2019 Community Health Plan (implementation strategy) based on the Hospital's prioritized issues

Partnering with our communities for better health

While conducting the CHNA we solicited feedback and input from a broad range of stakeholders. Contributors to our CHNA process included:

- Asian Pacific Community Fund
- Center for the Study of Latino Health and Culture, UCLA School of Medicine
- Church of the Resurrection
- Dolores Mission
- Council District 14, City of Los Angeles
- LA Unified School District
- Los Angeles County Department of Health Services
- Los Angeles County Department of Mental Health
- Mexican American Opportunity Foundation
- QueensCare
- Second Street Elementary School
- The California Endowment
- The Wellness Center at the Old General Hospital
- Weingart East Los Angeles YMCA

Data Sources

Secondary data sources included publicly available state and nationally recognized data sources. Data on key health indicators, morbidity, mortality, and various social determinants of health were collected from the Census, Centers for Disease Control and Prevention, Community Commons, Nielsen, and various other state and federal databases. In addition, to validate data and ensure a broad representation of the community White Memorial Medical Center conducted key informant interviews and focus groups. Questions focused on use of and access to healthcare services, visions of a healthy community, and priority community health needs.

Process and criteria

In August 2016, HC² Strategies, Inc. facilitated a strategy meeting with WMMC's Community Benefit Board to review the results of the CHNA and determine the priority needs that the hospital will address, over the next three years. Following a review of the draft CHNA, the CHNA committee was instructed to use the following factors when deciding on priority health needs:

- Input from members or organizations of medically underserved, low-income, or minority populations
- Community assets and internal resources for addressing needs
- Evaluation of latest Community Health Plan

Participants were also asked to consider the following criteria and provided with time to ask questions of the facilitators:

Suggested criteria for selecting priority needs

Severity	Solution could impact multiple problems
Magnitude	Feasibility of intervention
Opportunity to intervene at population level	Availability of evidence –based approaches
Opportunity for partnership	Importance to community
Addresses disparities of subgroups	Identified community need
Existing resources and programs to address problem	Mission alignment and resources of hospital

During a facilitated session, members were asked to select their top three health needs from a poster with needs identified through conducting the CHNA. The exercise was repeated until consensus was reached on the top three priority health needs.

Needs Identified from CHNA

Domain	Identified Need
Social and Economic Factors	Education
	Homelessness
	Poverty
Health System	Access to healthcare
	Integrated care
	Increased collaboration with partners
	Culturally appropriate services
Health Status and Outcomes	Chronic diseases
	Mental health and substance abuse services
	Physical activity and nutrition
Physical Environment	Safe and green places to play
	Access to healthy foods

White Memorial Medical Center Top Priority Health Needs for 2016-2019

- Access to healthcare and education
 - Intervention efforts to include maternal and child health, workforce development, and senior care
- Chronic disease management
 - Intervention efforts to include diabetes, asthma, cardiovascular, respiratory illness, and access to healthy foods
- Mental health and substance abuse services

Making a difference: Results from our 2013 CHNA

Adventist Health wants to ensure that our efforts are making the necessary changes in the communities we serve. In 2013, we conducted a CHNA and the identified needs and accomplishments were:

Maternal and Child Health

- Through the Welcome Baby Program, WMMC provided Baby Basics class held the 2nd Thursday of every month; conducted home visits; participated in community health fairs with a baby care booth; and provided community educational classes accounting for 2,354 encounters.

- Through the Family Focus program, WMMC provided programs that included Natural Nursing, Lactation Clinic, Child Birth (Lamaze) Class, “We Care” Baby Care, and Infant CPR and Safety; accounted for 1,722 encounters.
- Through the Cecilia Gonzalez De La Hoya Cancer Center, WMMC provided breast cancer prevention classes and conducted weekly Spanish language breast cancer support groups for 1,746 encounters.
- Child participants in the Healthy Eating and Lifestyle Program (H.E.L.P.) are expected to maintain their weight and achieve a decrease in body mass index as they grow. H.E.L.P. has provided education and services to 318 individuals; 87% of participants, both child and adult, have maintained or reduced BMI by the end of the program. 95% of participants, child/parent pair, have attended all H.E.L.P. classes during the program.

Chronic Disease Management

- WMMC provided 3,210 free breast and prostate cancer screenings to the community at health fairs, mobile screening events, and at community clinics.
- Through the Cecilia Gonzalez De La Hoya Cancer Center, WMMC provided 2,000 cancer detection diagnostic screenings at no cost for those with no health coverage in our community.
- Through the Diabetes Program, WMMC provided community outreach and education programs that support those who have been diagnosed with diabetes or are at-risk for diabetes helping them and their families manage their diabetes accounting for 1,062 encounters.
- WMMC provided 1,167 free glucose screenings for those that might be at risk for diabetes during Diabetes Alert Day, National Diabetes Awareness Month, and health fair screenings for juvenile diabetes, and through community participation in the Type 1 Diabetes TrialNet Clinical Trial Program.
- Through the Community Information Center, Diabetes Program and Dietary Program offered community wellness programs including fitness, nutrition education classes, cooking classes, and free apples to promote healthy eating provided service and education to 7,165 members of our underserved community.
- Each month WMMC provided hot meals at the Dolores mission serving 792 homeless men and women.
- In 2015, The Center for Limb Preservation & Advanced Wound Care at White Memorial Medical Center was opened offering a unique, multidisciplinary, cutting-edge approach for patients at high risk for foot and leg amputation along with advanced outpatient treatment for non-healing foot or lower-extremity wounds.

Respiratory Illness

- Partnered with the American Heart Association for the annual Sidewalk CPR event at WMMC to educate the community on CPR procedures for adults, children, and infants. Included hands on training with the use of multiple simulator mannequins of various ages. 97 community members participated.
- Provided pulmonary rehabilitation to 90 participants to promote health improvement.
- Sponsored and participated in the Fight for Air Stair Climb in downtown Los Angeles to promote respiratory health among community residents and provided information on prevention and treatment of respiratory illness.
- Provided a smoking cessation program to the community.
- Participated as primary partner in Boyle Heights 5K to promote respiratory health and wellness in the community.
- Partnered at Bridge to Health fair with BreatheLA and provided simple spirometry to assess lung function and diagnose asthma, chronic obstructive pulmonary disease, and other conditions that affect breathing. Additionally, the WMMC Better Breathers Club had 25 participants.
- WMMC is a smoke free campus.
- Expanded the walking path around the WMMC campus promoting exercise and organized weekly walking groups.

Access to Health Care and Education





- Provided on-site enrollment services to 1,927 individuals for state-funded insurance plans including Medicare, Covered California Enrollments, and Medi-Cal.
- Expanded transportation services for those in need of a ride to and/or from the hospital for over 12,520 patients including 4,113 one-way trips, 8,226 roundtrips, and 172 maternity tours to WMMC and provided \$65,406 low-cost or free parking to those accessing health care services on our campus
- Provided 1,633 taxi vouchers and 2,098 bus tokens to those in need of a ride home from WMMC.
- Increased community awareness of health services offered, wellness classes, and upcoming health fairs and screenings through “Health and Wellness Community Calendar.” Held the 6th Annual “Bridge to Health” Community Health and Wellness Fair in Mariachi Plaza in conjunction with the Boyle Heights 5K, and sponsored and participated in multiple community health fairs for 2,459 participants.
- Established clinics in the community to provide access and WMMC expanded access to medical care by bringing 29 new primary care and 45 new specialty care physicians onto our medical staff in response to our federal designation as a medically underserved area.

- Over 190 homeless men and women who live under the bridges in our community were provided with clothing, food, and water by WMMC volunteers.
- Workshops for 126 homeless and battered women were conducted at the House of Ruth to promote self-esteem and confidence and reduce depression; meals were provided monthly.

Senior Care

- Provided senior health improvement activities and workshops, health checks, and fitness outings to promote activity and wellness in the senior community accounting for 4,523 encounters.
- WMMC in partnership with local YMCA provided senior health workshops and fitness activities accounting for 642 encounters.
- In 2009, WMMC partnered with the Mexican American Opportunity Foundation's (MAOF) Senior Hispanic Information and Assistance Services to provide local Latino older adults with access to community resources to keep them healthy and independent. In 2015, a total of 1,656 seniors joined. The monthly events calendar and senior wellness newsletter informs members, their family, and caregivers about more than 50 weekly educational programs, senior social events and trips, and health screenings. Transportation assistance, at no cost to the seniors, provides access, and social interaction for senior support groups available in their primary language with our bilingual health care team members.

Key Performance Indicators

		WMMC Service Area	Metro Service Planning Area	Los Angeles County
Social and Economic Environment 	Hispanic/Latino (Of any race)	87%	52%	49%
	Households below the federal poverty level	30%	24%	17%
	Median Household Income	\$35,757	\$41,394	\$57,190
	Percent of adults with less than a high school diploma	51%	29%	23%
Health System 	Uninsured adults	29%	36%	29%
	Uninsured children	4%	7%*	5%
	Percent of adults who have a regular source of health care	77%	77%	80%
	Tried to access mental health care in the past year	8%	12%	9%
	Percent of adults who reported difficulty accessing mental health in the past year	45%	N/A	31%
	Percent of adults who reported difficulty accessing medical care	34%	32%	24%
Public Health and Prevention 	Percent of adults who reported fair or poor health status	29%	25%	22%
	Percent of overweight adults	34%	34%	36%
	Percent of obese adults	28%	22%	24%
	Percent of adults currently diagnosed with depression	8%	11%	9%
	Percent of adults ever diagnosed with diabetes	12%	12%	10%
	Percent of adults ever diagnosed with hypertension	22%	22%	24%
	Percent of adults ever diagnosed with high cholesterol	28%	26%	26%
	Percent of adults who reported eating five or more servings of fruits and vegetables per day	12%	16%	15%
	Percent of adults who drink at least one soda or sweetened drink per day	38%	30%	31%
	Percent of adults who meet the recommended physical activity guidelines	29%	34%	34%
Physical Environment 	Percent of households with incomes below 300% of the federal poverty level that are food insecure	34%	33%	29%
	Percent of adults that use walking paths, parks, playgrounds, or sports fields in their neighborhood	47%	52%	48%

Note: *Estimate is not statistically stable and may not be appropriate for use in planning. Data Sources: Esri, Inc. (2016). American Community Survey population summary. Report generated for WMMC primary service area, SPA 4, and Los Angeles County using the Community Analyst tool. Los Angeles County Department of Health (2015). LA Health Survey selected results for WMMC Catchment Area, SPA 4, and Los Angeles County. Los Angeles County Department of Health (2014). Supplement to Community Health Assessment: Service planning area 4: Metro.

Letter from the CEO



Dear Friends and Colleagues,

As Chief Executive Officer of White Memorial Medical Center, I would like to thank you for your interest in the health of our community and allowing our organization, as part of Adventist Health, to be a partner in an effort to improve the health of our region. The passage of the Affordable Care Act has highlighted the importance of understanding our community's needs and in turn designing new and innovative approaches to improve the health of our population with a significant emphasis on community-based prevention. It is my pleasure to share our current Community Health Needs Assessment (CHNA) with you.

Improving community health requires expertise and engagement beyond the hospital campus and beyond the health sector. It requires the wisdom of everyone in our community. We are committed to finding innovative ways to work with all sectors of our community to ensure our community health interventions are systematic and sustained.

We call upon you to imagine a healthier region and invite you to work with us in implementing the solutions outlined in this report. Help us continue to prioritize your health concerns and find solutions across a broad range of health needs.

We look forward to our journey together and thank you for your interest in creating a healthier community for everyone.

John G. Raffoul, DPA, FACHE
President & CEO

Introduction and Background

The Community Health Needs Assessment (CHNA) represents our commitment to improving health outcomes in our community through rigorous assessment of health status in our region, incorporation of stakeholder's perspectives, and adoption of related implementation strategies to address priority health needs. The CHNA is conducted not only to partner for improved health outcomes but also to satisfy our annual community benefit obligations by meeting requirements that are outlined in section 501(r)(3) of the Federal IRS Code, as well as, under the Affordable Care Act of 2010. The goals of this assessment are to:

- Engage public health and community stakeholders including low-income, minority, and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors, and social determinants that impact health
- Identify community resources and collaborate with community partners
- Use Assessment findings to develop and implement a 2016-2019 Community Health Plan (implementation strategy) based on the Hospital's prioritized issues

White Memorial Medical Center is part of Adventist Health, which has 20 hospitals in 4 states. Adventist Health is a national leader in quality, safety, and patient satisfaction. Although separated in geography, our facilities are united by the common values of Christian mission, community wellness, quality and service excellence, high ethical standards, compassion, and cultural diversity. Our facilities practice the tradition of whole-person care in all that we do.

Adventist Health Overview

Adventist Health is a faith-based, nonprofit integrated health delivery system serving communities in California, Hawaii, Oregon, and Washington. Founded on Seventh-day Adventist heritage and values, Adventist Health provides compassionate community care. Adventist Health entities include:

- 20 hospitals with more than 2,890 beds
- More than 275 clinics (hospital-based, rural health, and physician clinics)
- 15 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Workforce of 31,000 includes more than 22,350 employees, 4,800 medical staff physicians, and 3,850 volunteers

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental, and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to collaborate with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the “radical” concepts of proper nutrition, exercise, and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes, and dispensaries worldwide. The same vision to treat the whole person—mind, body, and spirit—continues to provide the foundation for our progressive approach to health care.

Hospital Identifying Information

Mission: As a Seventh-day Adventist medical center, we are a family of caring professionals serving our community with a passion for excellence, a spirit of Christian service, and a commitment to medical education.

Vision: By 2020, White Memorial Health will change the way individuals, families, and the communities we serve approach life by placing health, healing, and well-being at the forefront of daily living.

Guiding Principles: At White Memorial, we pledge to uphold the hospital's values as a Christian organization, by following these six Guiding Principles every day. This is our promise to our patients, our community, and each other.

- I will reach for the highest standards in my work.
- I will provide services that my customers say are excellent.
- I will treat others with the same compassion and respect that I would want my family to experience.
- I will take personal responsibility to ensure the safety of patients, co-workers, and all others I come into contact with at work.
- I will use all resources responsibly and efficiently.
- I will be honest in all things.



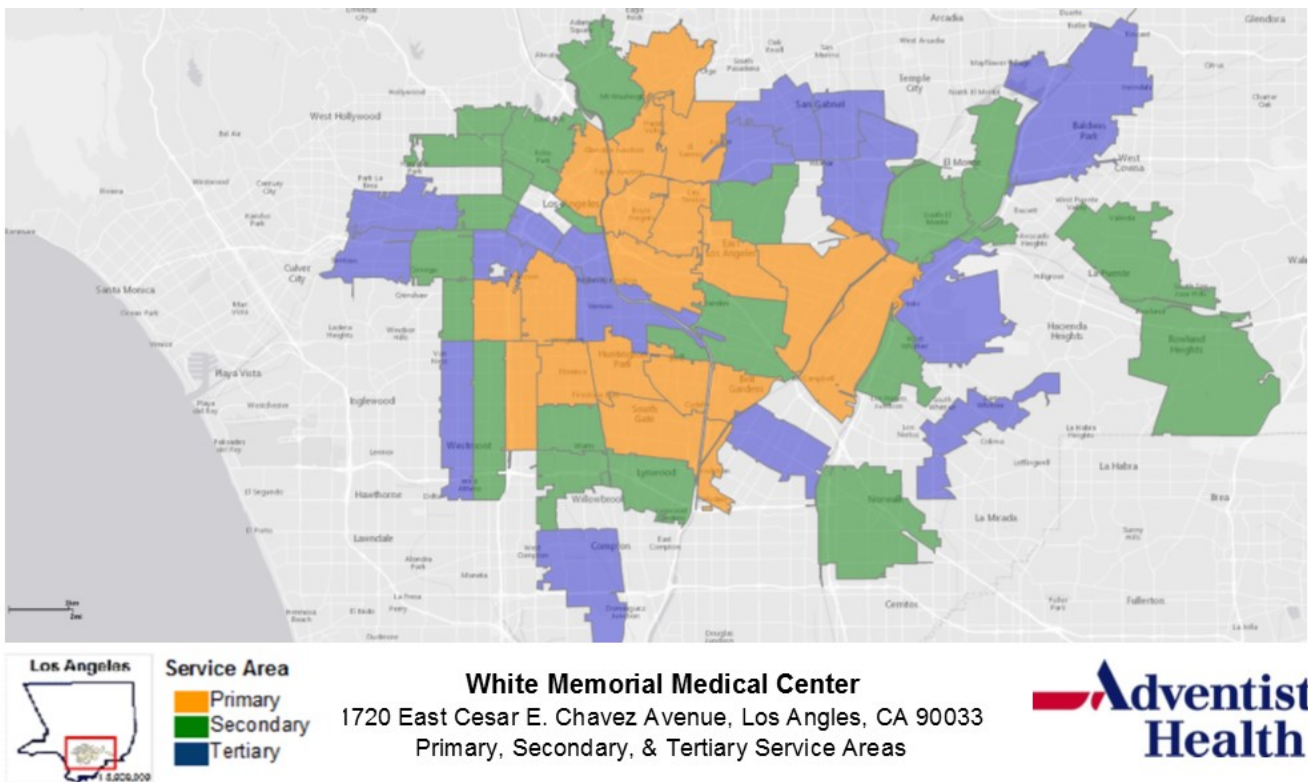
Number of Beds: 353-bed not-for-profit, faith-based, teaching hospital.

Services: Full range of inpatient, outpatient, emergency, and diagnostic services. Services include cardiac and vascular care, intensive and general medical care, oncology, orthopedic care, rehabilitation, specialized and general surgery, and women and children's services. As a major teaching hospital, White Memorial also plays an important role in training physicians, nurses, and other medical professionals. In addition, we are an employer of choice for the communities we serve.

Mailing Address: 1720 East Cesar E. Chavez Avenue, Los Angeles, CA 90033

Contact Information: (323) 268-5000

Community Profile



A definition of the community served by the hospital facility

WMMC's service areas can be defined in three ways, by zip code, Health District (HD), or Service Planning Area (SPA). At the zip code level the primary service area (PSA) is defined by the volume of patients discharged to specific zip codes (see table on the next page for a complete breakdown).

The PSA can also be defined by HD. HDs are used primarily by the Los Angeles County Department of Public Health to plan and manage health service delivery across the County. HDs are aggregated from Census Tracts in order to connect them to demographic information and are a subset of SPAs. The HDs most closely aligned with our PSA are the Northeast and East LA Health Districts.

Finally, our service areas can be defined by SPA. A SPA is simply a specific geographic region within LA County. Due to the large size of LA County, it has been divided into eight geographic areas. These

White Memorial Service Area Designation by Zip Code

Total 2014 Inpatient Discharges			20,102	% Total	
1	90033	Boyle Heights	2,395	11.9%	PRIMARY SERVICE AREA
2	90063	Los Angeles	1,695	20.3%	
3	90023	Los Angeles	1,501	27.8%	
4	90011	Los Angeles	1,179	33.7%	
5	90022	East Los Angeles	1,147	39.4%	
6	90255	Huntington Park	601	42.4%	
7	90201	Bell Gardens	574	45.2%	
8	90032	El Sereno	540	47.9%	
9	90031	Lincoln Heights	431	50.1%	
10	90001	Los Angeles	426	52.2%	
11	90640	Montebello	402	54.2%	
12	90660	Pico Rivera	287	55.6%	
13	90280	South Gate	258	56.9%	
14	90042	Los Angeles	254	58.2%	
15	90037	Los Angeles	238	59.3%	
16	90003	Los Angeles	238	60.5%	
17	90012	Chinatown	231	61.7%	
18	90270	Maywood	220	62.8%	SECONDARY SERVICE AREA
19	90044	Los Angeles	217	63.8%	
20	90002	Los Angeles	182	64.7%	
21	90065	Los Angeles	151	65.5%	
22	90026	Los Angeles	145	66.2%	
23	90040	Los Angeles	140	66.9%	
24	90006	Los Angeles	124	67.5%	
25	90057	Los Angeles	123	68.1%	
26	90650	Norwalk	122	68.8%	
27	90013	Los Angeles	118	69.3%	
28	90018	Los Angeles	104	69.9%	
29	91732	El Monte	103	70.4%	
30	90606	Whittier	100	70.9%	
31	90262	Lynwood	99	71.4%	
32	90059	Los Angeles	94	71.8%	
33	91748	Rowland Heights	93	72.3%	
34	91754	Monterey Park	91	72.7%	
35	90029	Los Angeles	90	73.2%	
36	90062	Los Angeles	88	73.6%	
37	91744	La Puente	88	74.1%	
38	90004	Los Angeles	81	74.5%	
39	91733	South El Monte	81	74.9%	
40	91770	Rosemead	77	75.3%	TERTIARY SERVICE AREA
41	90047	Los Angeles	73	75.6%	
42	91706	Baldwin Park	73	76.0%	
43	90601	Whittier	72	76.3%	
44	91801	Alhambra	71	76.7%	
45	90016	Los Angeles	70	77.0%	
46	91776	San Gabriel	70	77.4%	
47	90058	Los Angeles	67	77.7%	
48	90241	Downey	63	78.0%	
49	90015	Los Angeles	62	78.3%	
50	90605	Whittier	62	78.7%	
51	90019	Los Angeles	61	79.0%	
52	90007	Los Angeles	58	79.2%	
53	90220	Compton	58	79.5%	
54	91803	Alhambra	57	79.8%	
55	90021	Los Angeles	56	80.1%	

distinct regions allow the Department of Public Health to develop and provide more relevant public health and clinical services targeted to the specific health needs of the residents in these different areas. WMMC’s service areas are comprised of SPAs 4, 6, and 7:

Primary Service Area (PSA): SPA 4 corresponds to Metro LA and is comprised of the following communities: Boyle Heights, Central City, Downtown LA, Echo Park, El Sereno, Hollywood, Mid-City Wilshire, Monterey Hills, Mount Washington, Silverlake, West Hollywood, and Westlake.

Secondary Service Areas (SSA): SPA 7 corresponds to East LA and is comprised of the following communities: Artesia, Bell, Bellflower, Bell Gardens, Cerritos, City of Commerce, City Terrace, Cudahy, Downey, East LA, Hawaiian Gardens, Huntington Park, La Habra Heights, Lakewood, La Mirada, Los Nietos, Maywood, Montebello, Norwalk, Pico Rivera, Santa Fe Springs, Signal Hill, South Gate, Vernon, Walnut Park, Whittier, and others.

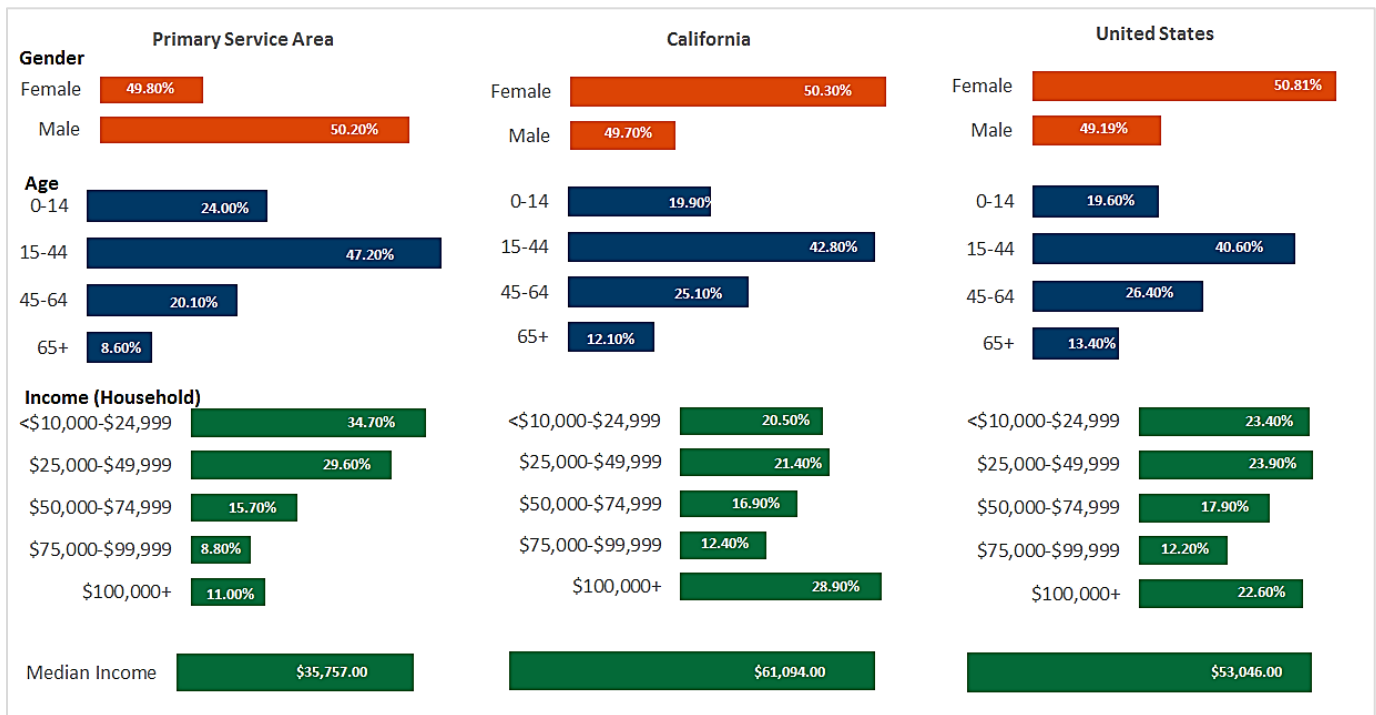
Tertiary Service Area (TSA): SPA 6 corresponds to South LA and is comprised of the following communities: Athens, Compton, Crenshaw, Florence, Hyde Park, Lynwood, Paramount, and Watts.

To present the most accurate profile of our community’s health status and needs, when available, data presented in this report will be specific to the 13 zip codes that comprise the PSA. When zip code level data is not available, data specific to Northeast and East LA HD or SPA 4 will be presented.

Demographics of the Community

The population for the PSA is approximately 1,097,136. In 2010, the Census count in the area was 1,077,668. The five-year projection for the population in the area is 1,123,215 representing a change of 0.47% annually from 2015 to 2020. Currently, the population is 50.2% male and 49.8% female, with a median age of 30.¹

Persons of Hispanic origin represent 86.5% of the population in the identified area compared to 17.6% of the U.S. population. The largest racial group is composed of individuals who identify as White (44.2%); the second is composed of individuals who identify as belonging to some other race (40.7%). The smallest racial group is composed of individuals who identify as Native Hawaiian/Pacific Islander (0.1%); the second smallest is composed of individuals who identify as Native American/Alaskan Native (1.1%). The Diversity Index, which measures the probability that two people from the same area will be from different race/ethnic groups, is 84.6 in the identified area, compared to 63.0 for the U.S. as a whole.¹



Data Sources: Esri (2016). Custom Community Profile Produced Using Community Analyst, Primary Service Area Estimates. U.S. Census Bureau (2013). American Community Survey 5-Year Estimates 2009-2013 for Gender, Age, and Income, State and National Estimates

Spanish and English are the most commonly spoken languages in the primary service area. 13% of people, on average, aged 18-64 years reported speaking only English, with the greatest concentration residing within the 90039 zip code (Los Angeles). An average of 47% of persons aged 18-64 years reported speaking Spanish, with the greatest concentration residing within the 90255 zip code (Huntington Park). In addition, many residents reported being bilingual, speaking both English and Spanish “very well or well”. An average of 15% of 5-17 year olds and 30% of 18-64 year olds reported speaking both languages “very well or well”. Conversely, an average of 2% of persons aged 65 years or older reported the same.¹

The household count in this area has changed from 275,216 in 2010 to 279,827, a change of 0.32% annually. The five-year projection of households is 286,839, a change of 0.50% annually from the

current total. Average household size is currently 3.86, compared to 3.85 in the year 2010. The number of families in the PSA is 224,682.¹

Median household income is \$35,757 in the area, compared to \$53,046 for all U.S. households. Median household income is projected to be \$40,195 in five years, compared to \$60,683 for all U.S. households. The average household income is \$49,129 in this area, compared to \$74,699 for all U.S. households. Average household income is projected to be \$55,822 in five years, compared to \$84,910 for all U.S. households.

Per capita income is \$12,846 in the area, compared to the U.S. per capita income of \$28,597. The per capita income is projected to be \$14,570 in five years, compared to \$32,501 for all U.S. households.¹

31.4% of the 297,491 housing units in the area are owner occupied; 62.6%, renter occupied; and 5.9% are vacant. In the U.S., 55.7% of the housing units in the area are owner occupied; 32.8% are renter occupied; and 11.6% are vacant. In 2010, there were 290,291 housing units in the area: 33.7% owner occupied, 61.1% renter occupied, and 5.2% vacant. The annual rate of change in housing units since 2010 is 1.09%. Median home value in the area is \$336,791, compared to a median home value of \$200,006 for the U.S. In five years, median value is projected to change by 3.14% annually to \$393,049.¹

	White	African American	Asian	Native Hawaiian/ Pacific Islander	American Indian/ Alaskan Native	Hispanic or Latino	Other	Two or more races
Percent of Population	44.2%	5.2%	4.8%	0.1%	1.1%	86.5%	40.7%	3.8%
Less than \$10,000	6.9%	17.6%	6.4%	15.0%	14.2%	7.7%	8.9%	8.8%
\$10,000 to \$14,999	8.4%	15.6%	7.9%	6.4%	13.6%	8.3%	8.0%	10.9%
\$15,000 to \$19,999	8.5%	10.2%	10.2%	9.2%	7.6%	9.0%	9.2%	7.1%
\$20,000 to \$24,999	7.9%	9.8%	7.0%	12.7%	8.2%	8.0%	8.1%	6.2%
\$25,000 to \$29,999	7.0%	6.0%	4.8%	5.2%	4.9%	7.3%	7.3%	4.9%
\$30,000 to \$34,999	6.5%	5.6%	5.7%	0.0%	4.6%	6.9%	7.6%	3.2%
\$35,000 to \$39,999	6.2%	4.3%	4.3%	0.0%	5.6%	6.4%	6.3%	4.0%
\$40,000 to \$44,999	5.9%	4.7%	4.7%	0.0%	2.2%	6.2%	6.3%	6.2%
\$45,000 to \$49,999	4.7%	3.6%	3.4%	0.0%	3.1%	4.9%	4.9%	4.6%
\$50,000 to \$59,999	8.3%	4.8%	6.3%	4.6%	13.3%	8.4%	8.4%	7.5%
\$60,000 to \$74,999	9.7%	5.9%	9.4%	20.8%	6.9%	9.5%	9.1%	9.0%
\$75,000 to \$99,999	9.3%	6.1%	10.5%	17.9%	8.6%	8.9%	8.7%	10.8%
\$100,000 to \$124,999	4.9%	3.6%	7.0%	8.1%	2.8%	4.5%	4.3%	7.1%
\$125,000 to \$149,999	2.7%	0.8%	4.1%	0.0%	0.9%	2.0%	1.5%	4.8%
\$150,000 to \$199,999	2.2%	0.7%	4.5%	0.0%	2.9%	1.4%	1.1%	3.5%
\$200,000 or more	1.0%	0.7%	3.7%	0.0%	0.4%	0.5%	0.4%	1.5%

Data Source: US Census Bureau (2014). American Community Survey 5-Year Estimates, 2010-2014. Accessed from <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

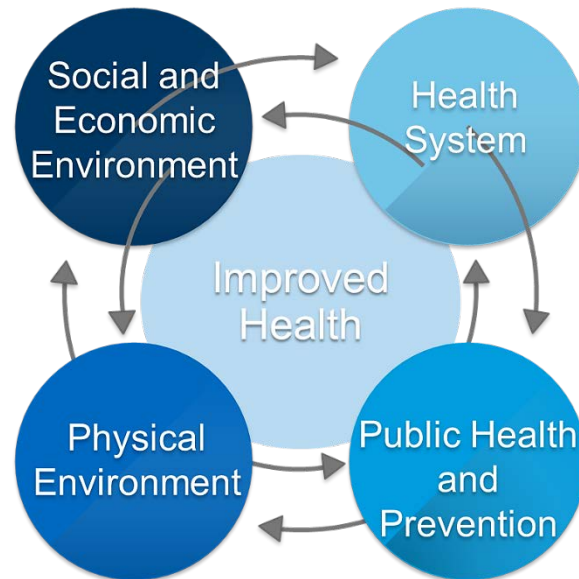
Outside Consultants

In addition to gathering input from the Community Health Needs Assessment Committee, White Memorial Medical Center also consulted with leading experts in the field of public health. HC² Strategies, Inc. worked collaboratively with White Memorial Medical Center for data collection and analysis, strategy selection, and creation of this final report.

Methodology

CHNA Framework

Developing metrics for population health interventions are imperative for continued success in elevating the health status of our community. The CHNA ensures that we are able to target our community investments into interventions that best address the needs of our community. Our hospital is transitioning from process evaluation based system to a more inclusive and regional focus of metrics. This requires being in alignment with statewide and national indicators, such as Healthy People 2020 and The County Health Rankings & Roadmaps. The domains used in this assessment encompass the same type of national and state community health indicators. We recognize that health status is a product of multiple factors. Each domain influences the next and through systematic and collective action improved health can be achieved.



Secondary Data Sources

Secondary data sources included publicly available state and nationally recognized data sources. Data on key health indicators, morbidity, mortality, and various social determinants of health were collected from the Census, Centers for Disease Control and Prevention, Community Commons, Nielsen, and various other state and federal databases. Data includes Health District, Service Planning Area, and County level information; and if available, data disaggregated to primary service area by zip code. When feasible, health metrics have been further compared to national benchmarks, such as Healthy People 2020 objectives. Please see Appendix B for a complete listing of data sources.

Primary Data Sources

White Memorial Medical Center conducted key informant interviews and focus groups to gather more insightful data and aid in describing the community. Results of the qualitative analysis can be found later in this document.

