



COMMUNITY HEALTH NEEDS ASSESSMENT 2019

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Executive Summary

Founded in 1925, Torrance Memorial Medical Center (Torrance Memorial) is a 512-bed, nonprofit medical center. The Medical Center predominantly serves the residents of the South Bay, Peninsula and Harbor communities in Los Angeles County. In 2018, Torrance Memorial affiliated with Cedars-Sinai Medical Center under the umbrella of Cedars-Sinai Health System.

As required by state and federal law, Torrance Memorial Medical Center has undertaken a Community Health Needs Assessment (CHNA). California's Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years. The purpose of this Community Health Needs Assessment is to identify and prioritize the significant health needs of the community served by Torrance Memorial. The health needs identified in this report help to guide the hospital's community benefit activities.

Service Area

Torrance Memorial Medical Center 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 (South Bay) in Los Angeles County. The service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Whenever possible, ZIP Code level data or city data were used to most accurately describe the service area. However, some data indicators are only available by Service Planning Area (SPA). It is important to note the SPA-level data represent a larger geographic area than the hospital's service area.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through a focus group with representatives from housing and homelessness agencies, a survey distributed to school health staff, and interviews with 25 key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

Significant Health Needs

The community stakeholders were asked to prioritize the significant health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided and resulted in an overall average for each health need. Mental health, substance use and misuse, and preventive practices were ranked as the top three priority needs in the service area. A brief description of the significant health needs listed in priority order follows:

Priority Ranking	Health Need	Summary Data
1	Mental health	<ul style="list-style-type: none"> In SPA 8, 19.4% of adults are at risk or diagnosed with depression. In LA County, 20.4% of adults are at risk or diagnosed with depression. Among adults in SPA 8, 10.3% were determined to have likely experienced serious psychological distress in the past year. This rate was higher than the LA County rate of 9.1% Serious psychological distress was experienced in the past year by 15.9% of SPA 8 teens, which was higher than the county level (10.4%). Community stakeholders noted there continues to be a stigma around mental health and there are not enough mental health resources or providers available.
2	Substance use and misuse	<ul style="list-style-type: none"> In SPA 8, 4% of adults smoked an e-cigarette in the past month, compared to 3.5% in LA County. 11.3% of teens in SPA 8 have tried an e-cigarette, which is higher than the county (9.3%) and state (9%) rates. Marijuana use was reported by 41% of residents in SPA 8 and 21% of the population in SPA 8 has misused prescription drugs. In LA County, 48% of the population has tried marijuana and 19% have misused prescription drugs. Community stakeholders commented on the increased incidence of vaping and drug use among youth.

Priority Ranking	Health Need	Summary Data
3	Preventive practices	<ul style="list-style-type: none"> The Healthy People 2020 objective is 70% of the population to receive a flu shot. In SPA 8, 41.8% of adults, 56.9% of children (age 6 months to 17 years) and 69.3% of seniors received a flu shot. The Healthy People 2020 objective for mammograms is 81.1% of women, ages 50-74 years, have a mammogram in the past two years. In SPA 8, 74.4% of women in the target demographic had a mammogram in the past two years.
4	Housing and Homelessness	<ul style="list-style-type: none"> Data from the annual Greater Los Angeles Homeless Count show a large increase in people experiencing homelessness from 2015 to 2018. In 2018, SPA 8 had an estimated 4,138 individuals experiencing homelessness (a 37.7% increase from 2015, and a 0.9% increase from 2017). From 2015 to 2018, LA County had a 22.4% increase in homelessness. 21.6% of the homeless in SPA 8 and 27% in LA County are chronically homeless individuals. Stakeholders noted access to affordable housing or shelter beds is one of the greatest needs in SPA 8.
5	Access to health care	<ul style="list-style-type: none"> The Healthy People 2020 objective is for 100% insurance coverage for all population groups. The service area population has 87.6% health insurance coverage, which is higher than the county (84.1%) and state (87.4%). Manhattan Beach has 97.5% health insurance coverage and Rancho Palos Verdes has 96.3% coverage. Wilmington has 77.5% coverage and Lawndale has 80% coverage. Community stakeholders identified barriers to care, which included: transportation, high costs of insurance, copays and medications, and language barriers.
6	Diabetes	<ul style="list-style-type: none"> Among adults in SPA 8, 10.1% have been diagnosed with diabetes. 9.7% of adults in LA County have been diagnosed with diabetes. Among African American adults, 15.7% in SPA 8 and 13.7% in LA County have been diagnosed with diabetes, 13.1% of Latino adults in SPA 8 and 11.7% in LA County have been diagnosed with diabetes. 7.1% of Asian adults in SPA 8 and 7.8% in LA County and 5.9% of White adults in SPA 8 and 6.9% in the county have been diagnosed with diabetes.
7	Food insecurity	<ul style="list-style-type: none"> 30.3% 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 (29.2%).

Priority Ranking	Health Need	Summary Data
		<ul style="list-style-type: none"> Of the 11 Farmers Markets held in the service area, 4 accept Electronic Benefits Transfer or WIC benefits programs.
8	Overweight and obesity	<ul style="list-style-type: none"> In SPA 8, 34.4% of adults are overweight. 21.4% of teens are overweight and 8.2% of children are overweight. The Healthy People 2020 objectives for obesity are 30.5% of adults aged 20 and over, and 16.1% of teens. In SPA 8, 30.6% of adults and 15.3% of teens are obese. Community stakeholders noted for people on limited incomes, it is less expensive to buy junk food than to buy fresh fruits and vegetables.
9	Dental care	<ul style="list-style-type: none"> 10.5% of children in SPA 8 and 14.2% in LA County have never been to a dentist. 37.6% of adults in SPA 8 and 40.7% of adults in LA County have not obtained dental care in the past year. A community stakeholder commented, "The biggest need for the uninsured has been dental care. There just are not enough resources and Medi-Cal doesn't reimburse enough to cover the cost of dentistry. There is a lack of providers for the uninsured, Medi-Cal and Medicare populations."
10	Cardiovascular disease	<ul style="list-style-type: none"> Heart disease is the leading cause of death and stroke is the number three cause of death in the hospital service area and in LA County and the state. The mortality rate for ischemic heart disease in the service area (109.7 deaths per 100,000 persons) was higher than the state rate (103.8 deaths per 100,000 persons). The rates of heart disease death exceed the Healthy People 2020 objective of 103.4 per 100,000 persons. The age-adjusted rate of death from stroke was 36.0 deaths per 100,000 persons. These rates of stroke death exceed the Healthy People 2020 objective of 34.8 per 100,000 persons.
11	Pneumonia and flu	<ul style="list-style-type: none"> The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 62.4% of seniors received a pneumonia vaccine in SPA 8. The age-adjusted death rate for pneumonia and influenza in the service area was 22.8 per 100,000 persons, which was higher than the county rate (22.7 per 100,000 persons) and the state rate (16.8 per 100,000 persons).
12	Kidney disease	<ul style="list-style-type: none"> The mortality rate from kidney disease was 12.4 deaths per 100,000 persons. This was higher than the county rate (11.1 deaths per 100,000 persons) and the state rate (8.5 deaths per 100,000 persons).

Report Adoption, Availability and Comments

This CHNA report was adopted by the Torrance Memorial Medical Center Board of Trustees on May 22, 2019.

This report is widely available to the public on the hospital's web site, [www.torrancememorial.org/About Us/Community Benefits.aspx](http://www.torrancememorial.org/About_Us/Community_Benefits.aspx). Written comments on this report can be submitted to Claire Coignard at Claire.Coignard@tmmc.com.

Introduction

Background and Purpose

Founded in 1925 by Jared Sidney and Helena Childs Torrance, Torrance Memorial Medical Center (Torrance Memorial) is a 512-bed, nonprofit medical center. The Medical Center predominantly serves the residents of the South Bay, Peninsula and Harbor communities in Los Angeles County. In 2018, Torrance Memorial affiliated with Cedars-Sinai Medical Center under the umbrella of Cedars-Sinai Health System to enhance access, coordination and quality of care, and to bring more expertise to the communities of the South Bay in the areas of neuroscience, cancer and heart failure.

Torrance Memorial has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California's Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

Service Area

Torrance Memorial Medical Center 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 (South Bay) in Los Angeles County. The service area was determined from the ZIP Codes that reflect a majority of patient admissions. The Torrance Memorial service area is presented below by community and ZIP Code.

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 Peninsula	90274
Rancho Palos Verdes	90275
Redondo Beach	90277, 90278
San Pedro	90731, 90732
Torrance	90501, 90502, 90503, 90504, 90505
Wilmington	90744

Project Oversight

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

Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. has over 24 years' experience conducting hospital Community Health Needs Assessments and working with hospitals to develop, implement, and evaluate community benefit programs. Dr. Melissa Biel conducted the Torrance Memorial Medical Center Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, Sandra Humphrey, BBA and Denise Flanagan, BA.
www.bielconsulting.com

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, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Los Angeles County and California to help frame the scope of an issue as it relates to the broader community.

Sources of data include: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Los Angeles County Department of Public Health, Think Health LA, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Whenever possible, ZIP Code level data or city data were used to most accurately describe the service area. However, some data indicators are only available by Service Planning Area (SPA) or county. It is important to note the SPA-level data represent a larger geographic area than the hospital's service area.

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 2020 objectives, where appropriate. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

Interviews, a survey and a focus group were used to gather information and opinions from persons who represent the interests of the community served by the hospital. Interview, survey and focus group participant comments are included in the CHNA report. A list of the community respondents engaged in the primary data collection can be found in Attachment 2.

Interviews

Twenty-five (25) interviews were completed from January through March 2019. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the Los Angeles County Department of Public Health.

The identified stakeholders were invited by email to participate in a 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 needs assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview questions focused on the following topics:

- Most significant health issues in the community
- Social, cultural, behavioral, environmental or medical factors contributing to poor health in the community
- Who is most affected by the significant needs
- Effective strategies or actions for addressing the needs
- Services most challenging to access
- Potential resources to address the identified health needs, such as services, programs and/or community efforts
- Potential areas for coordination or collaboration to address community health needs
- Additional comments and concerns

School Survey

A survey was developed to capture input from local school staff members on student and family health and social needs. The survey was available in an electronic format through a Survey Monkey link, and in a paper copy format. The hospital distributed the electronic survey link to school and school district office health staff (RNs, LVNs, health aides and counselors). The electronic survey was available from January 20 through February 10, 2019. The paper version of the survey was distributed to school nurses at an in-person meeting held at the hospital on February 12, 2019. Seventy-eight (78) usable surveys were received.

An introduction to the survey questions explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous. The

survey asked for the respondents' positions, number of schools served, school locations, and grade levels of students. Survey questions focused on the following topics:

- Unmet needs of students and families.
- Health or social services challenging to access or missing in the community
- Areas for collaboration.
- Ranking of importance of identified health needs.

The summary survey report can be found in Attachment 3.

Focus Group

The South Bay Coalition to End Homelessness worked in partnership with Kaiser Permanente - South Bay Medical Center, Providence Little Company of Mary (San Pedro and Torrance), and Torrance Memorial Medical Center, to convene a focus group of representatives from organizations that are knowledgeable about homelessness issues in the South Bay.

Representatives from the hospitals met to determine which organizations to invite to the focus group. The invitation was sent by email to the identified organizations by the co-chair of the South Bay Coalition to End Homelessness. The focus group was held on January 31, 2019 and engaged 20 persons from 18 agencies.

Focus group questions focused on the following topics:

- Factors or conditions that cause or contribute to homelessness.
- Who is most affected by homelessness?
- How does homelessness affect the health of the community?
- Effective strategies or actions for addressing homelessness.
- How have Measure H and Measure HHH affected homelessness in your community?
- Additional comments.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment was made widely available to the public on the website [www.torrancememorial.org/About Us/Community Benefits.aspx](http://www.torrancememorial.org/About_Us/Community_Benefits.aspx). Public comment was solicited on the reports; however, to date, no comments have been received.

Identification and Prioritization of Significant Health Needs

Review of Primary and Secondary Data

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs, which performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant health needs were determined:

- Access to health care
- Cardiovascular disease
- Dental care
- Diabetes
- Food insecurity
- Housing and homelessness
- Kidney disease
- Mental health
- Overweight and obesity
- Pneumonia and flu
- Preventive practices
- Substance use and misuse

Priority Health Needs

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. Community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

The stakeholder interviewees were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant

impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the interviewees, mental health, homelessness, dental care, and substance use and misuse received the highest rankings for severe and significant impact on the community. Homelessness, mental health, and substance use and misuse had the highest scores for worsened over time. Homelessness, mental health, and substance use and misuse received the highest rankings for insufficient or absent resources.

Significant Health Need	Severe and Significant Impact on the Community	Worsened over Time	Insufficient or Absent Resources
Access to health care	64.7%	12.5%	57.1%
Cardiovascular disease	71.4%	33.3%	33.3%
Dental care	87.5%	33.3%	64.3%
Diabetes	85.7%	38.5%	45.5%
Food insecurity	85.7%	50.0%	53.8%
Housing and Homelessness	88.2%	93.8%	93.3%
Kidney disease	50.0%	28.6%	0%
Mental health	100%	75.0%	81.3%
Overweight and obesity	81.3%	66.7%	64.3%
Pneumonia and flu	46.2%	18.2%	9.1%
Preventive practices	68.8%	21.4%	41.7%
Substance use and misuse	87.5%	71.4%	76.9%

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

Among the interviewees, mental health, substance use and misuse, preventive practices, homelessness and access to health care were ranked as the top five priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Mental health	3.83
Substance use and misuse	3.72
Preventive practices	3.67
Housing and Homelessness	3.61
Access to health care	3.56
Diabetes	3.53
Food insecurity	3.53

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Overweight and obesity	3.47
Dental care	3.41
Cardiovascular disease	3.35
Pneumonia and flu	3.18
Kidney disease	3.08

Resources to Address Significant Health Needs

Through the interview process, community stakeholders identified resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 4.

Review of Progress

In 2016, Torrance Memorial Medical Center conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital’s 2016-2019 Implementation Strategy addressed access to care, cancer, cardiovascular disease, homelessness, senior health, and substance use and misuse. A review of the impact of the actions to address these significant health needs can be found in Attachment 5.

Community Demographics

Population

The population of the Torrance Memorial service area is 884,538. From 2011 to 2016, the population increased by 2.1%.

Total Population and Change in Population, 2011-2016

	Torrance Memorial Service Area	Los Angeles County
Total population	884,538	10,057,155
Change in population, 2011-2016	2.1%	2.8%

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP05. <http://factfinder.census.gov>

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

Population by Gender

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

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Children and youth, ages 0-17, make up 23% of the population, 63% are adults, ages 18-64, and 14% of the population are seniors, 65 and over. The service area has a lower percentage of young adults, 18 to 34, and a higher percentage of adults, 45 and over, than the county.

Population by Age

	Torrance Memorial Service Area	Los Angeles County
0 – 4	6.3%	6.3%
5 – 9	6.3%	6.2%
10 – 14	6.4%	6.3%
15 – 17	4.0%	4.0%
18 – 20	3.5%	4.3%
21 – 24	5.0%	6.1%
25 – 34	13.5%	15.6%
35 – 44	13.8%	13.9%
45 – 54	15.1%	13.7%
55 – 64	12.1%	11.3%
65 – 74	7.6%	6.8%
75 – 84	4.5%	3.7%
85+	2.0%	1.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Wilmington 31.3% has the largest percentage of youth, ages 0-17, in the service area.

Rancho Palos Verdes (25.2%) and Palos Verdes Peninsula (25.1%) have the highest percentages of residents 65 and older.

