Torrance Memorial | An Affiliate of Cedars Sinai

Community Benefit

Community Health Needs Assessment 2022

TORRANCE MEMORIAL MEDICAL CENTER

Community Health Needs Assessment

Report adopted by the Board of Trustees on May 18, 2022.

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Executive Summary

Torrance Memorial Medical Center (TMMC) is a 443-bed nonprofit medical center established to provide quality health care services predominantly to the residents of the South Bay, Peninsula and Harbor communities. The medical center is affiliated with Cedars-Sinai under the umbrella of Cedars-Sinai Health System. Torrance Memorial has an extensive integrated system of physicians and comprehensive medical services to provide coordinated communication and continuum of care and offers the most current and effective medical technologies rendered in a compassionate, caring manner.

Community Health Needs Assessment

Torrance Memorial 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/Community Benefit Plan 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

Torrance Memorial is located at 3330 Lomita Boulevard, Torrance, CA 90505. The hospital service area includes 24 ZIP Codes in 16 cities or neighborhoods located in Los Angeles City Council District 15 and in Service Planning Area 8 (SPA 8: South Bay) in Los Angeles County.

Torrance Memorial Medical Center Service Area

	ZIP Code
Carson	90745, 90746
El Segundo	90245
Gardena	90247, 90248, 90249
Harbor City	90710
Hawthorne	90250
Hermosa Beach	90254
Lawndale	90260
Lomita	90717
Manhattan Beach	90266
Palos Verdes Estates/Rolling Hills Estates	90274
Rancho Palos Verdes	90275
Redondo Beach	90277, 90278

San Pedro	90731, 90732
Torrance	90501, 90502, 90503, 90504, 90505
Wilmington	90744

Collaboration

For this CHNA, Torrance Memorial worked in partnership with Providence Little Company of Mary Medical Center Torrance and Providence Little Company of Mary Medical Center San Pedro. Given that these partners share an overlapping service area, a collaborative effort reduced redundancies and increased data collection efficiency.

Methodology

Secondary Data

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.

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.

Primary Data

Thirty-seven (37) phone interviews were conducted during November 2021 to January 2022. Community stakeholders identified by the hospital partners were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and well-being in the South Bay area of Los Angeles County, who spoke to issues and needs in the communities served by the hospitals.

Torrance Memorial also conducted surveys with staff members of area schools to obtain input on the unmet needs of students and their families. The surveys were available in an electronic format through a SurveyMonkey link. The surveys were collected from

January 24 to February 15, 2022. During this time, 24 school staff members completed the survey.

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
- Chronic diseases
- COVID-19
- Dental health
- Economic insecurity and workforce development
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight/obesity
- Preventive practices
- Substance use

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. Housing and homelessness, mental health, access to care, chronic diseases and substance use were ranked as the top five priority needs in the service area.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Torrance Memorial Board of Trustees on May 18, 2022.

The report is widely available to the public on the medical center's web site and can be accessed here. To send comments or questions about this report, please send your feedback to: https://www.torrancememorial.org/contact-us/

Introduction

Background and Purpose

Founded in 1925 by Jared Sidney and Helena Childs Torrance, Torrance Memorial is a 443-bed nonprofit medical center established to provide quality health care services predominantly to the residents of the South Bay, Peninsula and Harbor communities. Torrance Memorial seeks to offer the most current and effective medical technologies rendered in a compassionate, caring manner.

No longer just a hospital, today the medical center includes an extensive integrated system of physicians and comprehensive medical services to provide coordinated communication and continuum of care. Torrance Memorial is affiliated with Cedars-Sinai under the umbrella of Cedars-Sinai Health System.

The medical center offers general acute care services and serves as one of only three certified burn treatment centers in Los Angeles County. With more than 3,600 employees, Torrance Memorial is one of the South Bay's largest employers. The medical staff includes over 1,100 physicians and the volunteer corps embraces more than 1,000 members.

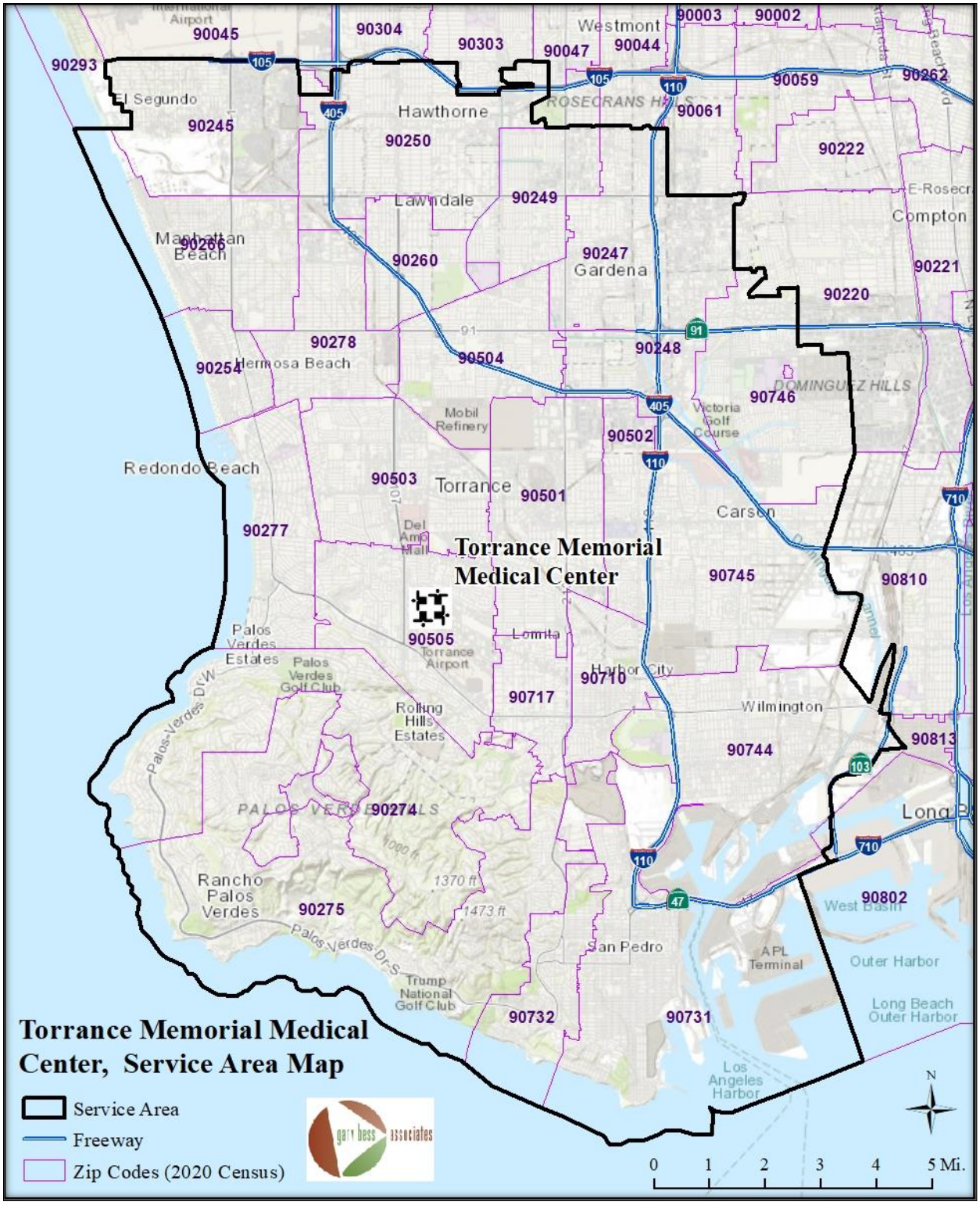
The passage of California Senate Bill 697 (1994) and the Patient Protection and Affordable Care Act (2010) require tax-exempt hospitals to conduct a CHNA every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA is one tool in this 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

Torrance Memorial is located at 3330 Lomita Boulevard, Torrance, California 90505. The hospital service area includes 24 ZIP Codes in 16 cities or neighborhoods. The medical center is located in Los Angeles City Council District 15 and in Service Planning Area 8 (SPA 8: South Bay) in Los Angeles County. The service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Torrance Memorial Medical Center Service Area

	ZIP Code
Carson	90745, 90746
El Segundo	90245
Gardena	90247, 90248, 90249
Harbor City	90710
Hawthorne	90250
Hermosa Beach	90254
Lawndale	90260
Lomita	90717
Manhattan Beach	90266
Palos Verdes Estates/Rolling Hills Estates	90274
Rancho Palos Verdes	90275
Redondo Beach	90277, 90278
San Pedro	90731, 90732
Torrance	90501, 90502, 90503, 90504, 90505
Wilmington	90744


Torrance Memorial Medical Center
Torrance Memorial Medical Center, Service Area Map
Service Area
Freeway
Zip Codes (2020 Census)
gary bess associates
90045
90304
90303
90047
90044
90003
90002
90293
90059
90262
90245
90250
90222
90249
90266
90260
90247
90221
90220
90278
90254
90504
90248
90746
90502
90503
90501
90277
90745
90810
90505
90710
90717
90744
90813
90274
90802
90275
90732
90731
Westmont
El Segundo
Hawthorne
Lawndale
Gardena
Compton
Manhattan Beach
Hermosa Beach
Redondo Beach
Torrance
Carson
Wilmington
Lomita
Harbor City
Rancho Palos Verdes
San Pedro
Long Beach
Outer Harbor
Los Angeles Harbor
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Collaboration

Torrance Memorial participated in a collaborative process for the stakeholder interviews, which included Providence Little Company of Mary Medical Center Torrance and Providence Little Company of Mary Medical Center San Pedro. Given that these partners share an overlapping service area, a collaborative effort increased primary data collection efficiency and reduced redundancies.

Project Oversight

The Community Health Needs Assessment process was overseen by:
Claire Coignard
Director, Health Education/HealthLinks
Torrance Memorial Medical Center

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Trixie Hidalgo, MPH and Sevanne Sarkis, JD, MHA, MEd to complete the data collection. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. 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 Torrance Memorial Medical Center Board of Trustees approved this report on May 18, 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. Attachment 1 compares Healthy People 2030 objectives with service area data.

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
- Chronic diseases
- COVID-19
- Dental health
- Economic insecurity and workforce development
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight/obesity
- Preventive practices
- Substance use

Primary Data Collection

Interviews

In partnership with Providence Little Company of Mary Medical Center Torrance and Providence Little Company of Mary Medical Center San Pedro, Torrance Memorial Medical Center conducted interviews with community stakeholders to obtain input on significant community needs, barriers to care and resources available to address the identified health needs.

Thirty-seven (37) phone interviews were conducted during November 2021 to January 2022. Community stakeholders identified by the hospital partners were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and well-being in the South Bay area of Los Angeles County, who spoke to issues and needs in the communities served by the hospitals.

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 (i.e.; 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.

Surveys

Torrance Memorial distributed a survey to staff at local schools. The survey was available in an electronic format through a SurveyMonkey link from January 24 to February 15, 2022. During this time, 24 usable surveys were collected. The survey link was sent with an email introduction to health care and mental health care staff who work at local schools. To encourage responses to the survey, an opportunity to be randomly selected for five $50 Amazon gift cards was offered as an incentive. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and their responses would be confidential.

Survey questions focused on the following topics:

- Unmet needs of students
- Unmet needs of families
- Priority ranking of community needs
- Health or social service needs that are not easily accessible
- Impact of COVID-19
- Areas for collaboration and coordination

The community survey responses are detailed in Attachment 4.

Public Comment

In compliance with IRS regulations 501(r)(3) 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 here. 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 were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Housing and homelessness, mental health and COVID-19, had the highest scores for severe and very severe impact on the community. Substance use, housing and homelessness and mental health were the needs with the highest scores for worsened over time. Housing and homelessness, mental health and economic insecurity 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	77.3%	22.7%	50.0%
Chronic diseases	59.1%	18.2%	45.5%
COVID-19	95.5%	22.7%	13.6%
Dental care	63.6%	13.6%	59.1%
Economic insecurity	81.8%	63.6%	72.7%
Food insecurity	86.4%	68.2%	59.1%
Housing and homelessness	100%	72.7%	90.9%
Mental health	100%	72.7%	86.4%
Overweight and obesity	68.2%	36.4%	40.9%
Preventive practices	45.5%	9.1%	9.1%
Substance use	81.8%	83.6%	54.6%

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. Housing and homelessness, mental health and access to care were ranked as the top three 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)
Housing and homelessness	3.91
Mental health	3.86
Access to health care	3.64
Chronic diseases	3.48
Substance use	3.48
Economic insecurity	3.45
Food insecurity	3.43
COVID-19	3.36
Preventive practices	3.24
Overweight and obesity	3.09
Dental care	3.05

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 5.

Review of Progress

In 2019, Torrance Memorial 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 care, chronic diseases, homelessness, and substance use and misuse through a commitment of community benefit programs and resources. The impact of the actions that the medical center used to address these significant needs can be found in Attachment 6.

Demographic Profile

Population

The total population of the Torrance Memorial Medical Center service area is 881,149.

Total Population

	TMMC Service Area	Los Angeles County
Total population	881,149	10,081,570

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

Of the area population, 49.1% are male and 50.9% are female.

Population, by Gender

	TMMC Service Area	Los Angeles County
Male	49.1%	49.3%
Female	50.9%	50.7%

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

Children and teens, ages 0-17, make up 22.4% of the population, 62.4% are adults, ages 18-64, and 15.2% of the population are seniors, 65 and older.

Population, by Age

	TMMC Service Area	Los Angeles County
0 – 4	6.3%	6.1%
5 – 9	6.3%	5.9%
10 – 14	6.2%	6.2%
15 – 17	3.7%	3.8%
18 – 20	3.1%	4.0%
21 – 24	4.5%	5.7%
25 – 34	14.1%	16.1%
35 – 44	13.4%	13.7%
45 – 54	14.2%	13.4%
55 – 64	13.0%	11.8%
65 – 74	8.4%	7.5%
75 – 84	4.6%	3.9%
85+	2.2%	1.8%

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

In the service area, Wilmington has the largest percentage of youth, ages 0-17 (28.9%). Palos Verdes Estates/Rolling Hills Estates has the highest percentage of adults, ages 65 and older (26.5%).

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Carson	90745	56,930	21.3%	15.3%
Carson	90746	27,075	17.5%	21.3%
El Segundo	90245	16,731	24.2%	10.5%
Gardena	90247	48,293	21.5%	14.1%
Gardena	90248	11,607	18.5%	18.8%
Gardena	90249	26,429	20.1%	17.1%
Harbor City	90710	28,045	23.4%	15.0%
Hawthorne	90250	97,072	25.5%	9.1%
Hermosa Beach	90254	19,539	17.9%	12.4%
Lawndale	90260	34,827	23.3%	11.1%
Lomita	90717	21,508	21.1%	17.2%
Manhattan Beach	90266	35,500	26.7%	16.9%
Palos Verdes Estates/ Rolling Hills Estates	90274	25,061	21.6%	26.5%
Rancho Palos Verdes	90275	42,146	21.0%	25.5%
Redondo Beach	90277	34,827	18.9%	16.7%
Redondo Beach	90278	40,252	23.7%	12.1%
San Pedro	90731	60,659	23.2%	13.2%
San Pedro	90732	22,780	18.8%	21.7%
Torrance	90501	41,975	23.7%	12.7%
Torrance	90503	44,605	20.0%	16.7%
Torrance	90504	33,410	19.5%	16.5%
Torrance	90505	37,220	23.0%	17.3%
Torrance/County Strip	90502	17,778	15.9%	21.8%
Wilmington	90744	56,880	28.9%	9.5%
TMMC Service Area		**881,149**	**22.4%**	**15.2%**
Los Angeles County		**10,081,570**	**22.0%**	**13.3%**

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

Sexual Orientation

In SPA 8, 90.9% of adults identify as heterosexual, 2.8% of adults identify as gay, lesbian or homosexual, 3.3% as bisexual and 2.9% as non-sexual/celibate/other.

Sexual Orientation, Adults

	SPA 8	Los Angeles County	California
Straight or heterosexual	90.9%	90.0%	90.8%
Gay, lesbian or homosexual	2.8%	3.5%	3.0%
Bisexual	3.3%	4.0%	3.9%
Not sexual/celibate/none/other	2.9%	2.4%	2.2%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/

Race/Ethnicity

In the service area, 36.7% of the population is Hispanic/Latino. Whites make up 29.7%

of the population. Asians comprise 19.1% of the population, and Black/African Americans are 9.7% of the population. Native Americans, Hawaiians/Pacific Islanders, and other races combined total 4.8% of the population. The service area has a lower percentage of Hispanic/Latino individuals compared to the county (48.5%) and state (39.0%).

Population, by Race and Ethnicity

	TMMC Service Area	Los Angeles County	California
Hispanic/Latino	36.7%	48.5%	39.0%
White	29.7%	26.2%	37.2%
Asian	19.1%	14.4%	14.3%
Black/African American	9.7%	7.8%	5.5%
Other or multiple	3.9%	2.6%	3.3%
Native Hawaiian/Pacific Islander	0.7%	0.2%	0.4%
American Indian and Alaskan	0.2%	0.2%	0.4%

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

Language

In the service area, English-only is spoken at home among 53.5% of the population. Spanish is spoken in the home among 28.1% of the population, 4.1% speak an Indo-European language other than Spanish, and 12.9% of the population speaks an Asian/Pacific Islander language at home. The service area has a higher percentage of the population that speaks an Asian/Pacific Islander language than does the county or state, and a higher percentage of English-only speakers than the county.

Language Spoken at Home, Population Ages 5 and Older

	TMMC Service Area	Los Angeles County	California
Speaks only English	53.5%	43.4%	55.8%
Speaks Spanish	28.1%	39.2%	28.7%
Speaks Asian/Pacific Islander language	12.9%	10.9%	10.0%
Speaks Indo-European language	4.1%	5.3%	4.5%
Speaks other language	1.4%	1.1%	1.0%

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

When examined by ZIP Code, Wilmington (76.0%), and Lawndale (50.1%) have the highest percentage of Spanish speakers. Carson 90745 (29.0%) has the highest percentage of Asian/Pacific Islander language speakers in the service area. The highest percentage of people speaking an Indo-European language at home is in Torrance 90505 (8.7%).

Language Spoken at Home, Population Ages 5 and Older, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Carson	90745	36.2%	33.3%	29.0%	1.0%
Carson	90746	72.3%	14.7%	7.3%	0.8%
El Segundo	90245	80.9%	8.7%	4.7%	4.2%
Gardena	90247	38.4%	42.6%	17.0%	0.8%
Gardena	90248	42.5%	39.9%	15.9%	1.7%
Gardena	90249	50.3%	33.5%	11.8%	2.4%
Harbor City	90710	45.0%	35.4%	16.2%	2.8%
Hawthorne	90250	39.9%	48.2%	5.2%	2.6%
Hermosa Beach	90254	88.2%	4.1%	2.1%	4.7%
Lawndale	90260	34.6%	50.1%	9.6%	3.0%
Lomita	90717	64.4%	20.8%	9.8%	4.0%
Manhattan Beach	90266	84.0%	4.8%	5.3%	5.6%
Palos Verdes Estates/ Rolling Hills Estates	90274	70.4%	5.1%	17.0%	7.1%
Rancho Palos Verdes	90275	63.1%	5.3%	22.7%	8.1%
Redondo Beach	90277	77.5%	8.1%	5.9%	7.3%
Redondo Beach	90278	75.3%	9.2%	7.5%	6.7%
San Pedro	90731	51.6%	39.8%	4.3%	4.0%
San Pedro	90732	69.1%	14.6%	7.5%	8.1%
Torrance	90501	47.7%	32.1%	17.5%	2.1%
Torrance	90503	57.1%	7.0%	25.6%	8.4%
Torrance	90504	58.4%	16.1%	19.3%	4.5%
Torrance	90505	61.1%	5.7%	22.7%	8.7%
Torrance/County Strip	90502	39.6%	28.3%	26.6%	5.1%
Wilmington	90744	21.1%	76.0%	2.6%	0.3%

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, 18.5% of the population is linguistically isolated.

Linguistic Isolation, Population Ages 5 and Older

	Percent
TMMC Service Area	18.5%
Los Angeles County	23.6%
California	17.8%

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

Veteran Status

In the service area, 4.9% of the population, ages 18 and older, are veterans. This is higher than the percentage of veterans in the county (3.3%) but lower than the state rate (5.2%).

Veterans

	TMMC Service Area	Los Angeles County	California
Veteran status	4.9%	3.3%	5.2%

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

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank-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 counties were ranked according to social and economic factors with one indicating 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.

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 population statistics. 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 residents in the service area, 10.7% had incomes <100% of the Federal Poverty Level. 26.2% of service area residents are considered low-income (below 200% of poverty). Wilmington has the highest rate of poverty-level (19.9%) and low-income residents (49.9%) in the service area.

Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Carson	90745	8.9%	26.5%
Carson	90746	7.8%	19.7%
El Segundo	90245	5.9%	14.8%
Gardena	90247	17.4%	38.8%
Gardena	90248	10.5%	30.9%
Gardena	90249	12.2%	33.7%
Harbor City	90710	15.3%	33.5%
Hawthorne	90250	14.5%	37.5%
Hermosa Beach	90254	4.5%	9.7%
Lawndale	90260	12.6%	39.2%
Lomita	90717	10.9%	25.5%
Manhattan Beach	90266	3.2%	7.4%
Palos Verdes Estates/ Rolling Hills Estates	90274	4.8%	9.0%
Rancho Palos Verdes	90275	4.2%	9.8%

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Redondo Beach	90277	4.2%	10.4%
Redondo Beach	90278	3.7%	10.8%
San Pedro	90731	17.9%	39.5%
San Pedro	90732	6.0%	14.9%
Torrance	90501	15.6%	31.0%
Torrance	90503	7.4%	17.2%
Torrance	90504	8.9%	20.4%
Torrance	90505	4.5%	14.4%
Torrance/County Strip	90502	10.8%	23.7%
Wilmington	90744	19.9%	49.9%
TMMC Service Area		**10.7%**	**26.2%**
Los Angeles County		**14.9%**	**34.8%**
California		**13.4%**	**31.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://factfinder.census.gov

Wilmington has the highest rate of poverty among children (31.3%), seniors (15.3%) and female heads-of-household (HoH), living with their own children, under the age of 18, (42.6%) in the service area.