Data Limitations and Gaps

It should be noted that the survey results are not based on a stratified random sample of residents throughout Los Angeles County. The perspectives captured in this data simply represent the community members who agreed to participate and have an interest in health care. In addition, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

Social and Economic Environment

Education

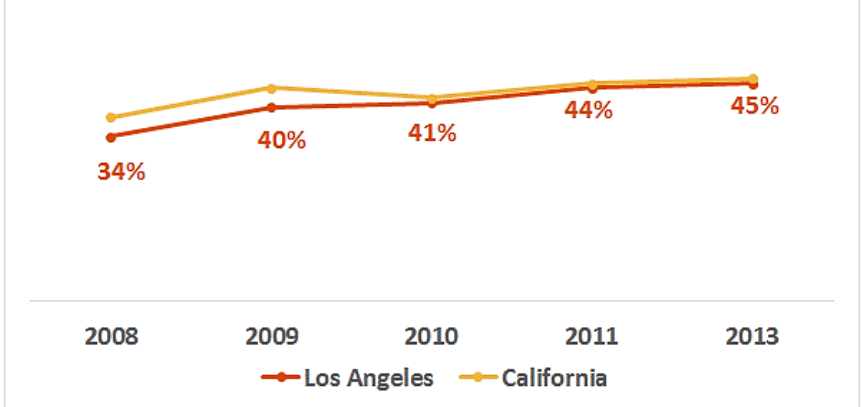
Education is an important factor in health status. Independent of its relation to behavior, education influences a person’s ability to access and understand health information. Education is also correlated with a host of preventable poor health outcomes including increased rates of childhood illness, respiratory illness, renal and liver disease, and diabetes, to name a few. Higher educational levels are associated with lower morbidity and mortality.

A report published by the Anne E. Casey Foundation, found that children who do not read proficiently by the end of third grade are four times more likely to leave school without a diploma than proficient readers.¹ In Los Angeles County, the percentage of students who scored “proficient” to “advanced” on the 3rd grade California Standards Testing English section has increased 11% since 2008.²



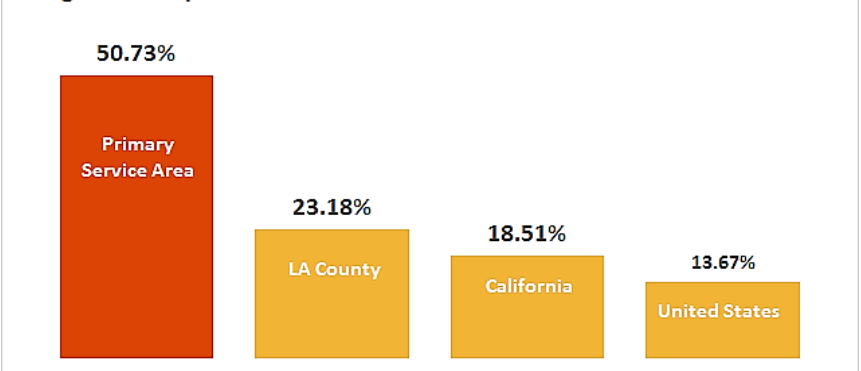
The social and economic components of a community encompass both the individuals living in a community and how well they live. In order to plan for a healthier community and future for our region, we must first gain a thorough understanding of the population we serve.

The percentage of students who scored proficient to advanced on the 3rd grade CST reading test has increased by 11% since 2008



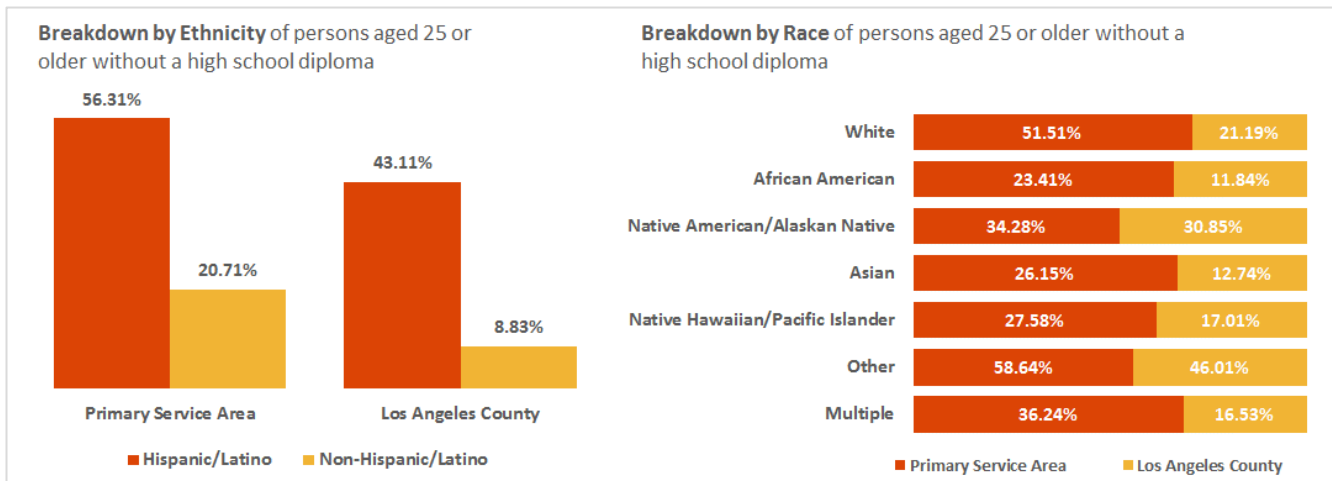
Data Source: Kids Count Data Center (2015). Education Indicators, Percentage of students who scored ‘proficient’ to ‘advanced’ on the 3rd grade CST reading test by county Accessed from: <http://datacenter.kidscount.org/>

50% of adults aged 25 years or older living in the PSA, do not have a high school diploma



Data Source: US Census Bureau (2014). American Community Survey by Zip, 2010-2014. Produced using Community Commons, Community Health Needs Assessment Indicator Report. Accessed from: <http://www.communitycommons.org>

Rates for those aged 25 and older without a high school diploma within the PSA is substantially higher than the County, State, and National averages.³



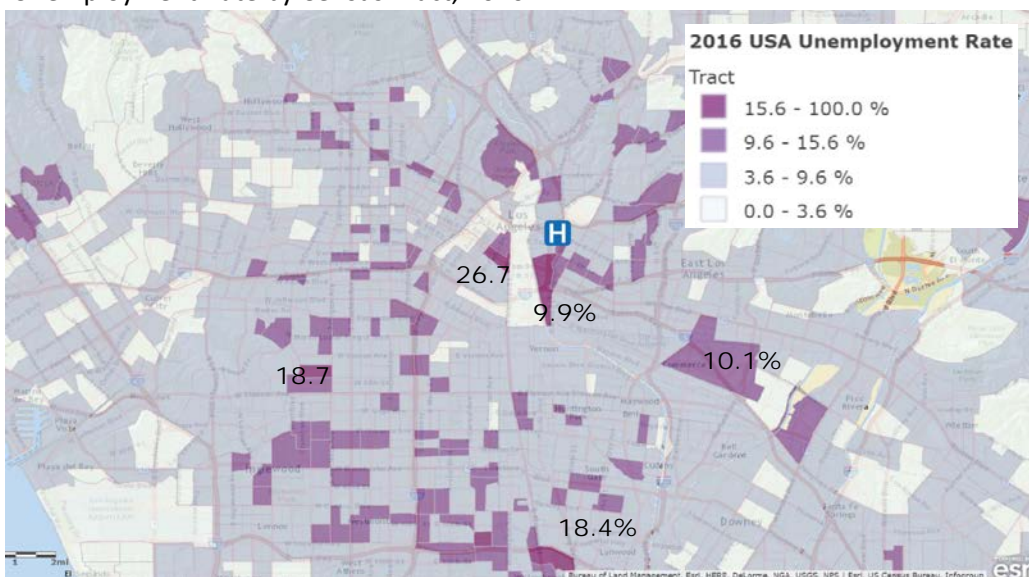
Data Source: US Census Bureau (2014). American Community Survey by Zip, 2010-2014. Produced using Community Commons, Community Health Needs Assessment Indicator Report. Accessed from: <http://www.communitycommons.org>

Noted author Dr. David Hayes-Bautista’s emphasizes that we need to understand the difference between the characteristics of the US born and immigrant portions of the Latino population when looking at the US Census Bureau information. His research shows that 70.8% of US born Latinos graduated from high school. However, we should not apply the high school dropout profile to the immigrant portion; they have more middle class behaviors than the US born, who do have a much higher percentage of high school graduation. Also Latino immigrants generally come from rural Mexico, where only the first 6 to 9 years of education are available; they never enter into high school, hence did not drop out of school.

Workforce Development

Addressing unemployment levels is important to community development, because unemployment can lead to financial instability and serve as a barrier to healthcare access and utilization.

Unemployment Rate by Census Tract, 2016



Data Source: Esri, Inc. (2016). Map created using ArcGIS online. Data from US Census Bureau’s American Community Survey 5-year estimates.

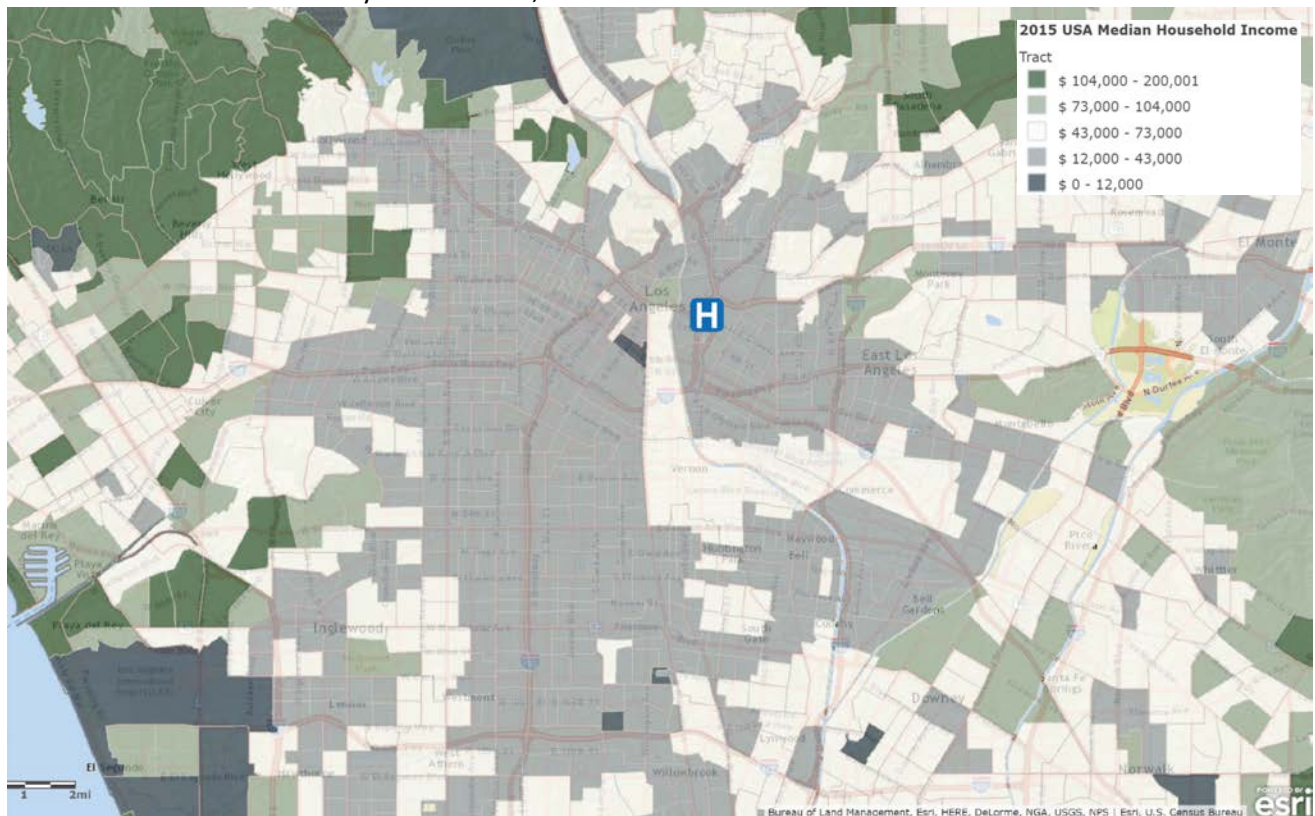
Many people secure health insurance through an employer; however, even with Medicaid expansion, without gainful employment some may not be able to afford co-pays for office visits and medications.

As of June 2016, the unemployment rate for LA County was 5.2%.⁴ This was slightly higher than the rate for both the United States (5.1%) and the state (5.7%). Notably, unemployment estimates for LA County have steadily decreased in the past year from a high of 7.9% in January 2015, with the lowest rate (5.7%) occurring in December 2015. ⁴ Analysis at the census tract level, reveals deep pockets of unemployment in the areas surrounding White Memorial Medical Center. For example, the unemployment rate is estimated to be as high as 27% closer to the hospital.

Equally important to health, are the concepts of underemployment and earning a living wage. Underemployment is the condition in which people in a labor force are employed at less than full-time or regular jobs or at jobs inadequate with respect to their training or economic needs. Being in a state of underemployment may force some workers to work multiple jobs and increased hours throughout the week, while still not receiving the full benefits associated with full-time employment. Workers in a state of underemployment may also suffer from lack of a living wage. Families working in low-wage jobs make insufficient income to live locally given the local cost of living. As such, a working family's income would not be high enough to maintain a normal standard of living.

The map below for median income demonstrates that having a job, is not sufficient to afford the cost of living and healthcare services. Many of the households in the PSA, earn a yearly income between \$12,000 and \$43,000. Using the living wage calculator from MIT, it was found that a household with

Median Household Income by Census Tract, 2015



Data Source: Esri, Inc. (2016). Map created using ArcGIS online. Data from US Census Bureau's American Community Survey 5-year estimates.

	Overall	Men	Women
1 Management, business, science, and arts occupations	21.30%	17.96%	25.62%
Management, business, and financial occupations:	37.50%	41.25%	34.23%
Management occupations	24%	71.02%	56.63%
Business and financial operations occupations	13.50%	28.97%	43.36%
Computer, engineering, and science occupations:	10.90%	16.99%	5.51%
Computer and mathematical occupations	47.70%	50.63%	39.89%
Architecture and engineering occupations	35.30%	39.99%	25.24%
Life, physical, and social science occupations	16.90%	10.385	34.87%
Education, legal, community service, arts, and media occupations:	39.06%	33.51%	44.01%
Community and social services occupations	15.95%	13.78%	17.42%
Legal occupations	7.07%	7.00%	7.11%
Education, training, and library occupations	47.75%	35.24%	56.22%
Arts, design, entertainment, sports, and media occupations	29.23%	43.98%	19.24%
Healthcare practitioner and technical occupations:	12.43%	8.24%	16.25%
Health diagnosing and treating practitioners and other technical occupations	54.65%	41.52%	58.77%
Health technologists and technicians	45.35%	58.48%	41.23%

	Overall	Men	Women
2 Service Occupations	23.20%	19.00%	28.52%
Healthcare support occupations	10.58%	4.45%	15.76%
Protective service occupations	8.79%	15.08%	3.47%
Fire fighting and prevention, and other protective service workers including supervisors	81.03%	82.05%	77.25%
Law enforcement workers including supervisors	18.97%	17.95%	22.75%
Food preparation and serving related occupations	28.99%	36.91%	22.29%
Building and grounds cleaning and maintenance occupations	28.84%	32.47%	25.77%
Personal care and service occupations	22.80%	11.08%	32.70%

	Overall	Men	Women
3 Sales and office occupations	24.93%	18.61%	32.94%
Sales and related occupations	43.11%	49.34%	38.65%
Office and administrative support occupations	56.86%	50.66%	61.35%

	Overall	Men	Women
4 Natural resources, construction, and maintenance occupations	10.16%	17.50%	0.09%
Farming, fishing, and forestry occupations	5.78%	4.07%	49.90%
Construction and extraction occupations	64.28%	65.66%	28.59%
Installation, maintenance, and repair occupations	29.94%	30.27%	21.51%

	Overall	Men	Women
5 Production, transportation, and material moving occupations	20.37%	26.93%	12.05%
Production occupations	52.48%	4.07%	12.09%
Transportation occupations	23.16%	65.66%	29.91%
Material moving occupations	24.36%	30.27%	58.00%

Data Source: US Census Bureau (2016). American Community Survey 5-year estimates, 2010-2014. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

one adult and one child would need to earn \$56,264 to maintain a normal standard of living. For a family with one adult and three children this figure skyrockets to \$81,203.⁶

When looking at occupational trends across the total service area, sales and office occupations (25%) and service occupations (23%) emerged as the most common type of employment for the overall population.⁵

For men, production/transportation/material moving occupations (27%) and service occupations (19%) are the most common.⁵

For women, sales and office (33%) and service occupations (29%) are the most common.⁵

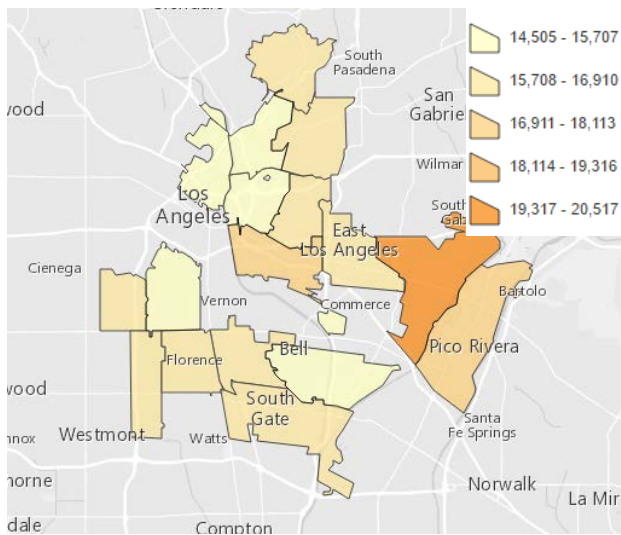
Among men employed in service occupations, food preparation (37%) and building/grounds cleaning/maintenance (32%) occupations are the most common.⁵

Among women employed in service occupations, personal care/service (33%) and building/grounds cleaning/maintenance (26%) occupations are the most common.⁵

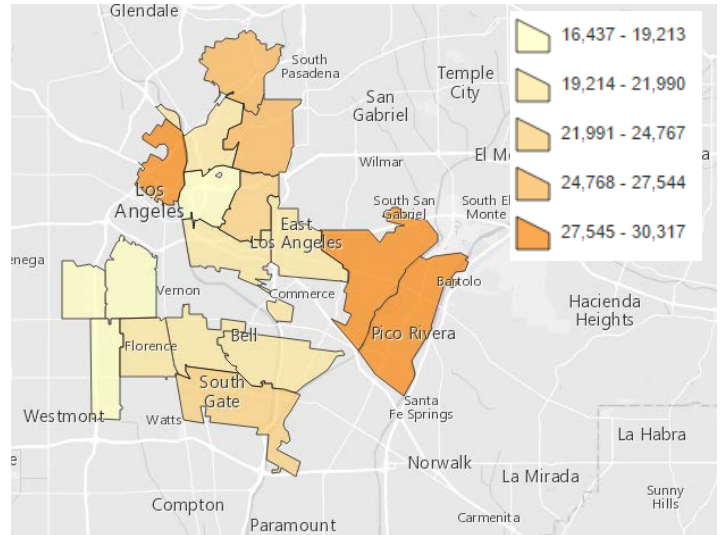
Management, business, science, and arts occupations are the 4th most common occupation in the total service area. Most people employed in these fields reside in the tertiary service area in higher income neighborhoods.⁵

Service and sales and office occupations don't provide employees with a living wage for families living in

Median income for service occupations in the primary service area.



Median income for sales and office occupations in the primary service area.

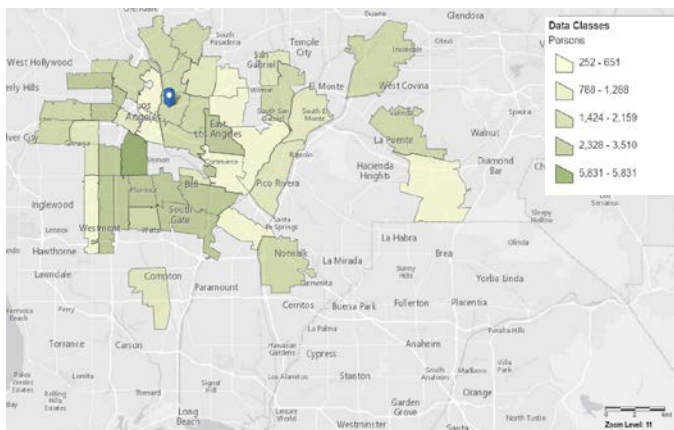


Data Source: US Census Bureau (2016). American Community Survey 5-year estimates, 2010-2014. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

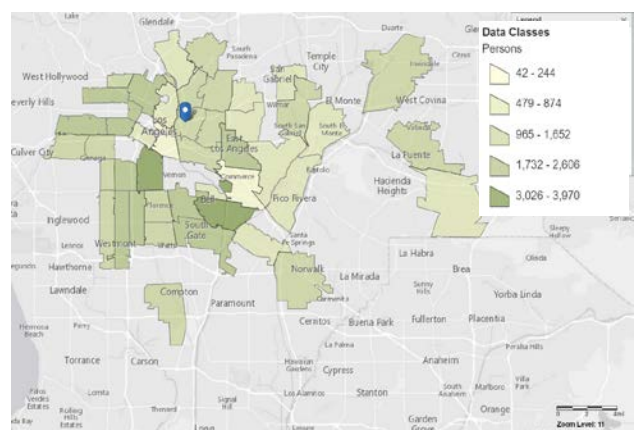
the primary service area. As seen in the maps to the right, the range of median incomes for service occupations is from \$14,505-\$20,517. The range of median incomes for sales and office is \$16,437-\$30,317.⁵

The two maps below depict adults throughout the total service area who are employed full-time, yet still living below the federal poverty level. By gender, adult males have higher rates of being employed but living below the federal poverty level. For example, the range for women who are employed but living in poverty is from 1% to 7% across the service area. For men, the range is from 2% to 14%. For those working part-time jobs, poverty rates are even higher. For example, among males living below the poverty level, an average of 12% were employed part-time or part of the year in the last 12 months (13% for women).⁵

Males with full-time jobs who are living below the federal poverty level.



Women with full-time jobs who are living below the federal poverty level.

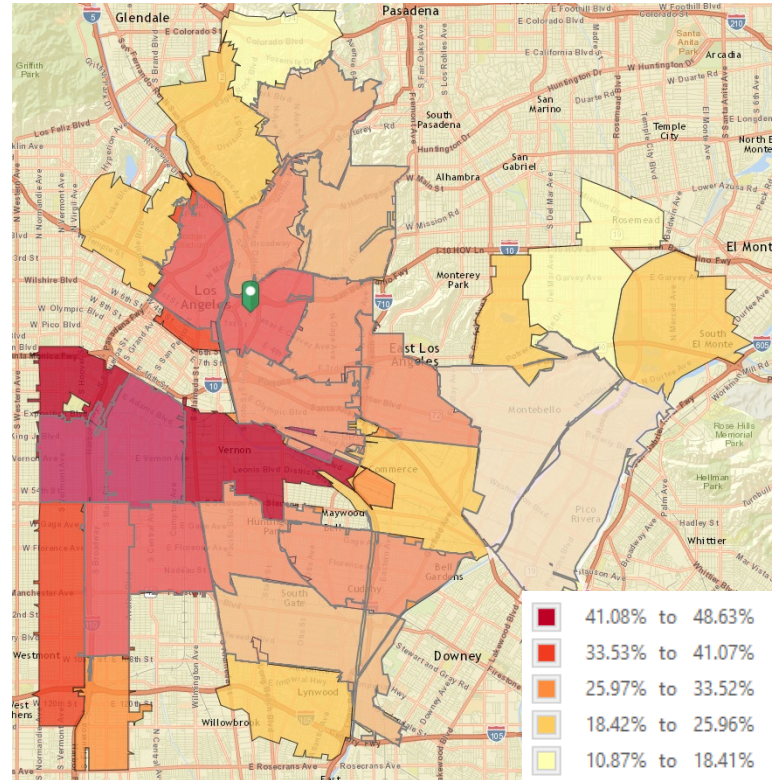


Data Source: US Census Bureau (2016). American Community Survey 5-year estimates, 2010-2014. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Poverty

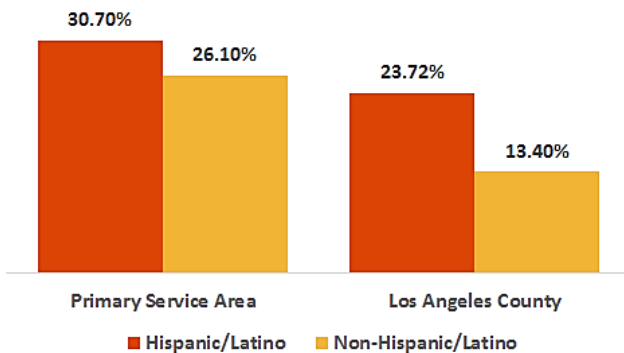
Poverty is a particularly strong risk factor for disease and death, especially among children. Children who grow up in poverty are eight times more likely to die from homicide, five times more likely to have a physical or mental health problem, and twice as likely to be killed in an accident. Family poverty is relentlessly correlated with high rates of teenage pregnancy, failure to earn a high school diploma, and violent crimes. Households living below the federal poverty level (FPL) are much greater in the areas surrounding WMMC. In comparison, 18% of households in Los Angeles County fall below the FPL.^{3,7} The graphs below show a comparison of the population living below the federal poverty level by ethnicity and race. By ethnicity, Hispanics and Latinos experience higher rates of poverty. By race, African Americans are disproportionately affected by poverty.³

Households with Incomes below the Poverty Level within the PSA

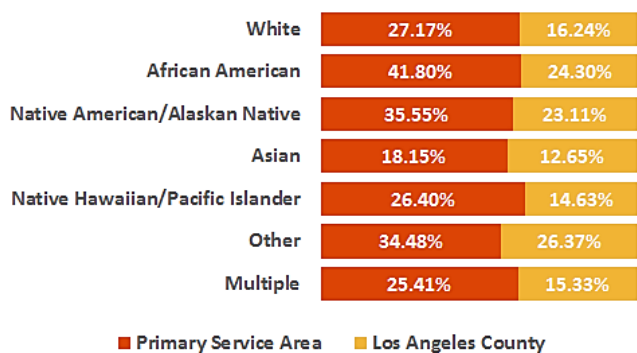


Data Source: Esri (2016). Custom community profile produced using Community Analyst tool

Breakdown by Ethnicity of population living below 100% of the federal poverty level



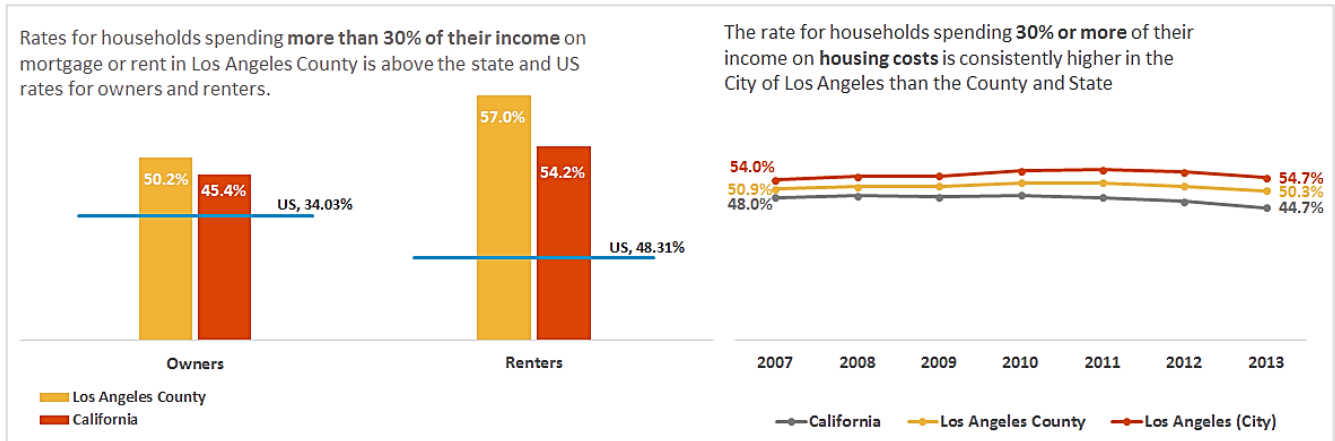
Breakdown by Race of population living below 100% of the federal poverty level



Data Source: US Census Bureau (2014). American Community Survey by Zip, 2010-2014. Produced using Community Commons, Community Health Needs Assessment Indicator Report. Accessed from: <http://www.communitycommons.org>

Housing Cost Burden

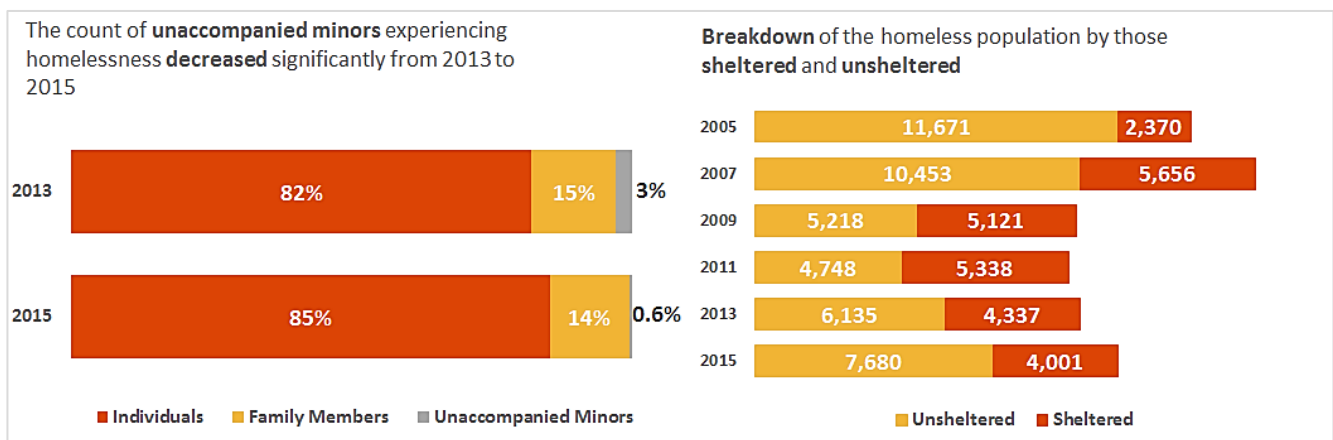
Recognizing that basic needs consume a higher fraction of income for lower income households, the US Department of Housing and Urban Development uses a definition of affordability that applies specifically to households with incomes at or below 80% of the area median family income. It currently calls housing affordable if housing for that income group costs no more than 30% of the household's income. Families with cost burden may have difficulty affording necessities such as food, clothing, transportation, and medical care.



Data Source: US Census Bureau (2014). American Community Survey by Zip, 2010-2014. Graph for owners and renter produced using Community Commons, Community Health Needs Assessment Indicator Report. Accessed from: <http://www.communitycommons.org>. Graph depicting trends from 2007-2013 produced using data cited on Kidsdata.org. Accessed from: <http://www.kidsdata.org/topic/751/housingcost65/trend#fmt=1144&loc=364,2,718&tf=10,73>

Homelessness

Homelessness and health concerns often go hand-in-hand. An acute behavioral health issue, such as an episode of psychosis, may lead to homelessness, and homelessness itself can exacerbate chronic medical conditions or lead to debilitating substance abuse problems.



Data Source: Los Angeles Homeless Services Authority (2015). The Greater Los Angeles Homeless Count, Count Results by SPA. Accessed 20 April 2016 from: <https://www.lahsa.org/homeless-count/results>

The Point-in-Time Counts provide counts of sheltered and unsheltered people experiencing homelessness on a single night. Counts are typically provided by household type and are further broken down by subpopulation categories, such as homeless veterans and people who are chronically homeless. A chronically homeless person is defined as either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.

On the night of January 29, 2015, 11,681 men, women, and children were experiencing homelessness in Metro Los Angeles. Of all 8 SPAs, SPA 4 has the largest number of persons experiencing homelessness—comprising 28% of the entire population.⁹

The share of women in the total homeless population has increased slightly, from 27% percent in 2013 to 29% in 2015. Ethnic distribution has shifted since 2013; African-Americans still the make up the majority, increasing from 40% to 48% today. Hispanic or Latino has increased from 23% to 25% and White or Caucasian has decreased from 34% to just 19%.⁹

The number of homeless veterans has increased slightly since 2013, from 1,217 to 1,237 in 2015. The percentage of veterans in the total population increased from 11% to 12%. Chronic homelessness among family members has increased by 41% from 240 to 339. Family members experiencing homelessness together has increased slightly since 2013, from 1,575 to 1,650 (862 are children under the age of 18). The number of chronically homeless individuals has increased by 59% since 2013 from 2,094 to 3,323.⁹

Key Findings

- In Los Angeles County, the percentage of students who scored “proficient” to “advanced” on the 3rd grade California Standards Testing English section has increased 11% since 2008.
- 50% of adults aged 25 years and older living in the PSA do not have a high school diploma.
- The unemployment rate in the primary service area is substantially higher in some neighborhoods. The highest rate is 26.7% in the area surrounding the hospital.
- Service and sales and office occupations are the most common in the primary service area. Many people working in these fields are considered “working poor” or employed full-time, but living below the federal poverty level. The range of median incomes for service occupations is from \$14,505-\$20,517. The range of median incomes for sales and office is \$16,437-\$30,317.
- Many of the households in the PSA, earn a yearly income between \$12,000 and \$43,000. Using the living wage calculator from MIT, it was found that a household with one adult and one child would need to earn \$56,264 to maintain a normal standard of living. For a family with one adult and three children this figure skyrockets to \$81,203.
- Households living below the federal poverty level (FPL) are much greater in the areas surrounding WMMC. In comparison, 18% of households in Los Angeles County fall below the FPL.

