



Dignity Health[®]

Northridge Hospital
Medical Center

2019 Community Health Needs Assessment



Northridge Hospital Medical Center: 2019 Community Health Needs Assessment

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EXECUTIVE SUMMARY

Purpose Statement

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health - Northridge Hospital Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act (and in California Senate Bill 697) that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

Community Definition

The hospital's service region is located in Service Planning Area 2 (SPA 2) the most populous SPA of the eight SPA's located in Los Angeles County, CA. The region spans cities, communities, and incorporated areas in the San Fernando and Santa Clarita Valleys of Los Angeles County and Ventura County encompassing 40 ZIP codes. The region has higher income and middle class households juxtaposed by pockets of extreme poverty and ethnic mobility. The economy includes leading educational institutions (California State University, Northridge, Pierce and Mission community colleges) and Van Nuys airport. The entertainment, technology business services, and biomedical sectors have thrived, while manufacturing and aerospace have declined since the 1970's. In that timeframe, the economic base has shifted from durable goods to the services and retail sectors. Regarding service sector employment, higher wage occupations are found in motion picture production, software development, and health sciences, while lower wage industries include tourism, childcare, car wash, taxi driving, and retail. While this region is home to several large well-known companies, small-to-medium sized firms comprise 90% of businesses. The area is very ethnically and culturally diverse, and this diversity has increased substantially due to immigration.

Assessment Process and Methods

Data and information used in this CHNA report began with the decision to engage a consultant to complete the primary data with staff and interns completing the secondary data collection. Additionally, we worked with Los Angeles County Department of Public Health and members of the Los Angeles Partnership group to determine 52 indicators to include in the report. Indicators included consist of demographic data, social and economic factors, risky health behaviors, public safety, and environmental data. The report includes data publicly available from the United States Census Bureau, Los Angeles Department of Public Health, Los Angeles Police

Department, Los Angeles Homeless Services Authority, and Dignity Health Community Need Index (CNI) in partnership with Truven Health Analytics Inc., and other agencies. A comprehensive list of these secondary data sources is presented in Appendix E.

Secondary data was collected from the above noted resources and descriptive statistics were prepared. For cities that were represented by more than one ZIP code, the city level data was derived as a weighted average of the statistics for the component ZIP codes, the weights being the population count for each of the ZIP codes; similarly, statistics for the service region was computed as a weighted average of the statistics for all 40 ZIP codes in the service region. When appropriate and if data was available, proportions were compared to those which were similar for the service area as a whole, Los Angeles County and/or California. For some data (for example, homelessness and some health behaviors), the most detailed information was only available at the SPA level.

Dignity Health - Northridge Hospital Medical Center commissioned Valley Care Community Consortium (VCCC) with primary data collection for this community health needs assessment (CHNA). VCCC is the mental health and planning agency working with a network of more than 200 community partners. VCCC has been helping SPA 2 hospitals conduct CHNAs since 1999. For this CHNA, primary data collection took the form of 500 community surveys, 5 focus groups, 2 community forums, and 20 interviews. The paper-based surveys were conducted in communities throughout the hospital's service area with particular focus on communities that scored highest in the CNI. These communities are primarily underserved, low-income communities of color with a history of being medically underserved. Focus groups were conducted with health care, medical, public health, early education, basic needs, housing, and community health (promotoras) professionals. The community forums were conducted with two groups: 1) an established coalition of mental health and behavioral health professionals, and 2) a group of residents concerned about the health of their community. Lastly, the interviews were conducted with leaders representing civic leaders, community clinics, homeless services organizations, public health departments, and school districts.

Process and Criteria to Identify and Prioritize Significant Health Needs

For this primary data collection effort, VCCC adhered to the Health Research and Educational Trust and the Association for Community Health Improvement's *Engaging Patients and Communities in the Community Health Needs Assessment Process*, which includes eight steps to integrating community engagement throughout the CHNA process.

The process to identify and prioritize the significant health needs included - the identification of needs, factors and conditions contributing to those needs, groups or populations most affected by needs, barriers and challenges to addressing needs, and strategies and resources to address those needs. The responses from various stakeholders varied greatly from access to care, homelessness, and public safety. To assist in the identification of significant health needs, the following criteria was used:

- Severity – How severe is the problem considering morbidity and mortality?

- Magnitude – How many people are affected by the problem?
- Community Importance – How important is this issue to the community?
- Hospital Capacity – Does the hospital have the adequate resources to address the issue?

VCCC replicated the methods used in the hospital’s 2016 CHNA. Participants were asked to rank their top six health needs and issues. As described in the Northridge Hospital Medical Center 2016 CHNA “results were tabulated at the end of each event and all items were entered into an excel spreadsheet, where they were assigned a point value. The top six priority needs were assessed based on highest to lowest need. The cumulative value of each community need was calculated, and prioritized by the total points received.”

List of Top Six Prioritized Significant Health Needs

1. Homelessness and Affordable Housing – The majority of community residents and public health experts described this as a top concern. Many expressed the high cost of rent/mortgage are affecting their health and mental health. Additionally, many participants expressed concern about how homeless families and individuals receive the help they need to move out of that situation.
 - In 2018, the total homeless count for SPA 2 was 7,478, and in 2015 the total homelessness count for SPA 2 was 5,215 which is roughly a 70% increase in the last three years.^{14, 15}
 - In 2018, of 7,478 homeless individuals, 74% of them are unsheltered.¹⁵
2. Obesity/Overweight (Children and Adults) - Parents, community leaders, and public health professionals expressed a continuing concern about the obesity epidemic in their local communities. Food deserts and food swamps were issues identified as negatively affecting people’s health. Some community members expressed the connection between obesity and chronic diseases, lack of nutrition education, and availability of unhealthy food options.
 - According to the data from the 2017 Key Indicators of Health, in Los Angeles County 19.8% of adults are obese and an additional 37% are considered overweight.²
3. Mental Health - Mental health issues were a concern of community members who expressed that the national political climate is affecting the decisions families make in accessing mental health services. Additionally, a surge in suicides and suicide attempts among teenagers has many parents alarmed and questioning why this occurs.
 - In SPA 2, 8.0% of the adult population is currently diagnosed with depression.²

- In Los Angeles County, 8.6% of adults are diagnosed with current depression.²
4. Substance Abuse (Drugs & Alcohol) – Substance use disorders were a constant concern with many expressing anxieties about the opioid epidemic and how the legalization of marijuana impacts young people.
 - The average age for prescription painkiller first-time use was 21.2 years old in the past year.²⁷
 - National statistics show in 2017 there were 66.6 million binge drinkers in the past month and another 16.7 million were heavy drinkers in the past month.²⁶
 5. Diabetes – Diabetes remains a key concern with community members in how it affects so many individuals in the region and disproportionately affects communities of color. Participants cited the connection between diabetes and the food they eat.
 - In 2015, 9% of adults in SPA 2 were diagnosed with diabetes.³
 - The 2017 Los Angeles County Health Survey indicated that 8.2% of the adults in SPA2 were diagnosed with diabetes.²
 6. Child/Domestic Abuse (Including Sexual Assault) – Child and domestic abuse was cited as a concern for community members as it relates to overall community health.
 - Nationally, the rate of emergency room visits for intimate partner violence is 10 per 100,000 women ages 18 and older.³⁴
 - In Los Angeles, there were 674,000 victims of child abuse and neglect reported to child protective services (CPS) in 2017.³⁴
 - Nationally, about 1,720 children died from abuse or neglect in 2017.³⁶

In addition to the significant health needs of the community, many survey recipients were also concerned about Dental/Oral Health, Cardiovascular disease and stroke, hypertension and all types of cancers.

Potential Resources

Potential resources available to address identified needs include services currently being offered by Northridge Hospital’s Center for Healthier Communities, other local hospitals, clinics, and community-based, and government-based organizations. Resource/Asset mapping is a tool designed to identify the community resources available to address community health needs. This CHNA identified a number of community assets, including a broad range of health care, mental health care, oral health, housing, health and human

services, and parks and recreation resources. (A detailed list of community resources has been posted as a separate report along with this CHNA.) Resource/Asset mapping offers an effective strategy for involving a variety of people and organizations in community improvement efforts. It is a positive way of identifying both strengths and gaps, and identifying a plan for moving forward.

