



COMMUNITY HEALTH NEEDS
ASSESSMENT
2022

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Executive Summary

Located in Montebello, Beverly Hospital is an award-winning, nationally recognized nonprofit hospital that serves Montebello, East Los Angeles, Pico Rivera, and the surrounding communities. Our mission is to provide compassionate and quality health care.

Community Health Needs Assessment

Beverly Hospital has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs.

Service Area

Beverly Hospital is located at 309 W. Beverly Blvd. Montebello CA, 90640. The hospital's service area encompasses 13 ZIP Codes in 11 cities or communities. The service area is served by the Los Angeles County 1st and 4th Supervisor Districts and falls within the Los Angeles County Service Planning Areas (SPAs) 3 and 7.

Beverly Hospital Service Area

	ZIP Code
Bell/Bell Gardens	90201
Commerce	90040
East Los Angeles	90022, 90023, 90063
El Monte	91732
Montebello	90640
Monterey Park	91754, 91755
Pico Rivera	90660
Rosemead	91770
South El Monte	91733
Whittier	90606

Methodology

Secondary Data

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Los Angeles County and California.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Primary Data

Ten (10) phone interviews were conducted during April and May 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing of service area residents, who spoke to issues and needs in the communities served by the hospital.

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder interviews. The identified significant needs included:

- Access to care
- Birth indicators
- Chronic diseases
- COVID-19
- Economic insecurity
- Education
- Housing/homelessness
- Mental health
- Overweight/obesity
- Preventive practices
- Substance use
- Violence/community safety

COVID-19

COVID-19 had an unprecedented impact on the health and well-being of the community. This CHNA identifies an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to routine care, preventive screenings, disease maintenance, community safety, healthy eating and physical

activity declined as a consequence. Community stakeholder comments on the effect of COVID in the community are included in the CHNA.

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. Mental health, housing and homelessness, chronic diseases, economic insecurity and access to health care were ranked as the top five priority needs in the service area.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Beverly Hospital Board of Directors in November 2022. The report is widely available to the public on the hospital's web site and can be accessed at www.beverly.org/about-us/in-the-community/. To send comments or questions about this report, submit your feedback here: <https://beverly.org/about-us/contact-us/community-health-needs-assessment-and-implementation-strategy-feedback-form/>

Introduction

Background and Purpose

For Beverly Hospital, having a strong presence in our community has been critical to our success for over 73 years. The hospital has 202 licensed beds and provides a full range of inpatient and outpatient care. From emergency services and hospitalization to outpatient procedures, Beverly Hospital offers the latest technology for diagnostic and treatment options. A medical staff of over 375 physicians, representing a wide spectrum of specialties, is supported by experienced and dedicated employees and volunteers.

Beverly Hospital is accredited by Det Norske Veritas (DNV) and is an ISO 9001:2015 compliant organization. We provide services driven by the health needs of the community. Over time we have not only updated the way we deliver basic health care, but by reaching beyond the walls of our hospital and working with other like-minded organizations, we seek to continuously meet the changing needs of our community.

Services Offered

- Cardiac Care
- Emergency Care Center
- Hensel Maternity Center
- Intensive Care
- Medical and Surgical Services
- Pediatrics
- Radiology Diagnostic Services
- Senior Services
- Women's Pavilion and Breast Center
- Wound Care and Hyperbaric Medicine

The passage of California Senate Bill 697 (1994) and the Patient Protection and Affordable Care Act (2010) require tax-exempt hospitals to conduct a CHNA every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

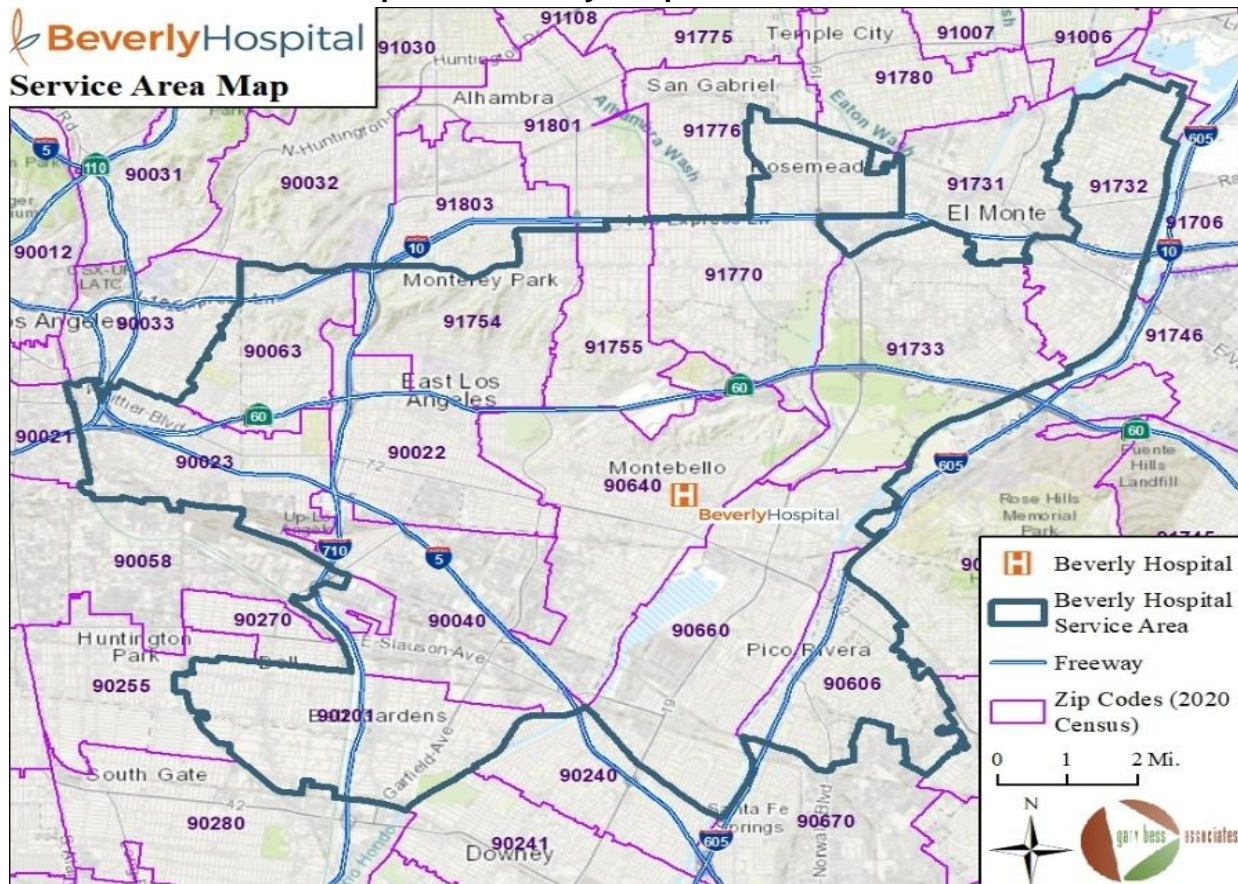
Beverly Hospital is located at 309 W. Beverly Blvd. Montebello CA, 90640. The hospital's service area encompasses 13 ZIP Codes in 11 cities or communities. The

service area is served by the Los Angeles County 1st and 4th Supervisor Districts and falls within the Los Angeles County Service Planning Areas (SPAs) 3 and 7. Beverly Hospital (Beverly) tracks ZIP Codes of origin for patient admissions. The service area was determined from the ZIP Codes that reflect a majority of patient admissions from the local geographic area.

Beverly Hospital Service Area

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

Map of the Beverly Hospital Service Area



Project Oversight

The Community Health Needs Assessment process was overseen by:

Kathleen Curran

Director, Business Development

Maianh Nguyen

Project Manager, Marketing

Beverly Hospital

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Victoria Derrick to complete the data collection. Biel Consulting, Inc. has over 25 years of experience conducting CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.

www.bielconsulting.com

Board Approval

The Beverly Hospital Board of Directors approved this report in November 2022.

Data Collection Methodology

Secondary Data Collection

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

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. In some cases, data sets from public sources do not total 100%. In these cases, the data remained as reported by the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to care
- Birth indicators
- Chronic diseases
- COVID-19
- Economic insecurity
- Education
- Housing/homelessness
- Mental health
- Overweight/obesity
- Preventive practices
- Substance use
- Violence/community safety

Primary Data Collection

Beverly conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Ten (10) phone interviews were conducted during April and May 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the service area, who spoke to issues and needs in the communities served by the hospital.

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

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (What makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. Attachment 3 provides stakeholder responses to the interview overview questions.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at www.beverly.org/about-us/in-the-community/. To date, no comments have been received.

Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses was noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Mental health, chronic disease, COVID-19, housing and homelessness, substance use and community violence had the highest scores for severe and very severe impact on the community. Housing and homelessness and community violence were the needs with the highest scores for worsened over time. Mental health, housing and homelessness, and overweight and obesity had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	62.5%	0	14.3%
Birth indicators	28.6%	16.7%	16.7%
Chronic disease	71.4%	66.7%	33.3%
COVID-19	71.4%	0	16.7%
Economic insecurity	57.2%	66.7%	50%
Education	57.2%	16.7%	33.3%
Housing and homelessness	71.4%	100%	83.3%
Mental health	85.7%	66.7%	100%
Overweight and obesity	57.2%	33.3%	66.7%
Preventive practices (vaccines and screenings)	42.9%	0	16.7%
Substance use	71.4%	66.7%	50%
Violence and community safety	71.4%	83.3%	33.3%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, housing and homelessness, chronic diseases, economic insecurity and access to health care were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs.

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	4.00
Housing and homelessness	3.86
Chronic disease	3.83
Economic insecurity	3.71
Access to health care	3.63
Overweight and obesity	3.50
Preventive practices (vaccines and screenings)	3.50
COVID-19	3.43
Substance use	3.29
Violence and community safety	3.29
Education	3.14
Birth indicators	3.00

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

Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs. The identified community resources are presented in Attachment 4.

Review of Progress

In 2019, Beverly conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital’s Implementation Strategy associated with the 2019 CHNA addressed: Access to health care, chronic diseases (including healthy eating and active living), mental health and preventive care through a commitment of community benefit programs and resources. The impact of the actions that Beverly used to address these significant needs can be found in Attachment 5.

Community Demographics

Population

The population of the Beverly service area is 672,097. From 2014 to 2019, the population decreased by 0.7%.

Total Population and Five-Year Change in Population Growth

	Beverly Service Area			Los Angeles County	California
	2014	2019	Percent Change	2014-2019 Percent Change	2014-2019 Percent Change
Total population	676,849	672,097	-0.7%	1.1%	3.1%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, 2015-2019, DP05. <https://data.census.gov/cedsci/>

49.4% of the service area population are male and 50.6% are female.

Population, by Gender

	Beverly Service Area	Los Angeles County	California
Male	49.4%	49.3%	49.7%
Female	50.6%	50.7%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <https://data.census.gov/cedsci/>

Children, ages 0 to 17, make up 24.3% of the population, 62.6% are adults, ages 18 to 64, and 13.1% are adults, ages 65 and older. The service area has a higher percentage of children, ages 0-17, than the county (22%)

Population, by Age

	Beverly Service Area	Los Angeles County	California
0 – 4	6.3%	6.1%	6.2%
5 – 9	6.3%	5.9%	6.3%
10 – 14	7.3%	6.2%	6.6%
15 – 17	4.4%	3.8%	3.9%
18 – 24	10.1%	9.7%	9.6%
25 – 34	15.4%	16.1%	15.2%
35 – 44	13.2%	13.8%	13.2%
45 – 54	12.8%	13.4%	13.0%
55 – 64	11.1%	11.8%	12.0%
65 – 74	7.1%	7.5%	8.1%
75 – 84	4.0%	3.9%	4.1%
85+	2.0%	1.8%	1.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B01001. <https://data.census.gov/cedsci/>

In the service area, the percentage of children, ages 0 to 17, ranged from 15.6% in Monterey Park 91755 to 29.5% in Bell/Bell Gardens. The range of senior adults, ages 65 and older, was 8.2% in Bell/Bell Gardens to 21.6% in Monterey Park 91754. The median age in the service area was 36.0 years.

Population, by ZIP Code

	ZIP Code	Total Population	Children Ages 0 – 17	Adults Ages 18-64	Adults Ages 65+	Median Age
Bell/Bell Gardens	90201	101,965	29.5%	62.3%	8.2%	29.8
Commerce	90040	12,328	23.8%	62.6%	13.5%	35.3
East Los Angeles	90022	67,014	27.0%	62.3%	10.5%	32.6
East Los Angeles	90023	46,860	28.6%	61.2%	10.2%	31.4
East Los Angeles	90063	53,980	26.9%	62.4%	10.7%	31.9
El Monte	91732	62,905	22.8%	64.8%	12.4%	36.0
Montebello	90640	62,730	22.4%	62.7%	14.9%	36.1
Monterey Park	91754	33,636	18.6%	59.7%	21.6%	43.0
Monterey Park	91755	26,083	15.6%	63.4%	21.0%	45.7
Pico Rivera	90660	63,001	22.7%	62.6%	14.7%	37.1
Rosemead	91770	62,703	19.2%	63.7%	17.1%	42.0
South El Monte	91733	45,365	24.5%	63.0%	12.5%	34.7
Whittier	90606	32,987	22.2%	64.6%	13.2%	36.8
Beverly Service Area		672,097	24.2%	62.7%	13.1%	36.0
Los Angeles County		10,081,570	22.0%	64.8%	13.2%	36.5
California		39,283,497	23.0%	63.1%	14.0%	36.5

Source: U.S. Census Bureau, American Community Survey, 2015-2019, B01001, DP05. <https://data.census.gov/cedsci>

Race/Ethnicity

In the service area, 76.9% of the population is Hispanic/Latino, followed by 17.6% Asian, 3.9% White, 0.7% Black or African American, 0.5% Two or more races, 0.2% American Indian/Alaskan Native, and 0.1% Native Hawaiian/Pacific Islander.

Race/Ethnicity

	Beverly Service Area		Los Angeles County	California
	Number	Percent	Percent	Percent
Hispanic or Latino	517,152	77.0%	48.5%	39.0%
Asian	118,173	17.6%	14.4%	14.3%
White	26,249	3.9%	26.2%	37.2%
Black or African American	4,388	0.7%	7.8%	5.5%
Two or more races/other race	3,158	0.5%	2.7%	3.2%
American Indian/Alaska Native	1,458	0.2%	0.2%	0.4%
Native Hawaiian/Pacific Islander	965	0.1%	0.2%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <https://data.census.gov/cedsci>

Within the service area, the Hispanic/Latino population ranged from 23.2% in Monterey Park 91755 to 96.5% in East Los Angeles 90023. The White population ranged from 1.3% in East Los Angeles 90023 to 8.9% in Whittier 90606. The Asian population ranged from 0.4% in Commerce to 70.6% in Monterey Park 91755. The Black/African American population ranged from 0.2% in Monterey Park 91755 to 1.6% in Commerce.

Population, by Race and Ethnicity, by ZIP Code

	ZIP Codes	Hispanic/ Latino	White	Asian	Black/African American
Bell/Bell Gardens	90201	94.3%	3.6%	0.6%	1.1%
Commerce	90040	95.0%	1.5%	0.4%	1.6%
East Los Angeles	90022	95.9%	2.0%	1.1%	0.3%
East Los Angeles	90023	96.5%	1.3%	0.8%	1.2%
East Los Angeles	90063	95.7%	2.7%	1.0%	0.3%
El Monte	91732	66.0%	3.5%	28.9%	0.5%
Montebello	90640	77.4%	7.0%	13.4%	1.0%
Monterey Park	91754	32.8%	4.0%	61.0%	0.5%
Monterey Park	91755	23.2%	3.7%	70.6%	0.2%
Pico Rivera	90660	90.7%	5.3%	2.6%	0.8%
Rosemead	91770	33.2%	4.4%	60.8%	0.4%
South El Monte	91733	75.5%	2.4%	20.6%	0.3%
Whittier	90606	87.2%	8.9%	2.1%	0.6%
Beverly Service Area		76.9%	3.9%	17.6%	0.7%
Los Angeles County		48.5%	26.2%	14.4%	7.8%
California		39.0%	37.2%	14.3%	5.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <https://data.census.gov/cedsci>

Citizenship

In the service area, 42.8% of the population are foreign born. Among the foreign born, 48.1% are U.S. citizens and 51.9% are not U.S. citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign Born Residents and Citizenship

	Beverly Service Area	Los Angeles County	California
Foreign Born	42.8%	34.0%	26.8%
Naturalized U.S. citizen	48.1%	52.3%	51.7%
Not a U.S. citizen	51.9%	47.7%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <https://data.census.gov/cedsci>

Language

Among the service area population, ages five and older, 65.0% speak Spanish in the home, 18.5% speak only English in the home, 15.5% speak an Asian or Pacific Islander language, 0.7% speak other Indo-European languages, and 0.3% speak other languages in the home.

Language Spoken at Home, Population, Ages 5 and Older

	Beverly Service Area	Los Angeles County	California
Speaks Spanish	65.0%	39.2%	28.7%
Speaks only English	18.5%	43.4%	55.8%
Speaks Asian/Pacific Islander languages	15.5%	10.9%	10.0%
Speaks Other Indo-European languages	0.7%	5.3%	4.5%

	Beverly Service Area	Los Angeles County	California
Speaks other languages	0.3%	1.1%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <https://data.census.gov/cedsci/>

In the service area, only English speakers at home ranged from 9.2% in Bell/Bell Gardens to 35.7% in Whittier. Spanish speakers in the home ranged from 15.8% in Monterey Park 91755 to 88.9% in Bell/Bell Gardens. Asian/Pacific Islander language speakers at home was highest in Monterey Park 91755 (61.4%). Indo-European language speakers at home was highest in Montebello (3.6%).

Language Spoken at Home, by ZIP Code

	ZIP Codes	English	Spanish	Asian/PI	Indo-European
Bell/Bell Gardens	90201	9.2%	88.9%	0.6%	0.2%
Commerce	90040	22.7%	76.3%	0.3%	0.0%
East Los Angeles	90022	12.0%	86.9%	0.9%	0.2%
East Los Angeles	90023	10.4%	88.6%	0.6%	0.2%
East Los Angeles	90063	12.0%	87.0%	0.7%	0.1%
El Monte	91732	17.2%	56.3%	26.0%	0.4%
Montebello	90640	26.5%	59.5%	10.2%	3.6%
Monterey Park	91754	27.7%	21.9%	49.0%	1.1%
Monterey Park	91755	21.4%	15.8%	61.4%	1.1%
Pico Rivera	90660	30.3%	66.9%	2.1%	0.6%
Rosemead	91770	19.0%	25.9%	54.4%	0.7%
South El Monte	91733	15.7%	63.3%	20.4%	0.5%
Whittier	90606	35.7%	61.8%	1.6%	0.7%
Beverly Service Area		42.5%	45.7%	9.7%	1.7%
Los Angeles County		43.4%	39.2%	10.9%	5.3%
California		55.8%	28.7%	4.5%	10.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <https://data.census.gov/cedsci/>

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English “less than very well.” In the service area, 36.8% of the population is linguistically isolated. This rate of linguistic isolation is higher than the county (23.6%) and the state (17.8%).