- The share of women in the total homeless population has increased slightly, from 27% percent in 2013 to 29% in 2015. Chronic homelessness among family members has increased by 41% from 240 to 339. Family members experiencing homelessness together has increased slightly since 2013, from 1,575 to 1,650 (862 are children under the age of 18).

SOCIAL AND ECONOMIC ENVIRONMENT

The social and economic components of a community encompass both the individuals living in a community and how well they live.



30%

of people in the PSA are living below the **federal poverty level**. This is substantially greater than the County (18.4%) and State (16.4%) estimates.

The **unemployment rate** is as high as 26.7% in neighborhoods surrounding White Memorial Medical Center.

27%

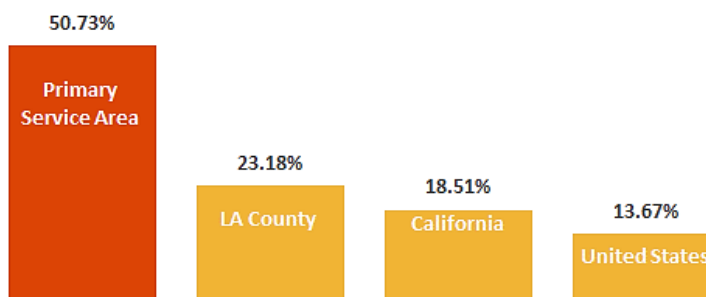
Unemployed

To plan for a healthier community, we must first understand the population we serve.

Rates for those aged 25 and older without a high school diploma is substantially greater in the PSA than in neighboring areas.

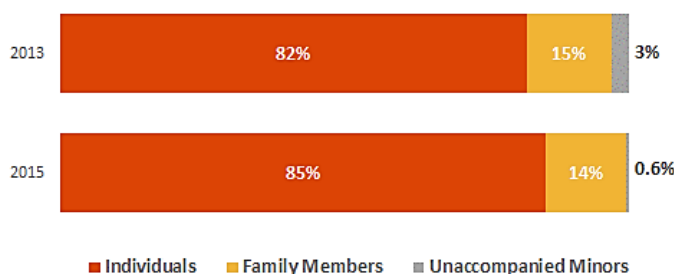
The most common occupations in the PSA are in lower-wage service and sales/office jobs.

50% of adults aged 25 years or older living in the PSA, do not have a high school diploma

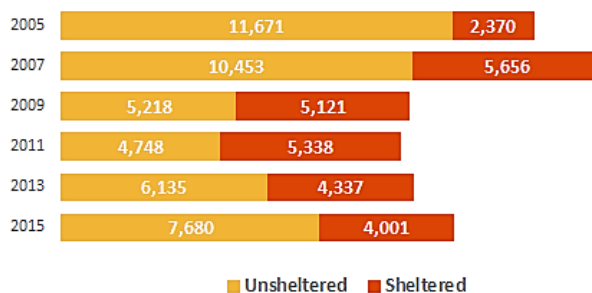


Comprehensive patient care must take into account social determinants of health.

The count of **unaccompanied minors** experiencing homelessness **decreased** significantly from 2013 to 2015



Breakdown of the homeless population by those sheltered and unsheltered



Data Sources: US Census Bureau (2014). American Community Survey by Zip, 2010-2014. Produced using Community Commons, Community Health Needs Assessment Indicator Report. Accessed from: <http://www.communitycommons.org>. Los Angeles Homeless Services Authority (2015). The Greater Los Angeles Homeless Count, Count Results by SPA. Accessed 20 April 2016 from: <https://www.lahsa.org/homeless-count/results>. US Department of Labor, Bureau of Labor Statistics (2016). Unemployment rate by county, January 2016. Produced using Community Commons, Community Health Needs Assessment Indicator Report. Accessed from: <http://www.communitycommons.org>

Health System

Birth

Live births are an indication of population growth and demand on a community's existing resources, infrastructure, schools, and the healthcare system/services. It is critical to understand current birth trends to ensure adequate availability of needed resources. The live birth rate for SPA 4 is slightly below that of the County and State at 10.1 per 1,000 births.¹



A strong health system is one in which patients receive efficient coordinated care for a variety of illnesses and appropriate follow-up care to prevent unnecessary hospitalizations. In order to strengthen linkages to care, we must first understand the current state of our health system.

	SPA 4	Los Angeles County	California
Crude Birth Rate (per 1,000 births)	10.1	12.9	13
Low Birth Weight (percent)	7.1	7	6.8
First trimester prenatal care (percent)	79.1	82.1	82.2
Infant Mortality Rate (per 1,000 births)	5	4.4	4.7
Teen (15-19) Birth Rate (per 1,000 births)	35.5	81.1	32.5

Data Source: Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health Programs. Perinatal health indicators Los Angeles County, 2013. Retrieved from <http://publichealth.lacounty.gov/mch/fhop/FHOP2013/FHOP13.htm>. Los Angeles County Department of Public Health (2013). Key indicators of health by service planning area. Retrieved from publichealth.lacounty.gov/ha/docs/kir_2013_finals.pdf.

Low birth weight is indicative of the general health of newborns and often a key determinant of survival, health, and development. Understanding such data is critical as infants born at low birth weights are at a heightened risk of complications, including infections, neurological disorders, Sudden Infant Death Syndrome, breathing problems, learning disabilities, and even chronic diseases. The percent of babies born with a low birth rate in SPA 4 is similar to the percentages for both County and State. All three estimates are below the Healthy People 2020 goal of 7.8% or less infants born with weights below 2,500 grams.¹

Finally, the infant mortality rate (IMR) is critical as it is indicative of the existence of broader issues pertaining to access to care and maternal child health. Such rates can further provide us metrics of community health outcomes and areas of needed services and interventions. The IMR in SPA 4 is slightly higher than that of the County and State, however all three estimates fall below the Healthy People 2020 goal of 6%.^{1,2}

Health Care Access

Access to health care is arguably the most critical component of measuring community health. Access can be measured at both the individual level (i.e. health insurance coverage, affording services) and at the system level (i.e. primary care provider rate, Medicaid expansion). When an individual has the means to secure treatment and quality comprehensive treatment is readily available, then access to health care is highest.

Access to primary health care is important, because primary care physicians are usually the first line of defense in treating and preventing chronic diseases. Recent estimates from the LA County Health Survey, indicate that about 77% of people living in White Memorial’s total service area and 80% of people in LA County have a regular source of health care. Both estimates are below the Health People 2020 objective to increase the proportion of persons of all ages who have a specific source of ongoing care to 95%.³ Children in the area fared much better with about 95% of parents in WMMC’s total service area reporting that their child(ren) had a regular source of health care.⁴ Additionally, about 34% of people in WMMC’s total service area reported difficulty accessing medical care. In comparison, 24% of people throughout LA County reported difficulty accessing medical care in the past year.³

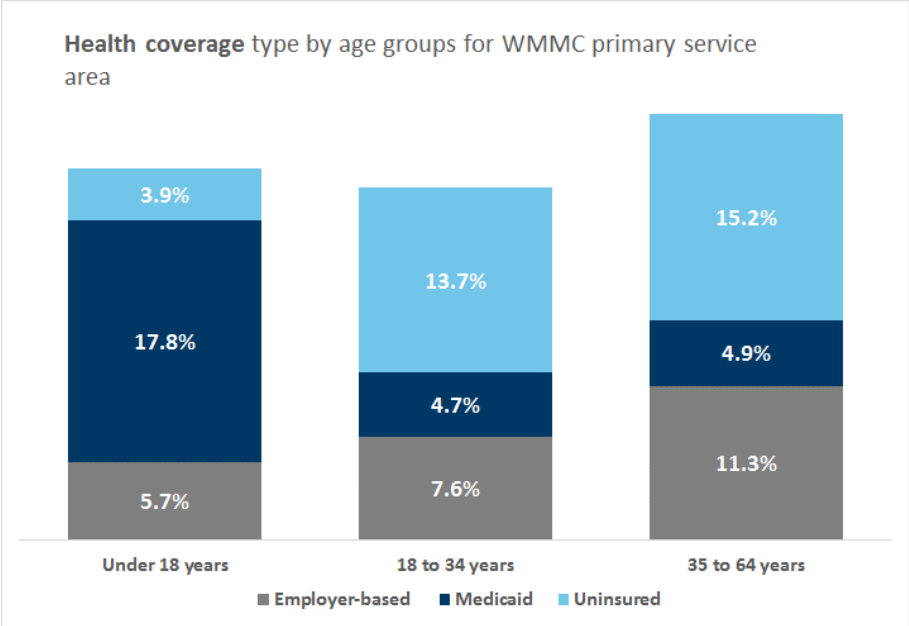
	WMMC Total Service Area		LA County	
	Adults (18+)	Children (0-17)	Adults (18+)	Children (0-17)
Difficulty accessing medical care	33.6%	14.1%	23.6%	11%
Tried to get mental health care in the past year	7.6%	6.9%	8.5%	7.6%
Difficulty accessing mental health care in the past year	44.9%	35%	30.6%	36.1%
Have a regular source of health care	76.5%	95%	80.3%	94.3%

Los Angeles County Department of Public Health (2016). Los Angeles County Health Survey, 2015: Selected health indicators for adults (18+ years old) and children (0-17 years old, unless otherwise stated) residing in White Memorial Medical Center (WMMC) catchment area and Los Angeles County. Custom report created by the Health Assessment Unit at LACDPH

The number of uninsured in WMMC’s PSA has decreased by about 38%, between 2008 and 2014 according to estimates from the US Census Bureau. Per the 2008-2012 American Community Survey estimates, 46.9% of adults aged 18-64 years in the PSA were uninsured. The 2010-2014 estimates demonstrated a significant decline with 29.3% of adults aged 18-64 years in the PSA reporting being uninsured.⁵

Mental Health Services

Access to quality mental health services is crucial in providing care to those who suffer from mental illnesses, so that they may live full and productive lives and maintain meaningful relationships. Mental

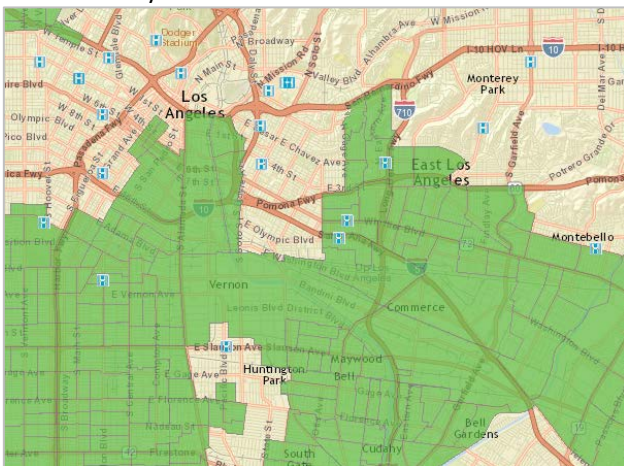


Data Source: Esri (2016). Custom community profile produced using Community Analyst.

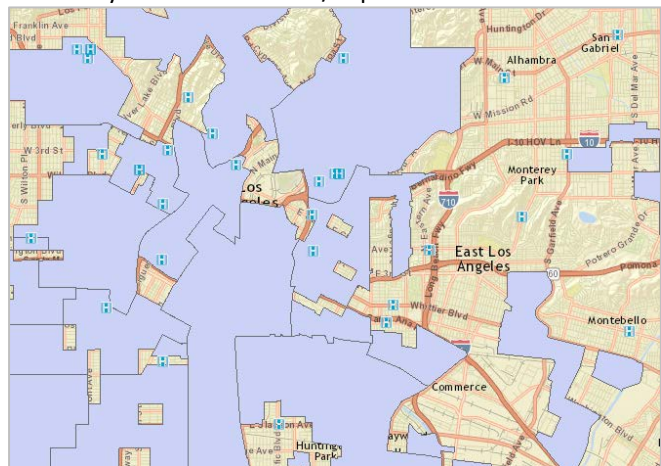
health services aren't limited to stand alone facilities, but proper screening, diagnosis, and referral should be available in multiple settings such as primary care clinics and emergency departments.

Within the PSA, there are seven facilities that have been designated by the Health Resources and Services Administration as health professional shortage areas for mental health. This means that there is either a shortage of mental health professionals at these facilities in comparison to the need for services, mental health providers are over utilized, or the population in the areas experiences access barriers that prevent the use of the area's providers.⁶ Recent estimates from the LA County Health Survey indicate not only a need within the service area for mental health services for adults and children, but also outreach and education on accessing those services and navigating the system.

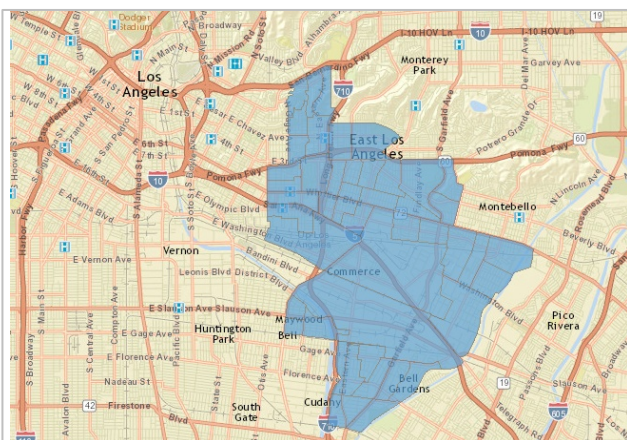
HPSA-Primary Care



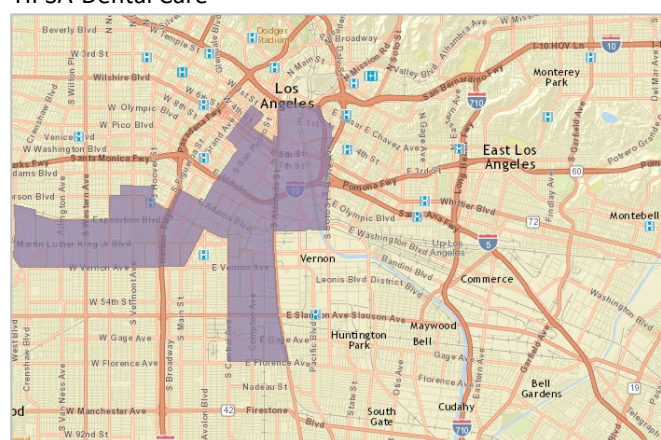
Medically Underserved Area/Population



HPSA-Mental Health Care



HPSA-Dental Care



Data Source: Health Resources and Services Administration (2016). Data warehouse, map tool. Retrieved from <http://datawarehouse.hrsa.gov/Tools/MapTool.aspx?tl=HPSA>=State&cd=&dp=>

Health Care Spending

Health care costs account for a large portion of spending in the United States. Despite the many cost-reducing provisions in the Affordable Care Act of 2010, system-wide health care costs are still projected to rise faster than national income for the foreseeable future, and this cost growth has important implications for government and family budgets. This is important, because as reforms are put into place to address burgeoning health care costs, states will suffer from tighter budgets

necessitating reduced spending on Medicaid. As a result, consumers will endure increased out-of-pocket costs and benefit reductions.

Average Amount Spent by Consumers for Medical Expenditures

	PSA	LA County
Avg. Amount Spent on Medical Care	\$1,246.74	\$2,101.09
Physician Services	\$168.58	\$277.66
Dental Services	\$244.66	\$423.36
Eye care Services	\$31.93	\$54.11
Lab Tests, X-Rays	\$37.21	\$61.39
Hospital Room and Hospital Services	\$122.78	\$189.89
Convalescent or Nursing Home Care	\$14.93	\$28.96
Other Medical Services	\$77.49	\$127.38
Nonprescription Drugs	\$80.11	\$131.18
Prescription Drugs	\$265.24	\$459.13
Nonprescription Vitamins	\$47.97	\$77.87
Medicare Prescription Drug Premium	\$45.33	\$79.60
Eyeglasses and Contact Lenses	\$53.86	\$92.15
Hearing Aids	\$12.02	\$25.26
Medical Equipment for General Use	\$3.54	\$6.21
Other Medical Supplies	\$41.08	\$66.94

Data Source: Esri, Inc. (2016). Medical Expenditures for White Memorial Medical Center PSA and Los Angeles County. Purchased through Community Analyst tool

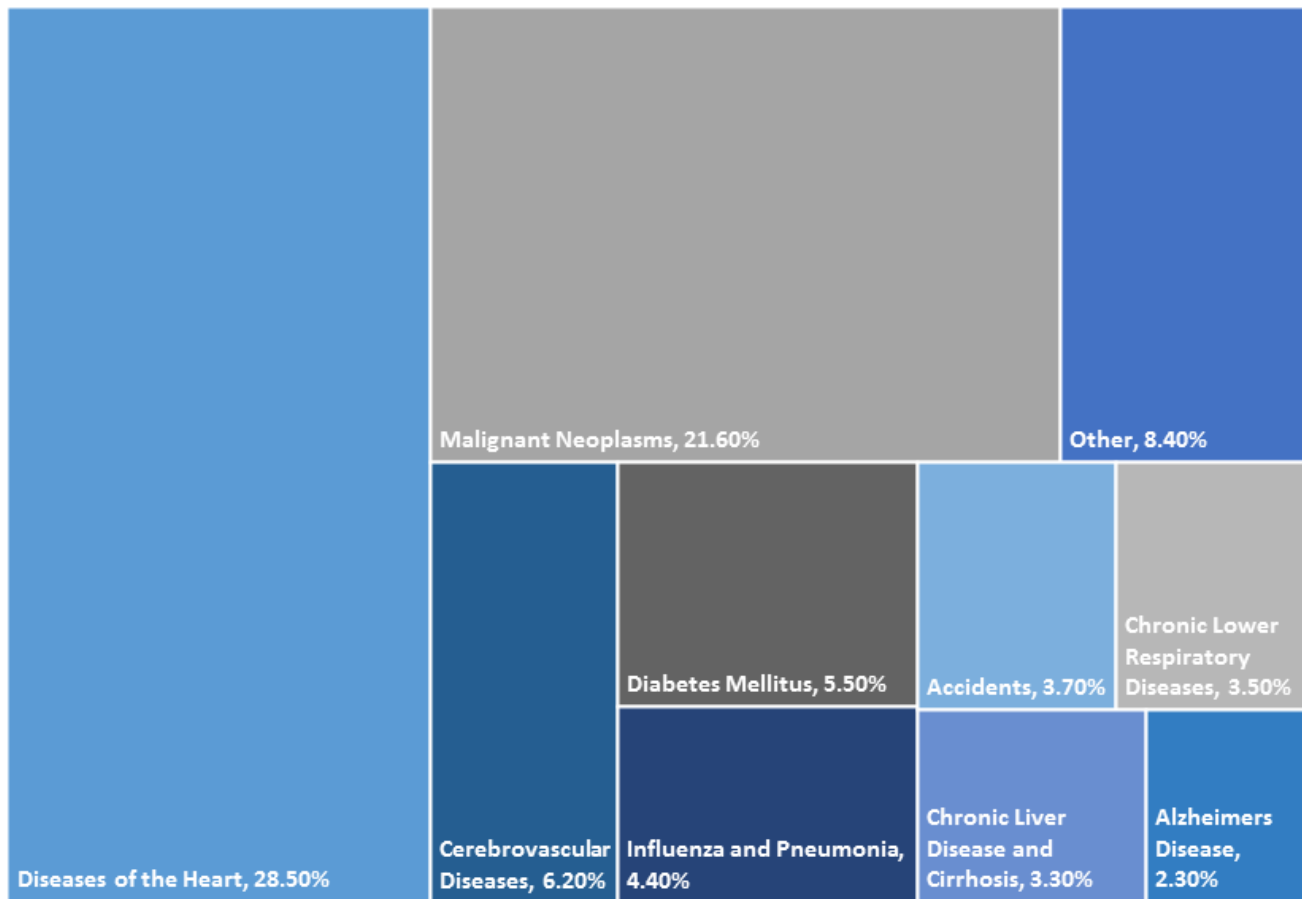
Average spending by consumers for medical expenditures in the PSA is less than averages across all categories. On average, consumers in the PSA spend about 72% less on health care related costs than consumers countywide.⁷

Leading Causes of Death

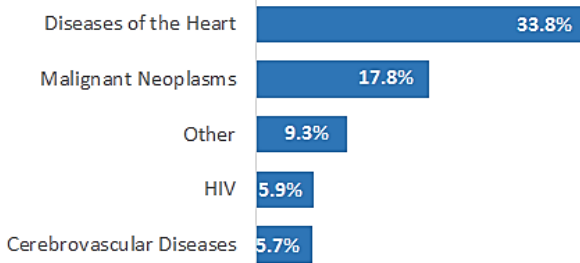
The leading causes of death in the United States are overwhelmingly the result of chronic and preventable diseases. For example, in 2014 the top three leading causes of death in the United States were from heart disease, cancer, and chronic lower respiratory diseases.⁸ Within the East LA and Northeast Health Districts, heart disease, cancer, and other causes constituted the top three causes of death between 2000 and 2012.⁹

By race, the leading causes of death differed slightly. For example, between 2000 and 2012 the fourth leading cause of death was different for each racial group (pictured in the graph on the next page). Additionally, homicide was reported to be the ninth and tenth leading cause of death for Latinos and African Americans, respectively. Homicide as a cause of death was not reported for any of the other racial groups or within the top 10 for the overall population.⁹

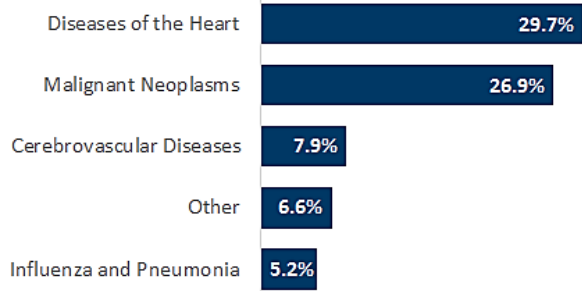
Top 10 Leading Causes of Death for Overall Population in Northeast and East LA Health Districts, 2000-2012



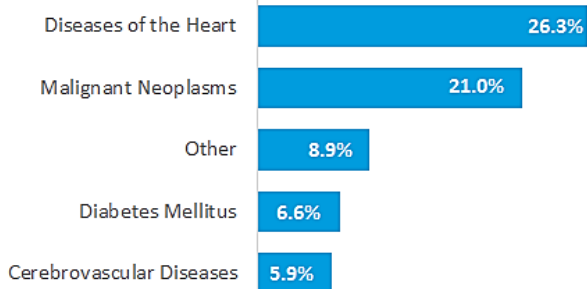
Top Five Causes of Death for African Americans, 2000-2012



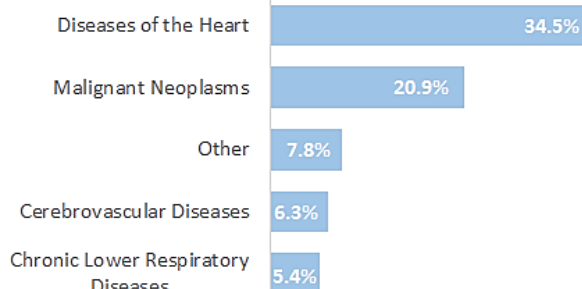
Top Five Causes of Death for Asians, 2000-2012



Top Five Causes of Death for Latinos, 2000-2012



Top Five Causes of Death for Whites, 2000-2012



Data Source: Los Angeles County Department of Public Health, Health Assessment Unit (2016). LA HealthDataNow! Mortality query database. Retrieved from <https://dqs.publichealth.lacounty.gov/queries.aspx>

Key Findings

- The percentage of women who received prenatal care during the first trimester in SPA 4 (79%) was slightly lower than that of County and State (82%) estimates.
- The infant mortality rate in SPA 4 is slightly higher than that of the County and State, however all three estimates fall below the Healthy People 2020 goal of 6%.
- About 77% of people living in White Memorial's total service area and 80% of people in LA County have a regular source of health care.
- Per the 2008-2012 American Community Survey estimates, 46.9% of adults aged 18-64 years in the PSA were uninsured. The 2010-2014 estimates demonstrated a significant decline with 29.3% of adults aged 18-64 years in the PSA reporting being uninsured.
- WMMC's PSA is designated as a medically underserved area/population. Neighboring areas have been designated as health professional shortage areas for primary care.
- Within the East LA and Northeast Health Districts, heart disease, cancer, and other causes constituted the top three causes of death between 2000 and 2012.

HEALTH SYSTEM

A strong health system is one in which patients receive efficient coordinated care for a variety of illnesses.

77%

of people living in WMMC’s total service area have a regular source of health care. This is below the Health People 2020 benchmark of **95%**.



In 2012, 46.9% of people in the PSA did not have health insurance. This number decreased in 2014 to **29.3%** uninsured.

Appropriate preventative and follow-up care can prevent unnecessary hospitalizations.

	WMMC Total Service Area		LA County	
	Adults (18+)	Children (0-17)	Adults (18+)	Children (0-17)
Difficulty accessing medical care	33.6%	14.1%	23.6%	11%
Tried to get mental health care in the past year	7.6%	6.9%	8.5%	7.6%
Difficulty accessing mental health care in the past year	44.9%	35%	30.6%	36.1%
Have a regular source of health care	76.5%	95%	80.3%	94.3%

Results from the 2015 LA County Health Survey revealed on average that people in the service area had a more difficult time accessing health services in comparison the rest of the County.

Strengthening linkages to care begins with stronger partnerships.

The percentage of women who received prenatal care during the first trimester in SPA 4 (**79%**) was slightly lower than that of County and State (**82%**) estimates.

The infant mortality rate in SPA 4 is slightly higher than that of the County and State, however all three estimates fall below the Healthy People 2020 goal of 6%.



Data Sources: Los Angeles County Department of Public Health (2016). Los Angeles County Health Survey, 2015. US Census Bureau (2013). American Community Survey 5-year estimates, 2008-2012 and 2010-2014. Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health Programs. Perinatal health indicators Los Angeles County, 2013.

Public Health and Prevention

Health Status and Behaviors

Health status is determined by more than the presence or absence of any disease. It is comprised of a number of factors, including measures of healthy life expectancy, years of potential life lost, self-assessed health status, chronic disease prevalence, and measures of functioning, physical illness, and mental wellbeing. These measures go hand-in-hand with measures related to health behaviors, such as physical activity, nutritional choices, and alcohol consumption. Measuring health behaviors provides a deeper understanding of measures of health status.



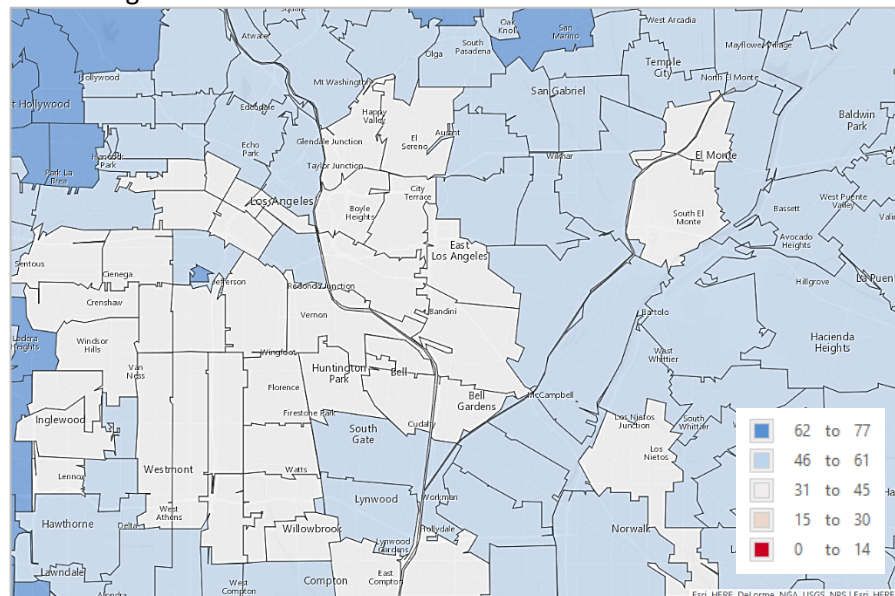
Protecting the public's health means ensuring that a community has access to preventative services and the information necessary to make healthy decisions. In order to form more meaningful partnerships, we must understand the health status of our community.

Health Status

In 2015, 28.7% of adults in our service area reported that their general health status was fair or poor. In comparison, 21.5% of adults countywide reported fair or poor health status. 8.5% of parents also reported that their child(ren)'s general health status was fair or poor. In comparison, 6.5% of parents countywide reported the same.¹

Additionally, those surveyed reported an average of 2.6 days in the past month where regular activities were limited due to poor physical or mental health and an average of 6.2 unhealthy days due to poor mental or physical health in the past month. Results for the County showed an average of 2.3 days of activities limited in the past month due to poor physical or mental health and an average of 5.9 unhealthy days in the past month.¹

Percentage of Adults Who Exercise Two or More Times Per Week



Data Source: Esri, Inc. (2016). Custom geographic profile produced using Community Analyst tool.

Physical Activity

In terms of physical activity, adults in our service area are well below the LA County estimate and HP 2020 goal (47.9%) for exercise per week. In 2015, 29.4% of adults in our service area reported meeting the Centers for Disease Control and Prevention’s physical activity guidelines for adults that includes at least 150 minutes of moderate activity (or 75 minutes for vigorous activity) and two days of strength training per week. During that same year, 34.1% of adults countywide reported meeting those guidelines.¹

Rates for physical activity among Los Angeles Unified School District teens is much higher, with the majority of those surveyed reporting some form of physical activity throughout the week.² In comparison, results from the 2015 Youth Risk Behavioral Survey showed that 46.3% of 9th-grade students, 53.5% of 11th-grade students, and 56.5% of 12th-grade students were not physically active at least 60 minutes per day, in the past week.³

Exercise on at Least Three of the Past Seven Days				
	Grade 7 (%)	Grade 9 (%)	Grade 11 (%)	NT (%)
Exercise or do a physical activity for at least 20 minutes that made you sweat and breathe hard	70	68	60	73
Participate in a physical activity for at least 30 minutes that did not make you sweat and breathe hard	54	57	56	63
Either	81	82	75	85

Frequency of Exercise to Strengthen or Tone Muscles, Past Seven Days				
	Grade 7 (%)	Grade 9 (%)	Grade 11 (%)	NT (%)
0 days	18	20	25	23
1-2 days	27	28	23	18
3 or more days	54	52	52	60

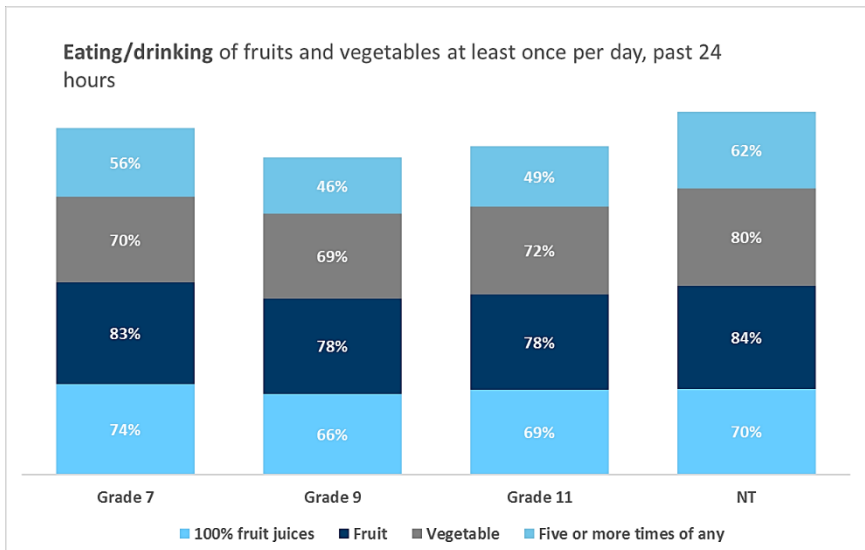
Note: NT includes continuation, community day, and other alternative school types. Data Source: Los Angeles Unified School District (2015). California healthy kids survey, 2014-15: Main report. San Francisco: WestEd Health & Human Development Program for the California Department of Education.

Nutrition

Making healthy food choices is important to losing or maintaining weight and fueling physical activity. 12.4% of adults in our service area reported eating at least five fruits or vegetables daily and 38% reported drinking at least one soda or sweetened drink per day. In comparison, 14.7% of adults countywide reported meeting recommendations for healthy daily fruit and vegetable consumption and 31.4% drinking at least one soda per day.¹ Rates among teens are slightly lower with 28% of 7-grade students, 21% of 9th-grade students, and 19% of 11th-grade students reporting drinking at least one soda in the past 24 hours.²

Chronic Disease

Successfully managing risk factors for chronic diseases is important for preventing unnecessary hospitalizations. 11.6% of adults in WMMC's service area reported ever being diagnosed with diabetes, 22% reported ever being diagnosed with hypertension, and 24.5% reported ever being diagnosed with high cholesterol. In comparison, 9.8% of adults throughout LA County reported a previous diagnosis of diabetes, 23.5% for hypertension, and 25.2% for high cholesterol.¹ Asthma rates among children age 0-17 in the service area are similar to County estimates at 7.2% and 7.4%, respectively.⁴



Note: NT includes continuation, community day, and other alternative school types. Data Source: Los Angeles Unified School District (2015). California healthy kids survey, 2014-15: Main report. San Francisco: WestEd Health & Human Development Program for the California Department of Education.

