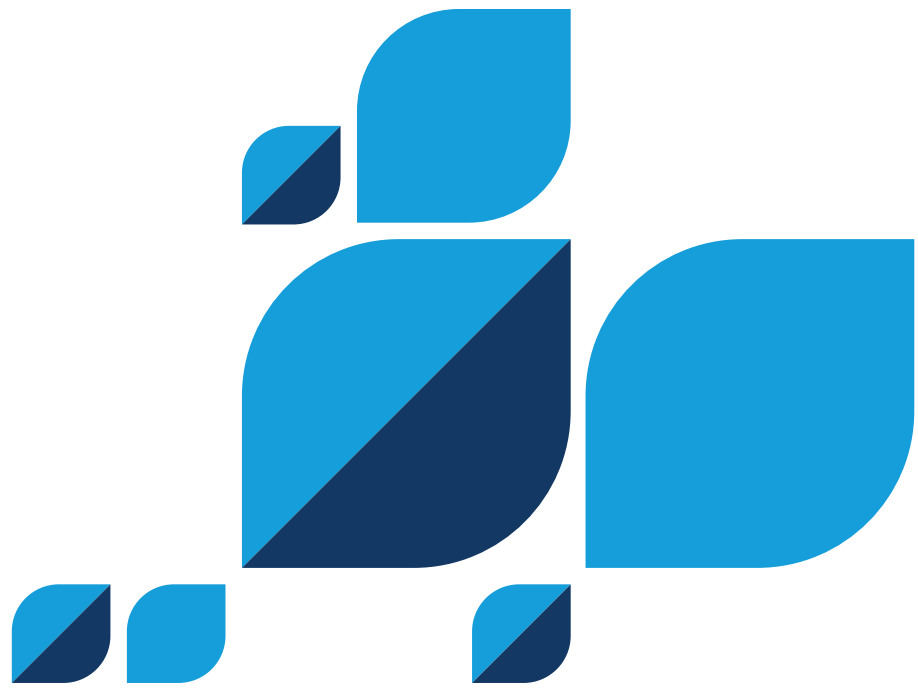


Adventist Health White Memorial
Community Health Needs Assessment



2019



2019 Community Health Needs Assessment

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Adventist Health White Memorial

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Executive Summary

Empowering our Communities

Adventist Health White Memorial (AHWM) would like to thank you for the opportunity to work with our communities to conduct a formal Community Health Needs Assessment to acquire knowledge of the pressing health needs, identify community assets, and hear from all members of the community. This CHNA will help us 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 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. Organizational contributors to our CHNA process included:

- AltaMed
- Asian Pacific Community Fund of Southern California
- California Community Foundation
- Hollenbeck Police Department
- Housing Works of California
- LA Care Health Plan
- LA County Department of Mental Health
- LAC + USC Medical Center
- LAUSD School Based Clinics
- Los Angeles City Council District 14 Representative
- Mexican American Opportunity Foundation
- Proyecto Pastoral
- Puente Learning Center
- QueensCare & QueensCare Health Centers
- Resurrection Church
- Second Street Elementary School
- TELACU Education Foundation
- Variety Boys and Girls Club
- Weingart East Los Angeles YMCA
- White Memorial Community Health Center (FQHC)

Data Sources

Primary and secondary data sources are included in this report. Secondary sources include publicly available state and nationally recognized data sources available at the zip code, county and state level. Health indicators for social and economic factors, health system, public health and prevention, and physical environment are incorporated. The top leading causes of death as well as conditions of morbidity that illustrate the communicable and chronic disease burden across Los Angeles County are included. A significant portion of the data for this assessment was collected through reports generated through CARES Engagement Network CHNA (<https://engagementnetwork.org/assessment/>). Other sources include Los Angeles County Department of Public Health, California Department of Public Health, County Health Rankings & Roadmaps, and California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. When feasible, health metrics have been further compared to estimates for the state or national benchmarks, such as the Healthy People 2020 objectives.

Adventist Health White Memorial identified relevant key informants and topical focus groups to gather more insightful data and aid in describing the community. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income, or minority populations in our community, to better direct our investments and form partnerships. Results of the qualitative analysis, as well as a description of participants, can be found in Appendix E.

In addition, an online survey in English and Spanish was created and distributed for greater community input. It should be noted that the survey results are not based on a stratified random sample of residents throughout the hospital's service area. The perspectives captured in this data simply represent the community members who agreed to participate. 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.

Top Priorities Identified in Partnership with our Communities

On August 19, 2019, HC2 Strategies, Inc. facilitated a strategy meeting with the AHWM CHNA Review Committee to review the results of the CHNA and determine the top three (3) priority needs that the hospital will address, over the next three years. To aid in determining the priority health needs, the AHWM CHNA Review Committee that includes community leaders agreed on the criteria below along with the Decision Tree and its questions. The criteria included nine considerations:

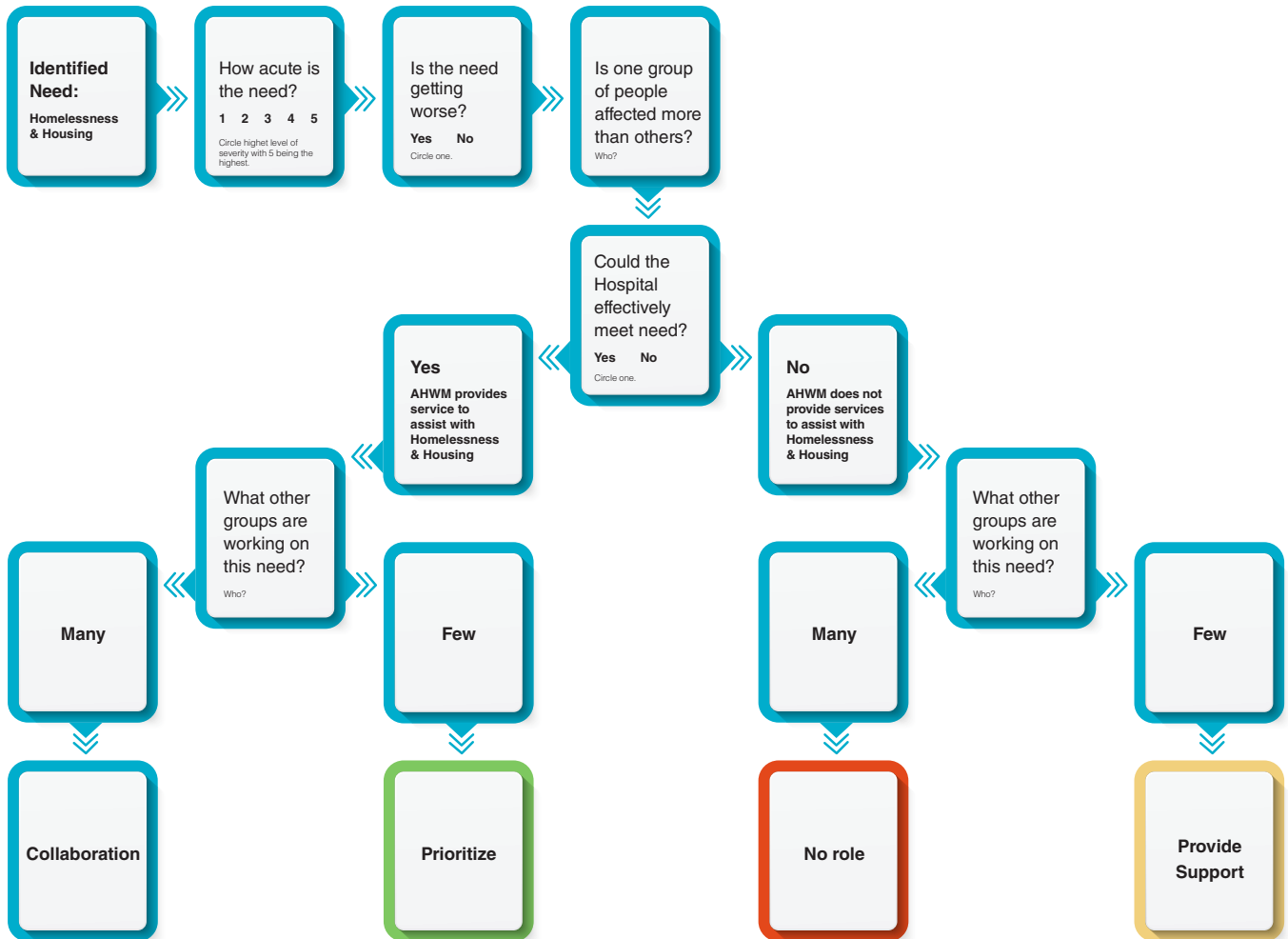
- Magnitude of the problem
- Severity of the problem
- Need among vulnerable population
- Community's capacity and willingness to act on the issue
- Ability to have measurable impact on the issue
- Availability of hospital and community resources
- Existing interventions focused on the issue
- Whether the issue is a root cause of other problems
- Trending health concerns in the community

The Decision Tree discussion narrowed down the criteria to the answering the following three questions:

- How acute is the need?
- Does the hospital already provide services in this area?
- What can the hospital's role be – to collaborate, prioritize, have no role, or provide support?

Decision Tree

Below is an example of one of the Decision Trees used for Homelessness & Housing during the August 19th, 2019 AHWM CHNA Review Committee.



The Top Health Needs Identified For 2019-2022 Include:

- Mental Health
- Chronic Disease Management
- Access to Health Care

Acknowledgments

This report was made possible through the leadership of Adventist Health White Memorial (AHWM) located in Los Angeles, California as part of Adventist Health (<https://www.adventisthealth.org/>). Under the leadership of Mr. Cesar Armendariz and his team, Ms. Tina Bauer and Ms. Marleene Hernandez collaborated with Ms. Laura Acosta of HC2 Strategies, Inc. to conduct key informant interviews, focus groups, and establish priority health needs for the 2019-2022 community health needs assessment cycle.

The analysis method and rankings were invaluable in providing 'at a glance' information for informed decision making. Many of the key health indicators presented in this report were collected from CARES Engagement Network (<https://engagementnetwork.org/assessment/>), Los Angeles County Department of Public Health, and California Department of Public Health.

Finally, we would like to thank our community members, organizations and all those who gave input for this report through key informant interviews and focus groups. Their perspectives ensure that we are taking into consideration the most vulnerable in our communities to better create initiatives, more meaningful partnerships, and strategic investments into our communities.

Letter from President



Dear Friends and Colleagues,

On behalf of Adventist Health White Memorial, I thank you for your interest in the health of our community as we seek to improve the overall health of our Boyle Heights and East Los Angeles areas. Our Mission at Adventist Health is to Live God's love by inspiring health, wholeness and hope, a foundational truth that is at the core of our Adventist faith heritage. And so, I am excited to be able to partner with you in this calling as we collectively serve our community.

It is imperative that we take the time to speak with our community stakeholders to better understand the community's health needs, and in turn design new and innovative approaches to address these needs, while also doing our part to tackle the social determinants of health that can impede healthy living. As we strive to improve the health of our population, we seek to do so at the highest standards with the best quality care possible, and with a significant emphasis on community-based prevention.

Improving community health requires expertise, engagement and investment beyond the hospital campus and beyond the health sector. It requires the wisdom, resources and collaboration of everyone in our community to ensure our community health interventions are systematic and sustained.

I ask you to join me in imagining a healthier East Los Angeles and invite you to partner with us here at White Memorial as we address the various needs outlined in this assessment. Join us, as we continue to prioritize your health concerns and find solutions that improve the health and overall wellbeing of all members of our community.

I look forward to this impactful journey together and thank you once again for your interest in improving the health of our community, promoting wholeness and wellbeing, and inspiring hope for a better future for all.

It is my pleasure to share White Memorial's current Community Health Needs Assessment with you.

Sincerely,

A handwritten signature in black ink, appearing to read "John G. Raffoul".

John G. Raffoul, DPA, FACHE
President

Introduction

The Community Health Needs Assessment (CHNA) represents our commitment to improving health outcomes in our community through rigorous assessment of health status in our market, 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 Community Health Plan (implementation strategy) based on the Hospital's prioritized issues.

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.

Adventist Health Overview

Adventist Health White Memorial is an affiliate of Adventist Health, a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii. Community has always been at the center of Adventist Health's mission — to share God's love by providing physical, mental and spiritual healing. Founded on Seventh-day Adventist heritage and values, Adventist Health provides compassionate community care. Adventist Health entities include:

- 20 hospitals with more than 3,200 beds
- More than 280 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 associates, medical staff physicians, allied health professionals and 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. And 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

Adventist Health White Memorial is a 353-bed not-for-profit, faith-based, teaching hospital, providing a full range of inpatient, outpatient, emergency and diagnostic services to communities in and near downtown Los Angeles. Founded on Seventh-day Adventist heritage and values, Adventist Health provides compassionate community care.



Mission, Vision and Values:

Mission

Living God's love by inspiring health, wholeness and hope.

Vision

We will transform the health experience of our communities by improving health, enhancing interactions and making care more accessible.

Values

Respect: We respect the dignity and protect the rights of those we work with and those we serve. We communicate openly and empower associates with the freedom to think and act.

Integrity: We uphold the principles of honesty, fairness, and ethical behavior.

Compassion: We care for our patients, associates, medical staff, volunteers and all others with compassion and kindness. Meeting their physical, emotional and spiritual needs is why we exist.

Excellence: We strive for excellence in all we do. We consistently meet and exceed customer expectations. Clinical excellence is a priority for all of our associates and physicians.

Services:

Today, Adventist Health White Memorial is one of the region's leading nonprofit hospitals. 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 health professionals. In addition, we are one of the largest employers in the Boyle Heights area, and the employer of choice for many in the communities we serve.

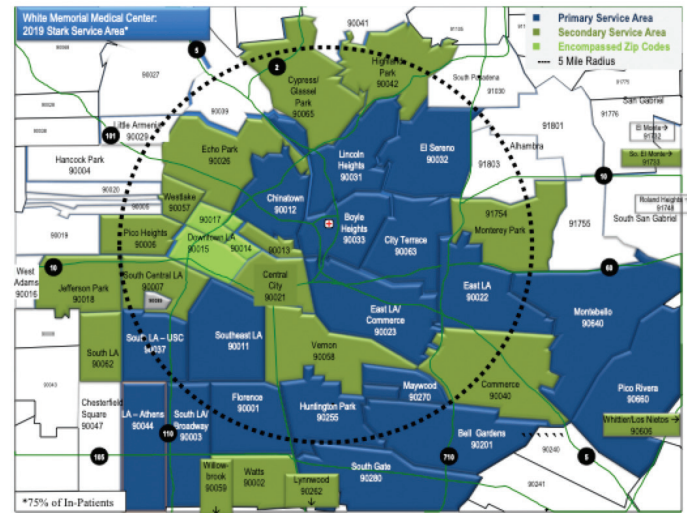
Mailing Address: 1720 East Cesar E. Chavez Avenue, Los Angeles, CA 90033

Contact Information: (323) 268-5000

Website: adventisthealthwhitememorial.com

Community Profile

Adventist Health White Memorial (AHWM) service areas can be defined in three ways, as Los Angeles County, Primary Service Area, or zip code. Primary, Secondary Service Areas and Tertiary Service Areas (PSA, SSA and TSA, respectively) are comprised of zip codes that are defined by the volume of patients discharges (see table pages 13-16 for complete breakdown). PSA is comprised of 18 zip codes that makes-up 63% of the total inpatient discharges for AHWM. Those zip codes include Boyle Heights, East Los Angeles, City Terrace, Downtown Los Angeles, Huntington Park, Bell Gardens, Montebello, El Sereno, Lincoln Heights, South Gate, Pico Rivera, Maywood and Chinatown.



For the purposes of this report, when available secondary data in this report is reported at the PSA-level and 90033 zip code. Although the PSA may cover a broader geographic range, in order to provide greater measurable impact in the immediate neighborhoods surrounding AHWM, the 90033-zip code was selected by AHWM to direct future programming and resources. When not available, data is presented at the county-level. PSA, SSA and TSA zip codes can be found on tables beginning on page 12-16.

Primary Service Area (PSA)			
	Zip Code	2018 Inpatient Discharges in Zip Code	Discharges as % of Total Service Area (PSA+SSA+TSA)
1	90033	1,576	10.2%
2	90063	1,433	9.2%
3	90023	1,219	7.9%
4	90022	1,174	7.6%
5	90011	793	5.1%
6	90255	723	4.7%
7	90201	662	4.3%
8	90640	429	2.8%
9	90001	376	2.4%
10	90032	395	2.5%
11	90031	284	1.8%
12	90280	345	2.2%
13	90660	319	2.1%

Primary Service Area (PSA)

	Zip Code	2018 Inpatient Discharges in Zip Code	Discharges as % of Total Service Area (PSA+SSA+TSA)
14	90003	330	2.1%
15	90044	181	1.2%
16	90270	219	1.4%
17	90012	158	1.0%
18	90037	221	1.4%

Secondary Service Area (SSA)

	Zip Code	2018 Inpatient Discharges in Zip Code	Discharges as % of Total Service Area (PSA+SSA+TSA)
1	90042	190	1.2%
2	90040	187	1.2%
3	90065	134	0.9%
4	90026	158	1.0%
5	90006	132	0.9%
6	90013	55	0.4%
7	90057	116	0.7%
8	90018	96	0.6%
9	90059	107	0.7%
10	90262	123	0.8%
11	90606	131	0.8%
12	91754	93	0.6%
13	91732	97	0.6%
14	90043	58	0.4%
15	90019	67	0.4%
16	90016	80	0.5%
17	90007	106	0.7%
18	91733	91	0.6%

Secondary Service Area (SSA)

	Zip Code	2018 Inpatient Discharges in Zip Code	Discharges as % of Total Service Area (PSA+SSA+TSA)
19	90004	78	0.5%
20	90047	78	0.5%
21	90062	91	0.6%
22	90650	112	0.7%
23	90029	80	0.5%
24	91748	40	0.3%
25	91007	54	0.3%
26	90241	82	0.5%
27	91706	59	0.4%
28	91744	69	0.4%
29	91770	100	0.6%
30	90605	64	0.4%
31	90061	54	0.3%
32	90221	70	0.5%
33	90601	63	0.4%
34	91731	55	0.4%
35	91789	40	0.3%
36	91755	57	0.4%
37	90014	34	0.2%
38	90008	48	0.3%
39	90250	42	0.3%
40	90706	45	0.3%
41	90242	40	0.3%
42	90602	42	0.3%
43	90017	48	0.3%
44	90058	44	0.3%
45	90220	38	0.2%

Secondary Service Area (SSA)

	Zip Code	2018 Inpatient Discharges in Zip Code	Discharges as % of Total Service Area (PSA+SSA+TSA)
46	90222	39	0.3%
47	90005	37	0.2%
48	90240	44	0.3%

Tertiary Service Area (TSA)

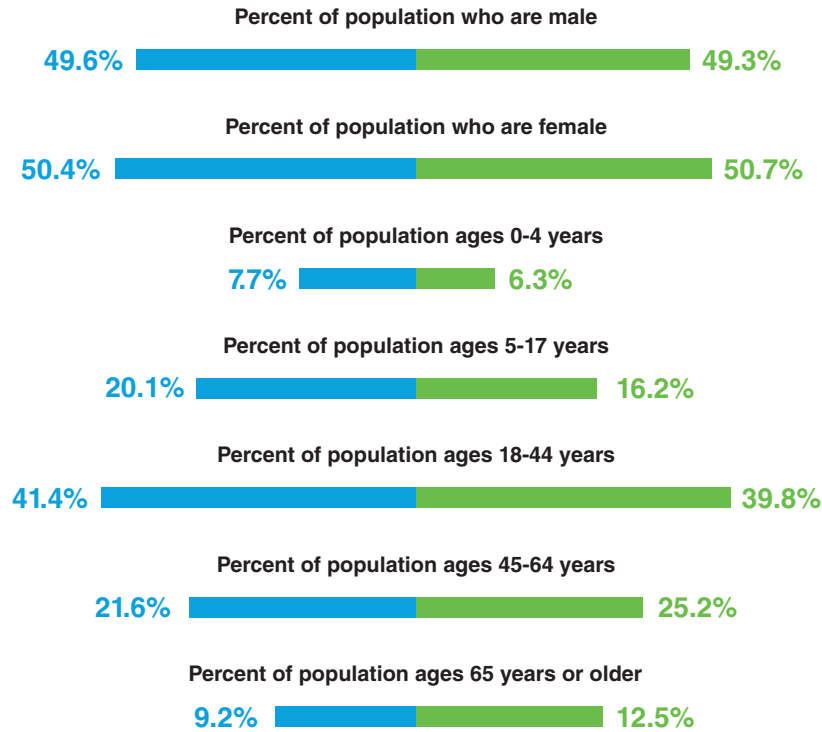
	Zip Code	2018 Inpatient Discharges in Zip Code	Discharges as % of Total Service Area (PSA+SSA+TSA)
1	90021	7	0.0%
2	90604	31	0.2%
3	90038	26	0.2%
4	90670	42	0.3%
5	90041	31	0.2%
6	91104	25	0.2%
7	90805	39	0.3%
8	91103	42	0.3%
9	90027	41	0.3%
10	90039	29	0.2%
11	91206	31	0.2%
12	90020	67	0.4%
13	90034	31	0.2%
14	91205	53	0.3%
15	91342	28	0.2%
16	90723	59	0.4%
17	91605	30	0.2%
18	91702	31	0.2%
19	91776	27	0.2%

Tertiary Service Area (TSA)

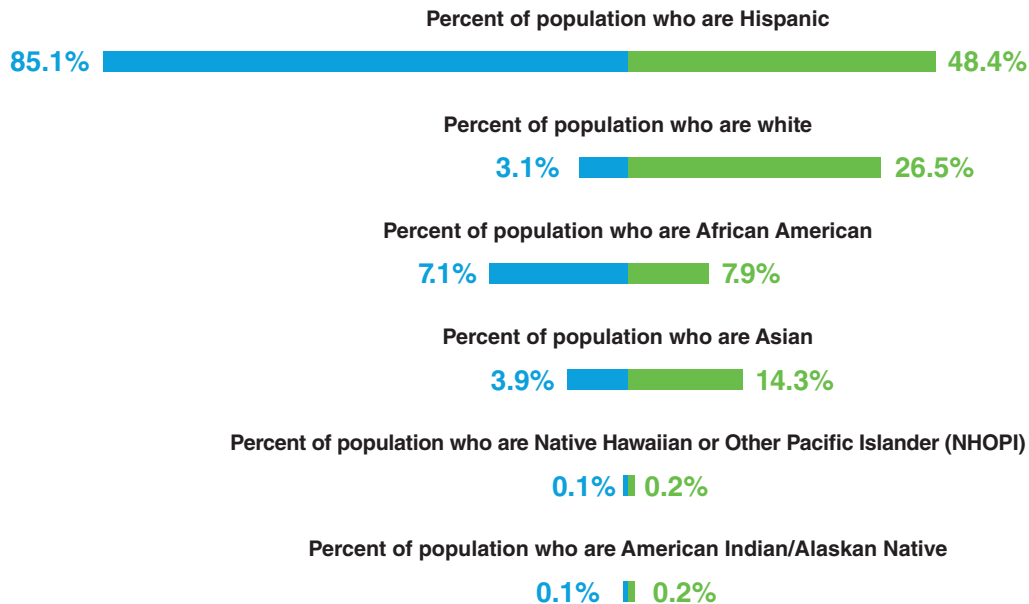
	Zip Code	2018 Inpatient Discharges in Zip Code	Discharges as % of Total Service Area (PSA+SSA+TSA)
20	90301	14	0.1%
21	90813	21	0.1%
22	91790	34	0.2%
23	93550	15	0.1%
24	90247	26	0.2%
25	91001	28	0.2%
26	91746	33	0.2%
27	90303	14	0.1%
28	91331	22	0.1%
29	90638	13	0.1%

Note: The table highlights 88.3% of the inpatient discharges for 2018 in AHWM's PSA, SSA, & TSA. The remaining 11.7% of the 2018 inpatient discharges are from patients outside of AHWM's service area.

Age Group



Race



Data Source: Los Angeles County Department of Public Health – January 2017 Key Indicators of health by Service Planning Area. Retrieved June 2019 from http://publichealth.lacounty.gov/ha/docs/2015LACHS/KeyIndicator/PH-KIH_2017-sec%20UPDATED.pdf.

Community Quick Facts — PSA - 2017

Key Facts



\$52,596

Average Household Income



27%

% ≥ Federal Poverty Level



27.8%

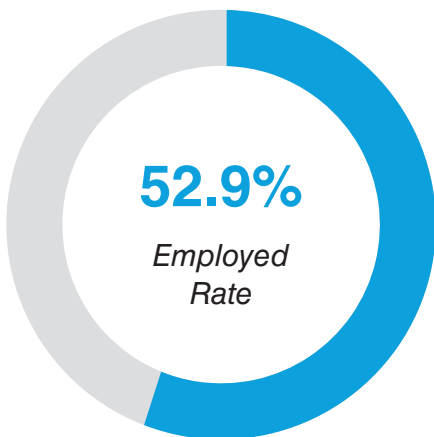
% ≥ 18 years old



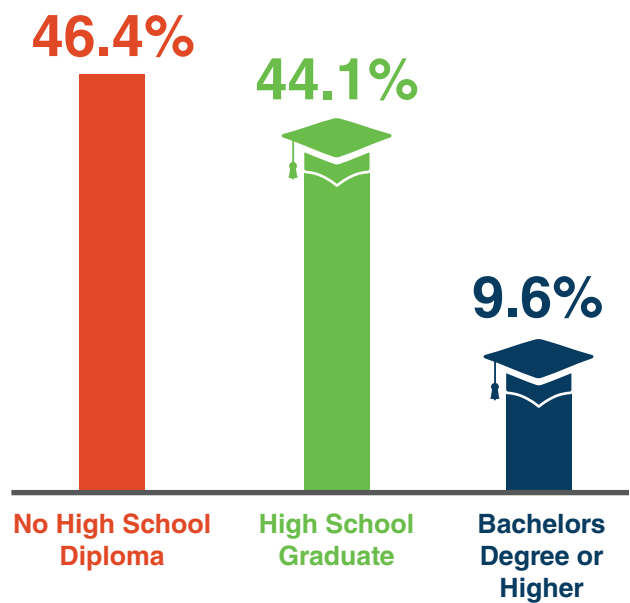
1,161,693

Population

Employment



Education



Data Source: CARES Engagement Network (2019). US Census Bureau, American Community Survey, 2013-17. Retrieved August 2019 from <https://engagementnetwork.org/assessment/>

Community Quick Facts — Los Angeles County - 2017

Key Facts



\$89,855

Average Household Income



22.5%

% ≥ Federal Poverty Level



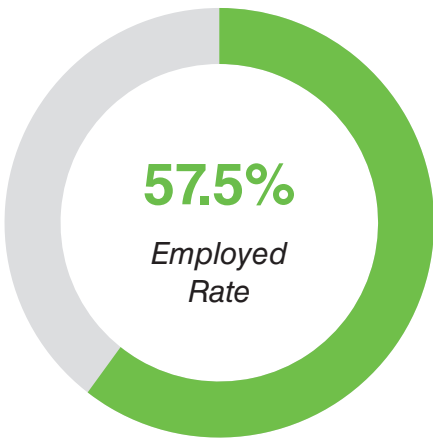
27%

% ≥ 18 years old

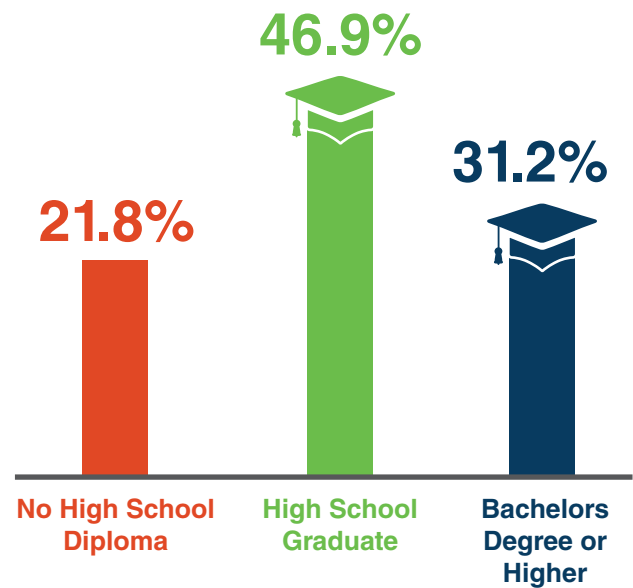


10,105,722

Population



Education



Data Source: CARES Engagement Network (2019). US Census Bureau, American Community Survey, 2013-17. Retrieved August 2019 from <https://engagementnetwork.org/assessment/>

CHNA Overview

Developing metrics for population health interventions are imperative for continued success in elevating the health status of our communities. Including metrics from multiple sectors ensures a holistic assessment that views the health of a community through multiple sectors, helping to identify everyone's role in making improvements. The community health needs assessment (CHNA) ensures we can target our community investments into interventions that best address the needs of our community. The domains used in this regional CHNA encompass national and state community health indicators. While 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. The domains explored in the CHNA are :

- **Social and Economic Factors:** Indicators that provide information on social structures and economic systems. Examples include poverty, educational attainment, and workforce development.
- **Health Systems:** Indicators that provide information on health system structure, function, and access. Examples include health professional shortage areas, health coverage, and vital statistics.
- **Public Health and Prevention:** Indicators that provide information on health behaviors and outcomes, injury, and chronic disease. Examples include cigarette smoking, diabetes rates, substance abuse, physical activity, and motor vehicle crashes.
- **Physical Environment:** Indicators that provide information on natural resources, climate change, and the built environment.



Secondary Data Sources

Secondary data sources include publicly available state and nationally recognized data sources. A significant portion of the data for this assessment was collected through the Los Angeles County Department of Public Health January 2017, Key Indicators of Health by Service Planning Area. Other sources include CARES Engagement Network CHNA, California Department of Public Health, County Health Rankings & Roadmaps, and California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. When feasible, health metrics have been further compared to Los Angeles County, estimates for the state or national benchmarks, such as Healthy People 2020 objectives. Please see Appendix C for a complete listing of data sources.

Primary Data Sources

To validate data and ensure a broad representation of the community, Adventist Health White Memorial engaged our community partners to conduct a community health survey. Questions from the survey focused on: use of and access to healthcare services, visions of a healthy community, and priority community health needs. In addition, Adventist Health White Memorial conducted key informant interviews and focus groups to gather more rich 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 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 & Economic Factors

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well, staying active, establishing a medical home, living a smoke-free life, getting recommended immunizations and screenings, seeing a medical provider regularly and when sick, all influence health. Our health is also determined in part by access to social and economic opportunities. Positive health outcomes are influenced by the resources and supports available in our homes, neighborhoods and communities, as well as the quality of our schooling, safety of our workplaces, cleanliness of our water, environment and our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why some are not as healthy as they could be.

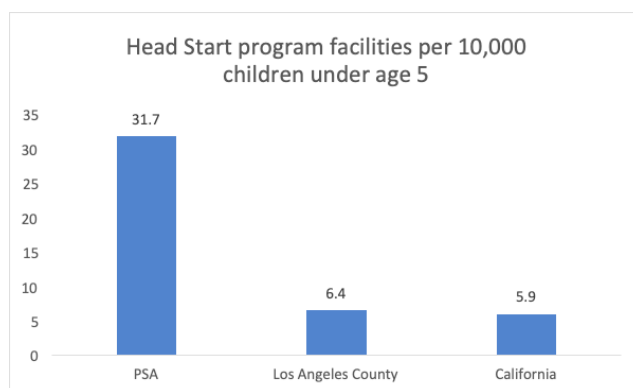
Social determinants of health are environmental conditions in which people are born, live, learn, work, play, worship, and age. These determinants affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) are referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Quality of life resources can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and an environment free of life-threatening toxins. This section details the indicators related to social and economic factors in our community, which play a role in maintaining good health.

Education

Early education is an important factor in health status. Independent of its relationship 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.

Multiple studies show that smart investments in the early years of development can result in profoundly better outcomes for children, families, and the economy. Attending a Head Start program can be an important part of this development. Head Start programs promote school readiness for children ages birth to five from low-income families by supporting their development in a comprehensive way through early learning, health and wellness screenings, and programs that promote family well-being.

For every 10,000 children, there are 31.7 Head Start Facilities in AHWM PSA, 6.4 Head Start Facilities in Los Angeles County. Comparatively, for the state of California the rate was 5.9 per 10,000.