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Carson	90745	57,785	22.1%	14.7%
Carson	90746	26,584	19.3%	18.1%
El Segundo	90245	16,901	23.6%	10.3%
Gardena	90247	47,706	22.8%	13.7%
Gardena	90248	10,592	20.0%	19.7%
Gardena	90249	26,795	23.2%	15.2%
Harbor City	90710	27,914	22.8%	12.8%
Hawthorne	90250	96,897	26.2%	9.2%
Hermosa Beach	90254	19,726	19.4%	10.9%
Lawndale	90260	35,569	23.0%	9.5%
Lomita	90717	21,658	20.4%	11.7%
Manhattan Beach	90266	35,573	24.6%	15.9%
Palos Verdes Peninsula	90274	25,503	22.8%	25.1%
Rancho Palos Verdes	90275	42,545	21.9%	25.2%
Redondo Beach	90277	35,204	18.8%	16.2%
Redondo Beach	90278	40,582	22.7%	11.0%
San Pedro	90731	61,046	23.6%	11.1%
San Pedro	90732	21,763	18.9%	20.9%
Torrance	90501	43,405	23.9%	10.5%
Torrance	90502	17,855	18.9%	18.9%
Torrance	90503	44,652	20.5%	16.0%
Torrance	90504	33,609	20.7%	15.6%
Torrance	90505	37,242	21.9%	17.9%
Wilmington	90744	57,432	31.3%	8.0%
Torrance Memorial Service Area		884,538	23.0%	14.0%
Los Angeles County		10,057,155	22.8%	12.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Race/Ethnicity

In the Torrance Memorial service area, 36.5% of the population is Hispanic/Latino, 31.3% are White, 17.9% are Asian, 9.3% are Black/African American and the remaining 5.1% are American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, other race/ethnicity, or multiple races. There is a higher percentage of Whites, Black/African Americans and Asians, and a lower percentage of Hispanic/Latinos, in the service area than found at the county level.

Race/Ethnicity

	Torrance Memorial Service Area	Los Angeles County
Hispanic/Latino	36.5%	48.3%
White	31.3%	26.7%
Asian	17.9%	14.1%
Black/African American	9.3%	8.0%
Other/multiple	4.2%	2.5%
Native Hawaiian/Pacific Islander	0.7%	0.2%
American Indian/Alaska Native	0.2%	0.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Language

In the service area, English is the predominant language spoken in the home (54.7%). 27.9% of the population speaks Spanish in the home, 12.4% of the population speaks an Asian language, and 3.8% of the population speaks an Indo-European language in the home.

Language Spoken at Home, Population 5 Years and Older

	Torrance Memorial Service Area	Los Angeles County
Speaks only English	54.7%	43.3%
Speaks Spanish	27.9%	39.4%
Speaks Asian/Pacific Islander language	12.4%	10.9%
Speak Indo-European language	3.8%	5.4%
Speaks other language	1.2%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Neighborhoods with a high percentage of Spanish language speakers in the home include Wilmington (75.1%), Hawthorne (48.7%) and Lawndale (47.5%). In Carson (90745) 27.3% of the population speaks an Asian/Pacific Islander language in the home. 9.9% of the population in Rancho Palos Verdes and 9.1% of the population in San Pedro 90732 speaks an Indo-European language in the home.

Language Spoken at Home by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Carson	90745	36.4%	34.6%	27.3%	1.0%
Carson	90746	71.7%	17.4%	7.6%	0.6%
El Segundo	90245	80.4%	10.4%	2.6%	4.6%
Gardena	90247	40.4%	40.4%	17.3%	0.6%
Gardena	90248	43.3%	33.9%	19.4%	3.1%
Gardena	90249	52.9%	32.4%	11.6%	1.5%
Harbor City	90710	43.5%	37.3%	14.8%	2.8%
Hawthorne	90250	40.3%	48.7%	5.3%	2.9%
Hermosa Beach	90254	90.3%	4.9%	1.6%	2.9%
Lawndale	90260	38.8%	47.5%	9.6%	3.0%
Lomita	90717	66.8%	20.8%	9.5%	2.6%
Manhattan Beach	90266	85.2%	5.0%	5.0%	4.4%
Palos Verdes Peninsula	90274	71.7%	6.0%	15.3%	6.7%
Rancho Palos Verdes	90275	63.8%	5.1%	20.9%	9.9%
Redondo Beach	90277	80.8%	7.2%	5.2%	5.5%
Redondo Beach	90278	74.0%	11.5%	7.5%	6.3%
San Pedro	90731	54.7%	37.2%	3.2%	4.1%
San Pedro	90732	69.6%	14.4%	6.5%	9.1%
Torrance	90501	49.5%	31.4%	16.1%	2.0%
Torrance	90502	40.6%	29.9%	24.8%	3.9%
Torrance	90503	59.0%	6.8%	25.4%	6.0%
Torrance	90504	59.8%	13.8%	21.0%	4.4%
Torrance	90505	60.5%	6.6%	23.2%	7.8%
Wilmington	90744	22.6%	75.1%	2.1%	0.1%
Torrance Memorial Service Area		54.7%	27.9%	12.4%	3.8%
Los Angeles County		43.3%	39.4%	10.9%	5.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings examines social and economic indicators as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best ranking to 57 for the county with the poorest ranking. This ranking examines high school graduation rates, unemployment, children in poverty, income inequality, social support, and others. Los Angeles County is ranked as 29, at the midpoint of all California counties according to social and economic factors. Two years ago, the Los Angeles County ranking was 42.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Los Angeles County	29

Source: County Health Rankings, 2018. www.countyhealthrankings.org

The 2018 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value as compared to all Los Angeles County ZIP Codes.

The service area communities with the highest Index Value (highest socioeconomic need) were: Wilmington, Hawthorne, Gardena and San Pedro (90731). The communities with the lowest socioeconomic need were: Rancho Palos Verdes Estates, Manhattan Beach, Hermosa Beach, Rancho Palos Verdes, Redondo Beach, El Segundo and Torrance (90505).

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Wilmington	90744	96.9	5
Hawthorne	90250	83.8	5
Gardena	90247	82.8	5
San Pedro	90731	82.6	5
Lawndale	90260	81.0	4
Harbor City	90710	68.7	4
Carson	90745	65.4	4
Gardena	90249	62.9	4
Torrance	90501	61.0	4
Gardena	90248	60.6	4
LA County Strip/Torrance	90502	50.5	3

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Lomita	90717	42.9	3
Carson	90746	40.3	3
Torrance	90504	26.1	2
San Pedro	90732	14.6	1
Torrance	90503	14.2	1
Torrance	90505	7.1	1
El Segundo	90245	6.4	1
Redondo Beach	90278	4.4	1
Redondo Beach	90277	3.7	1
Rancho Palos Verdes	90275	2.0	1
Hermosa Beach	90254	1.3	1
Manhattan Beach	90266	0.5	1
Palos Verdes Estates/Rolling Hills Estates	90274	0.2	1
Los Angeles County		48.4	N/A

Source: 2018 SocioNeeds Index, <https://www.conduent.com/community-population-health/>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2016, the federal poverty level (FPL) was an annual income of \$11,880 for one person and \$24,300 for a family of four.

While rates of poverty and low-income (those living below 200% of the Federal Poverty Level) are lower in the service area than for the county, rates are higher in some area ZIP Codes. Rates of poverty are highest in Wilmington (27.4%) and San Pedro 90731 (20.6%). Rates of low-income residents (below 200% FPL) are highest in the service area in Wilmington (57.9%) and Lawndale (46.1%). The ZIP Code with the lowest levels of poverty-level and low-income residents is Manhattan Beach 90266.

Ratio of Income to Poverty Level, by ZIP Code (<100% FPL and <200% FPL)

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Carson	90745	12.2%	30.3%
Carson	90746	8.2%	23.6%
El Segundo	90245	8.2%	15.3%
Gardena	90247	19.4%	44.1%
Gardena	90248	12.4%	34.8%
Gardena	90249	13.0%	35.3%
Harbor City	90710	17.1%	39.7%
Hawthorne	90250	18.7%	44.3%
Hermosa Beach	90254	4.6%	9.2%
Lawndale	90260	14.6%	46.1%
Lomita	90717	13.4%	30.2%
Manhattan Beach	90266	3.7%	9.1%
Palos Verdes Peninsula	90274	4.9%	9.6%

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Rancho Palos Verdes	90275	4.1%	10.6%
Redondo Beach	90277	5.3%	11.6%
Redondo Beach	90278	5.2%	14.5%
San Pedro	90731	20.6%	41.4%
San Pedro	90732	6.3%	17.0%
Torrance	90502	12.9%	27.0%
Torrance	90501	14.8%	34.1%
Torrance	90503	7.8%	19.9%
Torrance	90504	8.7%	22.6%
Torrance	90505	5.1%	17.8%
Wilmington	90744	27.4%	57.9%
Torrance Memorial Service Area		12.6%	29.9%
Los Angeles County		17.8%	39.6%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

In the service area, 18.7% of children, less than 18 years old, are living in poverty. Wilmington has the highest percent of children in poverty (42.1%) in the service area. Among service area seniors, 9% are living in poverty. The highest percent of seniors living in poverty in the service area is in Lomita (18.3%). Among females who are head of household (HoH), with children under 18, 32.2% in the service area are living in poverty. The highest rates are found in Wilmington (54.9%), Harbor City (48.5%) and San Pedro 90731 (46.3%).

Poverty Levels of Children, Seniors, and Female Head of Household with Children

	ZIP Code	Children Under 18 Years Old	Seniors	Female HoH with Children*
Carson	90745	19.2%	9.3%	35.6%
Carson	90746	10.2%	8.4%	5.0%
El Segundo	90245	11.5%	7.1%	14.6%
Gardena	90247	28.8%	14.4%	40.1%
Gardena	90248	18.2%	10.8%	31.3%
Gardena	90249	20.3%	9.6%	27.3%
Harbor City	90710	29.5%	11.9%	48.5%
Hawthorne	90250	27.0%	11.9%	30.3%
Hermosa Beach	90254	5.6%	4.3%	26.7%
Lawndale	90260	18.3%	15.6%	33.8%
Lomita	90717	17.7%	18.3%	33.2%
Manhattan Beach	90266	3.1%	3.5%	10.5%
Palos Verdes Peninsula	90274	5.9%	3.4%	18.7%
Rancho Palos Verdes	90275	2.8%	4.5%	11.4%
Redondo Beach	90277	3.0%	7.8%	18.3%
Redondo Beach	90278	3.4%	7.3%	15.9%
San Pedro	90731	30.2%	11.8%	46.3%

	ZIP Code	Children Under 18 Years Old	Seniors	Female HoH with Children*
San Pedro	90732	10.3%	4.2%	25.3%
Torrance	90502	20.5%	11.2%	24.1%
Torrance	90501	24.8%	9.1%	34.0%
Torrance	90503	6.7%	9.6%	28.7%
Torrance	90504	10.0%	6.9%	20.4%
Torrance	90505	4.0%	9.5%	19.9%
Wilmington	90744	42.1%	15.4%	54.9%
Torrance Memorial Service Area		18.7%	9.0%	32.3%
Los Angeles County		25.3%	13.5%	38.3%
California		21.9%	10.3%	37.5%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701 & *S1702. <http://factfinder.census.gov>
Care should be taken when interpreting rates for a ZIP Code with a small population.

A view of children in poverty at the Service Planning Area (SPA) level indicates 23.5% of SPA 8 children live below the poverty level and 50.3% of children are categorized as low-income (<200% FPL). These rates are lower than the county.

Children in Poverty, Ages 0-17

	SPA 8	Los Angeles County
0-99% FPL	23.5%*	30.4%
100-199% FPL	26.8%	22.9%
200-299% FPL	12.7%*	10.6%
300% FPL and above	37.0%	36.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Free and Reduced Price Meals

The percentage of students eligible for the free and reduced price meal program is one indicator of socioeconomic status. Among Los Angeles Unified School District schools, over three-fourths (78.8%) of the student population are eligible for the free and reduced price meal program, indicating a high level of low-income families. In the Lawndale Elementary School District, 81.3% of students qualify for the program, and 84.6% of Hawthorne School District students are eligible for the free and reduced price meal program. These are higher than county and state rates.

Free and Reduced Price Meals Eligibility

	Percent Eligible Students
El Segundo Unified School District	12.5%
Hawthorne School District	84.6%
Hermosa Beach City Elementary School District	2.7%
Lawndale Elementary School District	81.3%
Los Angeles Unified School District	78.8%

	Percent Eligible Students
Manhattan Beach Unified School District	3.1%
Palos Verdes Peninsula Unified School District	3.5%
Redondo Beach Unified School District	13.8%
Torrance Unified School District	25.9%
Wiseburn Unified School District	40.2%
Los Angeles County	67.3%
California	58.1%

Source: California Department of Education, 2016-2017. <http://data1.cde.ca.gov/dataquest/>

Unemployment

The unemployment rates of the Torrance Memorial service area cities ranged from 1.0% in Palos Verdes Peninsula to 5.8% in Carson. Los Angeles has an unemployment rate of 4.8%, which was nearly the same as the state unemployment rate.

Unemployment Rate*, 2017 Average

	Percent
Carson	5.8%
El Segundo	3.8%
Gardena	4.4%
Hawthorne	5.2%
Hermosa Beach	2.1%
Lawndale	3.6%
Lomita	4.2%
Manhattan Beach	2.6%
Palos Verdes Peninsula	1.0%
Rancho Palos Verdes	2.2%
Redondo Beach	3.0%
Torrance	3.3%
Los Angeles County	4.7%
California	4.8%

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.

Households

In the Torrance Memorial service area, there are 305,868 households and 325,491 housing units. Over the last five years, the population grew by 2.1% and households grew by 0.4%. Housing units grew at a slightly higher rate (0.7%), and vacant units increased by 6.3%. Home-ownership decreased, with 1% fewer units occupied by owners, while renter-occupied units increased by 1.9%.

Households and Housing Units, and Percent Change, 2011-2016

	Torrance Memorial Service Area			Los Angeles County			California		
	2011	2016	Percent Change	2011	2016	Percent Change	2011	2016	Percent Change
Households	304,782	305,868	0.4%	3,218,518	3,281,845	2.0%	12,433,172	12,807,387	3.0%
Housing units	323,247	325,491	0.7%	3,437,584	3,490,118	1.5%	13,631,129	13,911,737	2.1%
Owner occ.	161,674	160,099	(-1.0%)	1,539,554	1,499,576	(-2.6%)	7,055,642	6,929,007	(-1.8%)
Renter occ.	143,108	145,769	1.9%	1,637,009	1,782,269	8.9%	5,201,849	5,878,380	13.0%
Vacant	18,465	19,623	6.3%	219,066	208,273	(-4.9%)	1,197,957	1,104,350	(-7.8%)

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP04. <http://factfinder.census.gov>

The median household income in the service area is \$77,418 and the average household income is \$102,046. These incomes are higher than county incomes.

Household Income

	Torrance Memorial Service Area	Los Angeles County
Median* household income	\$77,418	\$57,952
Average household income	\$102,046	\$85,514

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

*Weighted mean across Service Area cities' medians.

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.” Those who spend 50% or more are considered “severely cost burdened.” 43.3% of service area 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 (54.4%), Gardena 90247 (53.3%), Lawndale (53%), Hawthorne (51.9%) and San Pedro 90731 (50.1%).

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

	ZIP Code	Percent
Carson	90745	39.7%
Carson	90746	37.8%
El Segundo	90245	35.8%
Gardena	90247	53.3%
Gardena	90248	43.6%
Gardena	90249	48.6%
Harbor City	90710	46.7%
Hawthorne	90250	51.9%
Hermosa Beach	90254	31.6%
Lawndale	90260	53.0%
Lomita	90717	43.5%

	ZIP Code	Percent
Manhattan Beach	90266	31.4%
Palos Verdes Peninsula	90274	32.7%
Rancho Palos Verdes	90275	36.1%
Redondo Beach	90277	39.2%
Redondo Beach	90278	39.4%
San Pedro	90731	50.1%
San Pedro	90732	40.3%
Torrance	90502	41.0%
Torrance	90501	47.2%
Torrance	90503	41.0%
Torrance	90504	37.4%
Torrance	90505	39.2%
Wilmington	90744	54.4%
Torrance Memorial Service Area		43.3%
Los Angeles County		49.5%

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

Housing and Homelessness

Since 2005, the Los Angeles Homeless Services Authority (LAHSA) had conducted the annual Greater Los Angeles Homeless Count to determine how many individuals and families are homeless on a given day. Data from the survey showed a large increase in homelessness from 2015 to 2018. In 2018, SPA 8 had an estimated 4,138 homeless individuals (a 37.7% increase from 2015, and a 0.9% increase from 2017).

In SPA 8, 83.5% of the homeless are individual adults and 16.5% of the homeless are families. The percent of unsheltered homeless has increased from 2015 through 2018. Shelter includes cars, RVs, tents and temporary structures (e.g. cardboard), in addition to official homeless shelters. The largest increases in homelessness have been among single adults. The percentage of homeless families and unaccompanied minors has decreased from 2015 to 2018.