This CHNA report was adopted by the Dignity Health - Northridge Hospital Medical Center Community Board of Directors in May 2019.

This report is widely available to the public on the hospital's website and a paper copy is available for inspection upon request to the NHMC Center for Healthier Communities.

Written comments on this report can be submitted to the Northridge Hospital Center for Healthier Communities, 8210 Etiwanda Avenue, Reseda, CA, 91335, or by e-mail at CHNA.NorthridgeHospital@DignityHealth.org.

ASSESSMENT PURPOSE AND ORGANIZATIONAL COMMITMENT

Purpose Statement

Dignity Health – Northridge Hospital Medical Center (NHMC) is dedicated to enhancing the health of the communities it serves. The community health needs assessment (CHNA) is conducted every three years. It is a systematic process of gathering qualitative and quantitative data to analyze community health needs. Community members, public health, community based non-profits, clinics, and other health care providers participated in surveys, focus groups, community forums, and key informant interviews to provide their voice to identify the needs and the resources in their communities in order to prioritize identified needs. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act and Senate Bill 697 that not-for profit hospitals conduct a community health needs assessment at least once every three years. Findings from this CHNA report will serve as the foundation for NHMC to plan and act upon significant unmet community health needs. Additionally, it will be used to create the Implementation Strategy for NHMC as part of our Community Benefit Plan.

Organizational Commitment

Northridge Hospital is located at 18300 Roscoe Blvd., Northridge CA, 91328 and will celebrate its 65th anniversary in 2020. Founded in 1955, NHMC has 394 licensed beds including 354 general acute and 40 acute psychiatric beds, 1,843 staff, more than 750 affiliated physicians, and over 275 volunteers. Our goal is to deliver high quality, compassionate care, and partner with others in the community to improve the quality of life. NHMC is owned and operated by Dignity Health. Rooted in Dignity Health's mission, vision and values, Northridge Hospital is dedicated to delivering community benefits with the engagement of its CEO, Senior Leadership Team, and Community Board of Directors.

Dignity Health Mission Statement

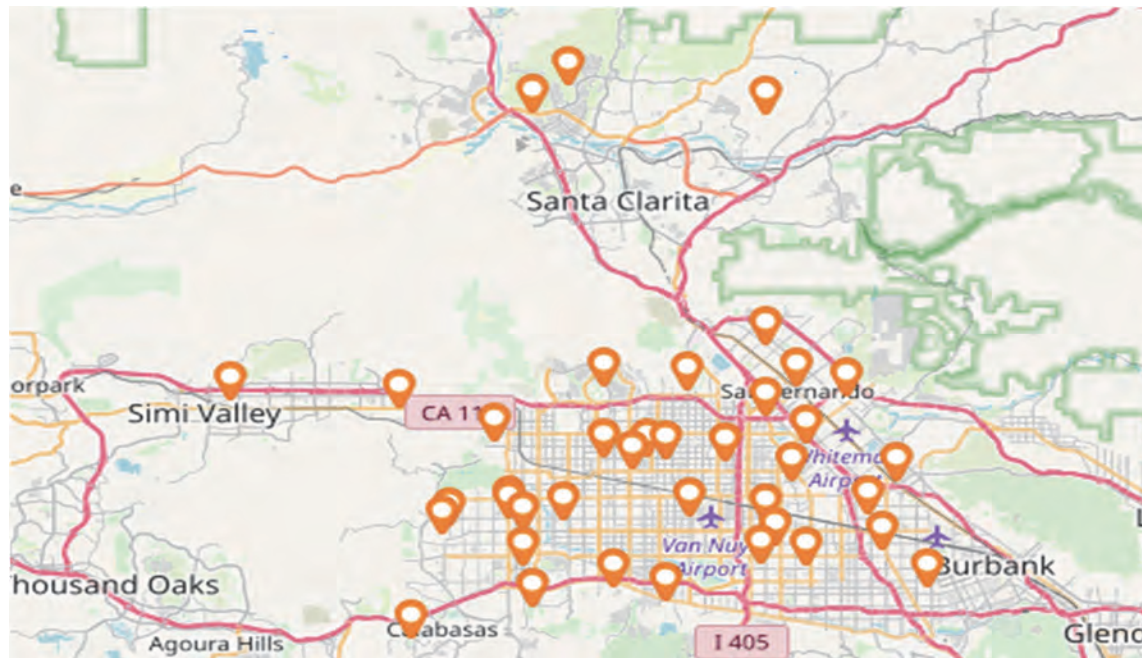
“We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.”

COMMUNITY DEFINITION

Northridge Hospital Medical Center's (NHMC) service region spans cities, communities, and unincorporated areas in the San Fernando and Santa Clarita Valleys in Los Angeles County, including two ZIP codes in Simi Valley and Ventura County. The region is bordered to the north by the Santa Susana Mountains, Interstate 5, and the cities of Chatsworth, Porter Ranch, Granada Hills and Sylmar; to the east by the communities of Sun Valley, North Hollywood and Burbank, and the San Gabriel Mountains; to the south by the communities of Studio City, Sherman Oaks, Encino, Tarzana and Woodland Hills, and the Santa Monica Mountains; and to the west by the community of West Hills in Los Angeles County and Simi Valley in Ventura County.

The geographic area is comprised of 26 cities with 40 ZIP codes which represent roughly 80% of the total patients seen at Northridge Hospital in fiscal year 2018. Northridge Hospital's primary service area is comprised of 24 ZIP codes including Canoga Park, Chatsworth, Granada Hills, North Hills, North Hollywood, Northridge, Pacoima, Panorama City, Reseda, Sylmar, Van Nuys, Winnetka, San Fernando, Mission Hills and Woodland Hills. The remaining 16 ZIP codes make up our secondary service. Each pin drop in the map below represents one of the ZIP codes in our catchment area.



Northridge Hospital Medical Center Service Region				
ZIP Code Directory by City				
Arleta	Granada Hills	Northridge	City of San Fernando	Van Nuys
91331	91344	91324	91340	91401
Calabasas	Lake Balboa	91325	Simi Valley	91405
91302	91406	91326	93063	91406
Canoga Park	Mission Hills	91343	93065	91411
91303	91345	Pacoima	Sun Valley	West Hills
91304	North Hills	91331	91352	91304
91306	91343	Panorama City	Sylmar	91307
Canyon Country	North Hollywood	91402	91342	Winnetka
91351	91601	Porter Ranch	Tarzana	91306
Chatsworth	91605	91326	91356	Woodland Hills
91311	91606	Reseda	Valencia	91364
Encino		91335	91354	91367
91316			91355	

This comprehensive report captures the primary and secondary catchment area data, reviewing and reporting on the 40 ZIP codes that make up 80% of the total patients seen at NHMC. All ZIP codes fall in the Los Angeles County Department of Health Services Service Planning Area 2 (SPA 2) except the two in Simi Valley. A ZIP code directory by city is presented above. When possible, all narratives in this report are presented in terms of the cities represented rather than their corresponding ZIP codes.

Demographic Profile

A description of the Northridge Hospital's (NHMC) service region in terms of population size and characteristics such as age, sex ratio, race and ethnicity, level of education, place of birth, language spoken, economic status and features of the built environment provides a framework to identify needs, issues and barriers, and develop planning priorities.

Population Characteristics

The NHMC service region is comprised of nearly 1.9 million residents. Its population is roughly 18% of Los Angeles County's and 4.5% of California's total population. The largest cities based on population count are Van Nuys, Northridge, North Hollywood, Canoga Park, and Simi Valley, each representing between 6% and 9% of the service region. Mission Hills, Calabasas, Encino, and Tarzana each represent less than 2% of the service region.