Data Source: CARES Engagement Network (2019). US Department of Health & Human Services, Administration for Children and Families. 2018. Retrieved July 2019 from <https://engagementnetwork.org/assessment/>

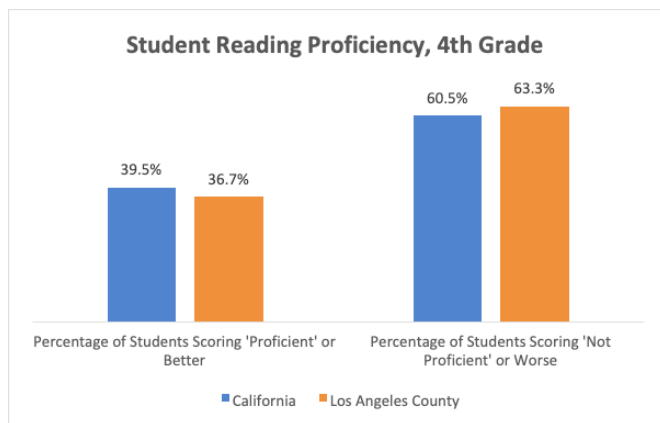
Student Reading Proficiency

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 a proficient reader (<https://www.aecf.org/resources/earlywarning-confirmed/>). At the end of the school year, testing for fourth graders found that far more students scored 'Not proficient' or worse on standardized reading testing, than 'Proficient' or better in Los Angeles County as compared to the state average showed that 39.5% of fourth graders demonstrated proficiency or better, while 60.5% demonstrated non-proficiency or worse.

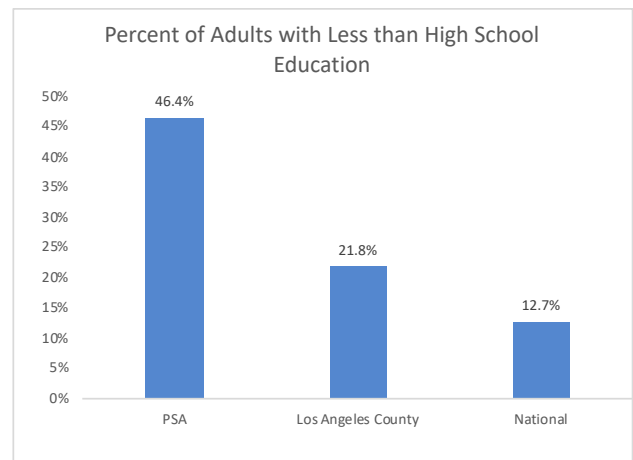
Graduation from high school or a post-secondary education such as receiving a Bachelor's or Associates degree is linked to better health outcomes and increased earning potential. Averages for adults with less than a high school education is higher in AHWM's PSA (46.4%) as compared to Los Angeles County (21.8%) and national estimate (12.7%).

When examining attainment of a Bachelor's Degree or higher, one finds that the proportion AHWM's PSA is lower (9.6%) than Los Angeles County (31.2%) and national estimate (30.9%) of adults with a college or post graduate degree.

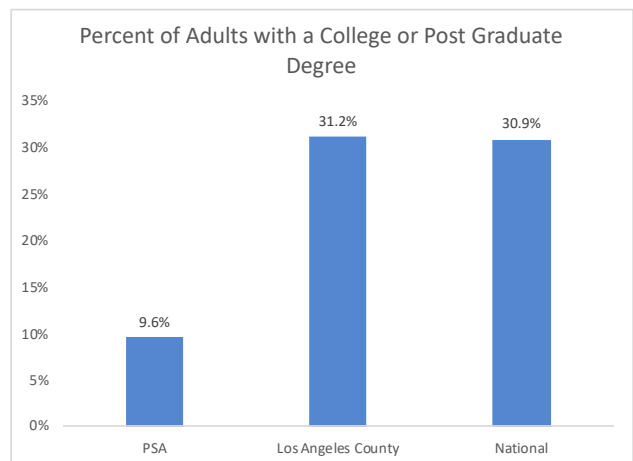
When looking at adult educational attainment by race/ethnicity in Los Angeles County, one finds that Latino's fare worse than the other ethnicities for less than high school attainment at 42.2%, followed by African Americans at 11.3%, Asians at 10.1% and Whites at 4.0%. In contrast, Whites have higher percentages of college or post graduate degrees at 45.5%, followed by Asians at 43.2%, African Americans at 21.2% and Latino at 9.8%.



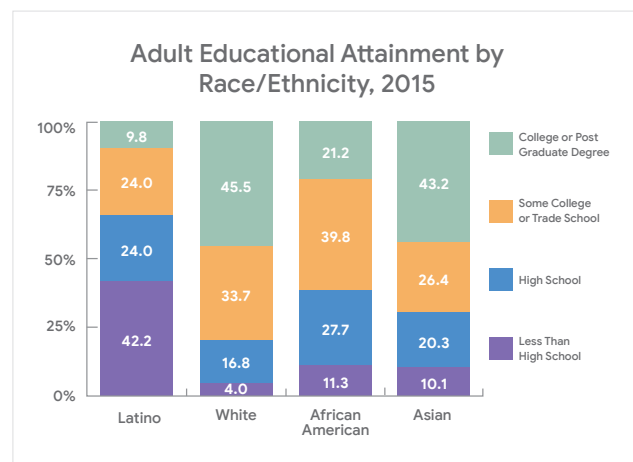
Data Source: CARES Engagement Network (2019). US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15. Retrieved May 2019 from <https://engagementnetwork.org/assessment/>



Data Source: CARES Engagement Network (2019). US Census Bureau, American Community Survey. 2013-17. Retrieved August 2019 from <https://engagementnetwork.org/assessment/>



Data Source: CARES Engagement Network (2019). US Census Bureau, American Community Survey. 2013-17. Retrieved August 2019 from <https://engagementnetwork.org/assessment/>



Data Source: Los Angeles County Department of Public Health – January 2017 Key Indicators of health by Service Planning Area. Retrieved June 2019 from http://publichealth.lacounty.gov/ha/docs/2015LACHS/Key-indicator/PH-KIH_2017-sec%20UPDATED.pdf

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.

Employment

Poverty is a particularly strong risk factor for disease and death, especially among children. Addressing unemployment levels is important to community development. Unemployment can lead to financial instability and serve as a barrier to health care access and utilization. Many people secure health insurance through an employer however, even with Medicaid expansion, the lack of gainful employment may prevent some from affording medical office co-pays or medications.

When looking at percent of adults who are employed, AHWM's PSA has a lower percent (52.9%) as compared to Los Angeles County (57.5%) and the nation (56.4%).

	PSA	Los Angeles County	California
Percent of adults who are employed	52.9%	57.5%	56.4%

Note: civilian adults ages 18+ who either (1) were "at work"; or (2) "with a job but not at work". Data Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS Neighborhood Edition. Working (18+), 2014. Retrieved August 2019 from <http://askchisne.ucla.edu>

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.

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.

When looking at occupational trends across the total service area, service occupations (44.2%) manufacturing occupations (15.4%), and retail trade occupations (12%) emerged as the most common type of employment for the overall population.

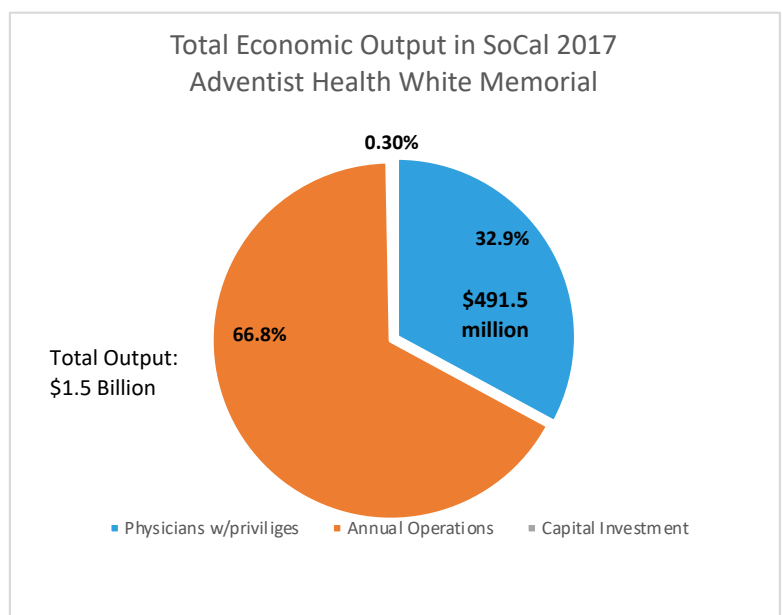
When looking at occupational trends across the total service area, service occupations (44.2%) manufacturing occupations (15.4%), and retail trade occupations (12%) emerged as the most common type of employment for the overall population.

2018 Employed Population 16+ by Industry for Los Angeles County	
Agriculture/Mining	0.9%
Construction	8.0%
Manufacturing	15.4%
Wholesale Trade	4.9%
Retail Trade	12.0%
Transportation/Utilities	7.5%
Information	1.4%
Finance/Insurance/Real Estate	3.2%
Services	44.2%
Public Administration	2.4%

Data Source: Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2018 and 2023 Esri converted Census 2000 data into 2010 geography.

AHWM extends beyond the activity generated within the health care sector itself. Wages paid to the staff and payments made for purchases of goods and services circulate throughout the economy generating additional indirect and induced activity.

It is important to note that in 2017, the total economic impact related to annual operations at the hospital, capital improvements made, and physicians with privileges combined at AHWM to generate close to \$1.5 billion in economic output and supported 9,330 jobs in the six-county Southern California region (Orange, Riverside, San Bernardino, Santa Barbara and Ventura Counties). In hospital operations, it is estimated that just over \$997 million in total economic output in the six-county Southern California region and supported 5,880 full- and part-time jobs with total labor income (including benefits) of almost \$449 million. This economic activity is estimated to have generated close to \$146 million in state and local taxes.



The total economic impact is spread throughout the region, with just over 95 percent of the total employment impact made by the ongoing operations at AHWM occurring in Los Angeles County, and with the remaining 5 percent distributed throughout the other five counties of the Southern California region (Orange, Riverside, San Bernardino, Santa Barbara and Ventura County).

Economic and Fiscal Impact of AHWM Operations (So-Cal Regions, 2017)	
Estimated Annual Revenue (\$ millions):	\$520.80
Total Economic Impact:	
Output (\$ millions)	\$997.10
Employment (jobs)	5,880
Labor income (\$ millions)	\$448.60
Total State and Local Taxes (\$ millions):	\$145.70
Source: Estimates by LAEDC	

Data Source: The Economic Impact of Adventist Health White Memorial 2017. Los Angeles County Economic Development Corporation.

Measures of 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. Additionally, family poverty is consistently correlated with high rates of teenage pregnancy, failure to earn a high school diploma, and violent crimes.

AHWM's PSA has a lower percentage of total population and children under age 18 living under the 100% federal poverty level at 38.5% and 27.0% as compared to zip code 90033. However, the estimates are higher than Los Angeles County and California.

	PSA	90033	Los Angeles County	California
Children Under 100% Federal Poverty Level	38.5%	49.7%	24.0%	20.8%
Population Under 100% of the Federal Poverty Level	27.0%	35.1%	17.0%	15.1%

"Note: Percentages in red are the poorest outcomes as compared to the county and state estimates. Percentages in green are the best outcomes in comparison the county and state. Data Source: CARES Engagement Network (2019). US Census Bureau, American Community Survey. 2013-17. Retrieved July 2019 from [https:// engagementnetwork.org/assessment/](https://engagementnetwork.org/assessment/)

Housing Affordability

Quality of housing has a major impact on overall health. High housing costs may force trade-offs between affordable housing and other needs. According to the 2018 National Low-Income Housing Coalition report, Out of Reach, the High Cost of Housing, in California the Fair Market Rent (FMR) for a two-bedroom apartment is \$1,699. This means that in order to afford rent and utilities, without paying more than 30% of their income, a household must net \$5,666 per month. In Los Angeles County, FMR is \$1,663 for a two-bedroom apartment. In May 2018, the Bureau of Labor Statistics released a report indicating that workers in the Los Angeles-Long Beach-Anaheim Metropolitan Area had an average (mean) hourly wage of \$27.83. This wage is lower than the county and state.

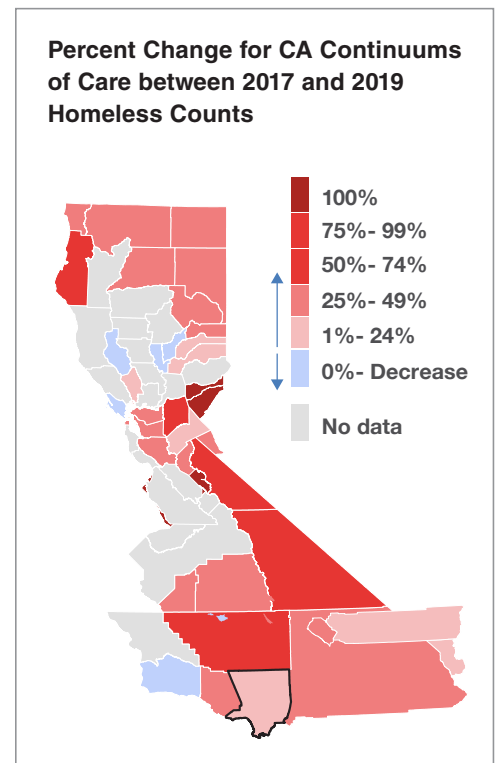
2018 Fair Market Rent (FMR)		
	Los Angeles County	California
2-bedroom rental home	\$1,663	\$1,699
Hourly wage needed to afford 2-bedroom FMR 2-bedroom rental home	\$31.98	\$32.68
Average hourly wage for the Los Angeles- Long Beach-Anaheim	\$27.83	--

Data Source: National Low Income Coalition. Out of Reach 2019 Report. Retrieved July 2019 from https://reports.nlihc.org/sites/default/files/oor/OOR_2018_0.pdf. Bureau of Labor Statistics.US Department of Labor. Retrieved July 2019 from https://www.bls.gov/regions/west/news-release/occupationalemploymentandwages_losangeles.htm.

Homelessness and Health

When looking at the homeless population by various conditions and experiences, one finds that the largest portions suffer from chronic homelessness, mental illness, or substance abuse. A smaller, but still substantial portion have experienced domestic violence/intimate partner violence or have a physical disability. Homelessness results in high levels of stress, which put individuals and families at greater risk of violence and injury, food insecurity, unhealthy food options, infectious disease and frequent moves, which have been linked with negative childhood events such as abuse, neglect, household dysfunction and increased likelihood of smoking and suicide in children.

The 'Point-in-Time Count' surveys the number 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 homeless people in families. According to the Los Angeles Homeless Services Authority, from 2018 to 2019, there has been a 12% increase in homelessness in Los Angeles County. Factors that contribute to this increase include wages not keeping pace with rental costs, households are severely rent-burdened and the lack of affordable housing units in Los Angeles County.



2019 Homeless Count	
	Los Angeles County
Sheltered	14,722
Unsheltered	44,214
Total	58,936
2018 Point-in-time County	52,765
Total Percent Change 2018-2019	+12%

Data Source: Los Angeles Homeless Services Authority (2019) Greater Los Angeles Homeless County 2019 Results. Retrieved June 2019 from <https://www.lahsa.org/documents?id=3467-2019-greater-los-angeles-homeless-count-total-point-in-time-homeless-population-by-geographic-areas.pdf>

The table below represents the 2019 counts and compared 2018 estimates. The highest percent changes for the Unsheltered category came from youth experiencing homeless at 32.5%, followed by the chronically homeless persons at 10%, family members experiencing homelessness at 4.3%, senior population age 62+ at 3.1% and the veteran homelessness at 2.8%.

Count Results							
	2018			2019			Unsheltered % Change Between 2018-2019
	Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total	
Veteran homelessness	1,074	2,812	3,866	982	2,892	3,874	2.8%
Family members experiencing homelessness	6,504	1,763	8,267	7,111	1,688	8,799	4.3%
Chronically Homeless Persons	979	13,096	14,075	1,922	14,537	16,529	10%
Youth experiencing homelessness	1,683	1,481	3,164	1,734	2,192	3,926	32.5%
Senior homeless (population aged 62+)	701	4,126	4,827	970	4,255	5,225	3.1%

Data Source: Los Angeles Homeless Services Authority (2019) Greater Los Angeles Homeless County 2019 Results. Retrieved June 2019 from <https://www.lahsa.org/documents?id=3437-2019-greater-los-angeles-homeless-count-presentation.pdf>

Key Findings

- For every 10,000 children, there are 31.7 Head Start Facilities in AHWM's PSA. This rate is higher than the estimate for Los Angeles County (6.4 per 10,000 children) and the state (5.9 per 10,000 children).
- When looking at adult educational attainment by race/ethnicity in Los Angeles County, one finds that Latinos fare worse than other ethnicities in earning a high school degree at 42.2% followed by African Americans at 11.3%. Whites have the highest percentage for attaining college or post graduate degrees at 45.5%, while Latinos have the lowest at 9.8%.
- When looking at percent of adults who are employed, AHWM's PSA has a lower percent (52.9%) as compared to Los Angeles County (57.5%) and the nation (56.4%).
- AHWM's PSA has a lower percentage of total population and children under age 18 living under the 100% federal poverty level at 38.5% and 27.0% as compared to zip code 90033. However, the estimates are higher than Los Angeles County and California.
- Within the homeless population in Los Angeles County, youth experiencing homelessness showed the greatest increase (32.5%) in comparison to other groups from 2018 to 2019. Chronically homeless populations showed the second greatest growth at 10%.
- When looking at occupational trends across the total service area, service occupations (44.2%) manufacturing occupations (15.4%), and retail trade occupations (12%) emerged as the most common type of employment for the overall population.

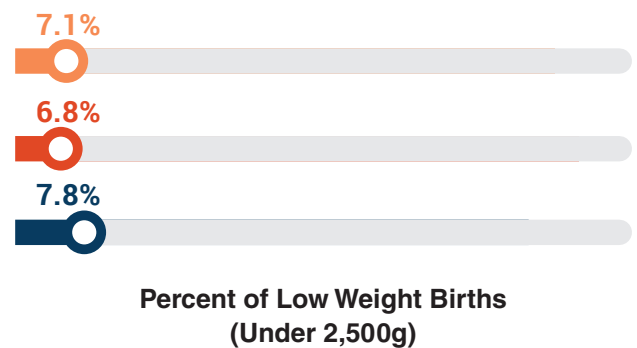
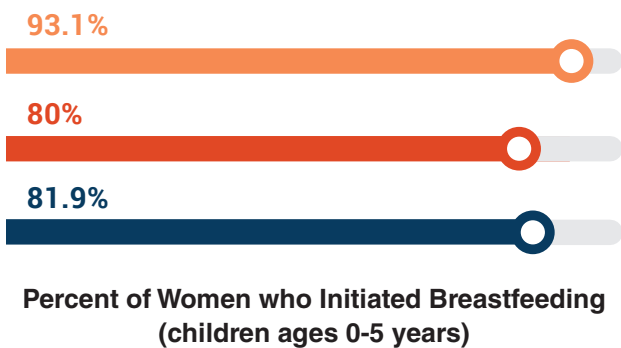
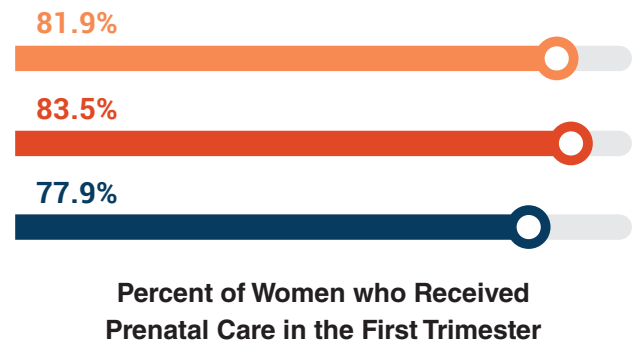
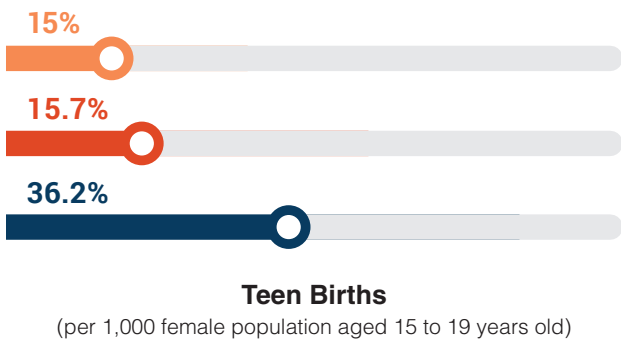
Health System

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. This begins by understanding the outcomes associated with receiving or not receiving good maternal health care, as well as how one accesses the health care system.

Live births are an indication of population growth and demand on a community's existing resources, infrastructure, schools, and the health care system/services. An adequate health care system is capable of providing preventive, diagnostic, and treatment care according to the requirements of the people being served. Los Angeles County has lower teen birth estimates (15.0) in comparison to the state (15.7) estimate. This indicator is important because pregnancy and delivery can be harmful to teenagers' health, as well as social and educational development. Babies born to teen mothers are more likely to be born preterm and/or low birth weight.

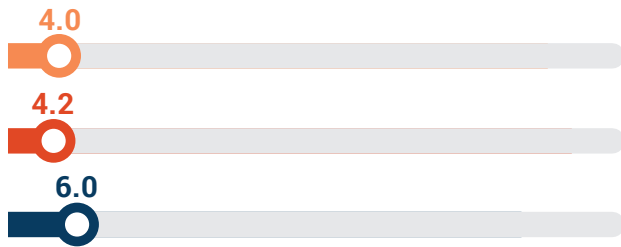
Prenatal Care and Outcomes After Birth

○ Los Angeles County
 ○ California
 ○ Healthy People 2020



Prenatal Care and Outcomes After Birth (Continue)

Los Angeles County California Healthy People 2020



Data Source: Think Health LA 2015-2017. Retrieved June 2019 from <https://www.thinkhealthla.org/indicators/index/view?indicatorId=430&localeId=256>. California Department of Public Health, Birth Statistical Master Files, 2007-2016. Los Angeles County Department of Public Health – January 2017 Key Indicators of health by Service Planning Area. Retrieved June 2019 from <http://publichealth.lacounty.gov/mch/fhop/FHOP2016/FHOP16.htm>

Infant Mortality Rate
(per 1,000 live births)

“Early prenatal care,” is care started in the 1st trimester (1-3 months). Adequacy of prenatal care calculations are based on the Adequacy of Prenatal Care Utilization Index (APNCU), which measures the utilization of prenatal care based on the timing of initiation of such care using the month prenatal care began as reported on the birth certificate and the ratio of the actual number of visits reported on the birth certificate to the expected number of visits. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. These indicators can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of health care services. Los Angeles County (81.9%) demonstrated a higher proportion of woman receiving prenatal care in first trimester.

Breastfeeding has many health benefits for both the mother and infant. Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia, and may also have longer-term health benefits, such as reducing the risk of overweight and obesity in childhood and adolescence. Los Angeles County exceed the the Healthy People 2020 performance target for 81.9% of infants to have “ever been breastfed.”

Low birth weight is indicative of the general health of newborns and often a key determinant of survival, health, and development. Infants born at low birth weights are at a heightened risk of complications, including infections, neurological disorders, Sudden Infant Death Syndrome, and even chronic diseases. Los Angeles County (7.1%) had a higher percentage of low birth weights than the state estimate of 6.8%, but lower than the Healthy People 2020 goal of 7.8%.

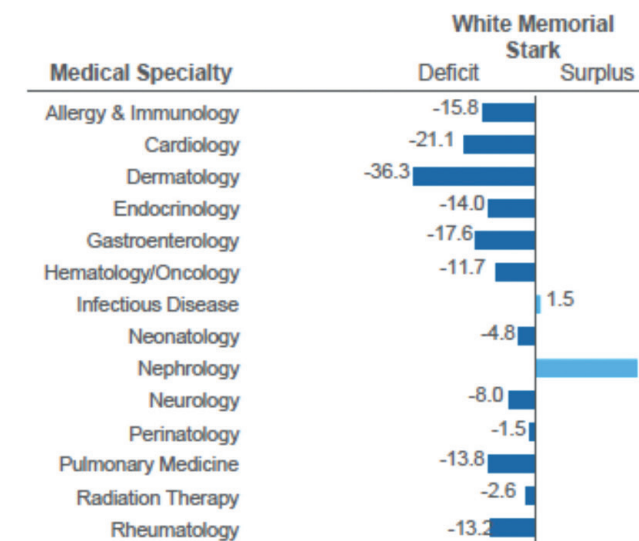
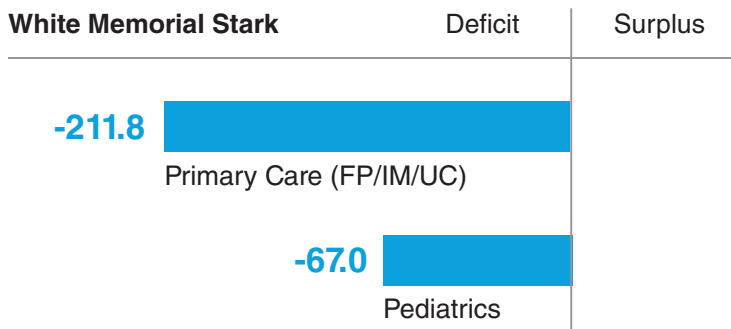
Finally, the infant mortality rate (IMR) is critical as it is indicative of the existence of broader issues pertaining to access to care and maternal child health. Such rates can further provide us metrics of community health outcomes and areas of needed services and interventions. In Los Angeles County (4.0 per 1,000), the infant mortality rates was lower than the state estimate of 4.2 per 1,000 live births. Healthy birth outcomes and early identification can help predict future public health challenges for families, communities, and the health care system.

Access to Health Care

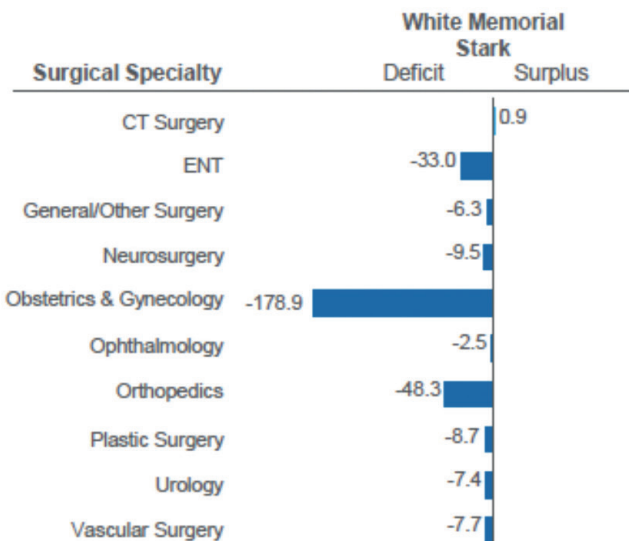
Access to health care is arguably the most critical component of measuring community health. Access can be measured at both the individual level (i.e., health insurance coverage, Medicaid coverage) and at the system level (i.e., primary care provider rate, health professional shortage areas). When an individual has the means to secure treatment and quality comprehensive treatment is readily available, then access to health care is highest. Understanding provider rates per 100,000 population can be useful for determining areas in most need of providers and potential stresses on existing providers.

In June 2019, AHWM worked with Navigant to conduct a Provider Needs Assessment and identify community need by specialty. The report documented a significant need for both primary care and specialists within AHWM Stark Area. The Stark Law-defined service area (Stark Service Area) is defined as the lowest number of contiguous zip codes that accounts for 75% of a hospital's total population inpatient discharges. (Navigant consulting presentation). The need for primary care physicians, even with adjusting for mid-level providers (Advanced Practice Providers) is significant and results in limited access to preventive and basic health care. Limited access to specialists makes referrals for chronic conditions and severe health issues. Compounding the limited number of specialists is the need for community members to travel further distances to access care.

Primary Care Specialty



The subspecialty deficit/surplus may vary from the specialty above



The subspecialty deficit/surplus may vary from the specialty above

Data Source: Navigant Provider Needs Assessment. June 20, 2019.

AHWM's PSA had slightly higher rates of dental providers per 100,000 population at 80.9 compared to the county estimate of 80.7 and state at 80.2. AHWM's PSA and SSA recorded lower proportions of primary care providers at 81.7 per 100,000 population as compared to the state estimate of 86.7 per 100,000 population.

Access Mental Health Care			
	PSA	Los Angeles County	California
Mental Health Care Provider Rate per 100,000 Population	*	314.7	327.4

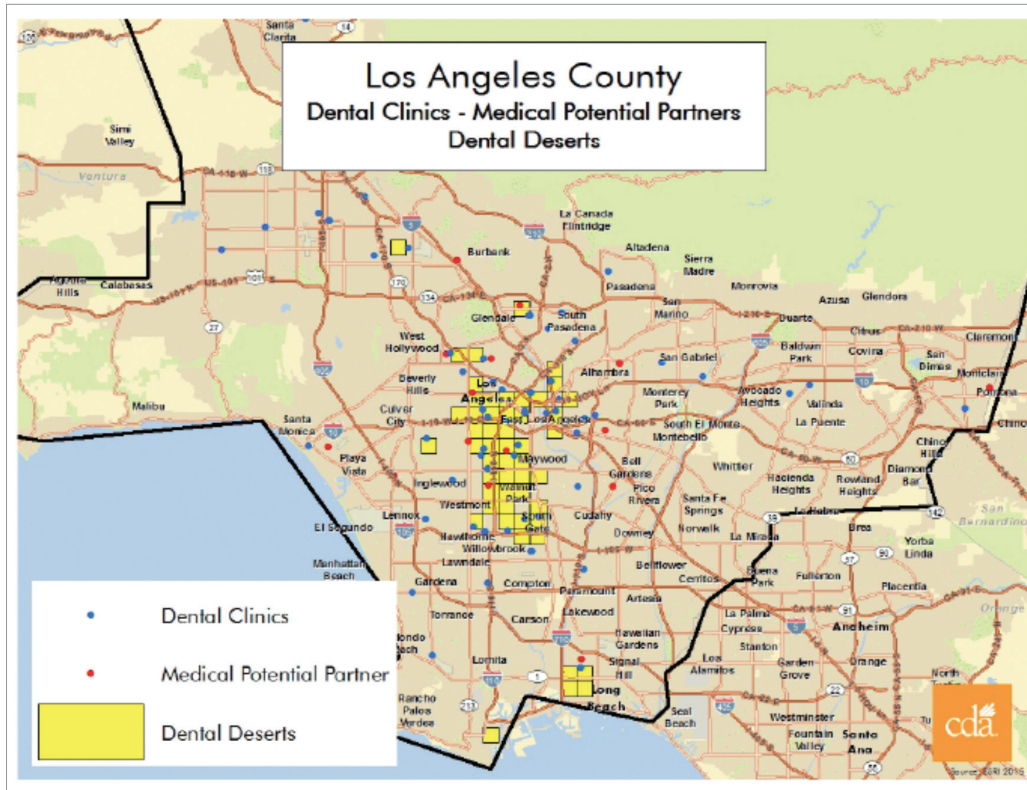
Note: (*) data not available. Rate in green are the best outcomes in comparison to the county and state. Data Source: CARES Engagement Network (2019). US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource. University of Wisconsin Population Health Institute, County Health Rankings. 2017. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Retrieved July 2019 from [https:// engagementnetwork.org/ assessment/](https://engagementnetwork.org/assessment/)

Good oral health and hygiene important to overall health. One's mouth is the entry point to digestive and respiratory tracts, and some of these bacteria can cause diseases. Regular check-ups and having access to dental appointment and dentist who can meet the needs are important. In 2015, County of Los Angeles Department of Public Health identified Dental Deserts using GIS throughout Los Angeles County. Dental Deserts are defined as high-density, low income and inadequacy of dental services. Findings indicated that the number of dentists per capita have decreased over time.

Ratio per 1,000 residents					
2008	2010	2011	2012	2013	2014
0.873	0.726	0.743	0.759	0.777	0.739

Data Source: County of Los Angeles Public Health. Identifying Dental Deserts in the Los Angeles County Safety Net Using GIS Maps.

Other findings from the UCLA Center for Health Policy Research Policy Brief found that:



- Dentist moving out of state has increased from 4% in 2008 up to 14% in 2014.
- Many dentists are nearing retirement in the state.
- More and more dentists are leaving general dentistry to become specialist. In 2008, 6% of newly licensed dentists were specialists, up to 13% on 2012.

Lastly, East Los Angeles has a lower percentage of adults (18 years and older) at 8% who have been diagnosed with depression as compared to Los Angeles County at 9%.

Asthma

Air quality is of great concern to many of the residents in the region and can have detrimental effects on respiratory health. Having asthma can affect a person in many ways. For some people, asthma is a minor nuisance. For others, it can be a major problem that interferes with daily activities and may lead to a life-threatening asthma attack. Examination of trends reveals that Los Angeles County has higher rates for emergency department visits per 100,000 and asthma hospitalization per 100,000 at 5.5 per 100,000. Additionally, Los Angeles County has higher percentage of persons diagnosed with lifetime asthma (12.7%), suggesting under-diagnosis as compared to the state at 7.8% and active asthma prevalence at 14.8% as compared to the state at 8.7%.