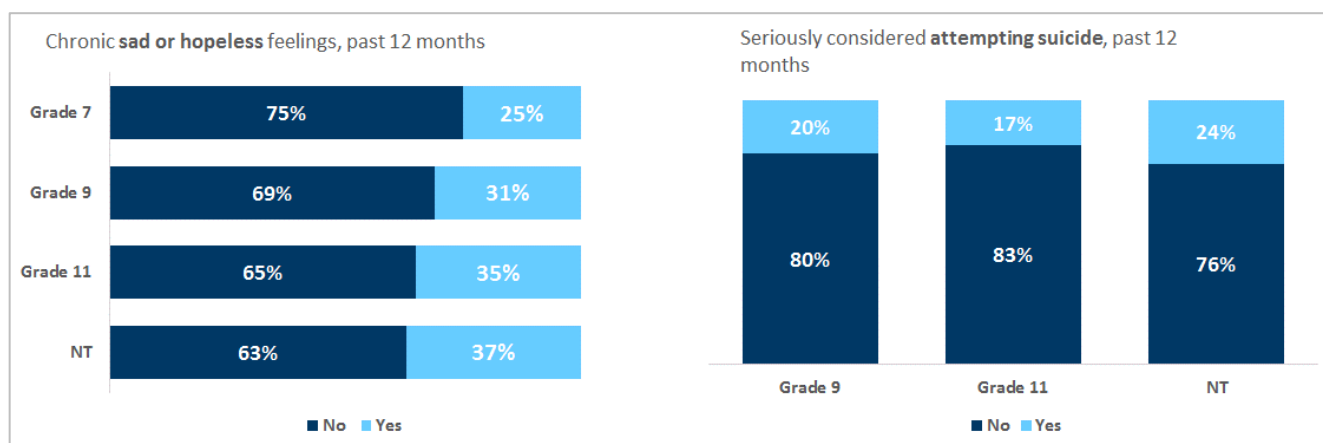
Obesity among adults in WMMC's service area falls slightly above the LA County estimate and slightly below Healthy People 2020 goal (23.5% and 30.5%, respectively) with 27.7% of adults classified as having a body mass index of 30 or more. 33.6% of adults in our service area are classified as overweight. In comparison, 35.9% of adults throughout LA county are considered to be overweight.¹ Obesity rates among teens are below the HP 2020 goal (16.1%) for 7th and 11th- grade students (14% and 15%) and similar for 9th-grade students (16%). Obesity rates are highest among 7th-grade students in comparison to other grades surveyed at 37% (9th: 20%; 11th: 22%).²

Mental Health

Optimal mental health is a state of successful performance of cognitive and mental function. This results in productive activities, fulfilling relationships with other people, and the ability to change and to cope with challenges. Without meaningfully addressing mental illness a person may develop other physical symptoms or comorbidities due to self-medication and under treatment.

Good mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to one's community or society, as a whole. Maintaining mental health means not only seeking treatment for mental illnesses, but also having access to systems of social support through meaningful relationships.

Results from the 2015 LA County Health Survey showed 52.9% of adults in our service area reported that they receive social and emotional support when needed. In comparison, 64% of adults throughout LA County reported sufficient emotional and social support. Rates for current diagnosis of depression in our service area is slightly less than the estimate for adults throughout the County at, 7.9% and 8.6%, respectively.¹ The graph below shows results from the California Healthy Kids Survey. On these items, students were asked about symptoms of depression, suicidal ideation, and suicidal attempts. A higher percentage of students enrolled in alternative school types reported feeling depressed and considering suicide, in the past year.



Note: NT includes continuation, community day, and other alternative school types. Data Source: Los Angeles Unified School District (2015). California healthy kids survey, 2014-15: Main report. San Francisco: WestEd Health & Human Development Program for the California Department of Education.

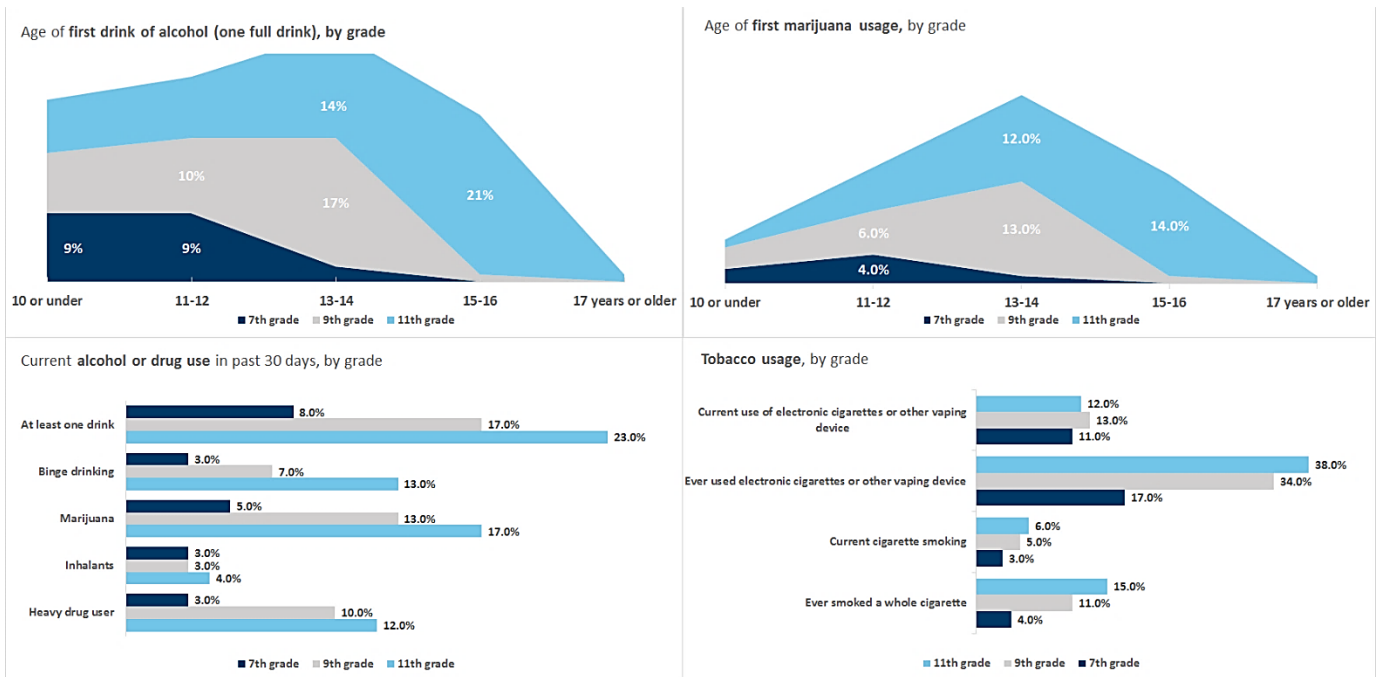
Alcohol or Substance Abuse

Alcohol and/or substance abuse has a major impact on individuals, families and communities. The effects of abuse are cumulative, contributing to costly social, physical, mental, and public health problems. Recent estimates reveal that 17.4% of adults in our service area reported engaging in binge drinking on a single occasion in the past 30 days. In comparison, 15.9% of adults throughout LA County reported binge drinking in the past 30 days.¹

Rates for alcohol consumption among Los Angeles teens are below the National estimate for both 9th and 11th grade students. When asked the question, “have you had at least one drink of alcohol on at least 1 day during the 30 days before the survey?” 23.4% of 9th-grade students and 38% of 11th-grade students answered yes. When looking at age of onset for alcohol consumption, the most popular ages were 10 and under and 11-12 years old for 7th-grade students (9% for both), 13-14 years old for 9th-grade students (17%), and 15-16 years old for 11th-grade students (21%).^{2,3}

Tobacco usage among Los Angeles teens is less than the National estimate for both 9th and 11th-grade students. When asked the question, “did you smoke at least 1 day during the 30 days before the survey?” 7.6% of 9th-grade students and 13.1% of 11th-grade students said yes. Current usage of electronic cigarettes or other vaping devices among Los Angeles teen is also less than the National estimate for 9th (37.2%) and 11th-grade (49.5%) students.^{2,3}

Among adults, 15.4% in our service area reported smoking cigarettes in comparison to 13.3% countywide. Both estimates exceed the Healthy People 2020 objective to reduce cigarette usage among adults to 12%.¹



Data Source: Los Angeles Unified School District (2015). California healthy kids survey, 2014-15: Main report. San Francisco: WestEd Health & Human Development Program for the California Department of Education.

Breastfeeding

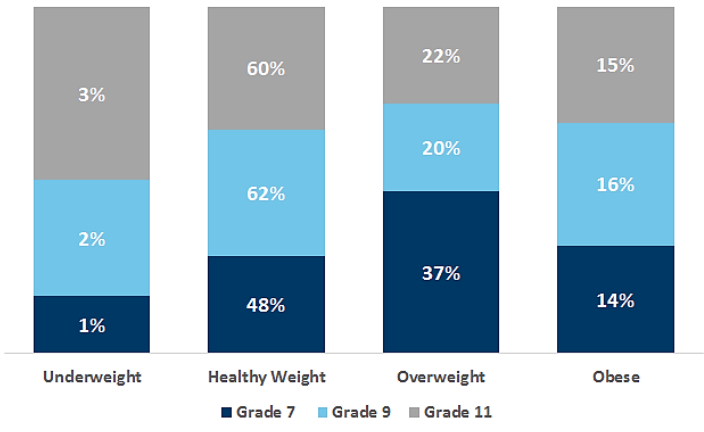
Breastfeeding has numerous benefits for both mother and child. Breast milk is a nearly perfect blend of vitamins, protein, and fat that is more easily digestible in infants than formula. Breastfed infants are also likely to have fewer ear infections, respiratory illnesses, bouts of diarrhea, and lowers the baby’s risk of having allergies and asthma. For the mother, breastfeeding burns extra calories, which helps mothers lose pregnancy weight faster and also lowers the risk of breast and ovarian cancer. Overall, the act of breastfeeding promotes bonding for mother and child and helps a child to develop a secure attachment to mother.

The American Academy of Pediatrics recommends that breastfeeding continue for at least 12 months, and thereafter for as long as mother and baby desire. In our service area, 96.3% of mothers started out breastfeeding, 47.1% breastfed for the first six months, and 25.3% breastfed for at least one year. In comparison, 93.1% of mothers throughout LA County started out breastfeeding, 49.7% breastfed the first six months, and 27.6% breastfed the first year. Of note, the Healthy People 2020 objective is for 60.6% of mothers to breastfeed exclusively for six months.⁴

Key Findings

- In 2015, 28.7% of adults in our service area reported that their general health status was fair or poor. In comparison, 21.5% of adults countywide reported fair or poor health status.
- 12.4% of adults in our service area reported eating at least five fruits or vegetables daily and 38% reported drinking at least one soda or sweetened drink per day. In comparison, 14.7% of adults countywide reported meeting recommendations for healthy daily fruit and vegetable consumption and 31.4% drinking at least one soda per day.
- 11.6% of adults WMMC's service area reported ever being diagnosed with diabetes, 22% reported ever being diagnosed with hypertension, and 24.5% reported ever being diagnosed with high cholesterol. In comparison, 9.8% of adults throughout LA County reported a previous diagnosis of diabetes, 23.5% for hypertension, and 25.2% for high cholesterol.
- Rates for current diagnosis of depression in our service area is slightly less than the estimate for adults throughout the County at, 7.9% and 8.6%, respectively.
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- 52.9% of adults reported that they receive social and emotional support when needed.
- 7.9% of adults reported a diagnosis of depression.
- 17.4% of adults reported binge drinking in the past 30 days. In comparison, to 15.9% countywide.
- 15.4% in our service area reported smoking cigarettes in comparison to 13.3% countywide.
- Among teens, those enrolled in alternative school types reported higher rates of depression symptoms and suicide attempts.

Student **body mass index**, by grade



Physical Environment

We interact with the environment constantly, as such, our physical environment can affect our health behaviors, quality of life, years of healthy life lived, and health disparities. The World Health



The physical environment is where we live, work, and play. Access to green spaces, as well as, healthy foods play a part in our overall health and how well we interact with others. In order to effectively implement interventions, we must understand the world in which we live.

Organization (WHO) defines environment, as it relates to health, as “all the physical, chemical, and biological factors external to a person, and all the related behaviors.” This can include air quality and exposure to toxic substances, as well as, factors such as the built environment and housing.

In our service area, 47.3% of adults and 85.2% of children reported using walking paths, parks, playgrounds, sports fields, or other safe place to play in the past two weeks. In comparison, 47.5% of adults and 81% of children county wide reported visiting green space in their neighborhood in the past two weeks.^{1,2}

Air Quality

Two types of air pollution dominate in the U.S.: ozone and particle pollution. Ozone is a gas molecule composed of three oxygen atoms. Often called “smog,” ozone is harmful to breathe. Ozone aggressively attacks lung tissue by reacting chemically with it. Particle pollution refers to a mix of very tiny solid and liquid particles that are in the air we breathe. Researchers categorize particles according to size, grouping them as coarse, fine, and ultrafine. Coarse particles fall between 2.5 microns and 10 microns in diameter and are called PM 10-2.5. Fine particles are 2.5 microns in diameter or smaller and are called PM 2.5. Ultrafine particles are smaller than 0.1 micron in diameter and are small enough to pass through the lung tissue into the blood stream, circulating like the oxygen molecules themselves. No matter what the size, particles can harm your health. Regular exposure to high ozone and particle levels can cause a number of health problems including shortness of breath, asthma attacks, increased risk of respiratory infections, and increased susceptibility to pulmonary inflammation. Children and teens, those age 65 years or older, people who work or exercise outdoors, people with existing lung diseases (i.e. asthma, COPD), and people with cardiovascular disease are especially susceptible to the effects of air pollution and should exercise extra caution when outdoors.³

A recent report from the American Lung Association gave Los Angeles County a failing grade for air quality. According to their analysis, Los Angeles had 194 orange, 20 red, and three purple ozone days across the period surveyed (2011-2013). In addition, the report noted 70 orange, seven red, and zero purple particle pollution (24-hour) days during that same period.³

Air Quality Index for Ozone		Air Quality Index for Particle Pollution	
8-hour Ozone Concentration	Air Quality Index Levels	Concentration	Index Levels
0.000 – 0.059 ppm	Good (Green)	0.0 mg/m ³ to 12.0 mg/m ³	Good (Green)
0.060 – 0.075 ppm	Moderate (Yellow)	12.1 mg/m ³ to 35.4 mg/m ³	Moderate (Yellow)
0.076 – 0.095 ppm	Unhealthy for Sensitive Groups (Orange)	35.5 mg/m ³ to 55.4 mg/m ³	Unhealthy for Sensitive Groups (Orange)
0.096 – 0.115 ppm	Unhealthy (Red)	55.5 mg/m ³ to 150.4 mg/m ³	Unhealthy (Red)
0.116 – 0.374 ppm	Very Unhealthy (Purple)	150.5 mg/m ³ to 250.4 mg/m ³	Very Unhealthy (Purple)
>0.374 ppm	Hazardous (Maroon)	greater than or equal to 250.5 mg/m ³	Hazardous (Maroon)

Data Source: American Lung Association (2015). State of the Air, 2015. Accessed 18 April 2016 from: http://www.stateoftheair.org/2015/assets/ALA_State_of_the_Air_2015.pdf

Water Quality

Water is essential for life and plays a vital role in the proper functioning of the Earth's ecosystems. Water pollution has a serious impact on all living creatures, and can negatively affect the use of water for drinking, household needs, recreation, fishing, transportation, and commerce. 2013 and 2014 were landmark years for water in the state of California. Extreme drought conditions led to the passage of several measures aimed at water conservation and monthly water use reporting and the release of the California Water Action Plan in 2013.⁴

According to a recent report from the University of California at Los Angeles, nearly everyone in the Los Angeles County area has been provided with clean water. There were only 11 instances of violations of the Maximum Contaminant Limits (MCL) in 2012, involving eight separate systems, affecting 75,578 consumers. Overall, beach water quality is very good earning the highest grades (90% A or B grades) during summer dry weather. Winter dry weather quality was also very good with 86% A or B grades. Wet weather water quality continues to be an area of concern statewide. Wet weather grades in LA County are no exception, with only 50% A or B grades, and with 40% receiving F grades. Though wet weather grades slipped slightly from 2012-13 (when there were 57% A or B grades), they were still above the county's five-year average of 37% A or B grades. However, LA County's percentage of wet weather A or B grades was lower than the statewide average of 69% A or B grades.⁴

Food Environment Index

The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

- Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. Living close to a grocery store qualifies as living less than 1-mile non-rural areas. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.
- Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

Los Angeles County has a Food Environment Index score of 7.8 out of 10³. This means that low income populations have reasonable access to a grocery store and a low percentage of people are experiencing food insecurity. Top performers in the US have a score of 8.3.⁵

Food Insecurity

Food security refers to access by all people at all times to enough food for an active, healthy life. Food insecurity is lack of consistent access to food resulting in reduced quality, variety, or desirability of diet or multiple indications of disrupted eating patterns and reduced food intake. In 2013, the overall percentage of people experiencing food insecurity in Los Angeles County was 14.7%, the rate for the state was 15%, and for the US 15.8%. That same year children experiencing food insecurity in Los Angeles County was 24.9%, the rate for the state was 25.1%, and for the US 21.4%.⁷ In our service area, 33.8% of households with incomes at 300% or less of the federal poverty level are food insecure. In comparison, 29.2% of families countywide within the same income range are food insecure.¹

Children Eligible for Free or Reduced Lunch

Any child at a participating school may purchase a meal through the National School Lunch Program. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 percent and 185 percent of the poverty level are eligible for reduced price meals, for which students can be charged no more than 40 cents. During the 2014-2015 school year 75.6% of students in Los Angeles County Unified School District were eligible for free or reduced lunch.⁶ This figure has remained stable since the 2010-2011 school year when 74.3% of students were eligible for the program. Among English learners and foster youth enrolled in LAUSD, 83.5% were eligible for the program. This figure represents a slight decrease from the previous school year when 84.6% were eligible to receive free or reduced lunch.⁶

Severe Housing Problems

Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability, and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries, and poor childhood development. Houses with severe problems are households with at least 1 of 4 housing problems: overcrowding, cost burden greater than 50%, or lack of kitchen or plumbing facilities. According to the latest estimates, about 35% of homes in Los Angeles County had severe problems, compared to 29% statewide.⁸

Key Findings

- The American Lung Association gave Los Angeles County a failing grade for air quality. According to their analysis, Los Angeles had 194 orange, 20 red, and three purple ozone days across the period surveyed (2011-2013). In addition, the report noted 70 orange, seven red, and zero purple particle pollution (24-hour) days during that same period.
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PHYSICAL ENVIRONMENT

7.8 / 10

Los Angeles County has a **Food Environment Index** score of 7.8 out of 10. This means that low income populations have **reasonable access to a grocery store** and a low percentage of people are experiencing food insecurity. Top performers in the US have a score of **8.3**.

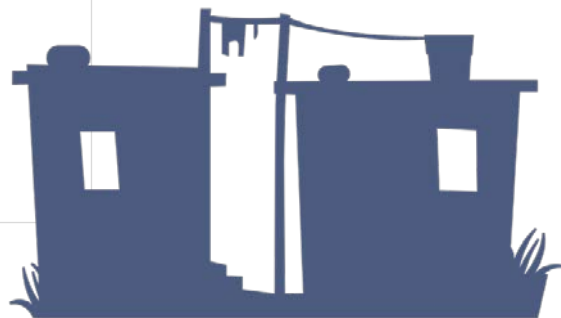
75.6% of students in LA Unified School District were eligible for **free or reduced lunch** during the 2014-2015 school year.



In 2013, the overall percentage of people experiencing food insecurity in LA County was **14.7%**, the rate for the state was **15%**, and for the US, **15.8%**.

Homes with severe problems are households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

35% of homes in LA County have severe problems, compared to **29%** statewide.



Data Sources: County Health Rankings & Roadmaps (2016). Los Angeles County, Oregon: Food Environment Index, 2012-2013. California Department of Education (2016). Students Eligible for Free or Reduced Lunch, 2014-2015. Map the Meal Gap (2013). Food Insecurity in Los Angeles County, 2013. US Department of Housing and Urban Development (2012). County Health Rankings & Roadmaps (2016). Los Angeles County, Severe Housing Problems, 2008-2012. Accessed from: <http://www.countyhealthrankings.org/>

Prevention Quality Indicators and Future Trends

Prevention Quality Indicators (PQIs) are a set of measures that are derived from inpatient discharge data to identify the quality of care for ambulatory care sensitive conditions (ACSC). These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. Even though these indicators are derived from hospital inpatient data, they provide insight into the community health care system or services outside the hospital setting. For example, patients with diabetes may be hospitalized for diabetic complications if their conditions are not adequately monitored or if they do not receive the patient education needed for appropriate self-management.

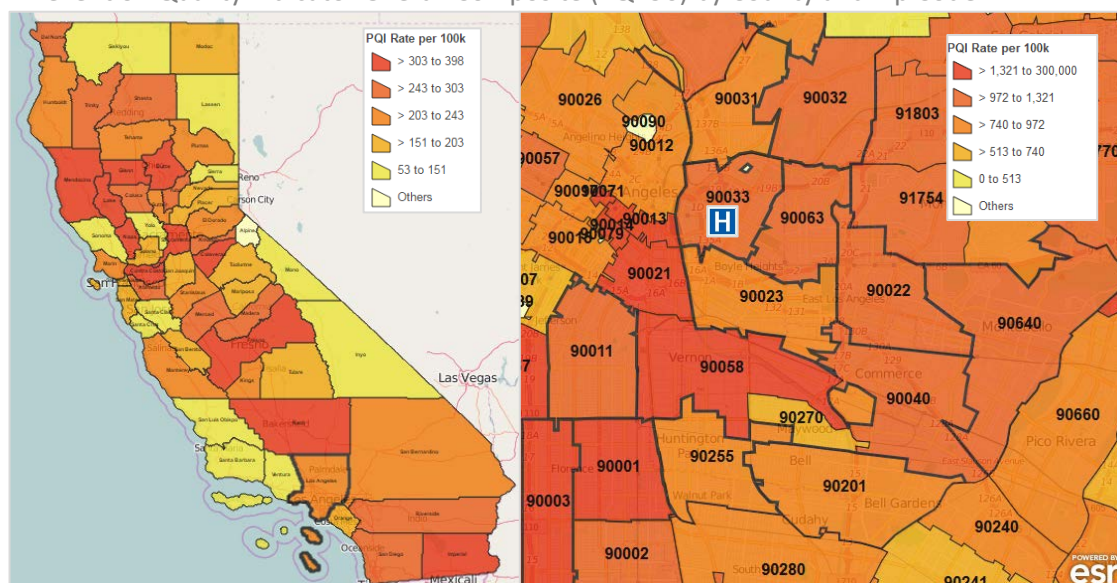
PQIs have many uses; they are often used as a "screening tool" to help flag potential health care quality problem areas that need further investigation. They also provide a quick check on primary care access or outpatient services in a community by using patient data found in a typical hospital discharge abstract; and help public health agencies, state data organizations, health care systems, and others interested in improving health care quality in their communities.¹

PQI	Population Count ▼	Rate per 100K	State Benchmark	Difference
PQI 90 - Prevention Quality Overall Composite	6,308	1112.46	884.2	228.26 ❌
PQI 92 - Prevention Quality Chronic Composite	4,420	779.50	591.83	187.67 ❌
PQI 91 - Prevention Quality Acute Composite	1,888	332.96	292.37	40.59 ❌
PQI 08 - Congestive Heart Failure (CHF) Admission Rate	1,514	267.00	232.78	34.22 ❌
PQI 05 - Chronic Obstructive Pulmonary Disease (COPD) Or Asthma In Older Adults Admission Rate	1,081	389.53	287.71	101.82 ❌
PQI 03 - Diabetes Long-Term Complications Admission Rate	952	167.89	91.32	76.57 ❌
PQI 12 - Urinary Tract Infection Admission Rate	888	156.60	109.49	47.11 ❌
PQI 11 - Bacterial Pneumonia Admission Rate	827	145.85	149.76	3.91 ✅
PQI 01 - Diabetes Short-Term Complications Admission Rate	300	52.91	50.13	2.78 ❌
PQI 07 - Hypertension Admission Rate	199	35.10	19.96	15.13 ❌
PQI 10 - Dehydration Admission Rate	173	30.51	33.12	2.61 ✅
PQI 13 - Angina Without Procedure Admission Rate	152	26.81	14.06	12.75 ❌
PQI 14 - Uncontrolled Diabetes Admission Rate	121	21.34	7.65	13.69 ❌
PQI 16 - Lower-Extremity Amputation Among Patients With Diabetes	59	10.41	6.47	3.93 ❌

Data Source: Hospital discharge data was purchased from Nielson Company and Truven Health Analytics, Inc., 2010-2014.

The Prevention Quality Overall Composite (PQI-90) is measured per 100,000 population for ages 18 years and older. This measure includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection. The PSA has a PQI-90 rate of 1,112.46 per 100,000. This rate falls slightly below the Agency for Healthcare Research and Quality’s (AHRQ) benchmark of 1,457.5 per 100,000 but greatly exceeds the State benchmark of 884.2 per 100,000.² The zip code with the highest PQI-90 rate was 90003 (Los Angeles) at 1,570.78 per 100,000. The zip code with the lowest PQI-90 rate was 90201 (Bell Gardens) at 782.74 per 100,000.

Prevention Quality Indicator Overall Composite (PQI-90) by County and Zip Code

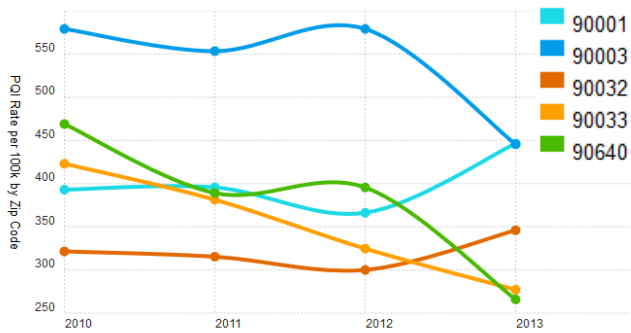


Data Source: Hospital discharge data was purchased from Nielson Company and Truven Health Analytics, Inc., 2010-2014. Custom maps were generated using ArcGIS and ArcMap from Esri, Inc.

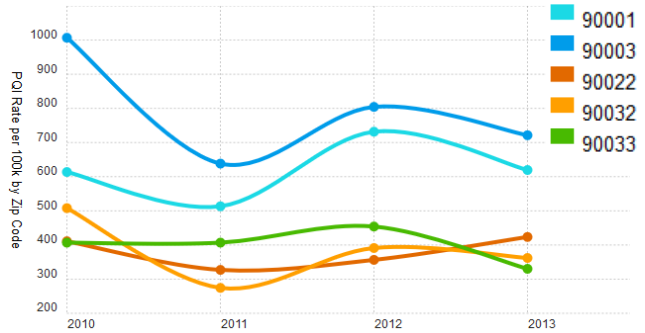
Analysis of acute versus chronic PQIs reveals that congestive heart failure admissions (PQI-08) are the leading cause of chronic ACSC and urinary tract infection admissions (PQI-12) are the leading cause of acute ACSC within the PSA. From the table on the previous page, one can see that admission rates for all but two PQIs exceed state benchmarks. Admission rates under the state benchmark are only below by minimal amounts.

By volume, zip code 90003 has had the highest admissions for congestive heart failure and COPD or asthma in comparison to other areas in the PSA. Zip code 90063 has historically had the highest admission rate for diabetes long-term complications, with a spike in 2012 and significant drop in 2013.

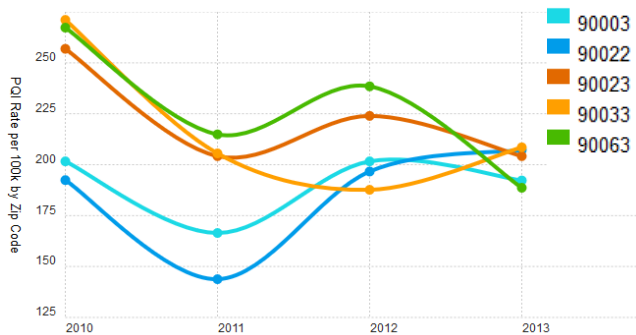
Congestive Heart Failure Admission Rate (PQI 08) by Zip Code, Top Five by Volume



COPD or Asthma in Older Adults Admission Rate (PQI 05) by Zip Code, Top Five by Volume



Diabetes Long-Term Complications (PQI 03) by Zip Code, Top Five by Volume



Zip code 90003 represents an area of high need for preventable hospitalizations for congestive heart failure and COPD or asthma in older adults. This area saw a significant drop in admissions for congestive heart failure in 2013, however the rate remained higher (or just as high) than neighboring areas.

Prevention Quality Chronic Composite (PQI-92) by Payor

Payor	Population Count	Rate per 100K
Medicare	2,015	355.36
Medicaid	1,651	291.17
Private	401	70.72
Uninsured Or Self Pay	189	33.33
Other	164	28.92

Medi-Cal patients make up the smallest portion of individuals with health insurance in the PSA, yet they have the highest admission rates for chronic and acute conditions.

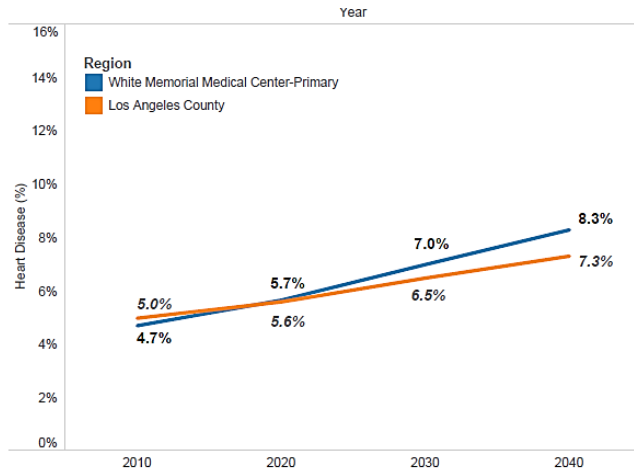
Prevention Quality Acute Composite (PQI-91) by Payor

Payor	Population Count	Rate per 100K
Medicare	861	151.84
Medicaid	755	133.15
Private	138	24.34
Uninsured Or Self Pay	91	16.05
Other	43	7.58

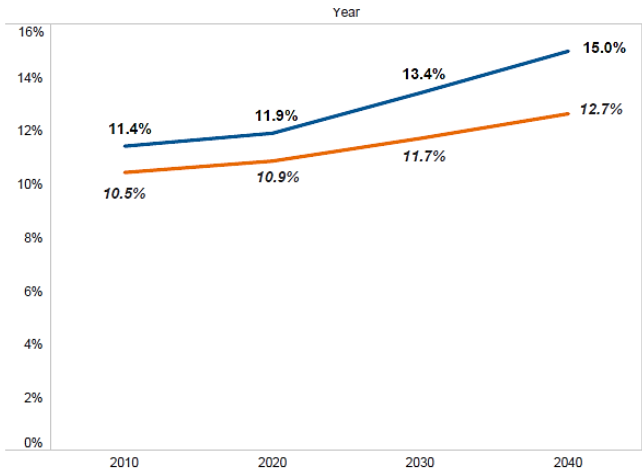
Payor	Population Count	%
Uninsured Or Self Pay	278,212	33.70%
Medicaid	235,423	28.52%
Private	212,235	25.71%
Other	71,183	8.62%
Medicare	25,034	3.03%

Future trends for heart failure and diabetes suggest steady growth in number affected by 2040. For example, the prevalence of heart disease among adults age 18 and older is projected to grow 136% for all groups by 2040 in the PSA.³ Between 2010 and 2040, the prevalence of heart disease is projected to increase primarily among Asian/Pacific Islanders (35%) and Hispanics (39%). By age and race/ethnicity, older Hispanics are projected to experience the greatest growth in comparison to other groups with a 383% increase in prevalence of heart disease.