Homeless Population*, 2015-2018 Comparison

	SPA 8		Los Angeles County	
	2015	2018	2015	2018
Total homeless	3,006	4,138	41,174	50,385
Sheltered	22.0%	21.0%	29.7%	24.6%
Unsheltered	78.0%	79.0%	70.3%	75.4%
Individual adults	81.7%	83.5%	81.1%	84.3%
Family members	17.9%	16.5%	18.2%	15.5%
Unaccompanied minors (<18)	0.4%	0.1%	0.7%	0.1%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count.

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

Among the homeless population, 21.6% in SPA 8 are chronically homeless individuals. The rates of chronic homelessness have decreased from 2015 to 2018 for individuals and families in SPA 8. Rates of serious mental illness have gone down and substance abuse rates among the homeless have been dropping in SPA 8.

Homelessness Subpopulations*

	SPA 8		Los Angeles County	
	2015	2018	2015	2018
Chronically homeless individuals	37.3%	21.6%	30.0%	27.0%
Chronically homeless family members	8.3%	1.9%	4.9%	0.9%
Brain injury	Not Available	0.8%	5.0%	3.5%
Chronic illness	Not Available	15.4%	6.7%	23.2%
Domestic violence experience	19.4%	17.2%	21.5%	26.9%
Persons with HIV/AIDS	0.8%	0.0%	1.9%	1.4%
Physical disability	18.9%	12.2%	19.5%	13.6%
Serious mental illness	27.4%	19.8%	29.6%	24.5%
Substance abuse disorder	36.1%	11.2%	25.2%	13.5%
Veterans	19.1%	8.8%	10.6%	7.1%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 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 and the homelessness focus group identified the following issues, challenges and barriers related to homelessness.

- Homelessness is on the rise. I grew up in this area and I've never seen it so bad and so visible.
- We have a lot of the homeless who would love to have a job but because of their age or a mental or physical handicap they're eliminated from job opportunities.
- The physically and mentally handicapped are extremely affected by homelessness.
- There are not enough shelter beds.
- Not all the homeless want to go to a shelter. They may have had a bad experience previously in the shelter, they were hurt or their belongings were stolen. And in the shelter they have to obey the rules.
- There is resistance in the community to have homeless shelters in neighborhoods.
- It's unrealistic to think that someone can come from an unstable situation, we give them an apartment and then expect them to adapt in an effective and functional way.
- In this community there aren't a lot of emergency shelters. If someone needs to go to an emergency shelter, they have to go to LA. There are some shelters in Long Beach, but there are none in Redondo Beach or Torrance.
- Women are tremendously violated in a homeless situation. They suffer more than anybody. They are extremely vulnerable.

- Mental illness is a big factor experienced by the homeless population.
- It is really hard to treat or manage chronic medical conditions among the homeless.
- Dental health is one of the most requested services among the homeless.
- A large percentage of homeless kids are victims of violence and abuse.
- Access to affordable housing or shelter beds is one of the greatest needs in SPA 8.
- There's so many homeless people that we can't house them all. We just don't have enough housing.
- In this area, there really aren't many shelters. We have to refer people to Long Beach or Compton. We do not want to bring in shelters because it will create management issues and attract more homeless individuals once we have resources. Cities move encampments and the homeless move to the next city.
- There are a lot of mental health issues with the homeless and we do not have any emergency response resources. I can make a referral, but the referral agency has 72 hours to respond. The homeless are transient, so they have moved on when the referral agency responds.
- We don't have enough safe places for our students to live.
- When the homeless ask for help, we give them an emergency number and there is rapid rehousing for them. However, the homeless want to be with their own people and, most of the time, they refuse help.
- There is an increase in the number of seniors who are housing insecure.
- Torrance does not think this is a Torrance problem. There is a huge perception that there is something wrong with the homeless, that they are all drug addicts, that they don't want a home or to work and, therefore, we shouldn't put any efforts into assisting.
- We don't have any local resources, we don't have a shelter, and we don't have a transportation point to a shelter. Some shelters will provide pickup points in other communities; we don't even have a pick-up point.
- It is hard to take care of school, medical care and dental care when there is no stability. Families try really hard, they are dual working parents who are homeless, they just can't afford housing.
- There are more and more people who are sleeping on streets and beaches. If you go to parks, you will see RVs where people live. The homeless are not just under bridges.
- For many people on the street, they do not have family support or have anyone who cares about them except those on who are on the street with them.
- Mental health is the biggest issue with the chronic homeless on the street. Mental health services are lacking.
- Women and children at shelters are dealing with trauma issues that led them to homelessness (domestic violence, depression, substance use).

- There is huge need to help the homeless and there is a lot of money with Measure H that is available but we aren't using it. We have not put the infrastructure in place to help people get jobs and housing.
- Measure H and HHH provide some funding for the homeless population. However, the infrastructure needs to be developed and we need to make sure there are more resources available.
- A lot of times there is an assumption that they need a place to live and if we provided that, they would be great. But people are homeless for a number of reasons. They might have a mental health or substance use issue. There are quite a few who prefer to be homeless. They don't want to live in a shelter because of a bad experience, or it is not conducive to the lifestyle they want. Others want their own place, but they don't want to share their space with someone else.
- There is a big focus on Skid Row in LA and the high number of people who are homeless. But we have homeless in Compton, Torrance and Gardena. The numbers are not as high, but we have to figure out how to get them the services they need.

Public Program Participation

57.3% of residents in SPA 8 cannot afford food yet only 15.2% utilize food stamps. These rates indicate a considerable percentage of residents who may qualify for food stamps but do not access this resource. WIC benefits are accessed by 46.2% of residents, and 7.4% of residents are TANF/CalWorks recipients.

Public Program Participation

	SPA 8	Los Angeles County
Not able to afford food (<200%FPL)	57.3%	42.6%
Food stamp recipients (<300% FPL)	15.2%	21.6%
WIC usage among children, 6 years & under	46.2%	54.1%
TANF/CalWorks recipients	7.4%	10.5%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. In the area cities where data were available, participation is lower than the county level, with the exception of Carson, which has a utilization rate of 66%. The lowest rate was found in Manhattan Beach, where 9% of eligible individuals accessed the CalFresh program.

CalFresh Eligibility and Participation*

	Number Eligible	Participation Rate
Carson	11,547	66%
Gardena	10,190	63%
Hawthorne	19,198	64%
Lawndale	7,709	45%
Manhattan Beach	1,675	9%
Rancho Palos Verdes	2,181	13%
Redondo Beach	3,423	44%
Torrance	12,500	33%
Los Angeles County	1,776,820	66%

Source: Los Angeles Department of Public Health, City and Community Health Profiles, based on California Department of Social Services' CalFresh Geocoding Data, 2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm> *Data unavailable for El Segundo, Harbor City, Hermosa Beach, Lomita, Palos Verdes Estates/Rolling Hills Estates, San Pedro and Wilmington.

Access to Food

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. 30.3% 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 (29.2%).

Food Insecurity, Adults below 300% of Poverty

	Percent
SPA 8	30.3%
Los Angeles County	29.2%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Farmers Markets Accepting EBT or WIC

EBT stands for Electronic Benefits Transfer, which is how CalFresh (the California food stamp program), CalWORKs and other food and cash aid benefits are accessed in California. WIC stands for the Special Supplemental Nutrition Program for Women, Infants and Children, a federal assistance program. Most Farmers Markets in the area do not accept public benefit programs (EBT or WIC). Of the 11 Farmers Markets held in the service area, 4 accept benefits programs.

Farmers Markets Accepting EBT or WIC

	Farmers Markets	Accepting EBT or WIC
Carson	1	1
Gardena	1	1
Hawthorne	0	0
Lawndale	1	0
Los Angeles City Council District 15	3	2
Manhattan Beach	1	0

	Farmers Markets	Accepting EBT or WIC
Rancho Palos Verdes	0	0
Redondo Beach	2	0
Torrance	2	0

Source: Los Angeles Department of Public Health, City and Community Health Profiles, from the Ecology Center's Farmers' Market Finder, 2017. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Community Input – Food Insecurity

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

- School-age students might not have resources at home. If they are low income, they are used to eating at school, so it can be a challenge for them during the summer months to get enough to eat.
- The cost of groceries determines what people can afford to eat. People will forfeit eating to save money.
- People will go to McDonalds because they think it's cheaper than going home and making something to eat.
- Economic insecurity leads to food insecurity. People can't afford healthier fresh food so they buy cheaper accessible foods. As well, people are dependent on the close proximity to foods that contribute to their health. The local market may not have fresh produce.
- The community is not aware of the poor people in Torrance. There is a lack of awareness that for some kids the school lunch is their only complete meal for the day. And there are many low-income seniors who rely on community meal programs.
- It easier and cheaper to get unhealthy food. To search out fresh fruits and vegetables can be very frustrating.
- In Torrance there is a belief there isn't poverty here as much as other communities, but it exists. Many people are one paycheck away from not being able to pay their bills and that is part of food insecurity. If you have food insecurity, you are worried about a lot of things. Do I have a roof over my head? Do I pay the electricity bill or feed the family?
- For some families once they pay the rent, there is no money left for food, even though they may get CalFresh. Many people rely on local food pantries and they do not have access to highly nutritious foods that are high in protein. We are trying to sort out why so few are accessing CalFresh benefits. It might be immigration status. If they do not have legal status and their children do, they are afraid to apply.
- With our homeless population, we can get them access to food and shelter if they want it. Our demographics, where we are situated, we don't see a lot of challenges with food or shelter. There are places for our homeless, places to go if they want to. The problem is they don't want to go.

- There are a lot of neighborhoods that don't have access to grocery stores where people can purchase healthy foods.
- There are places around here that offer a hot meal that is more focused toward the homeless. For those whose issue is food insecurity, they need a monthly supplement for groceries, which is very difficult to find.

Educational Attainment

Among area adults, ages 25 and older, 15.1% lack a high school diploma. 19.3% of adults are high school graduates and 45% of area adults are college graduates.

Educational Attainment of Adults, 25 Years and Older

	Torrance Memorial Service Area	Los Angeles County
Less than 9 th grade	8.3%	13.1%
Some high school, no diploma	6.8%	9.2%
High school graduate	19.3%	20.7%
Some college, no degree	20.6%	19.4%
Associate degree	7.9%	6.9%
Bachelor's degree	24.1%	20.1%
Graduate or professional degree	13.0%	10.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshman enrolled four years earlier. The high school graduation rate for LAUSD (76.1%) is lower than county (84.8%), and state (86.6%) rates, and does not meet the Healthy People 2020 objective of an 87% high school graduation rate. All other area school districts meet the Healthy People 2020 objective, with the highest graduation rate in Palos Verdes Peninsula Unified School District (98.4%).

High School Graduation Rates, 2017-2018

	High School Graduation Rate
El Segundo Unified School District	97.8%
Los Angeles Unified School District	76.1%
Manhattan Beach Unified School District	97.3%
Palos Verdes Peninsula Unified School District	98.4%
Redondo Beach Unified School District	95.8%
Torrance Unified School District	95.9%
Los Angeles County	84.8%
California	86.6%

Source: California Department of Education, 2018. <https://data1.cde.ca.gov/dataquest/>

Preschool Enrollment

The percentage of 3 and 4 year olds enrolled in preschool in the service area is 61.6%, higher than the county (54%) and state (48.6%). Enrollment ranged from 41.4% in Gardena 90249 to 89.4% in Rancho Palos Verdes and 90% in Redondo Beach 90277

Children, 3 and 4 Years of Age, Enrolled in Preschool

	ZIP Code	Percent
Carson	90745	53.2%
Carson	90746	53.4%
El Segundo	90245	54.5%
Gardena	90247	55.5%
Gardena	90248	65.7%
Gardena	90249	41.4%
Harbor City	90710	50.3%
Hawthorne	90250	52.7%
Hermosa Beach	90254	73.9%
Torrance	90502	53.3%
Lawndale	90260	58.9%
Lomita	90717	53.0%
Manhattan Beach	90266	84.8%
Palos Verdes Peninsula	90274	86.2%
Rancho Palos Verdes	90275	89.4%
Redondo Beach	90277	90.0%
Redondo Beach	90278	77.6%
San Pedro	90731	63.8%
San Pedro	90732	62.3%
Torrance	90501	55.7%
Torrance	90503	78.2%
Torrance	90504	68.6%
Torrance	90505	65.7%
Wilmington	90744	44.8%
Torrance Memorial Service Area		61.6%
Los Angeles County		54.0%
California		48.6%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1401. <http://factfinder.census.gov>

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members in a typical week. 58.4% of adults interviewed in SPA 8 responded yes to this question.

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

	SPA 8	Los Angeles County
Children, ages 0 to 5	58.4%	56.4%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Parks, Playgrounds and Open Spaces

86.8% of county children, ages 1-17, were reported to have easy access to a park, playground or other safe place to play. 87.7% of children in SPA 8 had easy access to a park, playground or other safe place to play. 85.8% of children and teens visited a park, playground or open space in the past month. 46.4% of SPA 8 adults used the parks, playgrounds or open spaces in their neighborhoods.

Access to and Utilization of Parks, Playgrounds and Open Space

	SPA 8	Los Angeles County
Can easily get to a park, playground, or other safe place to play, ages 1 to 17	87.7%	86.8%
Visited park, playground or open space in past month, ages 1 to 17**	85.8%	85.0%
Adults who use walking paths, parks, playgrounds or sports fields in their neighborhood	46.4%	47.5%
Adults who say their neighborhood has no parks, playgrounds or open space	14.1%	15.2%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

**Source: California Health Interview Survey, 2014-2017; <http://ask.chis.ucla.edu/>

The LA County Department of Public Health report, *Parks and Public Health in Los Angeles County*, reports the park space per capita in 120 cities, communities and LA City Council Districts. The report notes there is an inverse correlation among premature mortality, childhood obesity, and the amount of park space per capita. The report also indicated poorer neighborhoods and those with higher percentages of African American and Latino residents have a smaller amount of park space per capita.

Among service area cities and communities, Rancho Palos Verdes has the highest amount of park space with 10.0 acres per 1,000 residents. Hawthorne and Lawndale have 0.4 acres of park space per 1,000 residents, and Palos Verdes Estates has 0.1 acres per 1,000 residents, putting it 117th out of 120 ranked cities/communities.

Park Space per Capita

	Acres per 1,000 Persons	Rank out of 120 Cities or Communities
Rancho Palos Verdes	10.0	5
El Segundo	2.5	33
LA City Council District 15	2.4	37
Hermosa Beach	2.4	38
Manhattan Beach	2.1	41
Torrance	1.9	46
Carson	1.6	50
Redondo Beach	1.3	62
Gardena	0.9	77

	Acres per 1,000 Persons	Rank out of 120 Cities or Communities
Lomita	0.5	97
Hawthorne	0.4	102
Lawndale	0.4	109
Palos Verdes Estates	0.1	117

Source: Parks and Public Health in Los Angeles County, A Cities and Communities Report, May 2016.
http://publichealth.lacounty.gov/chronic/docs/Parks%20Report%202016-rev_051816.pdf

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Violent crime rates were higher in Gardena and Hawthorne than in the county. The property crime rates were higher in El Segundo, Hawthorne and Hermosa Beach than in the county.