Linguistic Isolation, Population, Ages 5 and Older

	Beverly Service Area	Los Angeles County	California
Linguistic Isolation	36.8%	23.6%	17.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <https://data.census.gov/cedsci/>

English Learners

In local school districts, the range of students evaluated to be English Learners in academic year 2020-2021 ranged from 9.5% in the Valle Lindo School District to 49.7% in the Mountain View School District. All area school districts exceeded the county rates

of English Learners except for Valle Lindo and Whittier school districts. The 2020-2021 English Learner student enrollment counts were lower than previous years due to difficulties experienced by local educational agencies resulting from the COVID-19 pandemic. It should be noted, the Whittier Union High School District is made up of five comprehensive high schools and two non-traditional high schools; Pioneer High School is the only high school in Whittier 90606.

English Learners, by School District

	2019-2020	2020-2021
El Monte City School District	32.0%	32.8%
El Monte Union High School District	19.3%	19.8%
Garvey School District	39.2%	33.5%
Los Angeles Unified School District	20.0%	18.8%
Los Nietos School District	29.6%	23.4%
Montebello Unified School District	33.4%	31.1%
Mountain View School District	52.8%	49.7%
Rosemead School District	39.8%	37.1%
Valle Lindo School District	10.0%	9.5%
Whittier City School District	13.7%	13.3%
Whittier Union High School District (Pioneer High School)	11.9%	14.0%
Los Angeles County	18.0%	16.9%
California	18.6%	17.7%

Source: California Department of Education, 2019-2020, 2020-2021. <http://data1.cde.ca.gov/dataquest/>

Veterans

Among the service area civilian population, ages 18 and older, 2.0% are civilian veterans, compared to the county (3.3%) and the state (5.2%).

Veterans

	Beverly Service Area	Los Angeles County	California
Civilian veterans	2.0%	3.3%	5.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <https://data.census.gov/cedsci>

Disabled Persons

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. In the service area, 9.7% of the civilian non-institutionalized population has a disability.

Disabled Persons

	Beverly Service Area	Los Angeles County	California
Population with disabilities	9.7%	9.9%	10.6%

Source: U.S. Census Bureau, American Community Survey 2015-2019, S1810. <https://data.census.gov/cedsci>

The U.S. Census defines disability as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social

environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. In the service area, 2.5% of the population has a hearing difficulty, 2% have a vision difficulty, 3.7% have a cognitive difficulty and 5.3% have an ambulatory difficulty. Disabilities increase with age.

Disability, by Age and Condition

	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty
Ages 0-17	0.3%	0.5%	2.8%	0.5%
Ages 18-64	1.2%	1.4%	2.8%	3.4%
Ages 65-74	6.5%	5.1%	5.8%	15.2%
Age 75 and older	19.6%	10.1%	17.4%	34.3%
Beverly Service Area, all ages	2.5%	2.0%	3.7%	5.3%
Los Angeles County, all ages	2.5%	2.0%	4.1%	5.7%
California, all ages	2.9%	2.0%	4.3%	5.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1810. <https://data.census.gov/cedsci/>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings order counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. California's 58 evaluated counties were ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. For social and economic factors, Los Angeles County is ranked 34 in 2021, showing a decrease in rank from 30 in 2019.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	34

Source: County Health Rankings, 2021. www.countyhealthrankings.org

Poverty

The U.S. Department of Health and Human Services annually updates official poverty levels. In 2019, the Federal Poverty Level (FPL) was an annual income of \$12,490 for one person and \$25,750 for a family of four. Among the service area population, 17.4% are below 100% FPL and 45.1% are below 200% FPL. Bell and Bell Gardens have the highest rates of poverty in the service area. Poverty levels in the service area are higher than the poverty levels for the county and state.

Residents Living in Poverty

	ZIP Codes	Below 100% Poverty	Below 200% Poverty
Bell/Bell Gardens	90201	26.3%	58.0%
Commerce	90040	16.0%	40.0%
East Los Angeles	90022	19.5%	50.2%
East Los Angeles	90023	24.9%	57.5%
East Los Angeles	90063	18.1%	48.9%
El Monte	91732	17.3%	47.7%
Montebello	90640	14.0%	39.4%
Monterey Park	91754	11.6%	33.1%
Monterey Park	91755	14.6%	37.3%
Pico Rivera	90660	8.8%	29.0%
Rosemead	91770	14.0%	40.3%
South El Monte	91733	19.8%	51.6%
Whittier	90606	8.9%	28.6%
Beverly Service Area		17.4%	45.1%
Los Angeles County		14.9%	34.8%
California		13.4%	31.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. <https://data.census.gov/cedsci>

Among the service area population, 26.7% of children, under age 18, and 15.3% of adults, ages 65 and older, live in poverty. Poverty rates for children ranged from 10.9% in Pico Rivera to 38.8% in Bell/Bell Gardens. Poverty rates for senior adults ranged from 8.9% in Whittier 90606 to 22.0% in East Los Angeles 90023.

39.3% of female head of households (no spouse present) with related children, under age 18, live in poverty in the service area. Poverty rates for female head of household families ranged from 22.0% in Commerce to 51.9% in Bell/Bell Gardens.

Poverty Levels of Children, Older Adults, and Females Head of Household with Children

	ZIP Codes	Children, Under 18	Adults, 65 and Older	Female HoH with Children ⁺
Bell/Bell Gardens	90201	38.8%	20.2%	51.9%
Commerce	90040	18.6%	19.5%	22.0%
East Los Angeles	90022	29.1%	16.4%	44.2%
East Los Angeles	90023	37.8%	22.0%	47.1%
East Los Angeles	90063	25.6%	20.2%	44.5%
El Monte	91732	28.0%	13.2%	36.8%
Montebello	90640	22.5%	12.6%	31.1%
Monterey Park	91754	13.9%	12.6%	26.2%
Monterey Park	91755	19.4%	18.4%	33.5%
Pico Rivera	90660	10.9%	13.8%	22.7%
Rosemead	91770	19.0%	11.1%	33.1%
South El Monte	91733	30.8%	17.5%	38.7%
Whittier	90606	13.7%	8.9%	22.2%
Beverly Service Area		26.7%	15.3%	39.3%
Los Angeles County		20.8%	13.2%	33.3%
California		18.1%	10.2%	33.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701, S1702⁺. <https://data.census.gov/cedsci>

Free and Reduced-Price Meals

The percentage of students eligible for the free and reduced-price meal program is one indicator of socioeconomic status. In area school districts, the percent of students eligible for the program ranged from 70.9% in Garvey School District to 96.6% in Mountain View School District.

Free and Reduced-Price Meals Eligibility

	Percent of Eligible Students
El Monte City School District	90.8%
El Monte Union High School District	88.2%
Garvey School District	70.9%
Los Angeles Unified School District	81.3%
Los Nietos School District	75.3%
Montebello Unified School District	78.2%
Mountain View School District	96.6%
Rosemead School District	74.8%
Valle Lindo School District	77.4%

	Percent of Eligible Students
Whittier City School District	73.4%
Whittier Union High School District (Pioneer High School)	79.5%
Los Angeles County	68.7%
California	58.9%

Source: California Department of Education, 2020-2021. [DataQuest \(CA Dept of Education\)](#)

Unemployment

In 2020, the unemployment rate in service area cities and Census Designated Places (CDP) ranged from 12.0% in Whittier to 18.4% in East Los Angeles. High unemployment in 2020 may be attributed, in part, to the COVID-19 pandemic.

Unemployment Rate, 2020 Annual Average

	Percent
Bell, city	13.2%
Bell Gardens, city	13.2%
Commerce, city	12.8%
East Los Angeles, CDP	18.4%
El Monte, city	13.7%
Montebello, city	13.8%
Monterey Park, city	14.9%
Pico Rivera, city	13.3%
Rosemead, city	16.2%
South El Monte, city	12.3%
Whittier, city	12.0%
Los Angeles County	12.8%
California	10.1%

Source: California Employment Development Department, Labor Market Information. 2020.

<http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>

Medical Debt

8.3% of SPA 3 adults and 9.1% of SPA 7 adults had problems paying or were unable to pay medical bills for themselves or household family members in the past 12 months. Of these adults, 35.8% in SPA 3 and 41.5% in SPA 7 reported they were unable to pay for basic necessities (food, heat, rent) due to their medical bills.

Medical Debt

	SPA 3	SPA 7	Los Angeles County	California
Ever had problems paying medical bill	8.3%	9.1%	10.2%	10.9%
Unable to pay for basic necessities due to medical bills	35.8%	41.5%	35.0%	35.0%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Community Input – Economic Insecurity

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

economic insecurity. Following are their comments summarized and edited for clarity:

- When people fear that they do not have enough money or food, when there are threats to their economic security, thefts rise. With the increased price of gas, we are seeing an increase in gas theft. Often, theft and burglaries are tied to an increase in economic insecurity. When people think they don't have enough money, they just steal it from other people.
- The majority of our residents have very limited incomes and are on Medi-Cal or Medicare. Some feel insecure economically, especially with prices right now. They are able to get meals at the YMCA and the adult day care center, so that is very beneficial to them.
- I don't see it in the community, congregate meals are more about socialization and nutrition, not economics.
- At work, inflation has challenged our staff who have to drive. They often have to drive across the community and neighborhoods and they are feeling it when they have to fill their cars with gas.
- Everything is getting more expensive and we haven't caught up yet in terms of our paychecks.
- Affordable childcare is the big concern, especially for women who want to go back to the workforce. If there isn't quality, affordable childcare, it impacts their ability to go back to work.
- Home Depot was an established business. And they pulled out of the neighborhood. And in its place a homeless encampment has sprung up. The city is talking to other businesses to bring them in. Businesses are not as busy as they were before the pandemic. It will be a while before people feel comfortable coming back. And we have fewer staff now.
- An issue is low paying jobs.
- The cost of medical insurance and deductibles is over the top.

Households

In the service area, there were 179,346 households and 187,108 housing units in 2019. From 2014 to 2019, the service area population decreased by 0.7%, housing units increased by 0.2%, and vacant units decreased by 23.6%. Owner occupied households and renter occupied households increased from 2014 to 2019.

Households and Housing Units, and Percent Change, 2014-2019

	Beverly Service Area			Los Angeles County	California
	2014	2019	Percent Change	Percent Change 2014 to 2019	Percent Change 2014 to 2019
Housing units	186,556	187,108	0.2%	2.3%	2.8%

	Beverly Service Area			Los Angeles County	California
	2014	2019	Percent Change	Percent Change 2014 to 2019	Percent Change 2014 to 2019
Households	176,397	179,346	1.6%	2.2%	3.3%
Owner-occupied	77,194	77,868	0.8%	1.0%	3.5%
Renter-occupied	99,193	101,478	2.3%	3.3%	3.3%
Vacant units	10,169	7,762	-23.6%	2.8%	-2.8%

Source: U.S. Census Bureau, American Community Survey 2010-2014, 2015-2019, DP04. <https://data.census.gov/cedsci>

According to the U.S. Department of Housing and Urban Development, families who pay more than 30% of their income for housing are considered “cost burdened” and may have difficulty affording other necessities including food, transportation, medical care, paying off student loans or other loans, and contributing to personal monetary savings.

In the service area, 48.4% of the population in occupied households spend 30% or more of their income on housing. This includes those living in owner-occupied housing units with a mortgage and those without a mortgage (where costs are the costs of ownership), as well as those who rent. Notably, more than half (59.7%) of renters in the service area spent more than 30% of their income on rent.

Households that Spend 30% or More of Their Income on Housing*

	Beverly Service Area	Los Angeles County	California
All occupied households	48.4%	47.3%	41.7%
Owner-occupied households with or without mortgage	34.4%	35.7%	31.4%
Renter-occupied households	59.7%	57.6%	54.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. *Excludes units were SMOPI and GRAPI cannot be computed. <https://data.census.gov/cedsci>

In the service area, the median household income was \$51,268 as compared to the county at \$68,044.

Household Income

	Beverly Service Area	Los Angeles County
Median household income	\$51,268	\$68,044

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <https://data.census.gov/cedsci>

Homelessness

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

families are homeless on a given day. Data from the 2020 survey show the total number of homeless persons counted in SPA 3 was 4,555 and in SPA 7 was 4,586. The homeless population increased from 2018 to 2020 in both SPAs and the county. The Los Angeles County Board of Supervisors postponed the 2021 Homeless Count due to the COVID-19 pandemic.

From 2018 to 2020, the percent of sheltered homeless persons increased in SPA 3 and decreased in SPA 7. Shelter includes cars, RVs, tents, and temporary structures (e.g., makeshift shelters), in addition to official homeless shelters. In SPA 3, 79.3% of the homeless population were individual adults and 20.6% were family members. In SPA 7, 89.0% of the homeless population were individual adults and 11.0% were family members.

Los Angeles Continuum of Care Homeless Population, 2018-2020 Comparison

	SPA 3		SPA 7		Los Angeles County*	
	2018	2020	2018	2020	2018	2020
Total homeless	3,605	4,555	4,569	4,586	49,955	63,706
Sheltered	22.6%	33.5%	23.1%	20.8%	24.8%	27.7%
Unsheltered	77.4%	66.5%	76.8%	79.1%	75.2%	72.3%
Individual adults	87.2%	79.3%	81.0%	89.0%	80.0%	81.0%
Family members	12.7%	20.6%	14.7%	11.0%	16.0%	19.0%
Unaccompanied minors (<18)	0%	0%	0.0%	0.0%	0.1%	0.0%

Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count.

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

Among the homeless population, 39.0% in SPA 3 and 48.0% in SPA 7 were chronically homeless in 2020. The rates of chronic homelessness among individuals and family members increased in SPAs 3 and 7 from 2018 to 2020.

Homelessness Subpopulations

	SPA 3		SPA 7		Los Angeles County*	
	2018	2020	2018	2020	2018	2020
Chronically homeless, all	34.0%	39.0%	19.0%	48.0%	27.0%	38.0%
Chronically homeless individuals	34.0%	37.0%	19.0%	47.0%	26.0%	36.0%
Chronically homeless family members	0.2%	2.0%	1.0%	2.0%	1.0%	2.0%
Domestic violence experience	38.0%	29.0%	28.0%	35.0%	30.0%	33.0%
Persons with HIV/AIDS	1.0%	2.0%	1.0%	1.0%	1.0%	2.0%
Developmental disability	8.0%	7.0%	4.0%	5.0%	6.0%	9.0%
Physical disability	15.0%	25.0%	12.0%	25.0%	15.0%	19.0%
Serious mental illness	33%	28.0%	19.0%	23.0%	27.0%	25.0%
Substance use disorder	22%	33.0%	9.0%	36.0%	15.0%	27.0%
Veterans	6.0%	4.0%	7.0%	8.0%	7.0%	6.0%

Source: Los Angeles Homeless Service Authority, 2018 & 2020 Greater Los Angeles Homeless Count.

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

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments summarized and edited for clarity:

- We have people whose primary mission is to reach the homeless population, but our biggest challenge is dealing with people who don't want help.
- The cost of rent and the prices of homes has increased, People can't come up with the down payment and compete with so many others who want the same home.
- We have a long wait list; it is over 1,000 people. Housing is a scarcity. A lot of seniors have places to stay with their families. A lot of people with the pandemic, they weren't comfortable being in a group living situation.
- Housing in general is difficult. People have to partner up with other families to rent a room in a house.

Public Program Participation

Among adults, 14.5% in SPA 3 and 16.6% in SPA 7 avoided government benefits due to concerns about disqualification from obtaining a green card for U.S. citizenship. 20.9% of adults in SPA 3 and 16.5% in SPA 7 reported using food stamps and 6.4% in SPA 3 and 6.0% in SPA 7 are TANF/CalWORKS recipients. Among parents/guardians of eligible children, 33.9% in SPA 3 and 66.1% in SPA 7 participated in the WIC program. Among low income older and disabled adults, 11.3% in SPA 3 and 4.0% in SPA 7 received Supplemental Security Income.

Public Program Participation

	SPA 3	SPA 7	Los Angeles County	California
Avoided government benefits	14.5%	16.6%	20.6%	17.3%
Food stamp recipient (<200% FPL)	20.9%	16.5%	24.6%	23.8%
TANF/CalWORKS recipient (<200 FPL)	6.4%	6.0%*	8.6%	8.4%
Child ≤6 years, currently on WIC (<200 FPL)	33.9%*	66.1%	40.3%	43.6%
Supplemental Social Security Income (SSI) (<200% FPL)	11.3%	4.0%	10.1%	10.8%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Access to Food

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Among households below 300% FPL, 21.6% in SPA 3 and 25.9% in SPA 7 were food insecure. Among adults living below 200% FPL, 29.9% in SPA 3 and 32.2% in SPA 7 reported they were not able to afford food.

Food Insecurity

	SPA 3	SPA 7	Los Angeles County
Households, <300% FPL that are food insecure	21.6%	25.9%	26.8%
Not able to afford food (<200% FPL) †	29.9%	32.2%	39.6%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>. †Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Among parents/guardians of children, ages 17 and younger, 81.5% in SPA 3 and 73.2% in SPA 7 rated community access to fresh fruits and vegetables as good or excellent.

Community Access to Fresh Produce

	SPA 3	SPA 7	Los Angeles County
Good or excellent access to fresh produce	81.5%	73.2%	78.2%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

Farmers Markets

Eligible individuals in the Women, Infants, and Children Program (WIC) and CalFresh, California's Supplemental Nutrition Assistance Program (SNAP) can use a California WIC card or Electronic Benefit Transfer card to obtain fruits and vegetables at approved farmers markets. There are four farmers markets in the service area.

Farmers Markets Accepting EBT and/or WIC

	ZIP Code	Farmers Market	Accepts EBT and/or WIC
East Los Angeles	90022	East LA Saturday Market	EBT & WIC
Montebello	90640	Beverly Hospital Certified Farmers Market	Not stated
Monterey Park	91755	Monterey Park Certified Farmers Market	EBT & WIC
Rosemead	91770	Rosemead Monday Market	EBT & WIC

Source: Ecology Center <https://ecologycenter.org/fmfinder>. Accessed 1/17/22

Educational Attainment

Among service area adults, ages 25 and older, 37.4% have less than a high school diploma. 42.6% are high school graduates, and 20.0% have an associate, bachelor's, or graduate/professional degree.

Educational Attainment, Ages 25 and Older

	Beverly Service Area	Los Angeles County	California
Population, ages 25 and older	411,356	6,886,895	26,471,543
Less than 9 th grade	23.5%	12.3%	9.2%
9 th to 12 th grade, no diploma	13.9%	8.6%	7.5%
High school graduate	26.5%	20.6%	20.5%
Some college, no degree	16.1%	19.0%	21.1%

	Beverly Service Area	Los Angeles County	California
Associate degree	5.7%	7.0%	7.8%
Bachelor's degree	10.8%	21.2%	21.2%
Graduate or professional degree	3.5%	11.3%	12.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <https://data.census.gov/cedsci>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four years earlier. The Healthy People 2030 objective for high school graduation is 90.7%. Graduation rates for Whittier Union High School District and Pioneer High School exceed the Healthy People 2030 objective for high school graduation.