Poverty Levels, Children, under Age 18, Seniors, Ages 65 and Older, and Female HoH

	ZIP Code	Children	Seniors	Female HoH with Children*
Carson	90745	12.3%	8.8%	23.1%
Carson	90746	11.5%	9.1%	12.9%
El Segundo	90245	7.2%	5.9%	6.2%
Gardena	90247	27.3%	12.8%	31.0%
Gardena	90248	17.5%	8.3%	34.7%
Gardena	90249	18.8%	13.7%	25.1%
Harbor City	90710	20.6%	12.1%	39.1%
Hawthorne	90250	20.1%	12.7%	23.0%
Hermosa Beach	90254	5.9%	4.0%	14.7%
Lawndale	90260	16.3%	14.2%	23.5%
Lomita	90717	14.7%	12.7%	31.9%
Manhattan Beach	90266	3.1%	3.4%	13.4%
Palos Verdes Estates/ Rolling Hills Estates	90274	4.6%	4.6%	31.8%
Rancho Palos Verdes	90275	1.7%	6.1%	2.2%
Redondo Beach	90277	2.8%	5.5%	9.0%
Redondo Beach	90278	2.2%	5.3%	9.1%
San Pedro	90731	27.8%	14.7%	39.4%
San Pedro	90732	8.8%	3.5%	40.6%
Torrance	90501	24.9%	10.9%	42.4%
Torrance	90503	7.7%	9.0%	29.4%
Torrance	90504	11.3%	6.8%	22.1%
Torrance	90505	3.3%	6.8%	20.5%
Torrance/County Strip	90502	19.9%	11.6%	24.3%
Wilmington	90744	31.3%	15.3%	42.6%

	ZIP Code	Children	Seniors	Female HoH with Children*
TMMC Service Area		**15.3%**	**9.1%**	**27.9%**
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. http://data.census.gov/*

The service area has lower rates of poverty among every racial and ethnic group listed, when compared to the county and state, with the exception of those who identify as a race/ethnicity other than those listed. At the local level, those of Other race have the highest rate of poverty (19.6%), followed by American Indian/Alaskan Natives (16.2%), Hispanic/Latino residents (15.9%) and Black/African American residents (14%). Non-Hispanic White residents have the lowest poverty rates followed by Asian residents.

Poverty Levels by Race/Ethnicity

	TMMC Service Area	Los Angeles County	California
Some other race	19.6%	19.2%	18.7%
American Indian/AK Native	16.2%	18.1%	19.5%
Hispanic or Latino	15.9%	18.1%	17.7%
Black/African American	14.0%	20.8%	20.5%
Native HI/Pacific Islander	8.9%	11.5%	13.3%
Multiracial	8.7%	11.7%	12.4%
Asian	7.3%	11.1%	10.2%
White, non-Hispanic	5.8%	9.6%	9.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted program that provides free, nutritionally balanced meals to children whose families meet eligibility income requirements. The percentage of students eligible for this program is one indicator of socioeconomic status. Among Los Angeles Unified School District students, 81.3% are eligible. In Los Angeles County, over half (68.7%) of the student population is eligible, indicating a high level of low-income families. In the Hawthorne School District and Lawndale Elementary School District, 88.2% and 86.8% of students qualify respectively, higher than county and state rates.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Centinela Valley Union High School District	72.3%
El Segundo Unified School District	14.0%
Hawthorne School District	88.2%

	Percent Eligible Students
Hermosa Beach City Elementary School District	5.3%
Lawndale Elementary School District	86.8%
Los Angeles Unified School District	81.3%
Manhattan Beach Unified School District	4.4%
Palos Verdes Unified Peninsula Unified School District	7.2%
Redondo Beach Unified School District	15.0%
Torrance Unified School District	28.8%
Wiseburn Unified School District	33.7%
Los Angeles County	**68.7%**
California	**58.9%**

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

Unemployment

The current (March 2022) unemployment rates are estimated to range from 1.6% in Palos Verdes Estates to 5.8% in Inglewood. The county and state rates are 4.9%. Unemployment in the area has declined from 2020.

Unemployment Rate*, 2020 Annual Average, June 2021

	2020 Annual Average	2021 Annual Average	March 2022 (Preliminary)
Carson	13.1%	9.9%	5.2%
El Segundo	12.6%	9.1%	5.0%
Gardena	13.8%	10.0%	4.7%
Hawthorne	14.7%	10.4%	5.0%
Hermosa Beach	7.7%	5.5%	3.0%
Inglewood	15.8%	11.2%	5.8%
Lawndale	14.2%	9.3%	4.9%
Lomita	5.9%	4.2%	2.2%
Manhattan Beach	7.1%	5.2%	3.6%
Palos Verdes Estates (city)	4.3%	3.0%	1.6%
Rancho Palos Verdes	8.2%	6.0%	3.3%
Redondo Beach	9.4%	6.5%	4.2%
Torrance	10.0%	6.8%	3.5%
Los Angeles County	**12.3%**	**8.9%**	**4.9%**
California	**10.1%**	**7.3%**	**4.9%**

Source: California Employment Development Department, Labor Market Information;
http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html
**Data not available for Harbor City, San Pedro and Wilmington.*

Public Program Participation

A considerable percentage of SPA 8 residents likely qualify for food stamps, but do not access this resource. 44.7% of low-income residents are unable to afford food yet only 24% utilize food stamps. WIC benefits are accessed by 38.1% of low-income residents, and 12.3% receive Supplemental Security Income (SSI).

Public Program Participation, Population < 200% FPL

	SPA 8	Los Angeles County
Avoided government benefits (asked of all foreign born, regardless of income)	21.2%	20.6%
Not able to afford food	44.7%	39.6%
Food stamp recipients	24.0%	26.0%
WIC usage among children, ages 6 and younger	*38.1%	40.3%
Supplemental Security Income (SSI)	12.3%	10.1%

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

Community Input – Economic Insecurity

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

- There is not enough job training. And there are not enough people who want training. Everyone is having a problem hiring people. The stimulus checks and higher unemployment checks are problematic. People are paid to stay at home.
- Many seniors don't make enough money on social security. We regularly get calls for senior financial aid to help with paying bills.
- We teach individuals independent living skills and job training but we lack businesses that will hire those with special needs. People are more open to hiring more individuals with special needs, still about only 10% of our population is employed even though they are capable.
- The biggest issue we see with workforce development is the inability to work because of immigration status. A lot of families during the pandemic did not qualify for stimulus money because they were undocumented.
- Parents report they were unemployed and more of our students have qualified for free food than in the past. It went from 79% to 85%. That demonstrates that families are facing financial insecurity. Many of them work in the service industry, so they were dramatically impacted. Many families took big hits because of COVID and they are still struggling.
- Economic inequity leads to not having health insurance and a proper diet and the ability to exercise. It is not just about a paycheck or a job, it is about leading a more healthily lifestyle.

- People aren't coming back, so we can't open childcare sites because we can't staff them and people won't even apply for the job. We have seniors to feed and kids to take care of and we can't staff our programs.
- We are a big industrial community and there are not a lot of jobs so people have to drive or take a bus outside of the city to get to jobs, so transportation is an issue. Our location does not provide a lot of work opportunities. We have very low education rates and there are very few people with college degrees here. We have a lot of small businesses and we have very high unemployment rates.
- Nonprofit community clinics don't have resources to pay staff sufficiently or provide benefit packages that are on par with other work places. We are seeing huge shifts in people moving on to other jobs or moving out of the area. It has made it difficult to provide services and open more vaccine clinics.
- We work with women of color and they are the care providers for their children and it is a difficult situation to support them in their career advancement and economic resiliency when they are also tasked with being the care provider of others; it is too much. When a child gets sick, oftentimes it is the mother who takes the day off to go to the doctor, or if the school calls, it is the mom who meets with the school. This issue of economic well-being and workforce development and career advancement, it is a different issue for women. They are often seen as the one who has to hold the family together.
- The fact that housing is so expensive, it creates gaps in socioeconomic status. People now tell us they can't find anywhere to live due to the high cost of housing and food.
- There are a lot of clients who are unemployed and they are looking to learn a new skill but they do not have the money to invest in a new skill. There are openings for truck driving but no one can afford to go to trucking school. A lot of job support programs closed or were minimized during the pandemic. Many people have gone to work in warehouses, things they have never done before. They are thankful for a job, but it is not anything that they find fulfilling. It is a grind and hard work. Also, we see many individuals who show symptoms of COVID-19 but they don't get tested because of accessibility of testing, but also because they want to be able to work.
- When an apartment is renting over $2000 a month, it makes it impossible to be economically stable. People are living in crowded houses. There may be 10 people living in a 2-bedroom apartment because they can't afford anything more. That is not safe or legal but they don't have a choice.
- Families who were able to work from home with Zoom and other platforms had an easier time managing their households.

- There are not enough jobs available for people who do not have a higher level of education. Even making $15 an hour, a person can't survive because of housing costs.
- Low wage jobs do not offer an opportunity to advance and the lack of livable wages prevent people from spending time with their families and addressing things like health care and mental health.
- Most people we serve were already living paycheck to paycheck, so when people stopped working, there was a huge fear that they would become homeless. People had to decide between paying rent and utilities and food. Our pantry program went from serving 200 families to serving 1,100 families during COVID-19. We were serving 37,000 individuals. Many are in the food industry so they are minimum wage and add inflation to that, so meeting their rent is untenable.
- With COVID-19 ebbing, we thought we would see a decrease in need for food but we've only seen about a 10% decrease. People are still coming in for services and food insecurity. They are still asking for assistance with utilities and blankets and socks and underwear.
- The challenge is there are jobs, but the people do not know about them or do not have the right set of skills.
- We are finding a lot of people who are not going back to work. I don't think it is just because of the stimulus, it is more than that. People enjoyed staying at home and it gave people this time to think, what kind of work do I want to do? Many people now prefer remote jobs. That is a concern. We don't have enough workers for our jobs now. And with the change to $15 an hour, it has caused hardship for businesses that rely on entry level positions.

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. 27.5% of adult residents of SPA 8 living below 300% of the Federal Poverty Level reported food insecurity. This is a higher rate of food insecurity than found in the county (26.8%).

Food Insecure Households, <300% FPL

	SPA 8	Los Angeles County
Food insecure households, <300% FPL	27.5%	26.8%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2018; http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Community Input – Food Insecurity

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

- We have supply chain issues and inflation and that is impacting everyone. Food is becoming really expensive.
- With the pandemic, we worked with the Los Angeles Regional Food Bank to increase distribution and deliver to seniors directly through Meals on Wheels.
- There are ample services in the community. It is about getting people connected to the resources. It could be a language barrier, but during the pandemic, more services have been provided and we see flyers made in Spanish and other languages.
- The quality of food is a concern for persons who are homeless.
- If you don't have a job, it is hard to pay rent and buy food so that impacts people at all levels.
- We have direct knowledge of students with food insecurity. We have 85% of our students qualifying for free and reduced meals. We provide breakfast, lunch and supper for kids. I imagine the entire family is struggling with food, not just the students.
- We have a food pantry but with the pandemic, it made it more difficult to purchase and find items. An added benefit was the government's decision to increase food stamps. That helped with food insecurity. But nutrition is something else. We have people who make the wrong choices in food. We have families that don't make a meal, it is chips and dip that doesn't add up to nutrition.
- A lot of community residents are not aware of what is available to them. Unhealthy food is readily available and it's cheaper.
- A lot of people live in hotels so they don't have a kitchen. As a result, they eat in drive through restaurants. That is another type of food insecurity and that leads to obesity and hypertension. There is a concept of a community kitchen, staffed with professional food handlers to help people prepare the food they have received and learn how to cook and clean a kitchen and prepare food. It is the brainchild of Pastor Lisa in San Pedro, a commercial kitchen in her church.
- There is a lot of food insecurity here. There are 38,000 people who qualify for CalFresh who are not enrolled. About 30% of adults in the region live below 300% of FPL. Barriers include fears related to immigration status and public charge, long applications that make it overwhelming and stigma around receiving benefits. People are very committed to work for what they get and they do not want to take things for free.

- Food insecurity became more pronounced with COVID-19. Food production was impacted, shelves in grocery stores were empty for a while, produce and meats were unavailable and people's eating patterns and nutrition may have been impacted.
- It is a big issue because food costs have gone up so much and people are having to make choices on the quality of food they put in their body based on their ability to afford it. Malnourishment and obesity go hand in hand. Food insecurity has forced families to make decisions to eat things that are unhealthy.
- On our campus, there is a tiny village across that street that is packed with people in transition. The issue is to find them affordable housing and stabilize their situation. The high cost of housing has impacted their ability to get themselves back on their feet. Often, they have to make the choice of eating or paying the bills.
- There are great food pantries out there, but people struggle to get to them. If they don't have transportation, taking a long bus ride and trying to maneuver those groceries on multiple buses, it becomes untenable.
- In some communities, you can't find a grocery store, so there is no access to food. Other communities have a grocery store a few blocks from their home and another 9 stores within a 3-mile radius. There is usually a lot of availability to fast food. You do what is easy and accessible to you. Especially when you are just making ends meet.
- Many organizations have taken on food distribution, something they have never done before, because there is such a great need.
- We see it as the biggest, most immediate issue during the pandemic. Increasing CalFresh and food pantries and fresh foods has been a real challenge for the whole county.

Family Size

The average family size in the service area is 3.45 persons, which is lower than in the county (3.66 persons) and the state (3.53 persons).

Average Family Size

	Persons
TMMC Service Area	3.45
Los Angeles County	3.66
California	3.53

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

Housing and Households

There are 325,606 housing units in the service area. Of these units, 305,376 are occupied, with 52.3% owner-occupied and 47.7% renter-occupied. Hawthorne has the

highest percentage (68.9%) of renter-occupied housing units in the service area. Palos Verdes Estates/Rolling Hills Estates has the highest owner-occupied percent (87.3%).

Housing Units, Owners and Renters

	ZIP Code	Total Housing Units	Occupied Housing Units	Owner-Occupied	Renter-Occupied
Carson	90745	15,439	14,936	68.0%	32.0%
Carson	90746	8,285	8,205	83.8%	16.2%
El Segundo	90245	6,771	6,417	43.5%	56.5%
Gardena	90247	16,776	16,001	38.5%	61.5%
Gardena	90248	3,922	3,777	67.4%	32.6%
Gardena	90249	9,148	8,826	57.2%	42.8%
Harbor City	90710	9,651	9,230	52.9%	47.1%
Hawthorne	90250	33,289	31,905	31.1%	68.9%
Hermosa Beach	90254	10,058	8,956	47.4%	52.6%
Lawndale	90260	11,126	10,532	40.3%	59.7%
Lomita	90717	8,872	8,477	46.8%	53.2%
Manhattan Beach	90266	15,020	13,427	69.6%	30.4%
Palos Verdes Estates/ Rolling Hills Estates	90274	10,124	9,153	87.3%	12.7%
Rancho Palos Verdes	90275	16,718	15,544	78.1%	21.9%
Redondo Beach	90277	17,636	15,844	46.3%	53.7%
Redondo Beach	90278	16,235	15,312	58.6%	41.4%
San Pedro	90731	24,573	22,695	32.2%	67.8%
San Pedro	90732	9,424	8,810	70.6%	29.4%
Torrance	90501	15,676	14,242	45.6%	54.4%
Torrance	90503	17,767	16,647	50.9%	49.1%
Torrance	90504	12,411	11,685	62.2%	37.8%
Torrance	90505	14,808	13,992	56.6%	43.4%
Torrance/County Strip	90502	6,472	5,975	68.4%	31.6%
Wilmington	90744	15,405	14,788	36.5%	63.5%
TMMC Service Area		**325,606**	**305,376**	**52.3%**	**47.7%**
Los Angeles County		**3,542,800**	**3,316,795**	**45.8%**	**54.2%**
California		**14,175,976**	**13,044,266**	**54.8%**	**45.2%**

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

In 2019, there were 305,376 households within the service area. From 2016 to 2019, there was very little change in the number of households and housing units in the service area, or in the number of households renting versus owning. Vacancies in the service area increased by 3.1%.

Households and Housing Units, Percent Change, 2016-2019

	TMMC Service Area			Los Angeles County		
	2016	2019	Percent Change	2016	2019	Percent Change
Households	305,868	305,376	-0.2%	3,281,845	3,316,795	1.1%
Housing Units	325,491	325,606	0.0%	3,490,118	3,542,800	1.5%
Owner-occupied	160,099	159,776	-0.2%	1,499,576	1,519,516	1.3%
Renter-occupied	145,769	145,600	-0.1%	1,782,269	1,797,279	0.8%
Vacant	19,623	20,230	3.1%	208,273	226,005	8.5%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 & 2015-2019, DP04. http://factfinder.census.gov

Median Household Income

Household income is defined as the sum of money received over a calendar year by all household members, ages 15 and older. Median household income reflects the relative affluence and prosperity of an area. The median household income in the service area ranged from $50,875 in Wilmington to $169,919 in Palos Verdes Estates/Rolling Hills Estates. The weighted average of the service area median incomes is $87,672.

Median Household Income

	ZIP Code	Median Household Income
Carson	90745	$80,176
Carson	90746	$89,364
El Segundo	90245	$109,577
Gardena	90247	$55,561
Gardena	90248	$61,448
Gardena	90249	$60,669
Harbor City	90710	$63,907
Hawthorne	90250	$56,304
Hermosa Beach	90254	$136,702
Lawndale	90260	$65,340
Lomita	90717	$71,388
Manhattan Beach	90266	$153,023
Palos Verdes Estates/Rolling Hills Estates	90274	$169,919
Rancho Palos Verdes	90275	$138,293
Redondo Beach	90277	$106,185
Redondo Beach	90278	$116,783
San Pedro	90731	$53,456
San Pedro	90732	$104,567
Torrance	90501	$71,712
Torrance	90503	$93,063
Torrance	90504	$90,210
Torrance	90505	$99,764

	ZIP Code	Median Household Income
Torrance/County Strip	90502	$73,826
Wilmington	90744	$50,875
TMMC Service Area		***$87,672**
Los Angeles County		**$68,044**
California		**$75,235**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. https://data.census.gov/cedsci/ *Weighted average of the medians.*

Housing Affordability

Safe and affordable housing is an essential component of healthy communities. According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 41.5% of 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 costs of ownership), as well as those who rent. The communities with the highest percent of households that spend 30% or more of their income on housing are: Wilmington (52.2%), San Pedro 90731 (51.6%), Lawndale (50.8%), and Hawthorne (49.6%).

Households that Spend 30% or More of their Income on Housing

	ZIP Code	Percent
Carson	90745	34.2%
Carson	90746	35.3%
El Segundo	90245	35.1%
Gardena	90247	48.1%
Gardena	90248	41.0%
Gardena	90249	46.0%
Harbor City	90710	46.1%
Hawthorne	90250	49.6%
Hermosa Beach	90254	27.6%
Lawndale	90260	50.8%
Lomita	90717	40.8%
Manhattan Beach	90266	33.4%
Palos Verdes Estates/ Rolling Hills Estates	90274	35.2%
Rancho Palos Verdes	90275	37.3%
Redondo Beach	90277	37.8%
Redondo Beach	90278	35.1%
San Pedro	90731	51.6%
San Pedro	90732	37.4%
Torrance	90501	46.1%
Torrance	90503	37.3%
Torrance	90504	35.4%
Torrance	90505	38.5%
Torrance/County Strip	90502	35.9%

	ZIP Code	Percent
Wilmington	90744	52.2%
TMMC Service Area		**41.5%**
Los Angeles County		**47.3%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. http://factfinder.census.gov

Homelessness

Since 2005, the Los Angeles Homeless Services Authority (LAHSA) has conducted the annual Greater Los Angeles Homeless Point-in-Time (PIT) Count to determine how many individuals and families were experiencing homelessness on a given day. The count is scheduled to occur on a single night in the third week of January, unless weather does not permit. The 2021 homeless count was postponed due to COVID-19, and data from the 2022 count have not been released. The Los Angeles City and County Continuum of Care (CoC)/Greater Los Angeles Homeless Count does not include the cities of Glendale, Long Beach or Pasadena, which conduct their own counts.

For the 2020 PIT Count, SPA 8 had an estimated 4,560 individuals who were experiencing homelessness, a 10.2% increase from 2018. 80.6% of those experiencing homelessness in SPA 8 were individual adults, 19.2% were members of families, and 0.2% were unaccompanied minors. Sheltered persons experiencing homelessness are defined as those sleeping in either emergency shelters, transitional housing or safe havens. Unsheltered individuals include anyone sleeping on the street or in a dwelling not meant for human habitation, including those living in cars, RVs, tents and temporary structures (e.g., cardboard). The percent of persons who were unsheltered decreased slightly from 2018 (79%) to 2020 (77%). Family members experiencing homelessness increased from 16.4% in 2018 to 19.2% in 2020.

Persons Experiencing Homelessness, 2018-2020 Comparison*

	SPA 8		Los Angeles City/County CoC	
	2018	2020	2018	2020
Total homeless count	4,138	4,560	49,955	63,706
Sheltered	21.0%	23.0%	24.8%	27.7%
Unsheltered	79.0%	77.0%	75.2%	72.3%
Individual adults	83.5%	80.6%	84.1%	80.4%
Families/family members	16.4%	19.2%	15.8%	19.5%
Unaccompanied minors (<18)	0.1%	0.2%	0.1%	0.1%

*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.*

Chronic homelessness is defined by the U.S. Department of Housing and Urban Development – HUD – as a person being homeless for at least a year, or on at least four separate occasions totaling at least 12 months in the prior three years, as well as the individual or head of household (HoH) having a disability, including: a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

Among persons in SPA 8 experiencing homelessness in 2020, 43.0% were chronically homeless individuals, which was an increase from the 21.6% reported in 2018. Rates have also increased locally for family members who experienced chronic homelessness, those who experienced brain injury, survivors of domestic violence, veterans, and persons with HIV/AIDS, a physical disability, and/or substance use disorder.