Violent Crimes Rates and Property Crime Rates, per 100,000 Persons, 2014 and 2017

	Property Crimes				Violent Crimes			
	Number		Rate		Number		Rate	
	2014	2017	2014	2017*	2014	2017	2014	2017*
Carson	2,116	2,250	2,279.2	2,423.5	339	475	365.2	511.6
El Segundo	538	687	3,166.6	4,043.6	48	40	282.5	235.4
Gardena	1,389	1,393	2,306.0	2,312.6	276	393	458.2	652.5
Hawthorne	2,588	2,273	2,986.0	2,622.6	658	587	759.2	677.3
Hermosa Beach	543	590	2,732.4	2,968.9	37	28	186.2	140.9
Lawndale	398	433	1,193.8	1,298.8	157	178	470.9	533.9
Lomita	355	402	1,716.9	1,944.2	77	56	372.4	270.8
Manhattan Beach	878	875	2,447.6	2,439.2	37	71	103.1	197.9
Palos Verdes Estates	121	125	885.3	914.6	5	3	36.6	21.9
Rancho Palos Verdes	472	446	1,106.8	1,045.8	24	33	56.3	77.4
Redondo Beach	1,447	1,570	2,125.6	2,306.3	158	176	232.1	258.5
Torrance	2,623	3,206	1,772.6	2,166.6	155	267	104.8	180.4
Los Angeles County*	217,493	248,714	2,163.1	2,473.6	42,725	59,924	424.9	595.9
California*	946,682	1,001,380	2,459.0	2,544.5	151,425	174,701	393.3	443.9

Source: CA Department of Justice, Office of the Attorney General, 2018. <https://oag.ca.gov/crime>

Source for 2014 city data (number and rate): US Bureau of Justice Statistics <https://www.bjs.gov/ucrdata/Search/Crime/Crime.cfm>

*State rates were provided by the CA DOJ; 2014 rates for the county were calculated based on population totals provided by CA DOJ and all 2016 rates for cities and county were calculated based on 2014 populations extrapolated from bjs.gov data and are, therefore, only estimates.

A subsample of adults, 18 years of age and older, was asked by the Los Angeles County Health Survey whether they perceived their neighborhood to be safe from crime. In SPA 8, 87.8% of the queried adults felt safe from crime, compared to 84.0% of respondents countywide.

Perceived Neighborhood Safe from Crime

	SPA 8	Los Angeles County
Adults, perceived neighborhood safe from crime	87.8%	84.0%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDATATopics2015.htm>

Intimate Partner Violence

7.6% of male adults and 15.6% of female adults in SPA 8 reported experiencing physical (hit, slapped, pushed, kicked, etc.) violence. 3% of males and 7% of females in SPA 8 experienced sexual (unwanted sex) violence by an intimate partner.

Intimate Partner Violence

	SPA 8	Los Angeles County
Women have experienced physical violence	15.6%	14.8%
Women have experienced sexual violence	7.0%	7.0%
Men have experienced physical violence	7.6%	9.1%
Men have experienced sexual violence	3.0%	2.0%

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDATATopics2015.htm>

Domestic violence calls are categorized as with or without a weapon. Weapons include firearms, knives, other weapons, and fists or other parts of the body that inflict great bodily harm. Lawndale (86.4%) and Carson (86.3%) have the highest percentage of domestic violence calls with a weapon in the service area.

Domestic Violence Calls

	Total	Without Weapon	With Weapon	Percent With Weapon
Carson	240	33	207	86.3%
El Segundo	49	44	5	10.2%
Gardena	202	174	28	13.9%
Hawthorne	315	262	53	16.8%
Hermosa Beach	26	22	4	15.4%
Lawndale	66	9	57	86.4%
Lomita	71	18	53	74.6%
Manhattan Beach	27	22	5	18.5%
Palos Verdes Estates	0	0	0	0.0%
Rolling Hills Estates	13	5	8	61.5%
Rancho Palos Verdes	49	18	31	63.3%
Redondo Beach	100	88	12	12.0%
Torrance	156	127	29	18.6%
Los Angeles County	42,148	14,193	27,955	66.3%
California	164,569	93,783	70,786	43.0%

Source: California Department of Justice, Office of the Attorney General, 2017. <https://oag.ca.gov/crime>
 Data available by city, therefore, ZIP Code-only areas in the service area are not listed.

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2020 objective is for 100% insurance coverage for all population groups. The service area population has 87.6% health insurance coverage, which is higher than the county (84.1%) and state (87.4%). Manhattan Beach has 97.5% coverage and Rancho Palos Verdes has 96.3% coverage. Wilmington has 77.5% coverage and Lawndale has 80% coverage.

Health care coverage is higher among children, ages 0 to 17, with 95.3% of children in the service area insured. 82.5% of adults in the area have insurance coverage.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 17	18 to 64
Carson	90745	86.8%	94.2%	81.7%
Carson	90746	90.5%	95.1%	86.5%
El Segundo	90245	93.5%	95.9%	91.6%
Gardena	90247	82.5%	93.2%	76.0%
Gardena	90248	85.7%	96.5%	80.2%
Gardena	90249	84.0%	90.2%	78.9%
Harbor City	90710	84.9%	96.4%	78.3%
Hawthorne	90250	81.4%	92.1%	75.0%
Hermosa Beach	90254	95.7%	97.5%	94.6%
Lawndale	90260	80.0%	93.9%	73.0%
Lomita	90717	85.2%	93.9%	80.4%
Manhattan Beach	90266	97.5%	98.1%	96.6%
Palos Verdes Peninsula	90274	95.7%	95.8%	93.9%
Rancho Palos Verdes	90275	96.3%	97.9%	94.3%
Redondo Beach	90277	95.5%	99.5%	93.3%
Redondo Beach	90278	93.4%	96.8%	91.2%
San Pedro	90731	85.8%	96.6%	79.6%
San Pedro	90732	92.7%	96.2%	89.4%
Torrance	90502	90.4%	95.5%	86.2%
Torrance	90501	84.1%	94.5%	77.9%
Torrance	90503	94.2%	97.4%	91.9%
Torrance	90504	89.9%	95.3%	86.0%
Torrance	90505	92.8%	96.8%	89.3%
Wilmington	90744	77.5%	92.7%	67.2%
Torrance Memorial Service Area		87.6%	95.3%	82.5%
Los Angeles County		84.1%	93.8%	78.2%
California		87.4%	94.6%	82.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2701. <http://factfinder.census.gov>

90.7% of residents in SPA 8 have health insurance coverage. This is higher than the county rate of health insurance coverage (89%).

Insurance Coverage, All Ages, 2014 – 2016 Combined

	SPA 8	Los Angeles County	California
Insured	90.7%	89.0%	90.7%
Uninsured	9.3%	11.0%	9.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

When the type of insurance coverage was examined, 26.7% of the population in SPA 8 had Medi-Cal coverage, lower than the county rate of 28.6%. 40.7% had employment-based insurance, higher than the county rate of 39.8%.

Insurance Coverage by Type

	SPA 8	Los Angeles County	California
Medi-Cal	26.7%	28.6%	26.1%
Medicare only	1.4%	1.2%	1.3%
Medi-Cal/Medicare	4.4%	4.5%	3.8%
Medicare and others	7.5%	7.5%	8.8%
Other public	1.6%*	1.1%	1.3%
Employment based	40.7%	39.8%	43.3%
Private purchase	8.3%	6.4%	6.2%
No insurance	9.3%	11.0%	9.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Sources of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. In SPA 8, 86.8% of children, 81.9% of adults, and 93.8% of seniors have a usual source of care.

Usual Source of Care, SPA 8

	Ages 0-17	Ages 18-64	Ages 65+
Has source of care, SPA 8	86.8%*	81.9%	93.8%*

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

When access to care through a usual source of care is examined by race/ethnicity, Whites are the most likely to have a usual source of care (92.8%). Latinos are the least likely to have a usual source of care (79.4%).

Usual Source of Care by Race/Ethnicity

	SPA 8	Los Angeles County	California
African American	87.4%*	87.9%	88.6%
Asian	83.0%*	81.4%	83.1%
Latino	79.4%	80.3%	80.9%
White	92.8%	91.3%	90.8%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In SPA 8, 60.4% of adults access care at a doctor's office, HMO or Kaiser and 22% access care at a clinic or community hospital.

Sources of Care

	SPA 8	Los Angeles County	California
Dr. office/HMO/Kaiser	60.4%	56.8%	59.4%
Community clinic/government clinic/ community hospital	22.0%	24.3%	23.7%
ER/Urgent Care	1.6%*	2.1%	1.7%
Other	0.5%*	1.0%	0.9%
No source of care	15.5%	15.8%	14.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

20.7% of the population in SPA 8 visited an ER in the past 12 months. 24.8% of seniors and 17.2% of youth, ages 0-17, in SPA 8 visited the Emergency Room (ER). Low-income and poverty-level residents tend to visit the ER at lower rates than the total population.

Use of the Emergency Room

	SPA 8	Los Angeles County	California
Visited ER in last 12 months	20.7%	20.8%	20.6%
0-17 years old	17.2%	18.6%	19.4%
18-64 years old	21.2%	21.1%	20.5%
65 and older	24.8%	23.0%	23.2%
<100% of poverty level	16.7%	22.5%	25.1%
<200% of poverty level	18.8%	21.8%	23.5%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Difficulty Accessing Care

7% of children in SPA 8 had difficulty accessing medical care in the previous 12 months, lower than the rate for the county. For adults, the rates were higher: 19.1% of adults had difficulty accessing medical care. However, this rate was lower than the rate for the county.

Difficulty Accessing Care in the Past Year, 2015

	SPA 8	Los Angeles County
Child reported to have difficulty accessing medical care	7.0%	11.0%
Adults who reported difficulty accessing medical care	19.1%	23.6%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDATATopics2015.htm>

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Torrance Memorial Service Area and information from the Uniform Data System (UDS)¹, 29.9% of the population in the service area is categorized as low-income ($\leq 200\%$ of Federal Poverty Level) and 12.6% of the population are living in poverty.

There are 16 Section 330 funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area, including: AltaMed Health Services Corp., Behavioral Health Services, Inc., Children’s Clinic Serving Children & Their Families, Harbor Community Clinic, Korean Health, Education, Information & Research Center, Los Angeles LGBT Center, Mission City Community Network Inc., Northeast Community Clinic, Inc., South Bay Family Health Care, St. John’s Well Child & Family Center, T.H.E. Clinic Inc., The Achievable Foundation, Venice Family Clinic, Watts Healthcare Corp., Westside Family Health Center and Wilmington Community Clinic.

Even with Community Health Centers serving the area, there are a large number of low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes serve a total of 48,629 patients in the service area, which equates to 18.5% coverage among low-income patients and 5.5% coverage among the total population. From 2015-2017, the clinic providers added 5,405 patients for a 12.5% increase in patients served by Community Health Centers. However, there remain 213,811 low-income residents, approximately 81.5% of the population, at or below 200% FPL, not served by a Community Health Center.

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)

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

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Coverage Among Low-Income Patients	Coverage of Total Population	Low-Income Not Served	
				Number	Percent
262,440	48,629	18.5%	5.5%	213,811	81.5%

Source: UDS Mapper, 2017. <http://www.udsmapper.org>

Delayed or Forgone Care

11.9% of SPA 8 residents delayed or did not get medical care when needed. 6% of SPA 8 residents ultimately went without needed medical care. These rates are higher than the Healthy People 2020 objective of 4.2% of the population who forgo care.

Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 45% of SPA 8 residents who delayed or went without care listed 'cost/insurance issues' as a barrier.

Delayed Care in Past 12 Months, All Ages

	SPA 8	Los Angeles County	California
Delayed or did not get medical care	11.9%	11.7%	10.9%
Had to forgo needed medical care	6.0%	6.7%	6.3%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	45.0%	46.8%	49.4%
Delayed or did not get prescription meds	8.6%	8.5%	9.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Lack of Care Due to Cost

7.8% of children in SPA 8 were unable to afford a checkup or physical exam within the prior 12 months, and 4.6% were unable to see a doctor for illness or a health problem. 6.6% of children were not able to afford prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year for Children

	SPA 8	Los Angeles County
Child unable to afford medical checkup or physical exam	7.8%	8.3%
Child unable to afford to see doctor for illness or other health problem	4.6%	6.4%
Child unable to afford prescription medication	6.6%	6.3%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm> *Statistically unstable due to sample size.

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, quotes and opinions edited for clarity:

- We have a very diverse community and there are a lot of language barriers among people who do not speak English. Transportation is also an issue. Accessing resources is difficult.
- A lot of people don't want to go to the doctor because they are afraid it is going to cost too much.
- For low-income populations, when they go to the hospital and return to their primary care clinic, we cannot assume information about the hospital visit and discharge is shared with the primary care medical home. No one has transmitted the information from the hospital to the clinic, so then we have to start the process again. This is an ongoing challenge that hasn't been resolved even with the county system.
- Transportation to get to a provider is an issue. Our patients have to work and can't necessarily take time off to go to the doctor.
- The integration of primary care and behavioral health is difficult because Medi-Cal does not pay for same day visits. If our providers notice a patient has issues impacting their diabetes or hypertension, they have to make another appointment, get transportation and come back another day.
- There continues to be access problems for those who are undocumented to get specialty care.
- The cost of health care remains a barrier to care. If you have a lower rate health plan, the cost can be prohibitive.
- The number one barrier is financial. As Medicare benefits decline and people get into retirement, they lose some benefits,
- If you need health care, you may sit in a hospital waiting room for hours. When some need care it should be more immediate than it is now. Urgent care it is not readily available. If you do not have health insurance, you have to go to the county hospital and that is overcrowded as well.
- The Affordable Care Act did help people access Medi-Cal. It provided more access to care. But reimbursement rates from Medi-Cal are insufficient.
- We have pretty good health care for children. But many adults cannot afford health care. Even with Covered CA, they can't afford it, or they don't qualify for Medi-Cal.
- Hospital access is very easy; it is one of the easiest forms of access. This is where everyone goes. Trying to find a primary care provider is challenging. And depending on insurance coverage, it is difficult to navigate through the system. This is why people use the ED for their care.
- People feel they can self-diagnosis by looking at the Internet versus going to treatment. People wait until it is too late to access care because of high insurance premiums, they also have high copays, and they have to pay a lot for their medications.

- Access to vision care is a priority need in the community. There are not enough providers who will provide glasses at low cost. Medi-Cal coverage is not sufficient.
- Barriers to care are finances, lack of transportation, an overabundance of need and a physical lack of resources.

Dental Care

10.5% of children in SPA 8 have never been to a dentist, lower than the county rate of 14.2%. Teens obtain dental care at a higher rate than children. 90.9% of teens in SPA 8 report seeing a dentist in the last 2 years, compared to 81.4% of children.

Delay of Dental Care among Children and Teens

	SPA 8	Los Angeles County
Children never been to the dentist	10.5%*	14.2%
Children been to dentist less than 6 months to 2 years	81.4%*	84.8%*
Children, 3 to 17, unable to afford dental care and checkups in the past year**	11.9%	11.5%
Teens never been to the dentist	0.0%*	2.8%*
Teens been to dentist less than 6 months to 2 years	90.9%*	95.6%*

Source: California Health Interview Survey, Children 2014-2017, Teens 2013, 2014 & 2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size. **Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

37.6% of adults in SPA 8 have not obtained dental care in the past year.

Adult Dental Care

	SPA 8	Los Angeles County
Adults who did not see a dentist or visit a dental clinic for any reason in past year	37.6%	40.7%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Community Input – Dental Care

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

- Access to dental care for seniors is a huge issue. Some seniors will cross the border to get dental care because it is so expensive to obtain dental care here.
- It is not a priority for a lot of our parents. If it were more accessible, I feel more of our families would utilize it.
- Many people neglect the dental care they need. They simply cannot afford it. Dental insurance does not cover much. It is a big problem.
- Very few people have good dental care and insurance. When they do have insurance, it doesn't really cover much.

- For people who are ill, one of the things they stop doing is taking care of their teeth.
- Kids who come to our agency have never been to the dentist. Maybe they are afraid of dentists, or they can't afford it. Insurance funding and access to transportation are issues. And sometimes it is parent education as well.
- We have dental services, but they don't even begin to be enough. The biggest need in the past couple of years for the uninsured has been dental care. There just are not enough resources and Medi-Cal doesn't reimburse enough to cover the cost of dentistry. There is a lack of providers for the uninsured, Medi-Cal and Medicare populations.
- There is not enough use of sealants and fluoride, as well as dental care. It is preventive treatment.
- Children have pretty good access to routine cleanings and basic dental care. But if they have multiple cavities from poor nutrition and bottle feeding, then there are barriers to care. To get multiple cavities filled, a child has to go under sedation. In this area, sedation is provided only by providers who are UCLA affiliated and the wait time for an appointment is months.
- A lot of insurance plans are not covering dental care. It is critical for cancer patients who need to have all their dental work done before procedures can begin.
- I see young children with silver and gold caps on their teeth. Sugar addiction and poor eating is impacting dental care. We give a backpack full of school supplies to first graders and include a toothbrush and toothpaste and that is what most 1st graders are most excited about. They now get their own toothbrushes and don't have to share with another family member.