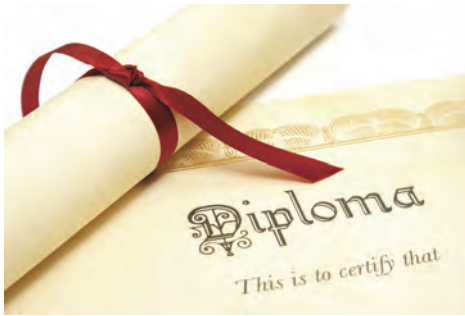
The median age in the NHMC service region increased from 35.9 years in the 2016 report to 37.5 years. However, the median age in Panorama City, Pacoima, Arleta, and San Fernando is approximately 5 years lower. In Granada Hills, Porter Ranch, Tarzana, Woodland Hills, and Calabasas, the median age is approximately 5 years higher than the average in the service region.¹

In Los Angeles County and California, the population is nearly equally split by male/female. The NHMC service region statistics are similar to LA County and California with a few minor outliers. In North Hollywood, there is a higher percentage of men vs. women, while in Encino, West Hills and Calabasas, the higher percentage of the population is female. Across the service area, most of the population is equally split male/female with differences as low as 20 to several hundred people.¹

The racial composition of residents in the NHMC service region is 48.6% Latino, 33.5% White, 11.4% Asian/Pacific Islander, 3.6% African American, and 2.9% other races. In comparison, Los Angeles County has fewer White residents (26%), and more Latino, and African Americans residents (49% and 8%).¹ In Los Angeles County, 2% of the population identifies itself as "other" race. These proportions also vary significantly by city, ranging from areas that are more Latino compared to white or more Asian compared to any other race. For example, Winnetka is comprised of a 52% Latino population compared to its 24% White cohort. In Porter Ranch, it is 46% White and 32% Asian. In San Fernando, the Latino population is 92% whereas every other race is below 5%.¹

Social Characteristics

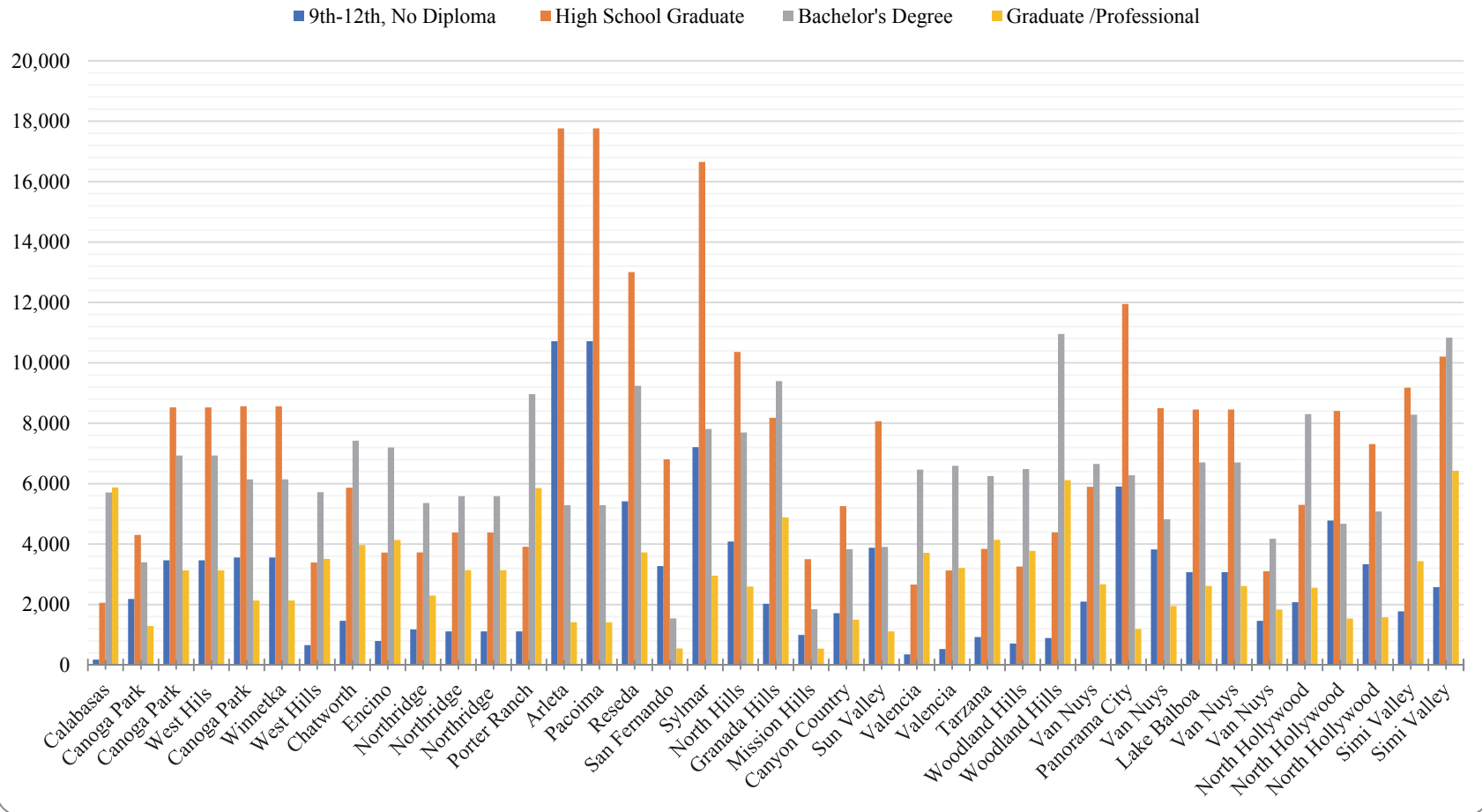
Education presents an individual with their greatest opportunity to further their income level. Roughly 22% of NHMC service region residents over age 25 are high school graduates, and nearly 19.5% have at least a bachelor's degree. The percentages for Los Angeles County are just about the same as the service region with 20.8% high school graduates and 21.1% with a bachelor's degree.¹ In Arleta, Pacoima, San Fernando, Sylmar, North Hills, Mission Hills, Sun Valley, and Panorama City, at least 25% or more of the residents over age 25 are high school graduates. In Calabasas, Encino, Porter Ranch, Valencia, and Woodland Hills at least 30% or more of the residents have at least a bachelor's degree. In contrast, in the cities of Calabasas, Porter Ranch, and Valencia, only about 15% or less of the residents over age 25 are not high school graduates. Also, in Arleta, Pacoima, and San Fernando, 10% or less have at least a bachelor's degree.



In Los Angeles County, roughly 34% of the residents are foreign born. About 56% of the residents are from Latin America, 36% from Asia and about 5% from the other continents. Roughly 37% of the residents in the NHMC service region are foreign born. In Canoga Park, Van Nuys, Pacoima, North Hollywood, and Arleta at least 40% or more of the residents are foreign born with Panorama City being the highest at 53.9%. The percentage in Calabasas, Valencia, and Canyon Country is 25% or less with Simi Valley being the lowest at 18.2%.¹