Persons Experiencing Homelessness, Subpopulations*

	SPA 8		Los Angeles City/County CoC	
	2018	**2020**	**2018**	**2020**
Individuals, chronically homeless	21.6%	43.0%	25.6%	36.2%
Family members, chronically homeless	1.9%	2.1%	1.0%	2.2%
Brain injury	0.8%	3.0%	3.5%	3.5%
Chronic illness	15.4%	12.6%	23.2%	17.0%
Domestic violence experience	17.2%	25.7%	26.8%	28.8%
Persons with HIV/AIDS	0.0%	0.8%	1.4%	1.8%
Physical disability	12.2%	21.5%	13.5%	17.0%
Serious mental illness	19.8%	17.9%	24.2%	22.2%
Substance use disorder	11.2%	31.0%	13.4%	23.9%
Veterans	8.8%	9.2%	7.1%	5.8%

*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 edited for clarity:

- A lot of people have lost their jobs because of the pandemic. They are not working and can't pay their rent.
- There are not enough landlords willing to loosen the strings to provide help to people. San Pedro is taking dilapidated properties and they are putting pods for people to live. They don't have enough manpower to do what they need to do. In LA

we used to have blocks and blocks of tents. I think many of them are now in temporary housing. We simply do not have enough housing for them.

- Even when we can provide referrals to affordable or low-income housing, it is still not that affordable for our seniors. There is no room for growth for new residents in our community. There has been an increase in homelessness and there are no shelters here and resources are scarce.
- Housing options for persons with special needs, especially later in life, is extremely limited. Special needs individuals do not fall under the general population of homelessness. For them to go to a typical homeless shelter would be unsafe for them, so there needs to be more done for housing this population.
- We provide showers for the homeless and we saw an increase in how many people were coming in. We saw entire families coming in. People were often sharing a house with two or three families so access to bathrooms or a shower were a challenge.
- There isn't enough availability of housing and specialty housing for those with chronic and long-term disabilities.
- Among persons who are homeless, their unmet health needs contribute to whether they survive on the street. Their response to their health care issues is to call 911 or go to the ED. The homeless population is pretty transient so it is really about when we can connect them to an available resource.
- The homeless community is very evident and visible and they have quite a few mental health issues. A criminal element hides behind the homeless community to do harm in the form of drugs and other illegal activity. There is a lot of stolen property and illicit drug movement among the homeless population.
- In our community, persons who are homeless are invisible. We have a pretty significant number of homeless in our community but most of them live out of their vehicles, not tents, as they do in other communities. When we talk about building tiny houses in parking lots we have a lot of NIMBY issues.
- It is incredibly expensive to live in the South Bay. There are a lot of families who are suffering from not being able to pay their rent or afford a home because of rising costs. People here spend about 54% of their income on housing and that is in a low-income neighborhood.
- Homelessness is the greatest public health issue we have. We have families who may not qualify as homeless according to HUD, they have multiple generations in the same household, three and four families in one space.
- Some people have gotten off the streets, but they have been replaced with new people who have exhausted all their resources. We create programs and projects

that help, but for every person you help there is a new person out on the street needing help. Recently, I engaged with a 79-year-old woman who received social security and her housing situation changed. She was staying in the room of a relative's home and she didn't qualify for anything. There were no resources for her. The programs I called had a 3-5 year wait list. Our programs are good but they do not change the fact that most people cannot access them. And the likelihood of people becoming homeless continues on a daily basis.

- It is very challenging to connect someone to services when they mistrust the system. That is part of why they are unhoused.
- A lot of families couldn't pay their rent because they lost jobs and some have fallen so far behind in their rent that they can't catch up. We are on the cusp of even worse issues. We have families that owe $10,000 or more in rent. A lot of families are moving into garages and dwellings that are not meant for habitation. A lot of undocumented individuals don't qualify for rental support programs.
- We need to look at how we can support landlords and at the same time have more livable rent payments.
- The nexus between homelessness and mental health is critical and it is important that we provide mental health and other wraparound services that will reduce the number of people becoming homeless.
- For some people, you give them housing and it will be ok. But for others, they want freedom and not to answer to anyone or anything. The housing first model is helpful, but we need more assistance and hands-on to make it work. Once people get access to housing it often doesn't work. Why? We offer substance use counselors but that may not be the answer. It may be something different. We need more information from those people who are leaving to understand what is working and what is not working.
- We've got a lot of great things in the pipeline, but the process to get it through the loopholes and the complications with funding is a nightmare. We have a major crisis on our hands. We are trying to utilize Measure H and HHH money and it is not happening quickly enough and there are constant delays and loopholes.
- Everyone's pinning their hopes on massive relief packages. As a society, we said yes to taxing ourselves to support change. It took COVID to get us to rehouse large numbers.
- Homelessness is getting better. We have bridge homes in the area and we've seen a huge reduction of people sleeping on the sidewalks. The problem is for those with mental health issues. Those who have severe mental health issues don't know they should be off the street and don't know how to live in a shelter, and there is no way

to force them into treatment.

- Women and children can call 211 and can be given resources and they do not have to follow a program or abstain from drugs.
- Long-term housing and permanent housing are not available. Rent, on average, is $1,800/month for a studio or a one bedroom if you are lucky and that is not in the beach cities. Section 8 housing landlords are concerned that their property will be destroyed with all the drugs and alcohol. We used to be able to use housing to help stop substance abuse but that is not happening now. The pandemic has made the abuse worse.
- In Wilmington there is an incredible amount of substance abuse and poverty and many people are one paycheck away from being out on the street.
- We are throwing money at homelessness but we are not really looking at the problem. So much money came out of Measure H that California became a magnet for homeless persons in other states. We have different types of homeless populations, those who are mentally ill, those who are drug addicts and those who need a hand-up. Now we are talking about building them houses rather than addressing the issue.

Education

In the service area, 14.4% of the adult population has less than a high school education. This is lower than the county (20.9%) and state (16.7%) rates. Among the adult population in the service area, 85.6% are high school graduates and 39.6% have a bachelor's or graduate/professional degree.

Educational Attainment, Population Ages 25 and Older

	TMMC Service Area	Los Angeles County	California
Population, ages 25 and older	616,747	6,886,895	26,471,543
Less than 9th grade	7.6%	12.3%	9.2%
9th to 12th grade, no diploma	6.8%	8.6%	7.5%
High school graduate, includes equivalency	18.7%	20.6%	20.5%
Some college, no degree	19.7%	19.0%	21.1%
Associate degree	7.6%	7.0%	7.8%
Bachelor's degree	25.7%	21.2%	21.2%
Graduate or professional degree	13.9%	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 high school

graduation rate for the Los Angeles Unified School District (80.1%) is lower than county (86.5%) and state (87.6%) rates; rates for all other area districts are higher. The Healthy People 2030 high school graduation objective is 90.7%. In addition to LAUSD, Wiseburn Unified (89.6%) and Centinela Valley Union High (90.6%) School Districts did not meet this goal.

High School Graduation Rates, 2019-2020

	Graduation Rate
Centinela Valley Union High School District	90.6%
El Segundo Unified School District	97.7%
Hawthorne School District	99.2%
Los Angeles Unified School District	80.1%
Manhattan Beach Unified School District	97.1%
Palos Verdes Peninsula Unified School District	98.5%
Redondo Beach Unified School District	95.2%
Torrance Unified School District	94.3%
Wiseburn Unified School District	89.6%
Los Angeles County	**86.5%**
California	**87.5%**

Source: California Department of Education, 2021. https://data1.cde.ca.gov/dataquest/

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether their children were read to daily by family members in a typical week.

Reading to Children, Ages 0 to 5

	SPA 8	Los Angeles County	California
Children read to daily	*69.0%	62.0%	64.9%

*Source: California Health Interview Survey, 2017-2019, pooled. *Statistically unstable due sample size. http://ask.chis.ucla.edu*

Transportation

Among service area adults, ages 16 and older, 78.8% drove alone to work and 2.9% took public transit. The average service area commute time was 23.4 minutes. It should be noted these data were collected prior to the COVID pandemic. While the time estimate is valid it may not reflect current commuting practices.

Transportation for Workers, Ages 16 and Older

	TMMC Service Area	Los Angeles County	California
Drove alone to work	78.8%	74.0%	73.7%
Carpooled to work	8.2%	9.5%	10.1%
Commuted by public transportation	2.9%	5.8%	5.1%
Walked or other means	2.0%	2.7%	2.6%
Worked from home	5.2%	5.6%	5.9%

	TMMC Service Area	Los Angeles County	California
Mean travel time to work (minutes)	23.4	31.8	29.8

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

Crime and Violence

People can be exposed to violence in many ways. They may be victimized directly, witness violence, experience property crimes in their community, or hear about crime and violence from other residents, all of which can affect quality of life.

Safe neighborhoods are a key component of physical and mental health. Among SPA 8 adults, 87.5% perceived their neighborhoods to be safe from crime.

Perceived Safe Neighborhoods, Adults

	SPA 8	Los Angeles County
Perceived neighborhood safe from crime	87.5%	85.0%

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

When adults and teens were asked about neighborhood cohesion, the majority of adult residents in SPA 8 (82.5%) agreed their neighborhood was safe most or all of the time, neighbors were willing to help (77.7%), and people in their neighborhood could be trusted (78.9%).

Neighborhood Cohesion, Adults

	SPA 8	Los Angeles County
Feels safe all or most of time	82.5%	84.2%
People in neighborhood are willing to help	77.7%	75.4%
People in neighborhood can be trusted	78.9%	77.1%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/

The majority of teens (78.7%) felt adults in their neighborhood could be counted on to watch that children were safe and did not get into trouble, and that people in the neighborhood were willing to help (80.5%) and could be trusted (80.2%).

Neighborhood Cohesion, Teens, Ages 12-17

	SPA 8	Los Angeles County
Adults in neighborhood look out for children †	*78.7%	85.7%
People in neighborhood are willing to help	80.5%	86.4%
People in neighborhood can be trusted	*80.2%	79.1%

*Source: California Health Interview Survey, 2016-2020, pooled, & † 2014-2018, pooled *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Child Abuse

In 2020 in Los Angeles County, the rate of children, younger than age 18, who experienced substantiated cases of abuse or neglect was 8.6 cases per 1,000 children. This is a higher rate of substantiated maltreatment than the state rate of 6.8 cases per 1,000 children, despite similar rates of reported abuse and neglect. Both reports and substantiated cases decreased in 2020, compared to earlier years. This decline may be due to a decrease in substantiating child abuse during the COVID-19 pandemic.

Substantiated Child Abuse Rates, per 1,000 Children

	Los Angeles County		California	
	2018	2020	2018	2020
Reported cases of child abuse and neglect	53.5	40.7	53.2	43.5
Substantiated cases of child abuse and neglect	10.0	8.6	7.5	6.8

Source: Population Reference Bureau KidsData.org, 2018 & 2020. http://kidsdata.org

Intimate Partner Violence

Among SPA 8 adults, 17.4% reported physical violence (hit, slapped, pushed, kicked, etc.) by an intimate partner, and 7.4% reported sexual violence by an intimate partner. Both rates were higher than county rates.

Intimate Partner Violence

	SPA 8	Los Angeles County
Physical violence	17.4%	14.0%
Sexual violence	7.4%	6.8%

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

Domestic Violence

Calls for domestic violence are categorized as with or without a weapon. In 2018, strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). Within “Weapon Involved,” a personal weapon was the category most frequently reported. The County had 78.0% of domestic violence calls that involved a weapon, which is higher than the state (45.2%).

Domestic Violence Calls

	Total	No Weapon	Weapon Involved	Percent Weapon Involved	Strangulation/ Suffocation
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, 2019. https://oag.ca.gov/crime/cjsc/stats/domestic-violence

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing quality, comprehensive clinical care. Barriers to care can result in unmet health needs, delays in provision of treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2030 objective is 92.1% insurance coverage for all population groups.

In the service area, 92.2% of the total population has health insurance. 96.4% of children and adolescents, ages 0 to 18, 88.9% of adults, ages 19-64, and 99.1% of seniors, ages 65 and older, are insured. Among the total population in the service area, Wilmington (85.3%) has the lowest insured rate and Manhattan Beach (98.5%) has the highest rate of health insurance coverage. Among children, Gardena 90247 (89.9%) has the lowest rate. For adults, ages 19 to 64, the lowest rate is found in Wilmington (78.2%), and for seniors the lowest insurance rate is found in Gardena 90249 (96%).

Health Insurance Coverage

	ZIP Code	All Ages	0 to 18	19 to 64	65 and Older
Carson	90745	92.8%	97.4%	89.3%	99.6%
Carson	90746	93.9%	97.0%	91.0%	99.1%
El Segundo	90245	97.7%	98.1%	97.1%	99.7%
Gardena	90247	86.6%	89.9%	82.8%	99.3%
Gardena	90248	91.1%	97.9%	86.6%	99.0%
Gardena	90249	88.5%	92.3%	85.1%	96.0%
Harbor City	90710	90.0%	97.7%	84.4%	99.0%
Hawthorne	90250	89.5%	95.4%	85.8%	97.9%
Hermosa Beach	90254	97.4%	99.3%	96.4%	100.0%
Lawndale	90260	88.5%	97.4%	83.5%	99.1%
Lomita	90717	92.3%	95.3%	89.2%	98.9%
Manhattan Beach	90266	98.5%	98.7%	97.9%	99.9%
Palos Verdes Estates/ Rolling Hills Estates	90274	97.9%	98.1%	97.2%	99.0%
Rancho Palos Verdes	90275	97.7%	98.8%	96.2%	99.7%
Redondo Beach	90277	96.3%	99.3%	94.5%	99.9%
Redondo Beach	90278	96.5%	97.7%	95.3%	100.0%
San Pedro	90731	88.3%	93.8%	83.9%	98.7%
San Pedro	90732	95.8%	97.3%	93.7%	100.0%
Torrance	90501	89.9%	96.5%	85.4%	98.6%
Torrance	90503	95.3%	97.5%	93.6%	98.8%
Torrance	90504	93.8%	98.3%	91.2%	98.6%
Torrance	90505	95.7%	97.4%	93.6%	100.0%
Torrance/County Strip	90502	92.6%	98.0%	89.5%	97.7%
Wilmington	90744	85.3%	95.2%	78.2%	99.1%
TMMC Service Area		**92.2%**	**96.4%**	**88.9%**	**99.1%**

	ZIP Code	All Ages	0 to 18	19 to 64	65 and Older
Los Angeles County		**90.8%**	**96.4%**	**87.2%**	**98.5%**
California		**92.8%**	**96.7%**	**89.8%**	**98.9%**

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S2701. http://factfinder.census.gov

When examined by race/ethnicity, there are differences in the rate of health insurance coverage in the service area. The service area average for health insurance coverage among the total population (noted in the previous data table) is 92.2%, with the lowest rate of coverage (83.1%) among those who identify as some Other race than the listed races (non-White, Asian, Black, AIAN, Hawaiian or Pacific Islander), followed by AIAN residents (86.4%) and Hispanic residents (86.7%). Service area coverage among children is 96.4%. The lowest rate of coverage (92.7%) is seen in Native Hawaiian/Pacific Islander children. Lower than average rates are also seen in children who were identified as Other race (93.2%) and Hispanic children (95.1%). Among adults, ages 19 to 64, 88.9% have health insurance. The lowest rate is found among adults who identify as Other race (76.9%). Lower-than-average rates are also seen among AIAN adults (79%) and Hispanic adults (81.1%). 99.1% of service area seniors, ages 65 and older, have health insurance. The lowest rates of coverage among seniors are seen in those of Other race (97.4%), Hispanic seniors (98%) and Black/African-American seniors (98.2%).

Health Insurance, Service Area Population, by Race/Ethnicity and Age Group

	Total Population	Children, Under Age 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	96.3%	97.6%	94.6%	99.8%
Asian	95.1%	96.8%	93.4%	99.2%
Multiracial	93.9%	97.5%	90.3%	98.7%
Black/African American	93.8%	98.1%	91.4%	98.2%
Native Hawaiian/Pacific Islander	93.5%	92.7%	92.9%	100.0%
Hispanic	86.7%	95.1%	81.1%	98.0%
American Indian/Alaskan Native	86.4%	97.8%	79.0%	100.0%
Other race	83.1%	93.2%	76.9%	97.4%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, C27001B thru C27001I. http://data.census.gov/

When the type of insurance coverage was examined, 21.6% of the population in SPA 8 had Medi-Cal coverage, and 50.8% had employment-based insurance.

Type of Health Insurance Coverage

	SPA 8	Los Angeles County	California
Medi-Cal	21.6%	25.6%	22.5%
Medicare only	1.8%	1.5%	1.5%
Medi-Cal and Medicare	4.4%	4.5%	3.7%
Medicare and others	10.5%	8.9%	10.4%
Other public	*0.9%	1.0%	1.1%
Employment-based	50.8%	45.3%	48.9%
Private purchase	3.7%	4.8%	5.1%
Uninsured	6.3%	8.4%	6.7%

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

In SPA 8, 70.7% of adults reported that it was very difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO), higher than county and state rates.

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO, Adults

	SPA 8	Los Angeles County	California
Very difficult	*70.7%	54.0%	47.6%
Somewhat difficult	*18.2%	26.1%	29.2%
Not too difficult	*6.8%	10.7%	13.9%
Not at all difficult	*4.3%	9.1%	9.3%

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

In SPA 8, 69.2% of adults reported it was very difficult to find an affordable health plan directly through Covered California, higher than county and state rates.

Difficulty Finding Affordable Health Insurance Plan - Covered California, Adults

	SPA 8	Los Angeles County	California
Very difficult	69.2%	44.6%	37.2%
Somewhat difficult	15.7%	25.9%	27.5%
Not too difficult	*9.1%	20.2%	22.3%
Not at all difficult	*6.1%	9.2%	13.1%

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

In SPA 8, 5.6% of adults had insurance that was not accepted by a general doctor and 13.4% had insurance that was not accepted by a medical specialist.

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

	SPA 8	Los Angeles County	California
Insurance not accepted by general doctor	5.6%	6.4%	5.3%
Insurance not accepted by medical specialist	13.4%	11.7%	10.6%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/.

Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. In SPA 8, 12.2% of the population does not have a regular source of health care.

Does Not Have Usual Source of Care, All Ages

	SPA 8	Los Angeles County	California
No usual source of medical care	12.2%	15.0%	12.8%

Source: California Health Interview Survey, 2017-2019, pooled. http://ask.chis.ucla.edu/.

In SPA 8, 63.6% of the population accesses care at a doctor's office, HMO or Kaiser, which is higher than the county (57.1%) and state (61.1%). 21.3% access care at a clinic or community hospital.

Source of Care, All Ages

	SPA 8	Los Angeles County	California
Doctor's office/HMO/Kaiser	63.6%	57.1%	61.1%
Community clinic/ government clinic/ community hospital	21.3%	25.5%	23.8%
ER/Urgent Care	*2.3%	1.9%	1.5%
Other	*0.8%	0.6%	0.8%

*Source: California Health Interview Survey, 2017-2019, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/.*

Telehealth

Telehealth connects patients to vital health care services through video conferencing, remote monitoring, electronic consults, and wireless communications. Among SPA 8 adults, 9.8% had received care from a health care provider through telehealth in the prior year. It should be noted that these data were collected prior to the COVID-19 pandemic.

Telehealth, Adults

	SPA 8	Los Angeles County	California
Received care from a health care provider through video or telephone	9.8%	9.7%	11.7%

Source: California Health Interview Survey, 2016-2018, pooled. http://ask.chis.ucla.edu/

Emergency Room Visits

Prior to the Pandemic, in SPA 8, 21.2% of the population had visited an emergency room over the prior 12 months, which was higher than the county (20.4%) and state (20.1%) rates.

Visited Emergency Room in Past 12 Months, All Ages

	SPA 8	Los Angeles County	California
Visited emergency room	21.2%	20.4%	20.1%

Source: California Health Interview Survey, 2017-2019, pooled. http://ask.chis.ucla.edu/.

Difficulty Accessing Care

A delay of care can lead to an increased risk of health care complications. In the prior 12 months, 36.8% of SPA 8 adults indicated that they were always able to get a doctor's appointment within two days for sickness or injury. 15.1% of SPA 8 residents were never able to get an appointment within two days.

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

	SPA 8	Los Angeles County	California
Always able	36.8%	36.2%	39.8%
Usually able	22.8%	23.8%	24.0%
Sometimes able	25.2%	24.6%	22.3%
Never able	15.1%	15.4%	13.9%

Source: California Health Interview Survey, 2017-2019, pooled. http://ask.chis.ucla.edu/.

Typically, individuals find it more difficult to access specialty care than primary care. In SPA 8, 6% of individuals had difficulty finding primary care, and 14.1% of adults had difficulty finding specialty care.

Difficulty Finding Primary and Specialty Care, Adults

	SPA 8	Los Angeles County	California
Difficulty finding primary care	6.0%	6.3%	6.6%
Difficulty finding specialty care	14.1%	14.3%	13.8%

Source: California Health Interview Survey, 2017-2019, pooled. http://ask.chis.ucla.edu/

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)[1], 26.2% of the population in the service area is low-income (200% of Federal Poverty Level) and 10.7% of the population are living in poverty. Funded under section 330 of the Public Health Act, Federally Qualified Health Centers (FQHCs) provide primary care services including, but not limited to, medical, dental, and mental

[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

health services to low-income, uninsured, and medically underserved populations.