	Los Angeles County	California
Asthma ED Visits, Rate per 100,000	50.0	46.9
Asthma Hospitalizations, Rate per 100,000	5.5	4.7
Lifetime Asthma Prevalence	12.7%	14.8%
Active Asthma Prevalence	7.8%	8.7%

Note: Rates in red are the poorest outcomes as compared to the state. Data Sources: California Department of Public Health, California Breathing. County Asthma Data Tool, 2015-2016. Retrieved August 2019 from <https://www.cdph.ca.gov/Programs/CCDC/PHP/DEODC/EHIB/CPE/Pages/>

Mortality

Health status and health care utilization measures are central indicators of the performance of the health care system. Health status measures the level of wellness and illness, while health care utilization is the use of services by people for the purpose of preventing and curing health problems. The leading causes of death in the United States are overwhelmingly the result of chronic and preventable disease. Nearly 75% of all deaths in the United States are attributed to ten causes, with the top three of these accounting for over 50% of all deaths. According to the Centers for Disease Control and Prevention, the top three causes of death in the U.S. in 2016 were from heart disease, cancer, and unintentional injuries.

Within Los Angeles County, the top five leading causes of death were coronary heart disease, stroke, COPD, lung cancer, and Alzheimer's from 2004-2013. The number of deaths from coronary heart disease (the leading cause) was more than triple the number of deaths from stroke (the second leading cause). For example, 11,827 deaths were due to coronary heart disease, compared to 3,300 deaths from stroke

Top 10 Leading Causes of Death Los Angeles County 2004-2013	
1	Coronary Heart Disease (11,827)
2	Stroke (3,300)
3	Chronic Lower Respiratory Disease (COPD) (2,874)

Top 10 Leading Causes of Death Los Angeles County 2004-2013

4	Lung Cancer (2,687)
5	Alzheimer's Disease (2,577)
6	Pneumonia/Influenza (2,2264)
7	Diabetes (2,172)
8	Colorectal Cancer (1,376)
9	Liver disease/cirrhosis (1,315)
10	Hypertension (1,195)

Note: Numbers in parenthesis represent the number of deaths due to the specific cause. Data Source: Mortality in Los Angeles County 2013 (2019). Retrieved June 2019 from <http://www.publichealth.lacounty.gov/dca/data/documents/mortalityrpt13.pdf>

The following table displays age-adjusted death rates per 100,000 and reveals an interesting pattern. While Latinos had the second highest number of deaths (15,243), their age-adjusted rate (511 deaths per 100,000) was second to the lowest. If every group had the same age structure, one would expect to see 511 Latino deaths for every 100,000 Latino population.

When comparing two or more groups, age-adjusted rates are often used because they can account for differences in the groups' age structures. Other things being equal (similar population sizes, etc), a younger population will have fewer deaths than an older population. So the younger group will "look" better even though it was simply due to their age structure being younger. An age-adjusted rate can take into account these age differences and make the comparison more valid. The sixth, seventh and eighth leading causes of death were comprised of pneumonia/influenza, diabetes and colorectal cancer. Lastly, the ninth and tenth leading causes of death for Los Angeles County were for liver disease/cirrhosis and hypertension, respectively.

Leading Causes of Death by Race/Ethnicity, Los Angeles County, 2004-2013 (age-adjusted death rates per 100,00)

	1	2	3	4	5
White (655)	Coronary Heart Disease (132)	COPD (41)	Alzheimer's disease (31)	Stroke (32)	Lung cancer (34)
Latino/a (511)	Coronary Heart Disease (92)	Diabetes (30)	Stroke (30)	Liver disease/ cirrhosis (19)	Alzheimer's disease (21)
Black (African Americans) (854)	Coronary Heart Disease (177)	Stroke (48)	Lung Cancer (40)	COPD (36)	Diabetes (32)
Asian (405)	Coronary Heart Disease (78)	Stroke (29)	Lung Cancer (24)	Pneumonia/ influenza (22)	Diabetes (18)
Los Angeles County Total (593)	Coronary Heart Disease (177)	Stroke (33)	COPD (29)	Lung Cancer (28)	Alzheimer's disease (25)

Data Source: Mortality in Los Angeles County 2013 (2019). Retrieved June 2019 from <http://www.publichealth.lacounty.gov/dca/data/documents/mortalityrpt13.pdf>

Key Findings

- Los Angeles County (81.9%) demonstrated a higher proportion of woman receiving prenatal care in first trimester.
- The infant mortality rate in Los Angeles County is slightly lower at 4.0% in comparison to the state estimate at 4.2%. These estimates fall below the Healthy People 2020 goal of 6%.
- Dentist moving out of state has increased from 4% in 2008 up to 14% in 2014.
- In June 2019, AHWMM worked with Navigant to conduct an assessment and identify community need by specialty. The report found that within AHWMM Stark Area, Primary Care Specialties show a projected deficit in both primary care and pediatrics..
- The top three leading causes of death in Los Angeles County between 2004-2013 were coronary heart disease, stroke, and chronic lower respiratory disease. The top leading cause of death across all race/ethnicities during that same time period was coronary heart disease, but with Latinos at far lower age-adjusted rates.

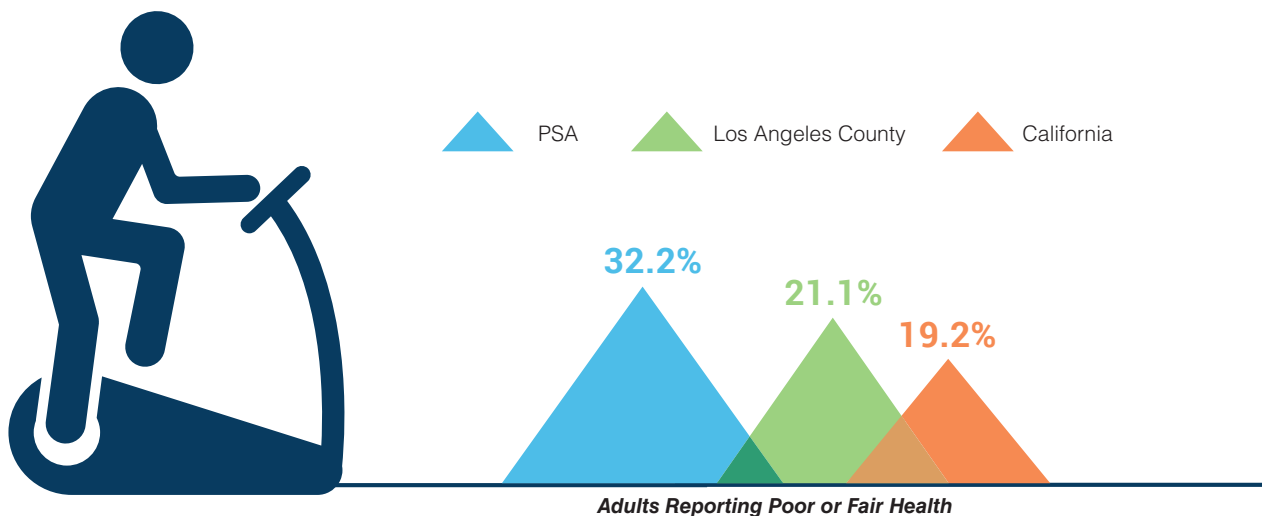
Public Health and Prevention

Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases, and encouraging greater health literacy. The more community members are educated and informed about health and wellness issues, the more empowered they are to manage their own health and those of their loved ones. And when all these factors are addressed collectively, a community can enjoy an overall higher level of physical and emotional well-being.

Health Status

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, measures of functioning, physical illness, and mental well-being. These measures go hand-in-hand with measures related to health behaviors such as physical activity, nutrition, and alcohol consumption. Measuring health behaviors provides a deeper understanding of health status.

When looking at overall health status, AHWM PSA had a higher proportion, 32.2%, of adults who reported their general health is excellent, very good, good, fair, or poor, as compared to Los Angeles County at 21.1%.



Note: respondents ages 18-64 with fair or poor health. Data Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS Neighborhood Edition. Fair or Poor Health (18-64), 2014. Retrieved August 2019 from <http://askchisne.ucla.edu>

Chronic Disease

Successfully managing risk factors for chronic diseases is important for preventing unnecessary hospitalizations. According to the Centers for Disease Control and Prevention (CDC), six in ten Americans live with at least one chronic disease, like heart disease, cancer, stroke, or diabetes. These and other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs.

AHWM's PSA Medicare population have higher rates of depression, diabetes, heart disease and high blood as compared to the state. AHWM's PSA have slightly lower percentage for obesity as compared to the state.

Chronic Disease Indicators	PSA	Los Angeles County	California
Adults with a Body Mass Index Greater than 30	34.8%	25.9%	22.5%
Population with Serious Psychological Distress, Percentage	9.9%	9.1%	15.8%
Population ever diagnosed with Diabetes, Percentage	11.1%	9.9%	27.2%
Population ever diagnosed with Heart Disease, Percentage	4.1%	5.2%	24.7%

*Note: Percentages in red are the poorest outcomes as compared to the state. Percentages in green are the best outcomes in comparison state." Data Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS Neighborhood Edition. Obese (BMI ≥ 30) (18+), Serious Psychological Distress (18+), Ever Diagnosed with Diabetes (18+), Ever Diagnosed with Heart Disease (18+), 2014. Retrieved August 2019 from <http://askchisne.ucla.edu>

Notes: obese defined as respondents ages 18+ who had a body mass index (BMI) of 30.0 or above. BMI calculated using self-reported height and weight. Distress defined using the Kessler 6 series for adults ages 18+ who reported serious psychological distress in the past 12 months (K6 score ≥ 13). Diabetes and heart disease defined as respondents ages 18+ who were ever diagnosed with diabetes or heart disease (respectively), by a doctor.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are passed from one person to another through intimate physical contact and from sexual activity. STIs are very common. The causes of STIs are bacteria, parasites, yeast, and viruses. In fact, CDC reports that 20 million new infections occur every year in the United States. Understanding the rate of STIs are important because they are measures of poor health status, indicate a lack of sexual health education, and indicate the prevalence of unsafe sex practices.

Los Angeles County had higher rates per 100,000 population for chlamydia, gonorrhea incidence, as well as, HIV prevalence as compared to the nation.

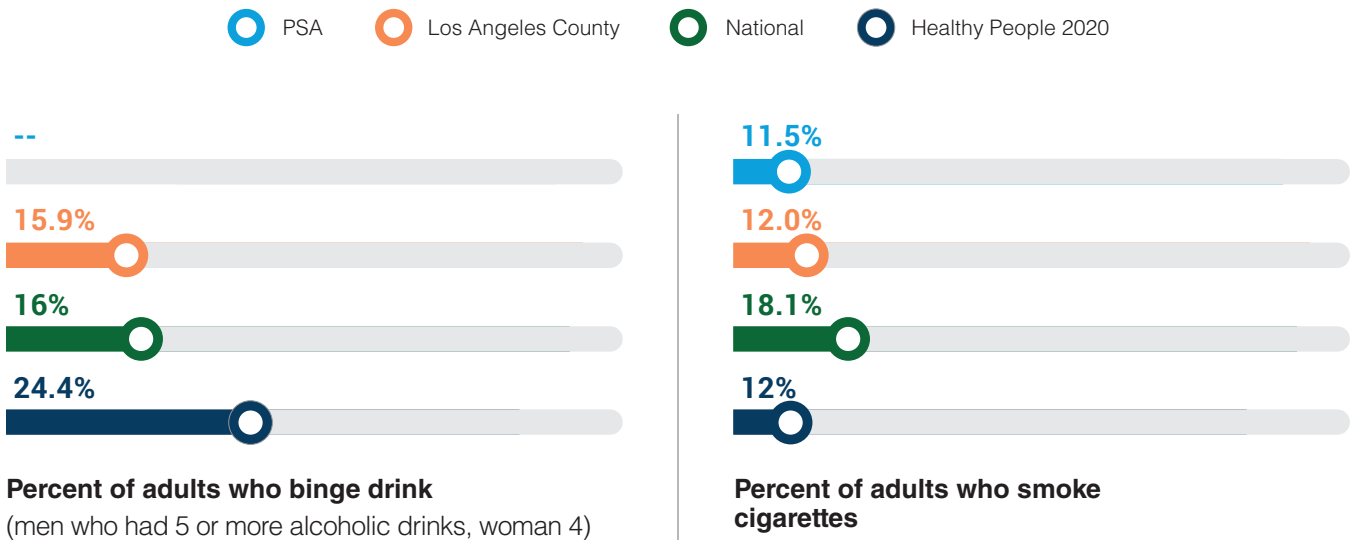
Annual new cases of Sexually Transmitted Infections, rate per 100,000 population.	Los Angeles County	National
Chlamydia Incidence	554.4	456.1
Gonorrhea Incidence	172.1	110.7
Incidence of HIV/AIDS among adolescents and adults ages 13 years and older	24.3	18.0

Note: Percentages in red are the poorest outcomes as compared to the county and nation. Data Source: Los Angeles County Department of Public Health – January 2017 Key Indicators of health by Service Planning Area. Retrieved June 2019 from http://publichealth.lacounty.gov/ha/docs/2015LACHS/KeyIndicator/PH-KIH_2017-sec%20UPDATED.pdf

Alcohol and Tobacco Use

Alcohol and/or tobacco use has major adverse impacts on individuals, families and communities. The effects of abuse are cumulative, contributing to costly social, physical, mental, and public health problems.

According to a recent report, Los Angeles County (15.9%) fared slightly better than the national estimate (16%) for percentage of adults who binge drank in the past month (men who had 5 or more alcoholic drinks and women who had 4 or more alcoholic drinks in a short period of time). AHWM PSA (11.5%) had lower percentage of adults who are current smokers in comparison to Los Angeles County (12.0%).



Data Source: UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS Neighborhood Edition. Current Smoker (18+), 2014. Retrieved August 2019 from <http://askchisne.ucla.edu>

Note: respondents ages 18+ were asked a series of smoking-related questions to obtain a current smoker status.

Children's Mental Health

Children need to have a good mental health status if they are going to live up to their full potential and live a life that is filled with positive experiences. There are a myriad of factors that can impact a child's mental health status, both positively and negatively. Providing children with an environment that demonstrates love, compassion, trust, and understanding will greatly impact a child so that they can build on these stepping stones to have a productive lifestyle.

When children are exposed to traumatic events and other adverse childhood experiences (ACEs), they are at a greater risk for risky health behaviors later in life, chronic health conditions, low life potential, and early death. In 2016, Los Angeles County had a higher percentage (16.7%) of children who experienced two or more adverse events, compared to the state average of 16.4%.

When children or adolescents do not receive treatment for mental health issues, they may experience a disruption in functioning at home, school, or in the community. Without treatment, children with mental health issues are at increased risk of school failure, contact with the criminal justice system, dependence on social services, and even suicide. Los Angeles County had a slightly lower percentage of 9th grade students who experienced depression (30.2%) and suicidal ideation (18.2%) in the past year than the averages for the state (31.5% and 19.0%, respectively).

Children's Mental Health Indicators	Los Angeles County	California
Children who have experienced two or more adverse events	16.7%	16.4%
Students Who Experienced Depression in the Past Year, 9th Grade	30.2%	31.5%
Students Who Experienced Suicidal Ideation in the Past Year, 9th Grade	18.2%	19.0%

Note: Percentages in red are the poorest outcomes as compared to the state. Percentages in green are the best outcomes as compared to the state. Data Source: Lucile Packard Foundation for Children's Health (2018). Kidsdata.org Retrieved June 2019 from <https://www.kidsdata.org/?site=full>.

Key Findings

- The AHWM PSA had a higher proportion, 32.2%, of adults who reported their general health as fair or poor, as compared to Los Angeles County at 21.1%.
- Los Angeles County (16.7%) has a slightly higher percentage of children who have experienced two or more adverse events than the state (16.4%) average.
- Medicare populations in AHWM's PSA have higher rates of depression, diabetes, heart disease, and high blood pressure as compared to the state.
- Los Angeles County (15.9%) fared slightly better than the national estimate (16%) for percentage of adults who binge drank in the past month (men who had 5 or more alcoholic drinks and women who had 4 or more alcoholic drinks in a short period of time). AHWM PSA (11.5%) had lower percentage of adults who are current smokers in comparison to Los Angeles County (12.0%).

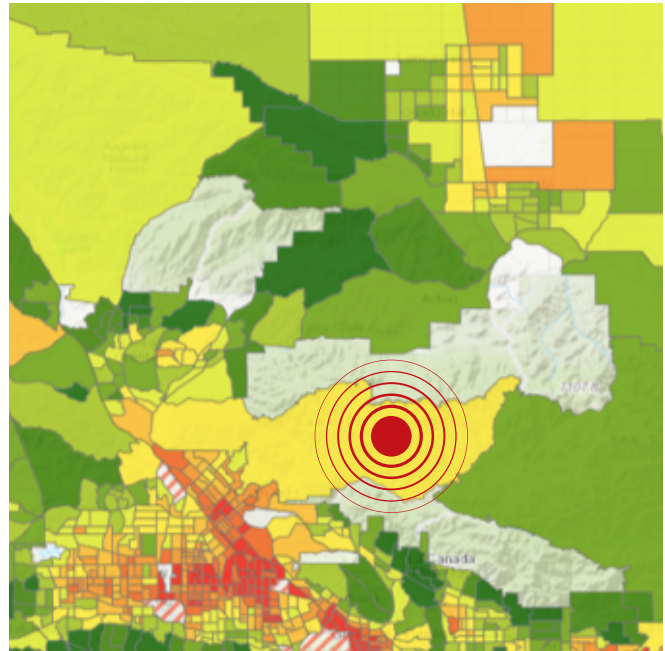
Physical Environment

We interact with the environment constantly, therefore our physical environment can affect our health behaviors, quality of life, years of healthy life lived, and health disparities. The World Health Organization (WHO) defines environment, 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 the built environment (human-made surroundings) and housing.

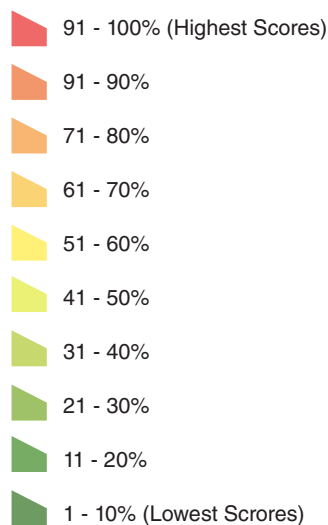
CalEnviroScreen is a science-based mapping tool that was developed by the California Environmental Protection Agency’s Office of Environmental Health Hazard Assessment. This tool helps identify California communities that are affected by many sources of pollution and that are particularly vulnerable to pollution’s effects. CalEnviroScreen uses environmental, health, and socioeconomic information to produce a numerical score for each census tract in the state. A census tract with a high score (colored dark orange to dark red) is one that experiences higher pollution burden and vulnerability than census tracts with low score colored shades of green). Indicators that are considered include but are not limited to, ozone, PM 2.5, drinking water quality, pesticides, and hazardous waste.

According to the most recent CalEnviroScreen 3.0 results, Los Angeles County ranked 50-55% percentile on the index. This means that these areas have a moderate pollution burden, populations especially sensitive to these factors, and socioeconomic factors that increase vulnerability to pollution.

Los Angeles County



CalEnviroScreen 3.0 Results (June 2018 Update)

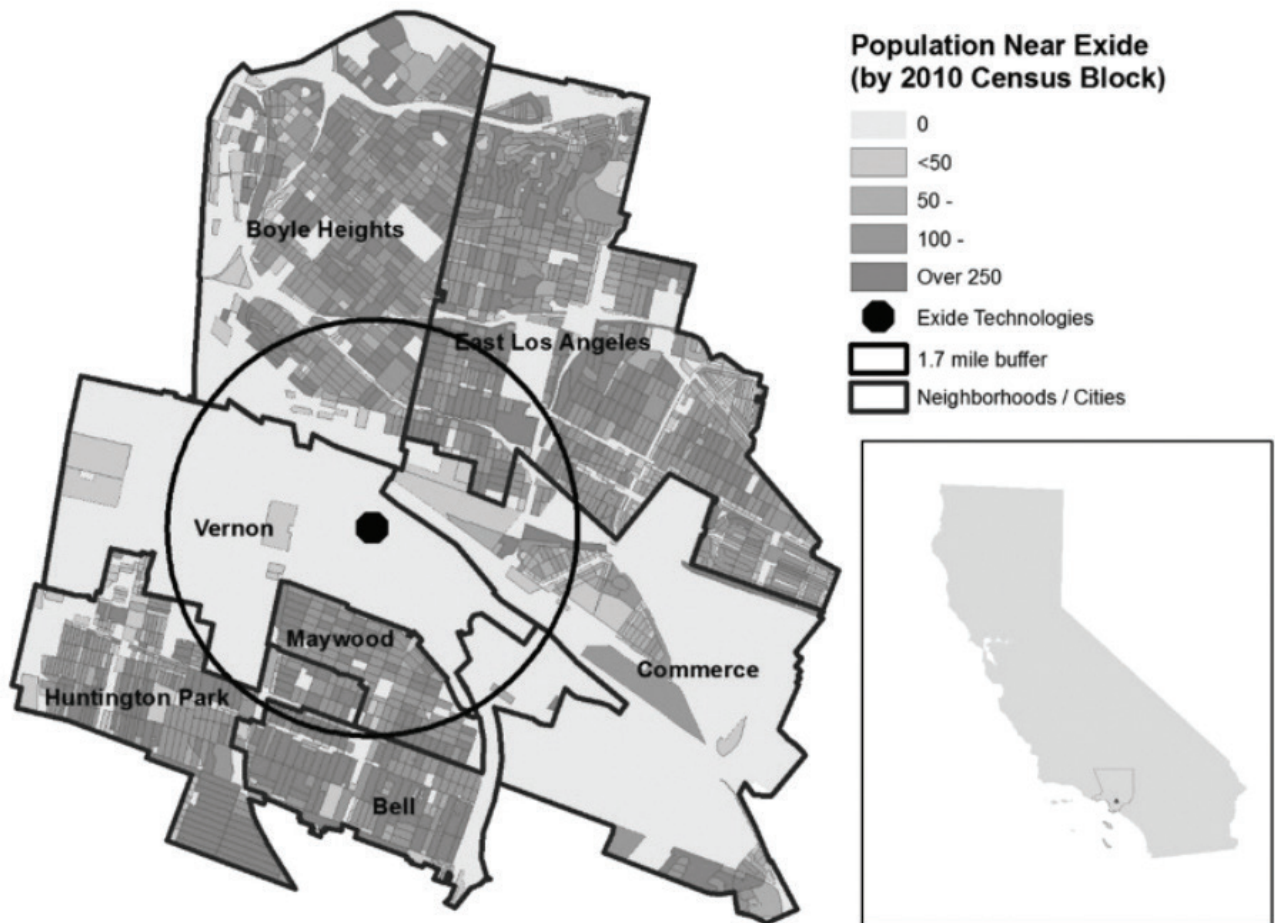


Data Source: Los Angeles County Department of Public Health – January 2017 Key Indicators of health by Service Planning Area. Retrieved June 2019 from http://publichealth.lacounty.gov/ha/docs/2015LACHS/KeyIndicator/PH-KIH_2017-sec%20UPDATED.pdf

Air Quality & Lead

The communities surrounding AHW are dissected by freeways on all sides, with Interstates 5, 10 and 710, and the 60 Freeway, running through them. Passenger vehicles are a major pollution contributor, producing significant amounts of nitrogen oxides, carbon monoxide, and other pollution.

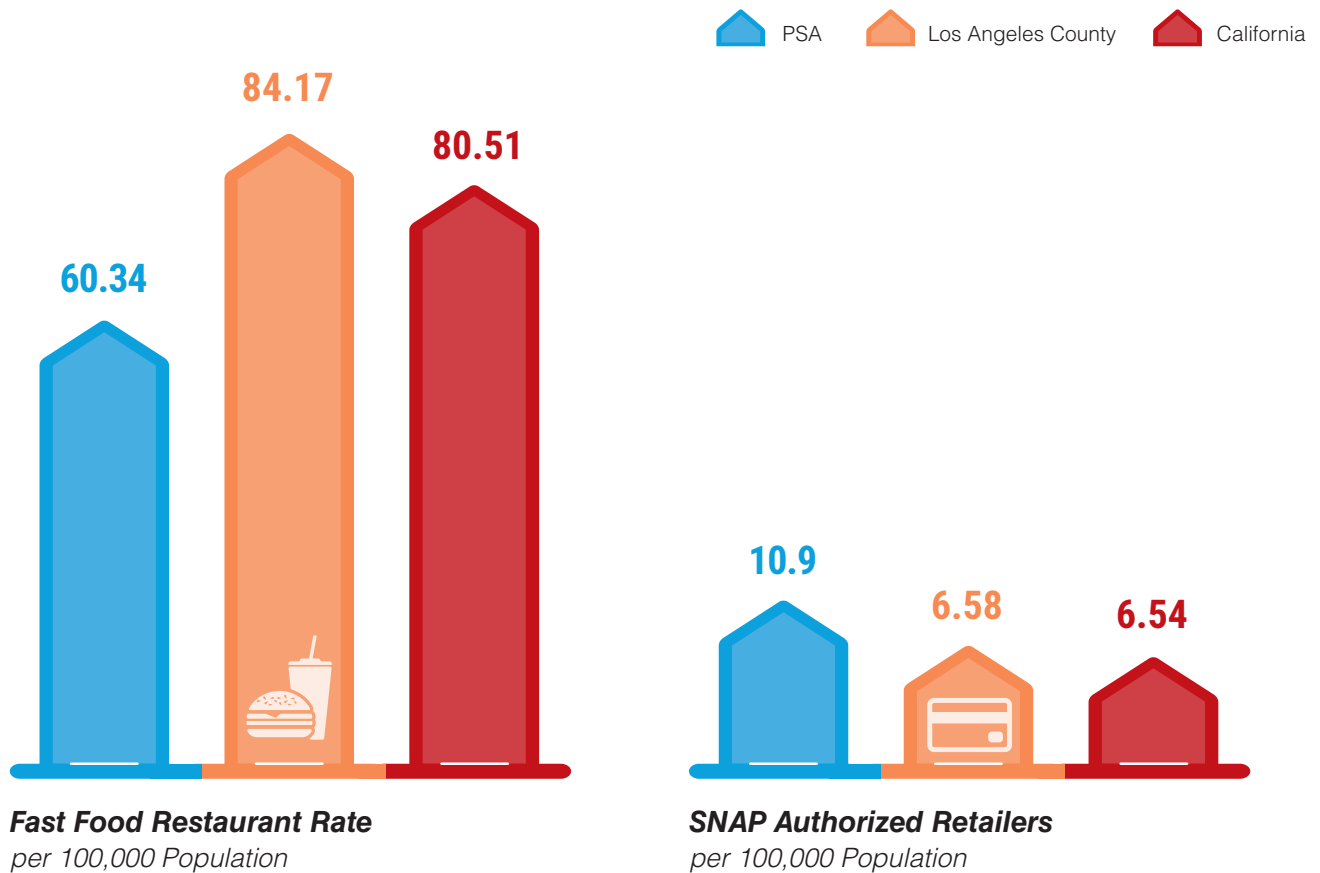
Additionally, the communities surrounding AHW are also adjacent to the industrial cities of Vernon and Commerce, home to numerous manufacturing plants and former smelters. "After years of public concern, an AQMD Health Risk Assessment (released March 2013) concluded that as many as 250,000 residents face a chronic health hazard from exposure to lead and arsenic emitted from the stacks of the smelter and settling onto residential soil."



Retail Food Environment

Understanding the retail food environment is important to determining access to healthy foods for populations and overall environmental influences on dietary behavior.

Three indicators are important to consider: the fast food restaurant rate, the grocery store rate, and the number of retailers authorized to accept Supplemental Nutrition Assistance Program benefits (all calculated as establishments per 100,000 population). Areas with a high fast food rate, low grocery store rate, and low SNAP authorized retailers will inevitably have populations with higher rates of food insecurity, due to lack of access to healthy and affordable foods. AHWM's PSA and SSA fared better than the Los Angeles County and state estimate for fast food restaurant, grocery and SNAP authorized retailers rates per 100,000 population.

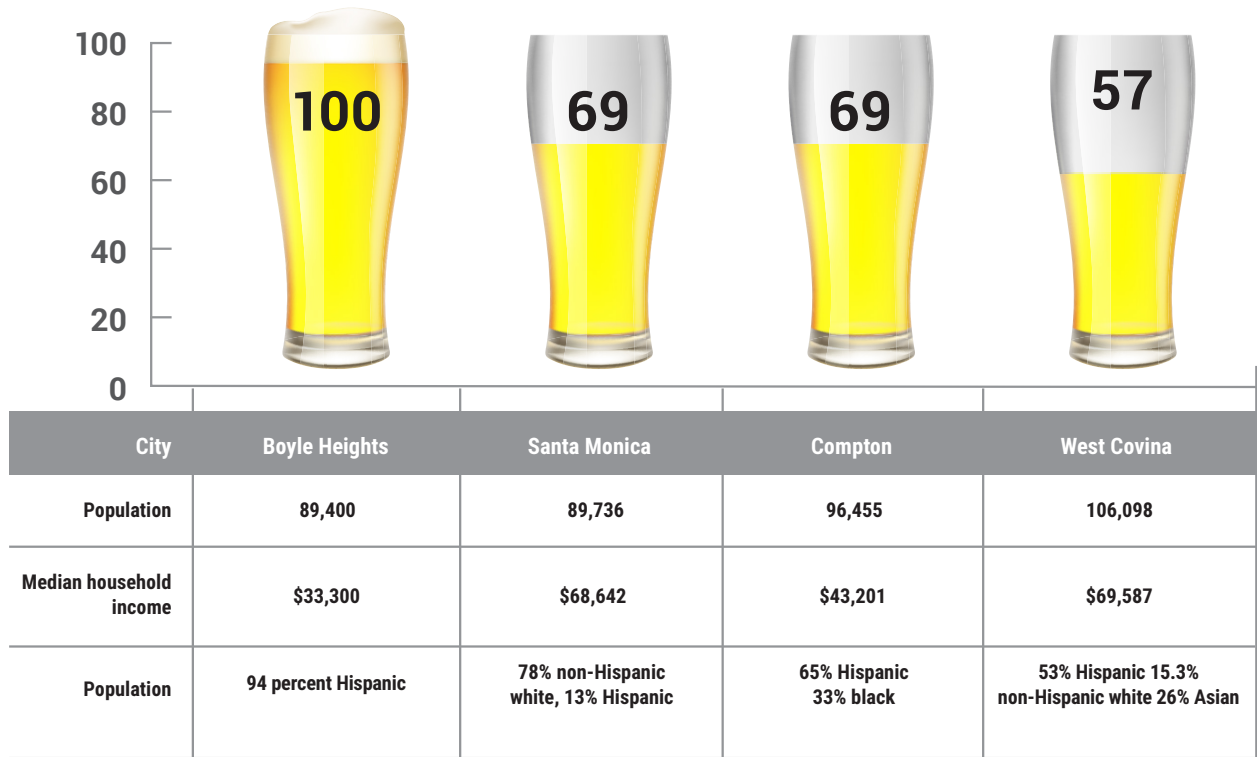


Data Source: CARES Engagement Network (2019). US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2019. Retrieved June 2019 from [https:// engagementnetwork.org/assessment/](https://engagementnetwork.org/assessment/)

Liquor licenses/liquor stores in Boyle Heights

Boyle Heights, where AHWM resides, has an alcohol outlet density that is greatly oversaturated. By comparison to communities with roughly the same number of residents, Boyle Heights, with 100 stores that sell alcohol, has 77 percent more stores than West Covina, which has 57, and 45 percent more than Compton and Santa Monica, which have 69.

Number of active off-sale retail licenses



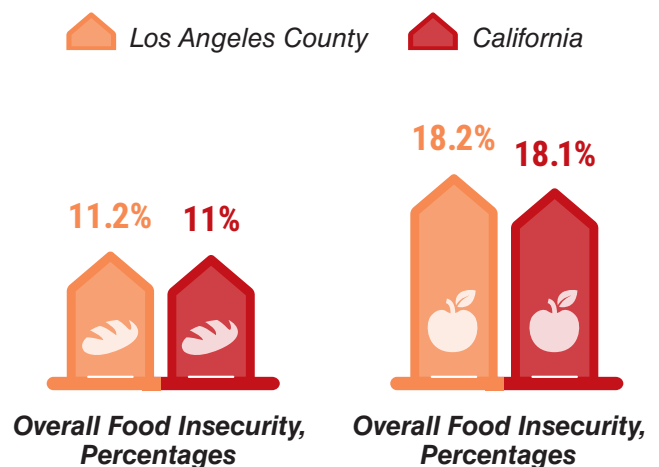
- Sources 2010 U.S Census, Alcohol Beverage Control

Neighborhoods and population surrounding Exide Technologies. Boyle Heights is in the City of Los Angeles. Circle shows the 1.7-mile radius. Prevailing wind direction is northeast.