Birth Indicators

Births

From 2013 to 2015, there were, on average, 9,938 births in the hospital service area.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 542.3 per 1,000 live births, which is lower than county rates (581.2 per 1,000 live births) but higher than state rates (524.0 per 1,000 live births).

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

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	5,390	542.3	581.2	524.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 184.0 per 1,000 live births. This rate of late-entry into prenatal care translates to 18.4% of women entering prenatal care late or not at all, while 81.6% entered on time. This exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

Mother Received Late or No Prenatal Care, per 1,000 Live Births

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late or no prenatal care	1,828	184.0	173.3	179.9

Source: 2016 Birth Statistical File; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, July 2018.

Teen Birth Rate

Teen births occurred at a rate of 38.2 (3.8%) per 1,000 live births in the service area. This rate was higher than the teen birth rate in the county (55.5 per 1,000 live births) and state (55.4 per 1,000 live births).

Births to Teenage Mothers (Under Age 20)

	Torrance Memorial Service Area	Los Angeles County	California
Births to teen mothers	3.8%	5.6%	5.5%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Premature Birth

The rate of premature births (occurring before the start of the 37th week of gestation) in the service area, was 5.5% (54.9 per 1,000 live births). This rate of premature births was higher than the county and state rate (5.3%) of premature births.

Premature Birth, before Start of 37th Week or Unknown, per 1,000 Live Births

	Torrance Medical Service Area	Los Angeles County	California
Premature birth	5.5%	5.3%	5.3%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possible death. The service area rate of low birth weight babies was 7% (69.9 per 1,000 live births). This was lower than county rates (7.1%) but higher than state (6.8%) rates. The service area rate meets the Healthy People 2020 objective of 7.8% low birth weight births.

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

	Torrance Memorial Service Area	Los Angeles County	California
Low birth weight	7.0%	7.1%	6.8%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Mother Smoked Regularly During Pregnancy

The service area rate of mothers who smoked regularly during pregnancy was 1.6% (15.7 per 1,000 live births), which was lower than the county rate (2.1%) and state rate (2.4%).

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

	Torrance Memorial Service Area	Los Angeles County	California
Mothers smoked	1.6%	2.1%	2.4%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Infant Mortality

The infant (less than one year of age) mortality rate in Los Angeles County was 4.1 deaths per 1,000 live births, which was lower than the California rate of 4.6 deaths per 1,000 live births and lower than the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births

	Los Angeles County	California
Infant death rate	4.1	4.6

Source: California Department of Public Health, County Health Status Profiles, 2018.
<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx>

Breastfeeding

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Torrance Memorial Medical Center indicated 96.1% of new mothers breastfed and 75.9% breastfed exclusively. These rates of breastfeeding exceeded the average rates among hospitals in the county and state.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Torrance Memorial Medical Center	2,385	96.1%	1,884	75.9%
Los Angeles County	107,128	93.9%	70,159	61.5%
California	397,434	94.0%	293,701	69.4%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2016
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There are ethnic/racial differences noted in breastfeeding rates of mothers who delivered at Torrance Memorial Medical Center. Among Latina mothers, 96.5% initiated breastfeeding and 71.5% breastfed exclusively. Among White mothers, 96% initiated breastfeeding and 82.7% breastfed exclusively. 97.2% of Asian mothers chose to breastfeed and 79.1% breastfed exclusively. Among African American mothers, 91.4% initiated breastfeeding and 65.6% breastfed exclusively.

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

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latino/Hispanic	1,050	96.5%	778	71.5%
White	599	96.0%	516	82.7%
Asian	414	97.2%	337	79.1%
African American	138	91.4%	99	65.6%
Torrance Memorial Medical Center	2,385	96.1%	1,884	75.9%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2016
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in the Torrance Memorial service area ranged from 80.4 years in Hawthorne to 85.4 years in Ranchos Palos Verdes.

Life Expectancy at Birth

	Years of Life Expected
Carson	81.3
Gardena	83.1
Hawthorne	80.4
Lawndale	81.5
Los Angeles City Council District 15	81.2
Manhattan Beach	84.0
Rancho Palos Verdes	85.4
Redondo Beach	83.9
Torrance	83.5
Los Angeles County	82.3

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2016.

<http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Leading Causes of Death

Heart disease, cancer, and stroke are the top three causes of death in the service area. Alzheimer's disease is the fourth leading cause of death and Chronic Lower Respiratory Disease is the fifth leading cause of death in the service area. 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 typically used to control for the influence that different population age distributions might have on health event rates.

Leading Causes of Death, Age-Adjusted Rates, per 100,000 Persons, 2013-2015

	Torrance Memorial Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	4,521	157.3	166.9	161.5	No Objective
Ischemic heart disease	3,143	109.7	120.4	103.8	103.4
Cancer	4,210	150.1	150.6	158.4	161.4
Stroke	1,033	36.0	35.6	38.2	34.8
Alzheimer's disease	936	31.6	32.2	35.5	No Objective
Chronic Lower Respiratory Disease	849	29.5	30.9	36.0	Not Comparable
Pneumonia and influenza	663	22.8	22.7	16.8	No Objective

	Torrance Memorial Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Diabetes	594	21.0	23.9	22.6	Not Comparable
Unintentional injuries	546	19.9	21.5	31.8	36.4
Liver disease	342	12.5	14.4	13.8	8.2
Kidney disease	356	12.4	11.1	8.5	Not Comparable
Suicide	256	9.5	7.8	11.0	10.2
Homicide	118	4.6	5.4	4.9	5.5
HIV	38	1.4	2.4	1.9	3.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Heart Disease and Stroke

The heart disease death rate in the service area was 157.3 per 100,000 persons. The age-adjusted mortality rate for ischemic heart disease in the service area (109.7 deaths per 100,000 persons) was lower than in the county (120.4 deaths per 100,000 persons) but higher than the state (103.8 deaths per 100,000 persons). These rates of ischemic heart disease death exceed the Healthy People 2020 objective of 103.4 per 100,000 persons.

The age-adjusted rate of death from stroke was 36.0 deaths per 100,000 persons. These rates of stroke death exceed the Healthy People 2020 objective of 34.8 per 100,000 persons.

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

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	4,521	157.3	166.9	161.5
Ischemic heart disease death rate	3,143	109.7	120.4	103.8
Stroke death rate	1,033	36.0	35.6	38.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

The age-adjusted cardiovascular disease death rate among service area cities (where data were available) and LA City Council District 15, ranged from a low of 133.2 deaths per 100,000 persons in Manhattan Beach, to a high of 244 deaths per 100,000 persons in Hawthorne.

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

	Rate
Carson	240.5
Gardena	208.0
Hawthorne	244.0
Lawndale	198.2
Los Angeles City Council District 15	215.9
Manhattan Beach	133.2
Rancho Palos Verdes	138.3
Redondo Beach	178.0
Torrance	184.8
Los Angeles County	204.8

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.

<http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Cancer

In the service area, the age-adjusted cancer mortality rate was 150.1 per 100,000 persons. This was lower than the state rate of 158.4 deaths per 100,000 persons and the county rate of 150.6 deaths per 100,000 persons. The cancer death rate in the service area meets the Healthy People 2020 objective of 161.4 per 100,000 persons.

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

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	4,210	150.1	150.6	158.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Mortality rates for specific types of cancer are available at the county level from the National Cancer Institute. For Los Angeles County, cancer mortality rates are slightly lower, overall, than state rates. In Los Angeles County the rates of death from female breast cancer (20.5 per 100,000 women), colorectal cancer (13.8 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), Non-Hodgkin Lymphoma (5.5 per 100,000 persons), stomach cancer (5.2 per 100,000 persons), and uterine cancers (4.8 per 100,000 women), exceed the state rates of death.

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

	Los Angeles County	California
Cancer all sites	142.1	146.6
Lung and bronchus	28.4	32.0
Breast (female)	20.5	20.1
Prostate (males)	19.1	19.6

	Los Angeles County	California
Colon and rectum	13.8	13.2
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.6
Ovary (females)	7.0	7.1
Leukemia*	6.1	6.3
Non-Hodgkin lymphoma	5.5	5.4
Stomach	5.2	4.0
Uterine** (females)	4.8	4.5
Urinary bladder	3.5	3.9
Kidney and renal pelvis	3.2	3.5

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> *Myeloid and Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

The age-adjusted lung cancer death rate among service area cities (where data were available) and LA City Council District 15, ranged from a low of 17.7 deaths per 100,000 persons in Rancho Palos Verdes, to a high of 32.1 deaths per 100,000 persons in Lawndale. Of area cities, Rancho Palos Verdes and Manhattan Beach had lung cancer death rates below the county rate.

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

	Rate
Carson	31.9
Gardena	30.0
Hawthorne	28.9
Lawndale	32.1
Los Angeles City Council District 15	28.6
Manhattan Beach	24.6
Rancho Palos Verdes	17.7
Redondo Beach	28.8
Torrance	27.4
Los Angeles County	27.1

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.
<http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Alzheimer's Disease

The mortality rate from Alzheimer's disease was 31.6 per 100,000 persons.

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

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	936	31.6	32.2	35.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area was 29.5 per 100,000 persons, which was lower than county (30.9 per 100,000 persons) and state rates (36.0 per 100,000 persons).

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

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic lower respiratory disease death rate	849	29.5	30.9	36.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

The age-adjusted death rate from COPD among service area cities (where data were available) and LA City Council District 15, ranged from 20.3 deaths per 100,000 persons in Rancho Palos Verdes, to 31.7 deaths per 100,000 persons in Hawthorne.

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

	Rate
Carson	24.3
Gardena	27.0
Hawthorne	31.7
Lawndale	26.0
Los Angeles City Council District 15	26.4
Manhattan Beach	28.4
Rancho Palos Verdes	20.3
Redondo Beach	26.9
Torrance	27.0
Los Angeles County	27.9

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.
<http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Liver Disease

Mortality from liver disease was 12.5 deaths per 100,000 persons. The area exceeds the Healthy People 2020 objective for liver disease deaths of 8.2 per 100,000 persons.

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

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	342	12.5	14.4	13.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Diabetes

The age-adjusted mortality rate from diabetes was 21.0 deaths per 100,000 persons, which was lower than the county rate (23.9 deaths per 100,000 persons) and the state rate (22.6 deaths per 100,000 persons).

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

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	594	21.0	23.9	22.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza in the service area was 22.8 per 100,000 persons, which was higher than the county rate (22.7 per 100,000 persons) and the state rate (16.8 per 100,000 persons).

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

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia and influenza death rate	663	22.8	22.7	16.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Kidney Disease

Mortality from kidney disease was 12.4 deaths per 100,000 persons. This was higher than the county rate (11.1 deaths per 100,000 persons) and the state rate (8.5 deaths per 100,000 persons).

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

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	356	12.4	11.1	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area

was 19.9 per 100,000 persons. The death rate from unintentional injuries was lower than the Healthy People 2020 objective of 36.4 deaths per 100,000 persons.

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

	Torrance Memorial Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	546	19.9	21.5	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Drug Overdose

The age-adjusted death rate from unintentional drug overdoses among service area cities (where data were available) and LA City Council District 15 ranged from 4.7 deaths per 100,000 persons in Redondo Beach, to 9.3 deaths per 100,000 persons in LA City Council District 15.

Unintentional Drug Overdose Mortality Rates, Age-Adjusted, per 100,000 Persons

	Rate
Carson	5.0
Gardena	5.3
Hawthorne	7.9
Los Angeles City Council District 15	9.3
Redondo Beach	4.7
Torrance	5.3
Los Angeles County	6.6

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.

<http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Suicides

The age-adjusted death rate from suicides in the service area was 9.5 deaths per 100,000 persons, which was lower than the Healthy People 2020 objective of 10.2 deaths per 100,000 persons. Among the service area cities (where data were available) and LA City Council District 15, rates ranged from 5.3 suicides per 100,000 persons in Gardena, to 10.2 suicides per 100,000 persons in Torrance.

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

	Rate
Carson	5.9
Gardena	5.3
Hawthorne	7.6
Los Angeles City Council District 15	8.7
Manhattan Beach	9.6
Rancho Palos Verdes	9.0
Redondo Beach	8.9
Torrance	10.2
Los Angeles County	7.6

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016.

<http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Homicides

The age-adjusted death rate from homicides in the service area was 4.6 deaths per 100,000 persons, which was lower than the Healthy People 2020 objective (5.5 per 100,000 persons). Among service area cities (where data were available) and LA City Council District 15, homicide rates ranged from 2.1 per 100,000 persons in Torrance, to 10.7 per 100,000 persons in LA City County District 15.

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

	Rate
Carson	7.5
Gardena	8.9
Hawthorne	9.3
Los Angeles City Council District 15	10.7
Torrance	2.1
Los Angeles County	5.7

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2012-2016. *N/A = too few cases were reported to protect confidentiality and/or to reach a statistically reliable result. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Acute and Chronic Disease

Hospitalizations by Diagnoses

At Torrance Memorial Medical Center, the top five primary diagnoses resulting in hospitalization were disorders of the circulatory and digestive system, all pregnancies, births and infections.

Hospitalization Rates by Principal Diagnosis, Top Ten Causes

	Torrance Memorial Medical Center
Circulatory system	12.8%
Digestive system	11.8%
All pregnancies	10.5%
Births	9.7%
Infections	7.7%
Injuries/poisonings	7.3%
Musculoskeletal system	7.2%
Respiratory system	6.7%
Genitourinary system	4.7%
Cancer (includes non-cancerous growths)	4.6%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Visits by Diagnoses

At Torrance Memorial Medical Center, the top five primary diagnoses seen in the Emergency Room were injuries/poisonings, respiratory system, musculoskeletal system, genitourinary system diagnoses, and nervous system (including ear and eye) disorders.

Emergency Room Rates by Principal Diagnosis, Top Ten Causes

	Torrance Memorial Medical Center
Injuries/poisonings	18.9%
Respiratory system	10.4%
Musculoskeletal system	9.3%
Genitourinary system	6.0%
Nervous system (including eye and ear disorders)	5.0%
Digestive system	4.7%
Skin disorders	4.0%
Mental disorders	2.7%
Circulatory system	2.2%
Infections	2.0%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Diabetes

Adults diagnosed with diabetes in area cities and LA City Council District 15 (where data were available), ranged from 4% in Manhattan Beach to 13% in Carson and LA City Council District 15.

Adult Diabetes

	Percent
Carson	13%
Gardena	10%
Hawthorne	12%
Lawndale	10%
Los Angeles City Council District 15	13%
Manhattan Beach	4%
Rancho Palos Verdes	9%
Redondo Beach	6%
Torrance	8%
Los Angeles County	10%

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from L.A. County Health Survey, 2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Among adults in SPA 8, 10.1% have been diagnosed with diabetes. For adults with diabetes, 55.1% felt very confident they could control their diabetes; 8.7% were not confident.

Adult Pre-Diabetic and Diabetic

	SPA 8	Los Angeles County
Diagnosed pre-diabetic	12.3%	12.4%
Diagnosed with diabetes	10.1%	9.7%
Very confident to control diabetes	55.1%	56.5%
Somewhat confident	36.2%	32.8%
Not confident	8.7%*	10.7%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Among African American adults, 15.7% have been diagnosed with diabetes, 13.1% of Latino adults have been diagnosed with diabetes. 7.1% of Asian and 5.9% of White adults have been diagnosed with diabetes.

Adult Diabetes by Race/Ethnicity

	SPA 8	Los Angeles County	California
African American	15.7%	13.7%	11.6%
Latino	13.1%	11.7%	11.3%
Asian	7.1%*	7.8%	8.8%
White	5.9%	6.9%	7.6%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In SPA 8, 30.4% of adults were diagnosed with high blood pressure. Of those diagnosed with high blood pressure, 74% reported taking medication to manage their high blood pressure.

High Blood Pressure

	SPA 8	Los Angeles County
Diagnosed with high blood pressure	30.4%	28.2%
Takes medication for high blood pressure	74.0%	66.9%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

In SPA 8, 48% of African Americans adults indicated they have high blood pressure. 32.5% of Whites, 24.6% of Latinos, and 22.3% of Asians reported high blood pressure.