High School Graduation Rates, 2019-2020

	High School Graduation Rate
El Monte Union High School District	84.2%
Los Angeles Unified School District*	85.3%
Montebello Unified School District	79.0%
Whittier Union High School District (Pioneer High School)	96.0%
Los Angeles County	86.3%
California	87.7%

Source: California Department of Education, 2020-2021. *High schools in service area ZIP Codes only. <http://data1.cde.ca.gov/dataquest/>

Community Input – Education

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

- It is an ongoing issue because people lost a year of school. Some kids thrived, but most did not.
- Kids who have had successes had their parents involved. Parents who show up at teacher conferences that is important. Then there are others who just ask are my kids staying out of trouble? That is all they ask.
- Today, people come out of college underqualified and underemployed and have to pay back student loans.

Preschool Enrollment

The percentage of service area children, ages 3 and 4, enrolled in preschool was 48.8% and ranged from 34.8% in Pico Rivera to 67.9% in Rosemead. The service area had a lower overall rate of preschool enrollment as compared to the county (54.5%) and the state (49.6%).

Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Bell/Bell Gardens	90201	3,524	49.0%
Commerce	90040	434	52.5%
East Los Angeles	90022	1,875	45.9%
East Los Angeles	90023	1,206	55.9%
East Los Angeles	90063	1,702	55.3%
El Monte	91732	1,586	39.8%
Montebello	90640	1,647	36.1%
Monterey Park	91754	431	64.0%
Monterey Park	91755	465	55.4%
Pico Rivera	90660	1,478	34.8%
Rosemead	91770	1,881	67.9%
South El Monte	91733	1,294	42.0%
Whittier	90606	847	51.1%
Beverly Service Area		8,960	48.8%
Los Angeles County		255,273	54.5%
California		1,021,926	49.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. <https://data.census.gov/cedsci>

Reading to Children

Adults with children, ages 0 to 5, in their care, were asked whether their child(ren) were read to daily by a family member in a typical week. 70.2% of adults in SPA 3 and 52.7% in SPA 7, reported their child(ren) were read to every day.

Children Who Were Read to Daily by a Parent or Family Member

	SPA 3	SPA 7	Los Angeles County	California
Children read to daily	70.2%	52.7%	64.6%	63.1%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Childcare Access

Among adults, 12.9% in SPA 3 and 8.7% in SPA 7 reported not being able to find childcare for a week or longer when needed in the past 12 months. 1.2% of adults in SPA 3 and 0.8% in SPA 7 reported experiencing childcare difficulties due to the COVID-19 pandemic.

Difficulty Finding Childcare

	SPA 3	SPA 7	Los Angeles County	California
Difficulty finding childcare \geq 1 week	12.9%	8.7%	10.7%	10.2%
Childcare difficulties due to COVID-19 pandemic [‡]	1.2%*	0.8%*	1.7%	1.8%

Source: California Health Interview Survey, 2019-2020, 2020[‡]. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Transportation

In the service area, 76.1% of individuals, ages 16 and older, drove alone to work, 11.7%

carpooled, 5.3% used public transportation, 3.1% worked from home, 2.2% walked to work, and 1.5% used other means to get to work. The average service area commute time was 30.4 minutes. It should be noted these data were collected prior to the COVID-19 epidemic.

Transportation for Workers, Ages 16 and Older

	Beverly Service Area	Los Angeles County	California
Workers 16 years and older	298,518	4,811,408	18,191,555
Car, truck, or van -- drove alone	76.1%	74.0%	73.7%
Car, truck, or van -- carpooled	11.7%	9.5%	10.1%
Public transportation (excluding taxi)	5.3%	5.8%	5.1%
Walked	2.2%	2.7%	2.6%
Other means	1.5%	2.4%	2.6%
Worked from home	3.1%	5.6%	5.9%
Mean travel time to work (minutes)	30.4	31.8	29.8

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <https://data.census.gov/cedsci/>

Community Walkability

WalkScore.com ranks over 2,800 cities in the United States (over 10,000 neighborhoods) with a walk score. The Walk Score is determined by access to amenities and pedestrian friendliness, with a scoring range of 0 to 100.¹ A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle dependent location. Walkability scores ranged from 29 (car dependent) in Commerce to 87 in Whittier 90606 (very walkable).

Walkability

	ZIP Code	Walk Score	Definition
Bell/Bell Gardens	90201	66	Somewhat Walkable
Commerce	90040	29	Car Dependent
East Los Angeles	90022	77	Very Walkable
East Los Angeles	90023	80	Very Walkable
East Los Angeles	90063	80	Very Walkable
El Monte	91732	56	Somewhat Walkable

¹ WalkScore.com has established the range of scores as follows:
 0-24: Car Dependent (Almost all errands require a car)
 25-49: Car Dependent (A few amenities within walking distance)
 50-69: Somewhat Walkable (Some amenities within walking distance)
 70-89: Very Walkable (Most errands can be accomplished on foot)
 90-100: Walker's Paradise (Daily errands do not require a car)

	ZIP Code	Walk Score	Definition
Montebello	90640	66	Somewhat Walkable
Monterey Park	91754	66	Somewhat Walkable
Monterey Park	91755	62	Somewhat Walkable
Pico Rivera	90660	59	Somewhat Walkable
Rosemead	91770	71	Very Walkable
South El Monte	91733	48	Car Dependent
Whittier	90606	87	Very Walkable

Source: WalkScore.com, 2021. <http://www.walkscore.com>.

Parks, Playgrounds and Open Spaces

Children and teens who live near safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities.

Among children and teens, 94.8% in SPA 3 and 89.1% in SPA 7 lived within walking distance to a playground or open space. 66.2% of children and teens in SPA 3 and 80.0% in SPA 7 visited a park, playground, or open space within the past month.

Open Spaces, Children and Teens, Ages One Year and Older

	SPA 3	SPA 7	Los Angeles County	California
Lived within walking distance to park, playground, or open space	94.8%*	89.1%*	92.3%*	89.2%
Visited a park/playground/open space	66.2%*	80.0%*	74.2%	81.4%

Source: California Health Interview Survey, 2018. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among parents with children, 90.5% in SPA 3 and 96.1% in SPA 7 agreed/strongly agreed parks and playgrounds closest to where they lived were safe during the day. Among teens, 86.0% in SPA 3 and 99.4% in SPA 7 agreed/strongly agreed parks and playgrounds closest to where they lived were safe during the day.

Safe Open Spaces, Children and Teens

	SPA 3	SPA 7	Los Angeles County	California
Children, ages 1-11	90.5%*	96.1%	88.0%	89.7%
Teens, ages 12-17 [‡]	86.0%*	99.4%*	85.2%	88.2%

Source: California Health Interview Survey, 2019[‡], 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Crime and Violence

People can be exposed to crime and violence in many ways. They may be victimized directly, witness violence or property crimes in their community, or hear about crime and violence from other residents, all of which can affect their quality of life. Safe neighborhoods are a key component of physical and mental health. Among adults, 89.5% in SPA 3 and 87.0% in SPA 7 felt safe most/all the time.

Safe Neighborhood, Adults

	SPA 3	SPA 7	Los Angeles County	California
Feels safe all the time	32.1%	32.9%	29.4%	37.0%
Feels safe most of the time	57.4%	54.1%	54.9%	51.0%
Feels safe some of the time	9.3%	12.3%	13.9%	13.9%
Feels safe none of the time	1.2%	0.7%*	1.8%	1.4%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

When adults were asked about neighborhood cohesion, 78.3% in SPA 3 and 73.8% in SPA 7 agreed/strongly agreed neighbors were willing to help. 83% of adults in SPA 3 and 76% of adults in SPA 7 agreed/strongly agreed that people in their neighborhood could be trusted.

Neighborhood Cohesion, Adults

	SPA 3	SPA 7	Los Angeles County	California
People in neighborhood are willing to help	78.3%	73.8%	73.6%	78.1%
People in neighborhood can be trusted	83.0%	76.0%	76.8%	81.1%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

When teens were asked about neighborhood cohesion, 79.8% in SPA 3 and 86.1% in SPA 7 agreed/strongly agreed neighbors were willing to help. 81.5% of teens in SPA 3 and 77.6% of teens in SPA 7 agreed/strongly agreed that people in their neighborhood could be trusted. 72.4% of SPA 3 teens and 80.7% of SPA 7 teens felt safe in their neighborhoods.

Neighborhood Cohesion, Teens, Ages 12-17

	SPA 3	SPA 7	Los Angeles County	California
Feels safe in neighborhood	72.4%	80.7%*	80.5%	88.5%
People in neighborhood are willing to help	79.8%*	86.1%*	84.4%	87.1%
People in neighborhood can be trusted	81.5%	77.6%*	79.3%	82.4%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Crime Statistics

Violent crimes include homicide, rape, robbery, and aggravated assault. Property crimes include burglary, larceny theft, and motor vehicle theft. Arson includes fires set to structural, mobile, or other property. From 2018 to 2020 the number of violent crimes increased in Bell Gardens, Commerce and Whittier. Property crimes increase in Bell, Commerce, and Pico Rivera. Cases of arson increased in Bell Gardens, Commerce, El

Monte, Los Angeles, Monterey Park, Rosemead and South El Monte.

Violent Crimes, Property Crimes, Arson, Number, by Jurisdiction

	Violent Crimes		Property Crimes		Arson	
	2018	2020	2018	2020	2018	2020
Bell	184	182	495	502	0	0
Bell Gardens	117	150	633	618	4	12
Commerce	128	136	995	1,069	7	13
El Monte	362	348	2,242	1,175	20	21
Los Angeles	30,126	28,882	101,267	85,932	1,654	2,994
Montebello	218	178	1,643	1,064	86	36
Monterey Park	124	113	1,589	1,230	2	15
Pico Rivera	228	174	1,159	1,166	5	5
Rosemead	194	189	1,274	895	5	6
South El Monte	126	118	621	597	5	9
Whittier	233	237	2,225	1,634	11	3
Los Angeles County	58,567	54,600	237,184	213,377	2,684	4,271
California	176,866	173,864	940,998	841,171	8,523	11,759

Source: California Department of Justice, Office of the Attorney General, 2020. [State of California Department of Justice-OpenJustice](#)

Intimate Partner Violence

Physical violence is defined by being hit, slapped, pushed, kicked, or hurt by an intimate partner. In SPA 3, 11.7% of adult females and 5.5% of adult males have experienced physical violence. In SPA 7, 16.9% of adult females and 7.3% of adult males have experienced physical violence.

Sexual violence is defined as experiencing unwanted sex by an intimate partner. In SPA 3, 6.8% of adult females and 1.6% of adult males experienced sexual violence. In SPA 7, 13.2% of adult females and 2.4% of adult males experienced sexual violence.

Intimate Partner Violence

	SPA 3	SPA 7	Los Angeles County
Females have experienced physical violence	11.7%	16.9%	16.0%
Males have experienced physical violence	5.5%	7.3%	11.8%
Females have experienced sexual violence	6.8%	13.2%	10.1%
Males have experienced sexual violence	1.6%*	2.4%*	3.3%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. *Statistically unstable due to sample size. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Calls for domestic violence are categorized as with or without a weapon, and, since 2018, strangulation and suffocation were added to the classification. Weapons include

firearms, knives, other weapons, and personal weapons (hands, feet). In Los Angeles County, 78.0% of domestic violence calls included reported use of a weapon.

Domestic Violence Calls, by Jurisdiction

	Total Calls	No Weapon	Weapon Involved	Percent With Weapon	Strangulation/Suffocation
Bell	75	30	45	60.0%	15
Bell Gardens	83	80	3	3.6%	12
Commerce	77	16	61	79.2%	0
El Monte	378	59	319	84.3%	30
Los Angeles	17,084	0	17,804	100%	1,788
Montebello	66	1	65	98.4%	0
Monterey Park	98	85	13	13.2%	2
Pico Rivera	201	74	127	63.1%	0
South El Monte	122	28	94	77.0%	0
Whittier	79	8	71	89.8%	0
Los Angeles County	35,498	7,787	27,711	78.0%	2,541
California	160,646	88,018	72,628	45.2%	9,715

Source: California Department of Justice, Office of the Attorney General, 2020. <https://oag.ca.gov/crime/cjisc/stats/domestic-violence>

Community Input – Community Safety

Stakeholder interviews identified the following issues, challenges and barriers related to community safety. Following are their comments summarized and edited for clarity:

- Public safety is an increasing challenge with students. There are calls we get where a student has created a disturbance and the schools call law enforcement intervention.
- We do not see human trafficking in our area.
- We have seen alarming rates of increased domestic abuse violent crimes. A lot of it is taking place inside the home and we need more resources and services to assist families in counseling, therapy anger management, and conflict resolution. It is reasonable to assume when people can't leave their homes, there is an increase in domestic related crimes.
- On the south end of town, there is more gang activity. And some of the individuals who are homeless are becoming very bold and violent. We have no security here. We don't know who is walking in and how they are going to behave.
- We have an issue with the homeless population wandering in, yelling and sleeping on the benches in the front of our building. Residents are fearful of taking a walk outside, they don't want to run into someone who is mentally unstable.
- Community areas like parks and bike trails are often overtaken by people with mental health issues. As a result, families do not go to those places anymore. Even libraries are sometimes used by persons who are homeless or with mental illness are going to access public WIFI. And they are using the bathroom for their hygiene

needs.

- Certain categories of crimes have gone up. There are more petty crime and thefts.

Air Quality

Days with Ozone Levels above Regulatory Standard

Ground-level ozone is formed from pollutants emitted from cars, power plants, and other sources. The national ambient air quality standard for ozone is 0.070 parts per million (ppm); concentrations above 0.070 ppm are considered unhealthy, especially for sensitive groups such as children, those with asthma, and the elderly. In 2019, Los Angeles County had 58 days with ground-level ozone concentrations above the U.S. standard of 0.070 parts per million, as compared to California at 11 days.

Days with Ozone Levels above Regulatory Standard

	Los Angeles County	California
Number of days	58	11

Source: California Air Resources Board, [iADAM: Air Quality Data Statistics](#) (December 2020). <http://www.kidsdata.org>

Annual Average Particulate Matter Concentration

Fine particulate matter (PM 2.5) is an air pollutant commonly found in diesel exhaust. PM 2.5 refers to particles with a diameter of less than 2.5 microns, or about 1/10,000 of an inch. The national annual PM 2.5 standard is 12 micrograms per cubic meter. Concentrations at or above this standard are considered potentially harmful to health, especially for sensitive groups such as young children and those with asthma, and the elderly. In 2019, the annual average PM 2.5 concentrations in Los Angeles County were measured at 11.0 micrograms per cubic meter, as compared to California at 8.1 micrograms per cubic meter.

Particulate Matter Concentration, Annual Average

	Los Angeles County	California
Micrograms per cubic meter	11.0	8.1

Source: California Air Resources Board, [iADAM: Air Quality Data Statistics](#); U.S. Environmental Protection Agency, [Particulate Matter \(PM2.5\) Trends](#) (December 2020). <http://www.kidsdata.org>

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2030 objective for health insurance coverage is 92.1%. In the service area, 87.8% of the population (all age groups), 96.1% of children, ages 0 to 18, and 82.2% of adults, ages 19 to 64 have health insurance coverage.

Health insurance coverage ranged from 83.7% in Bell/Bell Gardens to 93.7% in Monterey Park 91755. Among children, health insurance coverage ranged from 93.5% in Commerce to 98.4% in Monterey Park 91755. Among adults, ages 19 to 64, health insurance coverage ranged from 75.6% in Bell/Bell Gardens to 91.3% in Monterey Park 91755.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 18 Years	19 to 64 Years
Bell/Bell Gardens	90201	83.7%	96.1%	75.6%
Commerce	90040	86.2%	93.5%	80.8%
East Los Angeles	90022	86.3%	95.3%	80.3%
East Los Angeles	90023	83.9%	94.6%	76.1%
East Los Angeles	90063	86.8%	95.3%	81.0%
El Monte	91732	85.7%	96.3%	79.3%
Montebello	90640	88.9%	96.8%	83.6%
Monterey Park	91754	93.1%	95.3%	90.3%
Monterey Park	91755	93.7%	98.4%	91.3%
Pico Rivera	90660	90.8%	97.4%	86.4%
Rosemead	91770	93.0%	98.0%	89.8%
South El Monte	91733	86.0%	95.4%	79.7%
Whittier	90606	89.6%	96.1%	85.3%
Beverly Service Area		87.8%	96.1%	82.2%
Los Angeles County		90.4%	96.1%	86.6%
California		92.5%	96.7%	89.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S2701. <https://data.census.gov/cedsci>

92.5% of SPA 3 residents and 90.2% of SPA 7 residents reported having health insurance, as compared to the county (91.5%) and the state (93.4%).

Current Insurance Coverage

	SPA 3	SPA 7	Los Angeles County	California
Insured	92.5%	90.2%	91.5%	93.4%
Uninsured	7.5%	9.8%	8.5%	6.6%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

49.7% of SPA 3 residents and 45.5% of SPA 7 residents, were covered through employment-based insurance, and 23.1% of residents in SPA 3 and 28.7% in SPA 7 had Medi-Cal coverage.

Health Insurance, by Type

	SPA 3	SPA 7	Los Angeles County	California
Employment-based	49.7%	45.5%	47.1%	50.9%
Medi-Cal	23.1%	28.7%	24.0%	21.0%
Medicare and others	10.5%	8.3%	9.6%	11.1%
Private purchase	3.5%	2.8%	4.5%	4.7%
Medi-Cal/Medicare	3.1%	2.8%	4.0%	3.1%
Medicare only	1.6%	1.3%*	1.4%	1.5%
Other public	1.0%*	0.8%*	0.9%	1.0%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among the total population, 49.9% in SPA 3 and 46.0% in SPA 7 reported cost as the main reason for being currently uninsured.

Main Reason for Currently Uninsured Status

	SPA 3	SPA 7	Los Angeles County	California
Cost	49.9%	46.0%	56.6%	50.7%
Change in working status or family situation	17.4%*	15.6%*	12.5%	12.7%
Employer did not offer, ineligible for insurance, or insurance dropped/ cancelled.	6.6%*	15.1%*	10.2%	10.4%
Does not need or believe in insurance	15.9%	14.9%	11.3%	10.7%
In process of learning about insurance coverage or confusion about coverage	6.9%	8.15*	7.1%	10.8%
Other	3.2%*	**	2.2%	4.8%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

5.2% of adults in SPA 3 and 4.5% of adults in SPA 7 reported their main health insurance was not accepted by a general doctor. 9.0% of adults in SPA 3 and 9.8% of adults in SPA 7 reported their main health insurance was not accepted by a medical specialist in the past 12 months.

Main Health Insurance not Accepted by Provider, Adults

	SPA 3	SPA 7	Los Angeles County	California
Main health insurance not accepted by general doctor	5.2%	4.5%	6.6%	5.3%
Main health insurance not accepted by medical specialist	9.0%	9.8%	10.7%	9.5%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Among adults, 53.4% in SPA 3 and 95.4% in SPA 7 reported finding an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO) very difficult or somewhat difficult as compared to the county (82.1%) and state (80.4%).

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO

	SPA 3	SPA 7	Los Angeles County	California
Very difficult/somewhat difficult	53.4%	95.4%*	82.1%	80.4%
Not too difficult/not at all difficult	46.6%	4.6%*	17.9%	19.6%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among adults, 61.6% in SPA 3 and 75.4% in SPA 7 reported finding an affordable health plan directly through Covered California very difficult or somewhat difficult.