There are a number of Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area. Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by the clinic providers. The FQHCs have a total of 51,865 patients in the service area, which equates to 22.7% penetration among low-income patients and 5.9% penetration among the total population. From 2018-2020, the Community Health Center providers served 582 fewer patients for a 1.1% reduction in patients served by Community Health Centers in the service area. With this, there are 177,036 low-income residents, 77.3% of the population at or below 200% FPL, who are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
228,901	51,865	22.7%	5.9%	177,036	77.3%

Source: UDS Mapper, 2020, 2015-2019 population numbers. http://www.udsmapper.org

The FQHC and/or FQHC Look-Alike serving the largest number of patients in each of the service area ZIP Codes are as follows:

Federally Qualified Health Centers, Largest Share of Patients, by ZIP Code

	ZIP Code	Dominant FQHC Clinic	Share of Patients 2020
Carson	90745	South Bay Family Health Care r	18.1%
Carson	90746	South Bay Family Health Care	23.8%
El Segundo	90245	South Bay Family Health Care	25.2%
Gardena	90247	South Bay Family Health Care	33.8%
Gardena	90248	South Bay Family Health Care	37.7%
Gardena	90249	South Bay Family Health Care	20.0%
Harbor City	90710	Northeast Community Clinic Inc.	41.4%
Hawthorne	90250	Northeast Community Clinic Inc.	23.6%
Hermosa Beach	90254	South Bay Family Health Care	88.8%
Lawndale	90260	South Bay Family Health Care	36.8%
Lomita	90717	Northeast Community Clinic Inc.	36.0%
Manhattan Beach	90266	South Bay Family Health Care	73.2%
Palos Verdes Peninsula	90274	Northeast Community Clinic Inc.	39.4%
Rancho Palos Verdes	90275	Northeast Community Clinic Inc.	30.8%
Redondo Beach	90277	South Bay Family Health Care	65.6%
Redondo Beach	90278	South Bay Family Health Care	77.8%
San Pedro	90731	Harbor Community Clinic	61.3%
San Pedro	90732	Harbor Community Clinic	62.1%

	ZIP Code	Dominant FQHC Clinic	Share of Patients 2020
Torrance	90501	Northeast Community Clinic Inc.	28.3%
Torrance/County Strip	90502	South Bay Family Health Care	19.1%
Torrance	90503	South Bay Family Health Care	44.7%
Torrance	90504	South Bay Family Health Care	37.7%
Torrance	90505	South Bay Family Health Care	36.5%
Wilmington	90744	Wilmington Community Clinic	42.7%

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

Delayed Care

12% of SPA 8 residents delayed or did not get medical care when needed. Of these residents, 55.5% ultimately went without needed medical care, meaning that 6.7% of the overall population had to forgo needed care. This is twice the Healthy People 2030 objective of 3.3% of the population who forgo care. SPA 8 residents showed a higher rate of delayed and unfilled prescriptions (10.1%) than the county (8.7%) or state (9.1%).

Delayed Care in Prior 12 Months, All Ages

	SPA 8	Los Angeles County	California
Delayed or did not get medical care	12.0%	11.8%	11.4%
Had to forgo medical care	6.7%	7.0%	6.8%
Delayed or did not get prescription meds	10.1%	8.7%	9.1%

Source: California Health Interview Survey, 2015-2019, pooled. http://ask.chis.ucla.edu/.

Of the SPA 8 residents to delayed or did not get care, 54.1% attributed it to cost, lack of insurance or issues with insurance, 32.5% of the population delayed or forewent care due to personal or other reasons, and 13.4% delayed or forewent care because of systems and provider issues and barriers.

Reason for Delayed Care, All Ages

	SPA 8	Los Angeles County	California
Cost, lack of insurance or other insurance issue	54.1%	47.6%	47.0%
Personal and other reasons	32.5%	34.4%	35.2%
Health care system/provider issues and barriers	13.4%	18.0%	17.9%

Source: California Health Interview Survey, 2017-2019, pooled. http://ask.chis.ucla.edu/.

Community Input – Access to Health Care

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

- Low-income families that have access to insurance still do not avail themselves of

resources because often the care is of lower quality or there are transportation issues. It is still very challenging to access quality care locally.

- I think there is access to transportation for seniors and the disabled. So, that is not a barrier to getting services. But for older adults, it is about how we effectively market to them so they are getting the information they need. Seniors like tactile things like mailers and flyers. Everything that is technology based, social media and email blasts don't work for seniors.
- For a lot of special needs adults, as they enter older age, their parents pass away and they don't have siblings. So, unless they have a social worker advocating on their behalf, they do not have much of a support system to ensure their needs are met because of their lack of capacity to do that on their own.
- Immigration status is a big reason why people are afraid to ask for information.
- Persons who are homeless have trouble accessing services in a mainstream way so they utilize the ED instead.
- People are not going into the health care setting and interacting with others for fear they might be ill or spread the virus.
- Insurance is still a concern for people. Not everyone has insurance in our community, especially if you are undocumented or a person of color that feels marginalized. We have to allow all people to have basic health insurance access or health services.
- Staff that are part-time often don't get benefits. As a result, when something happens, they are less likely to seek care.
- There are not a lot of providers here. People have to travel for their health care. Medi-Cal provides some transportation but there are strict rules. It does not apply to prevention of chronic diseases. Language is also a barrier. Even though we offer translation and interpretation services, it is not highly utilized. Health literacy is also low. Our community understands the need for health care, but they just don't have access to it.
- There are some challenges related to workforce burnout. There is a lot of workforce shifting going on. Telehealth moved rapidly but the people who needed follow-up, and to be seen in person, that didn't happen. People were afraid to come in or a lot of them we can't reach now because they moved, they lost their cellphone carrier or they can't maintain their cellphone payments.
- Our families struggle with transportation to get to services, and childcare.
- People are not able to get the services they need for a variety of reasons. One is a lack of or ignorance about how to get health care services, also, cultural stigma with mental health and learning disabilities.

- Safety is an inequity in communities of color. They usually have issues with safety and being able to walk to school or work for physical activity. That leads to added stress because of the violence around their homes.
- A lot of people are on Medi-Cal now and it is often a very complicated system.
- People expect that once they are in crisis or need a doctor that it is easy to get one. It takes months to get an appointment now. Everyone is coming back for care now and there are long wait times and not enough providers.
- The area is very diverse so having access to culturally competent health care is a particular challenge as well as language barriers.
- There are still a fair number of physicians who are doing telehealth and there are many families who don't have the resources to access that.

Dental Care

Oral health is essential to a person's overall health and well-being. In SPA 8, 12.5% of children and 34.9% of adults lack dental insurance.

Dental Insurance

	SPA 8	Los Angeles County	California
Children without dental insurance	*12.5%	11.9%	10.7%
Adults without dental insurance	34.9%	37.3%	33.6%

*Source: California Health Interview Survey, 2017-2019, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Regular dental visits are essential for the maintenance of healthy teeth and gums. The tables below illustrate dental utilization and condition of teeth for adults, children, and teens. In SPA 8, 80.9% of adults have been to a dentist in the last two years and 2.4% have never been to a dentist.

Dental Care Utilization and Condition of Teeth, Adults

	SPA 8	Los Angeles County	California
Never been to a dentist	2.4%	3.5%	2.5%
Visited dentist <6 months to 2 years ago	80.9%	80.6%	82.4%
Visited dentist more than 5 years ago	6.7%	6.9%	7.0%
Condition of teeth: good to excellent	70.6%	70.6%	73.0%
Condition of teeth: fair to poor	27.2%	27.4%	24.9%
Condition of teeth: has no natural teeth	*2.1%	1.9%	2.1%

*Source: California Health Interview Survey, 2017-2019, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Among SPA 8 children, ages three to 11, 67.8% had seen a dentist in the past six months. (These data were collected before the start of the Pandemic.)

Dental Care Utilization, Children, Ages 3-11

	SPA 8	Los Angeles County	California
Never been to the dentist	12.3%	14.2%	14.1%
Been to dentist < 6 months ago	67.8%	72.9%	72.5%
Been to dentist > 6 months to 1 year ago	12.8%	9.7%	10.0%
Been to dentist > 1 to 2 years ago	*3.7%	*2.1%	2.6%
Been to dentist > 2 to 5 years ago	*3.5%	*1.1%	0.8%
Parent could not afford needed dental care for child†	*4.7%	5.1%	5.5%

*Source: California Health Interview Survey, 2015-2019 pooled. †Data year 2018-2020, pooled *Statistically unstable due to sample size. ** Suppressed due to small sample size. http://ask.chis.ucla.edu/*

Among SPA 8 teens, 96.7% were reported to have seen a dentist in the prior six months. (These data were collected before the start of the Pandemic.)

Dental Care Utilization, Teens, Ages 12-17

	SPA 8	Los Angeles County	California
Never been to the dentist	**	**	*1.3%
Been to dentist < 6 months ago	*96.7%	85.3%	80.2%
Been to dentist > 6 months to 1 year ago	*2.6%	7.0%	10.9%
Been to dentist > 1 to 2 years ago	**	*3.7%	4.9%
Been to dentist > 2 to 5 years ago	**	*1.9%	*2.2%

*Source: California Health Interview Survey, 2017-2019, pooled. *Statistically unstable due to sample size. ** Suppressed due to small sample size. http://ask.chis.ucla.edu/*

Community Input – Dental Care

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

- The challenge is always money. One reason why dental offices had to close down for a couple of months was because they couldn't get PPE. We are facing competing dental offices providing tremendous perks to keep their employees. The whole sector could lose employees.
- How are you expected to pay for dental care when you are lower middle class? How can you expect to get quality dental care when you are struggling to pay the rent and put food on the table? We need more free services.

- We find a lot of dental issues and we receive numerous inquiries about dental care that is low cost or free for seniors. Most seniors don't have coverage and there are no good local resources.
- There are very few resources for dental care.
- If people don't have insurance or access to it, people will wait until there is an abscess rather than have preventive dental hygiene.
- Dental care is a low priority for seniors. Unless they are in pain or need work done, they just haven't gone in 2 years.
- Dental care was suspended for a while and a lot of people just put that off and it made their problems worse if they really needed care. There is still some apprehension being up close and personal with a dentist and hygienist.
- We offer dental screenings in the school district for all first graders and we regularly find subpar dental care.
- People have delayed services because people are concerned with COVID-19.
- Unhoused individuals are less likely to seek dental care because it is about priorities. If my leg is swollen and my teeth hurt and I do not have a house, what is my priority?
- Dental care is such an underserved health disparity in this area and it is really impacting families. It is connected to school absenteeism. About 5.5% to 6.5% of absenteeism is related to dental needs because their mouths have been neglected.
- We provide dental care, but the challenge is some people are not insured. We have a sliding scale but people prioritize what they spend money on so they often wait until the issue is amplified and they have to get a tooth pulled. Also, it is about prioritizing the time. Do I take a day off to fix my tooth or do I go to work today?
- It is one of the most neglected areas for those experiencing poverty. It is viewed as a luxury and we don't talk about it. Schools don't collect dental records or annual checkups.
- If you have limited resources, you look at other health priorities before you consider dental care.
- California has Denti-Cal but reimbursement rates are low. And fewer providers are taking Denti-Cal.
- Accessing dental care is easier for those who have Medi-Cal versus the working poor. They are the ones who are struggling.

Birth Indicators

Births

From 2014 to 2018, there was an average of 9,586 births in the hospital 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 427.6 per 1,000 live births. Hispanic women (709.8 per 1,000 live births) and Black/African American women (605.5 per 1,000 live births) have the highest rates of delivery paid by public insurance or self-pay in the service area.

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

	TMMC Service Area	Los Angeles County	California
Delivery paid by public insurance or self-pay	427.6	542.9	498.5
Hispanic	709.8	688.8	677.8
Non-Hispanic Caucasian	395.8	236.8	292.7
Black/African American	605.5	639.0	641.7
Asian	416.2	469.5	363.5

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, 14.1% (140.5 per 1,000 live births) entered prenatal care after the first trimester. This equates to 85.9% of pregnant women starting prenatal care during the first trimester. Black/African American women (194.8 per 1,000 live births) and Hispanic women (183.6 per 1,000 live births) in the service area have the highest rates of late entry into prenatal care. The rates of late-entry for White and Asian women in the service area are higher than the state rates for White and Asian women, and higher than the county rate for White women.

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

	TMMC Service Area	Los Angeles County	California
Late prenatal care	140.5	148.2	161.7
Hispanic	183.6	163.3	185.5
Non-Hispanic Caucasian	130.6	118.7	124.4
Black/African American	194.8	234.3	212.4
Asian	149.5	133.0	126.9

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.

Teen Birth Rate

The birth rate for teens in the service area was 11.7 per 1,000 females, ages 15-19. This rate was lower than the teen birth rate for the county and the state (17.3 per 1,000 females, ages 15-19). The teen birth rate is highest among Hispanic females (19.9 per 1,000 females, ages 15-19) in the service area.

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

	TMMC Service Area	Los Angeles County	California
Births to teens, ages 15-19	11.7	17.3	17.3
Hispanic	19.9	24.7	26.0
Non-Hispanic Caucasian	2.9	1.9	4.3
Black/African American	10.3	12.0	12.1
Asian	0.6	1,4	1.8

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.

Premature Birth

The rate of premature births (occurring before the start of the 38th week of gestation) in the service area was 86.0 per 1,000 live births. This rate of premature births was lower than the county rate of 88.5 per 1,000 live births but higher than the state rate of 85.4 per 1,000 live births. Black/African American women have the highest rate of premature births (116.7 per 1,000 live births) in the service area.

Premature Birth Rate, per 1,000 Live Births, before Start of 38th Week or Unknown

	TMMC Service Area	Los Angeles County	California
Premature birth	86.0	88.5	85.4
Hispanic	87.9	91.7	88.1
Non-Hispanic Caucasian	75.3	80.4	79.4
Black/African American	116.7	120.6	122.2
Asian	81.7	77.7	82.5

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.

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 69.6 per 1,000 live births. Black/African American women in the service area have the highest rate of low-birth-weight babies (115.4 per 1,000 live births).

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

	TMMC Service Area	Los Angeles County	California
Low birth weight	69.6	72.0	68.6
Hispanic	63.6	68.7	65.3
Non-Hispanic Caucasian	56.1	63.0	60.6
Black/African American	115.4	120.6	117.9
Asian	76.5	72.4	76.8

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.

Mother Smoked Regularly During Pregnancy

The mothers in the service area who smoked no less than one cigarette per day for at least a three-month period during pregnancy smoked at a rate of 6.2 per 1,000 live births. The rate of smoking during pregnancy in the service area was highest among Black/African American women (32.4 per 1,000 live births). The rate of smoking among Asian women in the service area (7.7 per 1,000 live births) was higher than the state rate for Asian women (4.1 per 1,000 live births).

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

	TMMC Service Area	Los Angeles County	California
Mothers who smoked	6.2	6.2	15.8
Hispanic	12.3	25.7	13.5
Non-Hispanic Caucasian	11.4	16.6	35.8
Black/African American	32.4	68.4	51.5
Asian	7.7	5.0	4.1

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.

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 4.1 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	4.1
California	4.2

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

Breastfeeding is proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. Hospital breastfeeding data are collected on the Newborn Screening Test. Torrance Memorial Medical Center data indicate 95.3% of new mothers breastfeed and 77.7% breastfeed exclusively, exceeding county and state rates.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Torrance Memorial Medical Center	2,116	95.3%	1,725	77.7%
Los Angeles County	92,163	93.7%	61,455	62.5%
California	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

Torrance Memorial Medical Center data show ethnic/racial differences in breastfeeding rates. 94.7% of Latina/Hispanic mothers initiated breastfeeding, with 70.8% breastfeeding exclusively. 96.4% of White mothers initiated breastfeeding and 88.5% breastfed exclusively. 97.2% of Asian mothers initiated breastfeeding and 79.9% breastfed exclusively, and 92.4% of Black/African American mothers initiated breastfeeding and 76.5% breastfed exclusively.

In-Hospital Breastfeeding, Torrance Memorial Medical Center, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latina/Hispanic	938	94.7%	701	70.8%
White	543	96.4%	498	88.5%
Asian	353	97.2%	290	79.9%
Black/African American	122	92.4%	101	76.5%

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

Leading Causes of Death

Leading Causes of Death

The leading causes of death are reported as age-adjusted death rates. Age adjusting eliminates the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is used to control the influence that different population age distributions might have on health event rates.

The top three causes of death in the service area, on average from 2014-2018, were heart disease, cancer, and Alzheimer's disease. Stroke was the fourth leading cause of death and Chronic Lower Respiratory Disease was the fifth leading cause of death in the service area.

Causes of Death, Age-Adjusted Rates, per 100,000 Persons, 2014-2018

	TMMC Service Area		Los Angeles County	California	Healthy People 2030 Objective
	Avg Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	1,534	137.4	146.9	142.7	No Objective
Ischemic heart disease	411	91.8	106.8	88.1	71.1
Cancer	1,431	133.8	134.3	139.6	122.7
Alzheimer's disease	391	33.8	34.2	35.4	No Objective
Stroke	373	33.7	33.3	36.4	33.4
Chronic Lower Respiratory Disease	280	25.8	28.1	32.1	Not Comparable
Unintentional injuries	218	22.4	22.6	31.8	43.2
Diabetes	216	20.1	23.1	21.3	Not Comparable
Pneumonia and influenza	217	19.7	19.2	14.8	No Objective
Kidney disease	127	11.6	11.2	8.5	No Objective
Liver disease	122	11.4	13.0	12.2	10.9
Suicide	83	8.5	7.9	10.5	12.8
Homicide	46	5.4	5.7	5.0	5.5
HIV	14	1.4	2.1	1.6	No Objective

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. Values of 3 or less are withheld per HIPAA guidelines.

Heart Disease and Stroke

The age-adjusted mortality rate in the service area for heart disease (137.4 per 100,000 persons) was lower than the county (146.9) and state (142.7). The rate of ischemic heart disease deaths (a sub-category of heart disease) was 91.8 per 100,000 persons as compared to the county (106.8) and state (88.1). The Healthy People 2030 objective

for ischemic heart disease is 71.1 heart disease deaths per 100,000 persons; the service area rate of ischemic heart disease death exceeds this objective.

The rate of stroke death in the service area is higher than the Healthy People 2030 objective of 33.4 per 100,000 persons.

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	1,534	137.4	146.9	142.7
Ischemic heart disease death rate	411	91.8	106.8	88.1
Stroke death rate	373	33.7	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. Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate was 133.8 per 100,000 persons. This was lower than the county rate of 134.3 and the state rate of 139.6 deaths per 100,000 persons. The cancer death rate in the service area is higher than the Healthy People 2030 objective of 122.7 per 100,000 persons.

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	1,431	133.8	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. Values of 3 or less are withheld per HIPAA guidelines.

In the county, cancer death rates were highest for lung and bronchus, prostate and female breast cancer.

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

	Los Angeles County	California
Cancer all sites	**136.9**	**140.0**
Lung and bronchus	25.4	28.0
Prostate (males)	20.1	19.8
Breast (female)	19.5	19.3
Colon and rectum	13.1	12.5

	Los Angeles County	California
Pancreas	10.3	10.3
Liver and intrahepatic bile duct	8.2	7.7
Cervical and Uterine (female)*	8.0	7.2
Ovary (females)	7.2	6.9
Leukemia	5.9	5.8
Non-Hodgkin lymphoma	5.2	5.2
Stomach	5.1	3.9
Urinary bladder	3.4	3.8
Myeloid and monocytic leukemia	3.0	3.0
Kidney and renal pelvis	3.1	3.3
Myeloma	2.8	2.9
Esophagus	2.5	3.1

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018*
https://explorer.ccrcal.org/application.html *Cervix Uteri, Corpus Uteri and Uterus, NOS*

Alzheimer's Disease

In the service area, the Alzheimer's disease death rate was 33.8 per 100,000 persons. This rate is lower than county and state rates.

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	391	33.8	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. Values of 3 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease refers to a group of diseases that cause airflow blockage and breathing-related problems. This includes chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema. In the service area, the chronic lower respiratory disease death rate was 25.8 per 100,000 persons.

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic lower respiratory disease death rate	280	25.8	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. 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 death rate from unintentional injuries in the service area was 22.4 per 100,000 persons. The death rate from unintentional injuries in the service area met the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	218	22.4	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. Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

Diabetes may be underreported as a cause of death. Studies have found that approximately 35% to 40% of people with diabetes who died had diabetes listed on the death certificate.[2] In the service area, the diabetes death rate was 20.1 per 100,000 persons, which was lower than the county and state rates.

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	216	20.1	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. Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 19.7 per 100,000 persons, which was higher than the county and state rates.

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia and influenza death rate	217	19.7	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. Values of 3 or less are withheld per HIPAA guidelines.

[2] *Source: American Diabetes Association. Statistics about Diabetes, 2020. Accessed April, 2021. https://www.diabetes.org/resources/statistics/statistics-about-diabetes*

Kidney Disease

In the service area, the kidney disease death rate was 11.6 per 100,000 persons. This rate was higher than the county and the state rates.

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	127	11.6	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. Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

In the service area, the liver disease death rate was 11.4 per 100,000 persons, which is lower than county and state rates, but higher than the Healthy People 2030 objective of 10.9 per 100,000 persons.

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	122	11.4	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. Values of 3 or less are withheld per HIPAA guidelines.

Suicide

In the service area, the age-adjusted death rate due to suicide was 8.5 per 100,000 persons, which is lower than the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide death rate	83	8.5	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. Values of 3 or less are withheld per HIPAA guidelines.

Homicide

In the service area, the age-adjusted death rate from homicides was 5.4 per 100,000 persons. This rate was higher than the state rate, but below the county rate and the Healthy People 2030 objective for homicide (5.5 deaths per 100,000 persons).