Heart Disease Among Adults Age 18+



Heart Disease Among Adults Age 45+



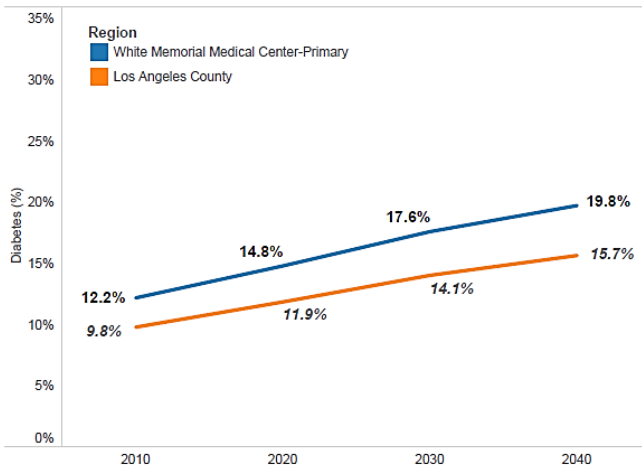
Heart Disease by Age and Race/Ethnicity

Race Group	Age Group Categories	2040
African-American	Working Group (Ages 18-64)	-13%
	Retiree (Ages 65-84)	50%
	Oldest Old (Ages 85+)	83%
Asian/Pacific Islander	Working Group (Ages 18-64)	-3%
	Retiree (Ages 65-84)	114%
	Oldest Old (Ages 85+)	275%
Hispanic	Working Group (Ages 18-64)	16%
	Retiree (Ages 65-84)	238%
	Oldest Old (Ages 85+)	383%
White	Working Group (Ages 18-64)	-27%
	Retiree (Ages 65-84)	5%
	Oldest Old (Ages 85+)	-3%

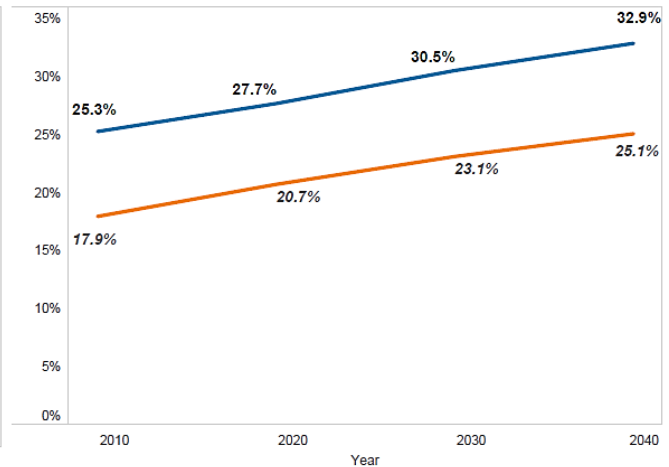
Data Source: Health Forecasting- Center for Health Advancement, UCLA Fielding School of Public Health. Los Angeles County Community Health Forecasts Simulation Model, 2010-2040 (March 2015 Study). Los Angeles, California: 'Population and Health Forecasts for White Memorial Medical Center'

Future trends for prevalence of Type II diabetes for adults age 18 years and older indicate a projected growth of 116% for all groups in the PSA by 2040. Between 2010 and 2040, the prevalence of heart disease is projected to increase primarily among Asian/Pacific Islanders (106%) and Hispanics (126%). By age and race/ethnicity, older Hispanics are projected to experience the greatest growth in comparison to other groups with a 451% increase in prevalence of Type II diabetes.³

Diagnosed Type II Diabetes Among Adults Age 18+



Diagnosed Type II Diabetes Among Adults Age 45+



Diagnosed Diabetes Among Adults Age 18+

Race Group	Age Group Categories	2040
African-American	Working Group (Ages 18-64)	-5%
	Retiree (Ages 65-84)	72%
	Oldest Old (Ages 85+)	117%
Asian/Pacific Islander	Working Group (Ages 18-64)	9%
	Retiree (Ages 65-84)	135%
	Oldest Old (Ages 85+)	319%
Hispanic	Working Group (Ages 18-64)	52%
	Retiree (Ages 65-84)	260%
	Oldest Old (Ages 85+)	451%
White	Working Group (Ages 18-64)	-22%
	Retiree (Ages 65-84)	24%
	Oldest Old (Ages 85+)	24%

Data Source: Health Forecasting- Center for Health Advancement, UCLA Fielding School of Public Health. Los Angeles County Community Health Forecasts Simulation Model, 2010-2040 (March 2015 Study). Los Angeles, California: 'Population and Health Forecasts for White Memorial Medical Center'

Voices from the Community

A community health assessment would not be complete without hearing from the population of concern: the local community. As professionals at a health institution, we reside in the unique position, which allows for the modeling of health programming, initiatives, and agendas capable of addressing local social determinants and inequalities in our surrounding community. Yet past approaches have proven insufficient as our needs and the needs of our neighbors seem to increase and become more pressing as our communities continue to diversify. In turn, our approaches must shift to place emphasis on the importance of community participation in our efforts. This begins by using one of often forgotten God-given gifts... the ability to listen.

Overview

White Memorial Medical Center conducted multiple focus groups and key informant interviews. The focus groups and key informant interviews asked the following main questions:

1. What is your vision of a healthy community?
2. What are the most important health needs that have the greatest impact on overall health in the community?
3. Are you aware of social factors that have influence on the issues we've discussed for your community? If so, what social issues have the biggest influence on these issues?
4. What are the challenges your community face in addressing health needs?
5. What existing community assets and resources could be used to address these health issues and inequities?
6. What can White Memorial Medical Center do to improve the health and quality of life in the community?

Objective

Our main objective for each conversation and survey was to discover strategies in which White Memorial Medical Center can better collaborate and serve the community to elevate the health status of our region.

Target Audience

The focus groups surveyed approximately 80 people across 7 focus groups. Focus groups were conducted in various locations between February to April 2016 and were conducted in both Spanish and English. Members of the focus group included individuals or organizations that represented the medically underserved, low-income, and minority populations served by our hospital.

16 key informant interviews were held between February to April 2016. Interviewees were comprised of key leaders from an array of agencies including but not limited to, researchers in Latino community health, local health departments, not-for-profits, faith based organizations, and human service agencies.

Written comments were solicited through the hospital’s website, using the “feedback” link on the page where the latest copy of the CHNA is located. No written comments were received on the previous CHNA or CHP.

Interviews

Interviews were conducted between February and April 2016 in various settings, by phone or in person, and in the preferred language of the participants (English, Spanish, Korean, or Japanese). Participants were asked questions to obtain their comments about their vision of a healthy community, the priority health needs in the community, and resources and challenges that impact those health needs. Participants were also asked to provide suggestions to White Memorial Medical Center regarding its services to the community—including feedback about what the hospital was doing well and what needs to be improved.

Analysis of Interviews

Interviews were transcribed into English and analyzed by an independent contractor to summarize the main themes within and across interviews. The following process was used.

- First, responses from each participant were extracted from the transcripts and copied into a spreadsheet into statements which indicated a main point or idea.
- Codes (descriptive words or phrases) were then assigned to each statement in accordance with the question being asked by the interviewer. For example, when asked about priority health needs, a community member may mention “people addicted to drugs,” “quality education for my children,” “diabetes,” “asthma,” “spaces for kids to play,” and “better surveillance in my community.” These would be coded as drug abuse, education, diabetes, playgrounds, and safety. Statements that were out of context for the original question were coded under a different question as appropriate. This process would happen for every response until a full set of codes were developed from all focus groups and key informant interviews.
- Next, the codes were combined into larger categories to help identify common themes within and across the focus groups and interviews. For example, categories may include mental health and substance abuse, chronic diseases, and safe parks and playgrounds. Categories may also be combined into broader categories (super categories) such as healthcare factors or social factors. The frequency with which a code was mentioned helped to establish its importance as a common theme.
- Careful documentation was maintained that allowed the coder to link codes, categories, and themes back to the original interview comments to verify interpretations. This process of coding, categorization, and cross-checking was repeated within and across interviews until a balance was obtained between original detail and interpretive summary to capture the essence of the interviews.
- To assure confidentiality, no names or other identifying information were shared with White Memorial Medical Center that could match specific comments or quotes to a particular individual.

Emergent Themes

Overall Findings

Priority Health Needs

Obesity, diabetes, access to preventive healthcare, and mental health/substance abuse were the leading priorities mentioned by both community members and organizational leaders. Social and economic conditions such as the quality of education in schools, English language literacy, limited affordable housing, and low wage jobs were acknowledged as contributing to these health needs. Culturally-appropriate health education and outreach were acknowledged as important to increase awareness and expand community members' involvement in health programs to manage the community-wide priorities of obesity and diabetes.

Community Assets and Resources to Address Health Needs

Many service organizations and existing community initiatives were identified in the WMMC service area as valuable resources for addressing prioritized health needs. However, the desire for more collaboration and integration among organizations and systems was a very prominent theme. The need to recognize and build on individual and community assets—such as the favorable health of first-generation immigrants that should be passed on to their children, and the unity and resilience of the families and communities being served—was highlighted as an empowering alternative to deficit-based perspectives and approaches to providing services.

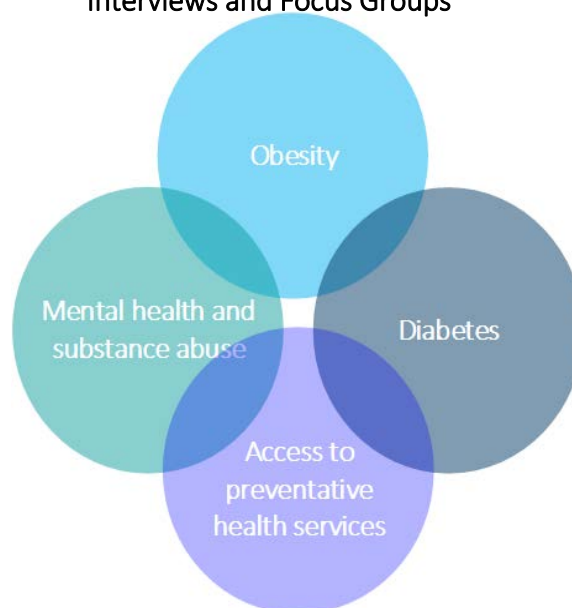
Challenges to Addressing Health Needs

An ever-present challenge to addressing health needs was limited funding and scarce resources. Leaders called for more strategic coordination among existing services to tackle pressing community health concerns. Homelessness, mental health, and health care coverage for undocumented persons created special challenges for health and social providers to address.

What White Memorial Medical Center Does Well for the Community

WMMC was recognized as a credible organization with health and wellness programs that were appreciated by community members and hospital partners. Overall, the hospital received positive feedback for its staff and services, and the customer service was generally rated as good. WMMC's relationships with community organizations was well-recognized, although more extensive partnerships were suggested beyond established systems to include more grassroots, community-based organizations and initiatives.

Priority Health Needs Identified from Interviews and Focus Groups



Recommendations to White Memorial Medical Center

WMMC was advised to expand their engagement with the community, focus more on building and leveraging the assets of individuals and communities, and align with policy initiatives to promote change in health care and social systems. WMMC was well-positioned to act as a major convener of collaborative health initiatives to transform the quality of health care and social environments in their service area.

Focus Group Findings

Focus groups represent a diversity of community members

Eighty members of the community participated in one of 7 focus groups held in the community. The focus group members participated in the various programs hosting the focus groups. Most participants were of Mexican or Asian racial/ethnic heritage, with representation of seniors, parents and young children, and homeless residents. Most participants lived in the White Memorial service areas, particularly Boyle Heights and East Los Angeles.

Table 1. Focus Group Characteristics

Program	Setting	Participant Type
Guadalupe Homeless Project	Dolores Mission	Homeless
Healthy Eating Lifestyle Program (HELP)	White Memorial Medical Center	Parents and Children
Little Tokyo Service Center	Little Tokyo Tower Apt. Building	Senior Residents
Mexican American Opportunity Foundation (MAOF)	MAOF	Seniors
Second St. Elementary School	Second Street Elementary School	Parents
Vive Bién Senior Wellness Program	White Memorial Medical Center	Seniors
Weingart East Los Angeles YMCA	YMCA	Adults

Focus group members express community pride

When focus group members were asked what they were most proud of about their communities, the majority commented about the helpful programs and services, and the people. Several residents talked about the unity and relative calm of their communities. People were also proud of the cleanliness of their neighborhoods. When crime and littering were significant, residents were less likely to feel proud of their communities.

*“This is a very healthy community because there are **a lot of places of aid**. For example, there are hospitals and churches where one is given aid. If one has problem of illnesses such as alcoholism and drug addiction, there many places of help because if you do not have these places, virtually all the people will be in the street.”*

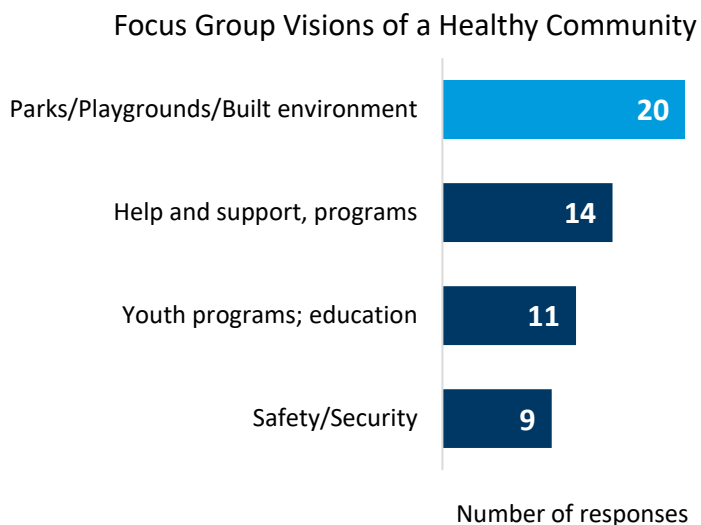
*“I am very proud of my community because of the neighbors, we are very **united** in my street.”*

*“What makes me proud of the community is that it is a **very quiet area and clean**. No graffiti on the walls or vandalism.”*

*“I am proud of everything that surrounds us, especially our communities—**the services that we provide, the motivations that present us**. I think that this is a reason to be proud of where we are.”*

Community members desire clean and safe parks for play and exercise

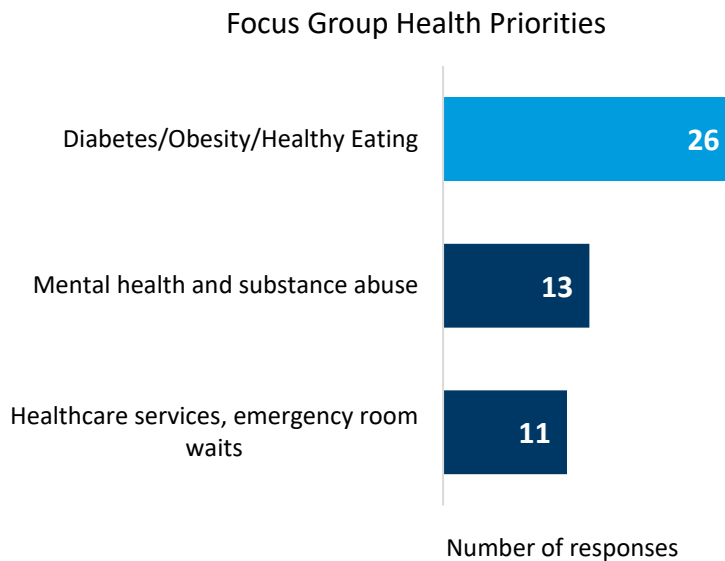
Most focus group members envisioned a healthy community as a place that was clean, with parks and playgrounds, and lots of trees, where they can walk safely and their children can play. Many residents wanted to see different programs that meet the needs of the community. They also wanted safe, lighted parks with open bathrooms. Several mentioned programs for youth and quality education as their vision of a healthy community.



Community health priorities are diabetes, obesity, mental health, and emergency room healthcare services

Over 60% of focus group members identified diabetes, obesity/healthy eating, mental health, and healthcare services (in the emergency room) as leading community health concerns. Diabetes and obesity were frequently mentioned together, along with concerns about high cholesterol and poor dietary behaviors. There was also significant concern about depression and stress in communities and ensuring adequate mental health and substance abuse services. Concerns about air quality and

asthma were also notable. Low income status and lack of health insurance were mentioned as contributing factors to these priority health needs.

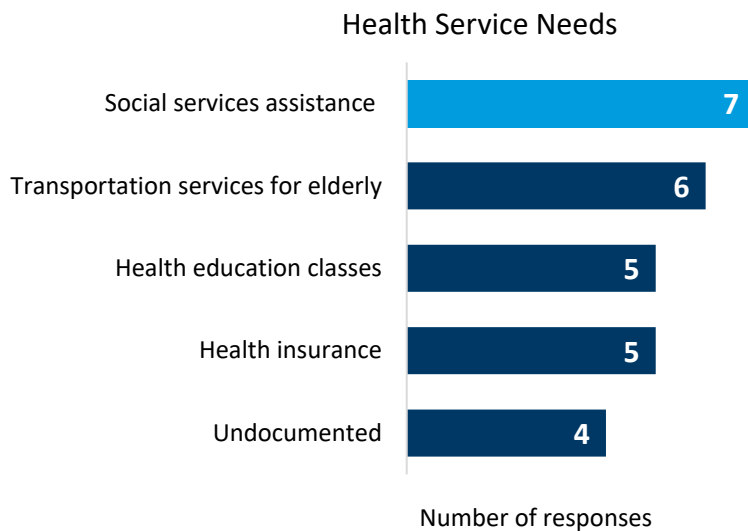


*“Unfortunately in our community, there is **a lack of education on healthy eating**. We can read about this, but the problem is applying the information. You can have 1,000 books but if you do not apply the information, it has no bearing. It is assumed that we have the habit of reading that gives us information, but many of our community do not have that habit.”*

*“I think right now what is **affecting much of the Latino community is diabetes** due to a poor diet and a lot of stress.”*

Many social services are needed

Aside from healthcare, receiving social services was a top priority for community members. Parents with children commented about the need for stable and reliable assistance such as welfare benefits and WIC (Women, Infants, and Children). Seniors expressed many challenges surviving on low social security benefits. The elderly were also concerned about affordable transportation services to and from their healthcare appointments, with accommodations for people with disabilities. Health education classes were highly desired, as well as services for the undocumented population.



*“The money situation seems to be going down. **Hard for people to pay bills.**”*

*“People find it **hard to call 211 for information** on how to pick up their things they do not need.”*

*“The **money is not enough at all.** Especially for the **elderly.** There are people who have nothing to eat because the money is not enough.”*

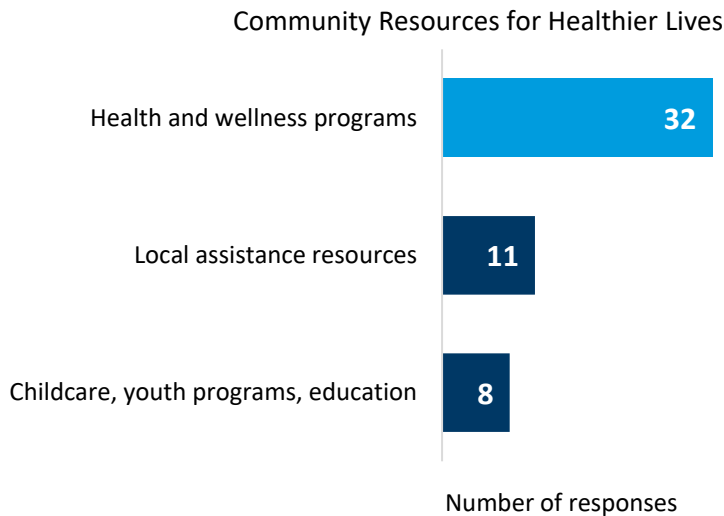
*“The check from Social Security is very short. Then we **cannot afford to pay rent** and buy good food which is expensive. Organic food costs more and we have to pay more. And if we receive a supplement to help us, then we are denied food stamps.”*

*“There is Section 8, but the **waitlist this big.** There are shelters, but sometimes have many **restrictions.**”*

*“Older people **need to have doors opened** to give them a job, even if you pay them the minimum salary. Because there is no work. There are programs for seniors that can give them work, but they ask for **too many requirements** that the people do not have.”*

Community resources support healthier lives

Community members mentioned many existing health and wellness programs that promoted their health through education and activities such as cooking and exercise classes. Commonly mentioned were the programs represented by the focus groups, including the Healthy Eating Lifestyle Program (HELP) and Vive Bien. Several local nonprofit organizations and assistance networks were mentioned, including the Boys and Girls Club and other youth-focused services, the Guadalupe Project, Health Net, Mexican American Opportunity Foundation (MAOF), free childcare, homeless shelters and low-income housing, help with transportation, and churches that provide resources such as clothing or English classes.

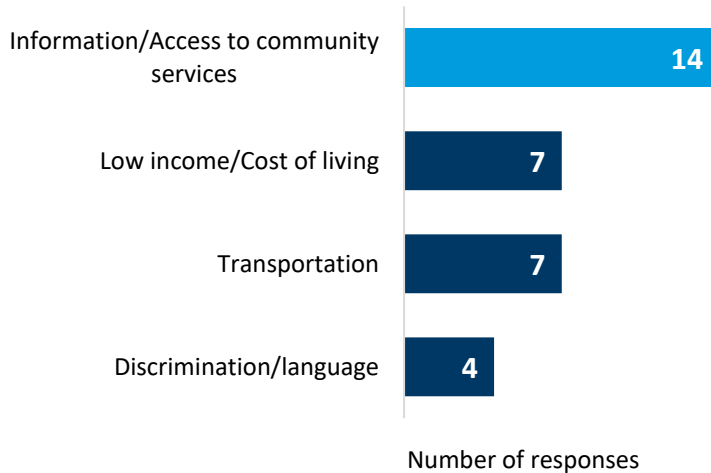


*“I am very **happy for all of the services** that they are giving in White Memorial. This program of Vive Bien help many of us to do this (live well). I am happy with Zumba, strengthening, and doctors who come to give classes on the heart and we have learned a lot to eat healthier. And in the cooking classes we are **learning a lot** because it teaches us to be healthier.”*

Barriers to accessing healthy resources

Community members cited lack of knowledge about available services and suggested more community outreach and use of schools and churches as conduits for information. They also mentioned program restrictions as barriers—including time, age, or income limits for receiving services. The high cost of housing and inadequate personal financial resources were also mentioned. For example, Section 8 subsidized housing waits were very long, and housing shelter restrictions do not permit families with older teens to stay together. Seniors frequently commented about low pensions and difficulty getting to clinics due to transportation challenges as barriers, including the need for discounted public transportation and discounted or free parking at WMMC. Latino community members highlighted discrimination and limited access to services for limited English language speakers and undocumented persons as common barriers.

Barriers to Accessing Healthy Resources



“Where do you go for services? How do you get services? There needs to be easier access.”

“Medical will not cover medicines. You have to pay for them.”

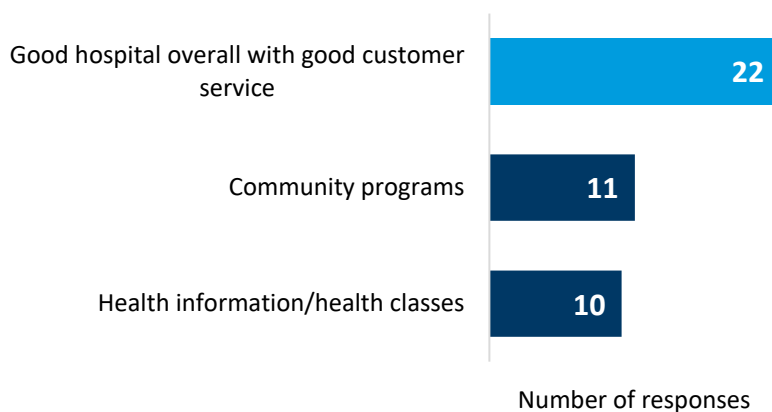
“Many people do not have any kind of help because they do not have papers. A lot of people need help, but because they cannot be given papers, they do not have medical care.”

“We need more translators—that is the main thing.”

Strong appreciation for White Memorial Medical Center

Community members expressed a strong appreciation for WMMC. White Memorial was described as inviting to community members and an asset to the community. Many residents commented that the hospital provided good customer service and the staff was friendly. Most felt that the medical staff provided good information and advice, and the cancer care and rehabilitative services programs received special mention for their excellent care. Community members also liked the community health and wellness programs at the hospital, especially the cooking classes, as well as social events such as concerts sponsored by the hospital.

What White Memorial Does Well



*“It’s a **beautiful hospital** that’s doing good and makes the area look good.”*

*“They have **great information** on how to eat healthy.”*

*“White Memorial **offers great instructive programs** such as opera and all ages are invited.”*

*“White Memorial has a **chapel** where **we can pray** on Fridays.”*

*“I stayed White Memorial last year when I was sick, and I healed. **Everything is perfect**. So I give good credit to White Memorial.”*

*“White Memorial helps us a lot. Yes, they **saved my life**.”*

White Memorial can improve its outreach and services

Several residents commented on the long waiting times in the hospital’s emergency department. There was also a desire for more discounted parking at the hospital. Community members felt that White Memorial can have more outreach to community members (at places like churches and schools)—not only with established leadership organizations. They wanted more publicity about the various community programs offered by the hospital and more involvement of fathers in their wellness programs.

*“The **programs need more publicity**. More people need to learn about them.”*

*“White Memorial has a **Healthy Living** channel—a **Spanish channel**. Nobody knows about this channel. They **should advertise more**, on Internet, Facebook, Instagram.”*

*“There’s a **12 to 24 hour wait** in the emergency room.”*

*“**Parking is too expensive**. The hospital should find a way to have it paid for.”*

*“White Memorial has **many regulations and rules**. Because of these, many of the **participants get changed to different hospitals** but many want to stay at White Memorial. This is for people in hospice care, or who are in a coma.”*

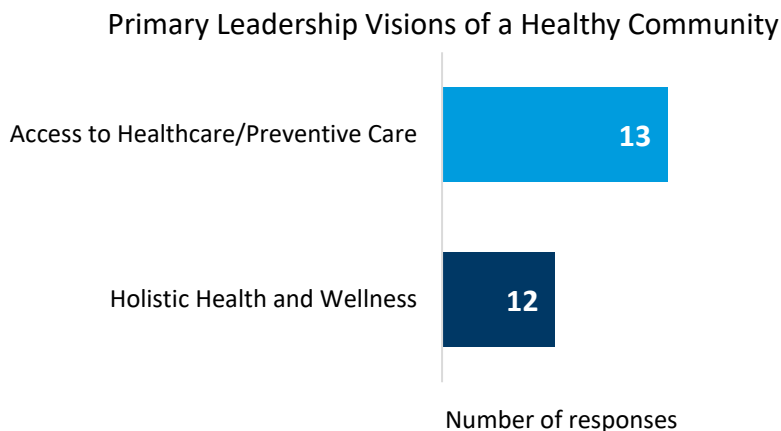
Key Informant Interviews

Influential leaders provide input

White Memorial Medical Center engaged 16 high-level organizational leaders in its community health assessment process. These stakeholders included funders such as The California Endowment, countywide health and social service agencies, school and university systems, hospital and clinic systems, the faith community, community associations, legislative representatives, and WMMC executive leadership.

A healthy community has access to preventive care and holistic health and wellness

In their vision of a healthy community, organizational leaders emphasized access to healthcare (especially preventive health services), and holistic health and wellness resources. Clean air and water, good economic conditions, and community empowerment were also mentioned as hallmarks of a healthy community.



*“A **healthy community** is one where people are **educated, housed, fed, and have jobs**—with access to affordable, quality health care in their language, and is also culturally-sensitive.”*

*“**Wellness** is the key to a healthy community.”*

*“**Access to healthy foods** and **green spaces** where people can engage in physical activity.”*

*“A place where undocumented individuals have **access to care**.”*

*“A place where there is stronger **investment in youth**.”*

*“A healthy community **shifts power** to residents.”*

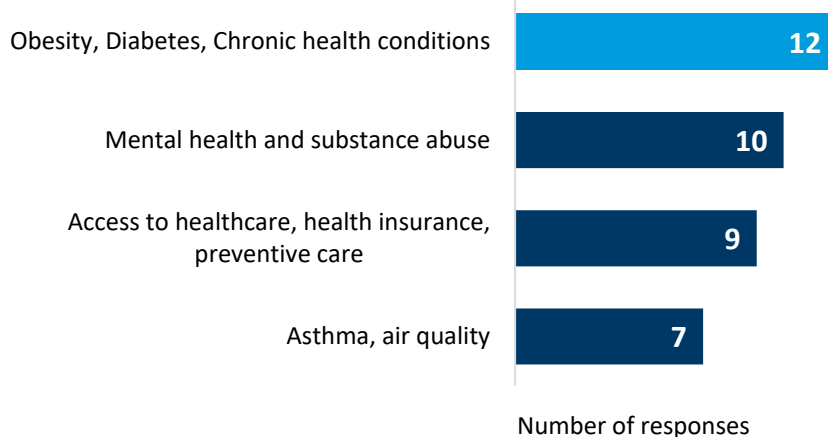
Chronic diseases, mental health, and access to preventive healthcare top leaders’ list of priority health needs

Organizational leaders most frequently mentioned chronic health conditions as health priorities, with an emphasis on obesity, diabetes, and asthma prevention and management. There was also an emphasis on mental health/substance abuse and frequent attention to health care access, especially preventive care. Other priority health conditions included air quality/pollution, and the social stability

of communities, especially in light of the displacement of low-income residents as communities transform through gentrification.

Although less frequently mentioned, leaders proposed more attention to dental health, health care for the Asian and Pacific Islander community, and a greater focus on building community assets and ensuring community-wide benefits such as green space and danger-free zones.

Priority Community Health Needs Identified By Organizational Leaders



“Obesity is the most visible of all issues today.”

*“A place like LA county needs to **meets the preventative health needs** for people who are healthy but can also meet the health care needs of people who have **significant mental health illness**, substance abuse issues, or need to access health care.”*

“Zip code has a most powerful influence of health.”

*“Our population has the potential to be **less healthy** than the **previous generation**, this is not just a medical problem but a **social problem** in a very large way.”*

The 2013-2014 community health priorities are still relevant today

In the 2013-2014 community health needs assessment, the top three priorities were chronic disease management (including asthma and diabetes); access to health care and education; and maternal-child health. Most leaders agreed that these health needs remain a priority, and they significantly impact the community. For example,

- Leaders commented that it was difficult to break the cycle of chronic issues with both health and access to care; therefore these issues are likely to remain persistent problems.
- Health insurance coverage doesn’t guarantee access to health care due to problems such as a shortage of doctors to work in underserved communities.
- Health education remained important for understanding problems early and being aware of the options and resources to support health.

- Maternal-child health is significantly linked to healthcare access and education. Also, diabetes, obesity, and substance use can cause complications during pregnancy. Although most pregnant women in the community should be assured access, late entry into prenatal care was still an issue.
- Several leaders commented on social and economic factors as an important focus for both past and current community health priorities.

*“Health insurance **coverage doesn’t guarantee access** to healthcare—there are challenges with number of primary care physicians to meet the demand.”*

*“Several **freeways** in community will continue to cause an **issue with air quality** until proper things are put in place.”*

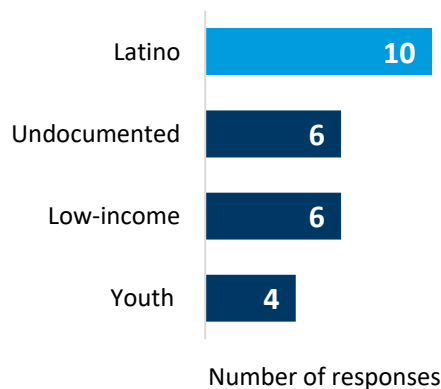
*“The maternal and child health issue was settled a long time ago; there **should not be a mother or child** that should be **denied care if they are insured.**”*

*“The **health of a newborn** can set the stage for lifelong health.”*

Populations disproportionately affected by health needs

When addressing prioritized community health needs, leaders emphasized that special attention be given to the Latino and undocumented communities, low-income persons, and youth, due to their significant vulnerability to the impacts of poor health and access to care.

Populations Disproportionately Impacted by Health Needs



*“Until an undocumented person is assured that they can **access care in a trusted location**, they will avoid the care.”*

*“If people are **uninsured** they will **put off general visits** to the doctor. Taking care of your health is not going to happen if you don’t have health insurance.”*

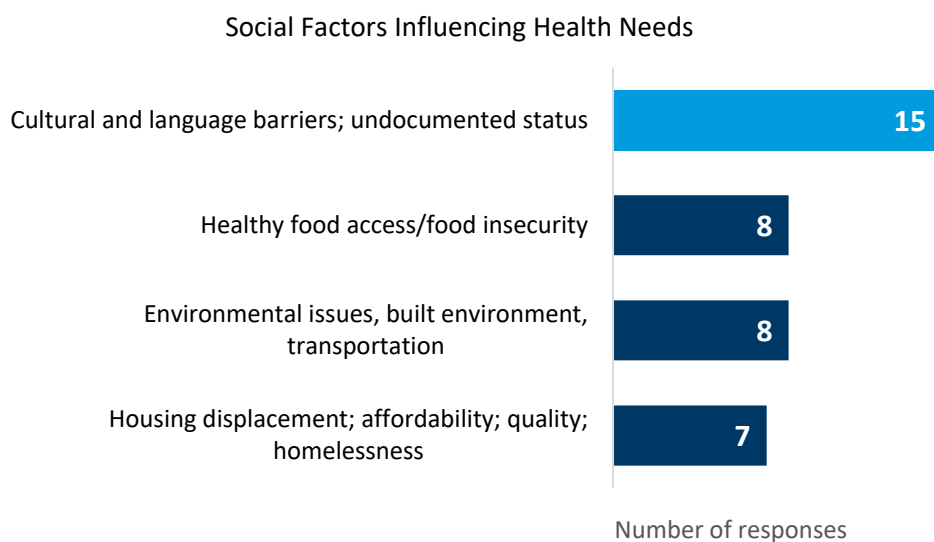
*“Populations have **high degrees of stress**, partly because of density, economic issues, acculturation issues.”*

“Senior citizens need more support than they can get.”

*“The general outlook about **Asian communities** is that they are the **model minorities** who are well and don’t need help, so **resources available** to meet their needs **are sparse or do not exist** at all.”*

Social factors influence health issues

As highlighted in the visions for a healthy community and the mentioned health priorities, social factors are important to overall health. Organizational leaders mentioned English language literacy and undocumented status as causing significant barriers accessing and understanding healthcare. There was also significant mention of the built environment, including the need for more open, green spaces and access to healthy food stores. Homelessness, affordable housing, and low wage employment were other pressing concerns. In addition, community representation through voting and community involvement were important for building community assets, unity, and empowerment to help change social conditions.