Difficulty Finding Affordable Health Insurance Plan - Covered California

	SPA 3	SPA 7	Los Angeles County	California
Very difficult/somewhat difficult	61.6%	75.4%*	71.9%	65.6%
Not too difficult/not at all difficult	38.4%	24.6%*	28.1%	34.4%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Sources of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. 64.7% of residents in SPA 3 and 57.2% of residents in SPA 7 accessed care at a doctor's office, HMO or Kaiser. 19.7% of residents in SPA 3 and 27.7% in SPA 7 accessing care at a community/government clinic, or community hospital, and 14.5% of residents in SPA 3 and 14.1% in SPA 7 had no usual source of care.

Sources of Care

	SPA 3	SPA 7	Los Angeles County	California
Doctor's office/HMO/Kaiser	64.7%	57.2%	60.2%	63.9%
Community clinic/government, clinic/community hospital	19.7%	27.7%	22.2%	20.4%
ER/urgent Care	0.5%*	0.7%*	1.1%	0.9%
Other/no one place	0.6%	0.3%*	0.9%	1.2%
No usual source of care	14.5%	14.1%	15.7%	13.7%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

85.5% of residents in SPA 3 and 85.9% of residents in SPA 7 had a usual source of care.

Usual Source of Care

	SPA 3	SPA 7	Los Angeles County	California
All Ages	85.5%	85.9%	84.3%	86.3%
Ages 0-17	90.0%	90.8%*	90.2%	90.7%
Ages 18-64	81.9%	83.3%	79.7%	82.5%
Ages 65 and older	94.0%	88.4%*	93.9%	94.6%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

In SPA 3, 98.3% of Black/African Americans had a usual source of care. 90.8% of Whites, 87.7% of individuals of two or more races, 84.5% of Asians, and 82.5% of Latinos had a usual source of care. In SPA 7, 96.5% of Black/African Americans had a usual source of care. 93.0% of individuals of two or more races, 91.8% of Whites, 84.9% of Latinos, and 82.9% of Asians had a usual source of care.

Usual Source of Care, by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
Asian	84.5%	82.9%	84.4%	85.8%
Black/African American	98.3%*	96.5%*	90.9%	90.4%
Latino	82.5%	84.9%	81.1%	82.1%
Two or More Races	87.7%	93.0%*	84.5%	88.1%
White	90.8%	91.8%	88.3%	90.1%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

9.1% of adults in SPA 3 and 10.7% of adults in SPA 7 reported their doctor's office connected their family with community services, as compared to the county at 12.8% and state at 12.9%.

Connected to Community Resources

	SPA 3	SPA 7	Los Angeles County	California
Doctor's office connected family to community-based services	9.1%	10.7%	12.8%	12.9%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

9.2% of adults in SPA 3 and 13.5% of adults in SPA 7 reported receiving care from their health provider through video and/or phone in the past 12 months.

Received Care by Video/Phone, Adults

	SPA 3	SPA 7	Los Angeles County	California
Received care from health provider through video/phone	9.2%	13.5%	11.7%	12.4%

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu/>

In SPA 3, 16.4% of the population visited an emergency room (ER) in the past 12

months. Children, ages 0 to 11, were the most frequent users (20.1%). In SPA 7, 15.7% of the population visited an emergency room (ER) in the past 12 months. Children were the most frequent users (19.1%).

Use of the Emergency Room

	SPA 3	SPA 7	Los Angeles County	California
Visited ER in last 12 months	16.4%	15.7%	16.7%	16.8%
Ages 0-11	20.1%	19.1%*	15.3%	13.7%
Ages 12-17	15.3%*	18.2%*	21.1%	21.4%
Ages 18-64	15.4%	13.7%	14.4%	15.5%
Ages 65 and older	17.3%	19.0%	25.1%	22.7%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Difficulty Accessing Care

Among adults, 5.7% in SPA 3 and 6.1% in SPA 7 had difficulty finding primary care. Typically, individuals find it more difficult to access specialty care than primary care. Among adults, 15.7% in SPA 3 and 13.2% in SPA 7 had difficulty finding specialty care.

Difficulty Finding Primary and Specialty Care, Adults

	SPA 3	SPA 7	Los Angeles County	California
Difficulty finding primary care	5.7%	6.1%	7.9%	7.6%
Difficulty finding specialty care	15.7%	13.2%	16.2%	14.7%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Among children, ages 0-17, 9.4% in SPA 3 and 9.9% in SPA 7 had difficulty accessing medical care in the previous 12 months.

Difficulty Accessing Care in the Past Year, Children, Ages 0-17

	SPA 3	SPA 7	Los Angeles County
Children reported to have difficulty accessing medical care	9.4%	9.9%	9.3%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

A delay of needed care can lead to an increased risk of health care complications. Among adults, 16.9% in SPA 3 and 15.2% in SPA 7 were not able to get a doctor's appointment within two days due to sickness or injury in the past 12 months.

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

	SPA 3	SPA 7	Los Angeles County	California
Always able	30.9%	22.6%	24.6%	28.8%
Usually able	28.1%	21.9%	28.4%	29.4%
Sometimes able	24.1%	40.2%	31.4%	28.7%
Never able	16.9%	15.2%	15.7%	13.2%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Among adults who did not speak English “Very Well,” 8.3% in SPA 3 and 5.3% in SPA 7 had difficulty or a hard time understanding their doctor.

Language Difficulty in Understanding Doctor

	SPA 3	SPA 7	Los Angeles County	California
Hard time understanding doctor	8.3%*	5.3%*	8.2%	8.2%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>.

Delayed or Forgone Care

13.5% of residents in SPA 3 and 9.8% of residents in SPA 7 delayed or did not get medical care within the prior 12 months. Among this population, a personal reason (39.5%) was the most frequent reason to delay or not get medical care in SPA 3. In SPA 7, cost, lack of insurance, or other insurance reason (44.1%) was the most frequent reason to delay or not get medical care. 20.6% of SPA 3 residents and 22.1% of SPA 7 residents stated COVID-19 was the reason they delayed or did not get medical care. Among the population that delayed or did not get medical care, 53.2% in SPA 3 and 57.4% in SPA 7 had to forego needed medical care. 6.0% of SPA 3 residents and 7.4% of SPA 7 residents delayed or did not get prescription medication.

Delayed Care in Past 12 Months, All Ages

	SPA 3	SPA 7	Los Angeles County	California
Delayed or did not get medical care	13.5%	9.8%	13.8%	13.8%
Cost, lack of insurance, or other insurance reasons	20.2%	44.1%	34.7%	32.7%
COVID-19	20.6%	22.1%	17.8%	21.6%
Personal reason	39.5%	19.8%	26.6%	26.8%
Healthcare system/provider issues and barriers	19.7%*	14.0%*	20.9%	18.8%
Had to forego needed medical care	53.2%	57.4%	58.7%	59.9%
Delayed or did not get prescription meds	6.0%	7.4%	8.0%	8.1%

Source: California Health Interview Survey, 2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Access to Primary Care Community Health Centers

Funded under section 330 of the Public Health Act, Federally Qualified Health Centers (FQHC) provide primary care services including, but not limited to, medical, dental, and mental health services to low-income, uninsured, and medically underserved populations. There are 17 FQHC and/or Look-A-Like entities located in the service

area.² The majority of these FQHCs operate clinic sites across the service area and beyond. However, as shown below, patients residing in service area ZIP Codes may utilize FQHC's outside of the service area.

FQHCs Serving Most Area Patients, by ZIP Code

	ZIP Code	Dominant FQHC Entity
Bell/Bell Gardens	90201	AltaMed Health Services Corporation
Commerce	90040	AltaMed Health Services Corporation
East Los Angeles	90022	AltaMed Health Services Corporation
East Los Angeles	90023	AltaMed Health Services Corporation
East Los Angeles	90063	AltaMed Health Services Corporation
El Monte	91732	AltaMed Health Services Corporation
Montebello	90640	AltaMed Health Services Corporation
Monterey Park	91754	Garfield Health Center
Monterey Park	91755	Garfield Health Center
Pico Rivera	90660	AltaMed Health Services Corporation
Rosemead	91770	Herald Christian Health Center
South El Monte	91733	AltaMed Health Services Corporation
Whittier	90606	AltaMed Health Services Corporation

Source: UDS Mapper, 2020. <http://www.udsmapper.org>

Even with Community Health Centers in the service area, as well as those directly outside the service area, there are many low-income residents who are not served by one of these clinic providers. In 2020, FQHCs and FQHC Look-Alikes served a total of 131,754 patients in the service area, which equates to 43.79% coverage among low-income patients and 19.60% coverage among the total population. However, 56.21% of the population, at or below 200% FPL, are not served by a Community Health Center. It should be noted that these individuals may be accessing health care services through non-FQHC providers (private, county, other) or not using health care services.

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

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Penetration of Among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
300,889	131,754	43.79%	19.60%	169,135	56.21%

Source: UDS Mapper, 2020 <http://www.udsmapper.org>

² AltaMed Health Services Corporation, Beverly Care Family Care Center, Center for Family Health and Education, Central City Community Health Center, CHAPCare, Complete Care Community Health Center, Family Health Centers of Greater Los Angeles, Garfield Health Center, Herald Christian Health Center, Los Angeles Christian Health Centers, Northeast Community Clinic, Queens Care, South Central Family Health Center, Southern California Medical Center, St. John's Well Child and Family Center, Tzu Chi Community Clinic, Via Care.

Oral Health Care Access and Utilization

Oral health is essential to overall health and wellbeing. Among children, ages 3 to 11, and those ages 2 and younger with teeth, 5.7% in SPA 3 and 8.8% in SPA 7 did not have dental insurance. Among adults, 32.3% in SPA 3 and 36.7% in SPA 7 did not have dental insurance.

Dental Insurance, Adults and Children

	SPA 3	SPA 7	Los Angeles County	California
Children without dental insurance	5.7%*	8.8%	7.5%	7.4%
Adults without dental insurance	32.3%	36.7%	34.4%	30.7%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Regular dental visits are essential for the maintenance of healthy teeth and gums. 67.6% of adults in SPA 3 and 61.0% in SPA 7 had a dentist visit less than six months and up to 1 year ago.

Dental Utilization, Adults

	SPA 3	SPA 7	Los Angeles County	California
Never been to a dentist	2.3%	2.0%	3.1%	2.6%
Been to dentist ≤ 6 months ago	48.8%	43.5%	46.0%	50.0%
Been to dentist >6 months up to 1 year ago	18.8%	17.5%	19.4%	18.4%
Been to dentist >1 year up to 2 years ago	14.4%	15.9%	14.2%	12.7%
Been to dentist >2 years up to 5 years ago	7.7%	11.6%	9.6%	8.9%
Been to dentist > 5 years ago	8.8%	9.5%	7.7%	7.3%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Among children, ages 3 to 11, and those under age 3 with teeth, 76.3% in SPA 3 had a dental visit less than six months and up to 1 year ago. 18.5% of SPA 3 children have never been to a dentist. 11.6% of families could not afford needed dental care for their child. Among children in SPA 7, 79.9% had a dental visit less than six months and up to one year ago. 16.2% of SPA 7 children have never been to a dentist. 5.8% of families could not afford needed dental care for their children.

Dental Utilization, Children, Ages 3-11

	SPA 3	SPA 7	Los Angeles County	California
Parent could not afford needed dental care for child	11.6%	5.8%*	6.5%	6.6%
Never been to the dentist	18.5%	16.2%	14.0%	14.8%
Been to dentist ≤6 months ago	64.5%	63.4%	65.6%	66.0%
Been to dentist >6 months up to 1 year ago	11.8%*	16.5%	16.6%	14.8%

	SPA 3	SPA 7	Los Angeles County	California
Been to dentist >1 year up to 2 years ago	5.2%*	2.1%*	2.9%*	3.4%
Been to dentist >2 years up to 5 years ago	**	1.9%*	1.0%*	0.8%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Among teens, ages 12 to 17, 97.8% in SPA 3 and 89.3% in SPA 7 had a dentist visit less than six months and up to 1 year ago.

Dental Utilization, Teens, Ages 12-17

	SPA 3	SPA 7	Los Angeles County	California
Been to dentist ≤6 months ago	79.6%*	75.2%	79.2%	75.0%
Been to dentist >6 months up to 1 year ago	18.2%*	14.1%	13.6%	16.1%
Been to dentist >1 year up to 2 years ago	**	3.8%*	3.2%	4.3%
Been to dentist >2 years up to 5 years ago	**	**	1.8%*	2.3%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Oral Health Hygiene/Conditions

Poor oral hygiene can lead to dental cavities and gum disease, and has also been linked to heart disease, cancer, and diabetes. Poor oral health can impact the ability to chew or swallow food resulting inadequate food intake or malnutrition, as well as affect mental health and self-esteem, and possible employment. Among adults, 72.5% in SPA 3 and 69.8% in SPA 7 self-reported their teeth were in Excellent/Very Good/Good condition. 3.2% of adults in SPA 3 and 3.5% in adults of SPA 7 self-reported having no natural teeth.

Condition of Teeth, Adults

	SPA 3	SPA 7	Los Angeles County	California
Excellent	10.1%	7.1%	10.0%	11.6%
Very Good	28.1%	25.6%	27.5%	29.1%
Good	34.3%	37.1%	32.6%	31.6%
Fair	18.8%	20.3%	20.6%	18.5%
Poor	5.5%	6.4%	6.9%	6.9%
Has no natural teeth	3.2%*	3.5%*	2.3%	2.3%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among teens, 86.4% in SPA 3 and 88.4% in SPA 7 self-reported their teeth were in Excellent/Very Good/Good condition.

Condition of Teeth, Teens

	SPA 3	SPA 7	Los Angeles County	California
Excellent	18.4%	22.9%*	14.8%	15.9%
Very Good	28.6%	29.7%	42.2%	40.5%
Good	39.4%	35.8%	27.8%	31.8%
Fair/Poor	13.6%*	11.6%*	15.8%	11.8%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Community Input – Access to Care

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

- People are unable to get transportation to get to doctor's appointments. Or if there is an issue with their transportation, they miss their doctor appointment and care gets delayed.
- I don't know if there are health care options available for people without insurance. Is urgent care open on the weekend and late at night so people don't have to go to the ED?
- Transportation is an issue as most of our residents have several doctors. Some haven't gone to the dentist in years. And many will only go to the doctor to get their prescriptions refilled.
- Doctors are not taking sufficient time to listen to their patients. People feel their doctors aren't taking time to find out how they are really feeling, they are just pushing pills for pain.
- Having access to quality health care so families do not have to use the ED is critical.
- For persons who are undocumented, their kids qualify for Medi-Cal but they decide not to use it. They feel it will impact their ability to naturalize or become a citizen.
- Latinx, Black/African American populations have disparities with access to health care. Families struggle to reach clinics due to transportation.
- We need to inform the community on how to get health insurance.

Birth Indicators

Births

From 2014 to 2018, there were an average of 8,887 births in the service area.

Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 701.5 per 1,000 live births, which is higher than the county (542.9 per 1,000 live births) and state (498.5 per 1,000 live births) rates.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	6,234	701.5	542.9	498.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Teen Birth Rate

The teen birth rate in the service area is 22.8 per 1,000 females, ages 15-19. The teen birth rate for the county and state is 17.3 per 1,000 females, ages 15-19.

Teen Birth Rate, per 1,000 Females, Ages 15 to 19

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to teen mothers ages 15-19	524	22.8	17.3	17.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001

Prenatal Care

Among pregnant women in the service area, 13.1% (131.1 per 1,000 live births) entered prenatal care after the first trimester. This equates to 86.9% of pregnant women started prenatal care in the first trimester.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late prenatal care entry	1,165	131.1	148.2	161.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Premature Birth

The rate of premature births (less than 37 full weeks of gestation) in the service area was 85.9 per 1,000 live births. This rate of premature births was lower than the county (88.5 per 1,000 live births).

Premature Birth Rate, per 1,000 Live Births

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature birth	763	85.9	88.5	85.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Low Birth Weight

Babies born at a low birth weight (<2,500g) are at higher risk for disease, disability, and possible death. The service area rate of low-birth-weight babies was 66.0 per 1,000 live births. This rate is lower than county and state rates.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	592	66.0	72.0	68.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Women Who Smoked Regularly During Pregnancy

The service area rate of women who smoked during pregnancy (at least once per day for at least three months) is 2.1 per 1,000 live births. This rate is lower than the county and state.

Women Who Smoked During Pregnancy, per 1,000 Live Births

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Women who smoked	18	2.1	6.2	15.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Infant Mortality

For the purposes of this table, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in Los Angeles County, from 2016 to 2018, was 4.11 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality Rate, per 1,000 Live Births, Three-Year Average

	Rate
Los Angeles County	4.11
California	4.21

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2016-2018, on CDC WONDER. <https://wonder.cdc.gov/lbd-current.html>

Breastfeeding

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Beverly Hospital indicated 89.4% of mothers engaged in any breastfeeding and 29.8% breastfed exclusively. The hospital rates of any or exclusive breastfeeding were lower than the county and state rates.

In-Hospital Breastfeeding

	Total Births	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Number	Percent	Number	Percent
Beverly Hospital	634	567	89.4%	189	29.8%
Los Angeles County	98,341	92,163	93.7%	61,455	62.5%
California	386,206	361,719	93.7%	270,189	70.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019

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

Latino mothers were the most frequent ethnic group to deliver at Beverly Hospital, with 90.7% engaging in any breastfeeding and 32.7% breastfeeding exclusively.

In-Hospital Breastfeeding, Beverly Hospital, by Race/Ethnicity of Mother

	Total Births	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Number	Percent	Number	Percent
Latino/Hispanic	507	460	90.7%	166	32.7%
Asian	93	80	86.0%	14	15.1%
White	15	10	66.7%	*	*
Multiple Race	4	*	*	*	*
Black/African American	4	*	*	*	*
Other	4	*	*	*	*

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019. *Numbers and percents not shown for <10 events. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Community Input – Birth Indicators

Stakeholder interviews identified the following issues, challenges and barriers related to birth indicators. Following are their comments summarized and edited for clarity:

- I don't think women in our community have the same options or are even told about their options. They have emergency C-sections or go through other procedures without understanding what they are doing.

- A lot of times, for their first pregnancy, women don't know what to expect and feel rushed into an epidural when that wasn't the first choice and they did not feel empowered to say no to those things.
- Teen parents share that they are often talked at versus talked to. They do not have their opinions taken into account as what is best for them.

Leading Causes of Death

Life Expectancy

Life expectancy in Los Angeles County is 82.4 as compared to California at 81.7 years.

Life Expectancy, 2017-2019

	Los Angeles County	California
Life expectancy	82.4	81.7

Source: National Center for Health Statistics – Mortality Files, County Health Rankings, 2021.
<https://www.countyhealthrankings.org/app/california/2021/measure/outcomes/147/datasource>

Premature Mortality

In Los Angeles County, the premature mortality rate was 260 per 100,000 deaths among residents who died before the age of 75, which is considered a premature death. The total of the Years of Potential Life Lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 5,000 years.