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	46	5.4	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. Values of 3 or less are withheld per HIPAA guidelines.

HIV

In the service area, the death rate from HIV was 1.4 per 100,000 persons. This rate was lower than the county HIV death rate (2.1 per 100,000 persons) and state rate (1.6 per 100,000 persons).

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

	TMMC Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	14	1.4	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. Values of 3 or less are withheld per HIPAA guidelines.

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Acute and Chronic Disease

Hospitalization Rates by Principal Diagnoses

At Torrance Memorial Medical Center, in 2019, the top five hospital discharge diagnoses were conditions related to: 1) diseases of the circulatory system; 2) diseases of the digestive system; 3) pregnancy, childbirth, and the puerperium; 4) conditions originating in the perinatal period; and 5) certain infectious and parasitic diseases.

Hospitalizations, by Principal Diagnoses, Top Ten Diagnoses

	Percent
Diseases of the circulatory system	17.2%
Diseases of the digestive system	12.0%
Pregnancy, childbirth and the puerperium	9.7%
Certain conditions originating in the perinatal period	9.2%
Certain infectious and parasitic diseases	7.9%
Injury and poisoning	7.8%
Diseases of the musculoskeletal system and connective tissue	7.1%
Diseases of the respiratory system	5.8%
Diseases of the genitourinary system	4.9%
Neoplasms	4.6%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Rates by Diagnoses

At Torrance Memorial Medical Center, in 2019, the top five emergency room encounter diagnoses were: 1) injuries and poisonings; 2) diseases of the respiratory system; 3) diseases of the nervous system and sense organs; 4) diseases of the musculoskeletal system and connective tissue; and 5) diseases of the circulatory system.

Emergency Room Visits, by Principal Diagnoses, Top Ten Diagnoses

	Percent
Injury and poisoning	18.9%
Diseases of the respiratory system	14.1%
Diseases of the nervous system and sense organs	9.0%
Diseases of the musculoskeletal system and connective tissue	8.5%
Diseases of the circulatory system	8.2%
Diseases of the genitourinary system	7.2%
Disease of the digestive system	6.0%
Disease of the skin and subcutaneous tissue	3.3%
Mental illness	2.8%
Complications of pregnancy, childbirth, and the puerperium	2.5%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

COVID-19

As of April 28, 2022, there had been 2,736,900 confirmed cases of COVID-19 in Los Angeles County, with a rate of 27,330.7 cases per 100,000 residents. This rate is higher than the statewide average of 21,765.4 cases per 100,000 persons. Through April 28, 2022, 31,712 residents of Los Angeles County had died due to COVID-19 complications, at a rate of 316.7 deaths per 100,000 persons, as compared to the statewide rate 226.6 per 100,000 persons.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, 4/28/2022

	Los Angeles County		California	
	Number	Rate	Number	Rate
Cases	2,736,900	27,330.7	8,605,663	21,765.4
Deaths	31,712	316.7	89,582	226.6

Source for LA County and California case and death numbers: California State Health Department, COVID-19 Dashboard, Updated April 29, 2022. Rates calculated using U.S. Census 2020 Population Data. https://covid19.ca.gov/state-dashboard

In Los Angeles County, 56.8% of vaccine-eligible, non-Hispanic Black/African American residents, and 58.2% of vaccine-eligible Latino residents have been fully vaccinated with a primary series of COVID-19 vaccines.

COVID-19, Vaccine Eligible, Fully Vaccinated, by Race, 4/28/2022

	Los Angeles County	California
American-Indian/Alaska Native	90.4%	57.2%
Asian	86.8%	93.7%
Black/African American	56.8%	57.7%
Latino	58.2%	59.5%
Multiracial	92.4%	65.9%
Native Hawaiian/Pacific Islander	100.0%	98.0%
White	75.5%	67.2%

Source: California State Health Department, COVID-19 Vaccination Dashboard, Updated April 29th, 2022 with data from April 28, 2022. https://covid19.ca.gov/vaccination-progress-data/ **Where race/ethnicity was known.*

In Los Angeles County, 33.2% of children, ages 5 to 11, 72.9% of teens, ages 12 to 17, 80.5% of adults, ages 18 to 49, 82.8% of adults, ages 50 to 64, and 80.4% of adults, ages 65 and older, are fully vaccinated for COVID-19.

COVID-19, Partial and Fully Vaccinated, by Age, 4/28/2022

	Los Angeles County		California	
	Partially Vaccinated	Fully Vaccinated	Partially Vaccinated	Fully Vaccinated
Ages, 5-11	5.4%	33.2%	5.6%	34.6%
Ages, 12-17	7.9%	72.9%	7.7%	66.8%
Ages, 18-49	9.1%	80.5%	10.2%	78.1%

	Los Angeles County		California	
	Partially Vaccinated	**Fully Vaccinated**	**Partially Vaccinated**	**Fully Vaccinated**
Ages, 50-64	7.4%	82.8%	8.5%	84.1%
Ages, 65+	7.0%	80.4%	8.7%	84.2%

Source: California Department of Public Health, COVID-19 Vaccination Dashboard, Updated April 29th, 2022, with data from April 28, 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 edited for clarity:

- There has been a lot of emotional distance and loneliness. A lot of community programs shut down. The virus is deadly and real but the fear and the shutdowns impacted everyone. Kids who were active previously with parks and recreation and little league, now have no options. There has to be a better way to allow kids to play sports and live a healthy lifestyle economically. Free sporting activities are important.
- We really addressed it well. We had vaccine clinics and food delivery services for the homebound. But I would say due to the pandemic, we haven't been able to provide socialization and other services that seniors are reliant on because we were not able to stay open or have in-person services.
- The services for our population have significantly improved. At first, there was no access to vaccines for special needs populations as other illnesses were prioritized. But then there was more access to vaccines and these challenges have improved.
- There is a lack of information and language is a big barrier. Education needs to be available in multiple languages, in simple terms, that anyone can understand.
- Barriers are access to care and recuperation if they are COVID-19 positive.
- There are a lot of myths and people are fearful of getting vaccinated. People are tired of staying at home, not traveling, going to restaurants and seeing people. It is impacting people's mental health and people are tired and want to get out, but at the same time, they don't want to put themselves or their families at risk.
- Our community was hit harder than others and we had higher COVID cases and higher death rates. Our vaccination rates are also lower and we are lagging behind other communities. We have vaccination clinics and screenings at our schools but we still need additional communication to assure people that the vaccines are safe. The school has been the primary voice in this community for vaccine recommendations.
- The pandemic coupled with homelessness and those who have their own beliefs has made it difficult. Many persons who are homeless do not believe in the vaccine and are not vaccinated.

- If anyone has a health issue or concern other than COVID-19, it has been put on the back burner because have been afraid to access services outside of the pandemic.
- Mental health issues have impacted people and made their medical problems worse.
- Women left the workforce in huge numbers to care for their families. That is the issue that came up for us. Also, we serve essential workers, workers that work at McDonalds and medical assistants and the gas station employee. We saw about 40-50% of our families continue to access our services during the highest point of the pandemic because they are essential workers.
- We see a lot of our community members are front line workers without access to health care or insurance.
- The biggest challenge is to effectively communicate about the safety and value of vaccines.
- It has been one tragedy after another. In the past year, we have experienced so many deaths, so our clients are grieving. We have clients who have lost 2 or 3 family members. Not to mention the impact of job loss, homelessness, and the permanent illness of some family members. There are people in rehab centers who have never fully recovered from COVID-19. Due to death and illness, so many people have been thrown into roles they are not ready for.
- Jobs are coming back after layoffs but now we have more workforce issues and we have people saying “I deserve to make more money.”
- People are seeking services right now at levels never seen and at the same time, it is very difficult to hire staff. We have several open positions. We do not have the staff bandwidth to meet the need.
- How do we worship virtually? How do we help our neighbors with food insecurity? How do we keep a positive mental outlook? How do you keep yourself going forward in a positive way? Everyone is doing the best they can. But that leads to that frustration that leads to anger.
- If you are arrested in LA County for a nonviolent crime, you are released back into the community and crimes are being committed by a small fraction of the community who are arrested and back on the street immediately. For police, if you are exposed to COVID-19, you are sent home for 2-3 weeks and it is happening to police all the time, so there are not enough officers because they are home sick.

Diabetes

Among SPA 8 adults, 19.8% have been diagnosed as pre-diabetic and 11.5% have been diagnosed as having diabetes. For SPA 8 adults with diabetes, 61.7% felt very confident they could control their diabetes.

Diabetes, Adults

	SPA 8	Los Angeles County	California
Diagnosed pre-diabetic	19.8%	17.1%	15.7%
Diagnosed with diabetes†	11.5%	11.6%	10.5%
Very confident to control diabetes	61.7%	55.5%	59.6%
Somewhat confident	35.8%	35.1%	32.7%
Not confident	*2.6%	*9.4%	7.7%

*Source: California Health Interview Survey, 2017-2018, pooled & †2017-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/.*

When examined by race and ethnicity, Black/African Americans in SPA 8 have the highest rate of diabetes (15.4%) followed by Latino (11.8%) residents. Insufficient numbers of Native Hawaiian/Pacific Islander residents in the area were surveyed to allow for statistical validity.

Diabetes, Adults, by Race/Ethnicity

	SPA 8	Los Angeles County	California
American Indian/Alaska Native	*11.9%	*16.1%	10.9%
Asian	13.6%	10.5%	10.1%
Black/African American	15.4%	16.2%	15.8%
Latino	11.8%	13.2%	12.0%
Multiracial	*5.4%	4.4%	6.9%
Native Hawaiian/Pacific Islander	**	*22.9%	13.4%
White	8.6%	8.3%	8.6%

*Source: California Health Interview Survey, 2017-2020. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*
***Suppressed due to instability.*

Cancer

In Los Angeles County, cancer diagnoses have been increasing, while cancer mortality rates have been decreasing. The age-adjusted cancer incidence rate in the county was 373.5 cancers per 100,000 persons, which was lower than the state rate of 394.5 per 100,000 persons. The incidence of colorectal and stomach cancers, corpus uteri, thyroid, and ovarian cancers were all higher in the county than for the state.

Cancer Incidence, Age Adjusted Rates, per 100,000 Persons

	Los Angeles County	California
All sites	**373.5**	**394.5**
Breast (female)	117.9	122.2
Prostate (males)	90.6	91.7
Lung and bronchus	35.6	40.0
Colon and rectum	35.6	34.8
Corpus Uteri (females)	27.3	26.6
Non-Hodgkin lymphoma	17.7	18.3
Kidney and renal pelvis	14.1	14.7
Melanoma of the skin	13.9	23.1

	Los Angeles County	California
Thyroid	13.3	13.1
Leukemia	11.9	12.4
Ovary (females)	11.7	11.1
Pancreas	11.6	11.9
Liver and Intrahepatic Bile Duct	9.3	9.7
Stomach	9.1	7.3
Urinary bladder	8.2	8.7

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018.https://explorer.ccrcal.org/application.html*

Heart Disease

Among SPA 8 adults, 7.9% have been diagnosed with heart disease. 80.5% of these adults reported having a case management plan.

Heart Disease, Adults

	SPA 8	Los Angeles County	California
Diagnosed with heart disease	7.9%	6.4%	6.9%
Has a management care plan†	*80.5%	78.8%	80.1%

*Source: California Health Interview Survey, 2018-2019. †Data from 2018. *Statistically unstable due to sample size. Years 2018 & 2019 pooled to improve sustainability of data. http://ask.chis.ucla.edu/.*

High Blood Pressure

Hypertension (high blood pressure) is a co-morbidity factor for diabetes and heart disease. Among SPA 8 adults, 29.1% have been diagnosed with high blood pressure.

High Blood Pressure, Adults

	SPA 8	Los Angeles County	California
Diagnosed with high blood pressure	29.1%	26.1%	25.7%
Has borderline high blood pressure	7.7%	7.2%	7.5%

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

When examined by race and ethnicity, Black/African Americans in SPA 8 have the highest rates of high blood pressure (34.5%), followed by Whites (33.9%). Though not surveyed in sufficient numbers in the SPA to allow for statistical validity, at the county and state level, American Indian/Alaska Native and Native Hawaiian/Pacific Islander residents have high rates of high blood pressure diagnoses.

High Blood Pressure, Adults, by Race/Ethnicity

	SPA 8	Los Angeles County	California
American Indian/Alaska Native	**	*45.4%	40.1%
Asian	29.0%	24.6%	21.8%
Black/African American	34.5%	40.3%	38.6%
Latino	23.3%	23.8%	22.4%

	SPA 8	Los Angeles County	California
Multiracial	*13.3%	16.7%	20.4%
Native Hawaiian/Pacific Islander	**	*26.1%	31.4%
White	33.9%	27.6%	28.7%

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

Asthma

Asthma is a common chronic illness, especially affecting children, and it can significantly impact quality of life. Among the adult population, 14.8% in SPA 8 have been diagnosed with asthma. Among children ages 1-17, 15.8% in SPA 8 have been diagnosed with asthma.

Asthma, Adults, and Children and Teens, Ages 1-17

	SPA 8	Los Angeles County	California
Ever diagnosed with asthma, adults	14.8%	14.8%	16.1%
Has had an asthma episode/attack in past 12 months, adults	29.3%	27.3%	28.5%
Takes daily medication to control asthma, adults	46.2%	47.0%	45.2%
Ever diagnosed with asthma, ages 1-17	15.8%	14.1%	13.2%
Has had an asthma episode/attack in past 12 months, ages 1-17	*37.4%	32.6%	30.3%
Takes daily medication to control asthma, ages 1-17	*40.6%	53.7%	45.9%

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

Community Input – Chronic Disease

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

- Diet is an issue and people need more education on a healthy diet. The expense of healthy food is also an issue.
- People need to have an appointment to receive services. And it takes so long to get an appointment, People with cancer cannot get appointments.
- Going to telehealth has helped a lot of people to manage their chronic conditions but there are technology challenges and barriers.
- We have seen an uptick in our students being diagnosed with diabetes. The benefit is that the families know and they are partnering with the school to make sure their kids are getting the right diet. The school nurse is supporting them with blood sugar monitoring.
- I think long-haul COVID-19 should be added to the list of chronic diseases. There

are a lot of complications and symptoms that people are experiencing that will turn into chronic diseases. It aggravates heart disease and asthma.

- We have high rates of asthma and cancer because we live next to refineries. It is hard to change that. We also have a number of freeways here, again something we cannot change. We have very high rates of heart disease in the community as well.
- Air quality is a big issue as it impacts the development of children, especially children with asthma. We are close to oil refineries and the 710 freeway and all the port activity impact air quality.
- There is so much pressure on doctors and their practices that we may lose them. Some doctors are leaving because they are frustrated with medicine.
- We are learning so much on trauma and adverse childhood experiencing and the impact on health and how the nervous system responds. From a mental health perspective, there has been an increase in child abuse and domestic violence and other community trauma. All the violence that is going on in communities, it impacts people's overall physical health.
- Integrating care is still a long-term challenge. We are doing better but we need to integrate primary care, substance use, and dental care. It is one person and all those issues impact their chronic disease. If we try to stabilize their diabetes but the patient is actively using drugs, it won't work. It is all interrelated. Systems don't talk to one another either. We need one treatment plan to treat chronic conditions. By not communicating and integrating care, we are having worse outcomes as a result.
- We still have problems for middle income individuals who have chronic disease and a high deductible.
- Inaccurate diagnoses cause people to not get the treatment they need.
- People have tried to manage on their own at home and that has led to substance use and people taking higher doses of prescription drugs and using substances to alleviate the pain.
- People ate their way through the pandemic and that will lead to heart disease and diabetes.
- People were not able to see their doctors and, as a result, their cancer treatments were put on hold.

Health Behaviors

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from one (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 is an increase of one rank from 2020 and 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. https://www.countyhealthrankings.org/

Health Status

Among the population in SPA 8, 11.1% rate themselves as being in poor or fair health.

Self-Reported Health Status, All Ages

	SPA 8	Los Angeles County	California
Poor health status	2.9%	2.5%	2.4%
Fair health status	8.2%	10.0%	10.1%
Good health status	26.3%	28.7%	27.1%
Very good health status	36.6%	33.3%	34.3%
Excellent health status	25.9%	25.5%	26.1%

Source: California Health Interview Survey, 2019. http://ask.chis.ucla.edu/.

Disability

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. Among SPA 8 adults, 28.4% reported a physical, or mental or emotional disability. In SPA 8, 15.0% of children were reported to have special health care needs.

Disability

	SPA 8	Los Angeles County
Adults with a disability	28.4%	24.6%
Children with special health care needs	15.0%	14.7%

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

Sexually Transmitted Infections

SPA 8 has lower rates of chlamydia, gonorrhea, and syphilis than the county.

Sexually Transmitted Infections, Incidence Rates, per 100,000 Persons

	SPA 8	Los Angeles County
Chlamydia	549	656
Gonorrhea	226	263
Early syphilis	43	54

Source: Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2018 Annual STD Surveillance Report. http://publichealth.lacounty.gov/dhsp/Reports.htm Published July 2021..

HIV

The rate of new HIV cases in Los Angeles County was 14.6 per 100,000 persons in 2019, which declined from a new-case rate of 19.5 in 2015. 71% of persons in Los Angeles County with diagnosed HIV were receiving care and 61.8% were virally suppressed. The California Integrated Plan objective is for 90% of persons with HIV to be in care, and 80% to have been virally suppressed by 2021.

HIV, Number and Rates, per 100,000 Persons

	Los Angeles County	California
Newly diagnosed cases	1,501	4,396
Rate of new diagnoses	14.6	11.0
Living cases	52,409	137,785
Rate of HIV	510.8	344.8
Percent in care	71.0%	75.0%
Percent virally suppressed	61.8%	65.3%
Deaths per 100k HIV+ persons, in 2019	6.3	4.8

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Teen Sexual History

In SPA 8, 13.3% of teens ages 14 to 17, whose parents gave permission for the question to be asked, reported they had sex. 14.8% of teen females in SPA 8 reported having sex at least once, while 12.3% of teen males did.

Sexual Activity Teens, Ages 14-17

	SPA 8	Los Angeles County	California
Ever had sex	*13.3%	11.0%	15.1%
Ever had sex, male	*12.3%	*13.0%	16.6%
Ever had sex, female	*14.0%	*8.1%	13.4%

*Source: California Health Interview Survey, 2015-2019, pooled. *Statistically unstable due to sample size. ** Data suppressed due to small sample size. http://ask.chis.ucla.edu/*

Overweight and Obesity

In SPA 8, 35.4% of adults, 12.3% of teens and 10.5% of children were overweight.

Overweight

	SPA 8	Los Angeles County	California
Adults, ages 20 and older	35.4%	33.1%	33.8%
Teens, ages 12-17†	*12.3%	17.3%	15.3%
Children, ages younger than 12	11.5%	12.4%	13.4%

*Source: California Health Interview Survey, 2018-2020, pooled & †2016-2020, pooled. *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. Adults (31.4%) and teens (11.6%) in SPA 8 met the Healthy People 2030 objective.

Obesity

	SPA 8	Los Angeles County	California
Adults, ages 20 and older	31.4%	29.8%	28.3%
Teens, ages 12-17†	*11.6%	18.5%	18.5%

*Source: California Health Interview Survey, 2018-2020 & †2016-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

In SPA 8, 8.8% more of the population reported obesity in 2019-2020 than in 2005. 31.3% of SPA 8 adults reported obesity in 2019-2020.

Obesity, Adults, Ages 20 and Older, 2005 - 2019

	2005	2007	2009	2011-12	2013-14	2015-16	2017-18	2019-20	Change 2005-2019
SPA 8	22.5%	25.5%	24.2%	25.9%	27.4%	30.6%	28.3%	31.3%	8.8%
LA County	20.6%	22.6%	22.7%	24.9%	26.0%	29.0%	27.9%	29.8%	9.2%

Source: California Health Interview Survey, 2005-2020. http://ask.chis.ucla.edu

Rates of overweight and obesity among Latino, Black/African American, White, and Asian SPA 8 residents are higher than county and state rates. The highest rates in the SPA are found among Black/African American (77%) and Latino (74.9%) residents.

Overweight and Obesity, Adults, Ages 20 and Older, by Race/Ethnicity

	SPA 8	Los Angeles County	California
American Indian/Alaska Native	*40.7%	*60.3%	72.7%
Asian	*47.9%	39.8%	41.8%
Black/African American	77.0%	71.9%	72.2%
Latino	74.9%	73.8%	73.0%
Multiracial	*55.9%	50.5%	62.0%
Native Hawaiian/Pacific Islander	**	*66.2%	70.4%
White	59.3%	55.4%	58.7%

*Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.**Suppressed due to small sample size*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition, measured by skinfold measurement, body mass index (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). For 5th and 7th grade, students in the Hawthorne School District tested highest, with 53.5% of 5th graders and 52% of 7th graders either needing improvement or at health risk. In the Los Angeles Unified School District, 51.1% of 5th graders, 47.8% of 7th graders and 48.4% of 9th grade students tested as needing improvement (overweight) or at health risk (obese).

Body Composition, 'Needs Improvement' and 'Health Risk'

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Centinela Valley Union High	N/A	N/A	N/A	N/A	26.0%	17.1%
El Segundo Unified	17.0%	7.1%	15.3%	8.0%	10.8%	8.2%
Hawthorne	19.6%	33.9%	18.8%	33.2%	20.1%	22.0%
Hermosa Beach City Elementary	16.7%	9.0%	15.9%	7.0%	N/A	N/A
Lawndale Elementary	29.9%	2.1%	23.8%	3.1%	N/A	N/A
Los Angeles Unified	20.6%	30.5%	20.5%	27.3%	21.9%	26.5%
Manhattan Beach Unified	7.1%	2.9%	7.0%	2.4%	11.2%	4.0%
Palos Verdes Unified Peninsula Unified	14.9%	7.8%	11.9%	8.1%	12.5%	5.8%
Redondo Beach Unified	13.9%	9.1%	11.9%	8.6%	11.4%	8.9%
Torrance Unified	17.8%	14.9%	16.1%	11.8%	14.2%	11.2%
Wiseburn Unified	16.1%	20.2%	19.1%	16.6%	N/A	N/A
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.
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 edited for clarity:

- When people were forced to stay home, they were walking and exercising. That might be community specific and dependent on green space availability. Kids were also snacking more and not brushing their teeth.
- The cost of participating in exercise programs is a deterrent.
- Eating healthier is more expensive. It is still easier to get a meal at a drive through

rather than shopping and creating a meal at home.