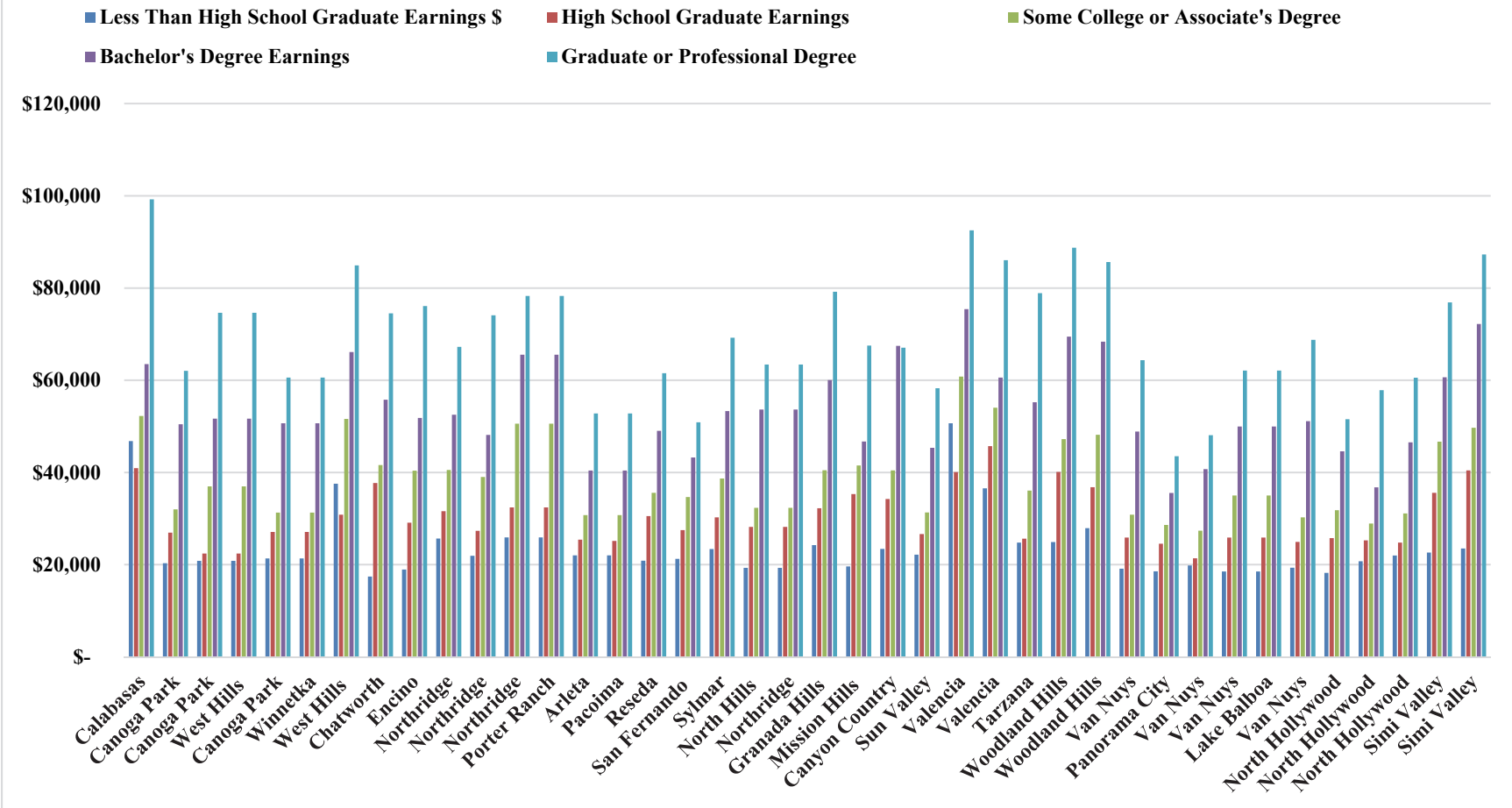
The language spoken at home reflects the ethnic composition in the service region. In Los Angeles County about 57% of the population speaks a language other than English at home. Out of adults aged 18 and older, 43% speak English only, 38% speak Spanish, 12% speak Asian/Islander, 6% speak Indo-European, and 1% speak "other". In the NHMC service region, the two main languages are English and Spanish with some households speaking more of one language than the other. Roughly 65% or more of the residents in Woodland Hills, Simi Valley, Calabasas, and Valencia speak English only and in those same areas less than 20% speak Spanish. In Woodland Hills, West Hills, and Calabasas, roughly 10-19% of the residents speak Indo-European and in Valencia, roughly 10% of the residents speak Asian/Islander. In contrast, Panorama City, Pacoima, Arleta, San Fernando, and Sun Valley, about 65% or more of their residents speak Spanish and 14-21% of that population speaks English only with Panorama City's residents speaking 15% of Asian/Islander.¹

Educational Attainment Comparison



Source: U.S. Census Bureau, American Fact Finder, 2013-2017 (5 Year Estimate), 2018

Median Earnings Comparison by Education Level



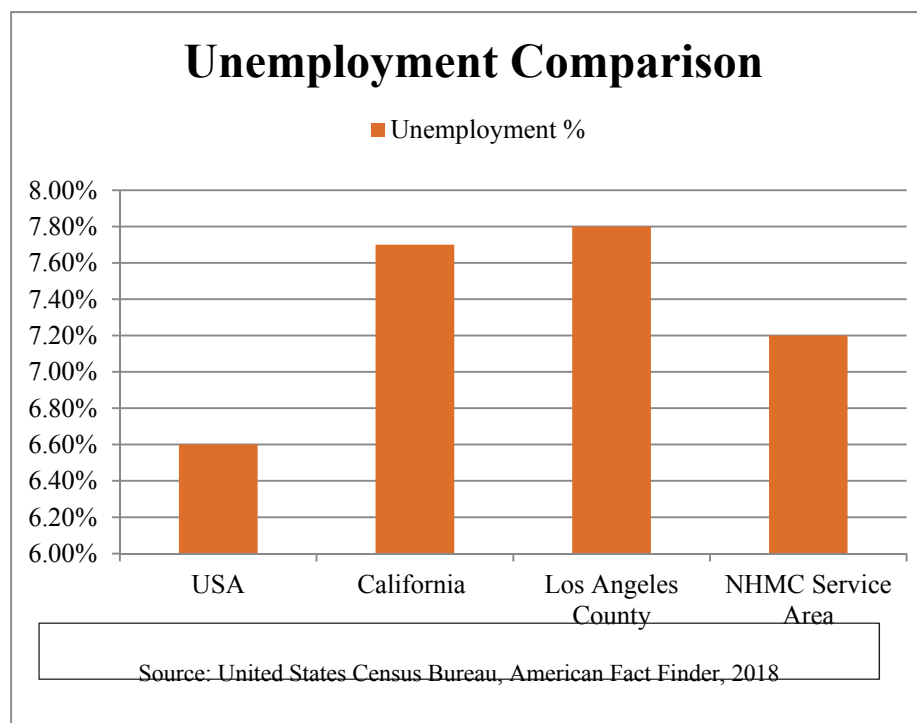
Source: U.S. Census Bureau, American Fact Finder, 2013-2017 American Community Survey 5- Year Estimates

Economic Characteristics

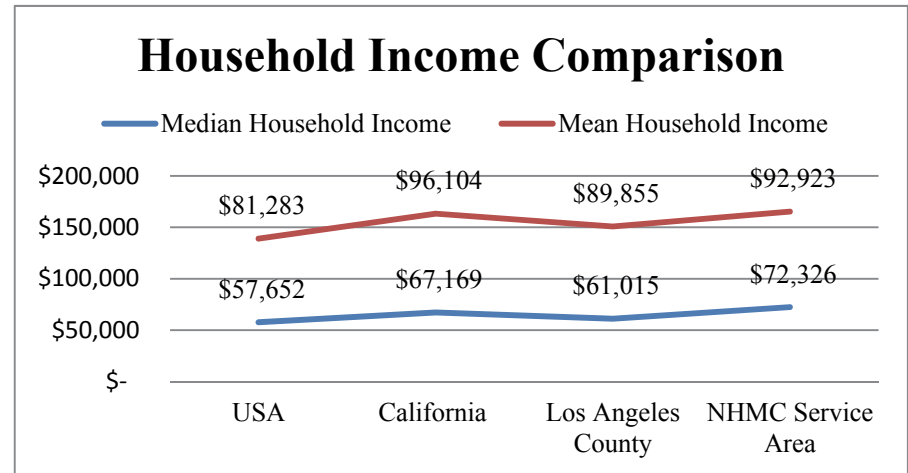
One indicator of economic status is the percentage of unemployment. In the NHMC service region, an average of 7.2% of the population age 16 and over in the civilian labor force were unemployed. This compares to 7.8% in Los Angeles County and 6.6% in the U.S. Some cities in the service region have an unemployment percentage of 9%-10% (Arleta, Pacoima, Mission Hills, and Panorama City). The percentages for San Fernando and Woodland Hills are comparable to Los Angeles County's. Two out of the four ZIP codes in Northridge and Porter Ranch (91324, 91326), one ZIP code in Valencia (91355), and one in Simi Valley (93063) have the lowest rates of unemployment with the percentages ranging from 4.5%-5.5%.