Premature Mortality, 2017-2019

	Los Angeles County	California
Premature age adjusted mortality rate	260	270
Years of Potential Life Lost (YPLL) (deaths under age 75)	5,000	5,300

Source: National Center for Health Statistics – Mortality Files, County Health Rankings, 2021.
<https://www.countyhealthrankings.org/app/california/2021/measure/outcomes/127/data>

Leading Causes of Death

The causes of death are reported as age-adjusted mortality rates. Age-adjusting eliminates the bias of age in the makeup of the populations that are compared. When comparing across geographic areas, age-adjusting is used to control the influence that population age distributions might have on health event rates. The five year average mortality rate for the service area was 529.0 per 100,000 persons. When looking at causes of death by number and rate in the service area population, the top five causes of death are heart disease, cancer, stroke, diabetes, and Alzheimer’s disease.

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

Causes of Death	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Five-Year Average	3,513	529.0	569.8	614.4
Heart Disease	957	127.5	146.9	142.7
Cancer	892	124.6	134.3	139.6
Stroke	243	32.7	33.3	36.4
Diabetes	215	29.8	23.1	21.3

Causes of Death	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's Disease	190	23.9	34.2	35.4
Pneumonia and Influenza	155	20.6	19.2	14.8
Chronic Lower Respiratory Disease	154	20.7	28.1	32.1
Unintentional Injury	139	19.7	22.6	31.8
Liver Disease	130	18.2	13.0	12.2
Kidney Disease	98	13.4	11.2	8.5
Homicide	42	6.0	5.7	5.0
Suicide	37	5.3	7.9	10.5
HIV	11	1.7	2.1	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Heart Disease

In the service area, the age-adjusted mortality rate for heart disease (127.5 per 100,000 persons) was lower than the county (146.9 per 100,000 persons) and the state (142.7 per 100,000 persons) rates. The rate of ischemic heart disease deaths (a sub-category of heart disease) was 89.4 per 100,000 persons in the service area. The rate of ischemic heart disease deaths in the service area was higher than the Healthy People 2030 objective of 71.1 per 100,000 persons.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	957	127.5	146.9	142.7
Ischemic heart disease death rate	267	89.4	106.8	88.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate was 124.6 per 100,000 persons. This was lower than the county rate (134.3 per 100,000 persons) and the state rate (139.6 per 100,000 persons). The cancer death rate in the service area was higher than the Healthy People 2030 objective of 122.7 per 100,000 persons.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	892	124.6	134.3	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Mortality rates for specific types of cancer are available at the county level from the National Cancer Institute. In Los Angeles County, the top five highest rates of cancer are lung and bronchus, prostate, female breast, colon and rectum, and pancreas.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons, 2014-2018

	Los Angeles County	California
Lung and bronchus	25.5	28.1
Prostate	20.2	19.9
Breast (female)	19.6	19.4
Colon and rectum	13.2	12.5
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.8
Ovary	7.2	6.9
Leukemias	5.9	5.9
Uterus, (Corpus & Uterus NOS)	5.4	5.0
Non-Hodgkin lymphoma	5.2	5.2
Stomach	5.1	3.9
Brain and other nervous system	4.2	4.4
Urinary Bladder	3.5	3.9
Kidney and renal pelvis	3.1	3.4
Cervix	2.6	2.2
Oral Cavity and Pharynx	2.3	2.5
Melanoma of the skin	1.4	2.1
Thyroid	0.7	0.6
Testis	0.3	0.3

Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute, www.cdc.gov/cancer/dataviz

Stroke

The age-adjusted rate of death from stroke in the service area was 32.7 per 100,000 persons. The rate of stroke deaths in the service area was lower than the Healthy People 2030 objective of 33.4 per 100,000 persons.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Stroke death rate	243	32.7	33.3	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

Diabetes may be underreported as a cause of death. The age-adjusted mortality rate from diabetes in the service area (29.8 per 100,000 persons) was higher the county rate (23.1 per 100,000 persons) and the state rate (21.3 per 100,000 persons).

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	215	29.8	23.1	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

According to the World Health Organization, Alzheimer's disease is the most common form of dementia and may contribute to 60% to 70% of cases.³ In the service area, the Alzheimer's disease death rate was 23.9 per 100,000 persons. This rate was lower than the county (34.2 per 100,000 persons) and state (35.4 per 100,000 persons) rates.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	190	23.9	34.2	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

In the service area, the pneumonia and influenza age-adjusted death rate was 20.6 per 100,000 persons, which was higher than the county rate (19.2 per 100,000 persons), and state rate (14.8 per 100,000 persons).

³ Source: World Health Organization, Dementia Fact Sheet, September 21, 2020. <https://www.who.int/news-room>

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	155	20.6	19.2	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area was 20.7 per 100,000 persons, which was lower than county (28.1 per 100,000 persons) and state (32.1 per 100,000 persons) rates.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	154	20.7	28.1	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area was 19.7 per 100,000 persons. In the service area, the death rate for unintentional injuries was lower than the Healthy People 2030 objective of 43.2 per 100,000 persons.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	139	19.7	22.6	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

Mortality from liver disease was higher in the service area (18.2 per 100,000 persons) than in the county (13.0 per 100,000 persons) and the state (12.2 per 100,000 persons). In the service area, the death rate for liver disease was above the Healthy People 2030 objective for liver disease deaths of 10.9 per 100,000 persons.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	130	18.2	13.0	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

In the service area, the kidney disease death rate was 13.4 per 100,000 persons. This rate was higher than the county rate (11.2 per 100,000 persons) and the state rate (8.5 per 100,000 persons).

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	98	13.4	11.2	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Homicide

In the service area, the age-adjusted death rate from homicides was 6.0 per 100,000 persons. This rate was higher than county (5.7 per 100,000 persons), and state (5.0 per 100,000 persons) rates. In the service area, the homicide rate was higher than the Healthy People 2030 objective of 5.5 per 100,000 persons.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	42	6.0	5.7	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Suicide

In the service area, the age-adjusted death rate due to suicide was 5.3 per 100,000 persons. The suicide rate for the service area was lower than the Healthy People 2030 objective of 12.8 per 100,000 persons.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	37	5.3	7.9	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

HIV

In the service area, the death rate from HIV was 1.7 per 100,000 persons. This rate was lower than the county HIV death rate (2.1 per 100,000 persons) but higher than the state HIV death rate (1.6 per 100,000 persons).

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	11	1.7	2.1	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. Values of 3 or less are withheld per HIPAA guidelines.

Drug-Induced Deaths

The age-adjusted death rate from drug-induced causes in Los Angeles County was 10.4 per 100,000 persons, which was lower than the state rate of 14.3 per 100,000 persons. The Healthy People 2030 objective for drug-induced deaths is 20.7 per 100,000 persons.

Drug-Induced Death Rates, Age-Adjusted, per 100,000 Persons, 2017-2019

	Rate
Los Angeles County	10.4
California	14.3

Source: California Department of Public Health, County Health Status Profiles, 2021.
<https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

At Beverly Hospital the top four primary diagnoses resulting in hospitalization were diseases of the circulatory system, diseases of the digestive system, certain infectious and parasitic diseases, pregnancy, childbirth and the puerperium.

Beverly Hospitalization Rates, by Principal Diagnoses, Top Ten Causes

	Percent
Diseases of the circulatory system	7.61%
Diseases of the digestive system	6.56%
Certain infectious and parasitic diseases	4.36%
Pregnancy, childbirth and the puerperium	4.17%
No Default CCSR	4.16%
Disease of the genitourinary system	3.96%
Certain conditions originating in the perinatal period	3.77%
Injury, poisoning and certain other consequences of external causes	3.44%
Endocrine, nutritional and metabolic diseases	2.98%
Diseases of the musculoskeletal system and connective tissue	1.98%

Source: California Department of Health Care Access and Information, Facility Summary Report Hospital Inpatient, 2020.

https://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Department Rates by Diagnoses

At Beverly Hospital, the top five primary diagnoses seen in the Emergency Department were symptoms, signs and abnormal clinical and laboratory findings, diseases of respiratory system, injuries/poisonings, diseases of the musculoskeletal system and connective tissue, and diseases of the circulatory system.

Beverly Emergency Department Rates, by Principal Diagnoses, Top Ten Causes

	Percent
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	6.12%
Diseases of the respiratory system	5.23%
Injury, poisoning and certain other consequences of external causes	5.12%
Diseases of the musculoskeletal system and connective tissue	2.37%
Diseases of the circulatory system	2.08%
Diseases of the genitourinary system	1.85%
Mental, behavioral and neurodevelopmental disorders	1.57%
Diseases of the digestive system	1.55%
Diseases of the nervous system	1.40%
Factors influencing health status and contact with health services	1.19%

Source: California Department of Health Care Access and Information, Facility Summary Report Emergency Department, 2020.

https://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

COVID-19

As of January 31, 2022, there were 2,541,189 confirmed cases of COVID-19 in Los Angeles County, with a rate of 221.9 cases per 100,000 residents. This rate is higher than the statewide average of 179.9 cases per 100,000 persons. Through January 31, 2022, 28,718 residents of Los Angeles County had died due to COVID-19 complications, at a rate of 0.3 deaths per 100,000 persons, as compared to the statewide rate 0.2 per 100,000 persons.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, 1/31/2022

	Los Angeles County		California	
	Number	Rate	Number	Rate
Cases	2,541,189	221.9	7,915,768	179.9
Deaths	28,718	0.3	79,382	0.2

Source for LA County and California case and death numbers: California State Health Department, COVID-19 Dashboard, January 31, 2022. <https://covid19.ca.gov/state-dashboard>

In Los Angeles County, 84.8% of the Asian population, 84.3% individuals of multiple races, 73.3% of the White population, 55.5% of the Latino population, and 53.9% of the Black population are fully vaccinated for COVID-19.

Fully Vaccinated (1+ Dose) for COVID-19, by Race, 1/26/2022

	Los Angeles County Fully Vaccinated	California Fully Vaccinated
Asian	84.8%	91.2%
Multiple Race	84.3%	58.9%
White	73.3%	65.5%
Latino	55.5%	56.3%
Black	53.9%	54.7%

Source: Los Angeles Public Health Department, COVID-19 Vaccination Dashboard, Vaccination percentage, January 26, 2022. Reviewed 1/27/2022. <http://publichealth.lacounty.gov/media/Coronavirus/vaccine/vaccine-dashboard.htm>

In Los Angeles County, 22.4% of children, ages 5 to 11, 70.6% of teens, ages 12 to 17, 78.3% of adults, ages 18 to 49, 81.3% of adults, ages 50 to 64, and 78.6% of adults, ages 65 and older, are fully vaccinated for COVID-19.

COVID-19 Vaccinations, by Age, 1/26/2022

	Los Angeles County		California	
	Partially Vaccinated	Fully Vaccinated	Partially Vaccinated	Fully Vaccinated
Ages, 5-11	9.7%	22.4%	9.4%	24.1%
Ages, 12-17	8.9%	70.6%	8.3%	64.0%
Ages, 18-49	9.1%	78.3%	9.5%	76.1%
Ages, 50-64	7.5%	81.3%	8.1%	82.9%
Ages, 65+	7.2%	78.6%	8.1%	83.0%

Source: California Department of Public Health, January 26, 2022. Reviewed 1/27/2022. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group>

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments summarized and edited for clarity:

- COVID created barriers and additional exposures for employees.
- I think the small business people have been really hurt. They have had to cut back hours and they can't get workers. They feel lucky to even be able to keep their doors open.
- Initially, mask wearing was a challenge because some people would forget, others didn't believe in masking. And then others weren't comfortable being around others who weren't masked.
- There was a fear of coming outside, a lack of exercise, even taking a walk.
- The hardest issue has been staff turnover. There was a lack of childcare and parents had to stay at home and care for their children.
- Some staff felt that what they are earning wasn't worth the risk they were taking.
- People had their work hours cut or they lost their jobs all together and that added significant stress to families, especially those living in tight quarters.

Diabetes

Among adults, 11.9% in SPA 3 and 14.0% in SPA 7 reported they have been diagnosed with diabetes as compared to the county at 11.6% and state at 10.5%.

Diabetes, Adults

	SPA 3	SPA 7	Los Angeles County	California
Ever diagnosed with diabetes	11.9%	14.0%	11.6%	10.5%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

In SPA 3, Latino adults had the highest rate of diabetes (13.3%), followed by Black/African American adults (12.3%), White adults (12.0%), and Asian adults (9.9%). In SPA 7, Latino adults had the highest rate of diabetes (15.0%), followed by Asian adults (12.5%), White adults (10.8%), and Black/African American adults (3.1%).

Diabetes, by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
Asian	9.9%	12.5%	10.5%	10.7%
Black/African American	12.3%*	3.1%*	13.9%	14.9%
Latino	13.3%	15.0%	13.7%	12.2%
Two or more races	**	**	7.1%	8.0%
White	12.0%	10.8%	7.8%	8.4%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Suppressed due to sample size. <http://ask.chis.ucla.edu/>

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). Among adults, 27.0% in SPA 3 and 26.8% in SPA 7 have been diagnosed with high blood pressure. Among adults, 7.6% in SPA 3 and 7.1% in SPA 7 have been diagnosed with borderline high blood pressure.

High Blood Pressure, Adults

	SPA 3	SPA 7	Los Angeles County	California
Has/had high blood pressure	27.0%	26.8%	26.1%	25.7%
Has/had borderline high blood pressure	7.6%	7.1%	7.2%	7.5%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

In SPA 3, Black/African American adults had the highest rates of high blood pressure (35.2%), followed by White adults (32.3%), Latino adults (28.2%), Asian adults (22.0%), and adults of two or more races (11.0%). In SPA 7, Black/African American adults had the highest rates of high blood pressure (36.4%), followed by White adults (32.1%), adults of two or more races (30.1%), Asian adults (28.0%), and Latino adults (26.0%).

High Blood Pressure, by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
Asian	22.0%	28.0%	24.6%	21.8%
Black/African American	35.2%*	36.4%	40.3%	38.6%
Latino	28.2%	26.0%	23.8%	22.4%
Two or more races	11.0%*	30.1%*	16.7%	20.4%
White	32.3%	32.1%	27.6%	28.7%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Heart Disease

Among adults, 6.2% in SPA 3 and 3.7% in SPA 7 have been diagnosed with heart disease.

Heart Disease, Adults

	SPA 3	SPA 7	Los Angeles County	California
Has heart disease	6.2%	3.7%	6.4%	6.8%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

In SPA 3, 12.1% of White adults, 5% of Latino adults and 4.7% of Asian adults have heart disease. In SPA 7, 9.9% of White adults, 4.3% of Asian adults and 2.7% of Latino adults have heart disease.

Heart Disease, by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
Asian	4.7%	4.3%*	5.1%	5.3%
Black/African American	**	**	9.0%	7.1%
Latino	5.0%	2.7%	4.6%	4.3%
Two or more races	**	**	1.4%*	4.2%
White	12.1%	9.9%	10.1%	10.1%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Asthma

Among the population, 13.3% in SPA 3 and 13.7% in SPA 7, have been diagnosed with asthma. In SPA 3, 13.6% of adults and 12.4% of children, ages 1 to 17, have been diagnosed with asthma. In SPA 7, 14.3% of adults and 11.9% of children, ages 1 to 17, have been diagnosed with asthma. Among those with diagnosed with asthma, 36.8% in SPA 3 and 30.1% in SPA 7 had an asthma episode/attack in the past 12 months. 46.1% in SPA 3 and 41.2% in SPA 7 take daily medication to control their symptoms.

Asthma, Total Population, Adults and Children

	SPA 3	SPA 7	Los Angeles County	California
Ever diagnosed with asthma, all ages	13.3%	13.7%	14.8%	15.3%
Ever diagnosed with asthma, adults	13.6%	14.3%	15.2%	16.2%
Ever diagnosed with asthma, ages 1-17	12.4%	11.9%	13.3%	12.4%
Has had an asthma episode/attack in past 12 months, all ages	36.8%	30.1%	28.7%	29.6%
Has had an asthma episode/attack in past 12 months, adults	31.7%	30.9%	25.8%	28.7%
Has had an asthma episode/attack in past 12 months, ages 1-17	57.8%*	34.5%	40.3%	33.7%
Takes daily medication to control asthma, all ages	46.1%	41.2%	44.6%	43.7%
Takes daily medication to control asthma, adults	56.8%	41.1%	46.1%	44.4%
Takes daily medication to control asthma, ages 1-17	18.7%*	36.9%*	38.5%	40.6%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

In SPA 3, 29.3% of individuals of two or more races, 20.5% of Whites, 18.0% of Black/African Americans, 10.7% of Latinos, and 10.4% of Asians were diagnosed with asthma. In SPA 7, 17.6% of Black/African Americans, 15.5% of Whites, 13.9% of Latinos, and 6.5% of Asians were diagnosed with asthma.

Asthma, by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
Asian	10.4%	6.5%*	10.9%	11.2%
Black/African American	18.0%*	17.6%*	22.8%	18.2%
Latino	10.7%	13.9%	13.6%	14.6%
Two or more races	29.3%*	**	25.6%	25.5%
White	20.5%	15.5%	15.6%	16.1%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Suppressed due to sample size. <http://ask.chis.ucla.edu/>

Cancer

In Los Angeles County, the highest incidence rates were for female breast, prostate, lung and bronchus, colon and rectum, and uterine cancer.

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, 2014-2018

	Los Angeles County	California
Cancer all sites	377.3	402.4
Breast (female)	117.1	121.8
Prostate	89.1	92.3
Lung and bronchus	35.7	40.3
Colon and rectum	35.5	34.8
Uterine	27.1	26.5
Non-Hodgkin lymphoma	17.5	18.3
Urinary bladder	14.4	16.4
Kidney and renal pelvis	14.2	14.9
Melanomas of the skin	13.6	23.0
Thyroid	13.3	13.1
Leukemia, all	11.8	12.3
Ovary	11.6	11.1
Pancreas	11.6	12.0
Liver and intrahepatic bile duct	9.3	9.9
Stomach	8.9	7.4
Oral Cavity and Pharynx	8.6	10.2
Cervix	7.8	7.3
Testis	6.0	6.2
Myeloma	5.8	6.0
Brain and other nervous system	5.4	5.9

Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute www.cdc.gov/cancer/dataviz

Sexually Transmitted Infections

In SPA 3, the rate of chlamydia was 398 cases per 100,000 persons, the rate of gonorrhea was 132 cases per 100,000 persons, and the rate of syphilis was 27 cases per 100,000 persons in 2018. All SPA 3 rates were lower than county rates. In SPA 7, the rate of chlamydia was 533 cases per 100,000 persons, the rate of gonorrhea was 167 cases per 100,000 persons, and the rate of syphilis was 42 cases per 100,000 persons in 2018. All SPA 7 rates were lower than county rates.

Sexually Transmitted Infections Incidence Rate, per 100,000 Persons

	SPA 3		SPA 7		Los Angeles County	
	Number	Rate	Number	Rate	Number	Rate
Chlamydia	7,191	398	7,041	533	67,378	656
Gonorrhea	2,391	132	2,206	167	27,047	263
Syphilis	495	27	549	42	5,576	54

Source: Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2018 Annual STD Surveillance Report. Published July 2021. Tables 2.1, 3.1, 4.1.

<http://publichealth.lacounty.gov/dhsp/Reports/STD/2018 STD Surveillance Tables Final.pdf>

HIV

In SPA 3 and SPA 7, the number and rate of new HIV diagnoses decreased from 2018 to 2019.