Food Insecurity

The US Department of Agriculture defines food insecurity as a lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecurity may reflect a household's need to choose between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

Food insecurity averages in Los Angeles County for the overall population (11.2%) and children (18.2%) are higher than reported averages for the state (11% and 18.1%, respectively).

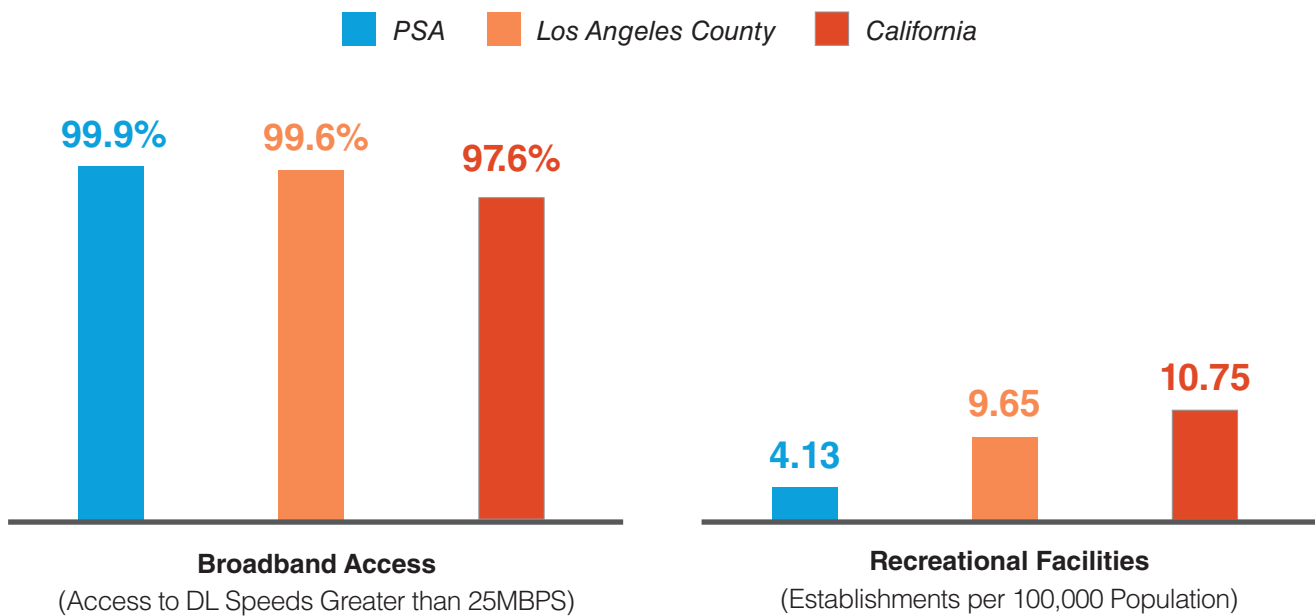


Data Source: Feeding America (2016). Map the Meal Gap, Online Tool. Retrieved June 2019 from <http://map.feedingamerica.org/>

Built Environment

The term “built environment” refers to the human-made surroundings that provide the setting for human activity, ranging in scale from buildings to parks. It has been defined as “the human-made space in which people live, work, and recreate on a day-to-day basis.” Factors to consider include access to recreational facilities and fitness centers and access to broadband internet access. Access to high-speed internet is important because access to technology opens up opportunities for employment and education. Access to recreational facilities encourages physical activity and other healthy behaviors.

AHWM's PSA fared better than Los Angeles County and the state estimate for access to high-speed internet. However, it has lower rates of recreational facilities per 100,000 population at 4.13 as compared to Los Angeles County at 9.56 per 100,000 and the state estimate at 10.75 per 100,000.



Note: No SSA data available for broadband access and recreational facilities. Percentages in red are the poorest outcomes as compared to the county and state. Percentages in green are the best outcomes in comparison to the county and state. Data Source: CARES Engagement Network (2019). US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2019. Retrieved June 2019 from <https://engagementnetwork.org/assessment/>

Key Findings

- Los Angeles County ranked 50-55% percentile on the CalEnviroScreen 3.0 index for pollution. This means that these areas have a moderate pollution burden, populations especially sensitive to these factors, and socioeconomic factors that increase vulnerability to pollution.
- AHWM's PSA had higher rates for fast food restaurants (60.34), and SNAP authorized retailers (10.9) in comparison to Los Angeles County and the state.
- Food insecurity averages in Los Angeles County for the overall population (11.2%) and children (18.2%) are higher than reported averages for the state (11% and 18.1%, respectively).
- Los Angeles County has lower rates of recreational facilities per 100,000 population at 4.13 in comparison to Los Angeles County at 9.65 per 100,000 and the state at 10.75 per 100,000.

Green Spaces

The Boyle Heights community is one of the most densely populated neighborhoods in the City of Los Angeles with less green space than most cities in America. At only 0.6 acres of green space per 1,000 population (13.5 times less than the average community in Los Angeles County), the largest green space in the area is the local cemetery.

AHWM's PSA fared better than Los Angeles County and the state estimate for access to high-speed internet. However, it has lower rates of recreational facilities per 100,000 population at 4.13 as compared to Los Angeles County at 9.56 per 100,000 and the state estimate at 10.75 per 100,000.

WHERE ARE PARKS MOST NEEDED?



= PARK NEED

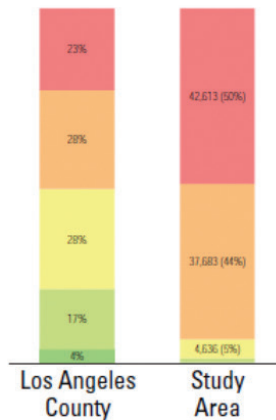
*Calculated using the following weighting: (20% x Park Acre Need) + (20% x Distance to Parks) + (60% x Population Density)



PARK NEED CATEGORY

- Very High
- High
- Moderate
- Low
- Very Low
- No Population
- Area within 1/2 mile walk of a park

HOW MANY PEOPLE NEED PARKS?



Voices from the Community

A CHNA would not be complete without hearing from the local community. Those chosen to provide input, represent the diversity of our community and those who are medically under-served, low-income and minority populations.

Overview

From February 4, 2019 to May 7, 2019, focus groups, key informant interviews and surveys were administered within AHWM's PSA. Approximately 156 people were surveyed to obtain input from the community in the form of 8 focus groups (with a total of 76 focus group participants), 16 key informant interviews and 64 people responded to the online survey (51 in English and 13 Spanish). A full description of key informants and focus group participants can be found in Appendix D of this document.

Focus Group

Focus group participants were end-users of programs and services provided by AHWM. Populations represented by focus group members included seniors, low-income, homeless, parents, and college students in the medical field and other sectors. The majority of focus group participants live in Boyle Heights. Several of the respondents mentioned living in shelters in the Boyle Heights area.

Key Informant Interview

Key informant interviews consisted of key leaders in our community from an array of agencies, including those that connect financial and social resources to area populations, educational, and health care services. Additionally, key informant interviews were conducted with representatives from the non-profit, educational, homeless, law enforcement, and faith-based sectors. The majority of the people interviewed serve residents in Boyle Heights, East Los Angeles, and throughout Los Angeles County. Most key informants hold titles such as Director or Executive Director, President or Vice President, Chief Medical Officer, and Monsignor.

Survey

Survey participants lived in areas similar to that of focus group participants and key informants. Ninety percent of the survey respondents lived in Los Angeles County most living in 90033 (Arroyo Seco) and 90023 (Boyle Heights) zip codes.

Methodology

To determine focus groups and key informants, Adventist Health White Memorial team members were provided with a list of sample sectors for consideration that included: community-based organizations, local businesses, foundation/funders, school board/districts, city council, public health department, law enforcement, legal, faith-based organizations, and hospital leaders. Additionally, they were asked to consider the following criteria:

- Does this person represent vulnerable populations?
- Does this person represent the uninsured/underinsured population?
- Does this person's role transcend more than one county?
- Do we have representation from all sectors?
- Does it meet the requirement of community health needs assessments?
- Does this person's role cross sectors?

Additionally, they were asked to consider the following populations for inclusion in focus groups: those dealing with mental health issues or substance abuse, minorities, low-income, uninsured/underinsured, and youth populations. While members considered potential groups and venues, they were asked to keep the following criteria in mind:

- Does this focus group represent a medically underserved, low income, or minority population(s)?
- Can this focus group speak to pressing health care issues in our community (i.e. children's health, mental health, or access to care)?
- Does this focus groups represent diverse populations or health issues?
- Does this group represent a vulnerable population(s)?
- Can this focus group speak to the social determinants of health in our community?

Finally, AHWM team members were encouraged to send survey links to any partner organizations that were not represented by selected key informants. In addition, a press release was issued to bring awareness of the survey to ensure broader community participation.

Objectives

Through engaging the community our objective was to discover strategies in which our hospital could collaborate to better serve communities and elevate the health status of our region. To better understand the needs, the focus groups and key informant interviews concentrated on these themes:

- Visions of a Healthy Community
- Health and Social Needs
- Existing Resources
- Barriers to Accessing Resources
- Hospital Perception and Opportunities
- Additional Feedback

Additionally, key informants were asked about the greatest health and social needs of children. Respondents to the survey were asked about health problems and needs of the community, including what is healthy in the community, what is not healthy in the community, and what the community needs to be healthy. They were also asked about the greatest health and social needs of children, services that could improve health in the community, barriers for clients from an organizational perspective, and for any additional feedback. Finally, the codebooks and survey results were instrumental in discovering commonalities in themes to inform this report. The key informant codebook, with frequencies, can be found in Appendix E.

Findings — Significant Health and Social Needs

The focus groups, key informants, and surveys contained questions about the most significant health needs in the community. Based on those responses, prioritization was given to issues most frequently mentioned in all three data sources. The top five mentioned below are a combination of all three data sources based on frequency of response. The overarching themes based on the amount of times the issue was mentioned across all three data sources are ranked below:

1. Prevention and Management of Chronic Disease, i.e. diabetes, obesity, heart disease, nutrition and health education
2. Housing Affordability (including homeless/poverty) and safe spaces for activity
3. Mental Health, including education and services/treatment
4. Access to Healthy Foods
5. Access to Health Care

The priority needs were identified by first creating codebooks based on the focus group, key informant interviews, and open text responses from the online survey. The codebooks assisted in combining the separate themes for comparison and analysis. The three sources were coordinated to supply richer interpretation when applicable. Using secondary sources, county information was gathered and compared with the themes found in the focus groups, key informant interviews, and surveys. Table 1 displays the separate ranking of most frequently mentioned health issues by focus group, key informant interview, and online surveys and corresponding data from the secondary sources.

Table 1. Order of most frequently mentioned issues by data source type

	Focus Groups and Key Informants	Surveys
1	Prevention and management of chronic diseases	High rates of chronic disease
2	Mental Health, including education and services/ treatment	Lack of affordable housing
3	Physical Environment, including housing affordability, air quality, and safe spaces	Access to health care
4	Preventative Health Care, including routine screenings and health checks	High poverty rates
5	Access to healthy foods and nutrition education	Lack of access to healthy foods

Supporting Quotes

“The biggest problem in our community is overweight and diabetes that there are many people who do not have information.”

“There is obviously need for all preventative services access for routine screening and prevention, but the other need is behavioral health services, early start early childhood education to prevent and to take identify early developmental delays and obesity and diabetes prevention.”

“I think it's more of a knowledge of getting the information out there because I think that there is a stigma for mental health, like we believe like “oh if we ignore it, that means it doesn't exist” and it's the same thing with at least my family when it comes to health.”

“If you don't have the foundational resources that you need such as a roof over your head, healthy food options eat, clean water to drink, proper sanitation. You know all the other extraneous components don't even matter.”

Findings by Themes

Visions of a Healthy Community

The main themes surrounding the vision of a healthy community included positive environment. This theme was characterized by natural and green spaces, better air quality, and places for children to thrive. Additionally, a sense of community and availability of healthy food were also top indicated visions of a healthy community. Walkability, access to care and services, minimal violence, housing for all, health education, and self-sufficiency were also mentioned at least twice in focus groups and key informant interviews. Clean and accessible spaces to walk and be active in the community were categorized as contributing positively to the environment. A sense of community was characterized by social support systems and increased collaboration among neighborhoods and businesses. Not only was the availability of healthy foods indicated by access but also the affordability of healthy foods in the community.

Supporting Quotes

“It was neighbors looking out for each other. It was people knowing who each other were. It was loaning a helping hand if you saw someone struggling. It was elders taking the youngsters under their wings and in helping them move through systems that maybe they otherwise didn’t understand. There was a sense of reciprocity, forgiveness and unconditional positive regard at every turn.”

“A place where healthy lifestyles were promoted and easy to access in the sense of healthy foods, safe areas, places where being physically active didn’t require going out of the neighborhood or paying money, where people had employment and housing that was safe and nurturing for them, and where if they did become ill they had access to quality healthcare.”

Social Factors

The effects of poverty were mentioned as intersecting across many social factors such as education, housing, and access to health and resources. Many of the focus group and key informant interview participants mentioned education, especially early education, as a way to increase the likelihood of success for children in the future. Expenses related to health care regardless of insurance coverage was a point indicated nearly as much as poverty. Even for working households, the costs of health care and the insurance to cover what is needed are costly. Long wait times, physicians not accepting insurance, and inability to connect to services were also mentioned as health insurance related and access to health care social factors. Other responses included cultural factors, environmental factors, language barriers, immigration, and transportation as social factors in the community. Survey respondents indicated needing mental health services in the past 12 months and going without basic needs such as food, utilities, or clothing in the last three months.

Supporting Quotes

“People are living in poverty and living on the brink of also becoming homeless in many instances. And so these are working class communities where folks are surviving, struggling to survive, and so you have a higher density of individuals living within the setting that maybe have less access to resources and if you’ve got a high number of people who have unresolved and acknowledged trauma that they’ve not been able to work through, this could increase the overall ability of that community to be well overall.”

“The access - having medical access but is slow to receive services, to make an appointment with your doctor sometimes takes a month or two months. And you have to go to the emergency room and pay because your doctor is sometimes not available to attend.”

“Well, I think the problem is the lack of a home. How are the rents so high? It’s the big problem that the City of Los Angeles has. Homelessness.”

Health Needs of Children

Among key informants and focus groups, collaboration among community services, especially for children, was mentioned frequently. The biggest health issues among children was indicated as education, mental health and trauma assistance, and parenting factors associated with poverty, nutrition, and health prevention. Similarly, the top 5 needs of children indicated in the survey responses were: access to healthy foods, access to health education and outreach, access to health care, access to dental care providers and and safe and affordable housing.

Supporting Quotes

“They can be properly educated and go to school. You know these are the things that are critical to keep kids healthy. Having parents, and if not, parents having someone in their life who engages with them and reads with them and interacts with them and teaches them mentor them.”

“You know, when you have kids missing school and they are not learning and they are not able to succeed later on in life, that leads to a cycle of then their children may not have their health needs addressed. There’s more poverty, other illness that these communities are less able to deal with in a way that allows them to leave, you know, lead a more productive life. So, it’s just it’s kind of just a vicious cycle.”

Existing Community Assets and Resources

The most commonly mentioned community assets and resources were those that promoted health living and services offered in community health clinics. Promotion of healthy living included physical activities like Zumba and swimming, education programs on nutrition and meditation, preventative and monitoring services such as blood pressure checks.

Supporting Quotes

“They are exhibiting in the garden class. They are reviewing the whole process of planting the plants, the fruit and the vegetables. And you do not just do that. I am with them and I notice that when the teacher takes something out of the garden they have never tried. For example, the carrots that are purple and planted there. And trying things that they never had.”

““For the City of Whittier, a couple of years ago, they made a track right next to the railroad track. A lot of people do take advantage of it, they made a little parking structure and added exercise machines there. So, it’s nice. It’s a five mile little walk or stroll and trying things that they never had.”

“It’s a clinic [don’t know the name] where I can say, the doctors have treated me very well. I am a very healthy person, thank God, but they did my annual check-ups. All of the woman check-ups. And they paid for it.”

Barriers to Access

The greatest responses to barriers to access include information about issues and services. Access to resources, systematic problems, and lack of awareness about available services were the most frequently mentioned barriers in the community to addressing health issues. Themes around access to resources include physician shortage, finances to afford care, and language barriers. Systemic problems were focused on physicians and facilities not accepting patients, low income communities, and a lack of partnerships. Respondents also felt there is a lack of engagement by the health care system and providers. Dissemination of information to the community was a concern among the respondents. Although only mentioned twice, environmental factors that people are unable to prepare for, was a notable mention. Additionally, the high cost of insurance was a barrier mentioned in the surveys.

Supporting Quotes

"I think understanding how the system works is another big barrier. Just you know, realizing that you have to go to a primary care physician generally to be referred to a specialty physician, generally to be admitted to a hospital if that's the need. Just for a regular individual to understand how to go about doing all that and advocating for him or herself."

"I think sometimes we realize there's lots of resources, but people aren't either accessing those resources or the ones that need them the most are not accessing. And so, I think that all requires coordination to make sure that those that need them the most are connected."

"Within the non-profit industrial complex, there's so many factors that paralyze agencies from being able to provide what we truly know is needed in regards to service provision for certain populations but because of funding restrictions or funding limitations it just makes it very complicated for an organization to be able to fully be creative and fulfill their overall thinking around service provision regarding these health factors."

Hospital Perception and Opportunities

Positive perceptions of the hospital were indicated twice the amount of the negative comments in the focus groups and key informant interviews. Meeting needs related to helping children and providing classes to the community was the most frequently mentioned response. Access to health care providers within reasonable distance, access to providers with expanded operational hours (i.e. after 5pm or weekends), affordable copayments or out of pocket costs for health care or prescriptions, access to healthcare providers with short wait times, high patient to provider rates, and high percentage of health insurance represent the top 5 positive contributions from a hospital perspective in the surveys. Negative perception was most commonly related to quality of service and communication issues. Wait times, inattentive staff, and a lack of awareness of services available at the hospital were a few examples.

Supporting Quotes

"In my experience they help first at White Memorial with screens and different locations. Those are really good for the community because a lot of the people, that is all the screens that they get. They don't usually go to the doctor. They don't do preventive care just by themselves and everything there is for free."

"It may be a cultural or where people don't feel listened to. Or that there are given a proper treatment. There is a barrier, whether it is the language "this is the treatment you're getting, and this is the reason why" but if the person doesn't understand why they are getting that treatment."

"Well I'm going to share that we had a good experience with the White Memorial program with the Jump Start program. There were some families, I think there were about six families that participated, they completed all six classes, and they were teaching them about options to read food labels to exercise."

Prioritization of Health Needs

Process and Criteria

On August 19th, 2019 HC2 Strategies, Inc. facilitated a strategy meeting with the AHWM CHNA Review Committee to review the results of the CHNA and determine the priority need(s) that the hospitals will address over the next three years. To aid in determining the priority health need(s), the group was given several critical pieces of information and criteria to consider when making a decision. The priority needs were identified by first creating codebooks based on the focus group, key informant interviews, and open text responses from the online survey. The codebooks assisted in combining the separate themes for comparison and analysis. The three sources were coordinated to supply richer interpretation when applicable. Using secondary data sources, county information was gathered and compared with the themes found in the focus groups, key informant interviews, and surveys. The table represents the most frequently mentioned health issues, in ranked order, among the focus groups, key informant interviews, and online survey, with corresponding data from the secondary sources.

Identified Community Health Needs

Priority Health Issue	Rationale/Contributing Factors
<p>Chronic Diseases</p> <ul style="list-style-type: none"> • Diabetes • Obesity • Heart disease 	<p>Chronic Disease, especially diabetes and obesity, was mentioned almost twice as much as the next mentioned health issue in focus groups, key informant interviews, and survey responses.</p> <p>In Los Angeles County, chronic disease is 4 of the 5 top causes of death. Medicare populations with diabetes in Los Angeles County are higher than the rates of the state of California. For Latino communities such as the AHWM PSA, diabetes is the 2nd cause of death.</p>
<p>Mental Health (including education and services/treatment)</p>	<p>Children’s mental health in the past year for adverse events, depression, and suicidal ideation were nearly equal with the state.</p> <p>Los Angeles County has a lower ratio of mental health providers than the state.</p> <p>Trauma and stress were indicated as mental health factors that negatively affected the health of the community in focus group and key informant interviews.</p>
<p>Homelessness and Poverty (including housing affordability)</p>	<p>Housing affordability, housing conditions, and lack of safe space were concerns for the focus group and key informant respondents. Lack of affordable housing and access to health food were among the top 5 issues indicated by survey respondent</p>

Priority Health Issue	Rationale/Contributing Factors
<p>Access to Health Care and Resources (including preventative health care)</p>	<p>Nearly 5 percent more adults in Los Angeles County reported poor or fair health than the national percentage.</p> <p>Early prevention, such as routine screenings and health checks, was a concern of the respondents. Most of the survey responses rated their personal health was good but fair for the community's health.</p>
<p>Access to Healthy Foods</p>	<p>Consistent with the state rates, overall food insecurity and children food security were at 11% and 18%, respectively. The overall rate was younger than national rates, but for children it was higher.</p> <p>Lack of access to healthy food was a top 5 health issue among the survey responses. Additionally, education about what children should eat was mentioned in the focus groups and key informant interviews.</p> <p>Los Angeles County ranked 50-55% on the environmental screening. Fast food restaurant rates were higher and grocery store rates lower than the rates of the state. Rental and housing are consistent with state rates.</p>

Identified Health Needs

On August 19th 2019, HC2 Strategies, Inc. facilitated a strategy meeting with the AHWM CHNA Review Committee that includes community leaders to review the results of the CHNA and determine the top 3 priority needs that the hospital will address, over the next three years. To aid in determining the priority health needs, the Review Committee agreed on the criteria below to consider when making a decision. The criteria listed recognizes the need for a combination of information types (e.g, health indicators and primary data) as well as consideration of issues such as practicality, feasibility, and mission alignment.

- Magnitude of the problem
- Severity of the problem
- Need among vulnerable population
- Community's capacity and willingness to act on the issue
- Ability to have measurable impact on the issue
- Availability of hospital and community resources
- Existing interventions focused on the issue
- Whether the issue is a root cause of other problems
- Trending health concerns in the community

The Decision Tree discussion narrowed down the criteria to the answering the following three questions:

- How acute is the need?
- Does the hospital already provide services in this area?
- What can the hospital's role be – to collaborate, prioritize, have no role, or provide support?

Community leaders involved:

- Mario Valenzuela (YMCA)*
- Christine Lee (Asia Pacific Community Fund)*
- Veronica Polanco (BH Neighborhood Council)
- Cristina Munoz (Euclid Elementary)
- Catalina Saenz (Resurrection Catholic School)
- Proyecto Pastoral (Cynthia Sanchez)
- Lusine Davtyan (USC)

The top health needs identified for 2019-2022 include:

- Mental Health
- Chronic Disease Management
- Access to Health Care

2016 Evaluation

Evaluating our efforts encourages accountability to the communities we serve and allows us to share our successes. This section evaluates the impact of actions that were taken to address the significant health needs identified in the prior community health needs assessment and associated implementation strategy (i.e. community health improvement plan) for 2017-2018. These outcomes are related to priority needs that were identified in the 2016 CHNA cycle.

Adventist Health White Memorial identified specific multi-year community benefit strategies to direct its resources and work with others in achieving unmet needs in the area. The following tables provide an update on progress made over the past cycle in meeting the measurable metrics targeted for 2017-2018.

AHWM Making a Difference: Evaluation of Impact from 2016-2019 Community Health Plan

Adventist Health White Memorial developed an implementation strategy to address the needs identified in the 2016 Community Health Needs Assessment; goals were developed that indicated the expected changes in the health needs as a result of community programs and activities. The 2016 CHNA identified three priority areas: access to health care and education; chronic disease management; and mental health and substance abuse. We continually assessed our communities for growing trends and environmental conditions that needed to be addressed including topics in a category identified as other community benefits. The following section discusses the impact on the health needs from our most recent community health needs assessment, organized by prioritized health needs identified in the AHWM associated community health improvement plan.

Access to Health Care and Education

Intervention efforts to include maternal and child health, workforce development, and senior care.

Goal: Increase coverage and access to healthcare services for low-income and vulnerable populations that is culturally and linguistically appropriate.

Interventions/Accomplishments:

Improve the health of women and children in our community focusing on the continuum of care and addressing prenatal, early childhood and maternal health, providing more opportunities for mothers and children in our community to have access to health care and services to improve health and health outcome.

- Through the Welcome Baby Program, an outreach program provided for expectant mothers in our community to educate, support, provide home wellness visits, and connections to resources in the community; program enrollment increased by 14% and participation increased by 25% from parents in our underserved community accounting for a total of 7,510 encounters with home visits, education, ASQ Child Developmental Assessments and community outreach with baby care information booths.
- Through the Family Focus Program, AHWM provided classes for expectant parents and new mothers that included; We Care Baby Care Class, Childbirth (Lamaze) Class, Natural Nursing – Breastfeeding Class, and Infant CPR and Safety; participation in all classes, taught in English and Spanish for our community, increased between 6% to 18% each year; accounting for 2,199 encounters.

- The Healthy Eating Lifestyle Program (H.E.L.P.) educates families on proper nutrition for overweight children to prevent or lessen the effects of weight related health issues, such as, diabetes and obesity. Child participants in the H.E.L.P. program are expected to maintain their weight and achieve a decrease in body mass index. H.E.L.P. has provided education and services to 318 individuals; 87% of participants, both children and adults, have maintained or reduced BMI by the end of the program. 95% of participants, child/parent pair, have attended all H.E.L.P. sessions during the program each year; accounting for 1,836 encounters.
- Through the AHWM JumpStart – Healthy Kids, Healthy Lives! Program sponsored by Walmart, a school based nutritional program for elementary age children teaching them the importance of making healthy nutritional choices and simple ways to increase their physical activity having fun; 474 children participated in 2018, the first year of the program; knowledge increased from 60% to 90%.
- The MAOF/AHWM Rainbow Children's Center is a certified and NAYEC accredited child care center for children ages 0-5, for community families available at no cost or sliding-fee scale. Parents and caregivers attend monthly educational parenting sessions and participate with the onsite children's lending library promoting family literacy and the importance of reading with your children; 85 children from our community have participated each year.
- The AHWM Cleft Palate Education and Outreach program provides families of children diagnosed with cleft palate information and resources, treatment options, and an understanding of the problems that may be encountered; 582 parents and caregivers from the community have participated.
- Each year the hospital provides classroom education on health topics, educates parents at Parent-Teacher- Student Association (PTSA) meetings; provides medical support at community youth sporting events, and provides pre-participation physical assessments for local high students; accounting for a total of 2,225 encounters with student athletes, parents and school coaches.
- During the summer AHWM and their partner QueensCare provide a free Pediatric Mobile Dental Clinic for children ages 1 to 18 from our underserved community; 588 children received dental screenings and dental procedures reflecting a 45% increase, accounting for a total of 1,045 office visits and over 5,608 dental procedures including fillings, crowns, tooth extractions and dental sealants.

Improve the health, function, and quality of life of older adults in our community, increasing 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.

- The AHWM senior wellness program, Vive Bien, provides wellness classes, health screenings, exercise and strengthening classes, computer education, caregiver support, and special assistance for seniors in our community providing local Hispanic older adults with access to resources. 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. There are currently 4,928 seniors enrolled, accounting for over 13,000 encounters per year in activities to keep seniors from our community stay healthy and independent.

Develop a diverse, well-trained health care workforce that provides culturally sensitive health care, increasing access to training and education for diverse populations currently underrepresented in the health care workforce; providing pathway programs to increase the diversity of the healthcare workforces through mentorship, academic enrichment, leadership development, and career exposure to disadvantaged and minority youth.

- Throughout the year, AHWM accredited health professions education programs prepares students, many from our community, to work with underserved populations providing culturally competent care. Residency programs in Family Medicine, Internal Medicine, Obstetrics and Gynecology, Podiatry and Pharmacy; and internships for medical students, pharmacy students, nurse practitioner students and physician assistant students provide training to over 500 participants each year.
- By providing internships and mentorship to undergraduate students, bachelor, masters, and doctoral level students from the community enrolled at college and universities, AHWM provides training focused on providing culturally competent care in underserved communities to 5,638 students including nursing, rehabilitation, social work, psychology, radiology, phlebotomy, nutrition and dietetics, public health, respiratory, child life and health care administration.
- Each year through our workforce development and career preparation programs we provide presentations to students at local high schools to learn about health careers, shadow programs are provided to interested students and mentorship for students to learn about health careers. We impact over 700 students per year.
- The AHWM-TELACU Education Foundation Nursing Program provides East LA residents an opportunity to train in nursing to meet the needs of a growing Hispanic population who need bilingual, culturally sensitive nurses. There have been 185 participants (10 – 12 per year): 100% graduated with an Associate Degree in Nursing and achieved RN licensure; 70% have or are pursuing advanced degrees and the retention rate is 91% after 3 years.

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 and underinsured population, providing access to free van transportation, taxi vouchers, bus tokens, and parking validations from home to appointments.

- Through the AHWM Community Information Center programs we provide the community with information, enrollment assistance, and help understanding and using their health care coverage. We provided over 1,200 counseling sessions each year for the community; health insurance options include Medicare, Covered California, and Medi-Cal.
- Supported the development of health care resources in the community to increase access to care. AHWM expanded access to medical care by bringing 80 new primary care and 126 new specialty care physicians; and 12 allied health providers, adding to our medical staff in response to our federal designation as serving in a medically underserved area.
- AHWM provided access to health care by transporting over 22,000 people annually to the hospital for free thanks to partners MTA/FTA; and provided taxi vouchers, bus tokens, free parking and parking validations to those in need who access health care services and programs. There has been a 45% increase in providing transportation assistance to our underserved community who needs access to care; accounting for a total of 102,397 encounters.

Chronic Disease Management

Intervention efforts to include diabetes, asthma, cardiovascular, respiratory illness, and access to healthy foods.

Goal: Eliminate preventable disease in our community including Diabetes, Cancer, Stroke, Health Disease and others..

Interventions/Accomplishments:

Increase prevention of diabetes and support diabetes education treatment, providing access to programs to teach those with diabetes how to achieve blood sugar goals through glucose monitoring, nutrition, exercise, problem solving/coping skills, improving their knowledge and care management. .

- AHWM provided free glucose screenings during Diabetes Alert Day, National Diabetes Awareness Month and community health fairs for those who might be at risk for diabetes; 1,461 community members were screened and provided educational information to learn about diabetes, risk factors, prevention, healthy eating, weight management, and resources to help with behavior change.
- Community screening and education for family members of Type 1 diabetics is provided through AHWM and our partners participating in the Type 1 Diabetes TrialNet federally funded screening program; 1,189 community participants were screened for diabetes.
- Through the gestational diabetes program , pregnant women with pre-existing diabetes or those who have developed diabetes during pregnancy, are educated and provided tools for a healthy pregnancy and taught skills to prevent Type 2 diabetes. AHWM has provided education to 1,264 women, in English and Spanish with 80% of the participants, who have attended at least one of the gestational diabetes self-management education classes, deliver normal weight babies.

Provide access to community health and wellness program and resources, and provide education health, nutrition and wellness on campus and at local schools and community organizations.

- Each year the hospital sponsors and participates in multiple community health fairs at community sites with our partners; schools; community health festivals; resources fairs; and community family fiestas providing 32,750 community members free health screenings, nutritional counseling, blood pressure screenings, dental screenings, exercise and fitness runs, and health education information.
- In 2016, Pathway to Health, Los Angeles Mega Clinic was organized by AHWM to provide free medical, dental, eye care, health and wellness services, mental health services, physical and occupational therapy, health screenings, immunizations, health and wellness information and education for the community; over 3 days 8,535 community members participated in education, health and wellness care. All follow-up consultations and care including surgeries were performed by AHWM and sister Adventist Health hospitals in the area for no charge.
- In 2018, AHWM was the only site selected in Los Angeles for the All of Us Program Outreach sponsored by the National Institute of Health. The mobile traveling exhibit engages community members to join and participate in a national research project to improve the health for future generations. 85 community members enrolled, completed a survey, initial testing, and will be contacted to update health and lifestyle information in their journey passport.
- Each year AHWM provides cardiology health risk assessments and screenings in the community and culturally relevant information and education through the Close the Gap Health Care screenings program; 650 risk assessments and follow-up screenings were provided.