- Many are surprised that persons who are homeless may be overweight, but their food choices are limited so they are nutritionally poor.
- People may not have the money to go out and buy protein and vegetables and eat regularly so they grab what they can and it is not always healthy. Also, with mental health issues, people often eat junk food to sooth themselves and make themselves feel better and ease their stress.
- The biggest barrier is the lack of opportunity for physical activity and access to healthy foods. We have seen an increase in student obesity with the pandemic.
- Healthy food is more expensive. If you are housing insecure, you don't have access to a kitchen or cooking opportunities. You rely on fast food that is more easily consumable.
- About 30% of our adults, teens and children are overweight.
- We have high childhood obesity rates and kids who are already diabetic. It worsened with the pandemic because the local YMCA was shut down and there was fear about going out into the community and exercising outside.
- What people can afford is processed foods. More healthy foods choices are expensive and with inflation, it is even more expensive now.
- In impoverished communities you can access processed food at any corner store but finding fresh produce is limited. Even what the food banks provide is not the healthiest.
- It can be hard to be motivated to exercise when you are depressed and anxious.
- Access to safe streets and better walkable space and green space are important challenge to address to alleviate obesity.
- People can't focus on healthy food/activities when other stressors are present.

Access to Affordable Fresh Fruits and Vegetables

Families who are not able to easily access fresh fruits and vegetables are less likely to be able to provide healthy food options for themselves and their children. In SPA 8, 53.9% of adults indicated they were always able to find affordable fruits and vegetables.

Affordable Fruits and Vegetables

	SPA 8	Los Angeles County	California
Always affordable in neighborhood	53.9%	51.9%	52.3%
Usually affordable in neighborhood	26.2%	28.9%	29.3%
Sometimes affordable in neighborhood	17.9%	17.8%	17.0%
Never affordable in neighborhood	*2.0%	1.4%	1.4%

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

Sugar-Sweetened Beverage (SSB) Consumption

Among SPA 8 children and adolescents, ages 2-17, 24.2% drank one or more glasses or cans of non-diet soda the day before and 45.5% drank one or more glasses or cans of a sugar-sweetened beverage, other than soda, the day before.

Consumed 1 or More Sugar-Sweetened Beverages or Sodas Yesterday, Ages 2-17

	SPA 8	Los Angeles County
Drank ≥1 SSB other than soda yesterday, 2-17	45.5%	38.0%
Drank ≥1 sugar-sweetened soda yesterday, 2-17†	24.2%	24.0%

*Source: California Health Interview Survey, 2017-2018 & †2019-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Adolescents in the county were the highest consumers of soda and sugar-sweetened beverages.

Consumed One or More Sodas or Sweetened Beverages Daily, by Age Group

	Los Angeles County
Drank ≥1 SSBs daily, children, ages 0-5	26.5%
Drank >1 SSBs daily, children, ages 6-11	39.3%
Drank >1 SSBs daily, teens, ages 12-17	45.0%

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

Physical Activity

Among SPA 8 ambulatory adults, 14.1% reported zero days of exercise (at least 20 minutes of physical activity at one time) within the prior week.

Physical Activity, Adults

	SPA 8	Los Angeles County	California
Exercised in prior week, 0 days	14.1%	11.3%	10.9%
Exercised in prior week, 1-2 days	14.0%	14.0%	12.5%
Exercised in prior week, 3-5 days	41.6%	40.7%	40.6%
Exercised in prior week, 6-7 days	30.3%	33.9%	36.0%

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

Vigorous aerobic activity should make up most of a child's 60 or more minutes of daily physical activity at least three days per week. Among SPA 8 children, 70.2% engaged in vigorous activity at least three days a week.

Vigorous Physical Activity at Least 3 Days per Week, Children, Ages 5 to 11

	SPA 8	Los Angeles County	California
Children engaged in vigorous physical activity	70.2%	73.2%	76.3%

Source: California Health Interview Survey, 2016-2018, pooled. http://ask.chis.ucla.edu/

A component of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. Los Angeles Unified School District students had the lowest scores for aerobic capacity in the service area. Among other area school districts, the next-lowest scores in 5th grade were in Wiseburn Unified, for 7th grade it was Lawndale Elementary, and for 9th grade students it was Torrance Unified.

Aerobic Capacity

	Fifth Grade	Seventh Grade	Ninth Grade
	Healthy Fitness Zone	Healthy Fitness Zone	Healthy Fitness Zone
Centinela Valley Union High	N/A	N/A	38.7%
El Segundo Unified	76.3%	86.5%	94.1%
Hawthorne	75.3%	88.8%	86.0%
Hermosa Beach City Elementary	91.0%	92.4%	N/A
Lawndale Elementary	70.1%	70.4%	N/A
Los Angeles County	57.1%	57.3%	54.1%
Los Angeles Unified	50.5%	48.4%	48.1%
Manhattan Beach Unified	88.8%	93.0%	86.8%
Palos Verdes Unified Peninsula Unified	86.9%	83.5%	82.3%
Redondo Beach Unified	86.7%	88.8%	87.8%
Torrance Unified	75.7%	74.2%	76.3%
Wiseburn Unified	62.9%	83.7%	N/A
California	**60.2%**	**61.0%**	**60.0%**

Source: California Department of Education, FitnessGram Physical Fitness Testing Results, 2018-2019.
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 SPA 8 children ages two to 11, 20% spent five or more hours in sedentary activities on weekend days.

Sedentary Children, Ages 2-11

	SPA 8	Los Angeles County	California
2 to <3 hours	24.7%	29.0%	26.2%
3 to <5 hours	28.1%	26.1%	29.1%
5 or more hours	*20.0%	15.5%	19.7%

*Source: California Health Interview Survey, 2017-2019, pooled. *Statistically unstable due to sample size http://ask.chis.ucla.edu/*

Among SPA 8 teens, ages 12-17, 24% spent five or more hours in sedentary activities on weekend days.

Sedentary Teens, Ages 12-17

	SPA 8	Los Angeles County	California
2 to <3 hours	*24.5%	13.7%	15.2%
3 to <5 hours	39.3%	35.2%	30.1%
5 or more hours	*24.0%	35.8%	41.1%

*Source: California Health Interview Survey, 2015-2019, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Safe Parks, Playgrounds, and Open Spaces

Children and teens who live in close proximity to safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities. Among SPA 8 youth, 94.5% lived within walking distance to a playground or open space and 81.5% visited a park, playground, or open space within the past month.

Safe Parks, Playgrounds and Open Spaces, Children and Teens Live in Proximity

	SPA 8	Los Angeles County	California
Walking distance to park, playground, or open space	*94.5%	93.2%	90.6%
Visited a park, playground, or open space	*81.5%	66.5%	67.7%

*Source: California Health Interview Survey, 2016-2018, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

95.3% of SPA 8 parents with children ages 1 to 11 and 91.5% of teens agreed or strongly agreed that parks and playgrounds closest to where they lived were safe during the day.

Safe Open Spaces, Children and Teens

	SPA 8	Los Angeles County	California
Children, ages 1-11	95.3%	89.0%	90.8%
Teens, ages 12-17	91.5%	89.3%	91.4%

*Source: California Health Interview Survey, 2017-2019, pooled. *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 handle stress, relate to others, and make choices.

Among adults in SPA 8, 25.7% said that there had been a time in the past 12 months when they thought they might need to see a professional because of emotional/mental health problems or alcohol/drug use. Of those who sought help in the past 12 months, 44.5% said that they were unable to receive treatment.

Mental Health Access and Utilization, Adults

	SPA 8	Los Angeles County	California
Needed help for emotional/mental health problems or use of alcohol drugs	25.7%	20.9%	21.7%
Sought help but did not receive treatment	44.5%	47.2%	45.6%

Source: California Health Interview Survey, 2019. http://ask.chis.ucla.edu/.

Among SPA 8 teens, 25.2% felt they needed help for emotional or mental health problems (feeling sad, anxious, or nervous) in the past 12 months. 17.7% of teens received psychological or emotional counseling.

Mental Health Access and Utilization, Teens

	SPA 8	Los Angeles County	California
Needed help for emotional/mental health problems	*25.2%	21.7%	22.9%
Received psychological/emotional counseling	*17.7%	13.5%	14.5%

*Source: California Health Interview Survey, 2015-2019, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/.*

Among adults in SPA 8 who had seen a professional in the past 12 months for problems with mental health, emotions or nerves, 17.9% visited a primary care physician only in the past year, while 52.2% visited a mental health professional in the prior year.

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

	SPA 8	Los Angeles County	California
Primary care physician only	17.9%	27.5%	23.8%
Mental health professional only	52.2%	41.2%	40.4%
Both	29.9%	31.3%	35.7%

Source: California Health Interview Survey, 2018-2019, pooled. http://ask.chis.ucla.edu/.

Among adults and teens in SPA 8, 6.9% sought online help (mobile apps or texting services) for mental health, emotions, or use of alcohol/drugs in the past 12 months. In SPA 8, 6.1% of adults and teens connected with a mental health professional and 6% connected with people with similar issues or status.

Online Mental Health Utilization, Adults and Teens

	SPA 8	Los Angeles County	California
Sought help from an online tool	6.9%	6.1%	6.6%
Connected with a mental health professional online in last 12 months	6.1%	6.2%	5.9%
Connected with people with similar mental health or alcohol/drug status	6.0%	5.3%	5.2%

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

Mental Health Indicators

Among adults in SPA 8, 12.1% are at risk for major depression and 11.5% currently have depression.

Depression, Adults

	SPA 8	Los Angeles County
Adults at risk for major depression	12.1%	13.0%
Adults with current depression	11.5%	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/LACHSDataTopics2018.htm

19.8% of SPA 8 adults and 21.8% of SPA 8 teens indicated that they had experienced serious psychological distress during the previous year. 8.9% of adults reported using prescription medicine for emotional/mental health issues for at least two weeks during the same year. SPA 8 adults reported impairment in various areas of their life, including their work life (28.3%), social life (23.1%), family life (22.9%), and household chores (22.5%).

Mental Health Indicators

	SPA 8	Los Angeles County	California
Adults who had serious psychological distress during past year	19.8%	13.0%	13.1%
Adults on prescription medicine at least two weeks for emotional/mental health issue in past year	8.9%	8.2%	10.3%
Adults reporting family life impairment during the past year	22.9%	20.9%	20.8%

	SPA 8	Los Angeles County	California
Adults reporting social life impairment during the past year	23.1%	20.8%	20.9%
Adults reporting household chore impairment during the past year	22.5%	20.2%	20.3%
Adults reporting work impairment during the past year	28.3%	21. 1%	20.2%
Teens who likely had serious psychological distress during past year†	*21.8%	14.7%	14.9%

*Source: California Health Interview Survey, 2019, †2015-2019, pooled. *Statistically unstable due to sample size..*
http://ask.chis.ucla.edu/

In SPA 8, 15.5% of adults indicated that they had seriously thought about committing suicide.

Considered Suicide, Adults

	SPA 8	Los Angeles County	California
Seriously considered suicide	15.5%	13.2%	14.0%

Source: California Health Interview Survey, 2019. http://ask.chis.ucla.edu/

Among teens in the service area, 7% to 22% had seriously considered attempting suicide in the past 12 months. While data exists for some districts for the 2019-2020 and 2020-2021 school years, 2018-2019 was the last year when a majority of area districts had completed the survey, allowing for the best district-level comparison. Hawthorne School District students had the highest levels of suicide ideation, while Wiseburn Unified was high for 7th graders, Palos Verdes Unified was high for 9th and 11th grades, and Manhattan Beach Unified was high for 11th grade students.

Seriously Considered Suicide, Teens

	7th Grade	9th Grade	11th Grade
Centinela Valley Union High School District	10%	12%	12%
El Segundo Unified School District	9%	14%	13%
Hawthorne School District	19%	18%	22%
Hermosa Beach City Elementary School District	9%	N/A	N/A
Lawndale Elementary School District	Not asked	N/A	N/A
Los Angeles Unified School District	15%	14%	12%
Manhattan Beach Unified School District	7%	10%	20%
Palos Verdes Unified Peninsula Unified	12%	16%	21%
Redondo Beach Unified School District	14%	15%	15%
Torrance Unified School District	*11%	*13%	*13%
Wiseburn Unified School District	19%	N/A	N/A

*Source: California Department of Education, California Healthy Kids Survey, 2018-2019 & *2020-2021.*
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 edited for clarity:

- Many people who find themselves in a homeless situation are mental unstable and have difficulty changing their life because they do not have access to services and programs.
- Our population was significantly impacted because they couldn't come in for programs. They were isolated and depressed and experienced anxiety and other mental health challenges because of their inability to advocate for their needs. And mental health services are lacking for them. A lot of adults had self-injurious behaviors at home so it was problematic. And parents don't know the proper tools to help their adult children.
- We see a lot of depression and anxiety in the community. The anxiety of what is coming next is only increasing.
- Mental health is a pretty big problem with seniors. Seniors are showing signs of mental health issues again like worry and anxiety and panic. We see a lot of panic.
- We have seen a significant increase in students exhibiting social emotional challenges upon return to school. We have seen more outbursts, students struggling with protocols and structure, students experiencing depression and acting out and students fighting. These are behaviors that demonstrate that kids are struggling socially and emotionally. The pandemic hit kids hard and being away from school for almost two years has made it very difficult to come back and adjust.
- We find 80% or more of persons who are homeless have mental health challenges.
- There are multi-level barriers to serving the homeless population. Not only are they chronically and critically homeless, but they also have additional barriers of substance abuse and mental health issues. It is a complicated intersection of issues.
- We have seen higher suicide rates in general, and more teen suicides. Challenge are stigma, accessing services and the availability of services. Mental health coverage with insurance is pretty substandard. Accessing mental health services is very different from getting a physical or a blood test but illness is illness whether it is psychological or physical.
- There are not enough providers to support the mental health needs of the community.
- Prior to the pandemic, there was very minimal availability of mental health and once it hit, the need was really amplified and people were feeling frightened for their own health and that of their family's wellbeing. There were concerns over job insecurity, not having food on the shelves of the grocery store, people were stressed and

anxious and depressed. Domestic violence was already there and it too got amplified. There are challenges with mental health and the stigma and hesitation to see a therapist. COVID-19 reduced that face-to-face aspect. And now, there is a strong preference for mental health telehealth appointments.

- A lot of the services in our community are Medi-Cal funded, so if a family doesn't have Medi-Cal, they will have a very hard time finding mental health services. Regardless of insurance, mental health providers are so full right now that even if you do have resources, either cash or insurance, people are still struggling to find a provider.
- You can't experience homelessness without experiencing trauma. Now, we are experiencing higher levels of mental health issues with everyone. We see that communities are suffering experience structural racism. Generation after generation, they experience trauma and they will have underlying mental health issues.
- We need more education on prevention and warning signs and how to deal with a near crisis. Once you have a mental health crisis, your ability to come back to school or a job and have a smooth road back to life can be daunting.
- If you are on the street more than a week you will start experiencing menta health issues even if you did not have them before. So, the quicker we can catch them or stop them from going on the street, that is the real hope to not get in a spiral downward and into mental illness. We need more funding for mental health. We don't have enough resources for those that want to get help.
- Cultural competency and language barriers are issues for access. We saw a significant shift to telehealth and there were strong outcomes but it doesn't alleviate the fact that people on the other side of the screen may not speak your language or understand your particular cultural challenges.
- We are seeing a huge increase in child anxiety. We started to see adolescents who were trying to kill themselves fill up the hospital. Suicide attempts with adolescent girls were up 50%.
- We work with high school students and teens and there are incredible amounts of depression and suicide ideation and self-harm.

Substance Use and Misuse

Cigarette Smoking

Among SPA 8 adults, 5.1% are current smokers, as compared to the county rate of 6.0%. 5.0% of adults are current e-cigarette smokers as compared to the county (4.0%). The Healthy People 2030 objective for cigarette smoking among adults is 5%.

Smoking, Adults

	SPA 8	Los Angeles County	California
Current smoker	5.1%	6.0%	6.7%
Former smoker	18.6%	18.4%	19.5%
Never smoked	76.3%	75.4%	73.8%
Thinking about quitting in the next six months	*47.9%	63.1%	66.4%
Current e-cigarette user	5.0%	4.0%	4.2%

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

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among teens ages 12-17 in SPA 8, 8.8% used alcohol in the past month and 4.5% engaged in binge drinking in the past month. Among SPA 8 adults ages 18 and older, 56.1% used alcohol in the past month and 27.2% engaged in binge drinking in the past month.

Alcohol Use, Teens and Adults

	SPA 8	Los Angeles County
Alcohol use in past month, ages 12-17	8.8%	8.1%
Binge drinking in past month, ages 12-17	4.5%	4.3%
Perception of great risk from having 5+ drinks once or twice a week, ages 12-17	45.1%	46.8%
Alcohol use in past month, ages 18 and older	56.1%	53.1%
Binge drinking in past month, ages 18 and older	27.2%	26.2%
Perception of great risk from having 5+ drinks once or twice a week, ages 18 and older	48.2%	50.7%

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

Marijuana Use

Among teens ages 12-17 in SPA 8, 7.9% used marijuana in the past month and 15% used marijuana in the past year. Among SPA 8 adults, ages 18 and older, 13.8% used

marijuana in the past month and 20.2% used marijuana in the past year.

Marijuana Use, Teens and Adults

	SPA 8	Los Angeles County
Marijuana use in past month, ages 12-17	7.9%	6.9%
Marijuana use in past year, ages 12-17	15.0%	13.0%
Perception of great risk from smoking marijuana once a month, ages 12-17	21.4%	23.0%
Marijuana use in past month, ages 18 and older	13.8%	12.4%
Marijuana use in past year, ages 18 and older	20.2%	18.1%
Perception of great risk from smoking marijuana once a month, ages 18 and older	27.1%	30.0%

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

Drug Use

The age-adjusted death rate from drug-induced causes in the county was 14.1 per 100,000 persons, which is lower than the state rate of 17.8 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, 2018-2020, Average

	Rate
Los Angeles County	14.1
California	17.8

Source: California Department of Public Health, County Health Status Profiles, 2022. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Opioid Use

The emergency department visit rate for any opioid overdose was 24.2 per 100,000 persons and the hospitalization rate for opioid overdose was 6.4 per 100,000 persons in LA County. The age-adjusted opioid death rate was 12.4 per 100,000 persons in LA County. The rate of opioid prescriptions in the county (266.1 per 1,000 persons) was lower than the state rate (333.3 per 1,000 persons).

Opioids, Age-Adjusted Rates, per 100,000 Persons and Prescriptions per 1,000 Persons

	Los Angeles County	California
ED visit rate for any opioid overdose, per 100,000 persons,	24.2	41.0
Hospitalization rate for any opioid overdose, per 100,000 persons	6.4	10.2
Opioid overdose deaths, per 100,000 persons	12.4	13.5
Opioid prescriptions, per 1,000 persons	266.1	333.3

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

Community Input – Substance Use

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

- Substance use has increased significantly with all age groups.
- It is too easy to get drugs. People who are homeless can still afford a cellphone and their drugs and alcohol. It is too easy to get them.
- People used substances to feel better and that behavior has increased during the pandemic.
- We have seen students misbehaving at middle schools and we have seen an increase in students bringing in substances and marijuana to school, or coming to school under the influence. Vaping has not been a problem and I have not heard about it. Prior to the pandemic, we had a big problem with it, but I haven't heard about it this year.
- We try to work with the community but a large portion of them cannot pass a drug and alcohol test which is a requirement to enter or workforce development programs. Pot is legal, but it precludes many people from entering training programs and employment.
- Consumption habits have changed and people are self-medicating. It is more prevalent than it was prior to the pandemic.
- We have very high domestic violence rates in the area. I imagine with COVID-19, substance use and domestic violence rates have increased because of the financial pressure on families.
- We have a MAT program but there are limitations with personnel. We've had a difficult time finding staff willing to work with this population or achieve the necessary certification to work with these individuals.
- We deal with a lot of families and individuals who have trauma, so it is not unusual to find substance use as a means of numbing and coping. Then there is shame, judgement and family dysfunction and that can lead to child abuse and domestic violence. We've also had family members try to numb themselves and they are using the money that should be going to pay bills and heating and food; it's going to substance use instead.
- Drugs work, that is why people use them to cope. It clearly works. We need to help people recognize that there are better ways to cope.
- Drugs are more accessible and cheaper now. And the stigma around drugs isn't as strong as it used to be. There are very few legal resources that schools can take to combat marijuana and vaping use. They can take possession of the items, give them back when their parents come to the school, or book them as evidence.

- We are starting to see fentanyl use. We are seeing it in meth and cocaine where people didn't expect it to be. The overdose potential is frightening. There is a lot of resistance to MAT, but in reality, it decreases mortality and crime and people are more likely to stay in treatment, so it is a positive. MARA, medication assisted recovery anonymous is growing. It started because people didn't feel comfortable in the other 12 step programs. It was not friendly and the opposition can be fierce. There are still a lot of counselors who are resistant to MAT.
- There has not been enough education and research on long-term heavy use of marijuana and the repercussions of that.
- The biggest issue is that there are very few non-English speaking staff that run clinics. So that continues to limit the success we can have around substance use issues.
- Behavioral health typically means mental health and overlooks substance use. We have a fentanyl overdose and meth crisis.
- Substance use is hitting the poor communities the most. We have nothing in place to fix this issue. We have rehab organizations and addiction places but you have to go to them. People feel that they don't need help when they are abusing. There are volunteers that help the homeless, but there are no specialty drug awareness and education and rehab programs.
- Some parents are unaware that their kids are doing drugs. With the opioid crisis, a lot of kids get hooked on pain medications and then they go on to heroin and fentanyl and that is causing people to overdose. Kids are getting hooked early on with vaping and marijuana and drinking.