The median household income in the NHMC service region is nearly \$73,000, which is significantly higher than that in Los Angeles County (\$61,015) as well as California as a whole (\$67,169).¹ However, median household income varies greatly across the region, with the highest median income being more than twice that of the lowest in the service region. The median household incomes in Calabasas, West Hills, Porter Ranch, and one ZIP code in Valencia (91354) range from approximately \$105,000-\$122,000 with one ZIP code in Woodland Hills (91364) being the highest at \$160,000. The lowest median household incomes in the region are found in Panorama City, one ZIP code in Van Nuys (91405), and North Hollywood (91605), ranging approximately from \$41,000-\$43,000.

Many of the cities with the lowest median household incomes are also represented among the cities with the highest percentage of government assistance ranging from SNAP benefits (Supplemental Nutrition Assistance Program), supplemental security income, and cash public assistance relative to total household income. Arleta, Pacoima, and one ZIP code in North Hollywood (91605) have the highest percentages in assistance from all three government assistance programs. San Fernando, North Hills, Sun Valley, Panorama City, one ZIP code in North Hollywood (91605), and one ZIP code in Van Nuys (91405) have the highest percentage of SNAP benefits ranging from 13%-16%. North Hollywood has the highest percentage in supplemental security income at 10%.



The percent of individuals living below the federal poverty level is another indicator of economic status. An average of 14.3% of the residents in the NHMC service region are considered to be living below the poverty level while in Los Angeles County, it is 14.9% of the population. In Reseda, North Hills, Panorama City, Van Nuys, North Hollywood, and one ZIP code in Canoga Park (91303), about 20%-25% of the population are living below the poverty level. In contrast, the lowest percentage of residents living below the poverty level, 4%-6%, is in one ZIP code in Woodland Hills (91364), one ZIP code in Simi Valley (93065), and Valencia.¹



Source: United States Census Bureau, American Fact Finder, 2018



Built Environment

The physical environment that characterizes the NHMC service region is important as it represents a variety of assets and barriers for the community's residents. Considered here are mean travel times to work, homelessness, crime, physical determinants of neighborhoods, built environment, and brownfields in the service region. The mean travel time to work in the NHMC service region is roughly 30 minutes with the highest commute being 37 minutes and the lowest commute being 27.9 minutes.¹ This does not differ significantly by city or ZIP code.

In 2018, the total homeless count for SPA 2 was 7,478 individuals, 76% of which are unsheltered and 24% sheltered. In 2015, the total homeless count for SPA 2 was 5,215 individuals which is roughly a 70% increase in the last 3 years. In SPA 2, ages 25-54 made up about 60% of the homeless population, ages less than 18 made up 13%, ages 18-24 made up 6%, ages 55-61 made up 15% and ages 62 and older made up 6%. In SPA 2, about 47% of the homeless population is Hispanic/Latino, 34% are White, and 14% are African American.^{14, 15, 16}

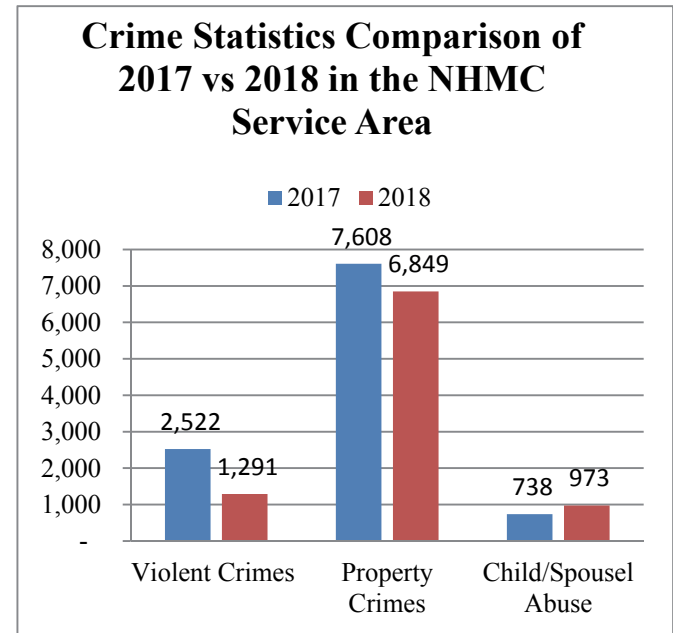
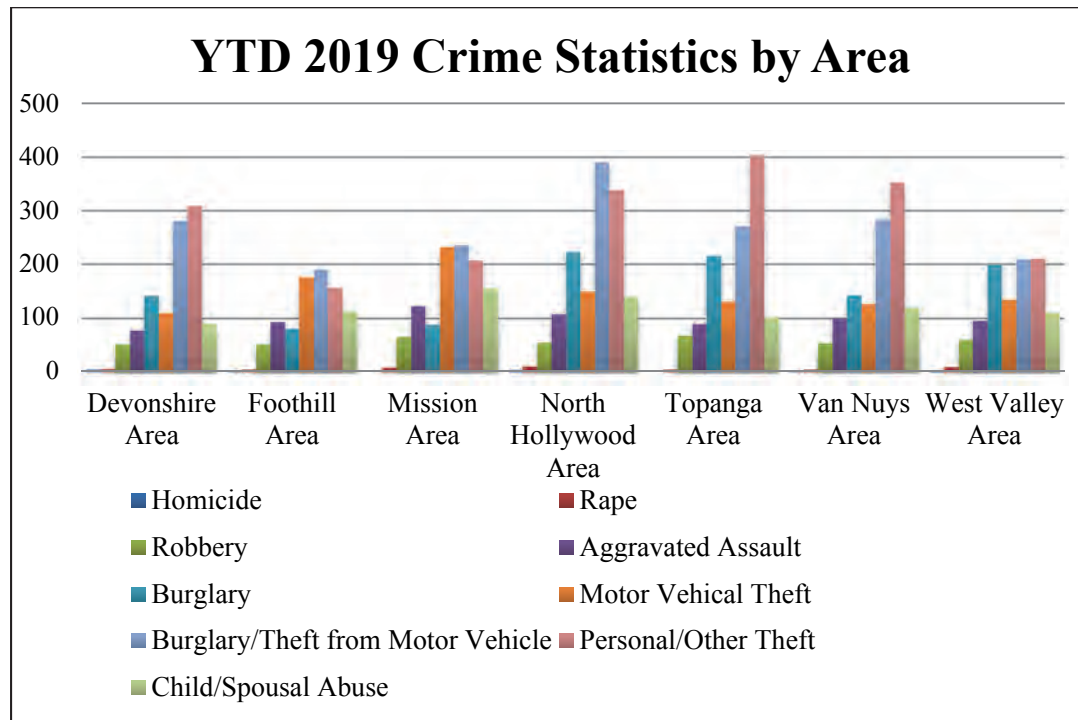
The NHMC Service Region is comprised of seven of the Los Angeles Police Department's Valley Bureau Divisions: Devonshire, Foothill, Mission, North Hollywood, Topanga, Van Nuys, and West Valley. Through April 2019, the total number of violent crimes and property crimes in these seven divisions totaled 1,150 and 5,995, respectively. Violent crimes vary from 139 in the Devonshire Area to 197 in the Mission Area. Property crimes year-to-date, vary from 604 in the Foothill Area to 1,103 in the North Hollywood Area. Child/spousal abuse crimes are also detailed, ranging from 89 year-to-date in the Devonshire Area to 157 in the Mission Area. The least variation is in homicide crimes, which are recorded for 0-4 years-to-date in each division. The highest variation is in burglary/theft from motor vehicle and personal/other theft, which are recorded between 190-390, and 211-403 year-to-date, in each division, respectively. The bar graph on page 18 displays the crime statistics by area as of April 2019.