Increase participation of community in programs designed to treat and prevent respiratory illness and its effects to improve respiratory health of adults and children in our community, supporting physical activity in the community and at schools.

- The AHWM Community CPR program and sponsorship of annual events to educate the community on CPR procedures for adults, children and infants with hands on training through the use of multiple stimulator manikins of various ages; 570 community members participated demonstrating CPR proficiency for bystander.
- Cardiac Rehabilitation Class and Wellness Program provides community members daily access during set times to the outpatient cardiac rehabilitation gym for fitness; 60 participants each year are provided education and nutrition information and supervised exercise.
- AHWM participated as primary partner in Boyle Heights 5K Run/Walk & Munchkin Run to promote respiratory health and wellness in the community with over 200 participants each year, all ages, promoting family fitness.
- AHWM expanded the walking path around the campus and developed a map promoting exercise; weekly walking groups were organized for seniors. Twice around the walking path is equivalent to 1 mile; over 500 seniors participate each year encouraging others in the community to join.

Increase access to healthy, affordable foods, including fresh produce, providing access to healthy food through farmers' markets, garden-based education, prepared meals, and access to available food programs that support the purchase of fresh fruits and vegetables.

- Opened mid-2017, the LivingWell Fair with Farmer's Market is a weekly event sponsored by AHWM for the community with 20 tents for Fresh Fruit and Vegetable vendors, healthy food and refreshments vendors; and a Wellness Tent where there are healthy recipes, fitness activities, diabetes screenings, flu shots, and educational information and resources to health, rain or shine. With over 2,400 community participants each year, all the vendors accept EBT cards.
- AHWM works with Los Angeles County and community partners to provide screening and enrollment for the CalFresh Program (Better Food for Better Living) at the farmer's market and the Community Information Center; providing our underserved community nutrition assistant focusing on healthy foods for the entire family.
- Throughout the year AHWM provides health cooking demonstrations with recipes and tasting; information on how to eat healthy on a budget; and free apples and fruit; 23,272 community members learned recipes for Healthy Harvest Vegetables; about sodium in the diet and its effect on blood pressure; added sure in the diet; creating a weekly grocery game plan and informational handouts from ChooseMyPlate.gov.
- AHWM has a fenced Community Garden – Urban Farm with 23 irrigated raised garden beds for community use, a wash table for produce, aquaponics system, chicken coop and canopied program area to teach organic gardening and provide cooking demonstrations. Each year we have over 500 participants; including children participants are from local elementary schools and after school programs and every week, attend their planting beds to learn about gardening and nutrition. Senior participants from the community attend monthly to learn Gardening 101.

Mental Health and Substance Abuse Services.

Objective: Increase access to culturally and linguistically appropriate behavioral health service for vulnerable populations.

Interventions/Accomplishments:

Increase access to culturally and linguistically appropriate mental health and behavioral health services for vulnerable, low-income families, and uninsured populations, providing access to programs or services that improve overall social/emotional wellness.

- Through the Cecilia Gonzalez De La Hoya Cancer Center, AHWM conducted weekly support groups open to the community, in English and Spanish, for women diagnosed with breast cancer, and for their families to help improve their quality of life. There were 2,906 participants in the weekly breast cancer support groups, the stress reduction group, and Look Good Feel Better monthly class.
- Cleft Palate Support Group meets monthly for families affected by Cleft Palate, which includes discussions on anti-bullying, self-esteem, provides life and social skills and social interaction; over 100 parents, caregivers, and children participate each year.
- AHWM monthly parent support groups for parents and families of fragile infants and children provides education on topics including infant pre-school development, car safety, and parent education; 25 – 30 pediatric and NICU parents from the community participate each year sharing experiences and learning together.
- Little Angels of White Memorial Support Group and outreach is a monthly support group to help families cope and heal from pregnancy loss; there is an annual community candle lighting; butterfly release; and walk to remember; bringing over 350 families from the community together each year to heal.
- AHWM provides outreach and meals to homeless women and children at the House of Ruth with monthly workshops on health, prevention, beauty, and wellness; topics focus on breast cancer prevention, heart attack prevention, diabetes update and food intake, stroke prevention, and promoting self-esteem-confidence class. Over 500 women participated in the monthly program.
- AHWM coordinates mental health workshops for seniors with the Los Angeles County Department of Mental Health on anxiety disorders, depression, grief and loss, drugs and alcohol, domestic violence and suicide prevention; 953 seniors from the community participated, all workshops are presented in Spanish with support from promotoras.

Increase early detection of mental health issues in women and provide intervention, decreasing the stigma associated with seeking behavioral health services among vulnerable and diverse populations.

- In 2017, AHWM started a program focusing on early detection of mental health issues for women to help assess symptoms of depression in women using a screening tool and providing mental health resources; 5,192 women were screened; of the 35% participants screened for depression and provided an intervention, 41% demonstrated improvement.

Increase participation in drug and alcohol prevention programs, supporting community programs to prevent and reduce the misuse of drugs and alcohol.

- AHWM working with community partners sponsors the Circle of Life/Narcotics Anonymous support group meetings for recovering men and women; more than 3,500 individuals from the community participate in weekly meetings throughout the year.

Appendix A: Qualifications of Consultants

HC2 Strategies, Inc. is a strategy consulting company that works with health systems and hospitals, physician groups, communities and other non-profit organizations across the country to connect and transform the health and well-being of their communities. They work to integrate the clinical and social aspects of community health to improve equity and reduce health disparities.

Laura Acosta, MPH, HC2 Strategies, Inc.

Laura Acosta has experience in healthcare administration, community-based activities, faith communities, and healthy communities initiatives. She provides leadership to various community-based activities focused on improving the quality of life for Inland Empire, California residents. She has extensive knowledge and experience with community benefits, community health needs assessments, and community health plans. Ms. Acosta earned her bachelor degree in Business Administration, and a Master in Public Health from Loma Linda University with a focus in policy and leadership. She has been involved in leadership programs with the Inland Empire Economic Partnership and Healthcare Executives of Southern California, and has been actively involved in experience design.

Jaynie Boren, HC2 Strategies, Inc.

Jaynie is a strategy and business development executive with more than 25 years of progressive leadership responsibility in planning, growing market share, creating new revenue opportunities, and facilitating relationships and joint ventures for independent hospitals, major integrated healthcare delivery systems and tertiary medical centers.

She has the ability to bring individuals with diverse interests together to achieve corporate and business objectives. Jaynie is an executive that can bring together her outstanding market research, planning, marketing, strategy, project development, implementation, and relationship building skills. She has documented success in building strategic plans and working with teams to assure implementation of goals.

James A. Martinez, Ed.D., MPH

James earned a master's degree in epidemiology and a doctoral degree in health education from Columbia University, NY. He is a population health data expert using data to tell the community story. He teaches courses in database design, cartography and GIS applications in public health practice at Loma Linda University Health. He is also a program manager at the Inland Empire Health Plan.

He also works on a community-lead partnership with local government on developing a countywide health improvement framework, and asset mapping applications to promote networks of healthy communities and real-time community health management platforms for hospital emergency department visits and solutions for preventing readmissions.

Appendix B: Glossary of Terms

Ambulatory Care Sensitive Conditions (ACSC)

A set of 28 medical conditions/diagnoses “for which timely and effective outpatient care can help to reduce the risks of hospitalization by either preventing the onset of an illness or condition, controlling an acute episodic illness or condition, or managing a chronic disease or condition.” Examples of ACSCs include:

- Angina
- Aspiration
- Asthma
- Cellulitis
- Congestive heart failure
- Constipation
- Convulsions/epilepsy
- COPD
- Dehydration and gastroenteritis
- Dental conditions
- Diabetes complications
- Ear, nose and throat infections
- Gangrene
- Gastro-oesophageal reflux disease
- Hypertension
- Iron deficiency anemia
- Influenza
- Nutritional deficiencies
- Pelvic inflammatory disease
- Perforated/bleeding ulcers
- Pneumonia and other acute LRTI
- Tuberculosis and other vaccine preventable
- UTI/pyelonephritis

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 whether well the community is performing well in comparison to the standard for specific health outcomes.

Community Resources

Community resources 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.

2019 Poverty Guidelines for the 48 Continental United States, Annual Salary				
Persons in Family/ Household Size	Poverty Guideline (Level)	150% of the FPL	300% of the FPL	400% of the FPL
1	\$12,490	\$18,735	\$37,470	\$49,960
2	\$16,910	\$25,365	\$50,730	\$67,640
3	\$21,330	\$31,995	\$63,990	\$85,320
4	\$25,750	\$38,625	\$77,250	\$103,000
5	\$30,170	\$45,255	\$90,510	\$120,680
6	\$34,590	\$51,885	\$103,770	\$138,360
7	\$39,010	\$58,515	\$117,030	\$156,040
8	\$3,619	\$5,429	\$10,858	\$14,477

For families/households with more than 8 persons, add \$4,420 for each additional person.

2019 Poverty Guidelines for the 48 Continental United States, Monthly Salary				
Persons in Family/ Household Size	Poverty Guideline (Level)	150% of the FPL	300% of the FPL	400% of the FPL
1	\$1,041	\$1,561	\$3,123	\$4,163
2	\$1,409	\$2,114	\$4,228	\$5,637
3	\$1,778	\$2,666	\$5,333	\$7,110
4	\$2,146	\$3,219	\$6,438	\$8,583
5	\$2,514	\$3,771	\$7,543	\$10,057
6	\$2,883	\$4,324	\$8,648	\$11,530
7	\$3,251	\$4,876	\$9,753	\$13,003
8	\$3,619	\$5,429	\$10,858	\$14,477

Federally Qualified Health Center

Federally Qualified Health Centers are community-based health care providers that receive funds from the Health Resources & Services Administration Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. Federally Qualified Health Centers may be Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing.

Focus Group

A group of people questioned together about their opinions on an issue. For 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 on mortgage costs or gross rent. The US Department of Housing and Urban Development currently defines housing as affordable if housing for that income group costs no more than 30 percent 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 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.

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 to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities.

Housing Units with Substandard Conditions

Housing that poses a risk to the health, safety or physical well-being of occupants, neighbors, or visitors. Substandard housing increases risk of disease, crime, social isolation and poor mental health. Substandard housing is associated with one or more of the following conditions.

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.

Prenatal Care

Adequacy of prenatal care calculations are based on the Adequacy of Prenatal Care Utilization Index (APNCU), which measures the utilization of prenatal care on two dimensions. The first dimension, adequacy of initiation of prenatal care, measures the timing of initiation using the month prenatal care began reported on the birth certificate. The second dimension, adequacy of received services, is measured by taking the ratio of the actual number of visits reported on the birth certificate to the expected number of visits. The expected number of visits is based on the American College of Obstetrics and Gynecology prenatal care visitations standards for uncomplicated pregnancies (1), and is adjusted for the gestational age at initiation of care and for the gestational age at delivery. The two dimensions are combined into a single summary index, and grouped into four categories: Adequate Plus, Adequate, Intermediate, and Inadequate.

- Adequate Plus: Prenatal care begun by the 4th month of pregnancy and 110% or more of recommended visits received.
- Adequate: Prenatal care begun by the 4th month of pregnancy and 80-109% of recommended visits received.
- Intermediate: Prenatal care begun by the 4th month of pregnancy and 50-79% of recommended visits received.
- Inadequate: Prenatal care begun after the 4th month of pregnancy or less than 50% of recommended visits received.

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 a local or state department of health, the Centers for Disease Control and Prevention, or a state department of education).

Teen Birth Rate

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 a local or state department of health, the Centers for Disease Control and Prevention, or a state department of education). Expressed as a rate per 1,000 births, this refers to the quantity of live births by teenagers who are between the ages of 15 and 19.

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Appendix D: Description of Key Informants and Focus Groups

This assessment would not have been possible without input from our community. This section outlines the community leaders that served as key informants for this assessment, as well as a description of the focus groups convened.

- 156 total participants
- 8 focus groups, 2 conducted in Spanish, 1 conducted in Mandarin (with a total of 76 focus group participants)
- 16 key informants
- 64 online survey responses (51 English, 13 Spanish)

Description of Focus Groups

Organization	Location	Populations Served	Language	# of Participants
Asian Pacific Community Fund of Southern California	1145 Wilshire Blvd #105, Los Angeles, CA 90017	Seniors	Mandarin	11
Guadalupe Homeless Project	135 N Mission Rd, Los Angeles, CA 90033	Homeless Women	English/Spanish	15
Mexican American Opportunity Foundation (MAOF)	401 North Garfield, Montebello CA 90640	Seniors	Spanish	12
Puente Learning Center	501 S Boyle Ave, Los Angeles, CA 90033	General	English/Spanish	8
Second Street Elementary School	1942 E 2nd St, Los Angeles, CA 90033	Parents	Spanish	6
TELACU Education Foundation	5400 East Olympic Boulevard, Suite 210 Los Angeles, CA 90022	College students - health careers	English	4

Organization	Location	Populations Served	Language	# of Participants
Variety Boys and Girls Club	2530 Cincinnati St. Los Angeles, CA 90033	Parents	Spanish	10
Weingart East Los Angeles YMCA	2900 Whittier Blvd, Los Angeles, CA 90023	Families	English/Spanish	10

Description of Key Informants

2019 Key Informant Contact List			
Name	Title	Organization	Sector
Alfred Labrada	Commanding Officer	Hollenbeck Police Department	Safety / Law Enforcement
Barbra Hines	President & CEO	QueensCare and QueensCare Health Centers	Health Care
Celina Alvarez	Executive Director	Housing Works of CA	Homeless Service sector
Christine Najung Lee	Development Manager	Asian Pacific Community Fund of Southern California	Non-Profit (Asian Focus)
Cynthia Sanchez	Executive Director	Proyecto Pastoral	Non-Profit
David Keegan, MD, MPH	Medical Director	LA Care Health Plan	Health Insurance
Father John Moretta	Monsignor	Resurrection Church	Spiritual / Education
Grace Floutsis, MD	Chief Medical Officer	WM Community Health Center	Health Care

2019 Key Informant Contact List

Name	Title	Organization	Sector
Jorge Orozco	Chief Executive Officer	LAC + USC Medical Center	Health Care
Mary Barnes	Chief Executive Officer	AltaMed	Health Care
Michele Wolfe	Senior Director of Education	Puente Learning Center	Education (Adults)
Rocio Hernandez	Boyle Heights Area Director	Los Angeles City Council District 14 Representative	Public Office
Rosemary Veniegas	Senior Program Officer, Health	California Community Foundation	Non-Profit Community Foundation
Rosina Franco, MD	Senior Physician	LAUSD School Based Clinics	Adolescent Health Care
Steven Chow	Field/Health Deputy	Honorable Jimmy Gomez, CA 34th Congressional District	Public Office
Suyapa Manzor	Mental Health Promoters Program Coordinatro	LA County Department of Mental Health, Promotores Program	Education (Adults) for Servie Area 4

Appendix E: Description of Key Informant Codebooks & Frequencies

Key Informant Interview Codebook			
Question Number	Interview Questions	Main Codes	Frequencies
1	Please share your role within your organization and a brief description of your organization.	Role	16
		Description	17
2	What geographic area do you primarily serve?	Service area	14
3	What is your vision of a healthy community?	Vision of a Healthy Community	112
4	In your opinion, what are the most significant health needs that have the greatest impact on overall health in the community?	Biggest Health Issues (Health Needs)	133
4a	How would you describe these health needs effect on the health of your community?	Effect on the health of your community	10
4b	In your opinion, are there any specific populations that are disproportionately affected by the health problems just mentioned?	Populations affected by identified health needs	26
5	What are the greatest needs of children in your community, including social and health issues?	Children	20
6	What are the barriers your communities face in addressing these challenges? (barriers: transportation, paying for services)	Barriers	66
7	Are you aware of social factors that influence the issues we've discussed for your community? If so, what social issues have the biggest influence on these issues? SD of H: poverty, job opportunities, lack of education, childcare.)	Social Factors	106

Key Informant Interview Codebook

Question Number	Interview Questions	Main Codes	Frequencies
8	What existing community assets and resources could be used to address these health issues and inequities we've been discussing?	Community assets and resources	68
8a	Do you see opportunities for systems-level collaborations or local policies that could help address the health challenges discussed?	Collaborations and policies	28
9	How can White Memorial better improve services and relationships in the community? Probe: Do you have suggestions for new activities or strategies for the hospitals?	White Memorial Services and Relationships	31

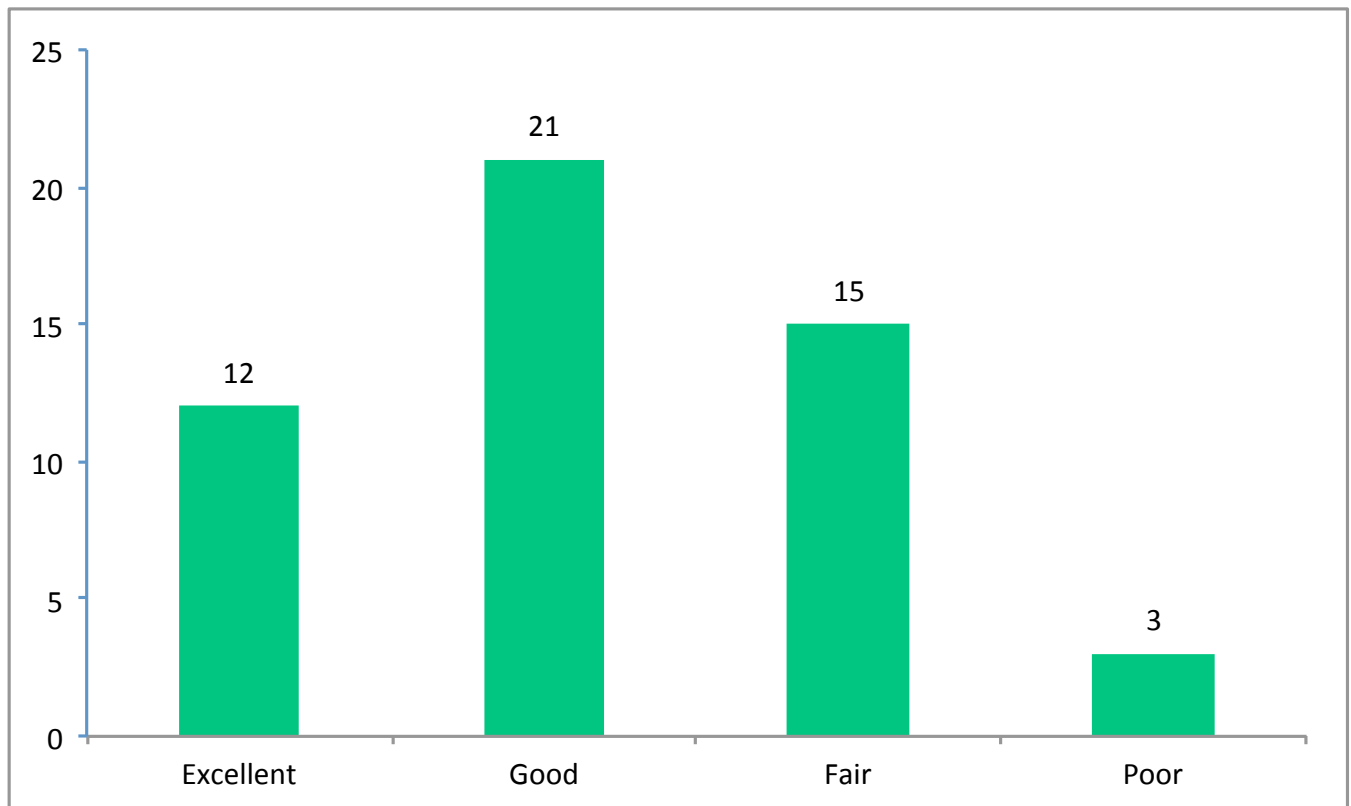
Focus Group Codebook

Question Number	Interview Questions	Main Codes	Frequencies
1	Let's start by introducing ourselves. Please tell us very briefly your first name, the town/city you live in, and one thing that you are proud of about your community.	Role Description Community pride	7 54 54
2	What is your vision of a healthy community?	Vision of a Healthy Community	112
3	From your perspective, what are the biggest health issues in your community? Why?	Biggest Health Issues (Health Needs)	133
4	In your opinion, what health services are lacking for you and the people you know? (Probes: prenatal care, reproductive services dental care, vision care, mental health services, community clinics, etc.)	Health Services Lacking in Community	45
5	In your opinion, what would you say are the greatest needs of children in your community including health and social?	Children	20
6	Outside of healthcare, what resources exist in your community to help you and the people you know to live healthier lives?	Community Assets and Resources	68
7	What are the barriers to accessing these resources? What resources are missing?	Barriers	68
8	What is your perception of hospitals name and current programs/services?	Perception of White Memorial	54
8a	What are we currently doing good that we can do more of?	Positive	46
8b	What needs improvement?	Negative	28
9	Is there anything else you would like to share with our team about the health of your community that hasn't already been addressed?		

Appendix F: Survey Results - English

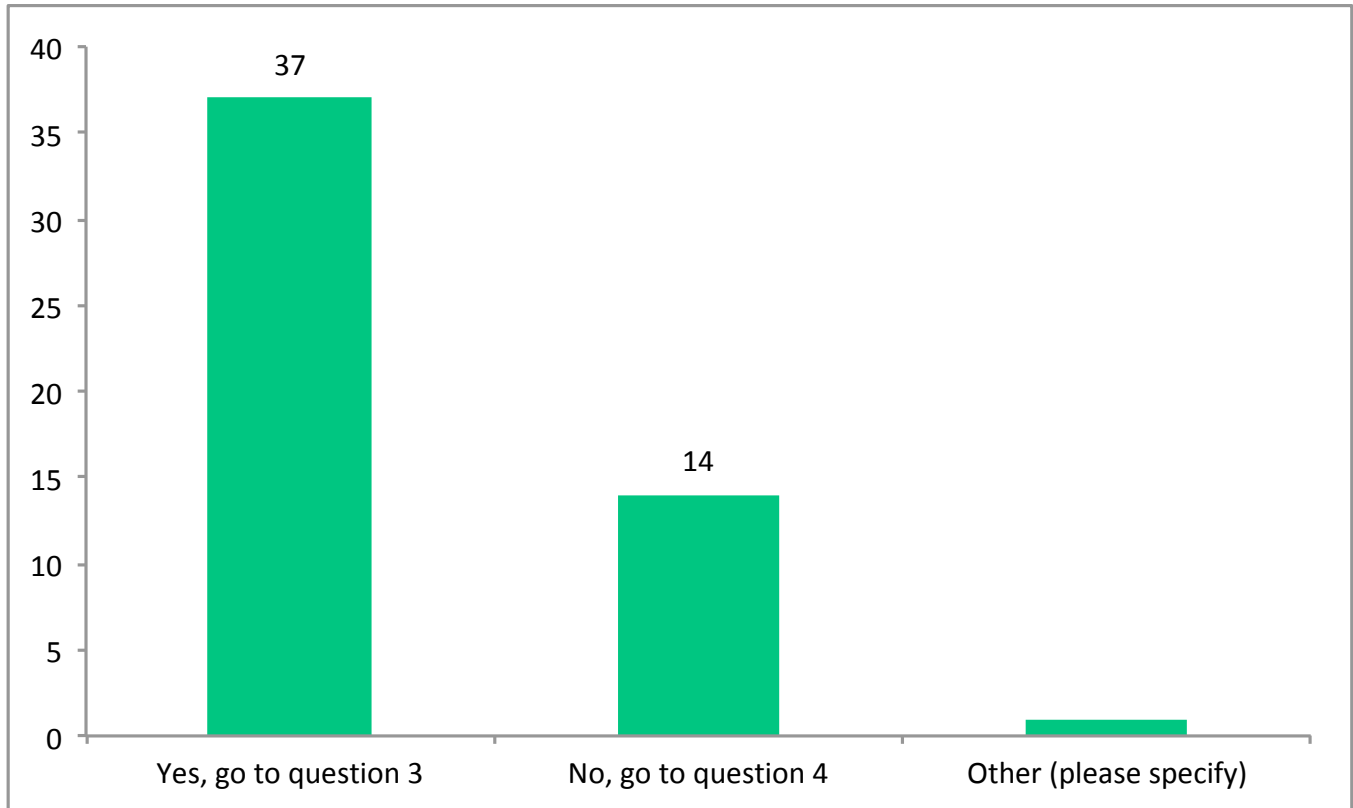
Question 1

Would you say that, in general, your physical health is:



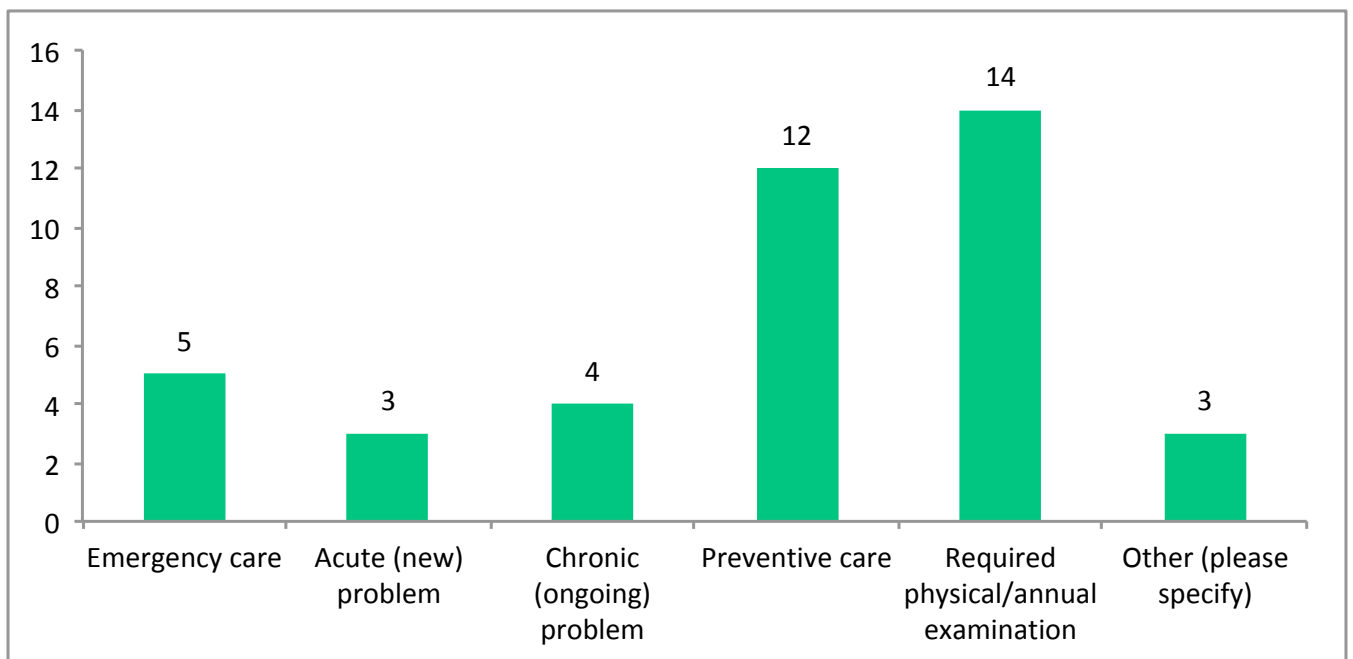
Question 2

Have you needed health care in the last 12 months and were you able to receive it?



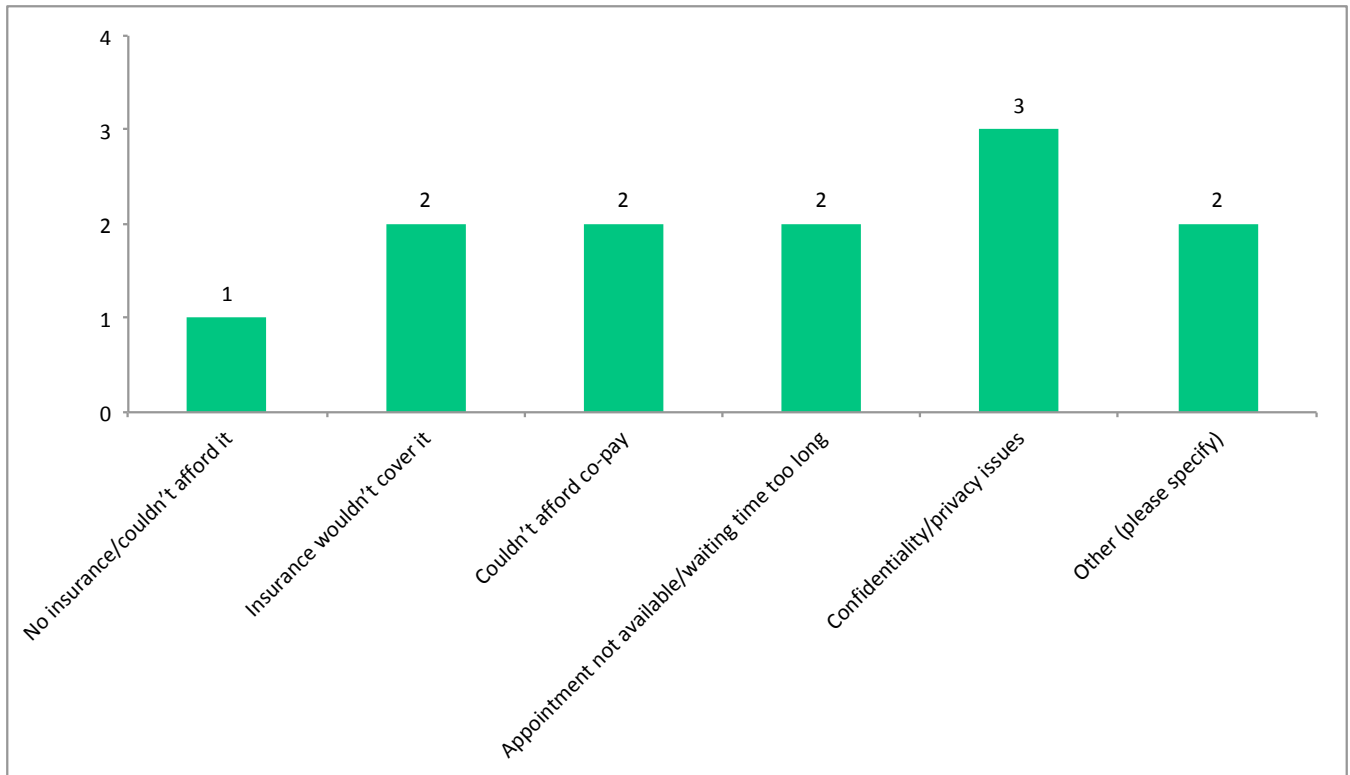
Question 3

If yes, what was the primary reason for your most recent visit? (Mark only one)



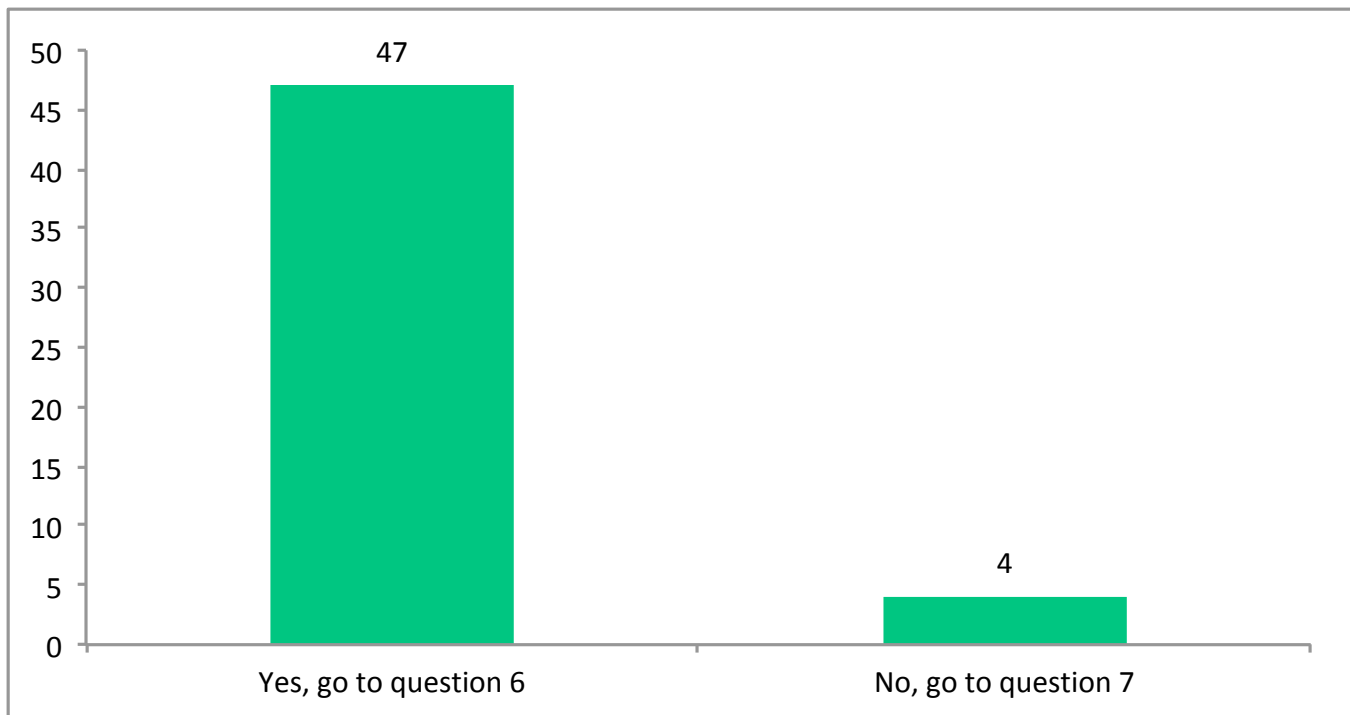
Question 4

If no, why couldn't you receive it? (Mark all that apply)



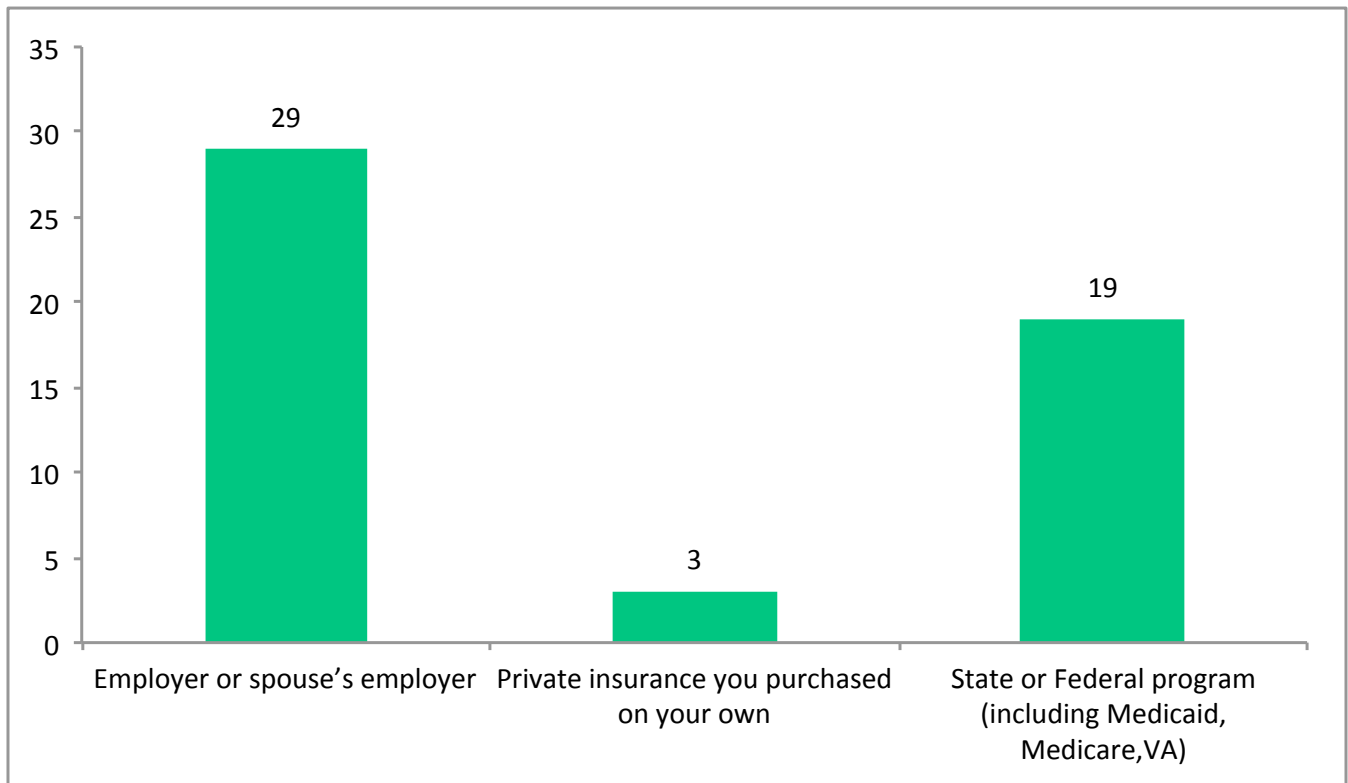
Question 5

Do you have health insurance?