*“**Low-income, minority** populations are particularly **vulnerable to having challenges in mental health, substance abuse disorders, and accessing the health care system.**”*

*“Affordable housing is taken out and displaces families; **gentrification and displacement** cause a great need for affordable housing in the community.”*

*“It’s **hard to be thinking about health** and taking care of health if you are **homeless.**”*

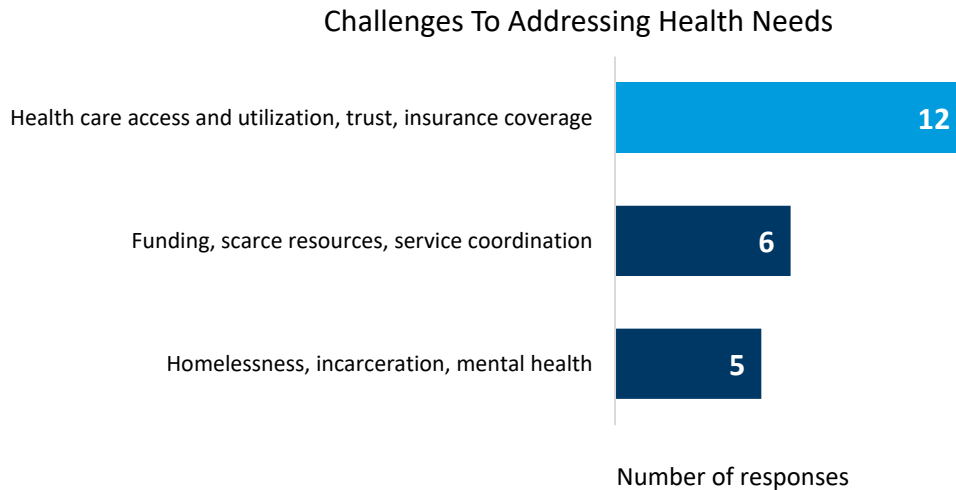
*“There are **no places for kids to play.** There are very few parks and the parks we have are not considered safe.”*

*“**Schools are performing poorly.** Kids are the victims of this—makes it difficult to adopt healthy lifestyles.”*

*“The **lead problem in the community** is a huge problem. We look at health issues such as food or obesity, but we have been living in a cloud of lead pollution. Out of 10,000 homes, 1,000 homes are considered toxic waste that, by law, no one should live on the property.”*

Challenges addressing health needs

Social factors and the issues mentioned with vulnerable populations pose similar challenges to addressing health needs overall. Barriers to accessing health care such as lack of health insurance and inadequate use of healthcare resources (such as emergency room visits for routine healthcare) top the list of challenges identified by organizational leaders. An ever-present challenge to addressing health needs was limited funding and scarce resources. Leaders also called for more coordination among existing services to tackle pressing community health concerns. Homelessness and mental health represented particularly serious challenges for health and social providers to address.



*“A key challenge is **adequate funding** of whatever publically-funded service is available.”*

*“At its core – **lack of funding**. We are the largest safety net hospital.”*

*“The **undocumented/uninsured** and **not allowed to purchase insurance** on exchange; therefore, they use resources inappropriately such as the ER to get regular health care.”*

*“If a patient needs care, they will receive it regardless of their ability **nor do we ask questions** about their legal status because these factors are barriers to accessing health care.”*

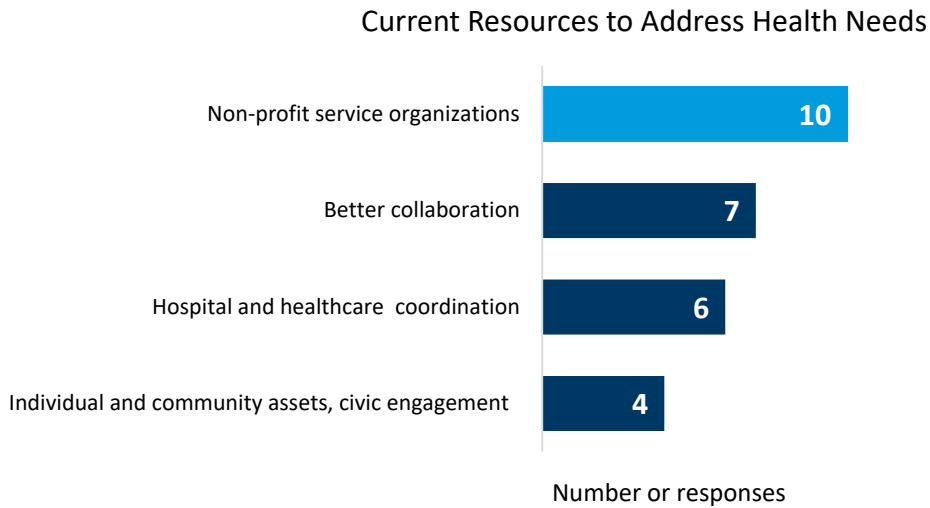
*“Agencies **don’t talk and exchange** information. **No coordination** of services across agencies.”*

*“There is **no good game strategy for mental health**. There is a lot in the mental health space that hasn’t been tapped that we need to get into. We can’t deal with **high utilizers** of health care without dealing with mental health.”*

Community resources and partners to address health needs

Leaders mentioned many non-profit and service organizations as resources for community health improvement, including schools and universities. However, there are still some “pockets of brilliance” that are seen as valuable community assets but are not connected to traditional resources and systems. Overall, organizational leaders called for better collaboration and coordination among existing agencies and more strategic distribution of resources. Newer partner organizations and

initiatives mentioned included Centro de Ayuda, La Voice, the Latino Quality Alliance, Promesa Boyle Heights, East LA Community Corporation, and Neighborhood Legal Services.



*“We have **very strong social network** of non-profit organizations that are trusted partners have relations and have word of mouth information for the communities.”*

*“**Pretty impressive area**, Boyle Heights in particular, for **engaging community organizations**. There are 15 offices here, another 15 that we have close links to and refer all the time.”*

*“The richness of Boyle Heights and East LA is the **culture and spirituality**, lots of commonality, the idea of unity, mutual health, family. All these things can be used to brand the community in a positive way.”*

*“**Schools are a fountain** of access to care – they serve so many meals and school nurses provide care.”*

*“The **faith community** is an **under tapped resource**. Congregations are very important. I think we can do more to help faith based communities be conduits for health intervention, and also partner with YMCA.”*

Assets and opportunities

Some leaders emphasized that service providers should not always focus on needs and deficits, but should value and recognize the assets of individuals as their own change agents. Despite low education and low income, many first-generation immigrants have better health status, more healthful diets, and less risky behaviors such as smoking compared to the general U.S. population. There is also resilience in multi-generational families. These qualities should be celebrated and reinforced in health promotion activities. Unfortunately, many immigrant health advantages are not passed onto their children. Leaders encouraged a renewed focus on assets and resilience as an opportunity to transform health. This perspective can also be applied to the way that we interpret data, so that we identify and monitor community health assets as well as needs. A shift in the conversation towards assets, with an orientation toward self-advocacy, empowerment, civic

engagement, and capacity-building was important to reach collective goals for individual and community health improvement.

*“We need to **better understand** what are the **assets and resources** in a community. How do we **naturally align** them in health improvement efforts?”*

*We don’t see our patients as **change agents**. When they own their health that creates a lot of resources in their communities, and they have more of a say. Charity can only go so far as opposed to people doing it for themselves. When individuals **have more will power and personal strength** in a community, you have more opportunities to be successful. We need a more intentional approach in how we empower people. **Charity can only go so far.**”*

*“We often talk about what’s wrong, but **let’s talk about the success—shift the conversation to assets.**”*

*“Things that are **positive** in building the community in terms of assets, **sometimes that gets overlooked.**”*

*“How does White Memorial **empower patients** so they can be in charge and start **influencing social determinants** to the extent that they can? Set up criteria for people to **move upstream.**”*

*“It is **hoped that the healthy behaviors** of immigrants with **low income and low education** will be **passed along** to their **US-born children** with high income and high education.”*

*“We need to **recalibrate the lens** with which we **look at data.**”*

*“Many times communities have **talents and resources** that they **do not know they have**—such as leadership and influence. How does White Memorial become an agent/entity that wakes up and makes people aware of those talents and resources? **Finding relations and synergies** can have a huge impact in one generation.”*

Opportunities for systems-level and local policy change

Organizational leaders acknowledged that system-wide improvements were desired to significantly impact health priorities. Broad collaborations with and integration of systems was reinforced as a necessary strategy. Ideas provided for system change included data sharing across health systems and leveraging collective resources for My LA. In addition, leaders mentioned political engagement, supporting policies around nutrition, the new drug benefit waiver for substance abuse and rehabilitation services, and proposed health insurance legislation for undocumented residents—these were all opportunities for collective engagement that could benefit large segments of the community. Other policy-related suggestions were opportunities to support climate work and policies around advocating for youth development.

*“Almost feels like a family in need will go into hiding—when asking for help is a strength. I think we all **have to work to connect people** to what we already offer because so many people are not connected. We have to do family-focused outreach. **One stop shops**. We have to **find ways of better connecting** with people.”*

*“We need the **ability to catalogue and refer** to community-based organizations that exist. This would be made simple if we had an **electronic way** to capture organizations by geography. In LA we really need to do that.”*

*“Stronger **public policy around data sharing**. Data sharing should be required and the requirement should be put on EMR [electronic medical records] company. There is a desire by White Memorial leadership to get this done, but there is a cost to do it and that should be put on the vendors.”*

*“There is a real opportunity to have an **integrated system of care** in this area. Now that we are going into **integrated care payments** and **value-based reimbursements and results**, this can be an **opportunity** for White Memorial to see how this process happens in this community and how it can be replicated as a model in other underserved communities.”*

*“What’s really lacking in the system is **business intelligence to drive the decisions** we need and where to invest scarce dollars. There is never enough money to do what we need to do. It’s a matter of how you **prioritize resources, profit, and or reserves** and whether or not you focus in proportion to the demand and need in the community.”*

*“WMMC is fortunate to have good relationships with **elected officials**. We need to **formalize these relationships** and have conversations in the same room at the same time.”*

*“Senator Ricardo Lara proposed a bill to address issues of **providing medical services** to the **undocumented population**. Undocumented children will now have access to insurance. Getting this enacted would be wonderful impacting counties.”*

What can White Memorial do to improve health and quality of life in the community?

Several leaders stated that White Memorial is in a unique position as a credible and respected community resource to be a convener of multiple partners to develop and implement strategies to address health needs. Organization leaders encouraged WMMC to collaborate with hospital groups and entities that are not part of their hospital network, and they reiterated the importance of engaging and fostering partnerships with local communities. Specific suggestions for improving health and quality of life were that WMMC can establish, or partner with, Asian and Pacific Islander health clinics; develop strategies to address high emergency room utilization; invest substantial resources toward obesity education and management programs; provide direct services to high schools; and partner with immigration policy initiatives.

How can WMMC Improve Community Health and Quality of Life



*“White Memorial is in a good position to be the **convener in the community**. To bring stakeholders together to address a defined project at a specific geography and address it at a multi-system level.”*

*“White Memorial **can develop an extensive obesity education and management program** throughout the service area. **Significant** resources would be required around this effort. The kind of money this issue deserves is in the millions.”*

*“White Memorial **can play a critical role** to leverage for the community; can be a **hub for care** and **resources** in the community; opportunity to create a model that can be replicated in underserved communities.”*

*“**Build more collaborations** with other medical providers and community based organizations so that we can **think more strategically** and don’t do redundant things. There should be more working together. We are all basically trying to do the same thing.”*

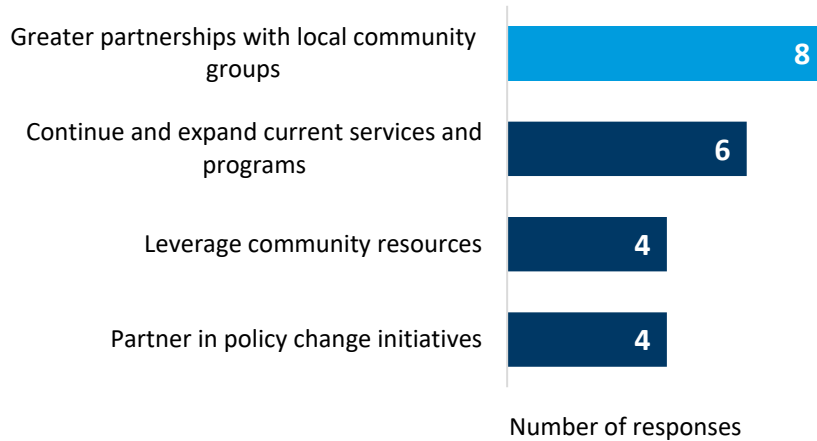
*“When asked to participate in the **health insurance exchange**, they should participate. There will be a cost to participate in the exchange but it will help all.”*

*“**Increase the training** that they offer to **health professionals**. Extremely successful, need to do more of it.”*

How can the hospital better improve services and relationships in the community?

Leaders acknowledged the good reputation of WMMC, and they were generally pleased with its community service efforts. However, even more community engagement and collaboration was suggested, particularly at the grassroots level where the hospital connects directly with community groups on various campaigns.

How WMMC can Improve Community Services and Relationships



*“White Memorial has a reputation with the community of being the **neighborhood hospital**. Continue to make **people feel welcomed**.”*

*“I think more can be done **engaging people where they spend most of their time** such as schools or churches, places where people are going voluntarily. Engage the community in health-related stuff where they already are.”*

*“You need to be working within the community not only in the healthcare space, but in the non-profit space, community religious space. You have to **look outside the box of regular healthcare** to embrace people who bring resources to the community.”*

*“Not sure who they are partnering with any of the clinics who serve the API [Asian and Pacific Islander] community. With the **Latino community** they **seem to be doing a good job**.”*

*“They have done a very good job at **maintaining community relationships** with influential community leaders. They **can do more** of that with the non-profit leaders.”*

*“**Let the community know** what you are doing in the community. Get testimonials from past and current patients. Hold teach-ins, engage the stakeholder.”*

Closing thoughts

Similar to many of the community members interviewed, organization leaders expressed support and appreciation for WMMC. They recommended that WMMC do more to promote its services in the community, such as publicly celebrating its good work and producing an annual report of what the hospital was doing to make an impact in the community. WMMC was described as well-poised to be an even bigger force in the community.

*“White Memorial Medical Center is always showing interest, and **we are very grateful** for all White does. Grateful that a **Seventh Day Adventist** hospital is working with the community.”*

*“**Articulate your vision**—not just as a hospital entity, but as part of the ecology that will transform the community.”*

*“We **have to be phenomenal**. Get outside our doors. Get out into the community and start making a difference before they come to us.”*

*“Keep **doing more** of what is being done.”*

*“Be an institution that is a **change agent to transform the quality of health care and environments**. Right now [hospital leaders] see White Memorial as the little hospital that could, as opposed a force that can change the community by **leveraging resources** and finding new and creative ways to **develop resources** not currently in existence.”*

Partnerships with Purpose

WMMC Community Benefit Committee supports and is working to enhance regional efforts in place to promote healthier communities. Partnership is not used as a legal term, but a description of the relationships of connectivity that is necessary to collectively improve the health of our region. One of the objectives is to partner with other not-for-profit and religious organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community. Many important systemic efforts are underway in our region and we have been in partnership with multiple not-for-profits to provide quality care to the underserved in our region. The table below lists our strategic partners that collaborated with us in completing this CHNA.

Organization	Community Representation	Health Area Addressed	Role in CHNA
Asian Pacific Community Fund	Medically underserved, low income, and minority populations	Senior care	Assisted by participating in key informant interview and organizing and hosting focus group
Center for the Study of Latino Health and Culture, UCLA School of Medicine	Medically underserved and minority populations	Community and Latino health	Assisted by participating in key informant interview
Church of the Resurrection	Medically underserved, low income, and minority populations	All	Assisted by participating in key informant interview
Dolores Mission	Medically underserved, low income, and minority populations	Homelessness	Assisted by organizing and hosting focus group
Council District 14, City of Los Angeles	General community	All	Assisted by participating in key informant interview
LA Unified School District	Youth	Education	Assisted by participating in key informant interview
Los Angeles County Department of Health Services	Medically underserved, low income, and minority populations	Community health	Medically underserved and minority populations
Los Angeles County Department of Mental Health	Medically underserved, low income, and minority populations	Mental health	Assisted by participating in key informant interview
Mexican American Opportunity Foundation	Seniors	All	Organized and hosted focus groups
QueensCare	Medically underserved, low income, and minority populations	Healthcare	Assisted by participating in key informant interview
Second Street Elementary School	Parents and youth	Education	Organized and hosted focus groups
The California Endowment	General community	Healthy communities	Assisted by participating in key informant interview
The Wellness Center at the Old General Hospital	Medically underserved, low income, and minority populations	Healthcare	Assisted by participating in key informant interview
Weingart East Los Angeles YMCA	General community	Health behaviors and status	Organized and hosted focus groups

Evaluation of Impact from 2013-2016 Community Health Plan

In this section we evaluate results from our most recent community health needs assessment, organized by prioritized health needs identified in its associated community health improvement plan. The top health issues for the 2013-2016 CHNA and CHP were:

Maternal and Child Health

Objective: Promote overall infant well-being through provision of educational classes for expectant and new mothers.

Interventions:

1. Welcome Baby Program: Outreach program offered in homes to educate and connect expectant mothers in the community to White Memorial Medical Center, up to 9 home visits per mom/baby.
2. Child Birth (Lamaze) Class: Free class that educates expectant mothers on safe and effective childbirth techniques.
3. Natural Nursing – Breast Feeding Class: Teaches new mothers proper breast feeding technique to promote infant health and development, and the Lactation Clinic assists mothers experiencing problems.
4. “We Care” Baby Care Class: Teaches proper infant care to new and inexperienced moms.
5. Infant CPR and Safety: Safety class that educates new parents on life saving techniques for infants.
6. Free Child Safety Seats: Free child safety seats are provided to all new parents and they are shown proper use.
7. Family Focus Program – Baby Basics Class: Teaches the importance the home environment has on infants as they develop and teaches basic infant care to new and inexperienced parents.
8. Little Angels of White Memorial Support Group: A monthly support group to help families cope and heal from pregnancy loss.
9. Rainbow Children’s Center: Certified and accredited child care center for children ages 0-5, available at no cost or sliding-fee scale based on income to community members and hospital staff.
10. Cleft Palate Support Group: Monthly support group for families affected by Cleft Palate, which includes discussions on anti-bullying.
11. Healthy Eating Lifestyle Program (H.E.L.P.): Program that educates families on proper nutrition for overweight children to prevent or lessen the effects of weight related health issues, such as, diabetes and obesity.

Accomplishments:

- Through the Welcome Baby Program, WMMC provided Baby Basics class on the 2nd Thursday of every month; conducted home visits; participated in community health fairs with a baby care booth; and provided community educational classes accounting for 2,354 encounters.
- Through the Family Focus program, WMMC provided programs that included Natural Nursing, Lactation Clinic, Child Birth (Lamaze) Class, “We Care” Baby Care, and Infant CPR and Safety; accounted for 1,722 encounters.
- Through the Cecilia Gonzalez De La Hoya Cancer Center, WMMC provided breast cancer prevention classes and conducted weekly Spanish language breast cancer support groups for 1,746 encounters.
- Child participants in the Healthy Eating Lifestyle Program (H.E.L.P.) program are expected to maintain their weight and achieve a decrease in body mass index as they grow. H.E.L.P. has provided education and services to 318 individuals; 87% of participants, both child and adult, have maintained or reduced BMI by the end of the program. 95% of participants, child/parent pair, have attended all H.E.L.P. classes during the program.

Chronic Disease Management

Objective: Reduce the prevalence of chronic disease within our Primary Service and Secondary Service areas and the SPAs around WMMC through programs that promote increased knowledge about wellness and empower community members to improve their own health.

Interventions:

1. Breast and Prostate Cancer Prevention and Screenings: Free cancer screenings offered to the community and health education classes on risk and protective factors.
2. Free Glucose Screenings: Free screenings for those who might be at risk for diabetes; offered to the community at large.
3. Diabetes Education and Support Group: Community outreach education programs supporting those who have been diagnosed with diabetes or are at-risk for diabetes. Helps those affected and their families manage their diabetes.
4. Free or Low-Cost Wellness Programs: Programs include fitness, nutrition education classes, cooking classes, and free apples for community members to promote healthy eating.

Accomplishments:

- WMMC provided 3,210 free breast and prostate cancer screenings to the community at health fairs, mobile screening events, and at community clinics.
- Through the Cecilia Gonzalez De La Hoya Cancer Center, WMMC provided 2,000 cancer detection diagnostic screenings at no cost for those with no health coverage in our community.

- Through the Diabetes Program, WMMC provided community outreach and education programs that support those who have been diagnosed with diabetes or are at-risk for diabetes, helping them and their families manage their diabetes; accounting for 1,062 encounters.
- WMMC provided 1,167 free glucose screenings for those that might be at risk for diabetes during Diabetes Alert Day, National Diabetes Awareness Month, and health fair screenings for juvenile diabetes, and through community participation in the Type 1 Diabetes TrialNet Clinical Trial Program.
- Through the Community Information Center, Diabetes Program and Dietary Program offered community wellness programs including fitness, nutrition education classes, cooking classes, and free apples to promote healthy eating; provided service and education to 7,165 members of our underserved community.
- Each month WMMC provided hot meals at the Dolores mission serving 792 homeless men and women.
- In 2015, The Center for Limb Preservation & Advanced Wound Care at White Memorial Medical Center was opened offering a unique, multidisciplinary, cutting-edge approach for patients at high risk for foot and leg amputation along with advanced outpatient treatment for non-healing foot or lower-extremity wounds.

Respiratory Illness

Objective: Increase participation of community in programs designed to treat and prevent respiratory illness and its effects.

Interventions:

1. COPD Management Symposium: Discussed how to manage and live with COPD.
2. Fight for Air Stair Climb: City wide program, in partnership with the American Lung Association, which encourages physical activity to raise awareness to respiratory illnesses.
3. Pulmonary Rehab Program: Promotes health improvement among pulmonary patients.

Accomplishments:

- Partnered with the American Heart Association for the annual Sidewalk CPR event at WMMC to educate the community on CPR procedures for adults, children, and infants. Included hands on training with the use of multiple simulator mannequins of various ages. 97 community members participated.
- Provided pulmonary rehabilitation to 90 participants to promote health improvement.
- Sponsored and participated in the Fight for Air Stair Climb in downtown Los Angeles to promote respiratory health among community residents and provided information on prevention and treatment of respiratory illness.

- Provided a smoking cessation program to the community.
- Participated as primary partner in Boyle Heights 5K to promote respiratory health and wellness in the community.
- Partnered at Bridge to Health Fair with BreatheLA and provided simple spirometry to assess lung function and diagnose asthma, chronic obstructive pulmonary disease, and other conditions that affect breathing. Additionally, the WMMC Better Breathers Club had 25 participants.
- WMMC is a smoke free campus.
- Expanded the walking path around the WMMC campus promoting exercise and organized weekly walking groups.

Access to Health Care and Education

Objective: Reduce impediments and eliminate barriers that prevent equitable access to quality health care services and proper education to the community at large, specifically the uninsured/underinsured population.

Interventions:

1. Bridge to Health Fair and Community Health Fairs: Provides free health screenings, nutritional counseling, dental screenings, exercise and fitness funs, and health education information.
2. Health and Wellness Community Calendar: This quarterly calendar has information about health improvement activities and is made widely available to the community.
3. Homeless Outreach Under the Bridges: Program that distribute clothes, food and water to community residents in need.
4. House of Ruth: Provides workshops on health, prevention, beauty, and wellness to homeless and battered women.
5. Access to Transportation: Free van transportation, taxi vouchers, bus tokens, and parking validations from home to appointments for eligible patients.
6. Access to Health Insurance Information: Program that provides the community with information and assistance with enrolling into and using health care coverage.

Accomplishments:

- Provided on-site enrollment services to 1,927 individuals for state-funded insurance plans including Medicare, Covered California Enrollments, and Medi-Cal.
- Expanded transportation services for those in need of a ride to and/or from the hospital for over 12,520 patients including 4,113 one-way trips, 8,226 round trips, and 172 maternity tours to WMMC and provided \$65,406 low-cost or free parking to those accessing health care services on our campus.

- Provided 1,633 taxi vouchers and 2,098 bus tokens to those in need of a ride home from WMMC.
- Increased community awareness of health services offered, wellness classes, and upcoming health fairs and screenings through “Health and Wellness Community Calendar”, held the 6th Annual “Bridge to Health” Community Health & Wellness Fair in Mariachi Plaza in conjunction with the Boyle Heights 5K, and sponsored and participated in multiple community health fairs for 2,459 participants.
- Established clinics in the community to provide access, and WMMC expanded access to medical care by bringing 29 new primary care and 45 new specialty care physicians onto our medical staff in response to our federal designation as a medically underserved area.
- Over 190 homeless men and women who live under the bridges in our community were provided with clothing, food, and water by WMMC volunteers.
- Workshops for 126 homeless and battered women were conducted at the House of Ruth to promote self-esteem and confidence and reduce depression, and meals were provided monthly.

Senior Care

Objective: Increase senior’s access to and use of health promotion programs and healthcare services, incorporating culturally relevant health workshops, fitness classes, and positive social activities to improve quality of life.

Interventions:

1. Senior Wellness: Wellness classes for senior community members including health improvement activities and workshops.
2. YMCA Wellness Programs: Program in partnership with YMCA to promote proper nutrition and fitness among senior members.

Accomplishments:

- Provided senior health improvement activities and workshops, health checks, and fitness outings to promote activity and wellness in the senior community accounting for 4,523 encounters.
- WMMC in partnership with local YMCA provided senior health workshops and fitness activities accounting for 642 encounters.
- In 2009, WMMC partnered with the Mexican American Opportunity Foundation’s (MAOF) Senior Hispanic Information and Assistance Services to provide local Latino older adults with access to community resources to keep them healthy and independent. In 2015, a total of 1,656 seniors joined. The monthly events calendar and senior wellness newsletter informs members, their family, and caregivers about more than 50 weekly educational programs, senior social events and trips, and health screenings. Transportation assistance

at no cost to the seniors provides access and social interaction for senior support groups available in their primary language with our bilingual health care team members.

Logic Model for 2013-2016 CHP Programs and Interventions

Priority Area	Strategies	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Maternal and Child Health	<ul style="list-style-type: none"> Welcome Baby Program Child Birth Class Natural Nursing "We Care" Baby Care Class Infant CPR and Safety Free Child Safety Seats Family Focus Program Little Angels of White Memorial Support Group Rainbow Children's Center Cleft Palate Support Group Healthy Eating Lifestyle Program 	Increased encounters with children and expectant mothers	Increased quality of programs as demonstrated through program evaluation	Provide more opportunities for mothers and children in our community to have access to health care and services to improve health and health outcomes.
Chronic Disease Management	<ul style="list-style-type: none"> Breast and Prostate Cancer Prevention and Screenings Free Glucose Screenings Diabetes Education and Support Group Free or Low-Cost Wellness Programs 	Increased participation in prevention and treatment programs among community members	Increased quality of programs as demonstrated through program evaluation	Reduced rate of chronic disease in community
Respiratory Illness	<ul style="list-style-type: none"> COPD Management Symposium Fight for Air Stair Climb Pulmonary Rehab Program 	Increase awareness of respiratory health and the practices that can positively affect wellness outcomes	Increased quality of programs as demonstrated through program evaluation	Improve respiratory health of adults and children in our community
Access to Health Care and Education	<ul style="list-style-type: none"> Bridge to Health Fair Health and Wellness Community Calendar Homeless Outreach House of Ruth Access to Transportation Access to Health Insurance Information 	Provide education on health, nutrition and wellness on campus and at local schools and community organizations	Increase encounters, referrals and enrollment	Evaluate encounters and individuals served to ensure equity in opportunities to access care and education
Senior Care	<ul style="list-style-type: none"> Senior Wellness YMCA Wellness Programs 	Continue to offer programs targeted to the high-risk senior population	Increased quality of programs as demonstrated through program evaluation	Expand programs and increase participation in senior wellness initiatives

Prioritization of Health Needs

Process for Indicator Selection

The health indicators used in the prioritization matrix were influenced by community indicator systems such as, County Health Rankings & Roadmaps and Healthy People 2020. A list was developed that corresponded to each domain within this assessment and for which our hospital could reasonably address.

Community Asset Inventory

This Inventory was designed to help us (1) understand existing community efforts to address particular issues and resources in our community, (2) prevent duplication of efforts as appropriate, and (3) identify potential organizational partners for addressing priority health needs. See Appendix A for complete listing of resources in our community.

Process and Criteria

In August 2016, HC2 Strategies, Inc. facilitated a strategy meeting with WMMC’s Community Benefit Board to review the results of the CHNA and determine the priority needs that the hospital will address, over the next three years. Following a review of the draft CHNA, the CHNA committee was instructed to use the following factors when deciding on priority health needs:

- Input from members or organizations of medically underserved, low-income, or minority populations
- Community assets and internal resources for addressing needs
- Evaluation of latest Community Health Plan

Participants were also asked to consider the following criteria and provided with time to ask questions of the facilitators:

Suggested criteria for selecting priority needs

Severity	Solution could impact multiple problems
Magnitude	Feasibility of intervention
Opportunity to intervene at population level	Availability of evidence –based approaches
Opportunity for partnership	Importance to community
Addresses disparities of subgroups	Identified community need
Existing resources and programs to address problem	Mission alignment and resources of hospital

During a facilitated session, members were asked to select their top three health needs from a poster with needs identified through conducting the CHNA. The exercise was repeated until consensus was reached on the top three priority health needs. The group discussed a need to develop alignment with community partners and regional CHNA efforts, as well, as capitalize on what White Memorial does right with community benefits with programs such as, the Welcome Baby program and the H.E.L.P. program.

Needs Identified from CHNA

Domain	Identified Need
Social and Economic Factors	Education
	Homelessness
	Poverty
Health System	Access to healthcare
	Integrated care
	Increased collaboration with partners
	Culturally appropriate services
Health Status and Outcomes	Chronic diseases
	Mental health and substance abuse services
	Physical activity and nutrition
Physical Environment	Safe and green places to play
	Access to healthy foods

Identified Priority Health Needs

The preceding sections of this report identified numerous indicators and input from community members to describe our community's health status. From this analysis, the following priority health needs were identified:

- Access to healthcare and education
 - Intervention efforts include maternal and child health, workforce development, and senior care
- Chronic disease management
 - Intervention efforts include diabetes, asthma, cardiovascular, respiratory illness, and access to health foods
- Mental health and substance abuse services

Access to healthcare

Access to healthcare is only one piece of ensuring an individual or family's overall well-being. We must begin to move upstream to identify barriers to obtaining quality and culturally competent health care. From 2016-2019, under this priority area we will focus on:

- Maternal and child health: This entails getting babies started right by providing both direct care and education and resources to new moms.
- Workforce development: This area entails developing the workforce for health care professionals by recruiting directly from our community. This raises the quality of life for the individual, but also the quality of the service we provide and the community as a whole.
- Senior care: Healthy aging begins with providing services and education that enable seniors to live independently and maintain productive and fulfilling lives.

Chronic diseases

Chronic diseases constitute the main cause of death and disability, both nationally and here in our community. To address this need we intend to provide our patients with the highest quality information, treatment, and medication management possible to ensure a full and productive life. We will also seek out community engagement and partnership opportunities where we can provide screening, rapid diagnosis, and referral services. Intervention efforts under this priority area will include a focus on: diabetes, asthma, cardiovascular disease, respiratory illness, and access to healthy foods.

Mental health and substance abuse service

Like so many other issues identified in our community, mental health and substance abuse can be the result of or exacerbated by social and economic conditions. To begin to heal our community we must comprehensively address mental health and substance abuse by providing integrated and specialty services to those in need.

Connecting Strategy and Community Health

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Population health is not just the overall health of a population, but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally, such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution; and
- 3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
- 2) Improve care quality and patient safety, and
- 3) Advance care coordination across the health care continuum.

Our mission as a health system is to share God's love by providing physical, mental, and spiritual healing and we believe the best way to re-imagine our future business model with a major emphasis on community health is by working together with our community.

2016 CHNA Approval

This community health needs assessment was adopted on October 18, 2016 by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31, 2016.