Results from the 2017 Los Angeles County Health Survey indicate that 95.2% of adults in SPA 2 believe that their neighborhood is safe from crime compared to 84% in LA County.² Moreover, 86.3% of children, ages 1-17, in SPA 2 are reported to be able to easily get to a park, playground, or other safe place to play compared to 86.8% in LA County.² Approximately only 13% of the adults in SPA 2 live in neighborhoods that do not have walking paths, parks, playgrounds, or sports fields.² This is further evidenced by each city in the NHMC service region having at least one (and typically more than one)

park and/or recreation facility; by the many miles of bike and walking paths (most notably, Balboa Park); and by the Community Gardens found in Encino, Granada Hills, North Hollywood, Pacoima, West Hills, and Woodland Hills. Roughly 50% of the adults in SPA 2 report using these resources in their neighborhoods compared with 47.5% in LA County.²

The NHMC service area does have some brownfield designations – spaces that are contaminated by hazardous materials thus limiting their reusability or repurposing. The Environmental Protection Agency has designated brownfields in Pacoima and Sun Valley and two in North Hollywood.



Source: LAPD COMPSTAT UNIT, Crime Statistic Area, 2019 http://lapdonline.org/statistical_data

Source: San Fernando Police Department, Crime Statistic Area, 2019. http://ci-san-fernando.ca.us/wp-content/uploads/2019/03/PD_Crime-Statistics-Update-3-18-19.pdf

Green Spaces

According to the World Health Organization, Green Spaces:

- Include parks, sports fields, woods, natural meadows, and wetlands
- Are important to mental health
- Can reduce health inequalities and improve well-being
- Aid in treatment of mental illness
- Can remedy mild depression and reduce physiological stress indicators⁴

Key findings of our research for green spaces demonstrated that the majority of ZIP codes represented in SPA 2 had access to parks or recreation centers that offered services like a basic gym, open field, and playground area for children. There were some which offered additional services that included Zumba classes, Karate instruction, sports team tournaments, and even educational sessions for adults and children. Although our area is fortunate enough to have these amenities, there was a discrepancy in the condition of such parks. Of the 40 ZIP codes in SPA 2, we found that at least each ZIP code represented had a green space that was accessible to the community. With few discrepancies on the acreage – minus those of overlapping ZIP codes - areas like Reseda, Arleta, Panorama City and Sylmar, are shown to have the lowest amount of green space (totaling 3.25 acres) when compared to all other outlying areas. With the LA Parks Needs Assessment of 2016 in effect, communities should experience slight changes and upgrades to the green spaces within SPA 2.



Access to Care

Access to health care is important to maintain health, prevent disease, and to achieve positive health outcomes. Those accessing health care should: 1) become a part of a health care system; 2) gain access to a facility where health services are provided; and 3) find a trusted health care provider. Some of the barriers that people may face are high cost of care, lack of availability of services, and lack of culturally competent care. These barriers can lead to other problems such as the inability to receive preventative services, and financial burdens. Patients that have a regular primary care provider (PCP) can sustain a meaningful relationship and have better health outcomes, better communication, and lower mortality rates of all causes.⁷

There are LA County Department of Health Services community health centers in Glendale, North Hollywood, and Pacoima.⁸ SPA 2 is considered a shortage area where the numbers of practitioners are low. There are 16 in the City of San Fernando, 16 at Olive View Hospital, 14 in the Northeast Valley, and 13 in North Hollywood. The average in Los Angeles County is 48.1 PCPs per 100,000 population.⁹

Medically Underserved Area (MUA) Designations

MUA designations are based on a weighted value score that considers: (1) percent of population at or below 100% of the Federal Poverty Level; (2) percent of population over age 65; (3) infant mortality rate; and (4) primary care physicians per 1,000 population. Once an area is designated as a MUA they remain such, even if the area experiences socio-demographic changes over time. In NHMC's service area, in addition to a MUA designation, Pacoima East, Sun Valley West, Panorama City, and North Hollywood are also designated as Primary Care Shortage Areas (PCSAs), Primary Care Health Professional Shortage Areas (PCHPSAs) and Registered Nurses Shortage Areas (RNSAs).

Health care professionals and registered nurses that work in shortage areas can apply for assistance in repaying their students loans while working for these underserved areas. Programs such as these help impacted areas become economically stable. Data is collected and analyzed to determine what cities are eligible for federal resources.



Hospital Utilization and Prevention Quality Indicators

In fiscal year 2018 (FY 18), Northridge Hospital staff provided care for 102,097 total visits consisting of 15,654 inpatient visits and 86,443 outpatient visits.

Prevention Quality Indicators (PQI) measure hospital visits for health conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.”¹¹ Thus, the incidence of hospitalizations for these ambulatory care sensitive conditions (ACSC) can “provide insight into the community health care system or services outside the hospital setting.” This can include the availability and accessibility of primary and preventive health care services. PQI data also can be used to help identify health disparities.

For health care delivered at Northridge Hospital between July 1, 2017 and June 30, 2018 (FY18), 1,412 cases of hospital admission were for ACSCs. This constitutes 9.0 percent of all inpatient cases. The largest numbers of ACSC cases were for angina without procedure (539), COPD or asthma in older adults (259), urinary tract infection (132), and diabetes long-term complications (114).¹⁰

Examining inpatient PQI data by health coverage status can be used as a proxy to identify disparities by income. In the PQI table above, 21.8 percent overall were Medicaid patients, less than the 31.0 percent of all inpatient cases reported. However, Medicaid patients composed a significantly larger proportion of PQI cases for asthma in younger adults (64.5%), low birth weight (65.5%), perforated appendix (53.7%), and diabetes short term complications (54.1%).

Prevention Quality Indicators, Cases and Percent Medicaid	Number of Cases	Number Medicaid	Percent Medicaid
Northridge Hospital Medical Center, Inpatients, FY18			
Angina without Procedure	539	47	8.7%
Asthma in Younger Adults	31	20	64.5%
Bacterial Pneumonia	100	28	28.0%
COPD or Asthma in Older Adults	259	63	24.3%
Dehydration	68	15	22.1%
Diabetes Long Term Complications	114	31	27.2%
Diabetes Short Term Complications	37	20	54.1%
Hypertension	4	0	0.0%
Low Birth Weight	29	19	65.5%
Lower Extremity Amputation among Diabetes Patients	11	1	9.1%
Perforated Appendix	67	36	53.7%
Uncontrolled Diabetes	21	6	28.6%
Urinary Tract Infection	132	22	16.7%
Total Inpatient PQI Cases	1,412	308	21.8%
Total Inpatient Cases	15,644	4,850	31.0%

¹¹Prevention Quality Indicators Overview, Agency for Healthcare Research and Quality. Downloaded from http://qualityindicators.ahrq.gov/modules/pqi_resources.aspx in April 2019.

Hospital Emergency Department Utilization

Northridge Hospital is designated a Level II Trauma Center and has the only Pediatric Trauma Center in the San Fernando Valley. The American Trauma Society defines a Level II Trauma Center as a trauma center able to initiate definitive care for all injured patients.