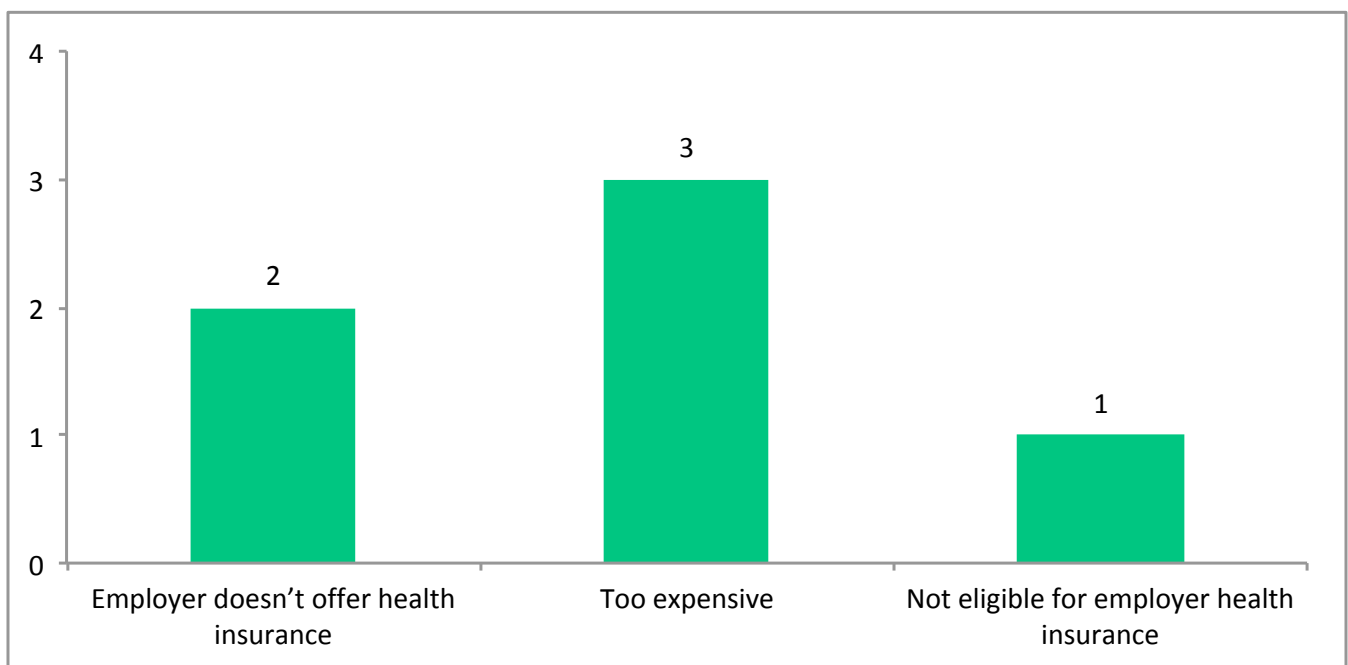
Question 6

If yes, where do you get your health insurance coverage?



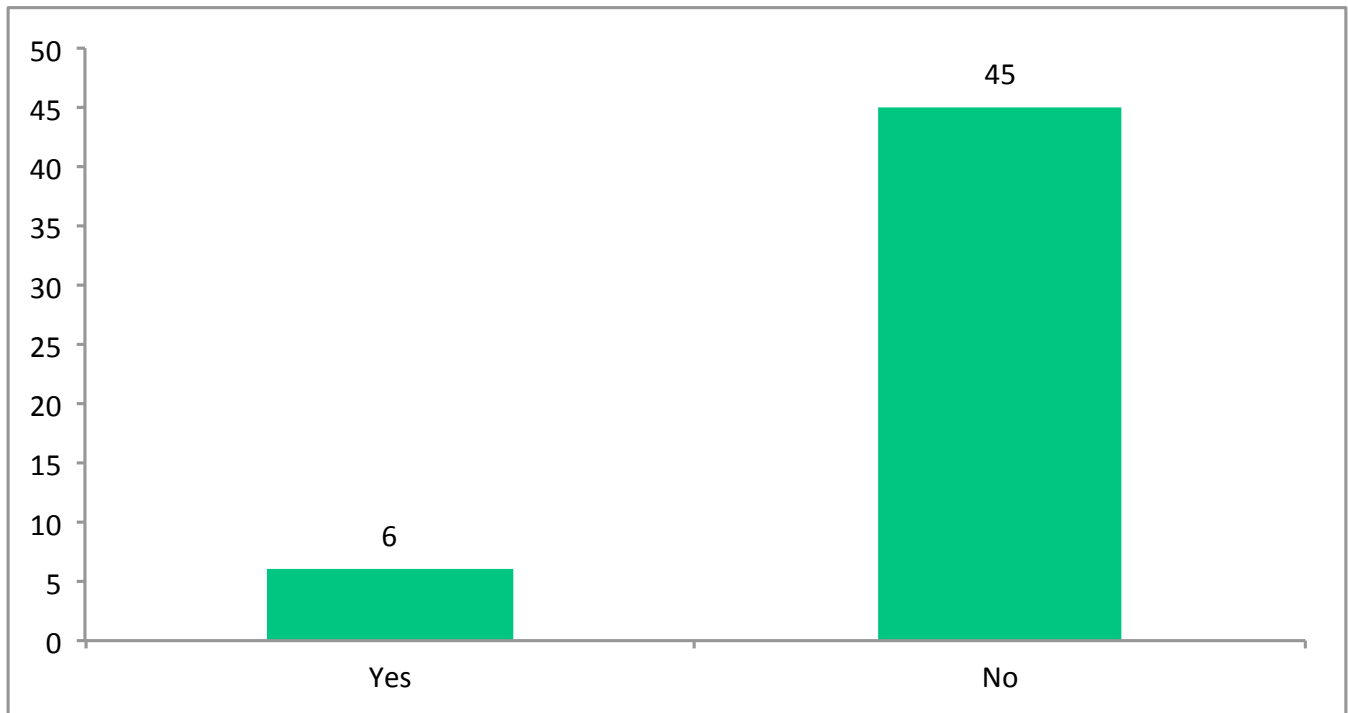
Question 7

If no, why not? (Mark all that apply)



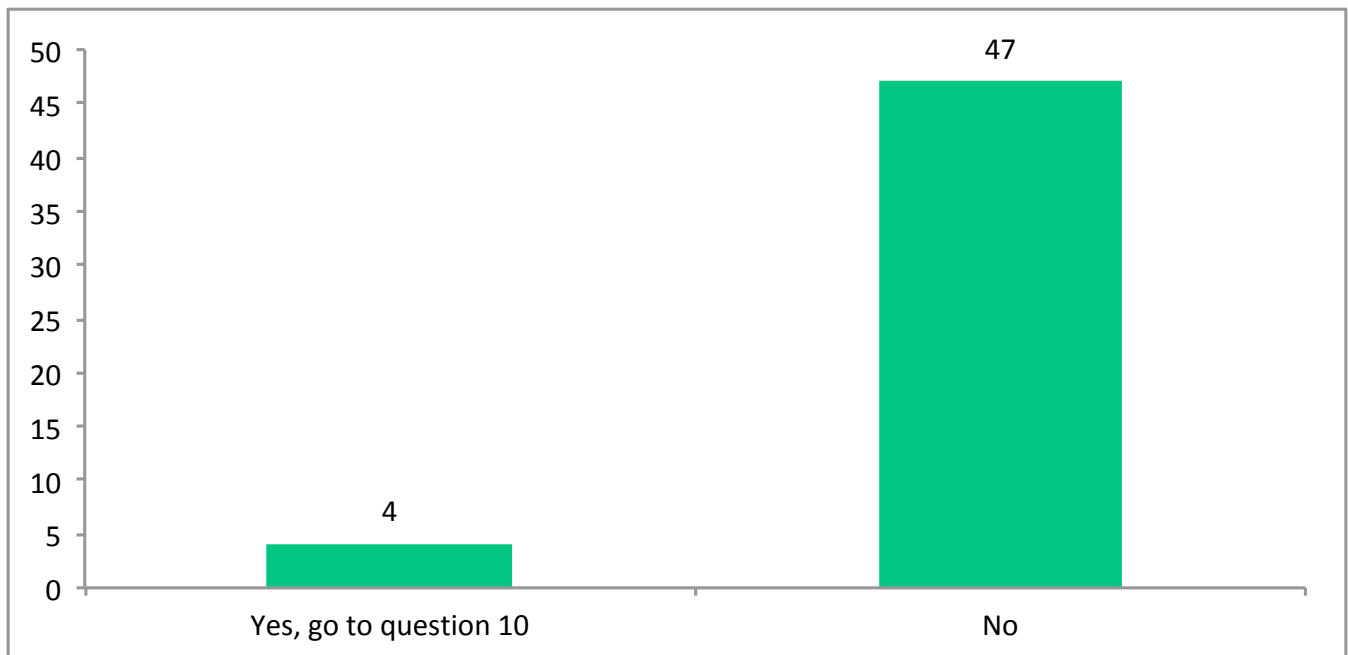
Question 8

In the last 12 months, have you needed mental health services (counseling or other help)?



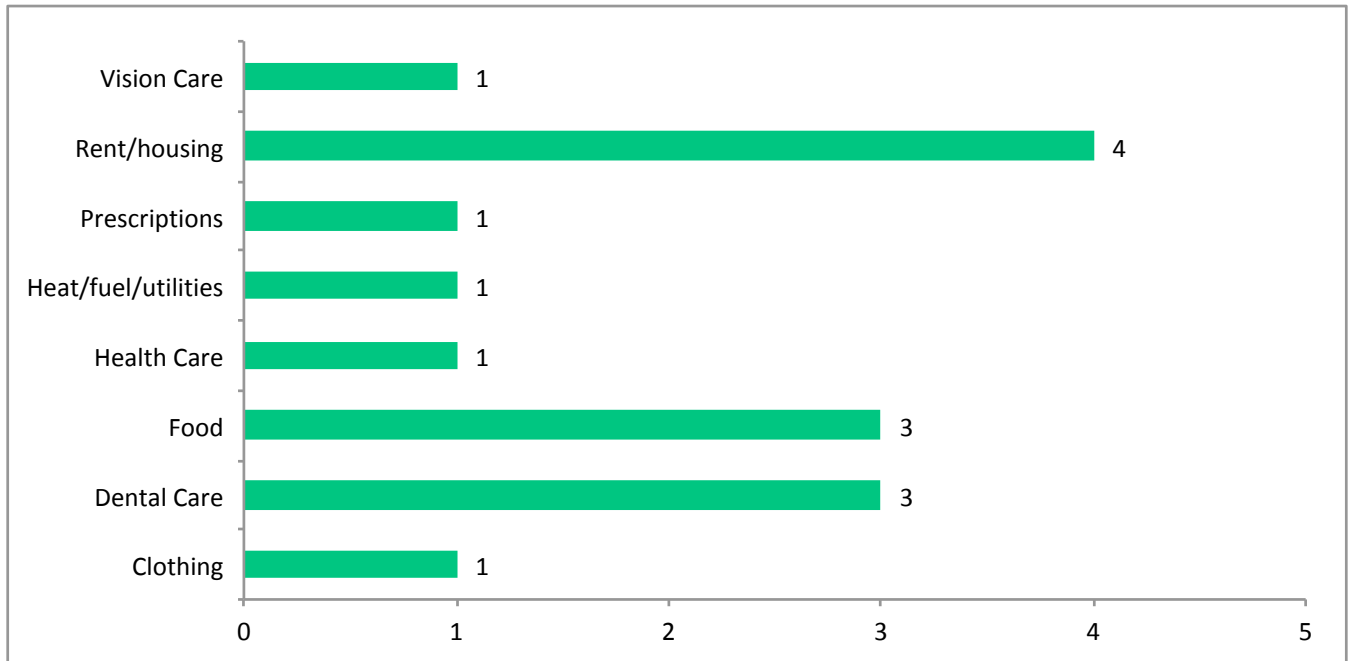
Question 9

In the last 3 months, did you or your family have to go without basic needs such as food, utilities, or clothing?



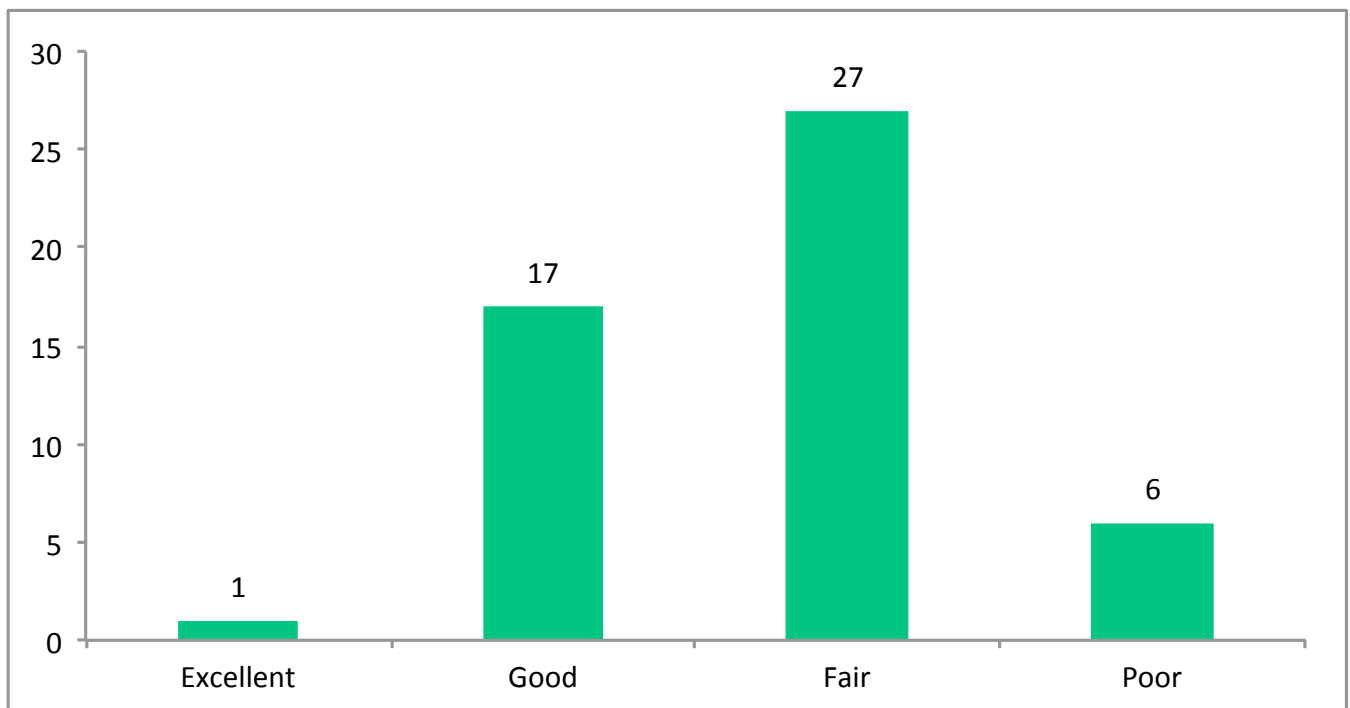
Question 10

If yes, what did you go without? (Select all that apply)



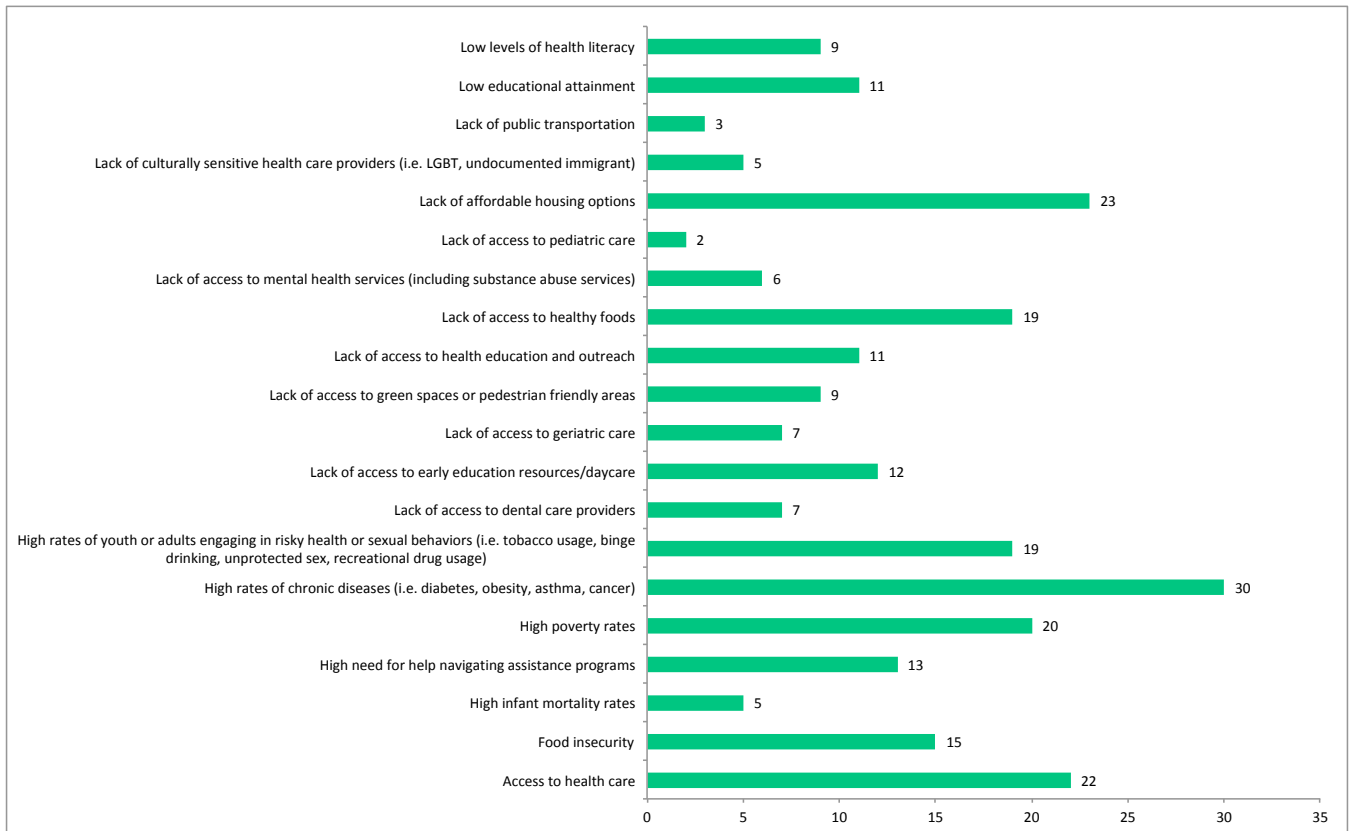
Question 11

How would you rate the health of your community?



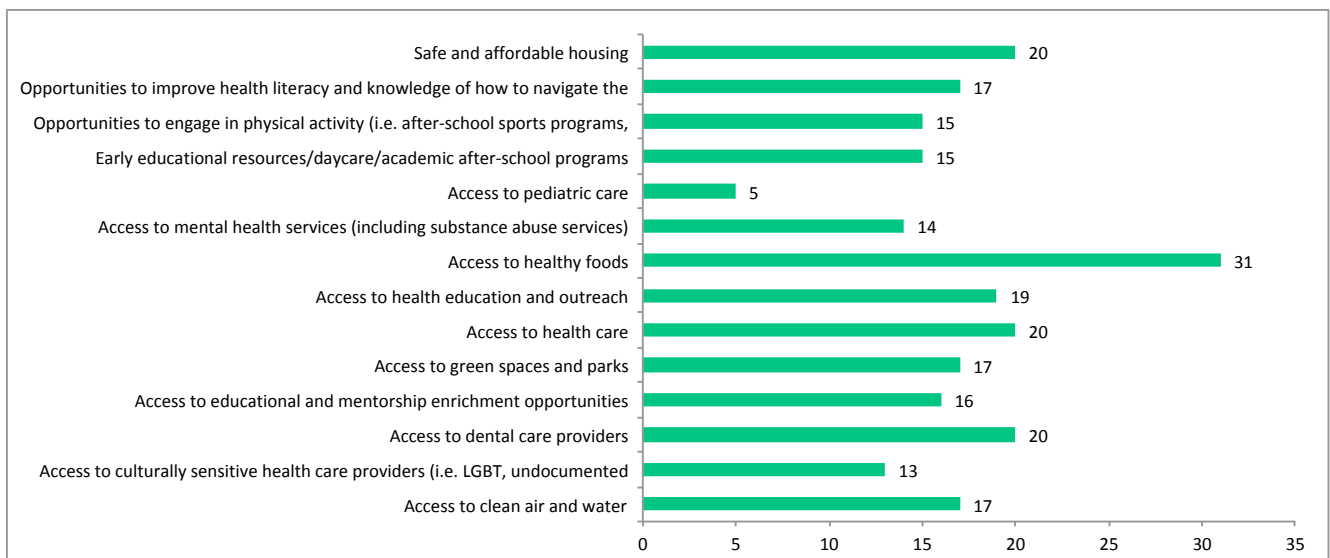
Question 12

What do you believe are the top 5 health or social issues in your community?



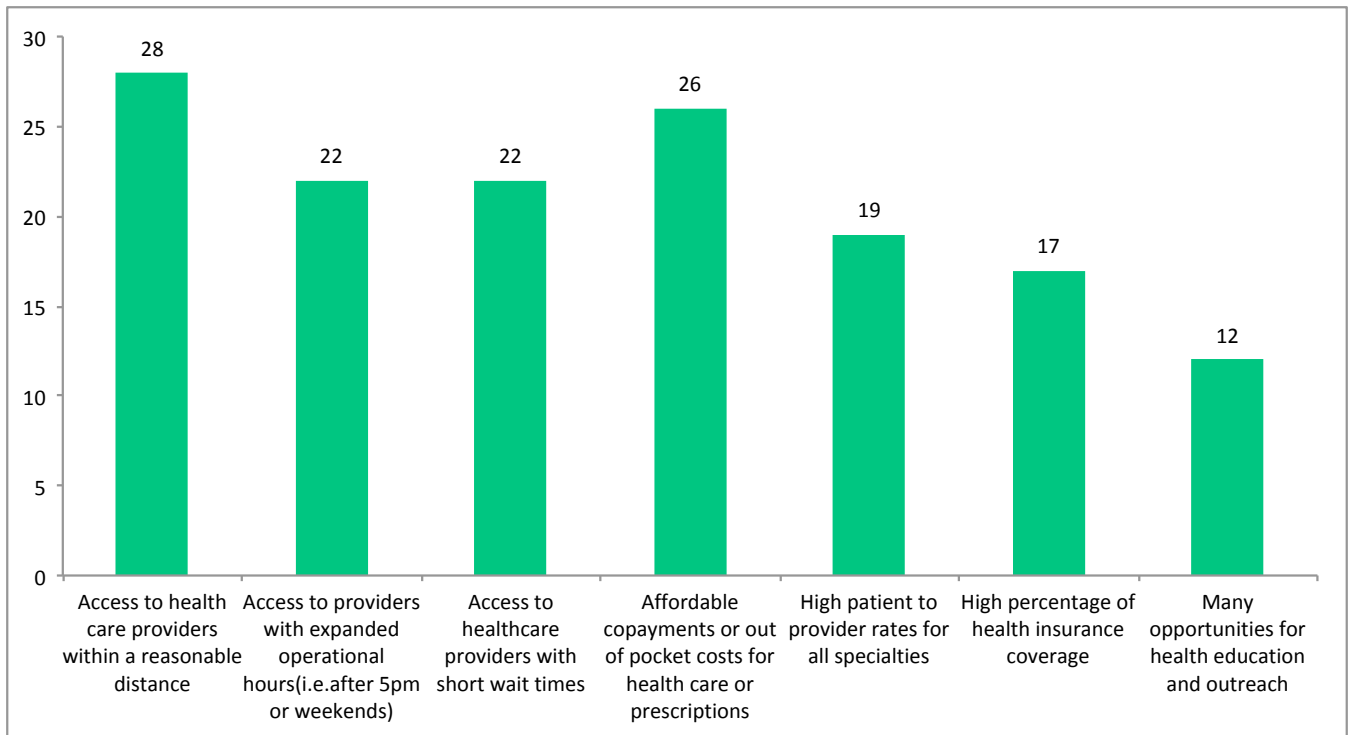
Question 13

What do you believe are the top 5 greatest needs of children in your community?