New HIV Diagnoses, Number and Rate, per 100,000 Persons, Ages 13 and Older

	2018		2019	
	Number	Rate	Number	Rate
SPA 3	157	10	147	9
SPA 7	168	15	129	12
Los Angeles County	1,709	20	1,505	17

Source: Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2020. Published July 30, 2021. Table 4A. [2020AnnualHIVSurveillance147ReportUpdated9-2021_fig1fig2update.pdf \(lacounty.gov\)](https://publichealth.lacounty.gov/dhsp/Reports/STD/2020AnnualHIVSurveillance147ReportUpdated9-2021_fig1fig2update.pdf)

In 2020, the rate of persons living with diagnosed HIV (PLWDH) in SPA 3 was 261 per 100,000 persons, and in SPA 7 it was 343 per 100,000 persons.

Persons Living with Diagnosed HIV per 100,000 Persons, Ages 13 and Older

	Number	Rate
SPA 3	4,071	261
SPA 7	3,776	343
Los Angeles County	52,858	608

Source: Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2020. Published July 30, 2021. Table 2A. [2020AnnualHIVSurveillanceReportUpdated9-2021_fig1fig2update.pdf \(lacounty.gov\)](https://publichealth.lacounty.gov/dhsp/Reports/STD/2020AnnualHIVSurveillanceReportUpdated9-2021_fig1fig2update.pdf)

Tuberculosis

In SPA 3, the Alhambra Health District and the El Monte Health District have tuberculosis rates of 5.7-11.5 per 100,000 persons. The Foothill Health District and Pomona Health District have tuberculosis rates of 2.9-5.6 per 100,000 persons.

Tuberculosis Rate, per 100,000 Population, by SPA 3 Health Districts

	Rate
Alhambra Health District	5.7-11.5
El Monte Health District	5.7-11.5
Foothill Health District	2.9-5.6
Pomona Health District	2.9-5.6

Source: Los Angeles County Department of Public Health, Tuberculosis Control Program, Tuberculosis Epidemiology Fact Sheets, 2019. http://ph.lacounty.gov/tb/docs/TB2019FactSheet_FINAL.pdf

In SPA 7, the Bellflower Health District and San Antonio Health District 5.7-11.5 per 100,000 persons and the East Los Angeles Health District and Whittier Health District have tuberculosis rates of 2.9-5.6 per 100,000 persons.

Tuberculosis Rate, per 100,000 Population, by SPA 7 Health Districts

	Rate
Bellflower Health District	5.7-11.5
East Los Angeles Health District	2.9-5.6
San Antonio Health District	5.7-11.5
Whittier Health District	2.9-5.6

Source: Los Angeles County Department of Public Health, Tuberculosis Control Program, Tuberculosis Epidemiology Fact Sheets, 2019. http://ph.lacounty.gov/tb/docs/TB2019FactSheet_FINAL.pdf

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments summarized and edited for clarity:

- During the pandemic, many community members were hesitant to address non-urgent medical needs due to concerns.
- How can we encourage community members to pursue care and restart cancer prevention and early detection practices?
- Using Spanish media to get the word out is the best way to get the message through. With many Hispanic families, the news is always on or they're listening to the radio.
- We need to educate the community on what resources are available.

Health Behaviors

Health Behaviors Ranking

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California’s 58 evaluated counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 puts Los Angeles County in the top quarter of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

Source: County Health Rankings, 2021. www.countyhealthrankings.org

Health Status

Among adults, 83.6% in SPA 3 and 81.5% in SPA 7 rated themselves as being in excellent, very good, or good health.

Self-Reported Health Status, Adults

	SPA 3	SPA 7	Los Angeles County	California
Excellent health status	16.3%	17.4%	18.5%	19.5%
Very good health status	32.9%	30.0%	32.3%	34.3%
Good health status	34.4%	34.1%	33.1%	31.0%
Fair health status	12.8%	15.5%	13.1%	12.6%
Poor health status	3.6%	3.1%	3.0%	2.6%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

In SPA 3, adults averaged 3.7 days of poor mental and poor physical health. In SPA 7, adults averaged 4.0 days of poor mental and 3.9 days of poor physical health in the past month.

Poor Mental/Physical Health, Average Days in Past Month

	SPA 3	SPA 7	Los Angeles County
Poor mental health days	3.7	4.0	4.0
Poor physical health days	3.7	3.9	3.9

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Among children, ages 0 to 17, 96.3% in SPA 3 and 97.2% in SPA 7, were reported to be in excellent, very good, or good health.

Self-Reported Health Status, Children, Ages 0-17

	SPA 3	SPA 7	Los Angeles County	California
Excellent health status	42.2%	45.2%	49.4%	51.7%
Very good health status	31.5%	35.1%	31.5%	31.1%
Good health status	22.6%	16.9%	15.0%	14.1%
Fair/poor health status	3.6%*	2.8%*	4.1%	3.1%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Teen Sexual History

Among teens, ages 14 to 17, whose parents gave permission for the question to be asked, 77.0% in SPA 3 and 92.8% in SPA 7 reported they had never had sex.

Sexual History, Teens, Ages 14 to 17

	SPA 3	SPA 7	Los Angeles County	California
Never had sex	77.0%	92.8%*	85.6%	87.9%
Male	78.8%	92.0%*	86.6%	91.0%
Female	80.4%*	92.7%*	85.1%	84.9%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Soda/Sugar-Sweetened Beverage Consumption

Among children and adolescents, ages 2 to 17, 28.9% in SPA 3 and 27.8% in SPA 7 reported drinking one or more sodas the previous day. 49.1% of children and adolescents in SPA 3 and 63.3% in SPA 7 reported drinking one or more sweetened fruit drinks, sports, or energy drinks the previous day.

Soda/Sugary Drink Consumption

	SPA 3	SPA 7	Los Angeles County	California
Ages 2-17, drank ≥ 1 soda	28.9%	27.8%	24.0%	22.2%
Ages 2-17, drank \geq sugary drink [‡]	49.1%	63.3%*	45.3%	39.0%

Source: California Health Interview Survey, 2019-2020, 2018*. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Adequate Fruit and Vegetable Consumption

In SPA 3, 35.6% of children, ages 2 to 11, 37.3% of teens, and 10.8% of adults ate five or more servings of fruits and vegetables in the previous day. In SPA 7, 46.2% of children, ages 2 to 11, 22.5% of teens, and 8.2% of adults ate five or more servings of fruits and vegetables in the previous day.

Five or More Servings of Fruits and Vegetables Daily

	SPA 3	SPA 7	Los Angeles County
Children, ages 2-11	35.6%	46.2%	36.8%
Teens, ages 12-17	37.3%	22.5%*	31.7%
Adults, ages 18 and older [‡]	10.8%	8.2%	12.1%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

‡Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

Overweight/Obesity

In SPA 3, 17.0% of children were overweight for their age, 8.9% of teens and 34.7% of adults were overweight. In SPA 7, 20.6% of children were overweight for their age, 13.1% of teens and 30.9% of adults were overweight.

Overweight, Children, Teens, Adults

	SPA 3	SPA 7	Los Angeles County	California
Overweight for age, child	17.0%	20.6%	13.1%	13.4%
Overweight, teen	8.9%*	13.1%*	15.9%	13.7%
Overweight, adults	34.7%	30.9%	31.9%	33.2%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

The Healthy People 2030 objectives for obesity are 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19. In SPA 3, 26.4% of adults and 18.7% of teens are obese. In SPA 7, 40.7% of adults and 39.5% of teens are obese.

Obesity, Adults and Teens

	SPA 3	SPA 7	Los Angeles County	California
Adults, ages 20 and older	26.4%	40.7%	30.7%	28.7%
Teens, ages 12-17	18.7%*	39.5%	20.7%	17.8%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

When obesity is compared by race/ethnicity, Black/African American adults in SPA 3 had the highest percentage (51.4%), followed by Latino adults (32.8%). In SPA 7, Latino adults had the highest percentage of obesity (43.9%) followed by Black/African American adults (41.4%).

Obesity by Race/Ethnicity, Adults, Ages 20 and older

	SPA 3	SPA 7	Los Angeles County	California
Asian	10.1%	16.5%	9.5%	10.5%
Black/African American	51.4%	41.4%	43.5%	40.1%
Latino	32.8%	43.9%	39.4%	36.7%
Two or more races	28.4%*	36.8%*	25.2%	28.3%
White	27.8%	33.2%	22.1%	25.3%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). It should be noted in academic years 2019–2020 and 2020–2021 PFTs were suspended.

- The range of 5th grade students enrolled in service area school districts that tested with a body composition at health risk was 18.3% to 42.2% as compared to Los Angeles County at 25.4%.
- The range of 7th grade students enrolled in service area school districts that tested with a body composition at health risk was 11.9% to 36.8% as compared to Los Angeles County at 23.2%.
- The range of 9th grade students enrolled in service area school districts that tested with a body composition at health risk was 14.4% to 26.5% as compared to Los Angeles County at 21.0%.

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

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
El Monte City School District	18.5%	29.3%	17.8%	29.3%	ND	ND
El Monte Union High School District	ND	ND	ND	ND	24.7%	24.3%
Garvey School District	18.7%	18.3%	18.2%	20.5%	ND	ND
Los Angeles Unified School District	20.6%	30.5%	20.5%	27.3%	21.9%	26.5%
Los Nietos School District	19.5%	42.2%	17.6%	36.8%	ND	ND
Montebello Unified School District	26.2%	21.2%	29.4%	16.7%	27.7%	17.9%
Mountain View School District	21.2%	31.4%	22.1%	33.9%	ND	ND
Rosemead School District	16.7%	19.1%	20.1%	11.9%	ND	ND
Valle Lindo School District	21.4%	27.5%	25.5%	26.8%	ND	ND
Whittier City School District	19.4%	35.7%	21.4%	28.3%	ND	ND
Whittier Union High School District (Pioneer High School)	ND	ND	ND	ND	48.7%	14.4%
Los Angeles County	20.2%	25.4%	19.8%	23.2%	20.3%	21.0%
California	19.4%	21.9%	19.4%	20.6%	18.9%	18.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. ND=No Data
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Community Input – Overweight and Obesity

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

- During the pandemic, there were people who lost weight because they were at home and had nothing to do so they started walking every day with their neighbors. Some people have lost significant amounts of weight, which is great.

- In the south end of town, there is not much access to grocery stores, especially good quality ones. And the cost of classes can be prohibitive and some people are still afraid to be in a group of strangers in a class.
- Some seniors are very active, others hardly come out of their rooms.
- Safety in the community is a big issue. Families don't feel comfortable going out as much. For persons who are undocumented, that adds to their worries and concerns with community violence.
- More access to healthy foods is important. People often have to drive to more than one store to get groceries.
- We saw an increase in food distribution that has only gotten stronger. WE need to leverage food distribution to provide education about healthy food preparation.

Physical Activity

The U.S. Department of Health and Human Service has established physical activity guidelines for adults, and children and adolescents.⁴ Physical activity guidelines for adults include 1) vigorous activity for at least 75 minutes a week, or 2) moderate activity for at least 150 minutes a week, or 3) an equivalent combination of vigorous and moderate activity. Additionally, adults should engage in muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on two or more days a week.

For children and adolescents, ages 6 to17, aerobic physical activity guidelines advise 60 minutes or more of physical activity each day. Additionally, to meet physical activity guidelines for muscle-strengthening exercises, children and adolescents must perform muscle-strengthening physical activity at least three days a week.

Among adults, 33.4% in SPA 3 and 33.8% in SPA 7 met both aerobic and muscle strengthening guidelines, as compared to the county at 35.1%. Among children and adolescents, ages 6 to 17, 12.9% in SPA 3 and 13.8% in SPA 7 met both aerobic and muscle strengthening guidelines, as compared to the county at 15.1%.

Physical Activity, Adults and Children

	SPA 3	SPA 7	Los Angeles County
No aerobic activity, adults	13.1%	9.3%	11.2%
Met aerobic guidelines, adults	63.4%	65.4%	64.4%
Met strengthening guidelines, adults	40.9%	40.1%	43.1%

⁴ Source: *Physical Activity Guidelines for Americans, 2nd edition. 2018 U.S. Department of Health and Human Services.*
https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

	SPA 3	SPA 7	Los Angeles County
Met both aerobic and strengthening guidelines, adults	33.4%	33.8%	35.1%
Met aerobic guidelines, children ages 6-17	22.4%	19.9%	23.7%
Met strengthening guidelines, children ages 6-17	48.1%	48.6%	50.8%
Met both aerobic and strengthening guidelines, children ages 6-17	12.9%	13.8%	15.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

One of the components of the physical fitness test (PFT) is the measurement of student aerobic capacity through run and walk tests.

- The range of 5th grade students enrolled in service area school districts that met Healthy Fitness Zone aerobic capacity guidelines was 35.1% to 67.5% as compared to Los Angeles County at 57.1% and the state at 60.2%.
- The range of 7th grade students enrolled in service area school districts that met Healthy Fitness Zone aerobic capacity guidelines was 48.4% to 90.8% as compared to Los Angeles County at 57.3% and state at 61.0%.
- The range of 9th grade students enrolled in service area school districts that met Healthy Fitness Zone aerobic capacity guidelines was 36.9% to 59.2% as compared to Los Angeles County at 54.1% and state at 60.0%.

Aerobic Capacity, 5th, 7th, and 9th Graders

	Fifth Grade	Seventh Grade	Ninth Grade
	Healthy Fitness Zone	Healthy Fitness Zone	Healthy Fitness Zone
El Monte City School District	56.5%	52.3%	ND
El Monte Union High School District	ND	ND	59.2%
Garvey School District	51.7%	56.8%	ND
Los Angeles Unified School District	50.5%	48.4%	48.1%
Los Nietos School District	67.5%	64.7%	ND
Montebello Unified School District	47.0%	50.5%	44.4%
Mountain View School District	59.8%	69.8%	ND
Rosemead School District	39.9%	90.8%	ND
Valle Lindo School District	35.1%	57.0%	ND
Whittier City School District	63.9%	62.5%	ND
Whittier Union High School District (Pioneer High School)	ND	ND	36.9%
Los Angeles County	57.1%	57.3%	54.1%
California	60.2%	61.0%	60.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. ND=No Data
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Sedentary Children and Teens

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among children, ages 2 to 11, 20.2% in SPA 3 and 23.7% in SPA 7 spent 5 hours to more than 8 hours in sedentary activities on weekend days.

Sedentary Children, Ages 2-11

	SPA 3	SPA 7	Los Angeles County	California
<1 to <2 hours	15.8%	25.9%	21.8%	17.0%
2 to <3 hours	20.2%	24.8%	25.3%	24.3%
3 to <5 hours	43.7%	25.6%	30.4%	33.8%
5 to >8 hours	20.2%	23.7%	22.5%	25.0%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Teens spend more hours in sedentary activity on weekends as compared to children. Among teens, ages 12 to 17, 46.4% in SPA 3 and 66.6% SPA 7 spent 5 hours to more than 8 hours in sedentary activities on weekend days.

Sedentary Teens, Ages 12-17

	SPA 3	SPA 7	Los Angeles County	California
2 to <3 hours	6.4%*	4.3%*	7.8%	9.8%
3 to <5 hours	39.3%	21.3%*	29.9%	25.0%
5 to >8 hours	46.4%	66.6%	55.8%	60.2%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Social Media

On a typical day, 13.3% of adults in SPA 3 and 14.1% of adults in SPA 7 used a computer or mobile device for social media almost constantly.

Social Media, Adults

	SPA 3	SPA 7	Los Angeles County	California
Almost constantly	13.3%	14.1%	14.5%	12.1%
Many times a day	33.1%	29.3%	29.3%	29.7%
A few times a day	25.4%	29.5%	26.9%	27.4%
Less than a few times a day	28.3%	27.0%	29.3%	30.8%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

On a typical day, 42.0% of teens in SPA 3 and 22.1% of teens in SPA 7 used a computer or mobile device for social media almost constantly.

Social Media, Teens, Ages 12-17

	SPA 3	SPA 7	Los Angeles County	California
Almost constantly	42.0%	22.1%	25.3%	21.3%

	SPA 3	SPA 7	Los Angeles County	California
Many times a day	28.1%	25.1%	31.1%	38.4%
A few times a day	26.6%	32.4%*	31.0%	26.3%
Less than a few times a day	3.3%*	20.4%*	12.6%	13.9%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Mental Health

Mental Health Access and Utilization

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals manage stress, relate to others, and make choices. Among adults who received care for mental or emotional problems, 38.1% in SPA 3 and 31.2% in SPA 7 visited both a primary care physician and a mental health professional.

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

	SPA 3	SPA 7	Los Angeles County	California
Primary care physician only	23.8%	32.8%	25.5%	25.1%
Mental health professional only	38.1%	36.0%	38.0%	36.7%
Both	38.1%	31.2%	36.5%	38.2%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Among adults in SPA 3 and SPA 7, 14.5% self-identified the need to see a professional because of problems with mental health emotions, or nerves or use of alcohol or drugs in the past 12 months. Of these adults, 44.5% in SPA 3 and 49.3% in SPA 7 sought help from their primary care provider or other professional, (counselor, psychiatrist, or social worker, but did not receive treatment in the past 12 months.

Mental Health Access and Utilization, Adults

	SPA 3	SPA 7	Los Angeles County	California
Needed help for emotional /mental health problems or use of alcohol drugs	14.5%	14.5%	20.6%	21.2%
Sought help but did not receive treatment	44.5%	49.3%	47.8%	45.4%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Among teens, 31.1% in SPA 3 and 28.0% in SPA 7 felt they needed help for emotional or mental health problems (feeling sad, anxious, or nervous) in the past 12 months. Of teens, 14.0% in SPA 3 and 15.9% in SPA 7 received psychological or emotional counseling in the past year.

Mental Health Access and Utilization, Teens

	SPA 3	SPA 7	Los Angeles County	California
Needed help for emotional or mental health problems	31.1%	28.0%	30.4%	31.4%
Received psychological/emotional counseling	14.0%*	15.9%*	15.2%	17.6%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

5.1% of adults in SPA 3 and 4.2% of adults in SPA 7 sought on-line help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs. 4.3% of adults in SPA 3 and 4.5% of adults in SPA 7 connected on-line with a mental health professional in the past 12 months. 2.5% of adults in SPA 3 and 4.1% of adults in SPA 7 connected online with people with similar mental health or alcohol/drug status.

Online Mental Health Utilization, Adults

	SPA 3	SPA 7	Los Angeles County	California
Sought help from an online tool for mental health or alcohol issues	5.1%*	4.2%	5.9%	6.5%
Connected with a mental health professional on-line	4.3%	4.5%	6.1%	5.9%
Connected with people on-line with similar mental health or alcohol/drug status	2.5%	4.1%	4.2%	4.4%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among teens, 3.4% in SPA 3 and 12.0% in SPA 7 sought on-line help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs. 8.6% of teens in SPA 3 and 9.7% of teens in SPA 7 connected on-line with a mental health professional in the past 12 months. 14.7% of teens in SPA 3 and 15.4% of teens in SPA 7 connected online with people with similar mental health or alcohol/drug status.

Online Mental Health Utilization, Teens

	SPA 3	SPA 7	Los Angeles County	California
Sought help from an online tool for mental health or alcohol issues	3.4%*	12.0%*	7.6%	7.2%
Connected with a mental health professional on-line	8.6%*	9.7%*	6.9%	6.0%
Connected with people on-line with similar mental health or alcohol/drug status	14.7%*	15.4%*	16.0%	12.8%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Mental Health Indicators - Adults

Among adults, 12.3% in SPA 3 and 14.4% in SPA 7 were at risk for major depression, as compared to the county at 13.0%. 8.7% of adults in SPA 3 and 12.0% of adults in SPA 7 were currently diagnosed with depression.