Elements of Level II Trauma Centers Include:

- 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care
- Tertiary care needs such as cardiac surgery, hemodialysis and microvascular surgery may be referred to a Level I Trauma Center
- Provides trauma prevention and continuing education programs for staff
- Incorporates a comprehensive quality assessment program

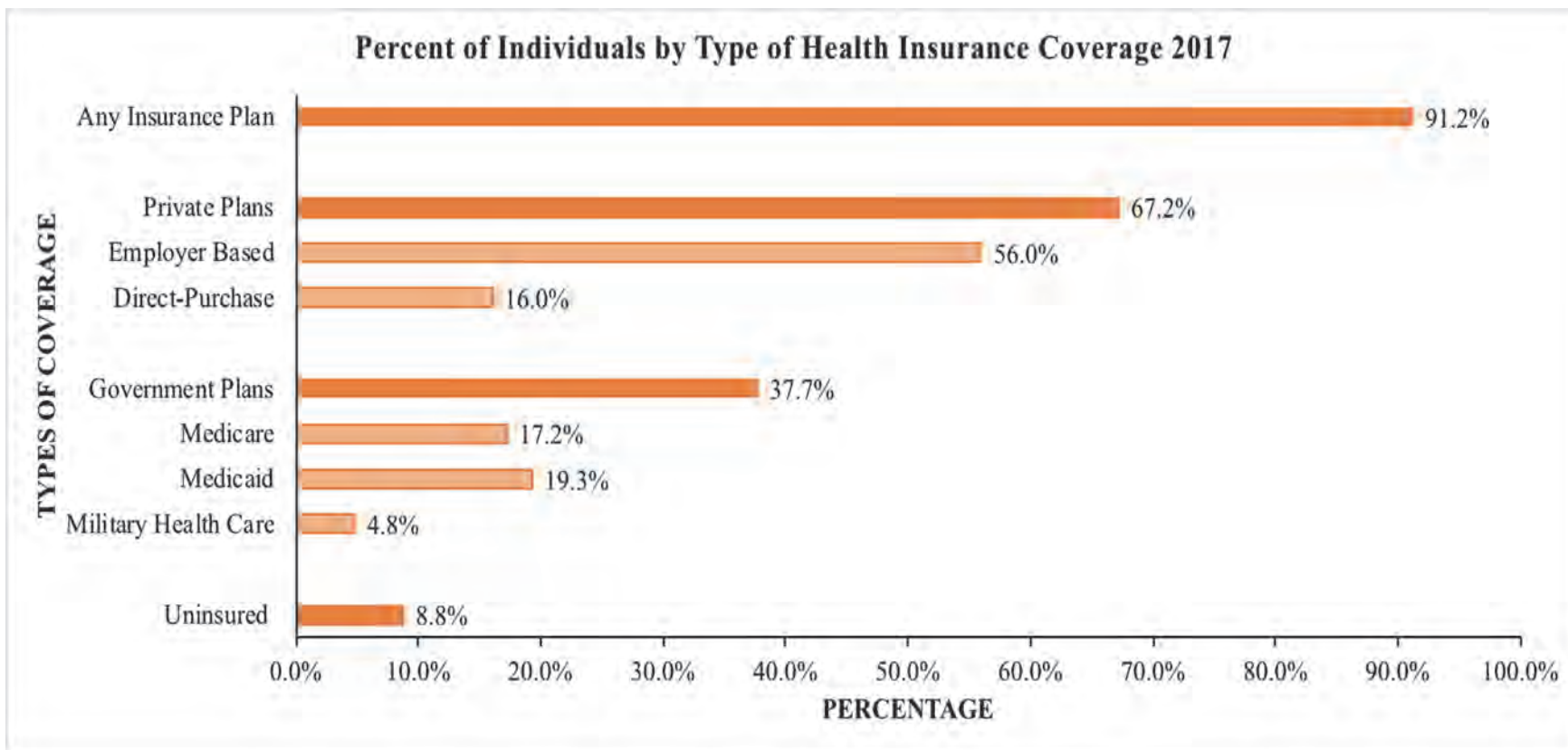
Northridge Hospital Medical Center Top 5 Emergency Department Encounters		
Primary Diagnosis	Number of ED Encounters	Percent of Total ED Encounters
Unspecified abdominal pain	1,863	3.27%
Acute upper respiratory infection, unspecified	1,668	2.93%
Urinary tract infection, site not specified	1,262	2.22%
Headache	1,093	1.92%
Chest pain, unspecified	979	1.72%

Source: State of California Office of Statewide Health Planning and Development, ED Hospital Discharge Data, 2018

Health Insurance Coverage

Every year the Census Bureau provides data on health insurance coverage such as insured versus uninsured, type of coverage and coverage by specific characteristics. Health insurance coverage is typically measured through the Current Population Survey Annual Social and Economic Supplement (CPS ASEC), and American Community Survey (ACS). The CPS ASEC is conducted annually between February and April, and refers to coverage during the previous calendar year. ACS refers to an ongoing survey that collects comprehensive information throughout the year on social, economic, and housing data.

In 2017, according to the U. S. Census Bureau data, 8.8 percent of people - or 28.5 million - did not have health insurance at any point throughout the year. Furthermore, private health insurance coverage continued to be more common than government coverage, at 67.2 percent and 37.7 percent, respectively. Of the subtypes of health insurance coverage, employer-based insurance was the most common, covering 56.0 percent of the population followed by Medicaid (19.3 percent), Medicare (17.2 percent) and military health care (4.2 percent).

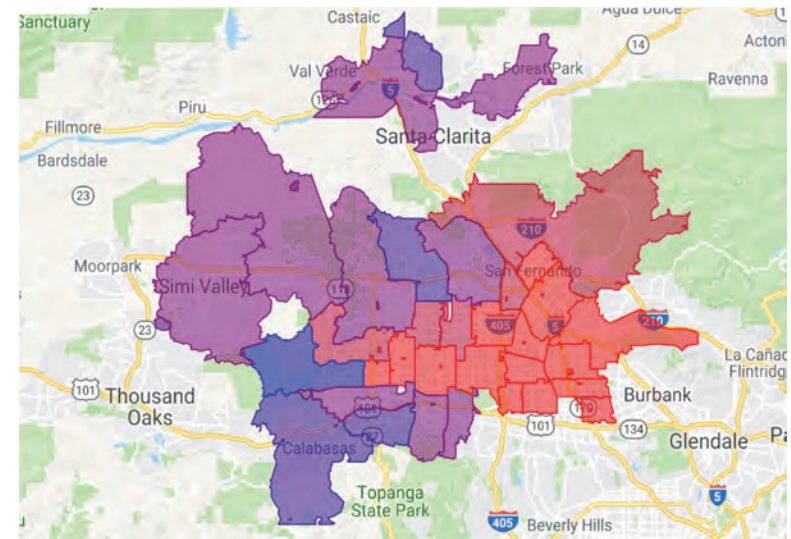


Source: U.S. Census Bureau, Current Population Survey, 2017 Annual Social and Economic Supplement¹⁴.

Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the ZIP code level based on five factors known to contribute to or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

The mean and mode 2019 CNI scores for the NHMC service region are 3.6 and 4.8, respectively. 2019 CNI score median and mode are 3.9 and 4.4 respectively. Across the region, the CNI varies from 1.6 in West Hills to 4.6 in Panorama City and parts of North Hollywood. Index values of 4.2 to 5 indicate areas of highest need. In the NHMC service area, 19 ZIP codes are considered “highest need,” representing nearly 50% of the region’s population. Notably, the largest influence on this score is the “cultural barrier” – the percent of the population that is minority and the percent over age 5 that speaks English poorly or not at all – and the “housing barrier” – the percent of households renting their homes. A wide majority of the ZIP codes have recorded a 5 for these two barriers; 65% were given a 5 for “cultural barrier” and 75% were given a 5 for “housing barrier.”



	Lowest Need
	1-1.7
	1.8-2/5
	2.6-3.3
	3.4-4.1
	4.2-5
	Highest Need

The geographic area is comprised of 24 cities with 40 ZIP codes which represent roughly 80% of the total patients seen at Northridge Hospital Medical Center (NHMC) in fiscal year 2018.