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments please visit the Community Benefits section, under About Us at <http://www.whitememorial.com>

Appendix A

Community Resources

Type	Organization	Address	Phone	Website	Services
Education – Alternative Education and Public Schools 	Abraham Lincoln High School	3501 N Broadway, Los Angeles, CA 90031	(323) 441-4600	www.lincolnhs.org	School
	Academia Avance Charter High School	115 N Ave 53, Los Angeles, CA 90042	(323) 230-7270	www.academiaavance.org	School
	Alhambra High School	101 S 2nd St, Alhambra, CA 91801	(626) 943-6900	www.ahsmoors.org	School
	Alliance Gertz-Ressler High School	2023 S Union Ave, Los Angeles, CA 90007	(213) 745-8141	www.gertzresslerhigh.org	School
	Alliance Susan & Eric Smidt Technology High School	211 S Ave 20, Los Angeles, CA 90031	(323) 352-3206	www.laalliance.org/schools/smidtttech	School
	Applied Technology Center High School	123 S. Montebello Blvd., Montebello, CA 90640	(323) 887-7900	www.atc.montebello.k12.ca.us	School
	Aspire Pacific Academy	2565 E 58th St, Los Angeles, CA 90058	(323) 589-2800	www.aspirepublicschools.org	School
	Bell Gardens High School	6119 Agra St, Bell Gardens, CA 90201	(323) 826-5151	www.bhs.montebello.k12.ca.us	School
	Bellflower High School	15301 McNab Ave, Bellflower, CA 90706	(562) 920-1801	www.bellflowerhigh.org	School
	Belmont High School	1575 W 2nd St, Los Angeles, CA 90026	(213) 241-4300	www.belmonthighschool.org	School
	Benjamin Franklin High School	820 N Ave 54, Los Angeles, CA 90042	(323) 550-2000	www.franklinhs-laUSD-ca.schoolloop.com	School


Type	Organization	Address	Phone	Website	Services
Education – Alternative Education and Public Schools 	Bishop Montgomery High School	5430 Torrance Blvd, Torrance, CA 90503	(310) 540-2021	www.bmhs-la.org	School
	Bishop Mora Salesian High School	960 S Soto St, Los Angeles, CA 90023	(323) 261-7124	www.mustangsla.org	School
	Bridge Street Elementary School	605 N. Boyle Ave., Los Angeles, CA 90033	(323) 222-0165		School
	California Academy of Mathematics and Science	California State University Dominguez Hills, 1000 E Victoria St, Carson, CA 90747	(310) 243-2025	www.lbcams.schoolloop.com	School
	California High School	9800 Mills Ave, Whittier, CA 90604	(562) 698-8121	www.wuhsd.org	School
	Cantwell Sacred Heart of May High School	329 N Garfield Ave, Montebello, CA 90640	(323) 887-2066	www.cshh.org	School
	Cathedral High School	1253 Bishops Rd, Los Angeles, CA 90012	(323) 225-2438	www.cathedralhighschool.org	School
	Dolores Mission School	170 South Gless Street, Los Angeles, CA 90033	(323) 881-0001	www.doloresmissionschool.org	School
	Downey Adult School	12340 Woodruff Ave, Downey, CA 90241	(562) 940-6200	www.das.edu	School
	Downey High School	11040 Brookshire Ave, Downey, CA 90241	(562) 869-7301	www.dusd.net	School
	Downtown Magnet's High School	1081 W Temple St, Los Angeles, CA 90012	(213) 481-0371	www.downtownmagnets.org	School
Edward R. Roybal Learning Center	1200 Colton St, Los Angeles, CA 90026	(213) 580-6400	www.home.lausd.net	School	

Type	Organization	Address	Phone	Website	Services
Education – Alternative Education and Public Schools 	Eagle Rock High School	1750 Yosemite Dr., Los Angeles, CA 90041	(323) 340-3500	www.the-rock.lausd.k12.ca.us	School
	El Rancho High School	6501 Passons Blvd, Pico Rivera, CA 90660	(562) 801-5355	www.erusd.k12.ca.us/ElRancho	School
	Elizabeth Learning Center	4811 Elizabeth St, Cudahy, CA 90201	(323) 271-3600	www.elizabethlc.org	School
	Esteban E. Torres High School	4211 Dozier St Los Angeles, CA 90063	(323) 265-6865	www.estebantorreshighschool.com	School
	Franco Bravo Medical Magnet High School	1200 Cornwell St, Los Angeles, CA 90033	(323) 227-4400	www.bravoweb.lausd.net	School
	Franklin High School	820 N Ave 54, Los Angeles, CA 90042	(323) 550-2000	www.franklinhs-lausd-ca.schoolloop.com	School
	Gabrielino High School	1327 S San Gabriel Blvd, San Gabriel, CA 91776	(626) 573-2453	www.gabrielino.sgusd.k12.ca.us	School
	Garfield High School	5101 East 6th Street, Los Angeles, CA 90022	(323) 981-5500	www.garfieldhs.org	School
	Glen A. Wilson High School	16455 Wedgeworth Dr., Hacienda Heights, CA 91745	(626) 934-4400	www.gwhs-hlpusd-ca.schoolloop.com	School
	Glendale Adventist Academy	700 Kimlin Dr., Glendale, CA 91206	(818) 244-8671	www.glendaleacademy.org	School
	Gretchen A. Whitney High School	16800 Shoemaker Ave, Cerritos, CA 90703	(562) 229-7745	www.edline.net/pages/WhitneyHS	School
	Hamilton High School	2955 S Robertson Blvd, Los Angeles, CA 90034	(310) 280-1400	www.hamiltonhs-lausd-ca.schoolloop.com	School
Herbert Hoover High School	651 Glenwood Rd. Glendale, CA 91202	818-242-6801	www.hooverhs.org	School	

Type	Organization	Address	Phone	Website	Services
Education – Alternative Education and Public Schools 	Hollywood High School	1521 Highland Ave, Los Angeles, CA 90028	(323) 993-1700	www.hollywoodhighschool.net	School
	Hughes Middle School	3846 California Ave, Long Beach, CA 90807	(562) 595-0831	www.lbhughes.schoolloop.com	School
	Huntington Park High School	6020 Miles Ave, Huntington Park, CA 90255	(323) 826-2300	www.huntingtonparkhs-lausd-ca.schoolloop.com	School
	Immaculate Heart of Mary High School	5515 Franklin Ave, Los Angeles, CA 90028	(323) 461-3651	www.immaculateheart.org	School
	Inglewood High School	231 S Grevillea Ave, Inglewood, CA 90301	(310) 680-5200	www.inglewood.iusd.net	School
	John Marshall High School	3939 Tracy St, Los Angeles, CA 90027	(323) 671-1400	www.johnmarshallhs.org	School
	John W. North High School	1550 3rd St, Riverside, CA 92507	(951) 788-7311	www.rusdlink.org	School
	Los Altos High School	15325 Los Robles Ave, Hacienda Heights, CA 91745	(626) 934-5400	www.lahs.hlschools.org	School
	Los Angeles Center for Enriched Studies	5931 W 18th St, Los Angeles, CA 90035	(323) 549-5900	www.lacesmagnetschool.org	School
	Los Angeles High School of the Arts	701 S Catalina St A414, Los Angeles, CA 90005	(213) 480-4600	lahsa-lausd-ca.schoolloop.com	School
	Los Angeles Music and Art School	3630 E 3rd St, Los Angeles, CA 90063	(323) 262-7734	www.lamusart.org	School
	Loyola High School	1901 Venice Blvd, Los Angeles, CA 90006	(213) 381-5121	www.loyolahs.edu	School

Type	Organization	Address	Phone	Website	Services
Education – Alternative Education and Public Schools 	Maranatha High School	169 S St John Ave, Pasadena, CA 91105	(626) 817-4000	www.maranathahighschool.org	School
	Marc and Eva Stern Math and Science School	5151 State University Dr., Los Angeles, CA 90032	(323) 987-2144	www.sternmass.org	School
	Marco Antonio Firebaugh High School	5246 Martin Luther King Jr Blvd, Lynwood, CA 90262	(310) 886-5200	www.fhs-lynwoodusd-ca.schoolloop.com	School
	Mark Keppel High School	501 E Hellman Ave, Alhambra, CA 91801	(626) 943-6700	www.mkhs.org	School
	Mayfield Senior School	500 Bellefontaine St, Pasadena, CA 91105	(626) 799-9121	www.mayfieldsenior.org	School
	Maywood Academy	6125 Pine Ave, Maywood, CA 90270	(323) 838-6000	www.maywoodacademy.org	School
	Mendez High School	1200 Plaza Del Sol E, Los Angeles, CA 90033	(323) 981-5400	www.mendezhs.org	School
	Montebello High School	2100 W Cleveland Ave, Montebello, CA 90640	(323) 728-0121	www.mhs.montebello.k12.ca.us	School
	North High School	3620 W 182nd St, Torrance, CA 90504	(310) 533-4412	www.northhighschool.org	School
	Orthopaedic Hospital Medical Magnet High School	300 W 23rd St, Los Angeles, CA 90810	(213) 765-2088	www.orthohosmaglausd-ca.schoolloop.com	School
	Oscar de La Hoya Animo Charter High School	1114 S Lorena St, Los Angeles, CA 90023	(323) 780-1259	www.animo.org	School
	Pilgrim School	540 S. Commonwealth Ave, Los Angeles, CA 90020	(213) 385-7351	www.pilgrim-school.org	School

Type	Organization	Address	Phone	Website	Services
Education – Alternative Education and Public Schools 	Pioneer High School	10800 Benavon Street, Whittier, CA 90606	(562) 698-8121	www.wuhd.org	School
	Ramona Convent Secondary School	1701 W Ramona Rd, Alhambra, CA 91803	(626) 282-4151	www.ramonaconvent. org	School
	Resurrection School	3360 E. Opal St, Los Angeles, CA 90023	(323) 261-5750	www.resurrection- school.org	School
	Ribet Academy	2911 N San Fernando Rd, Los Angeles, CA 90065	(323) 344-4330	www.ribetacademy.co m	School
	Robert Louis Stevenson Middle School	725 S Indiana St, Los Angeles, CA 90023	(323) 780-6400	www.rlstevenson.net	School
	Roosevelt High School	456 S Mathews St, Los Angeles, CA 90033	(323) 780-6500	www.rooseveltlausd.o rg	School
	Rosemead High School	9063 Mission Dr., Rosemead, CA 91770	(626) 286-3141	www.rhs.schoolloop.c om	School
	Sahag-Mesrob Armenian Christian School	2501 Maiden Ln, Altadena, CA 91001	(626) 798-5020	www.sahagmesrobsch ool. org	School
	San Gabriel Academy	8827 E Broadway, San Gabriel, CA 91776	(626) 292-1156	www.sangabrielacade my. org	School
	San Gabriel Mission High School	254 S Santa Anita St., San Gabriel, CA 91776	(626) 282-3181	www.sgmhs.org	School
	Schurr High School	820 N Wilcox Ave, Montebello, CA 90640	(323) 887-3090	www.shs.montebello.k 12. ca.us	School
	Second Street Elementary School	1942 East 2 nd St. Los Angeles, CA 90033	323-269-9401	www.lausd.k12.ca.us/ 2nd_Street_EL	School
	Soledad Enrichment Action Charter School	222 N Virgil Ave, Los Angeles, CA 90004	(213) 480-4200	www.seacharter.net	School

Type	Organization	Address	Phone	Website	Services
Education – Alternative Education and Public Schools 	St. Bernard Catholic School	3254 Verdugo Rd Los Angeles, CA 90065	(323) 256-4989	www.stbernard-school.com	School
	St. Francis High School	200 Foothill Bl., La Cañada Flintridge, CA 91011	(818) 790-0325	www.sfhs.net	School
	Temple City High School	9501 Lemon Ave, Temple City, CA 91780	(626) 548-5040	www.edline.net	School
	Thomas Jefferson High School	1319 E 41st St, Los Angeles, CA 90011	(323) 521-1200	jefferson-lausd- ca.schoolloop.com	School
	USC MAST Magnet School	822 W 32nd St, Los Angeles, CA 90007	(213) 748-0126	www.32ndstreet- uscmagnet.schoolloop. com	School
	Venice High School	13000 Venice Blvd, Los Angeles, CA 90066	(310) 577-4200	www.venicehs-lausd- ca.schoolloop.com	School
	Wallis Annenberg High School	4000 S Main St, Los Angeles, CA 90037	(323) 235-6343 ext. 119	www.accelerated.org/ our-schools/wallis- annenberg-high- school-wahs	School
	West Adams Preparatory High School	1500 W Washington Blvd, Los Angeles, CA 90007	(323) 373-2500	www.westadamsprep. org	School
	White Memorial Adventist School	1605 New Jersey St, Los Angeles, CA 90033	(323) 268-7159	www.whitememorialschool.org	School
	Whitney High School	16800 Shoemaker Ave, Cerritos, CA 90703	(562) 229-7745	www.edline.net/pages /WhitneyHS	School
	Woodrow Wilson High School	4500 Multnomah St, Los Angeles, CA 90032	(323) 276-1600	www.ibwilsonmules.com	School

Type	Organization	Address	Phone	Website	Services
Education – Early Childhood Education 	MAOF/Rainbow Children’s Center	1803 Pennsylvania Ave, Los Angeles, CA 90033	(323) 881-8877		Early education center
	Mexican American Opportunity Foundation	401 N. Garfield Ave., Montebello, CA 90640	(323) 890-9600	www.maof.org	Early childhood education programs and family services
	Para Los Ninos	4824 Civic Center Way, Los Angeles, CA 90022	(323) 796-0125	www.paralosninos.org	Early education center
	Proyecto Pastoral Early Childhood Education (ECE) Centers	135 N. Mission Rd. Los Angeles, CA 90033	(323) 881-0016	www.proyectopastoral.org	Early education and preschool programs
Education – Post-Secondary Institutions 	American Career College	4021 Rosewood Ave., Los Angeles, CA 90004	(323) 668-7555	www.americancareercollege.edu	Health Information Management Students
	American University of Health Sciences	1600 E Hill St #1, Signal Hill, CA 90755	(562) 988-2278	www.auhs.edu	Nursing Students
	Associated Technical College	1670 Wilshire Blvd, Los Angeles, CA 90017	(213) 353-1845	www.atcla.edu	Health Career Students
	Azusa Pacific University	901 E. Alostia Ave Azusa, CA 91702	(800) 214-3735	www.azusapacificuniversitycollege.com	Nursing Students, Physical Therapy Students
	California Northstate University College of Pharmacy	9700 W Taron Dr., Elk Grove, CA 95757	(916) 686-7400	www.pharmacy.cnsu.edu	Pharmacy Students
	California State Polytechnic University,	3801 W Temple Ave, Pomona, CA 91768	(909) 869-7659	www.cpp.edu	Health Career Students
	California State University, Chico	400 W 1st St, Chico, CA 95929	(530) 898-4636	www.csuchico.edu	Health Career Students


Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions 	California State University, Dominguez Hills	1000 East Victoria Street, Carson, CA 90747	(310) 243-2579	www.csudh.edu	Health Career Students (Nursing , Nurse Practitioner, Occupational Therapy , Social Work, Communication Disorder, Kinesiology, Nutrition and Family Studies)
	California State University, Long Beach	1250 Bellflower Blvd. Long Beach, CA 91330	(562) 985-8106	www.csulb.edu	Health Career Students (Social Work, Speech Therapy, Occupational Therapy, Nursing, Physical Therapy)
	California State University, Los Angeles	5151 State University Drive, Los Angeles, CA 90032	(323) 343-3000	www.csula.edu	Health Career Students (Nursing , Nurse Practitioner, Clinical Laboratory Scientist, Occupational Therapy, Public Health, Social Work, Psychology , Communication Disorders, Speech Pathology, Kinesiology, Nutrition & Child Family Studies)
	California State University, Northridge	18111 Nordhoff St., Northridge, CA 91330	(818) 677-1200	www.csun.edu	Physical Therapy Students, Speech Pathology Students Health Career Students
	Career College Consultants	2607 Colorado Blvd., Los Angeles, CA 90041	(323) 254-2203	www.career-college.edu	Health Career Students
	California State University, San Diego	5500 Campanile Dr., San Diego, CA 92182	(619) 594-5200	www.csusd.edu	Physical Therapy Students
	California State University, San Marcos	333 S Twin Oaks Valley Rd, San Marcos, CA 92096	(760) 750-4000	www.csusm.edu	Nursing Education - BSN
	Cerritos College	11110 Alondra Blvd. Norwalk, CA 90650	(562) 860-2451	www.cerritos.edu	Physical Therapy Students




Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions 	Chapman University	1 University Dr. Orange, CA 92866	(714) 997-6815	www.chapman.edu	Physical Therapy Students
	CIT Nursing College	6444 Bellingham Ave #202, North Hollywood, CA 91606	(818) 980-0415	www.citnursingcollege.com	Health Career Students
	Concorde Career Colleges	Garden Grove North Hollywood San Diego	(800) 693-7010	www.concorde.edu	Physical Therapy Students
	Crescent College	5940 Santa Fe Ave., Huntington Park, CA 990255	(323) 585-2222	www.crescentcollege.net	Health Career Students
	East Los Angeles Community College (ELAC)	1301 Avenida Cesar Chavez, Monterey Park, CA 91754	(323) 265-8650	www.elac.edu	Nursing Students, EMT Students, Respiratory Therapy Students
	East Los Angeles Occupational Center	2100 Marengo St. Los Angeles CA, 90033	(323) 223-1283	www.eastlaservicearea.org	Health Career Students
	East Los Angeles Skills Center	3921 Selig Pl, Los Angeles, CA 90031	(323) 224-5970	www.eastlaservicearea.org	Health Career Students
	El Camino College	16007 Crenshaw Blvd, Torrance, CA 90506	(310) 532-3670	www.elcamino.edu	Health Career Students
	Fullerton College	321 E Chapman Ave, Fullerton, CA 92832	(714) 992-7000	www.fullcoll.edu	Health Career Students
	Glendale Career College	1015 Grandview Ave, Glendale, CA 91201	(818) 243-1131	www.success.edu	Health Career Students

Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions 	Glendale Community College	1500 N Verdugo Rd, Glendale, CA 91208	(818) 240-1000	www.glendale.edu	Health Career Students
	John F. MacArthur/Master's University	21726 Placerita Canyon Rd, Santa Clarita, CA 91321	(800) 568-6248	www.masters.edu	Health Career Students
	La Sierra University	4500 Riverwalk Pkwy, Riverside, CA 92505	(951) 785-2000	www.lasierra.edu	Health Career Students
	Loma Linda University	1139 Anderson St. Loma Linda, CA 92350	(909) 558-4000	www.llu.edu	Medical Students Health Career Students (Physical Therapy, Nutrition, Occupational Therapy, Speech Pathology, Nuclear Medicine Technology)
	Los Angeles City College	855 N Vermont Ave, Los Angeles, CA 90029	(323) 953-4000	www.lacitycollege.edu	Health Career Students
	Los Angeles County College of Nursing & Allied Health	1237 N Mission Rd, Los Angeles, CA 90033	(323) 226-4911	www.dhs.lacounty.gov/wps/portal/dhs/conah/schoolofnursing	Nursing Students
	Los Angeles Trade Technical College	400 W Washington Blvd, Los Angeles, CA 90015	(213) 763-7000	www.lattc.edu	Nursing Students
	Los Angeles Valley College	5800 Fulton Ave, Valley Glen, CA 91401	(818) 947-2600	www.lavc.edu	Health Career Students
	Loyola Marymount University	1 Loyola Marymount University Dr., Los Angeles, CA 90045	(310) 338-2700	www.lmu.edu	Health Career Students
	Marymount College University	30800 Palos Verdes Dr., E., Rancho Palos Verdes, CA 90275	(310) 377-5501	www.marymountcollege.edu	Health Career Students

Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions 	Mount San Antonio College	1100 N. Grand Ave., Walnut, CA 91789	(909) 274-7500	www.mtsac.edu	Health Career Students
	Mount San Jacinto College	1499 N. State St., San Jacinto, CA 92583	(951) 487-6752	www.msjc.edu	Health Career Students
	Mount St. Mary's University	12001 Chalon Rd. Los Angeles, CA 90049	(310) 954-4250	www.msmu.edu	Nursing Students Physical Therapy Students
	North-West College	Pasadena Glendale	(800) 639-6725	www.nw.edu	Sonography Technologies Students
	Pacific Union College	1 Angwin Ave, Angwin, CA 94508	(707) 965-6311	www.puc.edu	Nursing Students
	Pasadena City College	1570 E Colorado Blvd, Pasadena, CA 91106	(626) 585-7123	www.pasadena.edu	Health Career Students
	PCI College	17215 Studebaker Road, Suite 310 Cerritos, CA 90703	(562) 916-5055	www.pci-edu.com	Ultrasound Students
	Platt College	1000 S. Fremont Ave., Alhambra, CA 91803	(626) 300-5444	www.plattcollege.edu	Respiratory Therapy Students, Sonography Technologies Students
	Rio Hondo College	3600 Workman Mill Rd, Whittier, CA 90601	(562) 692-0921	www.riohondo.edu	Health Occupations Nursing Students
	Samuel Merritt College	450 30 th Street, 4 th Floor, Oakland, CA 94609	(510) 869-6511	www.samuelmerritt.edu	Health Career Students (Occupational Therapy, Physical Therapy)
	San Francisco State University	1600 Holloway Ave, San Francisco, CA 94132	(415) 338-1111	www.sfsu.edu	Physical Therapy Students
Stanford University	450 Serra Mall, Stanford, CA 94305	(650) 723-2300	www.stanford.edu	Medical Students	

Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions 	Santa Ana College	1530 West 17 th Street, Santa Ana, CA 92706	(714) 564-6684		Occupational Therapy Students
	Santa Monica City College	1900 Pico Blvd, Santa Monica, CA 90405	(310) 434-4000	www.smc.edu	Health Career Students
	Santa Rosa Junior College	1501 Mendocino Ave, Santa Rosa, CA 95401	(707) 527-401	www.santarosa.edu	Health Career Students
	Stanbridge College	2041 Business Center Drive, Irvine, CA 92612	(949) 794-9090	www.stanbridge.edu	Health Career Students (Occupational Therapy, Physical Therapy)
	University of California, Berkeley	Berkeley, CA 94702	(510) 642-5000	www.ucberkeley.edu	Health Career Students
	University of California, Davis	1 Shields Ave., Davis, CA 95616	(530) 752-1011	www.ucdavis.edu	Medical Students
	University of California, Irvine	Irvine, CA 92697	(949) 824-5011	www.uci.edu	Medical Students
	University of California, Los Angeles	Los Angeles, CA 90095	(310) 825-4321	www.ucla.edu	Medical Students Nurse Practitioner Students
	University of California, Merced	5200 Lake Rd, Merced, CA 95340	(209) 228-4400	www.ucmerced.edu	Health Career Students
	University of California, Riverside	900 University Ave, Riverside, CA 92521	(951) 827-1012	www.ucr.edu	Health Care Students
	University of California, San Diego	9500 Gilman Dr., La Jolla, CA 92093	(858) 534-2230	www.ucsd.edu	Medical Students

Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions 	University of California, Santa Cruz	1156 High Street, Santa Cruz, CA 95064		www.ucsc.edu	Health Career Students
	University of California, San Francisco	505 Parnassus Ave, San Francisco, CA 94143	(415) 476-9000	www.ucsf.edu	Medical Students
	University of La Verne	1950 3rd St, La Verne, CA 91750	(909) 593-3511	www.laverne.edu	Health Career Students
	University of Phoenix	299 N. Euclid Ave., Pasadena, CA 91101	(800) 888-1968	www.phoenix.edu	Health Career Students
	University of the Pacific	751 Brookside Road, Stockton, CA 95211	(209) 946-2285	www.pacific.edu	Pharmacy Students
	University Southern California	1540 Alcazar St. Los Angeles, CA 90033	(323) 442-2935	www.usc.edu	Medical Students, Dental Students, Physician Assistant Students, Physical Therapy Students, Occupational Therapy Students, Clinical Psychology Students, Healthcare Administration Students
	West Coast Ultrasound Institute	3700 Inland Empire Blvd., Suite 235, Ontario, CA 91764	(888)446-4166	www.wcui.edu	MRI and Ultrasound Students
	West Coast University	590 N. Vermont Ave. Los Angeles, CA 90004	(866) 508-2684	www.westcoastuniversity.edu	Nursing Students Pharmacy Students
	Western University of Health Sciences	309 E. 2 nd Street Pomona, CA 91766	(909) 706-3819		Pharmacy Students Physical Therapy Students Podiatry Students
Emergency Food, Food Rescue Programs	211 Los Angeles County		2-1-1 or (800) 339-6993	www.211la.org	211 LA provides access to social services for LA County residents



Type	Organization	Address	Phone	Website	Services
Employment Services 	Archdiocesan Youth Employment	3965 S Vermont Ave, Los Angeles, CA 90037	(323) 731-8596	www.ayela.org	Job training and employment
	Dolores Mission	170 South Gless Street, Los Angeles, CA 90033	(323) 881-0001	www.doloresmissionschool.org/about/our-parish	Job training and employment
	Homeboy Industries	130 W. Bruno St., Los Angeles, CA 90012	(323) 526-1254	www.homeboyindustries.org	Job training and employment
	Mexican American Opportunity Foundation (MAOF)	401 N. Garfield Ave., Montebello, CA 90640	(323) 890-9600	www.maof.org	Programs in early childhood education and family services, job training, and senior lifestyle development
Disaster Services 	ADRA		(800) 424-2372	adra.org	Disaster relief
	American Red Cross of Greater Los Angeles	11355 Ohio Ave, Los Angeles, CA 90025	(310) 445-9900	www.redcross.org	Disaster relief, Emergency and disaster response and preparedness education
	211 Los Angeles County		2-1-1 or (800) 339-6993	www.211la.org	211 LA provides access to disaster support for LA County residents
Faith-based Organizations 	Southern California Conference of Seventh- day Adventists	1535 East Chevy Chase Drive, Glendale, California 91206	(818) 546-8400	www.scc.adventist.org	Spiritual Care
	Altadena Seventh-day Adventist Church	2609 Lincoln Ave, Altadena, CA 91001	(626) 794-3953	www.altadena.adventistfaith.org	Spiritual Care
	Catholic Association of Latino Leaders – LA Chapter	3424 Wilshire Blvd., 4th Floor Los Angeles, CA 90010	(213) 637-7400	www.call-usa.org	Spiritual Care

Type	Organization	Address	Phone	Website	Services
Faith-based Organizations 	Dolores Mission Catholic Church	171 South Gless St., Los Angeles, CA 90033	(323) 881-0039	www.dolores-mission.org	Spiritual Care
	Church of the Resurrection	3324 East Opal Street, Los Angeles 90023	(323) 268-1141	www.resurrectionla.com	Spiritual Care
	Los Angeles Central Korean Seventh-day Adventist Church	1666 Michigan Ave, Los Angeles, CA 90033	(323) 269-0670		Spiritual Care
	Los Angeles Korean Seventy-day Adventist Church	3000 W. Ramona Drive, Alhambra CA 91803	(626) 284-3433		Spiritual Care
	Spanish American Seventh-day Adventist Church	1815 Bridge Street Los Angeles, CA 90033	(323) 222-7063	www.spanisha.adventistfaith.org	Spiritual Care
	St. Mary's Catholic Church	407 S. Chicago St. Los Angeles, CA 90033	(323) 268-7432	www.stmarys-boyleheights.org	Spiritual Care
	White Memorial Seventh-day Adventist Church	401 N State St, Los Angeles, CA 90033	(323) 264-2170	www.thewhite.org	Spiritual Care
Healthcare 	AltaMed	5427 Whittier Blvd, Los Angeles, CA 90022	(323) 869-1900	www.altamed.org	Federally Qualified Health Center, Pace Program
	AIDS Healthcare Foundation-Downtown	1414 South Grand Ave., Los Angeles 90015	(323) 860-5200	www.aidshealth.org	Health Clinic
	Angeles Comprehensive Community Clinic	3920 Eagle Rock Blvd. Los Angeles, CA 90065	(323) 255-5225		Health Clinic
	Arroyo Vista Family Health Center	2411 N Broadway, Los Angeles, CA 90031	(323) 987-2000	www.arroyovista.org	Health Clinic


Type	Organization	Address	Phone	Website	Services
Healthcare 	BAART – SOUTHEAST	4920 S. Avalon Blvd., Los Angeles, CA 90011	(323) 235-5035		Community Health Clinic
	Bienvenidos Children’s Center	501 South Atlantic Blvd., Los Angeles, CA 90022	(213) 785-5906	www.bienvenidos.org	Health Clinic
	Bella Vida Hospice	5900 S. Eastern Ave, Suite 146 Commerce, CA 90040	(323) 721-8700	www.bellavidahospice.org	Hospice services
	Dignity Health California Hospital Medical Center	1401 S. Grand Ave. Los Angeles, CA 90015	(213) 748-2411	www.dignityhealth.org /californiahospital	Hospital services
	Central City Community Health Center	5970 S. Central Ave., Los Angeles, CA 90001	(323) 234-3280	www.centralcityhealth .org	Public Health Center
	Central Health Center	241 N. Figueroa St. Los Angeles, CA 90012	(213) 240-8203	www.central healthcenter.org	Health clinic
	Central Neighborhood Health Foundation	2702 S. Central Ave., Los Angeles, CA 90011	(323) 234-5000	www.chnfc.org	Community Health Clinic
	Children’s Hospital Los Angeles	4650 Sunset Blvd. Los Angeles, CA 90027	(323) 660-2450	www.chla.org	Hospital services
	Chinatown Service Center	767 N. Hills St. Los Angeles, CA 90012	(213) 808-1700	www.cscla.org	Health Clinic
	Clinica MSR Oscar A. Romero	2032 Marengo Street, Los Angeles, CA 90033	(213) 989-7700	www.clinicaromero.co m	Federally Qualified Health Center
	Center for Partially Sighted	6101 W Centinela Ave, Ste. 150, Culver City, CA 90230	(310) 988-1970	www.low-vision.org	Partially sighted services


Type	Organization	Address	Phone	Website	Services
Healthcare 	Complete Care Community Health Center	2928 East Cesar E. Chavez, Los Angeles, CA 90033	(323) 266-6700		Health Clinic
	East Los Angeles Pregnancy Center	2342 S. Atlantic Blvd. Monterey Park, CA 91754	(323) 838-0204	www.eastlapregnancy.com	Health Clinic
	East Los Angeles Women's Center	1255 S Atlantic Blvd, Los Angeles, CA 90022	(323) 526-5819	elawc.org	Health Clinic
	Edward R. Roybal Comprehensive Health Center	245 S. Fetterly Ave., Los Angeles, CA 90022	(323) 980-2731		Community Health Clinic
	Family Care Specialists Medical Group	1701 East Cesar E Chavez Avenue, Los Angeles, CA 90033	(323) 226-1100	www.fcsmg.com	Primary care health services
	Good Samaritan Hospital	1225 Wilshire Blvd., Los Angeles, CA 90017	(213) 977-2121	www.goodsam.org	Hospital services
	Grand Avenue Imaging Community Clinic	1400 S Grand Ave #608, Los Angeles, CA 90015	(213) 746-5800	www.grandavenueimaging.com	Health Care Services
	Hollywood/Wilshire Health Center	5205 Melrose Avenue, Los Angeles, CA 90038	(323) 769-7800		Public Health Center
	H. Claude Hudson Comprehensive Health Center	5850 S. Grand Ave., Los Angeles, CA 90007	(213) 744-3677		Community Health Clinic
	Hubert Humphrey Comprehensive Health Center	5850 S. Main St., Los Angeles, CA 90033	(323)846-4312		Community Health Clinic
	JWCH – Safe Harbor Women's Clinic	325 S. Los Angeles St., Los Angeles, CA 90013	(213) 484-1186		Health Clinic




Type	Organization	Address	Phone	Website	Services
Healthcare 	Keck Hospital of USC	1500 San Pablo Street, Los Angeles, CA 90033	(323) 442-8500	www.keckmedicine.org	Hospital services
	LAC+USC Medical Center	1200 North State St. Los Angeles, CA 90033	(323) 409-1000	www.dhs.lacounty.gov	Hospital services
	Los Angeles Christian Health Center	1625 E. 4 th St., Los Angeles, CA 90033	(562) 867-7999		Community Health Clinic
	Los Angeles County Department of Health Services	313 N. Figueroa St. Los Angeles, 90012	(213) 240-8101	www.dhs.lacounty.gov	County Health Services
	Martin Luther King, Jr. Center of Public Health	11833 S. Wilmington Ave., Los Angeles, CA 90059	(323) 568-8100		Public Health Center
	Northeast Community Clinic	1414 South Grand Ave., Los Angeles, CA 90015	(213) 222-1460	www.northeastcommunityclinics.com	Health Clinic
	Planned Parenthood –East Los Angeles Health Center	5068 Whittier Blvd, Los Angeles, CA 90022	(800) 576-5544		Health Services
	Promise Hospital of East Los Angeles	443 Soto Street, Los Angeles, CA 90033	(323) 261-1181	www.promiseela.com	Hospital services
	Pueblo Del Sol Community Service Center	1300 Plaza Del Sol Street, Los Angeles, CA 90033	(323) 980-8100		Community Health Clinic
	QueensCare Family Clinic	4816 East 3rd St. Los Angeles, CA 90022	(323) 780-4510	www.queenscarehealthcenters.org	Federally Qualified Health Center
Ruth Temple Health Center	3834 S. Western Ave., Los Angeles, CA 90062	(323) 730-3507		Public Health Center	

Type	Organization	Address	Phone	Website	Services
Healthcare 	Rancho Los Amigos Rehabilitation Center	7601 E. Imperial Hwy, SSA #1110 Downey, CA 90242	(562) 401-7053		Long term care
	South Central Family Health Center	4425 S Central Ave, Los Angeles, CA 90011	(323) 908-4200	www.scfhc.org	Health clinic
	St. Vincent Medical Center	2131 West 3 rd Street, Los Angeles, CA 90057	(213) 484-7111	www.stvincent.verity.org	Hospital services
	Tuberculosis Satellite Clinic at the Leavey Center	522 S. San Pedro St., Los Angeles, CA 90013	(213) 486-4045		Public Health Center
	United American Indian Involvement	1125 W. 6th St., Los Angeles, CA 90017	(213) 202-3970	www.uaii.org	Health Services
	Universal Health Foundation	2020 East 1 st Street, Los Angeles, CA 90033	(323) 980-9600		Health Clinic
	White Memorial Community Health Center	11720 E. Cesar E. Chavez Ave., Suite 532, Los Angeles, CA 90033	(323) 987-1222		Federally Qualified Health Center
	Whittier Public Health Center	7643 S. Painter Ave., Whittier, CA 90602	(562) 464-5350		Public Health Center
Health Education 	Alzheimer's Association	133 N. Sunol Dr., Los Angeles, CA 90063	(323) 881-0574	www.alz.org	Alzheimer's disease and dementia
	American Cancer Society	3333 Wilshire Blvd., Ste.900, Los Angeles, CA 90010	(908) 431-9800	www.cancer.org	Supports research, patient services, early detection, treatment and education
	American Diabetes Association	611 Wilshire Blvd., Los Angeles, CA 90017	323-966-2890	www.diabetes.org	Prevent and cure Diabetes