Depression, Adults

	SPA 3	SPA 7	Los Angeles County
Adults at risk of major depression	12.3%	14.4%	13.0%
Adults with current diagnosed depression	8.7%	12.0%	11.5%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Among adults, 9.2% in SPA 3 and 8.8% in SPA 7 likely had serious psychological distress in the past year. Psychological distress for this measure was assessed through the Kessler 6 series. 6.7% of adults in SPA 3 and 4.6% of adults in SPA 7 have been on prescription medicine for an emotional/mental health issue(s) for at least two weeks in the past year.

Adults who reported moderate to severe family life, social life, household chore, or work life impairments in the past year due to emotions ranged from 16.0% to 17.0% in SPA 3 and 13.3% to 15.0% in SPA 7. These indicators were lower than the county and state rates.

Mental Health Indicators, Adults

	SPA 3	SPA 7	Los Angeles County	California
Adults who had serious psychological distress during past year	9.2%	8.8%	12.3%	12.6%
Adults on prescription medicine at least 2 weeks for emotional/mental health issue in past year	6.7%	4.6%	7.8%	10.1%
Adults reporting family life impairment during the past year	16.5%	14.8%	20.7%	20.9%
Adults reporting social life impairment during the past year	17.0%	15.0%	20.8%	21.0%
Adults reporting household chore impairment during the past year	16.2%	14.4%	20.1%	20.1%
Adults reporting work impairment during the past year	16.0%	13.3%	21.0%	20.6%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>

Loneliness

Utilizing the UCLA 3-Item Loneliness Scale, 20.9% of SPA 3 adults, ages 65 and older, and 17.2% of senior adults in SPA 7 were lonely some of the time.

Loneliness, Adults, Ages 65 and Older

	SPA 3	SPA 7	Los Angeles County	California
Hardly lonely	76.8%	82.1%	78.6%	76.9%
Lonely some of the time	20.9%	17.2%	19.6%	20.1%
Often lonely	2.3%*	**	1.8%	3.0%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. **Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Mental Health Indicators - Children and Teens

Among children, ages 4 to 11, 20.7% in SPA 3 and 15.8% in SPA 7 had difficulties with emotion/concentration/behavior in the past six months. Parents of children with difficulties provided a severity rank of minor or definite/severe. Among these children, 57.9% in SPA 3 and 69.7% in SPA 7 had definite and/or severe problems.

Emotion/Concentration/Behavior Problems, Children

	SPA 3	SPA 7	Los Angeles County	California
Has had emotion or concentration or behavior problem difficulty	20.7%	15.8%	17.1%	19.2%
Minor problems	42.1%*	30.3%*	51.7%	59.6%
Definite/severe problems	57.9%	69.7%*	48.3%	40.4%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>.

Among students in service area school districts, responding to a recent California Healthy Kids Survey, who felt so sad or hopeless every day for two weeks or more that they stopped doing some usual activities was highest among 7th graders (36%) in the Rosemead School District. Feelings of sadness and hopelessness were highest among 9th graders (66%) and 11th graders (60%) in the El Monte Union High School District.

Chronic, Sad or Hopeless Feelings

	7 th Grade	9 th Grade	11 th Grade
El Monte City School District	30.0%	ND	ND
El Monte Union High School District [†]	ND	66.0%	60.0%
Garvey School District [‡]	26.0%	ND	ND
Los Angeles Unified School District [†]	30.0%	47.0%	53.0%
Montebello Unified School District [†]	27.0%	38.0%	38.0%
Mountain View School District	31.0%	ND	ND
Rosemead School District [†]	36.0%	ND	ND
Whittier City School District [†]	32.0%	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2020-2021[†], 2019-2020, 2018-2019[‡], 2017-2018^{*}. ND=No Data. <https://data1.cde.ca.gov/dataquest/>

Among teens, 51.1% in SPA 3 and 26.9% in SPA 7 likely had serious psychological distress during the past year. Psychological distress for this measure was assessed through the Kessler 6 series.

Serious Psychological Distress in Past Year, Teens

	SPA 3	SPA 7	Los Angeles County	California
Teens who had serious psychological distress during past year	51.1%	26.9%	35.0%	31.4%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu/>.

Bullying

Bullying by peers has been shown to affect the mental health of children and teens. Among 5th grade students enrolled in service area school districts, 45% in the El Monte City School District indicated they had been a victim of violence (hit or pushed at school in a non-playful way, mean rumors/lies spread about them, called bad names, target of mean jokes). 28% of El Monte City School District 5th graders had indicated they had

perpetrated violence by engaging in bullying at least one or more times. 28% of 5th graders in the Whittier City School District stated they had been teased about their body image.

School Bullying, 5th Graders

	Violence Victimization	Violence Perpetration	Been Teased about Body Image
El Monte City School District	45.0%	28.0%	27.0%
Montebello Unified School District [‡]	40.0%	24.0%	25.0%
Mountain View School District	36.0%	27.0%	27.0%
Rosemead School District [†]	33.0%	N/A	18.0%
Whittier City School District [‡]	34.0%	21.0%	28.0%

Source: California Department of Education, California Healthy Kids Survey, 2020-2021[†], 2019-2020, 2018-2019[‡], 2017-2018[‡]. Tables A7.2, A7.3, A7.4. N/A=Not Asked. <https://data1.cde.ca.gov/dataquest/>

Among students in 7th, 9th, and 11th grades in service area school districts, 34% of 7th grade students in the Mountain View School District, 30% of 9th graders in the Garvey School District and 24% of 11th graders in the El Monte Union High School District had the highest rates of having experienced bullying.

School Bullying, 7th, 9th and 11th Graders

	7 th Grade	9 th Grade	11 th Grade
El Monte City School District	22.0%	ND	ND
El Monte Union High School District [‡]	ND	24.0%	24.0%
Garvey School District [‡]	30.0%	30.0%	ND
Los Angeles Unified School District [†]	16.0%	10.0%	6.0%
Montebello Unified School District [‡]	27.0%	26.0%	21.0%
Mountain View School District	34.0%	ND	ND
Whittier City School District [‡]	32.0%	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2020-2021[†], 2019-20, 2018-2019[‡], 2017-2018[‡]. Table A2.1. ND=No Data. <https://data1.cde.ca.gov/dataquest/>

Suicide Contemplation

Among adults, 7.8% in SPA 3 and 9.2% in SPA 7 have seriously thought about committing suicide, Adults, ages 18 to 24 have the highest percentage of suicide contemplation in SPA 3 (11.2%) and SPA 7 (24.4%).

Suicide Contemplation, Adults

	SPA 3	SPA 7	Los Angeles County	California
Ever seriously considered suicide	7.8%	9.2%	11.6%	13.1%
Ages 18-24	11.2%	24.4%	20.2%	23.8%
Ages 18-64	8.8%	10.0%	13.1%	14.8%
Ages 65 and older	4.6%*	5.3%*	5.5%	6.5%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among students in 7th, 9th, and 11th grades in service area school districts, 16% of 7th graders in the Mountain View School District and Whittier City School District had contemplated suicide. 23% of 9th graders in the LAUSD and 17% of 11th graders in the Montebello USD had contemplated suicide. 21% of students in non-traditional school programs in the El Rancho USD had contemplated suicide.

Suicide Contemplation, Teens

	7 th Grade	9 th Grade	11 th Grade
El Monte City School District	11.0%	ND	ND
El Monte Union High School District [‡]	ND	14.0%	16.0%
Los Angeles Unified School District [†]	12.0%	23.0%	13.0%
Montebello Unified School District [‡]	15.0%	18.0%	17.0%
Mountain View School District	16.0%	ND	ND
Rosemead School District [†]	15.0%	ND	ND
Whittier City School District [‡]	16.0%	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2020-2021[†], 2019-2020, 2018-2019[‡], 2017-2018[‡]
Table A7.2 A8.4. ND=No Data. <https://data1.cde.ca.gov/dataquest/>

Community Input – Mental Health

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

- We have seen an increase in mental health needs and an increase in people who need to be on hold. That can be a lengthy process because there are not enough beds in the hospitals.
- When facilities shut down, we saw persons who are homeless start to form housing complexes by our entrance.
- When we are asked to look for resources for people, we have to look outside of our community. There is nothing here in our own community. No mental health clinics that are free and no homeless shelter. I've worked here for ten years and have seen the increase in homelessness. That was not the case a few years ago. These people need more than homes, they need mental health and substance use and misuse and jobs.
- Lately, we are seeing more residents who are exhibiting pre-dementia. Some people don't know what is going on from day-to-day, others wander.
- Lack of physical activity and needing mental stimulation, those were the biggest issues because of the pandemic. People were very sad and depressed. There is a need for stimulation.
- There is still a lot of stigma around mental health and asking for help. Trauma informed care applies to a lot more private institutions than those who just work directly with families and children. Using trauma informed care in more settings as a standard could be applied in law enforcement, schools, and other sectors, not just mental health. We need more focus on prevention. We try to address problems once

they get to the point where the family is experiencing homelessness or someone is having a mental breakdown.

- The pandemic caused isolation and then created major problems.
- The pandemic has put a glaring light on the need for more mental health care.
- Mental health issues worsened with the pandemic. We are seeing more people who are homeless with mental health issues.

Substance Use and Misuse

Tobacco Use

The Healthy People 2030 objective for cigarette smoking among adults is 5.0%. 4.3% of adults in SPA 3 and 6.5% of adults in SPA 7 are current smokers. 32.8% of adults in SPA 3 and 62.2% of adults in SPA 7 reported thinking about quitting smoking in the next six months. Among adults, 2.7% in SPA 3 and 2.4% in SPA 7 are current e-cigarette smokers.

Cigarette Smoking, Adults

	SPA 3	SPA 7	Los Angeles County	California
Current cigarette smoker	4.3%	6.5%	5.9%	6.4%
Thinking about quitting in the next 6 months	32.8%	62.2%*	63.3%	64.4%
Current e-cigarette user (used in last 30 days)	2.7%	2.4%*	2.8%	3.4%
Former e-cigarette user (not used in last 30 days)	10.1%	11.5%*	12.2%	12.8%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu>

5.2% of adults in SPA 3 currently use non-cigarette tobacco products and 3.1% of adults in SPA 3 use flavored tobacco products. 4.3% of adults in SPA 7 currently use non-cigarette tobacco products and 3.4% of adults in SPA 7 use flavored tobacco products.

Tobacco Product Use, Adults

	SPA 3	SPA 7	Los Angeles County	California
Current use of non-cigarette tobacco products (past 30 days)	5.2%	4.3%	5.9%	6.4%
Current use of flavored tobacco products (past 30 days)	3.1%	3.4%	4.5%	4.9%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu>

Among students enrolled in service area public school districts, Montebello Unified School District had the highest rates of e-cigarette/vaping product use.

E-cigarette/Vaping Product Use, Teens

	7 th grade	9 th Grade	11 th Grade
El Monte City School District	2.0%	ND	ND
El Monte Union High School District [‡]	ND	6.0%	7.0%
Garvey School District [‡]	2.0%	ND	ND
Los Angeles Unified School District [†]	1.0%	1.0%	3.0%

	7 th grade	9 th Grade	11 th Grade
Montebello Unified School District [†]	5.0%	9.0%	12.0%
Mountain View School District	2.0%	ND	ND
Rosemead School District [†]	0.0%	ND	ND
Whittier City School District [‡]	5.0%	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2020-2021[†], 2019-2020, 2018-2019[‡], 2017-2018[‡].
Table A7.1, A10.1. ND=No Data. <https://data1.cde.ca.gov/dataquest/>

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. The Healthy People 2030 objective for binge drinking among adults ages 21 and older in the past month is 25.4%.

Among adults, ages 18 and older, 52.7% in SPA 3 and 49.7% in SPA 7 have used alcohol in the past month. 16.0% of adults in SPA 3 and 20.2% of adults in SPA 7 have engaged in binge drinking in the past month.

Alcohol Use, Adults

	SPA 3	SPA 7	Los Angeles County
Alcohol use in past month	52.7%	49.7%	53.8%
Binge drinking in past month	16.0%	20.2%	17.9%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Among students enrolled in service area public school districts, Montebello Unified School District had the highest rates of alcohol use.

Alcohol Use, Teens

	7 th grade	9 th grade	11 th grade
El Monte City School District	3.0%	ND	ND
El Monte Union High School District [‡]	ND	5.0%	10.0%
Garvey School District [‡]	1.0%	ND	ND
Los Angeles Unified School District [†]	2.0%	4.0%	10.0%
Montebello Unified School District [‡]	5.0%	11.0%	15.0%
Mountain View School District	4.0%	ND	ND
Rosemead School District [†]	3.0%	ND	ND
Whittier City School District [‡]	4.0%	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2020-2021[†], 2019-2020, 2018-2019[‡], 2017-2018[‡].
Table A6.5, A9.1. ND=No Data. <https://data1.cde.ca.gov/dataquest/>

Among students enrolled in service area public school districts, Montebello Unified School District had the highest rates of binge drinking.

Binge Drinking, Teens

	7 th grade	9 th grade	11 th grade
El Monte City School District	1.0%	ND	ND
El Monte Union High School District [‡]	ND	2.0%	5.0%
Garvey School District [‡]	1.0%	ND	ND
Los Angeles Unified School District [†]	0.0%	0.0%	3.0%
Montebello Unified School District [‡]	1.0%	5.0%	7.0%
Mountain View School District	1.0%	ND	ND
Rosemead School District [†]	1.0%	ND	ND
Whittier City School District [‡]	1.0%	ND	ND

Source: California Department of Education, California Healthy Kids Survey, 2020-2021[†], 2019-2020, 2018-2019[‡], 2017-2018[‡].
Table A6.5, A9.1. ND=No Data. <https://data1.cde.ca.gov/dataquest/>

Marijuana Use

Among adults, 31.4% in SPA 3 and 34.0% in SPA 7 have used marijuana in the past month. 15.4% of adults in SPA 3 and 13.9% of adults in SPA 7 have used marijuana in the past year.

Marijuana Use, Adults

	SPA 3	SPA 7	Los Angeles County	California
Marijuana use in past month	31.4%	34.0%	34.8%	33.9%
Marijuana use < than 1 month to 1 year	15.4%	13.9%	18.6%	17.6%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu>

In SPA 3, 28.3% of teens ages 12 to 17 have tried marijuana. Of these teens, 27.0% used marijuana, hashish or other TCH products one or more days in the past month. In SPA 7, 19.3% of teens ages 12 to 17 have tried marijuana. Of these teens, 90.5% used marijuana, hashish or other TCH products one or more days in the past month.

Marijuana Use, Teens, Ages 12-17

	SPA 3	SPA 7	Los Angeles County	California
Has tried marijuana or hashish	28.3%*	19.3%	15.9%	14.6%
Marijuana, hashish, or TCH product use in past month	27.0%*	90.5%*	46.3%	49.5%

Source: California Health Interview Survey, 2019-2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu>

Opioid Use

The World Health Organization states “opioid dependence develops after a period of regular use of opioids, with the time required varying according to the quantity, frequency and route of administration, as well as factors of individual vulnerability and the context in which drug use occurs. Opioid dependence is not just a heavy use of the drug but a complex health connotation that has social, psychological, and biological

determinants and consequences, including changes in the brain. It is not a weakness of character or will.”⁵

The emergency department visit rate in Los Angeles County for any opioid overdose was 24.22 per 100,000 persons. The county hospitalization rate for opioid overdose was 6.37 per 100,000 persons. These rates were lower than state levels. The age-adjusted opioid death rate was 12.40 per 100,000 persons in the county as compared to the state at 13.54 per 100,000 persons. The rate of opioid prescriptions in Los Angeles County (266.13 per 1,000 persons) was lower than the state rate (333.33 per 1,000 persons).

Opioid Rates, per 100,000 Persons and 1,000 Persons

	Los Angeles County	California
ED visit rate for any opioid overdose per 100,000 persons	24.22	40.95
Hospitalization rate for any opioid overdose per 100,000 persons	6.37	10.19
Age-adjusted opioid overdose deaths per 100,000 persons	12.40	13.54
Opioid prescriptions, per 1,000 persons	266.13	333.33

Source: California Department of Justice, Controlled Substance Utilization Review and Evaluation System Data, California Department of Public Health, Substance and Addiction Prevention Branch. California Opioid Overdose Surveillance Dashboard, 2020. [CA Overdose Dashboard](#)

Pain Reliever Misuse

The misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own medications; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Adults, ages 18 to 25, had the highest rate of pain reliever misuse at 5.33% in SPA 3 and at 5.49% in SPA 7.

Pain Reliever Misuse in Past Year, All Ages

	SPA 3	SPA 7	Los Angeles County	California
Ages 12 - 17	3.61%	3.52%	3.42%	3.53%
Ages 18 - 25	5.33%	5.49%	5.76%	6.17%
Ages 26 and older	2.94%	3.52%	3.43%	3.77%
Ages 18 and older	3.28%	3.83%	3.76%	4.11%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018, Table 12. Published July 2020. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf>

⁵ World Health Organization (WHO). Lexicon of Alcohol and Drug Terms, 2006

Illicit Drug Use

Illicit drugs are identified as cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Adults, ages 18 to 25, had the highest rate of illicit drug use at 9.53% in SPA 3 and at 6% in SPA 7.

Illicit Drug Use, in Past Month, All Ages

	SPA 3	SPA 7	Los Angeles County	California
Ages 12 - 17	**	2.25%	2.46%	2.43%
Ages 18 - 25	9.53%	6.00%	6.84%	6.73%
Ages 26 and older	5.27%	3.12%	3.54%	3.41%
Ages 18 and older	5.79%	3.58%	4.01%	3.89%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018, Table 6. Published July 2020. **Data Suppressed.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf>

Community Input – Substance Use

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

- Anytime law enforcement encounters someone under the influence, it elevates the risk of adverse contact. There are only so many places a person can go. They can either go to jail, a hospital, a substance use home or other resource facility. We try to divert them to other places, but a high percentage of them don't want any help. Even if they go to jail, they go right back to their substance use patterns and behaviors when they get out.
- A lot of people who need help don't want it, that is part of the problem. Also, it is difficult to find services that are free.
- Substance use is occurring in public places like parks and sometimes people get unruly and make it an unsafe place for kids to play. There is a lot of unreported substance use.
- Parents are struggling to get by and they are misusing alcohol.
- With our youth using marijuana and vaping, a lot of our parents don't understand the difference and what a vape pen looks like and what they are for. There are a lot of CBD products that mimic popular snacks, so they will look like gummy bears or a bag of chips. And these products contain THC and teens are getting high.
- Accidental overdose death rates during the pandemic have increased for Asians and African Americans. Fentanyl is causing accidental overdose deaths.
- We are under greater stress and people have a tendency to escape through substance use.
- Many persons experiencing homelessness are using drugs. This has grown in our community.