Preventive Practices

Immunizations

Using the most recent data, rates of immunizations among students entering kindergarten in local area school districts ranged from 91.9% at Wiseburn Unified to a high of 98.5% at Redondo Beach Unified.

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

	Immunization Rate
El Segundo Unified School District	96.4%
Hawthorne School District	94.4%
Hermosa Beach City Elementary School District	95.5%
Lawndale Elementary School District	97.4%
Los Angeles Unified School District	93.3%
Manhattan Beach Unified School District	96.4%
Palos Verdes Unified Peninsula Unified School District	97.6%
Redondo Beach Unified School District	98.5%
Torrance Unified School District	97.4%
Wiseburn Unified School District	91.9%
Los Angeles County	**94.5%**
California	**94.2%**

*Source: California Department of Public Health, Immunization Branch, 2019-2020. *For those schools that reported. Excludes schools with 20 or fewer children enrolled in kindergarten, and private schools. https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year*

Flu Vaccine

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. In SPA 8, 59.0% of children and teens, ages six months to 17 years, and 51.1% of adults ages 18 and older received a flu shot, falling below the Healthy People 2030 objective. Among adults, ages 65 and older, 70.8% received a flu shot, about equal to the objective.

Flu Vaccine, All Ages

	SPA 8	Los Angeles County
Reported having flu vaccination in past 12 months, ages 6 months to 17	59.0%	59.9%
Reported having flu vaccination in past 12 months, ages 18 and older	51.1%	47.1%
Reported having flu vaccination in past 12 months, ages 65 and older	70.8%	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 SPA 8 seniors, 75.3% reported receiving a pneumonia vaccine, higher than the county rate of 72.3%.

Pneumococcal Vaccine, Adults, Ages 65 and Older

	SPA 8	Los Angeles County
Ever had a pneumonia vaccine	75.3%	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

Health Screenings

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. Among SPA 8 women, 81.4% had a mammogram in the past two years, exceeding the Healthy People 2030 objective.

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

	SPA 8	Los Angeles County
Mammogram	81.4%	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

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. Among SPA 8 women, 82.8% had a Pap smear in the prior three years, which falls short of the Healthy People 2030 objective.

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

	SPA 8	Los Angeles County
Pap smear	82.8%	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

The Healthy People 2030 objective for colorectal cancer screening is 74.4% for adults, ages 50-74, to have been screened. In SPA 8, among adults, ages 50 to 74, 17.5% had a blood stool test in the past 12 months, and 55.9% had a sigmoidoscopy within the past five years, or colonoscopy within the past 10 years. SPA 8 adults fall below the Healthy People 2030 objective for colorectal cancer screening.

Colorectal Cancer Screening, Adults, Ages 50-74

	SPA 8	Los Angeles County
Blood stool test in past 12 months	17.5%	20.0%
Sigmoidoscopy w/in past 5 years or Colonoscopy within the past 10 years	55.9%	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/LACHSDataTopics2018.htm

Senior Falls

Among seniors, falls and injuries from falls occurred among residents of SPA 8 (26.9%) at higher rates than among senior residents of the county (26.5%). Among SPA 8 seniors, 9.8% were injured from the fall.

Fallen in the Past Year, Ages 65 and Older

	SPA 8	Los Angeles County
Seniors who have fallen	26.9%	26.5%
Injured due to a fall	9.8%	11.1%

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

Community Input – Preventive Practices

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

- People are afraid that the vaccines rolled out too early or there was not enough testing done on them. These are complex issues.
- With the COVI-19 vaccine, there were language barriers and access issues, but that has now dissipated.
- Anything that requires more than one contact is challenging with persons who are homeless.
- In the past five to seven years, we've seen a reduction in access to community clinics in our local neighborhoods. Molina Healthcare had several clinics here, but they have scaled back. We need more opportunities and providers and services in a space where the community feels comfortable, like in a local elementary school. Co-locate a clinic so people can access services. Or a local church. Families feel comfortable accessing services in those locations. Aside from Molina, other clinic sites closed during the pandemic.
- The city has been a good partner, trying to get the vaccine everywhere to everyone who wants it. Now it is more of a public awareness or information campaign that holds us back from achieving the results we need for full vaccination.
- Screenings and testing need to be affordable and accessible. Unless we resolve this, the pandemic will continue to be an issue.
- People do not want to get vaccinated because they assume that if they sign something it will impact their immigration status.
- The issue now is hesitancy in getting the vaccine. We need more community education but there are not as many events like there used to be to get education messaging out there. A lot of it is due to our own limitations in our workforce. It is a continuing challenge to communicate effectively and quickly.

- Vaccines have been hard in our community. It goes back to mistrust of the government and authority as well as generational and historical trauma where there has been inappropriate testing of certain community groups. A lot of families do not have a regular medical provider or someone who can say, you can trust me, this is good for your family.
- We see fear around the vaccine and that has a lot to do with it being mandated. When we look at preventive measures and try to make a difference, what is missing is the lack of community engagement in their strategies and decisions.
- After this pandemic, we are going to have to work together as a united front to bring trust back to vaccine efficacy and the technology used for it. We will have an uphill battel to ensure that folks see vaccines as a way to prevent chronic issues.
- For minority communities, it is understandable from their history of disparities and lack of trust that they are resistant to the vaccine.
- Identifying culturally competent community partners to reduce vaccine hesitancy is an ongoing challenge.
- Delayed f/u on preventive services, colonoscopy, breast cancer screening, cervical cancer screenings. Unless people get back on schedule, we'll see significant increases in things that are preventable, treatable, and detectable.

Attachment 1: Benchmark Comparisons

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. Where data were available, hospital service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Indicators	TMMC Service Area	Healthy People 2030 Objectives
High school graduation rate	**80.1%** - 99.2%	90.7%
Child health insurance rate	96.4%	92.1%
Adult health insurance rate	**88.9%**	92.1%
Unable to obtain medical care	**6.7%**	3.3%
Ischemic heart disease deaths	**91.8**	71.1 per 100,000 persons
Cancer deaths	**133.8**	122.7 per 100,000 persons
Colon/rectum cancer death	**13.1**	8.9 per 100,000 persons
Lung and bronchus cancer deaths	**25.4**	25.1 per 100,000 persons
Female breast cancer deaths	**19.5**	15.3 per 100,000 persons
Prostate cancer deaths	**20.1**	16.9 per 100,000 persons
Drug-induced deaths	14.1	20.7 drug-overdose deaths per 100,000 persons
Overdose deaths involving opioids	12.4	13.1 per 100,000 persons
Stroke deaths	**33.7**	33.4 per 100,000 persons
Unintentional injury deaths	22.4	43.2 per 100,000 persons
Suicides	8.5	12.8 per 100,000 persons
Liver disease deaths	**11.4**	10.9 per 100,000 persons
Homicides	5.4	5.5 per 100,000 persons
Infant death rate	4.1	5.0 per 1,000 live births
Obese adults, ages 20 and older	31.4%	36% adults, ages 20 and older
Adults engaging in binge drinking	**27.2%**	25.4%
Cigarette smoking by adults	**5.1%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	**82.8%**	84.3%
Annual adult influenza vaccination	**51.1%**	70.0%
Mammograms, ages 50-74, screened in the past 2 years	81.4%	77.1%
Colorectal cancer screenings, ages 50-74, screened per guidelines	**73.4%**	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 BIPOC (Black, Indigenous and People of Color) populations.

Name	Title	Organization
Melissa Andrizzi-Sobel, MSW	Director of Community Services	Beach Cities Health District
Michael Ballue, CADC II, BSBA	Chief Strategy Officer Executive Director	Behavioral Health Services, Inc. National Council on Alcoholism and Drug Dependence of the South Bay (NCADD)
Dolores Bonilla	Chief Executive Officer	Wilmington Community Clinic
Kelly Bruno, DSW	President and Chief Executive Officer	National Health Foundation
Roxanne S. Chang, MD	Consulting Pediatrician	Community's Child
Lisa Daggett-Cummings, MBA	Development Director	South Bay Children's Health Center
Ghislaine Davis	Founder and Chief Executive Officer	South Bay Village
Yolanda De La Torre, MBA	Program Executive Director	Wilmington YMCA
Dr. Luis Dorado	Interim President	Los Angeles Harbor College
Benicio Espitia	Director, Workforce Development	Goodwill Industries
Mike Estes	Director of Community Services	City of Lawndale
Officer Nickolas Ferrara	Police Officer	Los Angeles Police Department
Amy Grat, MBA, MA	Chief Executive Officer	EXP The Opportunity Engine
Jann Hamilton Lee	President and Chief Executive Officer	South Bay Family Health Care
Tahia Hayslet	Executive Director	Harbor Interfaith Services
Dora Jacildo, MA	Executive Director	Child Lane
Gretchen Janson	Assistant Superintendent, Business Services	Lawndale Elementary School District
Mike Lansing, MSA	Chief Executive Officer	Boys & Girls Clubs of the Los Angeles Harbor
Ed Long, JD	Community Activist	Co-Founder of Healthcare and Elder Law Programs Corporation (HELP); Co-Founder of Caring House
Steve MacAller	Executive Director	YMCA of Metropolitan Los Angeles
Lou Mardesich	Administrator, San Pedro Community of Schools	Los Angeles Unified School District, San Pedro Community of Schools
Christine Martinez	Administrative Program Director	Mychal's Learning Place
Sara Myers	President and Chief Executive Officer	Volunteer Center South Bay-Harbor-Long Beach
Candace Nafissi	Manager, Community Resource Center, Wilmington	Blue Shield Promise/L.A. Care Health Plan

Name	Title	Organization
Tara Nierenhausen	Founder and Executive Director	Community's Child
Daniel Ortiz Reti	Healthcare Integration Coordinator	Los Angeles Homeless Services Agency (LAHSA)
June Pouesi	Executive Director	Office of Samoan Affairs
Marc Schenasi	Chief Executive Officer	South Bay Children's Health Center
Juliette Stidd, LMFT	Chief Clinical and Programs Officer	Richstone Family Center
Lindsey Strata	Public Health Officer	Los Angeles County Department of Public Health
Lihn Tran	Manager III, Product Solutions	L.A. Care Health Plan
Amanda Valorosi, MSG	Senior Assisted Living Coordinator, Human Services	City of Carson
Jennifer Vanore, PhD	President and Chief Operating Officer	UniHealth Foundation
Rosemary C. Veniegas, PhD	Senior Program Officer, Health	California Community Foundation
Yolanda Wilburn, MLIS	City Librarian	City of Torrance
Lisa Williams	Pastor	San Pedro United Methodist Church
Anita Zamora, RN, MSN, CNS	Deputy Director and Chief Operations Officer	Venice Family Clinic

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:

- Mental health and dental care. For our community, it is often difficult for them to get any health care. Most patients have HMO insurance, which can make it more difficult to navigate the system.
- Because people do not have access to insurance, they do not have access to adequate health care.
- There are not enough Medi-Cal physicians and dentists who specialize in pediatrics. For mental health, there is more need than there are providers, at any income level.
- Childhood obesity and lack of health care services.
- Housing, job development, mental health and access to health care.
- In Wilmington, it is access to health care, mental health, and chronic illnesses.
- ADL (activities of daily living) deficits and chronic diseases that require significant management.
- Since the pandemic, a lot of seniors have been stuck indoors and even with the lift of restrictions, they are too nervous to leave the house.
- Diabetes, hypertension and obesity. But the one issue that has been exacerbated the most is mental health.
- We work with students so we see obesity and a spike in diabetes. Also, food insecurity and supporting families so that they have sufficient healthy foods in their home.
- We serve persons who are homeless so access to health care and access to health insurance.
- Mental health is a real crisis for us. Housing insecurity and other issues that stem from or are related to housing insecurity.
- There is more food insecurity and a lot of patients with diabetes and heart disease that were controlled prior to the pandemic but have now become uncontrolled during the last year or so. Immunizations were missed and preventive and emergency needs continue to be in high demand.
- We need access to quick and responsive mental health services as well as occupational therapy, physical therapy and speech therapy.
- We have a lot of uninsured community members so even getting a flu shot is difficult. The more complicated the process, the more difficult it gets to access care. The pandemic exacerbated that access even more.
- We have a significant need to improve the connection of hospital patients to care facilities that match their needs.

- Housing insecurity and food insecurity. And affordable housing.
- COVID-19, diabetes and obesity are huge issues. Also, mental health in the schools is an issue.
- Chronic disease, substance use and mental health.
- There is a large number of people who live in poverty in our community.
- Food insecurity and mental health, particularly for our youth and the ability to access affordable health care resources.
- The neighbors in our community, the unhoused, are dealing with substance use, mental health and anger management.
- There are a lot of issues in the community related to pollution, environmental hazards and homelessness.
- The continuing pandemic and how it's affecting residents. Serving those who are homeless or housing unstable as the economic crisis continues. Food insecurity has increased over the past 18 months.
- There is a heightened need for behavioral health and substance use services. We need integrated care and to be more tuned in with the social determinants of health. Also, there is a need for access to specialty timely, quality specialty care.
- The biggest needs among seniors are social isolation and loneliness and menta health. Housing is also an issue. Some seniors may decide to move into assisted living but that is only financially feasible for those in the highest financial brackets.
- Drugs, drug addiction, overdoses among the homeless population are untreated and growing in size.
- Mental health, nutrition, and accessing health care. We've seen a rise in cancer and that is due to the shutdown of health care and delayed care.
- Kids are behind in their vaccines because the clinics were closed and no one is getting dental care. It was a problem before the pandemic and it has gotten worse.
- Obesity, diabetes, dialysis, hypertension, stroke, and gout. These are food-related diseases.

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

- Tooth decay has increased for our communities. Our kids are at higher risk for dental decay. Some factors include income, families that had jobs before the pandemic and lost their jobs, kids are at home snacking more, families were afraid to take them in for preventive care. These factors increased dental decay.
- A lot of kids are just struggling in life. Kids going back to school don't know what is coming at them, they are afraid if they get a cold, it is COVID-19. Parents are

fighting about whether kids should wear masks, parents are extremely stressed with their income and job loss.

- For kids, there is a lack of activity, reduction of physical education classes in schools, use of mobile devices, lack of parental supervision, parents working until late at night and kids in an empty home playing video games and eating poorly.
- Genetics. The population I work with is special needs, especially adults with developmental disabilities.
- We are in a community that doesn't have access to health insurance. We also do not have much information on how to get services that are low cost so people will wait and delay care and then go to the ED for services.
- One of the worst things the pandemic did for seniors was isolate them. It adds fear to the equation of leaving your house and it led to more health issues because people couldn't get to a doctor.
- The area is very built out, so there is very little open space and limited grocery stores with fresh fruit and vegetables and organic choices. There are lots of small stores that serve less healthy options.
- Among persons who are homeless, their health plays a big role in their ability to survive. And they have a lot of unmet needs.
- The high cost of housing and wages not keeping up with the cost of living.
- Isolation for seniors that is a direct result of the pandemic and likewise for teens. These are the two populations I'm worried about.
- The geographic location of the city itself makes transportation to access services an issue with families.
- COVID-19 and a lot of instability with people's health and some of that has led to lost income and lost jobs and housing.
- Families live with a great deal of stress and sometimes children's issues aren't detected early enough.
- The system can be very cumbersome to get a referral, or an intervention plan, especially if the child has special needs. Parents have a hard time navigating a system that is designed to minimize the number of consumers.
- It may be uncomfortable for health care providers to talk to families about life expectancy and families may be uncomfortable talking to hospital staff about it.
- It is difficult to build affordable housing due to zoning issues, NIMBYism and structural racism.
- There is a lack of knowledge around the COVID-19 vaccine and our community has a lot of contributory factors that can make them more susceptible to side effects.
- Poverty limits one's access to quality food and access to enough food. So, there is

food insecurity in families.
- COVID-19 hit hard and the inability to find good paying jobs contributes to the ability to afford food.
- The mental health situation among our youth includes stress, pressure of life and school and the disconnection from people.
- The ability to get affordable health insurance and mental health providers who don't have long wait lists and will accept new clients are also issues.
- Economics and racial/ethnic demographics lead to differences in life span and health conditions. There is an historical disinvestment in housing infrastructure, particularly in SPA 6. This makes it hard to access specialty care as it requires travel.
- We've seen an increase in cognitive impairments and caregiver burnout and the impact on their overall wellbeing. Rising costs and inflation are impacting those who live paycheck to paycheck. We've seen 10-15% increases in rent and seniors are struggling financially and being pushed out.
- COVID-19, unemployment, poverty, and there is a subset of people who are hesitant to access safety net services.

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

- Low-income neighborhoods are highly impacted. including ethnic racial minorities. Latino and Black families are disproportionately impacted.
- Elementary and middle school students.
- Special needs populations.
- We still see Wilmington as an immigrant community. Residents are afraid to seek out services because of their immigration status.
- Older adults, anyone with chronic health issues.
- Students and their families.
- Low income, persons who are homeless and the working poor.
- People of color, women of color, and all low-income individuals.
- There are people who are working well past their retirement age because they are trying to supplement their incomes in order to survive and be able to get health care. The same with young adults. Many young adults continue to live at home.
- Low income, vulnerable families are really impacted. It is difficult to take a bus to go to your doctor's appointment. As a result, people are skipping their appointments. Seniors are skipping appointments for the same reason.
- The greatest concern for those with limited resources is how they struggle to navigate a complicated system.

- Primarily Latinos, low-income families and single household families. They may be employed, but they do not have employment-based benefits.
- Anyone who has been hospitalized with serious illnesses.
- Brown and black communities and homeless communities. Seniors are the fastest growing population of the unhoused. They are the largest unhoused population of homeless because there is nowhere for them to go.
- BIPOC (Black, Indigenous and People of Color) groups that are more impacted with mental health challenges than other groups and low-income populations.
- Those with private insurance struggle to find access to care more than those with Medi-Cal. For persons with private insurance, there is a shortage of professionals.
- Residents who are Black, Latinx, Native Hawaiians, and Asian are all affected. Native Hawaiians are disproportionately impacted by the pandemic and they are already suffering with health conditions.
- Immigrant populations with low educational attainment. They are working hard but have fewer job skills. Families who were making ends meet, prior to the pandemic, they were living marginally. With COVID-19 came job loss and they were heavily impacted. Many in the food industry were impacted.
- The elderly with existing co-morbidities.

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

- We see income inequities especially for moderate to middle income families who do not qualify for Medi-Cal but do not earn enough to pay out-of-pocket for co-pays for mental health professionals. Often, insurance does not offer mental health coverage at all, or the co-pays are very high, or practitioners are not taking new clients.
- Free recreation programs for families are needed. People can't afford them. We used to have more physical education opportunities than we have now, it used to be more of a priority. We need recreation activities in the community that everyone can freely access.
- Individuals who lack capacity to advocate for themselves. It is difficult to get the services they need if they are not strong advocates for themselves or have someone advocating for them to connect them to the resources they require.
- The fact that many don't have access to health insurance creates issues. For solutions, we need more community education.
- There is no system of care for those who need long term support, especially for those who are homeless with ADL deficits.
- There are so many health concerns. A lot of seniors live alone. They often need

assistance with eating, going to a doctor's appointment, and grocery shopping. Some are too embarrassed to ask us to bring them groceries so they start eating frozen food with no nutrition.

- The pandemic has pointed out who has and doesn't have Internet at home. Without the Internet, people cannot access telehealth services.
- We see inequities related to opportunities to participate in physical activities outside of school.
- The primary inequity I see is a lack of access to readily accessible health care services in the form of community centers or more localized opportunities for health care services.
- If you do not have housing or all your money goes to housing, you cannot afford to go to the doctor. The homeless need health care, they have swollen feet and open wounds and sores that don't heal because they are not in an environment where they can heal. And with food, it is whatever you can get and prepare on the street.
- Transportation is an issue. There are very few dentists here. And very few accept Medi-Cal.
- Sometimes it can be a long wait for specialty services. Others who have insurance may be able to gain services more quickly.
- The misinformation that is out there. People not trusting governmental entities. We need more outreach and provide information, and the right information.
- Patients who show up who are homeless and they are unidentified - they appear to be homeless and they are found on the street. But they may have people who will speak for them and love them and that is a real problem because they are unidentified.
- I work with families who are not documented, so they don't have access to any kind of medical care. When they do seek care, they go to the ED and they receive bills that are thousands of dollars that they can't pay.
- Housing is health. You cannot be healthy if you are unhoused. Do you have grocery stores, transportation, parks, and places for kids to play so they are healthy? It all relates at the core to having affordable housing and a community that has those resources.
- We are seeing issues around access to care but more specifically to accessibility to health care. There is health care available but it is accessing it via transportation, culture, and language that becomes the problem. You see these issues more in low-income, minority populations such as Black/African Americans and monolingual Spanish speaking populations. Immigration status also adds to that inequity. Some of our South Asian communities, Pacific Islanders in SPA 8, particularly, they are

impacted culturally.

- In a lot of communities, people don't have access to facilities like an athletic field and places where young can be physically fit and healthy.
- High poverty levels lead to a lack of access to tools and resources. Immigrants may not trust persons who are giving help and may not want to talk about mental health.
- When someone goes to the hospital and they have an illness and we put them back on the street without any assistance, they will continue to come back to the hospital. I know the hospitals are working hard to not do that and make sure everyone discharged is safe and they are getting assistance, that has been improving over the last couple of years. But I've seen people discharged and die a week later.
- The challenge with urban development, pollution and environmental issues are that they are very complex systems and it takes a long time to get advocacy and policy to come to fruition.
- For some families there is generational addiction and a lack of awareness and treatment once they are chronically addicted.
- There are no dental services for low-income populations. It could be because of a lack of insurance, cultural trauma, or distrust of the system, but they are not accessing services that they could be accessing.
- We are seeing children who have developmental disabilities and their families who have been very impacted with schools closing. It is difficult to Zoom for kids with developmental disabilities and ADHD.