Type	Organization	Address	Phone	Website	Services
Health Education 	American Heart Association / American Stroke Association	816 S. Figueroa St. Los Angeles, CA 90017	(213) 291-7000	www.heart.org	Efforts to reduce death from Heart Disease and Stroke
	American Lung Association	333 Hegenberger Road, Suite 450 Oakland, CA 94621	(510) 638-5864	www.lung.org	Improve Lung health and prevent lung diseases
	American Red Cross of Greater Los Angeles	11355 Ohio Ave, Los Angeles, CA 90025	(310) 445-9900	www.redcross.org	Health and Safety education and blood services
	Arthritis Foundation	Pacific Financial Center, 800 W 6th St #1250, Los Angeles, CA 90017	(323) 954-5750	www.arthritis.org	Prevention, control, and education on arthritis
	Braille Institute of Los Angeles	741 N. Vermont Ave. Los Angeles, CA 90029	(323) 906-3170	www.brailleinstitute.org	Programs and services to help those with vision loss
	Breathe California of Los Angeles	5858 Wilshire Blvd., Suite 300 Los Angeles, CA 90036	(323) 935-8050	www.breathela.org	Promotes clear air and healthy lungs
	Cancer Support Community Benjamin Center	1990 S. Bundy Dr., Suite 100, Los Angeles, CA 90025	(310) 314-2564	www.cancersupportcommunitycenter.org	Provides support groups and education for families with cancer
	Center for Health Care Rights	520 S La Fayette Park Pl # 214, Los Angeles, CA 90057	(213) 383-4519	www.healthcarerights.org	Health care advocacy
	Familia Unida Living with Multiple Sclerosis	4716 E Cesar Chavez Ave Los Angeles CA 90022	(323) 418-2667	www.lovefamiliaunida.org	Support for individuals and families living with MS
	First 5 LA	750 N. Alameda St., Suite 300 Los Angeles, CA 90012	(323) 482-7507	www.First5LA.org	Exclusive breastfeeding and mothers and babies programs
Kidney Smart	1720 East Cesar E. Chavez Ave., Los Angeles, CA 90033	(323) 260-5831	www.kidneysmart.org	Kidney disease education	

Type	Organization	Address	Phone	Website	Services
Health Education 	Latino Community Diabetes Council	10820 Beverly Blvd, Ste. A5-184 Whittier, CA 90601			Provide diabetes education and resources
	Latino Diabetes Association	200 W Mines Ave, Montebello, CA 90640	(323) 837-9869	www.lda.org	Diabetes
	National Breast Cancer Foundation	2600 Network Blvd., Suite 300 Frisco, TX75034		www.nationalbreastcancer.org	Breast cancer funding
	National Hispanic Medical Association	1920 L St NW #725, Washington, DC 20036	(202) 628-5895	www.nhmamd.org	Physician education
	The Wellness Center at the Historic General Hospital	1200 N .State St. Los Angeles, CA 90033	(213) 294-2833	www.thewellnesscenterla.org	Wellness, prevention, and health education
	Young Life East Los Angeles	3005 E 8th St, Apt 6, Los Angeles, CA 90023-2930	(507) 458-0029	www.eastlosangeles.younglife.org	Services for teenagers
	Youth Opportunity Movement	2130 E 1st St Los Angeles, CA 90033	(323) 260-4879		Services for youth
Health and Safety – Fire, Safety, and Public Health Programs 	LAFD Boyle Heights Station 2	1962 East Cesar E Chavez Ave., Los Angeles, CA 90033	(213) 485-6202	www.lafd.org	Fire department
	Hollenbeck Community Police Station	2111 E 1st St, Los Angeles, CA 90033	(323) 342-4100	www.lapdonline.org	Police department
	Los Angeles County, Department of Public Health	3530 Wilshire Blvd., Suite 800, Los Angeles, CA 90010	(213) 351-7331	www.publichealth.lacounty.gov	Public health services and information



Type	Organization	Address	Phone	Website	Services
Housing and Shelter Programs 	Casa Youth Shelter	10911 Reagan St. Los Alamitos, CA 90720	(800) 914-2272	www.casayouthshelter.org	Provides temporary shelter for runaways and youth in crisis
	Corporation for Supportive Housing	1277 N. Wilcox Ave. Los Angeles, CA 90038	(323) 466-0042	www.housingworksca.org	Homeless services
	House of Ruth	599 N Main St, Pomona, CA 91768	(909) 623-4364	www.houseofruthinc.org	Helps indigent mothers and their children as well as battered women
	Housing Works and the Corporation	1277 N. Wilcox Ave. Los Angeles, CA 90038	(323) 466-0042	www.housingworksca.org	Connects homeless frequent users of emergency health services to housing and appropriate care
	Habitat for Humanity Greater Los Angeles	8739 Artesia Blvd., Bellflower, CA 90706	(310) 323-4663	www.habitatla.org	Helps families, revitalizes neighborhoods, and creates more access to affordable housing
	Illumination Foundation	2691 Richter Ave #107, Irvine, CA 92606	(949) 273-0555	www.ifhomeless.org	Homeless services
	National Health Foundation	Manu Life Plaza, 515 S Figueroa St # 1300, Los Angeles, CA 90071	(213) 538-0700	www.nhfca.org	Homeless and other health related services
	Proyecto Pastoral at Dolores Mission	135 N. Mission Rd. Los Angeles, CA 90033	(323) 881-0016	www.proyectopastoral.org	Guadalupe Homeless Project provides emergency shelter, meals, medical aid, case management, mental health services and workshops for homeless men and women
	Senior Life Resources	209 W Alameda Ave, Burbank, CA 91502	(818) 569-7009		Senior and homeless services
	St. Barnabas Senior Services	675 S. Cardondelet St., Los Angeles, CA 90057	(213) 388-4444	www.sbssla.org	Provides program, services and activities for seniors

Type	Organization	Address	Phone	Website	Services
Housing and Shelter Programs 	TELACU Industries	5400 E. Olympic Blvd., Suite 300 Los Angeles, CA 90022	(323) 721-1655	www.telacu.com	Programs provide low income senior housing, and family services
Income – Public Assistance Programs 	East Los Angeles PFHE-WIC	2219 E 1st St, Los Angeles, CA 90033	(323) 859-3170		Food and Nutrition services
	Women Infant Children (WIC) Centers	2032 Marengo St., Los Angeles, CA 90033	(323) 987-1762		Food and Nutrition Services
Mental Health Facilities and Services 	El Arca	3839 Selig Pl, Los Angeles, CA 90031	(323) 223-3079	www.elarcainc.org	Help for the mentally challenged
	ALMA Family Services	1000 Corporate Center Drive, Suite 650, Monterey Park, CA 91754	(323) 526-4016	www.familyservices.org	Mental health counseling and support to children, adolescents, adults and their families.
	Be Transformed, Inc.	3524 1/4 W. Beverly Blvd. Montebello, CA. 90640	(323) 981-0858		Provide counseling for those struggling to understand his/her complicated issues.
	Helpline Youth Counseling, Inc.	14181 Telegraph Road Whittier, CA 90604	(562) 273-0722	www.hycinc.org	Prevention and early intervention mental health services
	Los Angeles County Department of Mental Health	550 S Vermont Ave, Los Angeles, CA 90020			Mental Health
	LoveOn4Paws	4005 Via Vico, Rancho Pales Verdes, CA 90275	(310) 547-2200	www.loveon4paws.org	Provide animal assisted therapy to children and adults to enhance their overall quality of life


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Substance Abuse Services 	Community Health Care Clinician/NPP	942 S. Atlantic Blvd., Los Angeles, CA 90022			Narcotic Prevention
	East Los Angeles Health Task Force	2120 East 6 th St. Los Angeles, CA 90023	(323) 261-2171	www.treatment-facilities.healthgrove.com	Comprehensive Substance Abuse Program
	MELA Counseling Services Center	5723 Whittier Blvd. Los Angeles, CA. 90022	(323) 721-6855	www.melacounseling.org	Provides substance abuse counseling
	United American Indian Involvement	1125 W. 6th St., Los Angeles, CA 90017	(213) 202-3970	www.uaii.org	Alcoholism Treatment Program
Youth and Adult Development 	Archdioceses of Los Angeles Youth Program	3250 Wilshire Blvd., Suite 1010, Los Angeles, CA 90010	(213) 736-5456	www.ayela.org	Provides job training, education and counseling
	Barrio Action Youth & Family Center	4927 Huntington Dr. N #200, Los Angeles, CA 90032	(323) 221-0779	www.barrioaction.org	Youth programs, tutoring, family source center
	East Los Angeles Community Youth Center	4360 Dozier St, Los Angeles, CA 90022	(323) 269-4205	www.elacyc.org	Community Center
	Girls Today Women Tomorrow	1929 E 2nd St, Los Angeles, CA 90033	(323) 526-3039	www.gtwt.org	Women's leadership and self-esteem programs
	Homeboy Industries	130 W. Bruno St. Los Angeles, CA 90012	(323) 526-1254	www.Homeboyindustries.org	Assists at-risk and formerly gang-involved youth through job placement, training and education
	Los Angeles Boys and Girls Club	2635 Pasadena Ave, Los Angeles, CA 90031	(323) 221-9111	www.labgc.org	After school , educational and support programs for children

Type	Organization	Address	Phone	Website	Services
Youth and Adult Development 	Lucille and Edward R. Roybal Foundation	5251 E. Beverly Boulevard Los Angeles, CA 90022	(323) 725-3960	www.roybalfoundation.org	Provides support for internships for students, agroponics and fish farming
	Mexican American Opportunity Foundation	401 N. Garfield Ave., Montebello, CA 90640	(323) 890-9600	www.maof.org	Job training and senior lifestyle development programs
	Plaza Community Services	4018 City Terrace Drive, Los Angeles, CA 90063	(323) 267-9749	www.plazacs.org	Provides child development, mental health, youth and family services
	Salesian Boys and Girls Club of Los Angeles	3218 Wabash Ave, Los Angeles, CA 90063	(323) 263-7519	www.bgca.org	After school, educational and support programs for children
	TELACU Education Foundation	5400 E. Olympic Blvd., Suite 300 Los Angeles, CA 90022	(323) 721-1655	www.telacu.com	Programs provide education, job training, nursing and other professional scholarships
Recreation, Sports, Leisure, Athletics 	Boyle Heights Technology Youth Center	1600 E 4th St, Los Angeles, CA 90033	(323) 526-5800		Promotes youth achievement by working with families
	Casa 0101	2102 E 1st St, Los Angeles, CA 90033	(323) 263-7684	www.casa0101.org	Playwriting, acting, spoken-word classes
	Daniel Hernandez Youth Foundation	11138 Business Circle Cerritos, CA	562-865-3764	www.danskids.org	Youth education
	Hispanics for LA Opera	135 North Grand Ave, Los Angeles, CA 90012	(213) 610-9600	www.hispanicsforlaopera.org	Promotes appreciation of opera music
	Hollenbeck Youth Center	2015 E 1st St, Los Angeles, CA 90033	(323) 881-6565		Athletic, educational, cultural and community enrichment programs for inner city youth
	Los Angeles Conservation Corps	East Los Angeles Center: 1020 S. Fickett	323-526-1460	www.lacorps.org	Provide at-risk young adults and school-aged youth with job skills

Type	Organization	Address	Phone	Website	Services
Recreation, Sports, Leisure, Athletics 		St., Los Angeles, CA 90023			training, education and work experience
	Los Angeles Opera	Dorothy Chandler Pavilion 135 N Grand Ave, Los Angeles, CA 90012	(213) 972-8001	www.laopera.org	Music
	Mothers of East Los Angeles Santa Isabel (MELASI)	924 S. Mott Street, Los Angeles, CA 90023	(213) 269-2446	www.monolake.org/ml c/lawccmelasi	Provides environmental advocacy and education
	Northeast YouthSource Center – Para Los Ninos	3845 Selig Place, Suite 150 Los Angeles, CA 90031			Youth education
	Plaza de la Raza Cultural Center for the Arts and Education	3540 N. Mission Rd. Los Angeles, CA 90031- 3135	(323) 223-2475	www.plazadelaraza.or g	Multidisciplinary community arts
	Puente Learning Center	501 S Boyle Ave, Los Angeles, CA 90033	(323) 780-8900	www.puente.org	Multigenerational approach to learning
	Rancho Learning Center	150 S 3rd Ave, Arcadia, CA 91006	(626) 821-6629	www.site.ausd.net	Multigenerational approach to learning
	Self Help Graphics	1300 E 1st St, Los Angeles, CA 90033	(323) 881-6444	www.selfhelpgraphics. com	Art classes
	State St. Recreation Center	716 N. State Street Los Angeles, CA 90033	(323) 725-3960	www.laparks.org/recc enter/state-street	Recreation
	Variety Boys and Girls Club	2530 Cincinnati St Los Angeles, CA 90033	(323) 269-3177	www.vbcg.org	Provides academic leadership and recreational programming to children and families

Type	Organization	Address	Phone	Website	Services
Recreation, Sports, Leisure, Athletics 	Weingart East Los Angeles YMCA	2900 Whittier Blvd. Los Angeles, CA 90023	(323) 260-7005		Exercise and education
	Woodrangers/Los Angeles Music and Art School				Music lessons
	YWCA Greater Los Angeles	1020 S. Olive Street, 7th Floor, Los Angeles 90015	(213) 365-2991	www.ywcagla.org	Workforce and youth development
	YWCA Empowerment Center	4315 Union Pacific Ave. , Los Angeles, CA 90023	(323) 415-6057		Workforce and youth development
Community Associations – Community Centers – Community Councils – Foundations 	Consulate General at Mexico in Los Angeles, CA	2401 West 6 th St. Los Angeles, CA 90057	(213) 351-6800	www.consulmex2.sre.gob.mx/losangeles	Provides educational outreach services on site
	4 Others Volunteer Group	449 N Buena Vista St, Burbank, CA 91505	(818) 845-8344		Volunteer group which knits baby blankets and other items which are donated to WMMC's newborns
	Asian Pacific Community Foundation	1145 Wilshire Blvd., Suite 105, Los Angeles, CA 90017	(213) 624-6400		Improve the health and well-being of the Asian community
	Boyle Heights Chamber of Commerce	5269 E Beverly Blvd, Los Angeles, CA 90022	(323) 888-2685		Provides program, services and activities to strengthen the community
	Boyle Heights Neighborhood Council	2130 E. First Street, Suite 110 Los Angeles, CA 90033	(323) 526-9307	www.bhnc.net	Provides program, services and activities to strengthen the community
	Boyle Heights Senior Center	2839 E 3rd St, Los Angeles, CA 90033	(323) 264-5757		Provides program, services and activities for seniors

Type	Organization	Address	Phone	Website	Services
Community Associations – Community Centers – Community Councils – Foundations 	Central City East Boyle Heights Lions Club	P.O. Box 3939, Montebello, CA 90640-9239	(626) 251-0539	www.e-clubhouse.org	Provides program, services and activities to strengthen the community
	Community Health Councils	3731 Stocker St, Los Angeles, CA 90008	(323) 295-9372	www.chc-inc.org	Provides program, services and activities to strengthen the community
	East Los Angeles Chamber of Commerce	4716 East Cesar E Chavez Avenue, Los Angeles, CA 90022	(323) 263-2005	www.eastlachamber.com	Provides program, services and activities to strengthen the community
	Eastmont Community Center	701 So. Hoefner Ave., East Los Angeles, CA 90022	(323) 726-7998	www.eastmoncommunitycenter.com	Provides education, social services, and health and wellness services
	El Sereno Senior Center	4818 Klamath Pl. Los Angeles, CA 90032			Provides program, services and activities for seniors
	Esperanza Community Housing	3655 S. Grand Ave., Los Angeles, CA 90007	(213) 748-7285	www.esperanzacommunity.housing.org	Provides program, services and activities to strengthen the community
	Health Services Advisory Group	700 N Brand Blvd, Glendale, CA 91203	(818) 409-9229	www.hsag.com	Provides program, services and activities to strengthen the community
	Golden State Grand Chapter	6621 2 nd Ave., Los Angeles, CA 90043	(323) 896-4913		Provides handmade pillows to cancer patients in need
	La Plaza de Culturas y Artes	501 N Main St, Los Angeles, CA 90012	(213) 542-6200	www.lapca.org	Museum and cultural center, garden/healthy eating education
	Lincoln Heights Chamber of Commerce	2716 N Broadway # 210, Los Angeles, CA 90031	(323) 221-6571	www.lincolnheightschamberofcommerce.org	Provides program, services and activities to strengthen the community
	Lincoln Heights Neighborhood Council			lincolnheightsnc.org	Provides program, services and activities to strengthen the community
	Lincoln Heights Senior Center	2323 Workman St. Los Angeles, CA 90031			Provides program, services and activities for seniors

Type	Organization	Address	Phone	Website	Services
Community Associations – Community Centers – Community Councils – Foundations 	Los Angeles Chamber of Commerce	350 S. Bixel Street Los Angeles, CA 90017	213-580-7500	www.lachamber.com	Provides program, services and activities to strengthen the community
	Los Angeles Latino Chamber of Commerce	634 S Spring St #600, Los Angeles, CA 90014	(213) 347-0008	www.lalcc.org	Provides program, services and activities to strengthen the community
	Mariachi Plaza Festival Foundation	1831 E 1 st St, Los Angeles, CA 90033	(323) 726-7734	www.marichiplazafestival.com	Cultural events
	Oscar de la Hoya Foundation/Golden Boy Promotions	626 Wilshire Blvd #350, Los Angeles, CA 90017	(213) 489-5631	www.goldenboypromotions.com	Provides after school programs for young people
	Pepperdine Hispanic Alumni Council	Pepperdine University 24255 Pacific Coast Hwy. Malibu, CA 90263	(310) 506-4000	www.pepperdine.edu	Provides scholarships and support for Hispanic students
	Police and Business Association of Hollenbeck Area	2511 W. 3 rd Street Los Angeles, CA 90057	(323) 265-5002		Provides program, services and activities to strengthen the community
	Project Linus	Los Angeles Chapter		www.projectlinus.org	Provides handmade blankets to children in need
	QueensCare	950 South Grand Avenue 2nd Floor South Los Angeles, CA 90015	(323) 669-4302	www.queenscare.org	Supports and provides health care outreach programs
	Steelworkers Oldtimers Foundation	3355 E Gage Ave, Huntington Park, CA 90255	(323) 582-6090	www.oldtimers.org	Provides housing services, nutrition programs and education for seniors

Type	Organization	Address	Phone	Website	Services
	Susan G. Komen Foundation, Los Angeles County Affiliate			www.KomenLACounty.org	Provides cancer programs, education, research
	USC Latino Alumni Association	3607 Trousdale Parkway, Los Angeles, CA 90089	(213) 740-4735	www.latioalumni.usc.edu	Provides scholarships and support for Latino students

Appendix B

Data Sources

Community Profile	<p>1. Esri (2016). Custom community profile produced using Community Analyst.</p> <p>2. Data Source: US Census Bureau (2014). American Community Survey 5-year estimates, 2010-2014. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml</p>
Social and Economic Environment	<p>1. Fiester L. (2013). Early warning confirmed: A research update on third-grade reading. Anne E. Casey Foundation: Baltimore, MD. Accessed 8 March 2016 from: http://www.aecf.org/resources/early-warning-confirmed/</p> <p>2. Kids Count Data Center (2015). Education indicators, percentage of students who scored ‘proficient’ to ‘advanced’ on the 3rd grade CST reading test by county Retrieved from: http://datacenter.kidscount.org/</p> <p>3. Community Commons (2016). US Census Bureau, American Community Survey by zip, 2010-2014. Produced using Community Commons, Community Health Needs Assessment Indicator Report. Retrieved from http://www.communitycommons.org</p> <p>4. Community Commons (2016). US Department of Labor, Bureau of Labor Statistics, Unemployment rate by county, January 2016. Produced using Community Commons, Community Health Needs Assessment Indicator Report. Retrieved from http://www.communitycommons.org</p> <p>5. Esri, Inc. (2016). Map created using ArcGIS online. Data from US Census Bureau’s American Community Survey 5-year estimates.</p> <p>6. Glasmeier A. K. & Massachusetts Institute of Technology (2016). Living Wage Calculator. Geography: Los Angeles, County. Additional calculations and conversion to yearly salary by HC2 Strategies, Inc. Retrieved from http://livingwage.mit.edu/counties/06037</p> <p>7. Esri (2016). Custom community profile produced using Community Analyst.</p> <p>8. US Census Bureau (2014). American Community Survey by zip, 2010-2014. Graph depicting housing cost burden trends from 2007-2013 produced using data cited on Kidsdata.org. Retrieved from: http://www.kidsdata.org/topic/751/housingcost65/trend#fmt=1144&loc=364,2,718&tf=10,73</p> <p>9. Los Angeles Homeless Services Authority (2015). The Greater Los Angeles homeless count, count results by SPA. Retrieved 20 April 2016 from: https://www.lahsa.org/homeless-count/results</p>
Health System	<p>1. Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health Programs. Perinatal health indicators Los Angeles County, 2013. Retrieved from http://publichealth.lacounty.gov/mch/fhop/FHOP2013/FHOP13.htm.</p> <p>2. Los Angeles County Department of Public Health (2013). Key indicators of health by service planning area. Retrieved from publichealth.lacounty.gov/ha/docs/kir_2013_finals.pdf</p>

	<p>3. Los Angeles County Department of Public Health (2016). Los Angeles County Health Survey, 2015: Selected health indicators for adults (18+ years old) residing in White Memorial Medical Center (WMMC) catchment area and Los Angeles County. Custom report created by the Health Assessment Unit at LACDPH</p> <p>4. Los Angeles County Department of Public Health (2016). Los Angeles County Health Survey, 2015: Selected health indicators for children (0-17 years old, unless otherwise stated) residing in White Memorial Medical Center (WMMC) catchment area and Los Angeles County. Custom report created by the Health Assessment Unit at LACDPH</p> <p>5. US Census Bureau (2013). American Community Survey 5-year estimates, 2008-2012 and 2010-2014. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml</p> <p>6. Community Commons (2016). US Department of Health and Human Services, Health Resources and Services Administration. March 2015. Produced using Community Commons, Community Health Needs Assessment Indicator Report. Retrieved from http://www.communitycommons.org</p> <p>7. Esri, Inc. (2016). Medical Expenditures for White Memorial Medical Center PSA and Los Angeles County. Purchased through Community Analyst tool</p> <p>8. Centers for Disease Control and Prevention, National Center for Health Statistics (2015). FastStats: Leading Causes of Death. Retrieved 11 February 2016 from http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm</p> <p>9. Los Angeles County Department of Public Health, Health Assessment Unit (2016). LA HealthDataNow! Mortality query database. Retrieved from https://dqs.publichealth.lacounty.gov/queries.aspx</p>
Public Health and Prevention	<p>1. Los Angeles County Department of Public Health (2016). Los Angeles County Health Survey, 2015: Selected health indicators for adults (18+ years old) residing in White Memorial Medical Center (WMMC) catchment area and Los Angeles County. Custom report created by the Health Assessment Unit at LACDPH</p> <p>2. Los Angeles Unified School District (2015). California healthy kids survey, 2014-15: Main report. San Francisco: WestEd Health & Human Development Program for the California Department of Education.</p> <p>3. Centers for Disease Control and Prevention, Adolescent and Child Health (2015). YRBS Online: High school YRBS, United States 2015 results. Retrieved from https://nccd.cdc.gov/youthonline/App/Default.aspx</p> <p>4. Los Angeles County Department of Public Health (2016). Los Angeles County Health Survey, 2015: Selected health indicators for children (0-17 years old, unless otherwise stated) residing in White Memorial Medical Center (WMMC) catchment area and Los Angeles County. Custom report created by the Health Assessment Unit at LACDPH</p>
Physical Environment	<p>1. Los Angeles County Department of Public Health (2016). Los Angeles County Health Survey, 2015: Selected health indicators for adults (18+ years old) residing in White Memorial Medical Center (WMMC) catchment area and Los Angeles County. Custom report created by the Health Assessment Unit at LACDPH</p> <p>2. Los Angeles County Department of Public Health (2016). Los Angeles County Health Survey, 2015: Selected health indicators for children (0-17 years old, unless otherwise stated) residing in White Memorial Medical Center</p>

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	7. Map the Meal Gap (2013). Food Insecurity in Los Angeles County, 2013. Retrieved from: http://map.feedingamerica.org/county/2013/overall/oregon/county/Los Angeles
	8. County Health Rankings & Roadmaps (2016). Los Angeles County, California: Severe Housing Problems, 2008-2012. Retrieved from: http://www.countyhealthrankings.org/
Prevention Quality Indicators and Future Trends	1. Agency for Healthcare Research and Quality (2016). Prevention Quality Indicators Overview. Retrieved from: http://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx
	2. Agency for Healthcare Research and Quality (2015). Prevention Quality Indicators™ v5.0 Benchmark Data Tables. Retrieved from: http://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx
	3. Health Forecasting- Center for Health Advancement, UCLA Fielding School of Public Health. Los Angeles County Community Health Forecasts Simulation Model, 2010-2040 (March 2015 Study). Los Angeles, California: 'Population and Health Forecasts for White Memorial Medical Center'

Appendix C

Glossary of Terms

BENCHMARK

A benchmark is a measurement that serves as a standard by which other measurements and/or statistics may be measured or judged. A “benchmark” indicates a standard by which a community can determine how well or not well the community is performing in comparison to the standard for specific health outcomes. This CHNA consistently uses the following benchmarks to make comparisons with the primary service area: Los Angeles County and Healthy People 2020.

COMMUNITY ASSET

Community assets include organizations, people, partnerships, facilities, funding, policies, regulations, and a community’s collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions.

FEDERAL POVERTY LEVEL

The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services and used to determine financial eligibility for certain federal programs. One can calculate various percentage multiples of the guidelines by taking the current guidelines and multiplying each number by 1.25 for 125 percent, 1.50 for 150 percent, etc. 150%, 200%, and 400% are included in the table below.

Persons in Family/ Household	Poverty Guideline (Level)	150% of the FPL	200% of the FPL	400% of the FPL
1	\$11,880	\$17,820	\$23,760	\$47,520
2	\$16,020	\$24,030	\$32,040	\$64,080
3	\$20,160	\$30,240	\$40,320	\$80,640
4	\$24,300	\$36,450	\$48,600	\$97,200
5	\$28,400	\$42,660	\$56,880	\$113,760
6	\$32,580	\$48,870	\$65,160	\$130,320
7	\$36,730	\$55,095	\$73,460	\$146,920
8	\$40,890	\$61,335	\$81,780	\$163,560

For families/households with more than 8 persons, add \$4,160 for each additional person

FOCUS GROUP

A representative group of people questioned together about their opinions on a particular issue. For the purpose of this CHNA, focus groups answered questions related to components of a healthy community and issues in their community.

FOOD INSECURITY

A lack of consistent access to food resulting in reduced quality, variety, or desirability of diet or multiple indications of disrupted eating patterns and reduced food intake.

HOUSING COST BURDEN

Measures the percentage of household income spent for mortgage costs or gross rent. The US Department of Housing and Urban Development currently calls housing affordable if housing for that income group costs no more than 30% of the household's income. Families who pay more than 30 percent of their income for housing are considered cost burdened; families who pay more than 50 percent of their income for housing are considered to be severely cost burdened.

HEALTH INDICATOR

A single measure that is reported on regularly and that provides relevant and actionable information about population health and/or health system performance and characteristics. An indicator can provide comparable information, as well as track progress and performance over time.

HEALTH PROFESSIONAL SHORTAGE AREA

A HPSA is a geographic area, population group, or health care facility that has been designated by the Federal government as having a shortage of health professionals. There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals).

HPSAs are designated using several criteria, including population-to-clinician ratios. This ratio is usually 3,500 to 1 for primary care, 5,000 to 1 for dental health care, and 30,000 to 1 for mental health care.

HEALTHY PEOPLE 2020

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities.

INADEQUATE PRENATAL CARE

Expressed as a rate per 1,000 births, inadequate prenatal care refers to an expectant mother having less than five prenatal visits (or none) or care began in the third trimester. This could also be expressed as a percentage.

INFANT MORTALITY RATE

Expressed as a rate per 1,000 births, this is defined as the death of a child prior to its first birthday (should be read, for example, as 7.8 infant deaths for every 1,000 births).

LOW BIRTH WEIGHT

Expressed as a rate per 1,000 births, this refers to infants born with a weight between 1,500 and 2,500 grams or between 3.3 and 5.5 pounds. Very low birth weight infants are born with a weight less than 1,500 grams.

MEDICALLY UNDERSERVED AREA

Designation involves application of the Index of Medical Underservice (IMU) to data on a service area to obtain a score for the area. The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

The IMU involves four variables - ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over. The value of each of these variables for the service area is converted to a weighted value, according to established criteria. The four values are summed to obtain the area's IMU score.

MEDICALLY UNDERSERVED POPULATION

Designation involves application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Population groups requested for MUP designation should be those with economic barriers (low-income or Medicaid-eligible populations), or cultural and/or linguistic access barriers to primary medical care services. This MUP process involves assembling the same data elements and carrying out the same computational steps as stated for MUAs, however, the population is now the population of the requested group within the area rather than the total resident civilian population of the area.

PRIMARY DATA

Primary data are new data collected or observed directly from first-hand experience. They are typically qualitative (not numerical) in nature. For this CHNA, primary data were collected through focus groups and key informant interviews.

SECONDARY DATA

Data that has already been collected and published by another party. Typically, secondary data collected for CHNAs is quantitative (numerical) in nature (for example, data collected by the Centers for Disease Control and Prevention, Los Angeles County Department of Public Health, or California Department of Public Health).

STAKEHOLDER

A person, group, or organization that has an interest or concern in an organization and its actions. Stakeholders can be upstream (those who worked on the design, implementation, or management of an intervention) or downstream (immediate recipients of an intervention or service or others who did not directly benefit from an intervention or service but are affected nonetheless).

TEEN BIRTH RATE

Expressed as a rate per 1,000 births, this refers to the quantity of live births by teenagers between the ages of 15 and 19 years of age.

Appendix D

Code Frequencies for Qualitative Analysis

Key Informant Code Frequencies

Vision for healthy community	
Access to healthcare/Preventive care	13
Holistic health and wellness	12
Chronic disease prevention and treatment	4
Economic conditions/Poverty	4
Empowered community	4
Healthy foods	3
Environment (Clean air/water)	2
Safety/Violence prevention	2
Youth-focused	1
Built environment (parks/green spaces)	1
Schools/Literacy	2
Non-classified	1
	49
Priority health needs	
Obesity, Diabetes, Chronic health conditions	12
Mental health and substance abuse	10
Access to healthcare, insurance, preventive care	9
Asthma, air quality	7
Physical and social environment	6
Healthy foods	5
Homelessness; Affordable, safe housing	4
Youth Issues; Education	4

Focus Group Code Frequencies

Vision for healthy community	
Help and support, programs	14
Youth programs; education	11
Parks/Playgrounds/Built environment	20
Safety/Security	9
Healthy food stores and support	8
Clean community	8
Housing, No homelessness	7
People united, respectful	6
Substance use prevention, resources	5
Health education	3
Medical care	6
Other	9
	106
Priority health needs	
Diabetes/Obesity	12
Healthcare, Access	11
Mental health	9
CVD-High cholesterol	8
Healthy eating	6
Cancer	5
Low income	5
Pollution, Asthma	5

Healthy Behaviors/Healthy Lifestyles	3	Substance Abuse	4
Safety/Violence	3	Communicable Disease	4
Poverty/working conditions	2	Violence, Safety	3
Other	8	Other	3
	73		75
Disproportionately affected populations		Health service needs	
Latino	10	Social services assistance	7
Undocumented	6	Transportation services for elderly	6
Low-income	6	Health education classes	5
Youth	4	Health insurance	5
African	3	Dental care/access	5
Limited English proficiency	3	Undocumented population needs	4
Homeless, housing challenged	3	Mental health	4
Uninsured	2	Housing/homeless services	4
Toxic-exposed communities	1	Clinics	3
Chronic illness	1	Senior programs	3
Seniors	1	Other	18
	40		64
Social factors influencing health needs		What WMMC does well	
Racial/language/social challenges; undocumented	15	Good hospital overall, customer service	22
Healthy food access/food insecurity	8	Community programs	11
Environmental issues, built environment, transportation	8	Health information/health classes	10
Housing displacement/affordability/quality; homelessness	7	Medical care	7
Poverty, unemployment, low wage employment	5		50
Education/literacy	5		

Community representation; assets, unity, empowerment	4
Systems and policies	3
Violence, safety	2
Mental health	2
Access to health care; insurance	2
Other	2
	63

Challenges addressing health needs	
Health care access and utilization, trust; insurance coverage	12
Funding, scarce resources, service coordination	6
Homelessness, incarceration, mental health	5
Health and social equity, literacy and education	2
Food deserts	1
Individuals challenged w multiple responsibilities	1
Immigration status	1
Poverty	1
Other	1
	30

Challenges addressing health needs	
Information/Access/Restrictions to community services	14
Transportation	7
Low income/Cost of living	7
Discrimination/language	4
Other	3
Funding for programs	3
Undocumented	2
Poor health	2
Access to healthcare/insurance coverage	2
	44

Resources needed to address health needs	
Nonprofits	10
Better collaboration	7
Hospital and care coordination	6
Individual and community assets, civic engagement	4

Resources to promote healthier lives	
Health and wellness programs	24
Local assistance resources	11
Childcare, youth programs, education	8
Transportation services and discounts	6

Higher education	3	Healthcare services	6
Outreach, communication	3	Housing shelters, Low-income housing	5
Businesses, public private partnerships	2	Senior programs and services	4
Churches	2	Other	9
Employment	2		73
Better distribution of resources	2		
Other	5		
	46		
System-level collaborations			
More collaboration and integration of existing systems and services	14		
School network	6		
Leadership and advocacy of hospitals	3		
Other	23		
	46		
Suggestions for WMMC to improve health and quality of life			
Engage communities	11		
Partnerships, collaborations	7		
Provide and advocate for community resources	4		
Physician advocacy, training	2		
Other	7		
	31		
How can WMMC improve services and relationships in the community			
Greater partnerships with local community groups	8		

Continue and expand current services and programs	6
Leverage community resources	4
Focus on asset development	3
Be a change agent; partner in policy change	4
Make very large financial investments in the community	2
Service coordination	2
None	3
Other	2
	34
New strategies or activities for WMMC	
Community engagement	2
Partner w API clinics	2
Establish 3-4 Asian clinics in LA	1
Address high ER utilization	1
Direct services with high school	1
Substance abuse programs	1
Partner with immigration policy initiatives	1
Other	2
None	7
	18