Adult High Blood Pressure by Race/Ethnicity

	SPA 8	Los Angeles County	California
African American	48.0%	42.6%	39.8%
White	32.5%	29.3%	31.1%
Latino	24.6%	25.6%	25.3%
Asian	22.3%	25.5%	23.7%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Heart Disease

For adults in SPA 8, 5.8% reported a diagnosis of heart disease. Of those with heart disease, 72.2% were given a management care plan by a health care provider.

Adult Heart Disease

	SPA 8	Los Angeles County
Diagnosed with heart disease	5.8%	5.6%
Has a Management Care Plan	72.2%	66.5%
Very Confident to Control Condition**	59.4%	57.7%
Somewhat Confident to Control Condition**	33.5%	35.7%
Not Confident to Control Condition**	7.1%*	6.6%*

Source: California Health Interview Survey, 2014-2016. **2015-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

SPA 8 has higher rates of heart disease among African Americans and Whites than were reported in the county or state.

Adult Heart Disease by Race/Ethnicity

	SPA 8	Los Angeles County	California
African American	7.2%*	6.2%	5.6%
Asian	4.2%*	4.9%	5.0%
Latino	2.9%*	4.2%	4.2%
White	9.5%	7.8%	8.6%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Asthma

In SPA 8, 11.9% of the population has been diagnosed with asthma. Of these, 52.3% take daily medication to control their symptoms. Among youth in SPA 8, 6.3% have been diagnosed with and currently have asthma.

Asthma

	SPA 8	Los Angeles County
Ever diagnosed with asthma, total population	11.9%	12.4%
ER or urgent care visit in past year due to asthma, total asthmatic population	12.8%*	11.2%
Takes daily medication to control asthma, total asthmatic population	52.3%	43.8%
Diagnosed with and currently has asthma and/or had an attack in past year, 0-17 years old**	6.3%	7.4%
ER or Urgent Care visit in past year due to asthma, 0-17 years old**	47.8%	38.7%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

**Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Cancer

Cancer incidence rates are available at the county level. In Los Angeles County, cancer rates are lower overall than at the state level; however, the rates of colorectal cancer (36.3 per 100,000 persons), uterine cancers, (25.9 per 100,000), thyroid cancer (13.6 per 100,000 persons), and ovarian cancer (12.0 per 100,000) exceed the state rates.

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

	Los Angeles County	California
Cancer all sites	375.5	395.2
Breast (female)	115.0	120.6
Prostate (males)	95.2	97.1
Lung and bronchus	36.7	42.2
Colon and rectum	36.3	35.5
In situ breast (female)	26.1	28.2
Uterine** (females)	25.9	24.9
Non-Hodgkin lymphoma	17.8	18.2

	Los Angeles County	California
Urinary bladder	15.1	16.8
Thyroid	13.6	12.8
Melanoma of the skin	13.3	21.6
Kidney and renal pelvis	13.2	13.9
Ovary (females)	12.0	11.6
Leukemia*	11.6	12.3

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> *Myeloid & Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

Rates of newly diagnosed breast cancer per 100,000 females, ranged from 79.3 per 100,000 women in LA City Council District 15 to 213.3 per 100,000 women in Manhattan Beach.

Newly Diagnosed Breast Cancer Cases, per 100,000 Females

	Rate
Carson	164.0
Gardena	137.5
Hawthorne	141.3
Lawndale	131.6
Los Angeles City Council District 15	79.3
Manhattan Beach	213.3
Rancho Palos Verdes	194.4
Redondo Beach	187.2
Torrance	181.1
Los Angeles County	140.5

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

Rates of newly diagnosed colon cancer per 100,000 persons, ranged from 28.2 per 100,000 persons in Rancho Palos Verdes to 41.5 per 100,000 persons in Gardena.

Newly Diagnosed Colon Cancer Cases, per 100,000 Persons

	Rate
Carson	39.5
Gardena	41.5
Hawthorne	32.8
Los Angeles City Council District 15	31.5
Rancho Palos Verdes	28.2
Redondo Beach	36.0
Torrance	36.1
Los Angeles County	37.9

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>

HIV

The HIV rate in LA County has decreased since 2007. In 2015, 267 cases of HIV were diagnosed in SPA 8 (17 per 100,000 persons). The rate of HIV diagnosed in 2015 decreased from 2014, when 278 new cases were diagnosed, for a rate of 18 per 100,000 persons. Rates of new HIV diagnoses are highest among males, young adults ages 20-29, and Blacks/African Americans.

New HIV Diagnoses, Number and Rate, per 100,000 Persons

	2014		2015	
	Number	Rate	Number	Rate
SPA 8	278	18	267	17
Los Angeles County	2,057	20	1,952	19

Source: County of Los Angeles, Public Health, Division of HIV and STD Programs, Annual HIV Surveillance Report 2016, June 2018. <http://publichealth.lacounty.gov/dhsp/Reports.htm>

In SPA 8, the rate of persons living with HIV was 495 per 100,000 persons, which was higher than the rate for the county (492 per 100,000 persons).

Persons Living With HIV, Number and Rate, per 100,000 Persons

	Number	Rate
SPA 8	7,819	495
Los Angeles County	50,289	492

Source: County of Los Angeles, Public Health, Division of HIV and STD Programs, Annual HIV Surveillance Report 2016, June 2018. <http://publichealth.lacounty.gov/dhsp/Reports.htm>

Community Input – Chronic Diseases

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

- People with insurance through Medi-Cal and My Health LA have a primary care provider. But the wait for specialists takes a long time. One community clinic said patients have to wait six months or more to see a specialist.
- We work with a lot of kids who have diabetes and they do not understand how serious it is.
- Heart disease and stroke are not always diagnosed. Men do not necessarily go to the doctor unless their wives make them. Women's symptoms are often different than men's symptoms so women may not recognize they have a problem.
- There are barriers to accessing health care, which could be transportation, money, child care, missing work, and normal cultural resistance to go to the doctor.
- We need more emphasis on prevention. We know how to treat someone but it is late to treat someone after they have been diagnosed.
- Poor nutrition adds to chronic diseases. But junk food is inexpensive and people rely on that type of food.

- Community education has to be the focus. It is important to do outreach to the underserved.
- Asthma is pretty common in our kids. We have homeless children and most of them come in with nebulizers. We are next to refineries and the port of LA and freeways, which impacts air quality.
- There are health care coverage issues that determine availability of treatment and medications.
- The cost of health care is a challenge for many patients. The costs include medications, insurance costs, and caregivers. And a barrier is transportation. I don't think everyone has access transportation to pick up medications and get to their appointments.
- There is a lot of stress on people and people aren't taking care of themselves in the way they should. There isn't an emphasis on healthy living and eating starting at a young age.
- When someone gets a cancer diagnosis, he may have to go on leave and he runs the risk of losing his job.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings measures healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 puts Los Angeles County in the top 20% of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 57)
Los Angeles County	11

Source: County Health Rankings, 2018. www.countyhealthrankings.org

Health Status

Among the residents in SPA 8, 21.2% rate themselves as being in fair or poor health, which is lower than the county rate of 21.5%.

Health Status, Fair or Poor Health, Adults

	SPA 8	Los Angeles County
Fair or poor health, adults 18+	21.2%	21.5%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Limited Activity Due to Poor Health

In LA County, adults limited their activities due to poor mental or physical health on an average of 2.3 days in the previous month. This rate is lower for SPA 8 adults (2.1 poor health days).

Activities Limited from Poor Mental/Physical Health, Average Days in Past Month

	SPA 8	Los Angeles County
Days of limited activities, adults 18+	2.1	2.3

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Disability

In SPA 8, 23.4% of adults reported they had a physical, mental or emotional disability. The rate of disability in the county was 22.6%.

In SPA 8, 18.4% of children were reported by their caretakers to meet the criteria of having a special health care need. It is postulated that children living in higher socioeconomic areas are evaluated for special needs at higher rates.

Population with a Disability

	SPA 8	Los Angeles County
Adults with a disability	23.4%	22.6%
Children, 0-17, with special health care needs	18.4%	14.5%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Sexually Transmitted Infections

In SPA 8, the rate of Chlamydia (525 per 100,000 persons) is lower than the rate for the county (555 per 100,000 persons). Rates of gonorrhea in SPA 8 (155 per 100,000 persons), early syphilis, which includes primary and secondary syphilis, and early latent syphilis (31 per 100,000 persons) are also lower than the rates for the county.

Sexually Transmitted Infections, Rate per 100,000 Persons

	SPA 8	Los Angeles County
Chlamydia	525	555
Gonorrhea	155	171
Early (primary/secondary + early latent) syphilis	31	33

Source: County of Los Angeles, Public Health, Division of HIV and STD Programs, 2015 Annual HIV/STD Surveillance Report, May 2018. <http://publichealth.lacounty.gov/dhsp/Reports.htm>

Teen Sexual History

In SPA 8, 86.2% of teens, ages of 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex. This was a lower rate of abstinence than seen at the county level (88.9%).

Teen Sexual History, 14 to 17 Years Old

	SPA 8	Los Angeles County	California
Never had sex	86.2%*	88.9%*	81.2%

Source: California Health Interview Survey, 2015-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Overweight and Obesity

In SPA 8, 34.4% of adults are overweight. 21.4% of teens are overweight and 8.2% of children are overweight.

Overweight

	SPA 8	Los Angeles County	California
Adult (18+ years)	34.4%	34.8%	35.0%
Teen (ages 12-17)	21.4%*	19.4%	17.3%
Child (under 12)	8.2%*	14.3%	15.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In SPA 8, 30.6% of adults and 15.3% of teens are obese. The Healthy People 2020 objectives for obesity are 30.5% of adults aged 20 and over, and 16.1% of teens.

Obesity

	SPA 8	Los Angeles County	California
Adult (20+ Years)	30.6%	28.9%	28.1%
Teen (Ages 12-17)	15.3%*	14.3%	18.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Adult overweight and obesity by race and ethnicity indicate over three-quarters of the adult population in SPA 8 among African-Americans (81.4%) and Latinos (78.7%) 8 are overweight or obese. Over 50% of SPA 8 Whites (57.9%) are overweight or obese. 38.2% of Asians in SPA 8 are overweight and obese.

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

	SPA 8	Los Angeles County
African American	81.4%	76.1%
Latino	78.7%	74.2%
White	57.9%	57.4%
Asian	38.2%*	41.4%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to 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, 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). In area school districts, 11.9% of 5th graders in Manhattan Beach Unified and 50.2% of 5th graders in the Hawthorne School District tested as body composition needing improvement or at health risk. By 7th grade all districts had seen improvement, but Hawthorne remained at 50.1% of students needing improvement or at health risk. By 9th grade there was again improvement in the percentages in 5 of 7 of the area school districts, though LAUSD continued to have almost half (46.4%) of its students needing improvement or at health risk for body composition (overweight and obese).

5th, 7th and 9th Graders; 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
Hermosa Beach City Elementary	17.6%	8.9%	9.4%	3.2%	N/A	N/A
Lawndale Elementary	19.4%	27.0%	21.3%	21.2%	N/A	N/A

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Wiseburn Unified	17.0%	19.8%	16.0%	20.1%	N/A	N/A
El Segundo Unified	14.6%	8.6%	10.8%	8.3%	12.8%	11.2%
Hawthorne	20.4%	29.8%	18.8%	31.3%	17.7%	19.0%
Los Angeles Unified	20.4%	30.1%	21.2%	25.9%	22.1%	24.3%
Manhattan Beach Unified	8.4%	3.5%	7.3%	1.9%	13.6%	3.1%
Palos Verdes Peninsula Unified	12.5%	9.5%	13.4%	5.6%	10.0%	4.2%
Redondo Beach Unified	15.4%	12.8%	11.6%	10.5%	10.1%	4.6%
Torrance Unified	19.5%	13.5%	15.7%	11.6%	15.2%	11.6%
Los Angeles County	19.9%	25.3%	19.9%	21.9%	20.4%	20.1%
California	19.2%	21.5%	19.1%	19.6%	19.2%	18.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.

<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Fast Food

Adults, ages 18-64, consumed fast food at higher rates than children, teens or seniors. In SPA 8, 34% of adults consumed fast food three or more times per week, compared to 27.7% of children and 14% of seniors. SPA 8 fast food consumption exceeded the LA County rate.

Fast Food Consumption, Three or More Times a Week

	SPA 8	Los Angeles County
Adult, 18-64 years	34.0%	29.6%
Children and youth, 0-17 years	27.7%*	20.7%
Seniors, 65+ years	14.0%*	13.4%

Source: California Health Interview Survey, 2014-2016 <http://ask/chis.ucla.edu> *Statistically unstable due to sample size.

Soda/Sugar-Sweetened Beverage (SSB) Consumption

In SPA 8, 19.2% of children and teens drank at least one glass of soda the previous day, and 33.3% drank at least one glass of a sweetened drink other than soda. 9.7% of SPA 8 adults drank one or more sodas per day.

Soda or Sugar-Sweetened Beverage Consumption

	SPA 8	Los Angeles County	California
Children, 0-17, 1 or more soda yesterday	19.2%*	20.7%	21.1%
Children, 0-17, 1 or more sugary non-soda drink yesterday	33.3%	28.0%	26.5%
Adults, 18+, 1 or more soda per day	9.7%	10.4%	10.3%

Source: California Health Interview Survey, 2013-2017; Adults 2015-2017; <http://ask/chis.ucla.edu> * Statistically unstable due to sample size.

Adequate Fruit and Vegetable Consumption

In SPA 8, teens were less likely than children to eat five or more servings of fruits and vegetables a day. 37.2% of children and 6.6% of teens ate five or more servings of fruit and vegetables daily (excluding juice and potatoes). 14.8% of adults ate five or more servings of fruits and vegetables the previous day.

Five or More Servings of Fruits and Vegetables, Daily

	SPA 8	Los Angeles County
Children	37.2%	31.4%
Teens	6.6%*	19.5%
Adults**	14.8%	14.7%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

**Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Access to Fresh Produce

Parents/guardians of children were asked to rate their community's access to fresh fruits and vegetables. 77.1% of families with children in SPA 8 indicated their community had good or excellent access to fresh produce.

Children Living in Communities with Good or Excellent Access to Fresh Produce

	SPA 8	Los Angeles County
Children with access to fresh produce	77.1%	75.0%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Physical Activity

Current recommendations for physical activity for adults include both aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises. 32.1% of SPA 8 adults meet the physical activity guidelines, while 12.2% of SPA 8 adults do not engage in any aerobic exercise. The Healthy People 2020 objective is for 32.6% of adults to engage in no leisure-time activity. 17.5% of children in SPA 8 meet the physical activity guidelines.

Physical Activity Guidelines Met

	SPA 8	Los Angeles County
Adults meeting both aerobic and strengthening guidelines	32.1%	34.1%
Adults meeting aerobic guideline	63.1%	65.1%
Adults meeting strengthening guideline	39.1%	41.3%
Adults, no aerobic activity	12.2%	10.9%
Children, 6-17, meeting aerobic and strengthening guidelines	17.5%	17.7%

	SPA 8	Los Angeles County
Children meeting aerobic guideline	28.7%	28.5%
Children meeting strengthening guideline	63.0%	59.7%

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LCHSDDataTopics2015.htm>

12.9% of SPA 8 children and teens spent five hours or more in sedentary activities after school on a typical weekday. Area children and teens were less sedentary on weekends, with 5.3% spending eight or more hours on sedentary activities on a typical weekend day. Among SPA 8 teens, 9.2% did not engage in any physical activity for at least one hour a day, which was less than county (10.4%) and state (10.3%) teens.

Sedentary Children

	SPA 8	Los Angeles County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	12.9%	13.0%	13.0%
8+ hours spent on sedentary activities on a typical weekend day - children and teens	5.3%*	8.1%	8.2%
Teens no physical activity in a typical week**	9.2%*	10.4%	10.3%

Source: California Health Interview Survey, 2013-2017; **2013-2016; <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Community Input – Overweight and Obesity

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

- For low-income families it is easier and less expensive to buy a cheese burger than to go to the grocery store and buy organic vegetables and fruits.
- It is getting much better with healthy choices at school; however, kids aren't eating the school food. They don't like what is in the cafeteria.
- It may not be safe in some communities to access the parks. If people are working 2-3 jobs to make ends meet, they will not be able to have 30 minutes a day of exercise.
- Too much screen time results in decreased activity and increases obesity.
- If a person is having trouble walking and the neighborhood is not safe to walk in, can they get somewhere safe where they can walk?
- Kids are so worried about academics that playing outside and playing sports, falls away. Some parents take away physical activities as a form of discipline.
- Along with healthy eating and physical activity, there needs to be emotional support and counseling for people who are obese. A person doesn't just arrive at 50 and be obese. There needs to be resources to help a person to make healthier choices.