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

- The needs are stronger but the care isn't stronger. We see a domino effect. With the pandemic, we started to see other issues arise that may impact low-income families. What was once a secondary need became a primary need and moderate income families that lost jobs had no choice but to go on Medi-Cal.
- It has made it significantly worse. People stayed at home and played video games and used their mobile device and it had a negative impact.
- Because we've been so focused on COVID-19, other things have not been addressed like Alzheimer's care, the Stroke Center, the Diabetes Program, and our Fall Risk Program. We are not running these programs or the flu clinic. Everything is now focused on COVID-19.
- Some needs significantly worsened during the pandemic, particularly issues around mental health. There was already a shortage of mental health resources for all individuals, let alone those with developmental disabilities.

- So many people became ill and didn’t know how to get medical help or vaccines. Also, the fact that there is so much misinformation out there on vaccines, people consequently don’t believe they need the vaccine or they refuse to get one.
- It highlighted the needs, and nothing has changed. Many agencies have stepped up to the plate who previously never did. The pandemic is a mixed blessing, it resulted in many partnerships that wouldn’t have existed before.
- Physical activity was already a concern and it has become a greater concern. The pandemic hit our area pretty significantly and when schools re-opened, only 20% of families chose to have their kids return to school, so there was not much physical activity in the community going on.
- We have all had to adjust, adapt, and operate in different times. A lot of things have been done virtually and persons who are homeless do not have that luxury.
- It completely stopped people from accessing health care other than getting a vaccination.
- It seemed that things were getting better with the big push to get the unhoused into housing. What we are seeing now is more people who are unhoused. That population is growing again. Fewer people are being placed in hotels and the rent moratorium is over. people are struggling. People who can't work, then they become unhoused and when they try to get work, they can’t because who will hire someone who hasn’t bathed or washed their clothes? It becomes a vicious cycle. This is happening to a number of people.
- The limited lifestyle has led to more cases of youth obesity due to inactivity over the last couple of years.
- Many people were already in a very tenuous situation with their jobs and they did not have a lot of time off or sick time. When the pandemic hit, they found themselves without employment because their only form of transportation, the bus, had shut down. And they needed someone to stay home with the kids and help with schooling so that reduced people's income. We had high positivity rates. Families lost loved ones or they themselves were ill and out of the workforce, or confined to their home for weeks on end.
- It has made it even harder for families to keep routine appointments with providers who were providing support services, like the pediatrician, the regional centers, the school district. For many kids, they are not able to get speech and language support. For some children, that increases their level of anxiety and their inability to self-regulate.
- Hospitals had to delay care for patients. I think there were a lot of people that had serious health issues and they didn’t go to the hospital. People were hospitalized

and never saw their families again. That had a huge impact on those families.

- It rose to the surface how fragile folks are and how fiscally unstable people are.
- We continue to see the number of cases of COVID-19 increase predominately in the Latinx and African American communities. It has given us a stronger picture of the differences in health, economic and social inequities when it comes to our minorities.
- Overall, having youth stay inside made them less physically active and a lot of them put on weight and there is a spiral impact where there are feelings of isolation and people continue to struggle with mental health issues. Also, it gave people license to do unhealthy things like overeat and drink more and get involved in drugs.
- Right now, we are seeing people leave the workforce. The need for food increased by almost 50% and we continue to have waiting lists. We are seeing people who put off routine care and now are experiencing the impacts of delaying care for cancer and diabetes.
- I think that it has created some awareness in the community to understand the needs and become more educated on what can be done to help people.
- How does a person make a decision about a vaccine when the information is only available in English and Spanish?
- Exacerbation of food insecurity. It's a fundamental human right that's been impacted. Both access to food and housing impact health.
- Three is more substance use and more death on the streets, and younger people dying on the streets.
- One improvement has been the switch to telehealth. It provides a more convenient option. People don't have to take time off work, find childcare, or arrange transportation. With behavioral health telehealth, there have been fewer no shows.
- We weren't equipped for this. There is a general escapism. People are depressed and anxious and have turned to drugs and alcohol. Alcohol purchases went up 200-300% and it is to escape depression.
- It exacerbated old existing problems and magnified disparities. And there is a trust issue. There is a polarization, and it goes to other areas of health services, not just vaccines.
- The foundation of the pandemic was fear and that caused a lot of upheaval and uncertainty. So much information is coming out and people do not know what is true and what is not. We see information from responsible agencies and we see that it is countered by experts and they are being blocked by the media and there is a sense of what is the actual truth?

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 Los Angeles County 211 at https://www.211la.org/.

Significant Need	Community Resources
Access to care	Beach Cities Health District, CalAIM, Children's Institute, Community's Child, Harbor Community Clinic, Harbor Regional Center, LA Christian Health Centers, Momentum Pediatric Therapy Network, Office of Samoan Affairs, Planned Parenthood, Saban Community Clinic, South Bay Children's Health Clinic, South Bay Family Health Care, TCC Family Health, Venice Family Clinic, Wilmington Health Center
Chronic diseases	Beach Cities Health District, Community's Child, Harbor Community Clinic, Smart Air LA, South Bay Children's Health Center, South Bay Family Health Care, Venice Family Clinic, Wilmington Health Center
COVID-19	Beach Cities Health District, Community's Child, Harbor Community Clinic, Smart Air LA, South Bay Children's Health Center, South Bay Family Health Care, Venice Family Clinic, Wilmington Health Center
Dental health	American Dental Association, Community's Child, Harbor Community Clinic, South Bay Children's Health Center, South Bay Family Health Care
Economic Insecurity/Workforce Development	Economic Development & Policy Committee for the San Pedro Chamber of Commerce, El Camino College, EXP The Opportunity Engine, Goodwill Industries, LA Harbor College, Long Beach City College, Mychal's Learning Place, Pilipino Workers Center, Rancho Los Amigos, Social Justice Learning Institute, Southern California Crossroads, The Volunteer Center South Bay - Harbor - Long Beach, Toberman Neighborhood Center
Food insecurity	Boys and Girls Clubs, Carson Essentials to Go, Community's Child, Fresh Rescue Food Bank, Harbor Interfaith Services, House of Yahweh, Los Angeles Regional Food Bank, Meals on Wheels, Salvation Army, St. Luke's Presbyterian Church, St. Margaret's Center, St. Peter's by the Sea, The Volunteer Center – South Bay - Harbor – Long Beach, YMCA
Housing and homelessness	1736 Family Crisis Center, Beacon House, Caring House, Century Villages at Cabrillo, City of Carson Homeless Task Force, DMH Enriched Residential Care Program, Family Promise, Harbor Interfaith Services, Home for Good, Housing Authority of City of Los Angeles (HACLA), Housing for Health, Los Angeles Homeless Outreach Portal (LA-HOP), Los Angeles Homeless Services Authority (LAHSA), Moving on Program, National Health Foundation, Rainbow Services, Salvation Army, South Bay Coalition to End Homelessness, South Bay COG: Council of Government, The People Concern
Mental health	Bayfront Youth and Family Services, Children's Institute, Community Helpline, Community's Child, Didi Hirsch, Richstone Family Center, DMH Enriched Residential Care Program, GENESIS Geriatric Services Intervention Support Programs, Heritage Clinic, Kedren Health, Mychal's Learning Place, National Alliance on Mental Illness, Pediatric Therapy Network, South Bay Families

Significant Need	Community Resources
	Connected, South Bay Family Health Care, Ties for Families, Toberman Neighborhood Center
Overweight/obesity	Beach Cities Health District, Community's Child, Harbor Community Clinic, Smart Air LA, South Bay Children's Health Center, South Bay Family Health Care, Torrance-South Bay YMCA, Venice Family Clinic, Wilmington Health Center
Preventive practices	City of Carson Community Services, City of Lawndale Community Services, City of Torrance Community Services, Community's Child, San Pedro Chamber of Commerce Quality of Life Committee, Torrance-South Bay YMCA
Substance use	Al-Anon, Alcoholics Anonymous, Asian American Christian Counseling Service, Asian American Drug Abuse Program (AADAP), Behavioral Health Services, Children's Institute, Exodus Recovery, Medication-Assisted Recovery Anonymous (MARA), Narcotics Anonymous, National Council of Alcoholism and Drug Dependence, Southern California Crossroads, St. Francis Recovery Center, Tarzana Treatment Center, Thelma McMillen Recovery Center, Ties for Families, Toberman Neighborhood Center

Attachment 5: School Staff Survey

Torrance Memorial Medical Center conducted surveys with staff members of area schools to obtain input on the unmet needs of students and their families. The surveys were available in an electronic format through a SurveyMonkey link. The surveys were collected from January 24 to February 15, 2022. During this time, 24 community members completed the survey.

Position	Percent
School Health Assistant	9.5%
School Nurse	85.7%
School Counselor	4.8%

Other:

- Specialist School Mental Health
- School Psychologist
- Lead District Nurse
- School Psychiatric
- Social Worker
- LVN

Number of Schools Served	Percent
1	47.4%
2	15.8%
3	10.5%
4	10.5%
5	10.5%
6	5.3%

Other:

- 9
- 15
- All schools in South LAUSD
- Lead Nurse of School District
- All of LAUSD

School Location(s)	Percent
Carson	25.0%
El Segundo	0%
Gardena	16.7%
Harbor City	20.8%
Hawthorne	0%
Hermosa Beach	4.2%
Lawndale	0%
Lomita	12.5%
Manhattan Beach	4.8%

School Location(s)	Percent
Palos Verdes Estates	0%
Rancho Palos Verdes	8.3%
Redondo Beach	12.5%
San Pedro	29.2%
Torrance	16.7%
Wilmington	16.7%

Other:
South Los Angeles and Rolling Hills Estate

Grade Level of School(s)	Percent
Elementary School	70.8%
Middle School	41.7%
Kindergarten through 8th grade	25.0%
High School	50.0%

Other:

- Adult Special Education, 18-22
- Preschool
- Early start – Pre-K SDC
- Transition Program
- South Bay Adult School

School staff identified mental health, overweight and obesity and access to health care as the top unmet needs of students.

Unmet Needs of Students	Percent
Mental health	75%
Overweight and obesity (healthy eating and physical activity)	55%
Access to health care (including medications)	40%
Dental care/oral health	30%
Vision care	30%
Preventive practices (immunizations, screenings)	25%
Asthma	15%
Substance abuse (alcohol, drugs, tobacco, vaping)	15%
Food insecurity	15%
Housing/homelessness	15%
Sexual health/sexually transmitted infections	10%
Safety/injury prevention	5%
No identified unmet health needs	15%

Other:
Mental health is frequently an unmet need, including eating disorders.

When asked about the unmet needs of families, mental health, access to care and overweight and obesity were identified as the top needs.

Unmet Needs of Families	Percent
Mental health	73.7%
Access to health care (including medications)	52.6%
Overweight and obesity (healthy eating and physical activity)	36.8%
Dental care/oral health	31.6%
Vision care	31.6%
Substance abuse (alcohol, drugs, tobacco, vaping)	26.3%
Housing/homelessness	26.3%
Preventive practices (immunizations, screenings)	21.1%
Food insecurity	15.8%
No identified unmet health needs	15.8%
Asthma	5.3%
Sexual health/sexually transmitted infections	5.3%
Safety/injury prevention	5.3%

Other:

- Needs are rapidly changing but mental health is an ongoing concern
- Basic health education, i.e., fevers, and medication
- Health care providers accepting Medi-Cal

The survey respondents were asked to prioritize the significant needs according to the highest level of importance. The total score for each significant need (possible score of four) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Access to health care, COVID-19, mental health, substance use and chronic diseases were ranked as the top five priority needs. Calculations resulted in the following prioritization of the significant needs:

Needs Ranked by Importance	Four-Point Scale
Access to health care (including medications)	3.79
COVID-19	3.70
Mental Health	3.70
Substance use (alcohol, drugs, tobacco, vaping)	3.56
Chronic disease (asthma, cancer, diabetes, heart and kidney disease)	3.47
Preventive practices (immunizations, vaccines, screenings)	3.32
Dental care/oral health	3.20
Overweight and obesity (healthy eating and physical activity)	3.20
Economic insecurity and workforce development	3.06
Food insecurity	3.00
Housing and homelessness	2.94

Other:
Parental education on areas that are important but they might not realize they are.

Health or social services most challenging to access or are missing in the community for students and/or families

- Mental Health
    - Advocating for mental health services/support (psychiatry)
        - on school grounds
        - for adults
        - child and adolescent psychiatric in-patient and out-patient care
    - easier access
    - more full-time availability for counseling services
- Preventive care services
- Orthopedic injury care
- Dental care
- Immunizations
- Medical care
    - acceptance of Medi-Cal
- Vision services
- More human connection
    - parental interactions are lessening
- Rapid COVID testing kits

COVID-19 impact on students and their families

- Socialization issues with young children
- Mental health and wellness
    - facing more anxiety and depression with children and adults
- Uncertainty about the proper protocols and recommendations due to constant changes
- Delayed medical, vision, and dental routine care
- Homelessness and food insecurity
- Lack of health care access
- Disruption in learning, more absences, uncertainty for future educational plans
- Financial hardships
- Lack of access to testing sites
- Routine childhood immunizations
- Special needs access being disrupted

Potential areas for collaboration or coordination

- Support groups with wrap-around services for parents
- Free educational health programs for families
- General health education
- COVID-19 testing and vaccination services
- Continuation of the school nurse symposiums (virtual)
- Provide a list of all local providers who accept Medi-Cal (other various insurances)
- Career opportunities for RNs and LVNs
- Immunizations
    - spring immunization event for students
- Workshops with students and counselors/administration/nurses
- Mental health services
    - Mentoring students on where to look for help
    - Having more physicians and office staff asking the students and families questions about mental health
- Physical fitness programs (Yoga) to promote relaxation and stress relief techniques
- Health care fairs with services provided by various organizations

What else is important for Torrance Memorial to know?

- We love your medical and mental health programs!
- Community classes for students and parents regarding Social Justice and Leadership, starting at a young age, will help communities become safer and have chances for kids to make better choices.
- Advocating for more full-time school health staff, especially nurses.
    - having trouble finding staff to help with the medical needs of students (G-tubes, Type 1 diabetes, seizures, etc.).
- Babysitting classes or other programs to help prepare students for summer jobs (Miraleste Intermediate interested in sponsoring).
- You are a recognized valued hospital! You are always ready to help and provide constant dedication and support.

Attachment 6: Report of Progress

Torrance Memorial Medical Center developed and approved an Implementation Strategy to address significant health needs identified in the 2019 CHNA. The hospital addressed: access to care, chronic diseases, homelessness, and substance use and misuse through a commitment of community benefit programs and charitable resources.

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

Access to Care

Response to Need

Financial Aid, Insurance Assistance and Transportation

Provided financial assistance through free and discounted care for health care services, consistent with Torrance Memorial's financial assistance policy. To address health care access, the hospital also offered information and health insurance enrollment assistance. The hospital continued to provide transportation support for patients with transportation challenges.

Health Education and Outreach

- Maintained free, public access to health education lectures and programming through online live streaming and on-demand viewing.
- Provided an integrative medicine lecture series that reached 900 people.
- In FY21, due to COVID-19, Torrance Memorial moved community education classes online. Zoom lectures included: Managing Anxiety, Advance Care Planning, Weight Management, COVID-19, and various cancer topics.
- Offered the ADVANTAGE Program, a network of free and low-cost programs and services for adults over age 50.
- Speakers Bureau presented free programs in community locations on health, wellness, disease prevention, safety and emergency preparedness; reached over 300 people.

Clinical Services

- Torrance Memorial practitioners administered COVID-19 vaccines to community

members.

- The vaccine team partnered with the Torrance Fire Department to coordinate vaccine distribution to homebound community members who were medically frail, at most risk for COVID-19 and unable to travel to vaccine sites.
- Provided psychiatric assessments by an emergency response team and funded subsequent psychiatric hospitalizations and other patient discharge support.
- Public Access Defibrillation Program provided support for 163 AEDs placed at 40 community sites.
- Continued strong collaboration with Providence Little Company of Mary on First 5 LA's Welcome Baby Program, focusing on e- and post-natal mothers living in Wilmington to promote overall health during the first year of life, ensure children have health coverage and receive consistent health care, increase breastfeeding rates, and ensure new parents have a safe home environment.

Community Sponsorships

The medical center supported Caring House, an outpatient hospice care home.

COVID-19 Response

Torrance Memorial Medical Center administered nearly 16,000 vaccines. The team partnered with the Torrance Fire Department to coordinate vaccine distribution to approximately 200 homebound community members who were medically frail, at most risk for COVID-19, and unable to travel to vaccine sites.

Through an ongoing study of clinic operations, the vaccine team implemented process enhancements that increased vaccine capacity from 70 people per hour to 100 people per hour. In addition to expanding our ability to vaccinate more community embers, the increased capacity promoted efficiency and patient-centered care and reduced waste.

In addition, the medical center hosted numerous COVID-19 virtual educational seminars in FY21. Classes were offered in English and Spanish and included:

- COVID-19 Convalescent Plasma
- COVID-19 Vaccination Q&A
- COVID-19 What to Know Now

Chronic Diseases

Response to Need

Health Education and Outreach

- Conducted online events in collaboration with the South Bay Survivorship

Consortium serving survivors and loved ones to provide education and resource information to community members.

- Hosted over 18 on-site support groups. Ongoing groups included: diabetes, heart, stroke, fibromyalgia, Parkinson's disease, caregiver, eating disorders, depression, amputee, ostomy, Sjogren's, and bereavement. During COVID, maintained free, public access to cancer, heart disease, lung disease and eating disorders support groups via online live-stream and on-demand viewing.
- Provided on-site support groups for those with cancer, survivors and caregivers including Cancer 101; newly diagnosed; family caregiver; cancer and nutrition; men's cancer. 1,266 people participated in these support groups in FY20.
- Miracle of Living series offered eight virtual presentations on a variety of topics.
- Held ongoing free, 5 to 6-week programs at Torrance South-Bay YMCA for children (age 6-13) and their parent/guardian, providing both with age-specific nutrition education and counseling.
- Maintained school-based nutrition curriculum in 9 elementary schools in partnership with Torrance Unified School District and Torrance District Food Services, serving over 6,000 students in the program.
- To support chronic disease management and weight control during the pandemic, Torrance Memorial created online and on-demand classes. Worked with the Torrance South-Bay YMCA "Healthy Ever After" program for children (ages 6-13) and their parents/guardians and provided age-specific nutrition education and counseling. Trained over 120 parent docents in ongoing nutrition lessons for "Healthy Ever After."
- Conducted CPR/Heartsaver AED classes; trained 386 community members and provided free CPR training required for 62 staff members from three community nonprofit organizations.
- Maintained the Learning Garden in collaboration with the City of Torrance and provided low-cost, hands-on instruction in growing organic edibles. Approximately 100 people served.
- Cancer Resource Center offered free services for community members affected by cancer. Services include consultations and communications as well as information and referral.
- Woman to Woman Program provided free private instruction to women on use of makeup, scarves/hats, and hairpieces; 27 women were served.

<u>Screenings</u>

- Provided women group instruction on breast self-examination.

- Continued partnership with Community's Child. Planned for Annual Family Health Day and the coordination of free screening services for 50 families (anemia, blood pressure, BMI, cholesterol, pediatric growth assessments and asthma).
- Participated in six health fairs throughout the service area, providing free health education. 1,106 blood pressure and 462 BMI screenings were provided and 400 flu shots were given.
- Respiratory therapists attended community events and provided 195 pulmonary function screenings.
- Provided height/weight measurements and BMIs in 10 Torrance Unified elementary schools. Over 1,200 BMIs were measured for 3rd – 5th grade students. Letters were sent to parents with the results.
- Provided free 1-hour follow up consultation with a pediatric nutritionist for at-risk children with high BMIs; provided fasting metabolic lab panel as needed.
- Provided follow-up information to 319 participants of the Low Dose Lung Cancer screening program.

Exercise and Fall Prevention

- Maintained free senior exercise classes in collaboration with the City of Carson and City of Lomita; 4,468 enrolled. During COVID, these classes were on-line.
- Continued low-cost, year-round senior exercise classes in two locations; 2,037 enrolled.
- Maintained fall prevention program with an advanced exercise class for strength and balance; 136 enrolled.

Homelessness

Response to Need

Homeless Patient Navigator Program

Provided psychiatric assessments by an emergency response team and funded subsequent psychiatric hospitalizations, and other patient discharge support, as appropriate.

Community Sponsorships

- Financially supported Harbor Interfaith Service's homeless services programs. The medical center provided grant funds in support of a homeless navigator liaison.
- Provided meeting space for regional homeless services providers in SPA 8 under the coordinated entry system.
- Participated in the South Bay Coalition to End Homelessness.

Substance Use and Misuse
Response to Need

Health Education and Outreach

- A variety of health education events addressed substance use topics, including (partial listing): dealing with depression and anxiety, opiates and addiction, and chronic pain management.
- Provided smokers with smoking cessation classes, online group guidance and support to quit smoking.
- Served on several drug task forces in area school districts.
- Collaborated with Torrance Police Department and Behavioral Health Services to conduct Drug Take-Back events, collecting unused/expired prescription medications and sharps for safe disposal. Collected approximately 350 pounds of drugs.

Addiction Services

For those coping with addiction issues of their own or in their families, access to free self-help support groups were offered and included:

- Alcoholics Anonymous
- Marijuana Anonymous
- Narcotics Anonymous
- Nicotine Anonymous