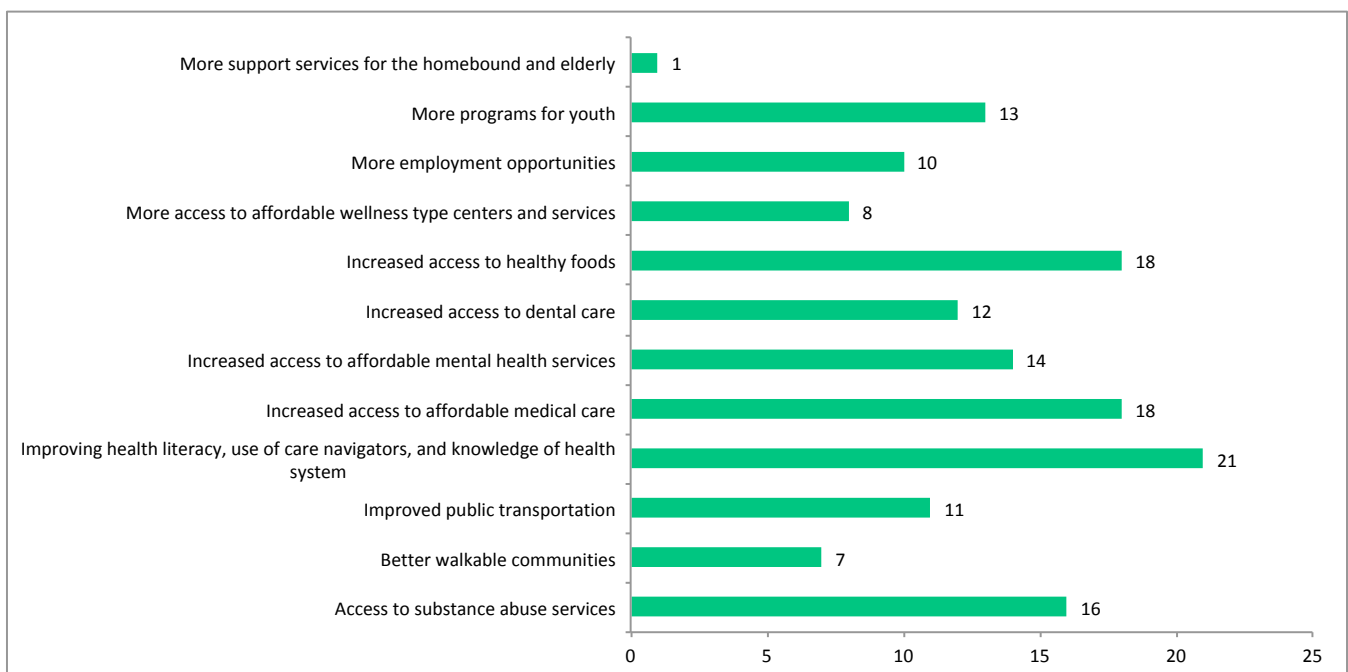
Question 14

What do you believe are aspects from a hospital perspective that contribute to people's health in a positive way? (Select the top 3)



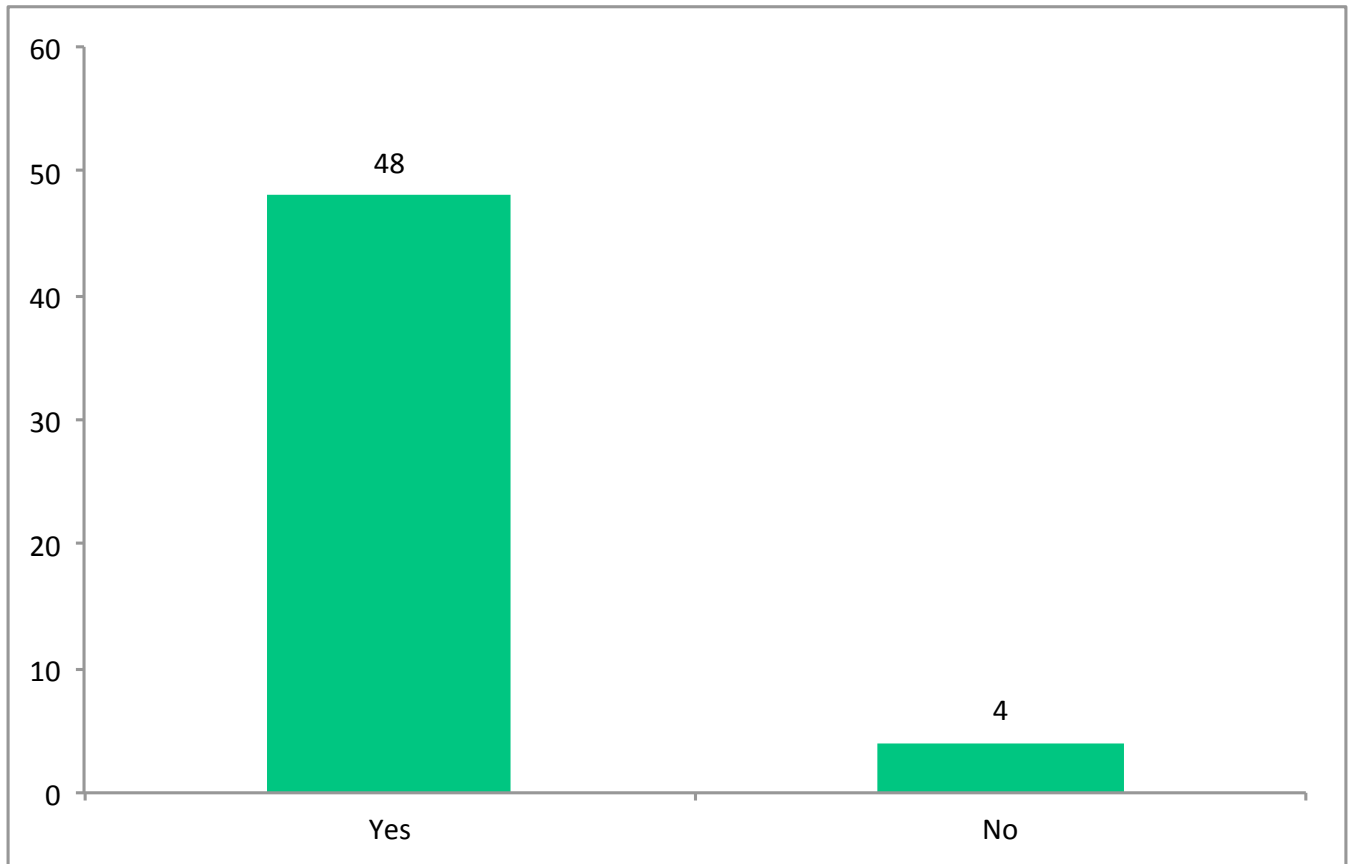
Question 15

What do you believe are ways to improve people's health in your community? (Please select the top 3)



Question 16

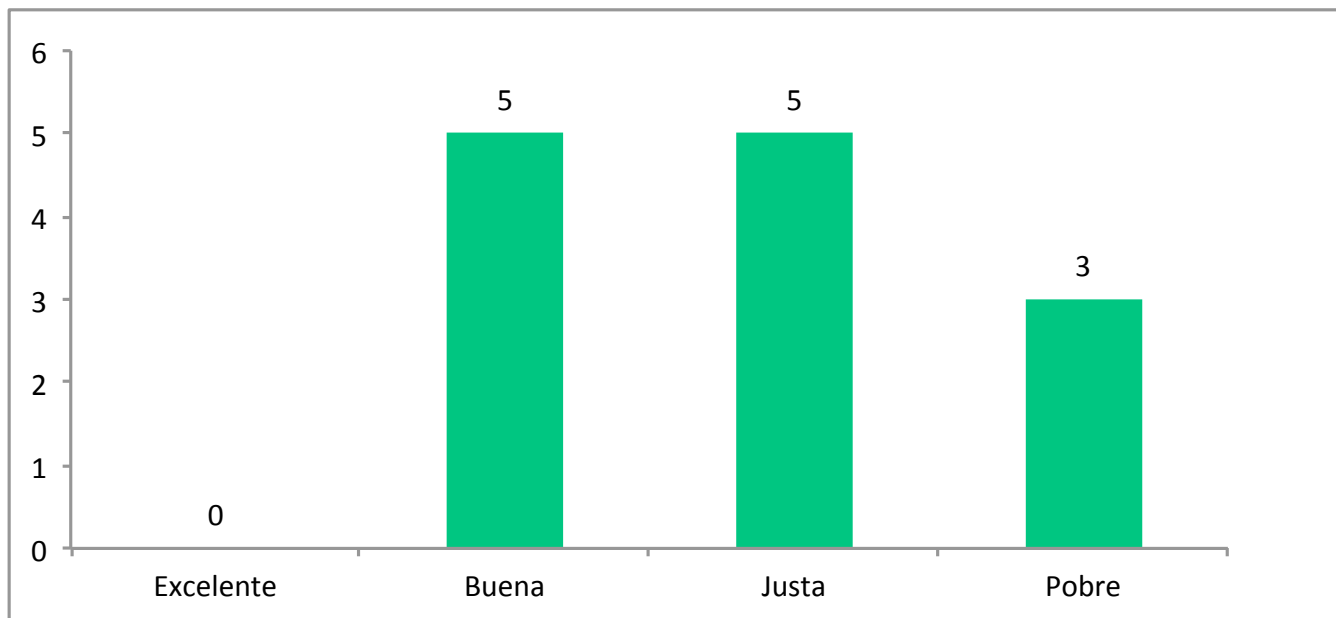
Do you live in Los Angeles County?



Appendix G: Survey Results - Spanish

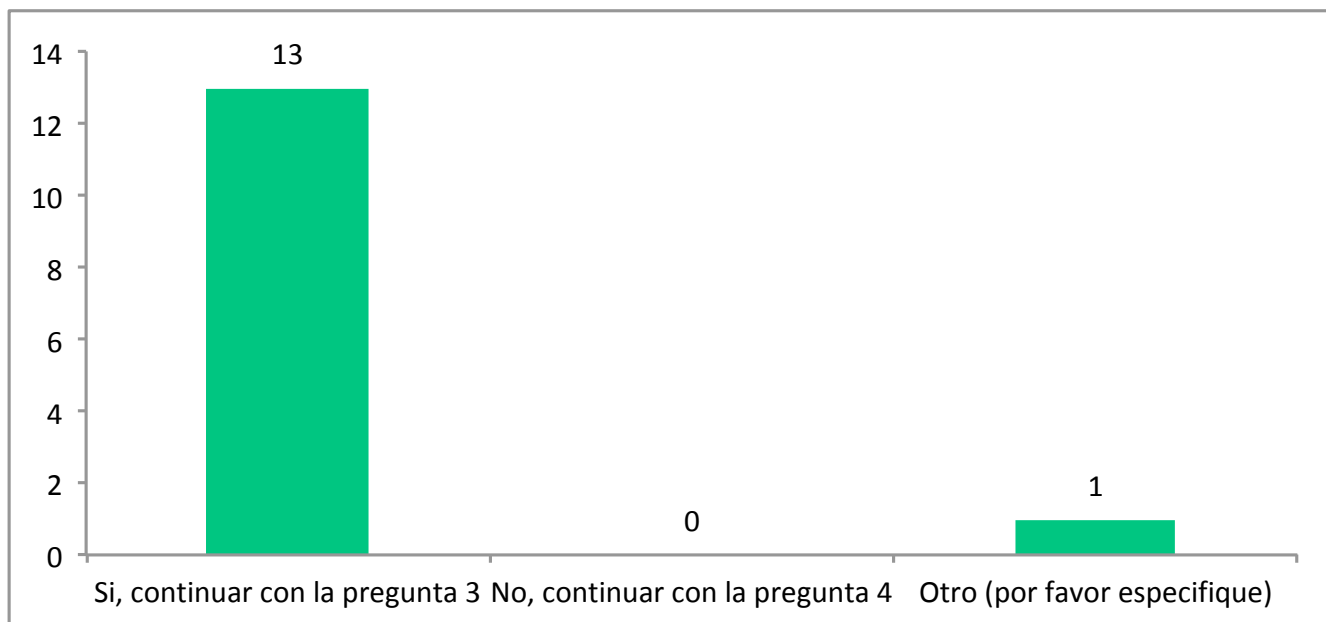
Question 1

Dirías que, en general, tu salud física es:



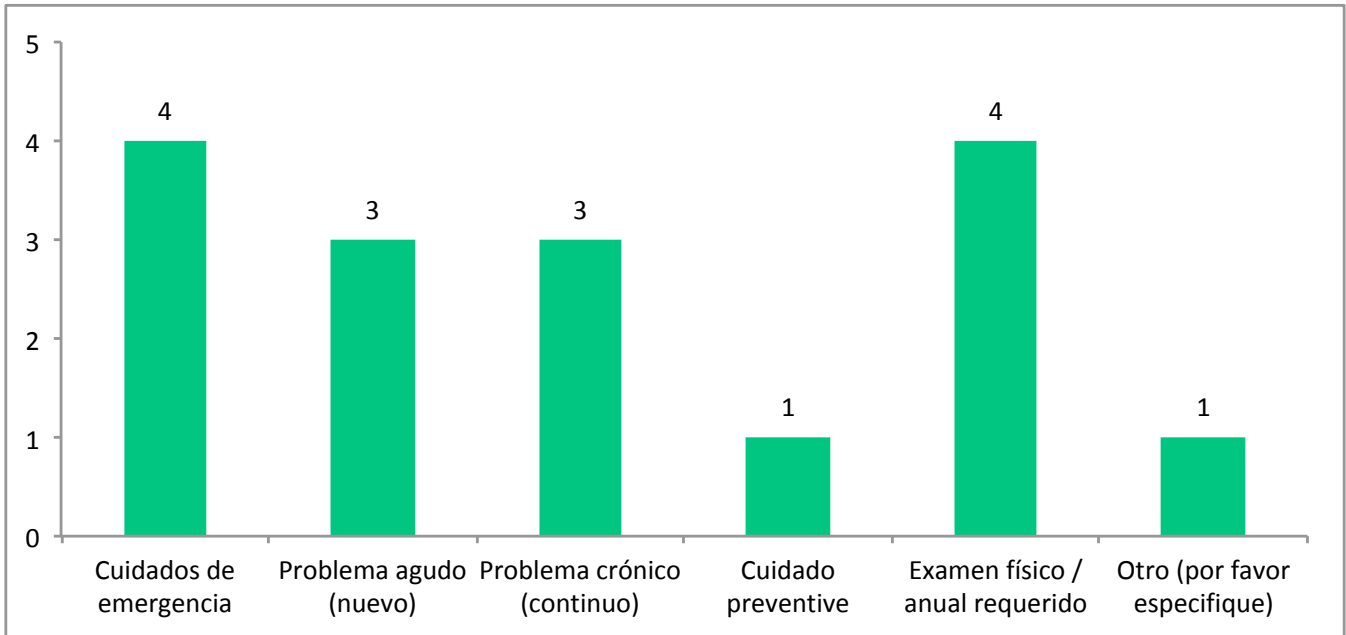
Question 2

¿Ha necesitado atención médica en los últimos 12 meses y pudo recibirla?



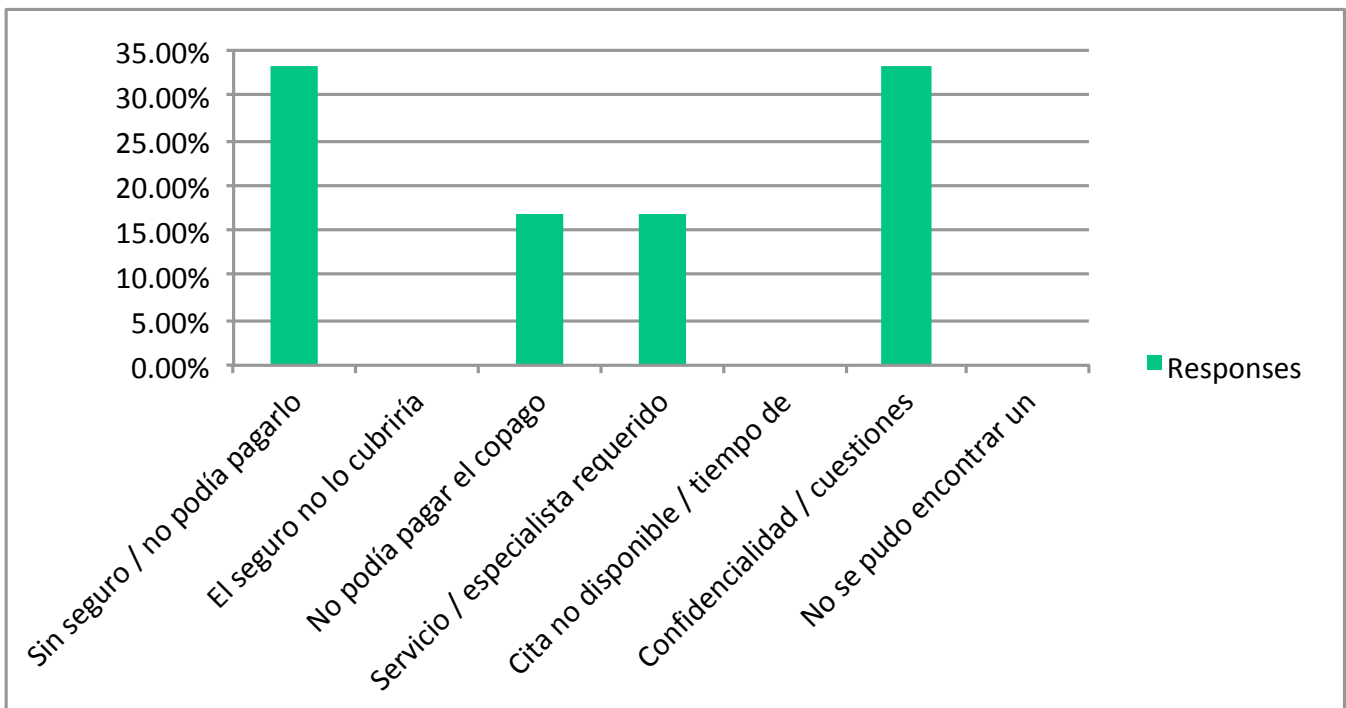
Question 3

Si es así, ¿cuál fue la razón principal para su mayor reciente visita? (Marque solo uno)



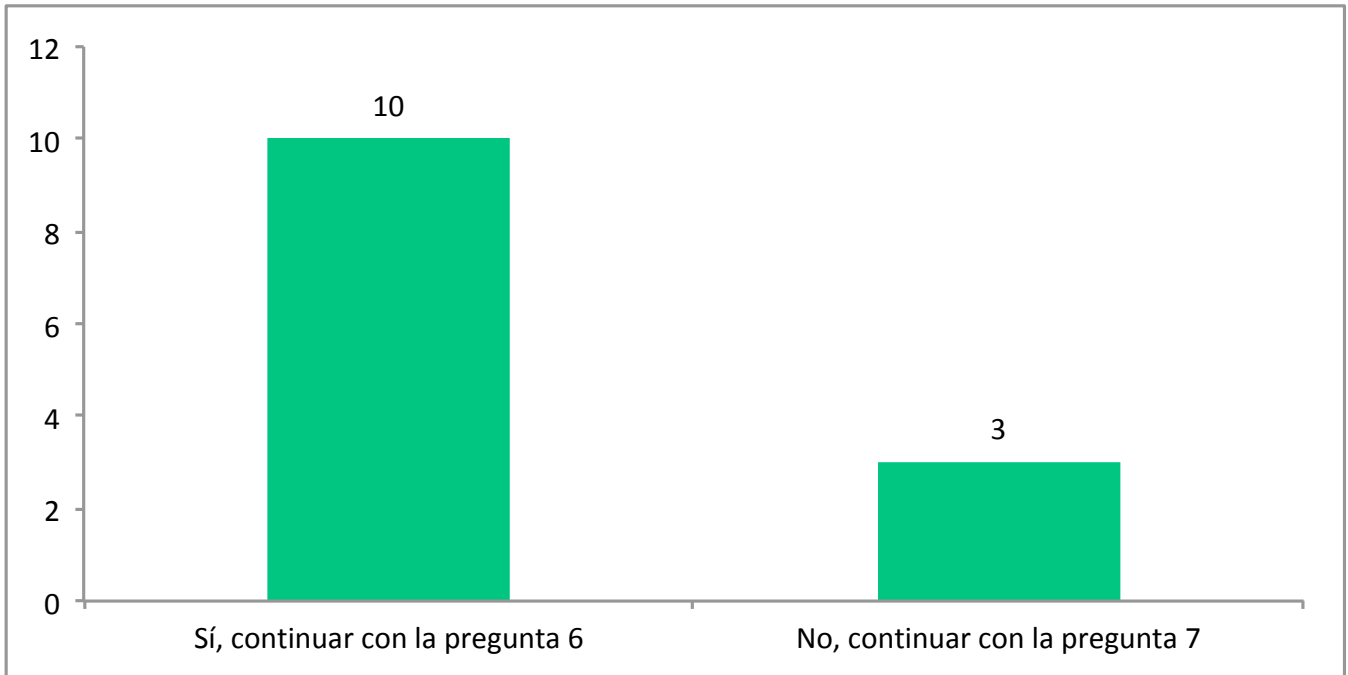
Question 4

Si no, ¿por qué no podrías recibirlo?



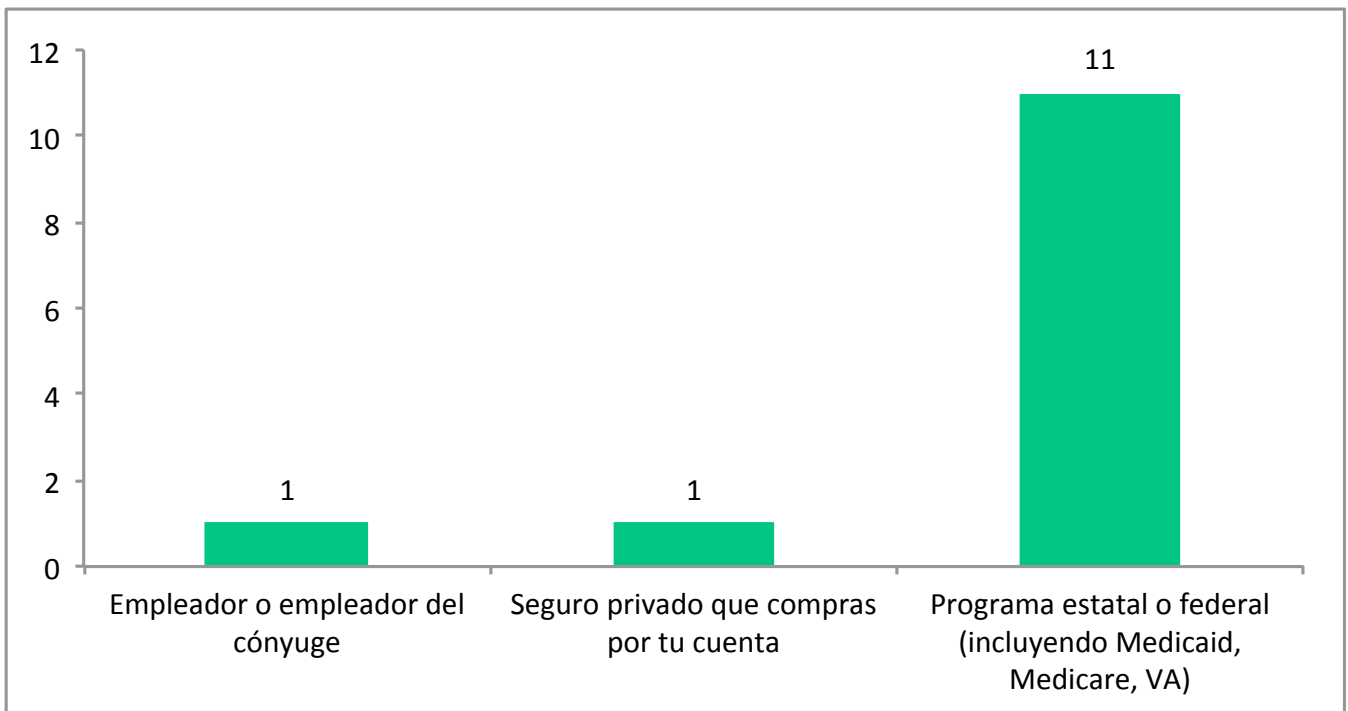
Question 5

¿Tiene seguro de salud?



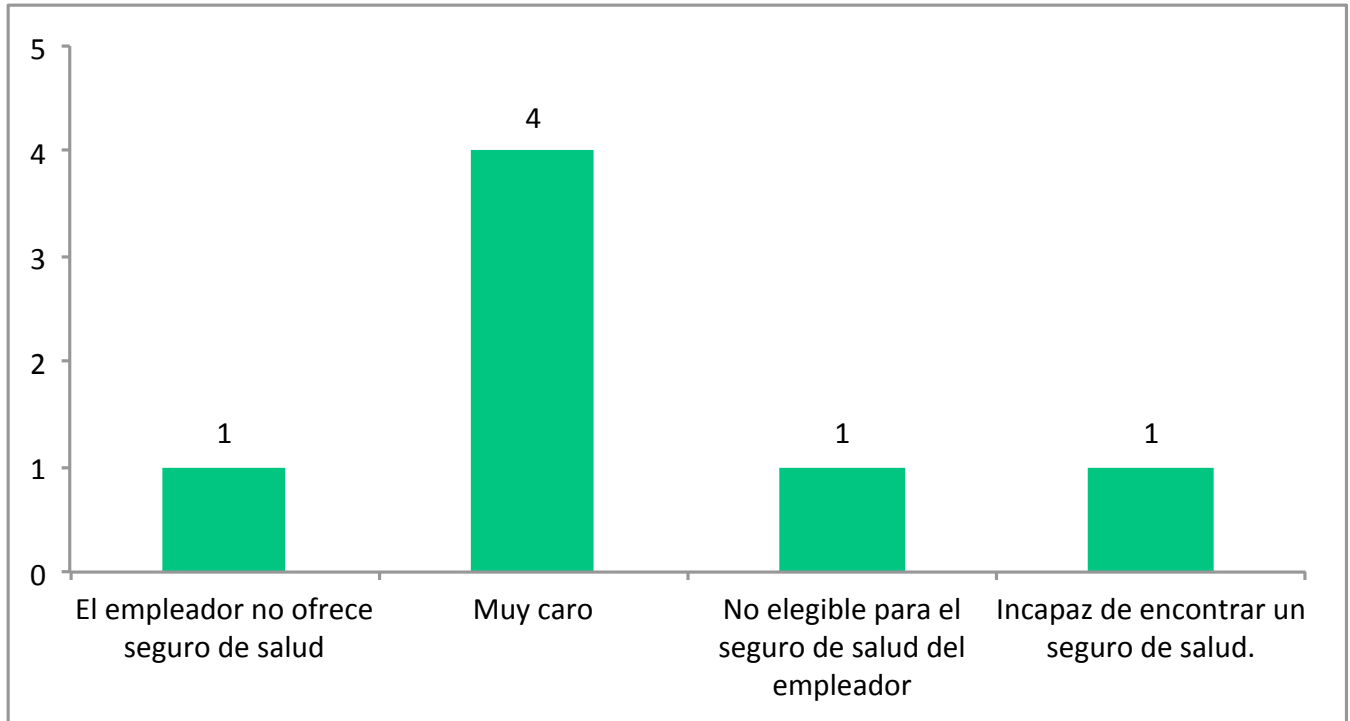
Question 6

Si no, ¿por qué no podrías recibirlo? Si tiene seguro de salud, ¿dónde obtiene su cobertura de seguro de salud?



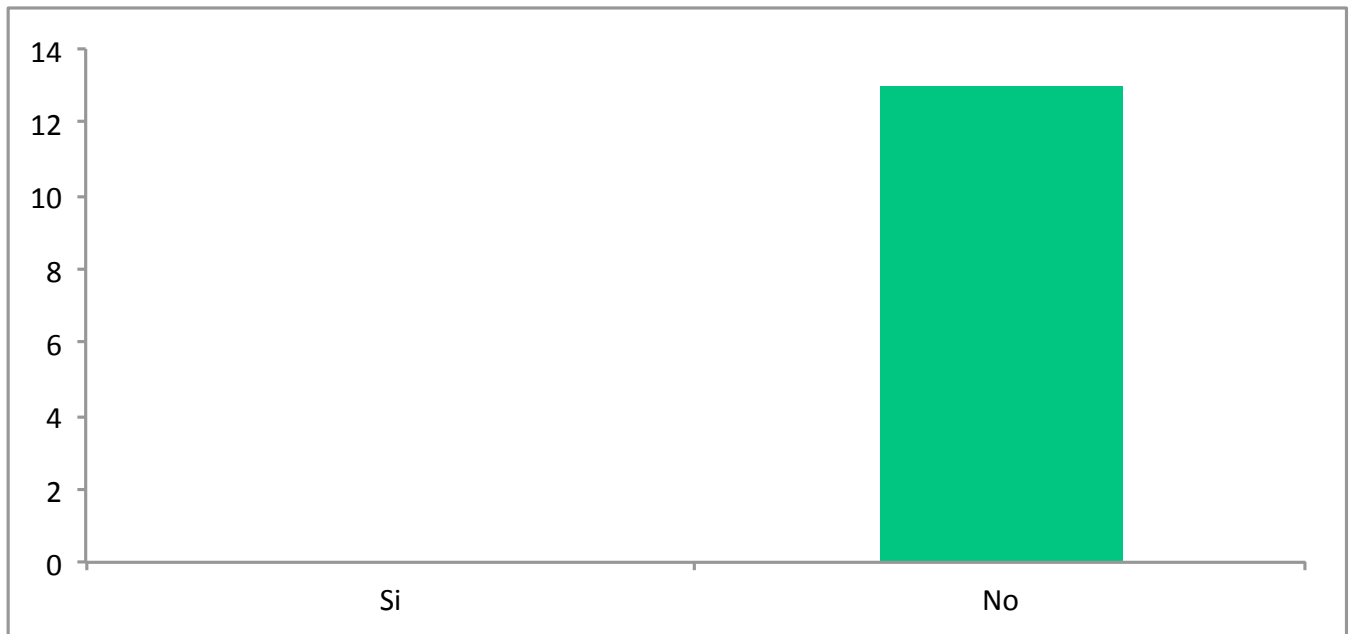
Question 7

Si no, ¿por qué no? (Marque todo lo que corresponda)



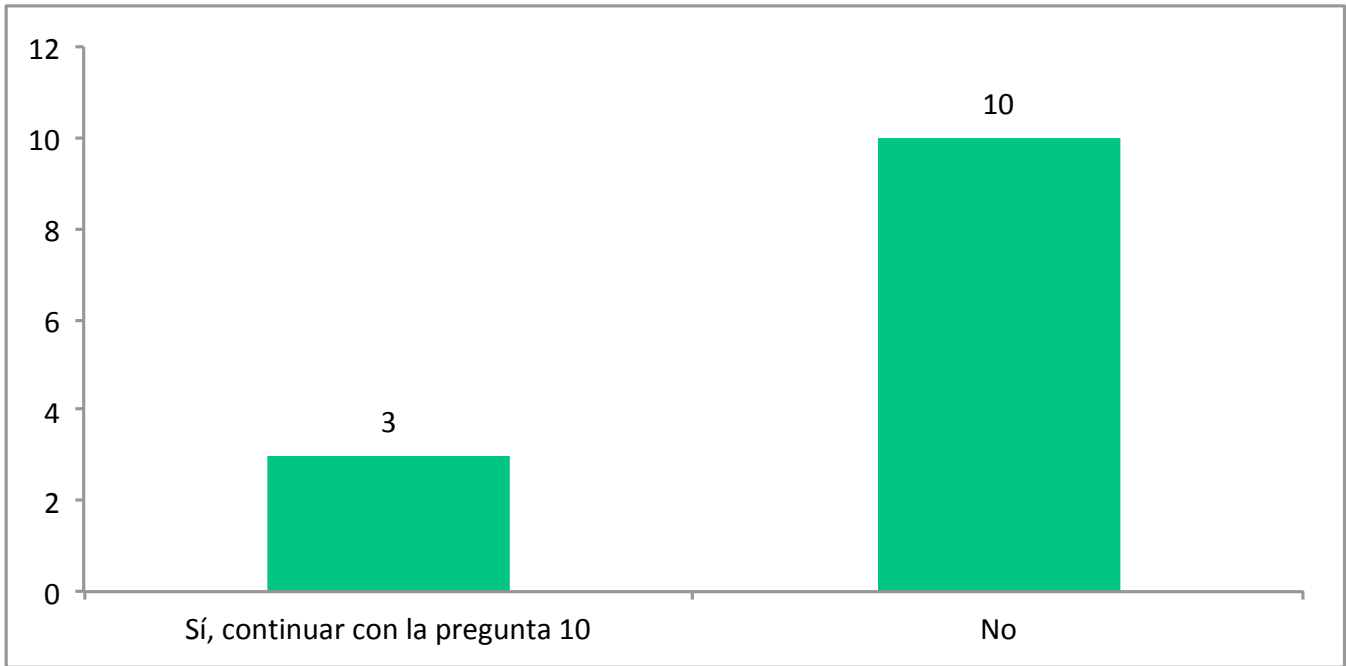
Question 8

En los últimos 12 meses, ¿ha necesitado servicios de salud mental (asesoramiento u otra ayuda)?



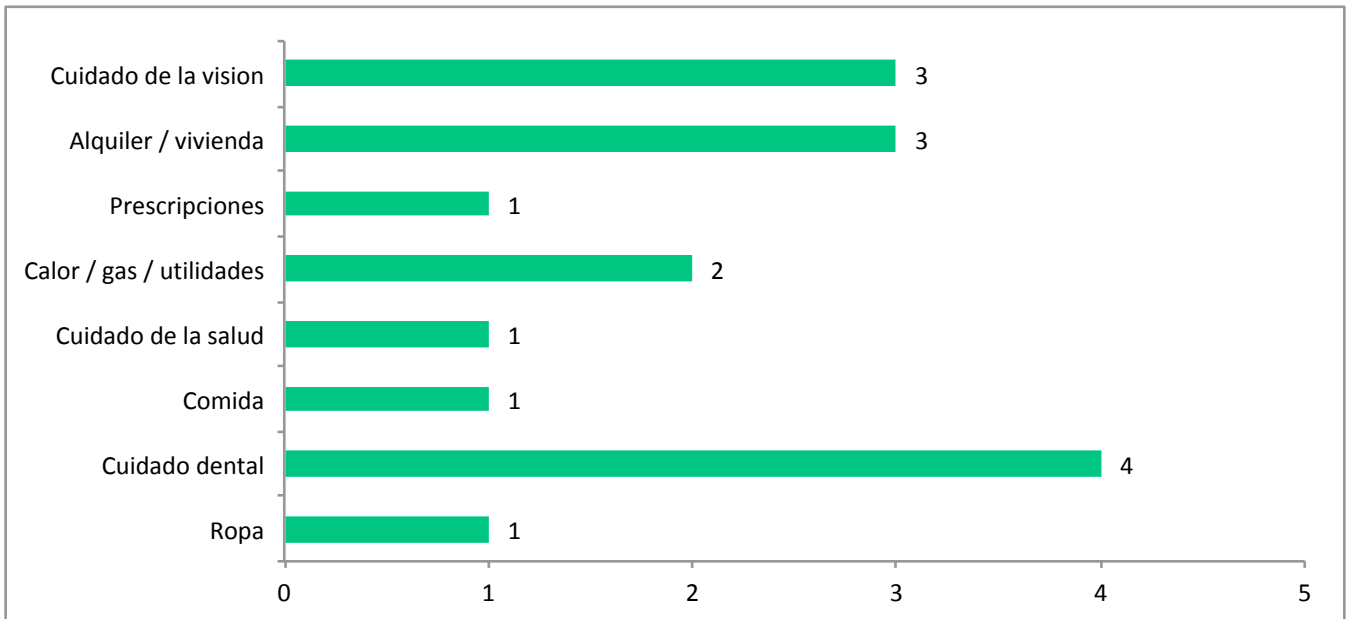
Question 9

En los últimos 3 meses, ¿usted o su familia tuvieron que pasar sin necesidades básicas como alimentos, servicios públicos o ropa?