- We live in a great area with good weather and the beach, but we don't all have the money and time to invest in exercise.
- We need more healthy food options in fast food restaurants because that is where people go the most.
- We have a food desert in Carlson and Lawndale and there are not a lot of opportunities for physical activity.
- I see parents are trying to be healthier but also there is a trend of not wanting to actually do the difficult parenting. How many times a day do we tell people to stop putting a baby to sleep with a bottle?
- People tend to do what their friends and neighbors and family do. If they are around active people, they will be more active,
- We have an obesity problem that correlates to diabetes and heart attacks because it is a risk factor. The challenge is we have a McDonalds on every corner and it easy to make unhealthy food choices.

Mental Health

In SPA 8, 19.4% of adults are at-risk or diagnosed with depression. Among adults, 10.3% were determined to have likely experienced serious psychological distress in the past year, and 9.8% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year.

Serious psychological distress was experienced in the past year by 15.9% of area teens, which was higher than the county level (10.4%).

Mental Health Indicators

	SPA 8	Los Angeles County
Adults at risk for major depression	10.8%	11.8%
Adults with depression	8.6%	8.6%
Adults who had serious psychological distress during past year**	10.3%	9.1%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year**	9.8%	9.6%
Teens who had serious psychological distress during past year**	15.9%*	10.4%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm> **Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Mental Health Care Access

Mental health care access was attempted for 6.3% of children in SPA 8, a rate lower than the county (7.4%). Among adults, 9.3% in SPA 8 tried to access mental health care, higher than the county rate of 8.5%. 18.2% of adults in SPA 8 needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those who sought help, 58.7% received treatment. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment (27.7% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	SPA 8	Los Angeles County
Children 3 to 17 who tried to access mental health care	6.3%	7.4%
Adults who tried to access mental health care	9.3%	8.5%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year**	18.2%	17.1%
Adults, sought/needed help and received treatment**	58.7%	57.4%
Adults, sought/needed help but did not receive**	41.3%	42.6%

Source: County of LA Public Health Department, LA County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm> **Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Community Input – Mental Health

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

- A lot of our students have difficulty expressing their needs. They may keep it bottled up inside and it can be they stay silent or there is explosive behavior.
- There is a shortage of mental health providers available to serve low-income individuals. There is a staggering lack of availability of behavioral health and mental health services.
- There is a shortage of providers to serve low-income individuals. We are not able to find enough licensed mental health professionals to work in clinics. This legislative session we have the ability to have MFTs and other mental health professionals bill for services under state Medicaid rates. This will help patients with mild to moderate mental health needs. But for higher level needs, it is unclear how we are going to meet those needs.
- There is a stigma attached to mental health care. If it is not integrated into the primary care setting, people have to go somewhere else, make another appointment, take another day off of work and find someone to take care of their children.
- The stigma associated with mental health and substance use prevents people from getting the care they need. And cost is a factor. If mental health is not covered under their benefits or they have a lower grade plan, they are not getting the treatment they need.
- Mental health issues go hand-in-hand with homelessness and drug abuse. There are not a lot of facilities in our area that handle mental health.
- We need a culturally sensitive way we can guide parents and kids to a therapist.
- One of the most impacted groups is teens. They express issues related to bullying, very negative peer pressure, and cultural racism. Some really severely depressed teens express suicide ideation. With adolescents, bullying is increasing, and it is not getting better. It is across the socioeconomic spectrum and social media worsens everything.
- We do not have enough psych facilities in LA County. We have one medical facility (St Francis Medical Center) and it is always full.
- There aren't enough beds for youth or adults facing mental health crises in our region.
- Stigma has increased so much. We do not have a balanced way to talk about it and get kids help because of mandated reporting. Mandated reporting requires we have to call the authorities if a student has suicidal thoughts.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. In SPA 8, 10.3% of adults smoke cigarettes, lower than the county rate (11.4%) and below the Healthy People 2020 objective. E-cigarettes are a relatively new public health issue. In SPA 8, 4% of adults smoked an e-cigarette in the past month.

Smoking, Adults

	SPA 8	Los Angeles County
Current smoker	10.3%	11.4%
Former smoker	21.3%	21.2%
Never smoked	68.3%	67.4%
Smoked e-cigarette in past month**	4.0%	3.5%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu> **Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Data related to smoking status and recent use of an e-cigarette is unstable for teens in SPA 8, but does suggest they are more likely to have tried an e-cigarette (11.3%) than teens in the county (9.5%) and the state (9.0%).

Smoking, Teens

	SPA 8	Los Angeles County	California
Current cigarette smoker**	2.6%*	1.7%*	1.8%*
Ever smoked an e-cigarette	11.3%*	9.3%	9.0%
Smoked one in the past 30 days	N/A	22.6%*	32.5%

Source: California Health Interview Survey, 2014-2017; **2013-2017. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Alcohol

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 SPA 8 adults, 38.2% had engaged in binge drinking in the past year, and 16.4% in the past month. In SPA 8, 6.1% of teens binge drank in the last month, and 32.5% of teens reported having tried alcohol.

Adult and Teen Binge Drinking, and Teen Alcohol Experience

	SPA 8	Los Angeles County
Adult binge drinking, past month**	16.4%	15.9%
Adult binge drinking, past year	38.2%	37.5%
Teen binge drinking, past month	6.1%*	4.4%*
Teen ever had an alcoholic drink	32.5%	23.5%

Source: California Health Interview Survey, 2015 adults, 2012-2016 pooled, for teens. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size. **Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015; <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Marijuana

Marijuana use was reported by 41% of residents in SPA 8. 13% of residents used marijuana on an average of 15.2 days in the past 30 days. The average age to initiate marijuana use in SPA 8 was 16.7 years old, below the 17.3 years seen countywide.

Marijuana Use

	SPA 8	Los Angeles County
Ever tried marijuana, total population	41%	48%
Ever tried marijuana, 12-17 years old	26%	
Ever tried marijuana, 18-24 years old	59%	
Ever tried marijuana, 25+	48%	
Used marijuana past 30 days, total population	13%	14%
Used marijuana past 30 days, 12-17	11%	
Used marijuana past 30 days, 18-24	24%	
Used marijuana past 30 days, 25+	15%	
Avg. days used, past 30, total population	15.2	14.0
Avg. days used, past 30, users 12-17	9.8	
Avg. days used, past 30, users 18-24	16.1	
Avg. days used, past 30, users 25+	16.4	
Avg. age at initiation of use, total population	16.7	17.3
Avg. age at initiation of use, users 12-17	14.1	
Avg. age at initiation of use, users 18-24	15.7	
Avg. age at initiation of use, users 25+	17.6	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017; <http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/MarijuanaUsePublicPerceptions.pdf>

Prescription Drug Misuse

In SPA 8, 21% of the population has misused prescription drugs, with 1% of the population misusing prescription drugs on an average of 3.2 days in the past 30 days. The average age to initiate prescription drug misuse was 24.3 years old among the population in SPA 8.

Prescription Drug Misuse

	SPA 8	Los Angeles County
Ever misused Rx meds, total population	21%	19%
Ever misused Rx meds, 12-17 years old	12%	
Ever misused Rx meds, 18-24 years old	19%	
Ever misused Rx meds, 25+	19%	
Misused Rx meds past 30 days, total population	1%	3%
Misused Rx meds past 30 days, 12-17	2%*	
Misused Rx meds past 30 days, 18-24	3%*	
Misused Rx meds past 30 days, 25+	1%*	
Avg. days misused, past 30, total population	3.2	9.1
Avg. days misused, past 30, users 12-17	6.0*	

	SPA 8	Los Angeles County
Avg. days misused, past 30, users 18-24	1.3*	
Avg. days misused, past 30, users 25+	2.5*	
Avg. age at initiation of misuse, total population	24.3	21.4

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

*Sample size ≤5; interpret with caution.

For those who had misused prescription drugs in SPA 8, 43% used sedatives and 20% said they didn't know what medications they had taken.

Type of Prescription Drug Misuse

	SPA 8	Los Angeles County
Sedatives/sleeping pills	43%	52%
Vicodin/vikings	41%	49%
OxyContin/percs	27%	33%
Adderall/skipppy	19%	25%
Don't know	20%	9%

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

In Los Angeles County, the rate of hospitalizations due to opioid overdose was 5.6 per 100,000 persons. This is lower than the state rate (8.5 per 100,000 persons). Opioid overdose deaths in Los Angeles County were 3.2 per 100,000 persons, which was a lower death rate than found in the state (4.5 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 388.2 per 1,000 persons. This rate is lower than the state rate of opioid prescribing (507.6 per 1,000 persons).

Opioid Use

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	5.6	8.5
Age-adjusted opioid overdose deaths, per 100,000 persons	3.2	4.5
Opioid prescriptions, per 1,000 persons	388.2	507.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use and Misuse

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

- Substance use impacts all age groups.
- When adults have access to substances, youth will also have access. We are seeing higher rates of youth substance use and youth using multiple drugs.
- Substance use heavily impacts mental health and there are limited providers. I hardly know of any services for substance use in the South Bay. I don't think there is

one that exists, other than some private pay. The need greatly outweighs the resources

- In addition to resistance to seeking treatment, there are limited resources for referrals. If a provider screens a patient and finds issues, there aren't a lot of options for referral.
- We need more awareness in the community and more resources on what the best way is to deal with people on meth amphetamines and opioids.
- There is a stigma associated with substance use. No one wants to admit there is a problem. There is a lot more use of fentanyl and alcohol continues to be a factor for a number of people.
- With vaping there is a perception it is safe. It is a good thing tobacco is perceived as not being cool anymore, but people have turned to vaping instead.
- Some people are so deep in addiction they can't get out without professional help and some don't want assistance.
- We have kids who are trying to get sober who have oral health issues as a result of meth use.
- One challenge is not having enough beds for those that need detox and residential treatment.
- Prevention should be first and often it is an afterthought. If there was more focus and funding on prevention it would give us the opportunity to save more lives, to get people to enter the treatment realm and hopefully make better decisions
- Vaping is out of control. You see it in the classroom and in the school bathrooms. Schools talk about the amount of suspensions drug use is causing. And people do not understand the harm that is involved.
- Legalization of pot has unfortunately created more issues with access for youth and driving under the influence.
- Youth don't know how to effectively deal and cope with their emotions so we've seen an increase in prescription use and overdoses, and some drugs have been used for suicide.

Preventive Practices

Immunization of Children

Rates of complete vaccinations for Kindergarten students in the 2017-2018 school year were highest in Lawndale Elementary School District, with 98.5% of all children receiving their required immunizations upon entry into Kindergarten. Only Manhattan Beach Unified School District (93.9%) and Wiseburn Unified School District (93.8%) did not exceed the state rate (94.9%).

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2017-2018

	Immunization Rate
El Segundo Unified School District	96.9%
Hawthorne School District	96.8%
Hermosa Beach City Elementary School District	96.6%
Lawndale Elementary School District	98.5%
Los Angeles Unified School District	95.2%
Manhattan Beach Unified School District	93.9%
Palos Verdes Peninsula Unified School District	96.4%
Redondo Beach Unified School District	97.5%
Torrance Unified School District	96.4%
Wiseburn Unified School District	93.8%
Los Angeles County*	94.7%
California*	94.9%

Source: California Department of Public Health, Immunization Branch, 2017-2018. *For those schools where data were not suppressed due to privacy concerns over small numbers.

<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Flu and Pneumonia Vaccines

The Healthy People 2020 objective is 70% of the population to receive a flu shot. In SPA 8, 41.8% of adults, 56.9% of children (age 6 months to 17 years) and 69.3% of seniors received a flu shot.

Flu Vaccine

	SPA 8	Los Angeles County
Received flu vaccine, 65+ years old	69.3%	69.0%
Received flu vaccine, 18+ (includes 65+)	41.8%	40.1%
Received flu vaccine, 6 months-17 years old	56.9%	55.2%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;

<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 62.4% of seniors received a pneumonia vaccine in SPA 8.

Pneumonia Vaccine, Adults 65+

	SPA 8	Los Angeles County
Adults 65+, had a pneumonia vaccine	62.4%	62.0%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Senior Falls and Injuries from Falls

Among seniors in SPA 8, 27.4% experienced a fall. Of those who fell, 12.5% of SPA 8 seniors were injured.

Falls and Injuries from Falls Previous Year, Seniors 65+

	SPA 8	Los Angeles County
Experienced a fall	27.4%	27.1%
Injured due to a fall	12.5%	11.3%

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Mammograms

The Healthy People 2020 objective for mammograms is 81.1% of women 50-74 years have a mammogram in the past two years. In SPA 8, 74.4% of women in the target demographic had a mammogram in the past two years, which was below the Healthy People 2020 objective.

Pap Smears

The Healthy People 2020 objective for Pap smears is 93% of women, 21-65 year old, to be screened in the past three years. Among SPA 8 women 21-65, 83.1% of women had the required Pap smear, which was below the Healthy People 2020 objective.

Mammograms and Pap Smears

	SPA 8	Los Angeles County
50-74 years, had a mammogram in past 2 years	74.4%	77.3%
21-65 years; Pap smear in past 3 years	83.1%	84.4%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2015;
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Community Input – Preventive Practices

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

- We work in a school setting, if one person is sick, it will likely travel to others. We do our best to do preventive care best practices, but sometimes we cannot avoid getting sick.

- There are a lot of community resources that offer free flu shots. With the ACA, vaccines and flu shots are now covered. I'm amazed how many educated people do not get the flu shot. It is available everywhere.
- We see a lot of people who are scared, they don't know what they have, and they don't think to go to the doctor. With the medically fragile, they aren't seeking out medical services. Or they have the idea it will wear itself out and they will get better on their own.
- When we started screenings, we had a lot of adults who had never seen a doctor or it had been so long they couldn't remember. At the screenings, we identified some pretty serious issues. The problem is people are not getting preventive care, which would be the better option versus waiting until they have some debilitating lifelong chronic diseases.
- People do not necessarily take off work to get preventive health care or take a bus and find child care if they don't have to do it.
- Health care insurance does a good job making preventive care more accessible. If cost is not a barrier, and it is more accessible, people may make more of an effort to do it.
- Schools do a good job of screenings and eye checks, but there are some school districts that don't do screenings.
- Preventive practices can help save money. We need more education and awareness. Schools don't have enough prevention programming in place to teach social and emotional wellness.

Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the service area were compared to the Healthy People 2020 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items met or exceeded benchmarks.