Preventive Practices

Childhood Immunization

For the academic year 2019-2020, in service area public school districts with kindergarten enrollment, rates of children with up-to-date immunization upon entry into kindergarten ranged from 92.7% in the Los Nietos School District to 98.6% in Montebello Unified School District.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2019-2020

	Percent
El Monte City School District	96.2%
Garvey School District	96.4%
Los Angeles Unified School District (schools in service area ZIP Codes only)	95.5%
Los Nietos School District	92.7%
Montebello Unified School District	98.6%
Mountain View School District	96.2%
Rosemead School District	97.9%
Valle Lindo School District	98.0%
Whittier City School District	97.6%
Los Angeles County	94.5%
California	94.3%

Source: California Department of Public Health, Immunization Branch, 2019-2020. <https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Human Papilloma Virus Vaccine

In SPA 3 and SPA 7, 47.1% of children, ages 11 to 17, have received at least one dose of the Human Papilloma Virus (HPV) vaccine. Among adults, ages 18 to 26, 64.3% in SPA 3 and 60.5% in SPA 7 have had an HPV vaccine.

HPV Vaccination

	SPA 3	SPA 7	Los Angeles County
Children ages 11-17	47.1%	47.1%	47.2%
Female	50.5%	56.0%	53.4%
Male	44.0%	38.3%	41.2%
Adults, ages 18-26	64.3%	60.5%	59.3%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

Influenza (Flu) Vaccine

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. In SPA 3, 49.3% of adults received a flu vaccine and 45.2% of SPA 7 adults received a flu vaccine.

Flu Vaccine, All Ages

	SPA 3	SPA 7	Los Angeles County
Reported having flu vaccination in past 12 months, ages 6 months to 17 years	58.7%	63.5%	59.9%
Reported having flu vaccination in past 12 months, ages 18 and older	49.3%	45.2%	47.1%
Reported having flu vaccination in past 12 months, ages 65 and older	78.0%	75.4%	73.2%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

Pneumococcal Vaccine

Among adults, ages 65 and older, 76.5% in SPA 3 and 71.5% in SPA 7 have received a pneumonia vaccine.

Pneumococcal Vaccine, Adults, Ages 65 and Older

	SPA 3	SPA 7	Los Angeles County
Ever had a pneumonia vaccine	76.5%	71.5%	72.3%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

Mammograms

The Healthy People 2030 objective for mammograms is 77.1% of women, ages 50 to 74, to have had a mammogram in the past two years. 78.3% of women in SPA 3 and 70.4% in SPA 7 had a mammogram in the past two years.

Mammograms in Past Two Years, Women, Ages 50-74

	SPA 3	SPA 7	Los Angeles County
Mammogram in past 2 years	78.3%	70.4%	77.0%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

Pap Smears

The Healthy People 2030 objective for Pap smears is 84.3% of women, ages 21 to 65, to have been screened in the past three years. 80.9% of women in SPA 3, and 79.6% in SPA 7 had a Pap smear in the prior three years. The SPA 3 and SPA 7 Pap smear rates did not meet the Healthy People 2030 objective.

Pap Smears in Past Three Years, Women, Ages 21-65

	SPA 3	SPA 7	Los Angeles County
Pap smear within past 3 years	80.9%	79.6%	81.4%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

Colorectal Cancer Screening

The Healthy People 2030 objective for colorectal cancer screening is 74.4% for adults, ages 50 to 74, be screened based on most recent guidelines. Among adults, ages 50 to 74, 18.5% in SPA 3 and 23.1% in SPA 7 completed a blood stool test in the past 12 months and 59.5% in SPA 3 and 57.7% in SPA 7 received a sigmoidoscopy within the past five years or colonoscopy within the past 10 years. Combining data for both types of colorectal cancer screening, adults in SPA 3 (78.0%) and SPA 7 (80.8%) meet the Healthy People 2030 objective.

Colorectal Cancer Screening, Adults, Ages 50-74

	SPA 3	SPA 7	Los Angeles County
Blood stool test in past 12 months	18.5%	23.1%	20.0%
Sigmoidoscopy w/in past 5 years or Colonoscopy w/in past 10 years	59.5%	57.7%	54.6%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Older Adult Falls

Among adults, ages 65 and older, 22.4% in SPA 3 and 26.9% in SPA 7, experienced one or more falls in the past year. 9.1% of senior adults in SPA 3 and 13.1% in SPA 7 were injured due to a fall.

Falls and Injuries from Falls, Past Year, Adults, 65 and Older

	SPA 3	SPA 7	Los Angeles County
Experienced at least 1 or more falls	22.4%	26.9%	26.5%
Injured due to a fall	9.1%	13.1%	11.1%

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Community Input – Preventive Practices

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

- Because we were closed for two years, our residents did not have access to our preventive screenings, workshops and classes. We just reopened and yesterday, we had 25 people here to get their blood pressure checked.
- Doctors and nurses need to pay closer attention to their patients' wellness and wholeness. They need to be a listener. People feel rushed at their doctor appointments.
- There is a lot of misinformation and distrust with vaccines.
- People are getting information from friends that is not always accurate. For childhood vaccines, parents report they can't get an appointment for a doctor visit so

they are behind in their immunizations. Or they don't feel comfortable going to the doctor because people are sick and they don't want their kids in that environment.

- With the Human Papilloma Virus (HPV) vaccine there's a belief that there's a relationship between getting vaccinated and becoming promiscuous. Many parents believe that once kid is vaccinated then they start having sex.
- It was hard to get medical appointments for a while. And we had to help seniors get their initial COVID vaccine appointments because everything was done online.

Attachment 1: Benchmark Comparisons

Where data were available, health and social indicators in the Beverly Hospital service area were compared to Healthy People 2030 objectives. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Beverly Service Area Data	Healthy People 2030 Objectives
High school graduation rate	79.0% -96.0%	90.7%
Child health insurance rate	96.1%	92.1%
Adult health insurance rate	82.2%	92.1%
Unable to obtain medical care when needed	16.9% (SPA 3) 15.2% (SPA 7)	3.3%
Ischemic heart disease deaths	89.4	71.1 per 100,000 persons
Stroke deaths	32.7	33.4 per 100,000 persons
Liver disease (cirrhosis) deaths	18.2	10.9 per 100,000 persons
Cancer deaths	124.6	122.7 per 100,000 persons
Unintentional injury deaths	19.7	43.2 per 100,000 persons
Suicides	5.3	12.8 per 100,000 persons
Homicides	6.0	5.5 per 100,000 persons
Obese adults (ages 20 and older)	26.4% (SPA 3) 40.7% (SPA 7)	36%, ages 20 and older
Adults engaging in binge drinking (ages 18 and older)	16.0% (SPA 3) 20.2% (SPA 7)	25.4%, ages 21 and older
Cigarette smoking by adults	4.3% (SPA 3) 6.5% (SPA 7)	5.0%
Annual adult influenza vaccination	49.3% (SPA 3) 45.2% (SPA 7)	70.0%
Pap smears, ages 21-65, screened in the past 3 years	80.9% (SPA 3) 79.6% (SPA 7)	84.3%
Mammograms, ages 50-74, screened in the past 2 years	78.3% (SPA 3) 70.4% (SPA 7)	77.1%
Colorectal cancer screenings, ages 50-74, screened per guidelines	78.0% (SPA 3) 80.8% (SPA 7)	74.4%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Maria Cerdas	Center Director	Potero Community Center
Adriana G. Dugan	Member Services Specialist	Montebello Chamber of Commerce
Rosemary Gurrola	Manager	LA County Library - Montebello Library
Captain Jodi Hutak	Station Captain	Sheriff's Department, Pico Rivera
Lindsey Lastra	Senior Public Health Analyst, Service Planning Areas 7/8	LA County Department of Public Health
May Lin	Resident Service Coordinator	Beverly Towers
Lizett Olmos	Director	Pico Rivera Senior Center
Rocio Parra, LCSW, PPSC	Director of Birth to Five Programs	The Whole Child
Paul S. Parzik	Executive Director	YMCA of Metropolitans Los Angeles, Montebello-Commerce YMCA
Lauren Talbott	Community Library Manager	LA County Library - Pico Rivera Library & Rivera Library

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- Getting health care evaluations and treatment for arrestees. People who come into custody and have injuries, as a result of an incident prior to arrival or injury with a later altercation, that needs to be treated at a local hospital before they are booked into jail.
- Housing and transportation.
- COVID-19.
- Mental health issues with homeless people in the area.
- Low birth weight, obesity, and homelessness is huge. Access to childcare and income equality.
- We are seeing a lot more unhoused persons coming to the library or those who are on the cusp of homelessness who are looking for assistance.
- Education is a big worry with parents, a lot of them are concerned their kids lost a year of learning because they did not thrive with distance learning.
- We are also worried about businesses that have closed and a lack of access to healthy foods. We are worried about Pico being a food desert. We are seeing some businesses leave the community and we have a lot of vacant store fronts in the city.
- A lot of gaps arise with Latinx, black/African Americans in LA County. Specifically, there are disparities with access to health care.
- The big issues are mental health and wellbeing. Families have been cloistered for much of the last two years. Under lockdowns, kids have lost ground on their academic programs. Online learning is better than nothing, but it is not good for some kids. The older kids can adapt, but the younger ones, first grade or kindergarten, that is the foundation setting time and that time is lost time.

Next, interview participants were asked what factors or conditions contribute to these health issues. Their responses included:

- Homelessness and the fact that older adults are no longer able or capable to drive because of health issues.
- COVID, and mental health and substance use.
- Aging and poor knowledge of nutrition and medication side effects, and lack of family social support. Some don't have children, so it's been difficult. With COVID, some people were used to going to the senior center for bingo and other social activities, and now everything has been on hold.
- Lack of resources like housing, even families who are working full-time jobs are having a hard time finding housing. We see families struggle with basic needs. For

families with young children, formula and diapers are expensive, even if you have WIC or SNAP, it is still hard to make ends meet.

- The economy, the cost of living, prices are going up but pay is not going up and people are struggling to stay employed during the pandemic.
- Environmental factors contribute if they live in communities with fewer resources. Families struggle with transportation or they have limited ability with their job hours/location to access care.
- Culturally, environmentally, socioeconomically, the have nots have suffered the greatest challenges. They have less access to health care and mental health.

Who or what groups in the community are most affected by these issues? Responses included:

- Seniors. We assist veterans, Latinos, whites.
- Older residents
- Young families, and people of color, and persons living in poverty.
- Racism. With black communities, health outcomes are often worse. We need to address systems that lead to this problem. We have inequalities in our systems.
- Small businesses that would like to provide medical insurance to their employees.

What health inequities have you observed and what solutions do you believe are needed to address those inequities? Responses included:

- Access to medical care.
- Language barriers for some people. It is not just Spanish spoken here. We have Korean, Chinese, Armenian and Vietnamese.
- Some people are still uncomfortable being in a group setting. The majority of our residents are monolingual Mandarin, Cantonese, Spanish, Korean, and Armenian.
- People need activities that are accessible and free to them.
- I've noticed families aren't able to go visit their pediatrician as quickly as they would like. There are a limited number of pediatricians in the community.
- We need more subsidized housing and more resources for those who are mentally unwell. A lot of people lack funds. We see a lot of people who are evicted from their low-income housing due to drug and alcohol use and they don't want to go into treatment.
- With the Latinx community especially, they fear getting services due to misinformation and their legal status. There are mental health concerns too for Latinx communities.

How has the COVID-19 pandemic influenced or changed the unmet needs in your community? Responses included:

- It has been significant. All of our facilities were closed and we noticed that our senior population was isolated. A lot that people were depressed.
- Many people have relocated, passed away, or are not ready to return to socializing.
- People who have jobs that don't allow them to work from home are getting exposed to COVID more than others.
- For seniors, there is fear and anxiety about contracting the virus. Transportation options are limited, especially if they have mobility issues. And the high prices and inflation is impacting everyone.
- People are weaker, their balance is off, they are frailer. Their weight is up. And children are lacking activity as well. Kids have felt the isolation just as much as the seniors.
- Pre-pandemic, homelessness was not as visible. People lost their jobs, businesses closed, and this has increased homelessness.
- There is a lack of childcare. People can't work if they can't get affordable childcare. There were little cracks in society and the pandemic broke open those cracks. And it isn't going to go back to the way it was.
- It has shone a bright light on disparities between the haves and the have nots. It is not a bad thing in and of itself. It is good we have front line workers wanting livable wages, and that there was so much aid offered, because it was urgently needed.
- There are a lot of positives that came out of the pandemic and we have learned a lot. We can adapt and we can rely on each other and support each other as well.

Attachment 4: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 LA at www.211la.org

Need	Community Resources
Access to care	211, Alma Family Services, AltaMed, CareMore, Centro Maravilla Service Center, China Town Service Center, LA County Department of Public Health, Mexican American Opportunity Fund, Rotary Club, Senior Citizen Center of Montebello
Birth Indicators	AltaMed, CalFresh, CareMore, First 5, LA County Department of Public Health, Mexican American Opportunity Fund, The Whole Child, WIC
Chronic diseases	AltaMed, Alzheimer’s Association, American Cancer Society, American Diabetes Association, American Lung Association, CareMore, China Town Service Center, LA Breathmobile Program, YMCA
COVID-19	AltaMed, Catholic Charities, China Town Service Center, LA County Department of Public Health, Senior Citizen Center of Montebello
Economic insecurity	California Lifeline, CalFresh, Catholic Charities, Centro Maravilla Service Center, County of LA Board of Supervisors, District Office of Transition Services Los Angeles Unified, Hearts of Compassion, LA Food Bank, Mexican American Opportunity Fund, Partners in Care Foundation, Potero Community Center, Salvation Army, Southeast Area Social Services Funding Authority, Whittier First Day Coalition, WIC, Whole Child, YMCA
Education	First 5, School districts and area schools
Housing/homelessness	PATH: People Assisting the Homeless, Whittier First Day Coalition
Mental health	Alma Family Services, AltaMed, Enki Health Services, Los Angeles Christian Health Centers, Salvation Army Hope Harbor Adult Rehab Center
Overweight/obesity	Montebello Senior Center, Pico Rivera Senior Center, Potero Community Center, YMCA
Preventive practices	AltaMed, CareMore, China Town Service Center, Department of Children and Family Services, LA County Department of Public Health, Senior Citizen Center of Montebello, Whole Child, YMCA
Substance use	Alma Family Services, Dare U to Care, First to Serve Inc., L.A. CADA, Salvation Army Hope Harbor Adult Rehab Center
Violence/community safety	Adult Protective Services, Office of Violence Prevention LA County, Sectors Acting for Equity, Urban Peace Institute

Attachment 5: Report of Progress

Beverly Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2019 CHNA. The hospital addressed:

- Access to health care
- Chronic diseases (including healthy eating and active living)
- Mental health
- Preventive care

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

Access to Health Care (including Preventive Care)

Insurance enrollment

In partnership with South Bay Health and Insurance Services (SBHIS) and the Los Angeles County Department of Public Health, Beverly Hospital provided enrollment assistance to patients for no cost or low-cost health insurance coverage programs. The hospital assisted 236 people with enrollment and information for Medi-Cal.

Transportation support

Beverly Hospital offered transportation to support access to care. Individuals from various hospital clinics and partnering AltaMed Clinics were eligible for transportation within a 15-mile radius of the hospital. The hospital transportation van provided 3,910 rides. The Hospital covered the cost of UberHealth rides as another travel option for individuals. 6,166 Uber rides were provided.

Cancer screenings

Beverly Hospital offered breast health screenings at low and no-cost through the Every Woman Counts program. The hospital offered diagnostic and screening mammograms, breast ultrasounds and breast biopsies. 209 screenings were provided.

Preventive screenings

The hospital presented free blood pressure and glucose screenings and health education at local community sites. Some sites included: Montebello Senior Center, Pico Rivera Senior Center, Montebello Senior Villas, and Potrero Heights Community Center. In the first quarter of 2020, 123 blood pressure and 70 glucose screenings were provided.

Community health fairs

The hospital participated in community health fairs or events as a way to connect with the community and provide health education, screenings, and or information about services. Beverly Hospital participated in the YMCA Senior Health Fair, The Shops at Montebello Think Pink Breast Cancer Walk and Go Red for Women health event, and the Montebello Senior Center Senior Health Fair.

Breastfeeding support services

Beverly Hospital is designated as a Baby-Friendly hospital. The Baby Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization to encourage hospitals to promote breastfeeding as a best practice for newborn nutrition. The hospital has an ongoing training program that includes lactation consultants, nurse training, and education. Beverly hosted 9 breastfeeding education classes, which reached 19 breastfeeding moms.

Vaccines and Testing

To help increase accessibility to mobile testing sites, Beverly Hospital collaborated with Los Angeles County Supervisor Hilda L. Solis to launch an on-site COVID-19 drive through testing clinic. Over the course of 5 weeks, the clinic provided a total of 1,984 COVID-19 tests. Beverly Hospital also collaborated with the state of California to launch an on-site COVID-19 vaccine clinic. Over the course of 6 months, the clinic provided over 13,780 COVID-19 vaccines to community members. In 2020, Beverly Hospital hosted flu vaccine clinics for members of the community, ages 6 months and older.

Chronic Diseases (including Healthy Eating and Active Living)

Diabetes education programs

Accredited by the American Association of Diabetes Educators, Beverly Hospital provided education on prevention, management, and treatment of diabetes to the community. Through the Sweet Success Program, the center offered counseling to mothers who have developed gestational diabetes during their pregnancies. Diabetes Counseling was offered in English and Spanish. Additionally, monthly lectures called Diabetes Wellness Hour, which taught participants how to live a healthy lifestyle while with diabetes, were conducted.

Education and exercise classes for seniors

The 50+ Connection Program offered diverse lectures, exercise classes, and social activities to increase healthy habits and reduce isolation among seniors. Services were offered in partnership with various organizations and covered a wide range of topics, including: fall prevention, social security fundamentals, and amputation prevention. 950 seniors participated in the program.

Community CPR and first aid

CPR and First Aid classes were offered at the Hospital and health fairs, or in partnership with local organizations such as schools and community groups. In response to COVID-19, the CPR instructor changed to hosting classes with limited capacity and COVID-19 safety procedures in place. 303 people received CPR and/or first aid training.

Wound care education

The Center for Advanced Wound Healing and Hyperbaric Medicine is dedicated to preventing lower limb loss and optimizing outcomes for patients with chronic, non-healing wounds resulting from illnesses such as diabetes, pressure ulcers, and peripheral vascular disease. Education on prevention and treatment of wounds was provided.

Mental Health

Support groups

Beverly Hospital offers support groups for bereavement and for caregivers who look after someone with Alzheimer's disease or dementia. The bereavement support group is in collaboration with VITAS Healthcare. A total of 194 caregivers were served by these support groups.

Mental health services

In partnership with BHC Alhambra Hospital, Beverly Hospital covered care for patients requiring additional mental health services. Beverly covered the cost of necessary services for 110 patients.

Tele-psychiatric services

Beverly Hospital offered a Tele-Psychiatry Program for persons requiring a psychiatric consult. It allowed for timely access to care and decreased length of stay for many patients. The service was utilized 1,236 times.

NAMI Family-to-Family education

As defined by the National Alliance on Mental Illness (NAMI), NAMI Family-to-Family is a 12-session educational program for family, significant others, and friends of individuals living with mental illness. The program is designed to improve the coping and problem-solving abilities of the people closest to an individual living with a mental health condition. Beverly Hospital hosted 1 session with an overall 6 participants prior to having to postpone for the rest of the year.