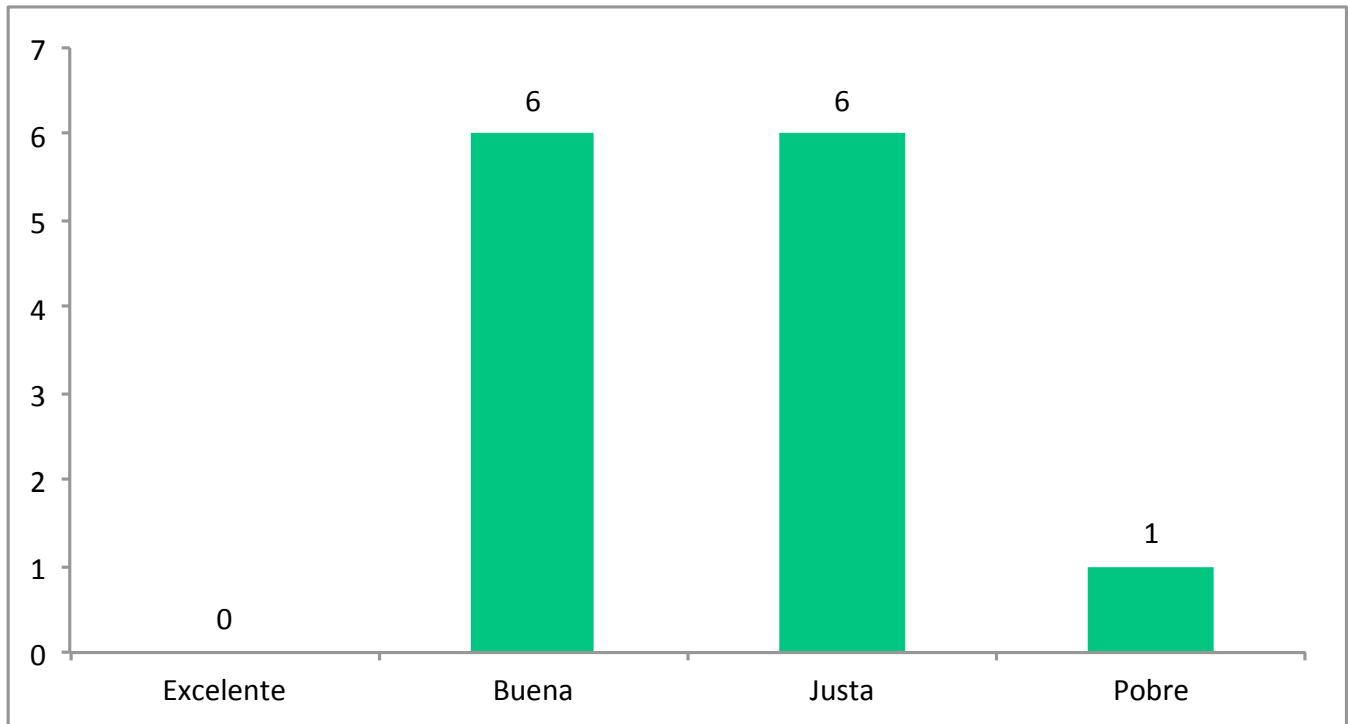
Question 10

¿Qué no tuviste? (Marque todo lo que corresponda)



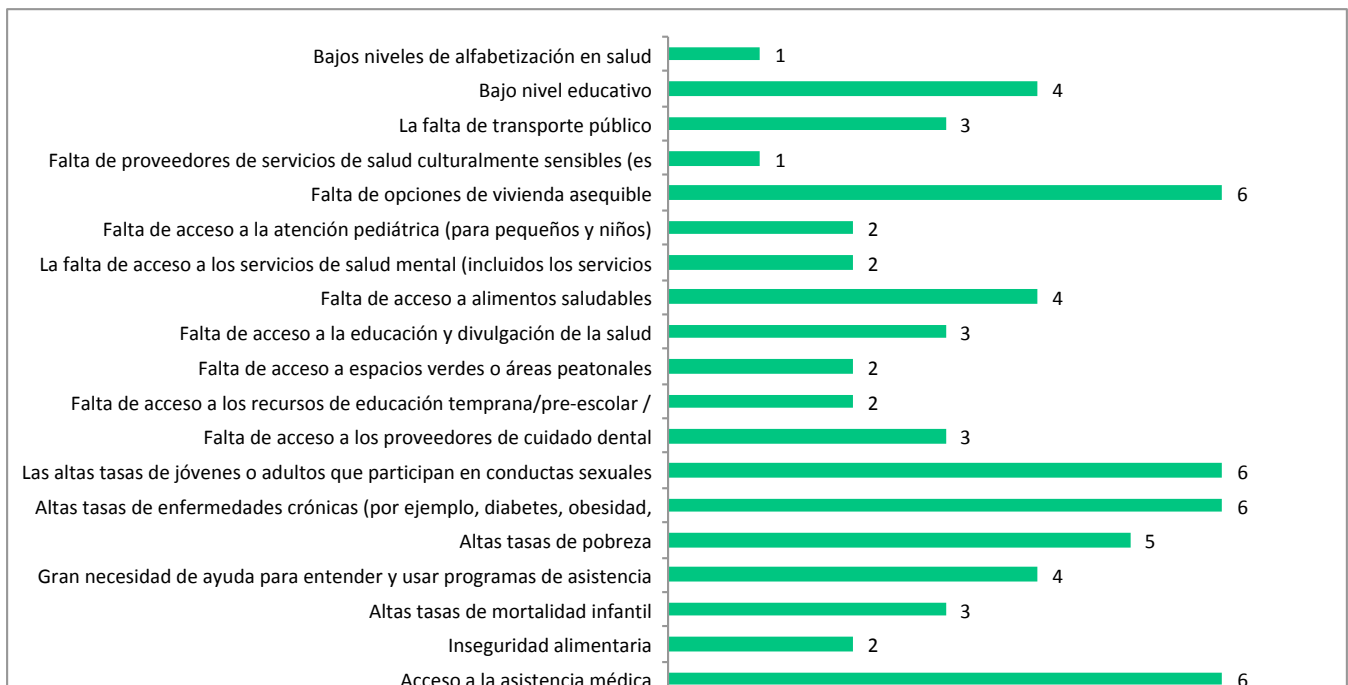
Question 11

¿Cómo calificaría la salud de su comunidad?



Question 12

En su opinión, ¿cuáles son los 5 principales problemas de salud o sociales en su comunidad?



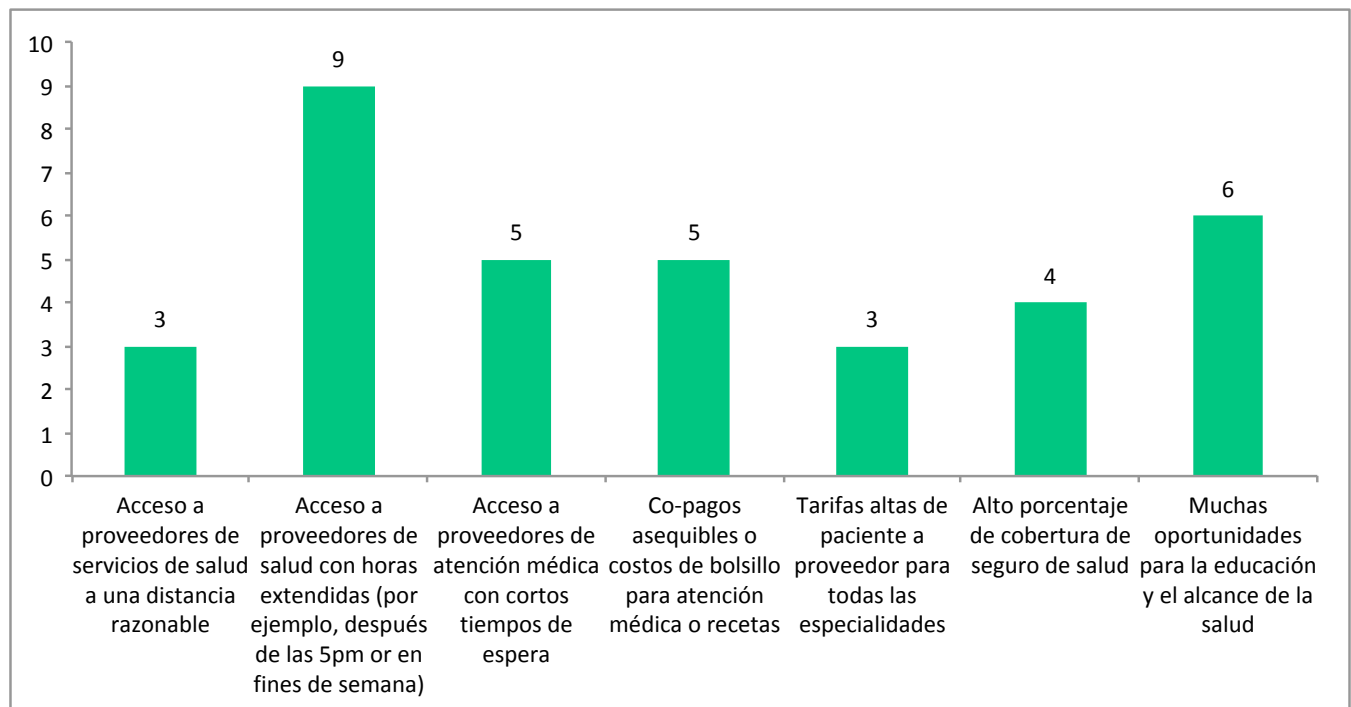
Question 13

¿Cuáles cree que son las 5 mayores necesidades principales de los niños en su comunidad?



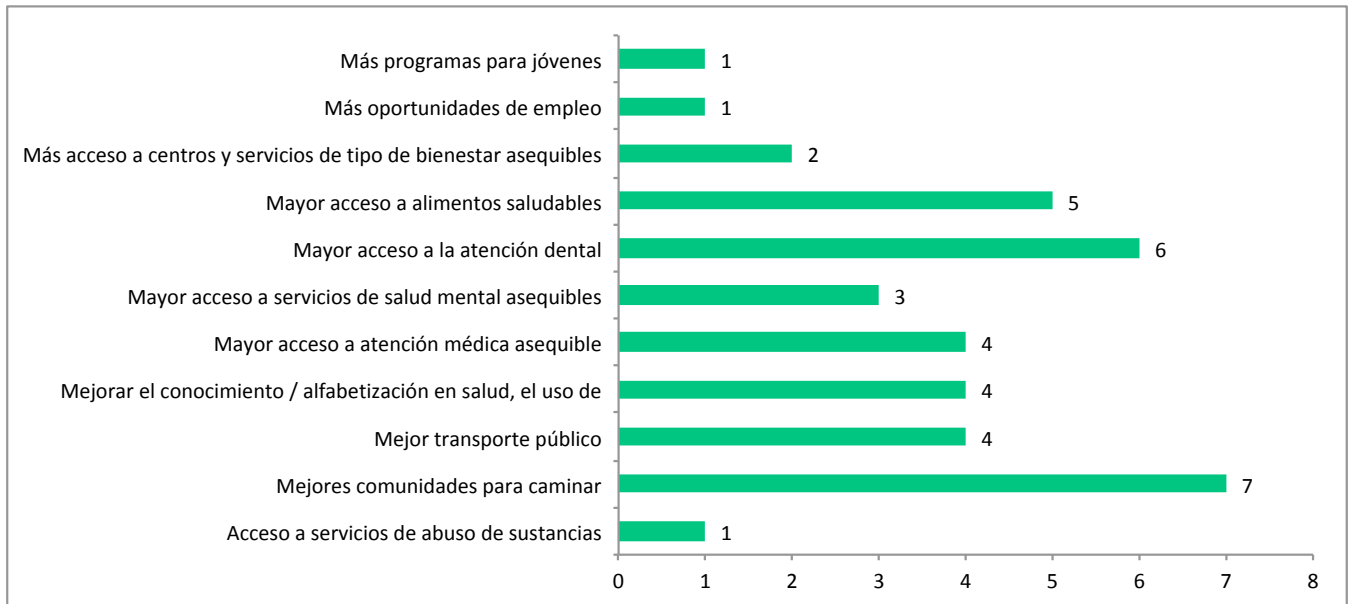
Question 14

Desde su punto de vista sobre sistema de salud, que contribuyen de manera positiva a la salud de las personas? (Favor de seleccionar el top 3)



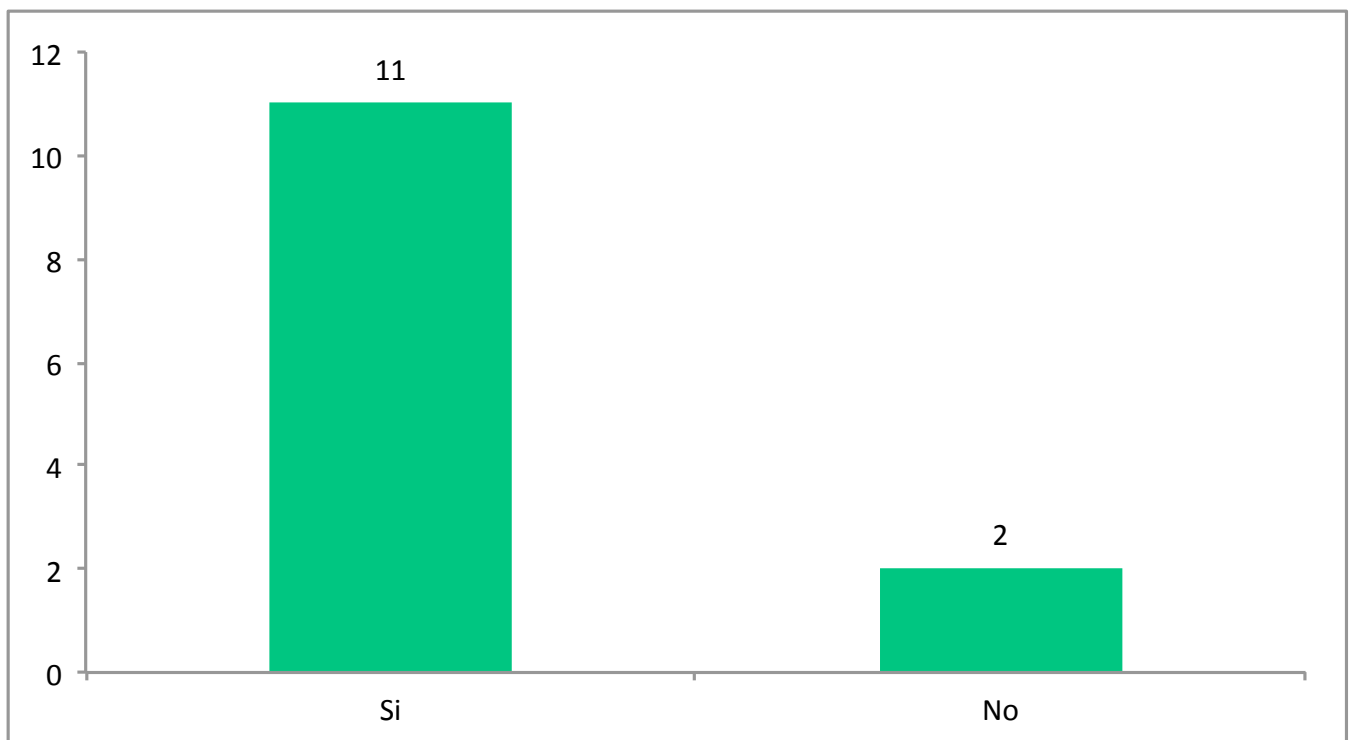
Question 15

¿Cuáles cree que son formas más efectivas para mejorar la salud de las personas en su comunidad?
(Favor de seleccionar las top 3)



Question 16

¿Vives en el condado de Los Ángeles?



Appendix H: 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.lincolnhhs.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/smidtech	School
	Applied Technology Center High School	1200 W. Mines Ave., Montebello, CA 90640	(323) 248-2500	www.atcenter-montebellousd-ca.schoolloop.com	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-la.usd-ca.schoolloop.com	School
	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

Type	Organization	Address	Phone	Website	Services
Education - Alternative Education and Public Schools	Boyle Heights High School	544 S. Matthews St. Los Angeles, CA 90033	(323) 264-8070	www.boyleheightshs-laUSD-ca.schoolloop.com	Continuation School
	Breed Street Elementary School	2223 E. Third St. Los Angeles, CA 90033	(323) 269-4343	www.breed-laUSD-ca.schoolloop.com	School
	Bridge Street Elementary School	605 N. Boyle Ave., Los Angeles, CA 90033	(323) 222-0165	www.bridges-laUSD-ca.schoolloop.com	School
	California Academy of Mathematics and Science	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.cshM.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
	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	

Type	Organization	Address	Phone	Website	Services
Education - Alternative Education and Public Schools	Evergreen Ave Elementary School	7320 Ganahl St. Los Angeles, CA 90033	(323) 269-0415	www.evergreen-laUSD-ca.schoolloop.com	School
	Extera Public Schools	2 locations Los Angeles, CA 90033	(323) 780-8600 (323) 780-8300	www.exteraschools.org	School
	Esteban E. Torres High School	4211 Dozier St Los Angeles, CA 90063	(323) 265-6865	www.estebantorreshighschool.com	School
	First Street Elementary School	2820 E. 1st Street Los Angeles, CA 90033	(323) 269-0138	www.firststreet-laUSD-ca.schoolloop.com	School
	Felicitas & Gonzalo Mendez High School	1200 Plaza Del Sol E, Los Angeles, CA 90033	(323) 981-5400	www.mendezhs.org	School
	Franco Bravo Medical Magnet High School	1200 Cornwell St, Los Angeles, CA 90033	(323) 227-4400	www.bravoweb.lausd.net	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
	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	

Type	Organization	Address	Phone	Website	Services
Education - Alternative Education and Public Schools	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
	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

Type	Organization	Address	Phone	Website	Services
Education - Alternative Education and Public Schools	Maywood Academy	6125 Pine Ave, Maywood, CA 90270	(323) 838-6000	www.maywoodacademy.org.	School
	Montebello High School	2100 W Cleveland Ave, Montebello, CA 90640	(323) 728-0121	www.mhs.montebello.k12.ca.us	School
	Murchison Street Elementary School	1501 Murchison St., Los Angeles, CA 90033	(323) 222-0148	www.murchisonstes-laUSD-ca.schoolloop.com	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.orthohosmag-laUSD-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
	Pioneer High School	10800 Benavon Street, Whittier, CA 90606	(562) 698-8121	www.wuhSD.org	School
	Puente Charter School	501 South Boyle Ave., Los Angeles, CA 90033	(323) 780-8900	www.puente.org/charter-school	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.com	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.org	School
	Rosemead High School	9063 Mission Dr., Rosemead, CA 91770	(626) 286-3141	www.rhs.schoolloop.com	School

Type	Organization	Address	Phone	Website	Services
Education - Alternative Education and Public Schools	Sahag-Mesrob Armenian Christian School	2501 Maiden Ln, Altadena, CA 91001	(626) 798-5020	www.sahagmesrobschool..org	School
	San Gabriel Academy	8827 E Broadway, San Gabriel, CA 91776	(626) 292-1156	www.sangabrielacademy.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.k12.ca.us	School
	Second Street Elementary School	1942 East 2nd St. Los Angeles, CA 90033	(323) 269-9401	www.lausd.k12.ca.us/2nd_Street_EL	School
	Sheridan Street Elementary School	416 N. Cornwall St. Los Angeles, CA 90033	(323) 263-9818	www.sheridanstreetschool.com	School
	Soledad Enrichment Action Charter School	222 N Virgil Ave, Los Angeles, CA 90004	(213) 480-4200	www.seacharter.net	School
	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
	Utah Street Elementary School	255 Gabriel Garcia Marquez St., Los Angeles, CA 90033	(323) 261-1171	www.lausd.k12.ca.us/Utah_EL	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	www.accelerated.org/our-schools/wallis-annenberg-high-school-wahs	School	

Type	Organization	Address	Phone	Website	Services
Education - Alternative Education and Public Schools	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
Education – Early Childhood Education	Evergreen Avenue Early Education Center	1027 N. Evergreen Ave., Los Angeles, CA 90033	(323) 269-0406	www.evergreeneec-laUSD-ca.schoolloop.com	Early education & preschool program
	First Street State Preschool	2820 E. 1st Street, Los Angeles, CA 90033	(323) 269-0138	www.firststreet-laUSD-ca.schoolloop.com	Early education & preschool program
	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 & family services
	Murchison Early Education Center	1537 Murchison St., Los Angeles, CA 90033	(323) 225-2787	www.murchison-eec-laUSD-ca.schoolloop.com	Early Education & preschool program
	Para Los Ninos	5000 Hollywood Blvd., Los Angeles, CA 90027	(213) 250-4800	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 & preschool programs
Education – Post-Secondary Institutions	American Career College	4021 Rosewood Ave., Los Angeles,	(323) 668-7555	www.americancareercollege.edu	Health Information Management Students
	American University of Health Sciences	CA 90004	(562) 988-2278	www.auhs.edu	Nursing Students
	Associated Technical College	1600 E Hill St #1, Signal Hill, CA 90755	(213) 353-1845	www.atcla.edu	Health Career Students

Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions	Azusa Pacific University	901 E. Alost 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
	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

Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions	Career College Consultants – Eagle Rock College	3450 Wilshire Blvd., # 600, Los Angeles, CA 90010	(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
	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	1301 Avenida Cesar Chavez, Monterey Park, CA 91754	(323) 265-8650	www.elac.edu	Nursing Students, EMT Students, Respiratory Therapy Students
	(ELAC)	2100 Marengo St. Los Angeles CA, 90033	(323) 276-7000	www.eastlaservicearea.org	Health Career Students
	East Los Angeles Occupational Center	3921 Selig Pl, Los Angeles, CA 90031	(323) 224-5970	www.eastlaservicearea.org	Health Career Students
	East Los Angeles Skills Center	16007 Crenshaw Blvd, Torrance, CA 90506	(310) 532-3670	www.elcamino.edu	Health Career Students
	El Camino College	321 E Chapman Ave, Fullerton, CA 92832	(714) 992-7000	www.fullcoll.edu	Health Career Students
	Fullerton College	240 N. Brand Blvd. Glendale, CA 91203	(800) 639-3384	www.glendalecareer.com	Health Career Students

Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions	Glendale Career 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	24851 Circle Dr. Loma Linda, CA 92354	(909) 558-1000	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 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
	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

Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions	North-West College		(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
	Samuel Merritt College	3100 Telegraph St., Oakland, CA 94609	(510) 879-9200	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
	Santa Ana College	1530 West 17th Street, Santa Ana, CA 92706	(714) 564-6684	www.sac.edu	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)

Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions	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
	University of California, Los Angeles	Los Angeles, CA 90095	(310) 825-4321	www.ucla.edu	Medical Student 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
	University of California, Santa Cruz	1156 High Street, Santa Cruz, CA 95064	(831) 459-0111	www.ucsc.edu	Health Career Students
	University of California, San Francisco	505 Parnassus Ave, San Francisco, CA 94143	(415) 476-1000	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

Type	Organization	Address	Phone	Website	Services
Education – Post-Secondary Institutions	University Southern California	1540 Alcazar St. Los Angeles, CA 90033	(323) 442-2000	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	(909) 483-3808	www.wcui.edu	MRI and Ultrasound Students
	West Coast University	590 N. Vermont Ave. Los Angeles, CA 90004	(877) 540-6897	www.estcoast university.edu	Nursing Students Pharmacy 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
Employment Service	Archdiocesan Youth Employment Services (El Nido-Youth Source)	2069 W. Slauson Ave, Los Angeles, CA 90047	(323) 731-8596	www.ayela.org	Job training and employment
	Dolores Mission	170 South Gless Street, Los Angeles, CA 90033	(323) 731-8596	www.ayela.org	Job training and employment
	Homeboy Industries	130 W. Bruno St., Los Angeles, CA 90012	(323) 526-1254	www.org homeboyindustries.	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 (Adventist Development and Relief Agency)		(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

Type	Organization	Address	Phone	Website	Services
Faith-based Organizations	Southern California Conference of Seventh-day Adventists	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.scc.adventist.org	Spiritual Care
	Catholic Association of Latino Leaders – LA Chapter	3424 Wilshire Blvd., 4th Floor	(877) 540-6897	www.estcoastuniversity.edu	Spiritual Care
	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	www.lakasda.com	Spiritual Care
	Los Angeles Chinese Seventy-day Adventist Church	3000 W. Ramona Drive, Alhambra CA 91803	(626) 284-3433	www.LAChineseSDA.org	Spiritual Care
	Spanish American Seventh-day Adventist Church	1815 Bridge Street Los Angeles, CA 90033	(323) 222-7063	www.spanishamericanchurch.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	Spiritual Care
	AIDS Healthcare Foundation	1400 South Grand Ave. #801, Los Angeles, CA 90015	(323) 860-5200	www.aidshealth.org	Federally Qualified Health Center, Pace Program
	Angeles Comprehensive Community Clinic	3920 Eagle Rock Blvd. Los Angeles, CA 90065	(323) 255-5225	(no website)	Health Clinic
	Arroyo Vista Family Health Center	2411 N Broadway, Los Angeles, CA 90031	(323) 987-2000	(no website)	Health Clinic

Type	Organization	Address	Phone	Website	Services
Healthcare	AltaMed	5427 Whittier Blvd, Los Angeles, CA 90022	(323) 869-1900	www.altamed.org	Spiritual Care
	AIDS Healthcare Foundation	1400 South Grand Ave. #801, Los Angeles , CA 90015	(323) 860-5200	www.aidshealth.org	Federally Qualified Health Center, Pace Program
	Angeles Comprehensive Community Clinic	3920 Eagle Rock Blvd. Los Angeles, CA 90065	(323) 255-5225	(no website)	Health Clinic
	Arroyo Vista Family Health Center	2411 N Broadway, Los Angeles, CA 90031	(323) 987-2000	www.arroyovista.org	Health Clinic
	BAART – SOUTHEAST	4920 S. Avalon Blvd., Los Angeles, CA 90011	(323) 235-5035	www.baartprograms. com	Community Health Clinic, Addiction Treatment
	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	Federally Qualified Health Center
	Central Public Health Center	241 N. Figueroa St. Los Angeles, CA 90012	(213) 240-8204	www.dhs.lacounty.gov	Health clinic
	Central Neighborhood Health Foundation	2702 S. Central Ave., Los Angeles, CA 90011	(323) 234-5000	www.chnfclinics.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. #400, Los Angeles, CA 90012	(213) 808-1700	www.cscla.org	Health Clinic
	Clinica MSR Oscar A. Romero (Boyle Heights)	2032 Marengo Street, Los Angeles, CA 90033	(213) 989-7700	www.clinicaromero. com	Federally Qualified Health Center

Type	Organization	Address	Phone	Website	Services
Healthcare	Complete Care Community Health Center	2928 East Cesar E. Chavez, Los Angeles, CA 90033	(323) 266-6700	www.ccchclinic.com	Federally Qualified Health Center
	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	1431 S Atlantic Blvd, Los Angeles, CA 90022	(323) 526-5819	www.elawc.org	Health Clinic
	Edward R. Roybal Comprehensive Health Center	245 S. Fetterly Ave., Los Angeles, CA 90022	(323) 362-1010	www.dhs.lacounty.gov	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 Public Health Center	5205 Melrose Avenue, Los Angeles, CA 90038	(323) 769-7800	www.dhs.lacounty.gov	Public Health Center
	H. Claude Hudson Comprehensive Health Center	2829 S. Grand Ave., Los Angeles, CA 90007	(213) 744-3677	www.dhs.lacounty.gov	Community Health Clinic
	Hubert Humphrey Comprehensive Health Center	5850 S. Main St., Los Angeles, CA 90033	(323) 897-6000	www.dhs.lacounty.gov	Community Health Clinic
	JWCH – Center for Community Health	522 South San Pedro St., Los Angeles, CA 90013	(213) 486-4050	www.jwchinstitute.org	Health Clinic
	Keck Hospital of USC	1500 San Pablo Street, Los Angeles, CA 90033	(800) 872-2273	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 Centers	1625 E. 4th St., Los Angeles, CA 90033	(562) 893-1960	www.lachc.com	Community Health Clinic

Type	Organization	Address	Phone	Website	Services
Healthcare	Martin Luther King, Jr. Center for Public Health	11833 S. Wilmington Ave., Los Angeles, CA 90059	(323) 568-8100	www.dhs.lacounty.gov	Public Health Center
	Northeast Community Clinic	1414 South Grand Ave.#200, Los Angeles, CA 90015	(213) 743-9000	www.northeastcommunitclinics.com	Health Clinic
	Planned Parenthood –East Los Angeles Health Center	5068 Whittier Blvd, Los Angeles, CA 90022	(800) 576-5544	www.plannedparenthood.org	Health Services
	Pueblo Del Sol Community Center	1300 Plaza Del Sol Street, Los Angeles, CA 90033	(323) 980-8100	www.pueblo-sol.com	Community Health Center
	QueensCare Health Center	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	www.dhs.lacounty.gov	Public Health Center
	Rancho Los Amigos National Rehabilitation Center	7601 E. Imperial Hwy, Downey, CA 90242	(562) 385-7111	www.dhs.lacounty.gov	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 3rd Street, Los Angeles, CA 90057	(213) 484-7111	www.stvincent.verity.org	Hospital services
	Wesley Health Centers - Center for Community Health – Downtown Los Angeles	522 S. San Pedro St., Los Angeles, CA 90013	(866) 733-5924	www.jwchinstitute.org	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 1st Street, Los Angeles, CA 90033	(323) 980-9600	(no website)	Health Clinic
	White Memorial Community Health Center	1828 E. Cesar E. Chavez Ave., Los Angeles, CA 90033	(323) 987-1200	www.wmchealthcenter.org	Federally Qualified Health Center
	Whittier Public Health Center	7643 S. Painter Ave., Whittier, CA 90602	(562) 464-5350	www.dhs.lacounty.gov	Public Health Center

Type	Organization	Address	Phone	Website	Services
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		(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
	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	3325 Wilshire Blvd, Los Angeles, CA 90010	(213) 384-5864	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 #1010, 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) 663-1111	www.brailleinstitute.org	Programs and services to help those with vision loss
	Breathe California of Los Angeles	5858 Wilshire Blvd., 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) 314-2555	www.cancersupportla.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.lovetamiliaunida.org	Support for individuals and families living with MS
	First 5 LA	750 N. Alameda St., Suite 300 Los Angeles, CA90012	(213) 482-5902	www.first5la.org	Exclusive breastfeeding and mothers and babies programs

Type	Organization	Address	Phone	Website	Services
Health Education	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.nbcf.org	Breast cancer education and 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) 784-9191	www.thewellnesscenterla.org	Wellness, prevention, and health education
	Young Life East Los Angeles		(323) 533-3913	www.eastlosangeles.younglife.org	Services for teenagers
	Youth Opportunity Movement	2130 E 1st St Los Angeles, CA	(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
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

Type	Organization	Address	Phone	Website	Services
Housing and Shelter Programs	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, medial 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
	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	5400 E. Olympic Blvd., Suite 300 Los Angeles, CA 90022	(323) 721-1655	www.telacu.com	Food and Nutrition services
	Women Infant Children (WIC) Centers	2032 Marengo St., Los Angeles, CA 90033	(323) 987-1762		Food and Nutrition Services

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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
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 6th 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 Developme	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

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Youth and Adult Developme	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.hispanicsforla opera.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 St., Los Angeles, CA 90023	(323) 526-1460	www.lacorps.org	Provide at- risk young adults and school-aged youth with job skills 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/ mlc/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. org	Multidisciplinary community arts
	Puente Learning Center	501 S Boyle Ave, Los Angeles, CA 90033	(323) 780-8900	www.puente.org	Multi- generational approach to learning
	Rancho Learning Center	150 S 3rd Ave, Arcadia, CA 91006	(626) 821-6629	www.site.ausd.net	Multi- generational approach to learning
Self Help Graphics	1300 E 1st St, Los Angeles, CA 90033	(323) 881-6444	www.selfhelp graphics.com	Art classes	
State St. Recreation Center	716 N. State Street	(323) 725-3960	www.laparks.org/ reccenter/state-street	Recreation	

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Youth and Adult Developme	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
	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 6th St. Los Angeles, CA90057	(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

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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.eastlchamber.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 2nd 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.lincolnhightschamberofcommerce.org	Provides program, services and activities to strengthen the community

Type	Organization	Address	Phone	Website	Services
Community Associations – Community Centers – Community Councils – Foundations	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
	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 1st 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	(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. 3rd St. Los Angeles, CA90057	(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 Ave. 2nd Floor South Los Angeles, CA 90015	(323) 669-4302	www.queenscare.org	Supports and provides health care outreach programs
Steelworkers Oldtimers Foundation		(323) 582-6090	www.oldtimers.org	Provides housing services, nutrition programs and education for seniors	

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Community Associations – Community Centers – Community Councils – Foundations	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.latinopalumni.usc.edu	Provides scholarships and support for Latino students



2019 CHNA approval

This community health needs assessment was adopted on 10/17/19 by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31, 2019.

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at <https://www.adventisthealth.org/about-us/community-benefit/>