Service Area Data	Healthy People 2020 Objectives
High school graduation rate 76.1% - 98.4%	High school graduation rate 87%
Child health insurance rate 95.3%	Child health insurance rate 100%
Adult 18-64 health insurance rate 82.5%	Adult 18-64 health insurance rate 100%
Persons unable to obtain medical care 6.0%	Persons unable to obtain medical care 4.2%
Ischemic heart disease deaths 109.7 per 100,000	Ischemic heart disease deaths 103.4 per 100,000
Cancer deaths 150.1 per 100,000	Cancer deaths 161.4 per 100,000
Stroke deaths 36.0 per 100,000	Stroke deaths 34.8 per 100,000
Unintentional injury deaths 19.9 per 100,000	Unintentional injury deaths 36.4 per 100,000
Liver disease deaths 12.5 per 100,000	Liver disease deaths 8.2 per 100,000
Homicides 4.6 per 100,000	Homicides 5.5 per 100,000
Suicides 9.5 per 100,000	Suicides 10.2 per 100,000
HIV deaths 1.4 per 100,000 persons	HIV deaths 3.3 per 100,000 persons
On-time (1 st Trimester) prenatal care 81.6% of women	On-time (1 st Trimester) prenatal care 78% of women
Low birth weight infants 7.0% of live births	Low birth weight infants 7.8% of live births
Infant death rate 4.1 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Adult obese 30.6%	Adult obese 30.5%
Teens obese 15.3%	Teens obese 16.1%
Adults who are sedentary 12.2%	Adults who are sedentary 32.6%
Did receive needed mental health care 58.7%	Did receive needed mental health care 72.3%
Adults engaging in binge drinking, prior 30 days 16.8%	Adults engaging in binge drinking, prior 30 days 24.2%
Cigarette smoking by adults 10.3%	Cigarette smoking by adults 12%
Annual adult influenza vaccination, 18+ 41.8%	Annual adult influenza vaccination, 18+ 70%
Pap smears 83.1%	Pap smears 93%, 21-65 year-olds, screened in the past three years
Mammograms 74.4%	Mammograms 81.1%, 50-74 year-olds, screened in the past two years

Attachment 2. Community Interviewees, Survey and Focus Group

Stakeholder Interviewees

Name	Title	Organization
Roxanne Chang, MD	Board Member	Community's Child
Janette Dawson, RN, MHA, ACM	Director, Case Management	Torrance Memorial Medical Center
Cristina DeMarti, MS, AMFT	Lead Therapist	Richstone Family Center
Donna Duperron	President and CEO	Torrance Area Chamber of Commerce; Executive Committee, South Bay Area Chambers of Commerce
Mike Estes	Director, Community Services	City of Lawndale
Anna Garalde, MA	Administrative Director, Path to Independence	Mychal's Learning Place
Judith Gerber	Coordinator, Garden Program	Food Forward; Torrance Farmer's Market; Torrance Library Commission
Jann Hamilton Lee, MHA	President and CEO	South Bay Family Health Care
Jen Harris	Prevention Coordinator	Behavioral Health Services
Stan James	Associate Director of Workforce Development	Goodwill Industries
Nancy Lomibao, MS, LMFT	Program Director, Chief Clinical Officer	Cancer Support Community - Redondo Beach
Ed Long	President	Caring House
Steve MacAller	Executive Director/Vice President	Torrance-South Bay YMCA
Sara Myers	President and CEO	The Volunteer Center – South Bay, Harbor, Long Beach
Tara Nierenhausen	Executive Director	Community's Child
Terri Nishimura	Founder and CEO	Pediatric Therapy Network
June Pouesi	Executive Director	Office of Samoan Affairs
Silvia Prieto, MD, MPH	Area Health Officer, SPA 7 and SPA 8	Los Angeles County Department of Public Health
Megha Sata, DDS	Dental Director	South Bay Children's Health Center
Hillary Theyer	City Librarian	City of Torrance
Amanda Valorosi	Senior Assisted Living Coordinator	City of Carson
Britt Vanden Eykel-Huff	Executive Director	H.E.L.P.
Rosemary Veniegas	Program Officer	California Community Foundation
Bea Virobik	Volunteer/Coordinator	Focal Point on Aging
Angela Wilson, LMFT	Director of Mental Health	South Bay Children's Health Center

School Survey

Survey Respondents	Date of Survey	Number of Respondents
RNs, LVNs, school health assistants and counselors	February 20 – March 10, 2019	78

Focus Group on Homelessness

Focus Group Participant Agencies	Focus Group Date: 1/31/19	20 Participants
Beach Cities Health District		
Beacon Light Mission/Doors of Hope Women's Shelter		
Center for the Pacific Asian Family		
Century Villages		
Community's Child		
Doors of Hope Women's Shelter		
El Camino College		
Harbor Interfaith Services		
LINC Housing Corporation		
Los Angeles Homeless Services Authority		
Mental Health America of Los Angeles		
NAMI South Bay		
PATH		
Rainbow Services, Ltd		
Salvation Army Torrance, Stillman Sawyer Family Services Center		
San Pedro United Methodist Church		
South Bay Coalition to End Homelessness		
Torrance Unified School District		

Attachment 3. School Health Staff Survey Results

School Health Needs Survey (N=78)

Position	Percent
School Nurse	62.9%
School Health Assistant	17.9%
School Counselor	11.5%
LVN	7.7%

Number of Schools Served	Percent
1	55.3%
2	15.8%
3	10.5%
4	9.2%
5	0%
6	9.2%

School Location(s)	Percent
Carson	25.6%
El Segundo	5.1%
Gardena	17.9%
Harbor City	8.9%
Hawthorne	1.3%
Hermosa Beach	0.0%
Lawndale	0.0%
Lomita	11.5%
Manhattan Beach	11.5%
Palos Verdes Estates	6.4%
Rancho Palos Verdes	11.5%
Redondo Beach	1.3%
San Pedro	17.9%
Torrance	11.5%
Wilmington	17.9%
Other (Los Angeles, Rolling Hills Estates, Long Beach)	10.3%

Grade Level of School(s)	Percent
Elementary School	56.4%
Middle School	43.6%
High School	33.3%
Kindergarten through 8th grade	8.9%
Other (adult special education, preschool)	3.8%

Unmet Needs of Students	Percent
Mental health	84.6%
Asthma	39.7%
Overweight and obesity (healthy eating and physical activity)	39.7%
Substance use (alcohol, drugs, tobacco, vaping)	38.5%
Access to health care (including medications)	35.9%
Dental care/oral health	34.6%
Vision care	30.8%
Food insecurity	26.9%
Housing/homelessness	25.6%
Preventive practices (immunizations, screenings)	25.6%
Sexual health/sexually transmitted infections	23.1%
Safety/injury prevention	20.5%
No identified unmet health needs	8.9%

Unmet Needs of Families	Percent
Mental health	52.6%
Overweight and obesity (healthy eating and physical activity)	50.0%
Substance use (alcohol, drugs, tobacco, vaping)	35.9%
Access to health care (including medications)	34.6%
Housing/homelessness	34.6%
Food insecurity	32.1%
Dental care/oral health	25.6%
Preventive practices (immunizations, screenings)	24.4%
Asthma	23.1%
Vision care	19.2%
Sexual health/sexually transmitted infections	17.9%
Safety/injury prevention	16.7%
No identified unmet health needs	12.8%

Needs Ranked by Importance	4-Point Scale
1. Mental health	3.84
2. Substance use (alcohol, drugs, tobacco, vaping)	3.69
3. Preventive practices (immunizations, screenings)	3.58
4. Asthma	3.52
5. Vision care	3.50
6. Overweight and obesity (healthy eating and physical activity)	3.49
7. Access to health care (including medications)	3.48
8. Safety/injury prevention	3.42
9. Dental care/oral health	3.40
10. Sexual health/sexually transmitted infections	3.33
11. Housing/homelessness	3.17
12. Food insecurity	3.13

Health or Social Services Challenging to Access or Missing in the Community

- Counseling services
- Dental screening and dental care
- Eating disorders
- Health care access
- Healthy food choices
- Immunizations
- Medical care
- Mental health
- Parenting classes
- Sex education
- Sexual identity
- Substance use services
- Vision services, including glasses

Potential Areas for Collaboration or Coordination

- Access to health care
- Alcohol and drug prevention
- Classroom speakers
- Dental care
- Health education
- Healthy eating/nutrition
- Immunizations
- Mental health services
- Obesity

What else is important for Torrance Memorial to know?

- This city has children and families with challenging life situations.
- They are doing a good job with the Thelma McMillan Center, but the outreach could be a little more forthright and/or easier for youth to access and be aware of the services.
- Many of our students have access to quite a bit of support but it is the mental health component many of our parents are unsure about and will not look for the support.
- Carson High School has a pilot Academy of Medical Arts school. The students are always looking for internship opportunities. We have a Community Partnership Board composed of teachers and administrators who look for opportunities for our students.
- People are grateful to know they have your services for free information and sometimes free care when needed.
- We are grateful for the AED you provided!

Attachment 4. Resources to Address Needs

Community stakeholders and residents identified community resources potentially available to address the identified health needs. This is not a comprehensive list of all available resources. For additional resources refer to Think Health LA at www.thinkhealthla.org and 211 Los Angeles County at www.211la.org/.

Health Need	Community Resources
Access to care	Achievable Foundation Angels for Sight, Braille Institute Coastal Asian Pacific Islander Family Health Center Community's Child Dial-a-Ride Focal Point on Aging Service Directory Harbor Community Clinic Healthcare and Elder Law Program Institute for Human Caring Office of Samoan Affairs Pediatric Therapy Network South Bay Children's Health Center South Bay Family Health Care Wilmington Health Center
Chronic diseases	Alzheimer's Association American Cancer Society American Diabetes Association Beach Cities Health District Cancer Support Community Champions for Change Coastal Asian Pacific Islander Family Health Center Family Caregiver Alliance Focal Point on Aging H.E.L.P. Harbor Community Clinic LA Care Health Plan Los Angeles County Department of Public Health Office of Samoan Affairs Oncology Institute of Hope and Innovation South Bay Children's Health Center South Bay Family Health Care South Bay Survivorship Consortium The Asthma Coalition of Los Angeles County Wilmington Health Center
Dental care	American Dental Association Community's Child South Bay Children's Health Center South Bay Family Health Care

Health Need	Community Resources
Food insecurity	Bartlett Center Waste Not Boys & Girls Clubs CalFresh Community's Child Del Aire Baptist Food Finders Food Forward Los Angeles Coalition to End Hunger and Homelessness Los Angeles Food Policy Council Los Angeles Regional Food Bank Meals on Wheels Rainbow Services Salvation Army Seeds of Hope St Joseph Center St. Lawrence Martyr St. Margaret's Center Volunteer Center YMCA
Housing and Homelessness	1736 Family Crisis Center City of Carson Homeless Taskforce Esperanza Community Housing Corporation Family Promise Habitat for Humanity Harbor Interfaith Taskforce Housing Authority of the City of Los Angeles Housing Works Los Angeles Reentry Partnership PATH - People Assisting the Homeless Rainbow Services Salvation Army School Districts South Bay Coalition to End Homelessness South Bay Council of Governments St. Joseph Center Star Group Homes
Mental health	1736 Family Crisis Center Center for Integrated Care Children's Institute Coastal Asian Pacific Islander Family Health Center Community Helpline. Community's Child Didi Hirsch Mental Health Services Grandparents as Parents Inglewood Medical and Mental Health Los Angeles Department of Mental Health Love Inc. Mychal's Learning Place NAMI Office of Samoan Affairs Richstone Family Center South Bay Alliance for Mental Health South Bay Coalition for the Homeless

Health Need	Community Resources
	South Bay Crisis Center South Bay Family Health Care
Overweight and obesity	Boys & Girls Clubs Champions for Change Community clinics Gladius Athletic Foundation Kaiser Permanente Los Angeles County Department of Public Health Parks and Recreation Departments Weight Watchers YMCA
Preventive practices	Boys & Girls Clubs Coastal Asian Pacific Islander Family Health Center Harbor Community Clinic Los Angeles County Department of Public Health Pediatric Therapy Network South Bay Children's Health Center South Bay Family Health Care Vaccines for Children (VFC) Wilmington Health Center
Substance use and misuse	Al-Anon Alcoholics Anonymous Asian American Christian Counseling Service Beacon House Clare Foundation Clear Recovery Commission for Accreditation of Rehabilitation Services Drug Abuse Resistance Education Exodus Recovery Narcotics Anonymous National Council on Alcoholism and Drug Dependence Options for Recovery Tarzana Treatment Center Veterans Administration

Attachment 5: Review of Progress

In 2016, Torrance Memorial conducted its previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy, associated with the 2016 CHNA, Torrance Memorial chose to address access to care, cancer, cardiovascular disease, homelessness, senior health, and substance use and misuse.

Access to Care

- The hospital provided financial assistance to qualified patients, including the unfunded cost of caring for Medi-Cal patients, as well as charity care for indigent patients who did not have health care coverage.
- Torrance Memorial provided access to needed psychiatric care hospitalization for low-income patients. While Torrance Memorial does not have dedicated inpatient mental health care beds, it financially supports inpatient mental health care for vulnerable patients needing mental health hospitalization. Psychiatric care was provided to vulnerable patients who were treated in the ED and then transported to a medically necessary inpatient mental health care bed.
- Transportation is an identified barrier to accessing need health care services. Torrance Memorial provided van transportation for 3,575 patient trips.

Cancer

- Provided 1,055 contacts at cancer support groups for cancer patients, survivors and caregivers.
- Participated in a community presentation on prostate cancer that reached 200 participants.
- Provided three community presentations to 494 participants on breast cancer, lung cancer and GI cancers through the Miracle of Living program.
- Held four sessions of "Look Good/Feel Better" for 17 participants.
- Participated in the American Cancer Society's Relay for Life.
- Provided free one-on-one navigation consultations and communications with persons diagnosed with cancer.
- Taught 24 women breast self-examination and how to recognize early signs of breast disease.
- Provided 18 smokers with group instruction, guidance and support to quit smoking.

Cardiovascular Disease

- Participated in 32 health fairs throughout the service area, providing free health education, 3,540 blood pressure screenings, 3,722 body fat screenings, and 160 cholesterol screenings.
- Hosted a heart disease support group.
- Sponsored a Heart Walk to support the American Heart Association and raise awareness for cardiovascular health.
- Donated body weight scales to persons with heart failure who were unable to afford one.
- Provided 18 smokers with group instruction, guidance and support to quit smoking.
- Continued a strong partnership with the Torrance-South Bay YMCA to offer the Diabetes Prevention Program (DPP), an evidence-based, CDC-led, 12-month exercise, nutrition and education program targeted to those with pre-diabetes. Five sessions were offered serving 51 people with an average group weight loss of 5%.
- Expanded DPP sessions to Wilmington YMCA, conducted in Spanish.
- Expanded the DPP to the Gardena/Carson YMCA.
- Raised community awareness of the signs and symptoms of stroke. Educated clinicians, caregivers, patients and family on the most effective treatments, efficient rehabilitation techniques and prevention.
- Conducted three community presentations on heart health reaching over 100 persons.
- Sponsored the AHA's South Bay Go Red for Women to promote women's heart health.
- Participated with the Torrance Fire Department in the Annual Sidewalk CPR Day providing free "Hands Only" CPR instructions to South Bay residents/visitors at local community locations.
- Continued to support 213 community AEDs; four AED-required incidents were reported. Updated and maintained defibrillators currently placed at 89 sites. Provided onsite AED training for users as requested.
- Conducted CPR/Heartsaver AED classes.

Housing and Homelessness

- Partnered with Harbor Interfaith Services. HIS assists the homeless and working poor to achieve self-sufficiency with food, shelter, transitional housing, child care, education, job placement, and counseling.
- Continued momentum and partnership with South Bay hospitals and HIS, and co-facilitated the South Bay Coalition to End Homelessness.

- Provided a grant to support a hospital liaison to support navigation of homeless patients in collaboration with Providence Little Company of Mary and Kaiser Permanente South Bay Medical Center. Outcomes included acquiring permanent housing and benefit enrollments for (formerly) homeless patients.

Senior Health

- Provided a fall prevention program with an advanced exercise class for progressing seniors in strength and balance, with annual enrollment of 222.
- Partnered with the Torrance Fire Department, Torrance Libraries, Providence Little Company of Mary, Kaiser Permanente South Bay, and Partners in Care Foundation to expand fall prevention education to at-risk senior citizens
- Offered free senior exercise classes in collaboration with the City of Carson serving 4,809 seniors with muscle strengthening.
- Offered senior exercise program in collaboration with the City of Lomita, serving 1,089 seniors with muscle strengthening.
- Provided 5,714 health education and wellness services for seniors.
- Provided print services for SB Village, a non-profit agency helping seniors remain active and in their own homes in the community with help from volunteers.
- Sponsored 2nd annual “Upside of Aging” event with PV Peninsula Village.
- Partnered with AARP to offer free, senior driving safety course on new driving technology.

Substance Use and Misuse

- Provided free drug-testing for adolescents serving approximately 100 teens.
- Substances abuse counselors provided consultations at 9 high schools and several middle schools. They met with approximately 600 students individually and in groups.
- Presented educational lectures on substance use issues to schools and parents.
- Served on drug task forces in several school districts.
- Assisted in Red Ribbon Week activities.
- Facilitated weekly Community Parent Support Chat Group in partnership with South Bay Families Connected and Beach Cities Health District, reaching approximately 400 parents.
- Collaborated with Torrance Police Department and Behavioral Health Services to conduct two Drug Take-Back events, collecting unused/expired prescription medications and sharps for safe disposal.
- Sponsored Behavioral Health Services and City of Torrance’s “Drugs Kill Dreams,” an annual Prevention Youth Summit for teens/parents to build awareness about underage drinking and the dangers of drug use/abuse.