CNI Scores									
ZIP Code	City	2018 Population	2018 CNI Scores	2015 CNI Scores	Income Quintile	Culture Quintile	Education Quintile	Insurance Rank	Housing Quintile
91302	Calabasas	27,825	2.2	2.0	1	4	1	2	3
91303	Canoga Park	28,834	4.4	4.6	4	5	5	3	5
91304	Canoga Park	52,067	4.0	4.0	3	5	4	3	5
91306	Winnetka	46,662	4.2	4.4	3	5	5	3	5
91307	West Hills	25,078	1.6	1.8	1	4	1	1	1
91311	Chatsworth	38,345	3.0	3.0	2	5	2	2	4
91316	Encino	27,930	3.2	3.6	3	4	1	3	5
91324	Northridge	28,905	3.8	4.0	2	5	4	3	5
91325	Northridge	36,458	3.6	3.8	2	5	3	3	5
91326	Porter Ranch	37,119	2.4	2.4	1	5	1	2	3
91331	Pacoima	108,616	4.4	4.6	3	5	5	4	5
91335	Reseda	77,548	4.4	4.2	3	5	5	4	5
91340	San Fernando	36,126	4.2	4.4	3	5	5	3	5
91342	Sylmar	97,400	4.0	4.0	3	5	5	3	4
91343	North Hills	63,655	4.4	4.6	4	5	5	3	5
91344	Granada Hills	53,062	2.8	3.2	1	5	3	2	3
91345	Mission Hills	18,876	3.8	3.8	2	5	5	3	4
91351	Canyon Country	34,209	3.2	3.2	2	5	4	2	3
91352	Sun Valley	49,267	4.4	4.6	3	5	5	4	5
91354	Valencia	32,017	2.4	2.4	1	5	1	1	4
91355	Valencia	38,453	2.8	3.0	1	5	1	2	5
91356	Tarzana	30,284	3.2	3.4	2	4	2	3	5
91364	Woodland Hills	26,163	2.4	2.6	1	4	1	2	4
91367	Woodland Hills	43,003	2.6	2.8	1	4	1	2	5
91401	Van Nuys	39,964	4.4	4.4	3	5	5	4	5
91402	Panorama City	73,682	4.6	4.8	4	5	5	4	5
91405	Van Nuys	53,031	4.6	4.6	4	5	5	4	5
91406	Van Nuys	56,247	4.4	4.6	3	5	5	4	5
91411	Van Nuys	24,545	4.4	4.4	3	5	5	4	5
91601	North Hollywood	40,756	4.4	4.2	4	5	4	4	5
91605	North Hollywood	57,903	4.6	4.6	4	5	5	4	5
91606	North Hollywood	46,291	4.6	4.8	4	5	5	4	5
93063	Simi Valley	56,653	2.6	2.8	1	5	2	1	4
93065	Simi Valley	74,815	2.8	3.0	1	5	3	1	4
Total Population		1,581,789							

Sources:
2018 Demographic Data, The Nielson Company
2018 Poverty Data, The Nielson Company
2018 Insurance Coverage Estimates, Truven Health Analytics

Community Need Index (CNI) is an influential resource for community organizations around the nation to assess needs of communities and identify disparities. The CNI assists in creating coalitions among local hospitals, clinics, health associations, and centers that are in their neighborhoods. Hundreds of providers are using CNI information across the nation. Strategic use of CNI helps to address the causes of disparity in our community and provides data that could help hospitals contain costs while maintaining high quality and improve access to health care. According to research by Dignity Health, people who reside in communities with the highest need CNI scores are more likely to use health care services or are more likely to be hospitalized.

Income: Income barriers to health care services are defined by lack of affordability to pay for health related issues. Panorama City has the highest population in terms of single parent and child poverty levels, with 51.96% and 33.91% respectively. Canoga Park (91303) has the highest percentage of elderly poverty with 30.61%.

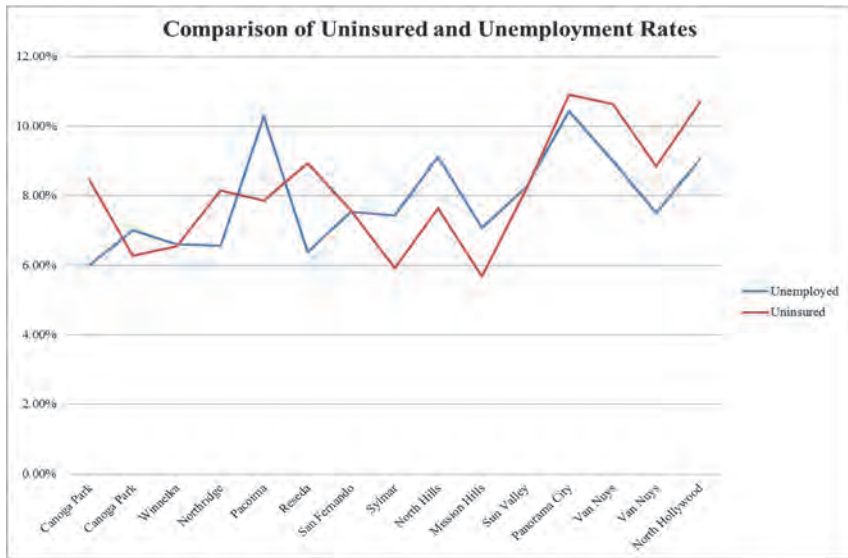
Income Barriers in ZIP Codes with Highest Community Need Index (CNI) Score					
ZIP Code	City	Elderly Poverty	Children Poverty	Single Parent w/ Kids Poverty	Income Quintile
91303	Canoga Park	30.61%	23.10%	45.58%	4
91304	Canoga Park	12.66%	18.15%	32.40%	3
91306	Winnetka	12.48%	18.58%	41.33%	3
91316	Encino	19.90%	14.59%	44.23%	3
91331	Pacoima	19.63%	23.32%	40.04%	3
91340	San Fernando	18.18%	19.27%	32.82%	3
91343	North Hills	12.71%	26.08%	45.88%	4
91401	Van Nuys	13.88%	26.25%	38.39%	3
91402	Panorama City	27.04%	33.91%	51.96%	4
91405	Van Nuys	25.40%	28.13%	48.00%	4
91406	Van Nuys	24.04%	22.62%	35.93%	3
91411	Van Nuys	17.35%	26.99%	34.52%	3
91601	North Hollywood	23.31%	23.54%	47.09%	4
91605	North Hollywood	18.60%	26.80%	41.32%	4
91606	North Hollywood	18.51%	27.70%	40.59%	4

Source: 2018 Demographic Data, The Nielson Company
 2018 Poverty Data, The Nielson Company
 2018 Insurance Coverage Estimates, Truven Health Analytics

Cultural/Language: Having effective communication is a crucial part of patient safety and quality of care. Some barriers that can affect communication include cultural differences, and language barriers. Of Northridge Hospital’s highest need ZIP code areas; the 15 ZIP codes described in the following chart have the highest barrier scores of 5. Panorama City has the highest population of people who speak limited English. Pacoima and San Fernando have the largest population of minorities.

The comparison of uninsured and unemployment rates, shows how Panorama City has the highest unemployment and uninsured rate, with 10.43% and 10.90% respectively

Cultural/Language Barriers in ZIP Codes with Highest Community Need Index (CNI) Scores				
ZIP Code	City	Limited English	Minority	Cultural Quintile
91303	Canoga Park	21.72%	79.38%	5
91304	Canoga Park	13.37%	65.82%	5
91306	Winnetka	15.37%	77.84%	5
91324	Northridge	9.31%	65.82%	5
91331	Pacoima	23.56%	96.67%	5
91335	Reseda	16.62%	74.56%	5
91340	San Fernando	20.93%	96.19%	5
91342	Sylmar	14.67%	88.43%	5
91343	North Hills	18.91%	82.91%	5
91345	Mission Hills	13.13%	85.29%	5
91352	Sun Valley	19.43%	83.93%	5
91402	Panorama City	24.62%	91.58%	5
91405	Van Nuys	22.76%	74.12%	5
91406	Van Nuys	16.80%	73.94%	5
91605	North Hollywood	21.88%	76.53%	5



Insurance: Access to care for people who are insured is much easier than people without insurance. People who are uninsured are less likely to receive health care services for their severe health conditions, or get preventive care. It is important to provide care for uninsured people as they are generally less healthy and at a higher risk of being hospitalized. Postponing or foregoing health care services because of high costs for uninsured individuals can lead to higher expenses for the health care industry. The CNI defines insurance barriers as lack of employment and insurance.

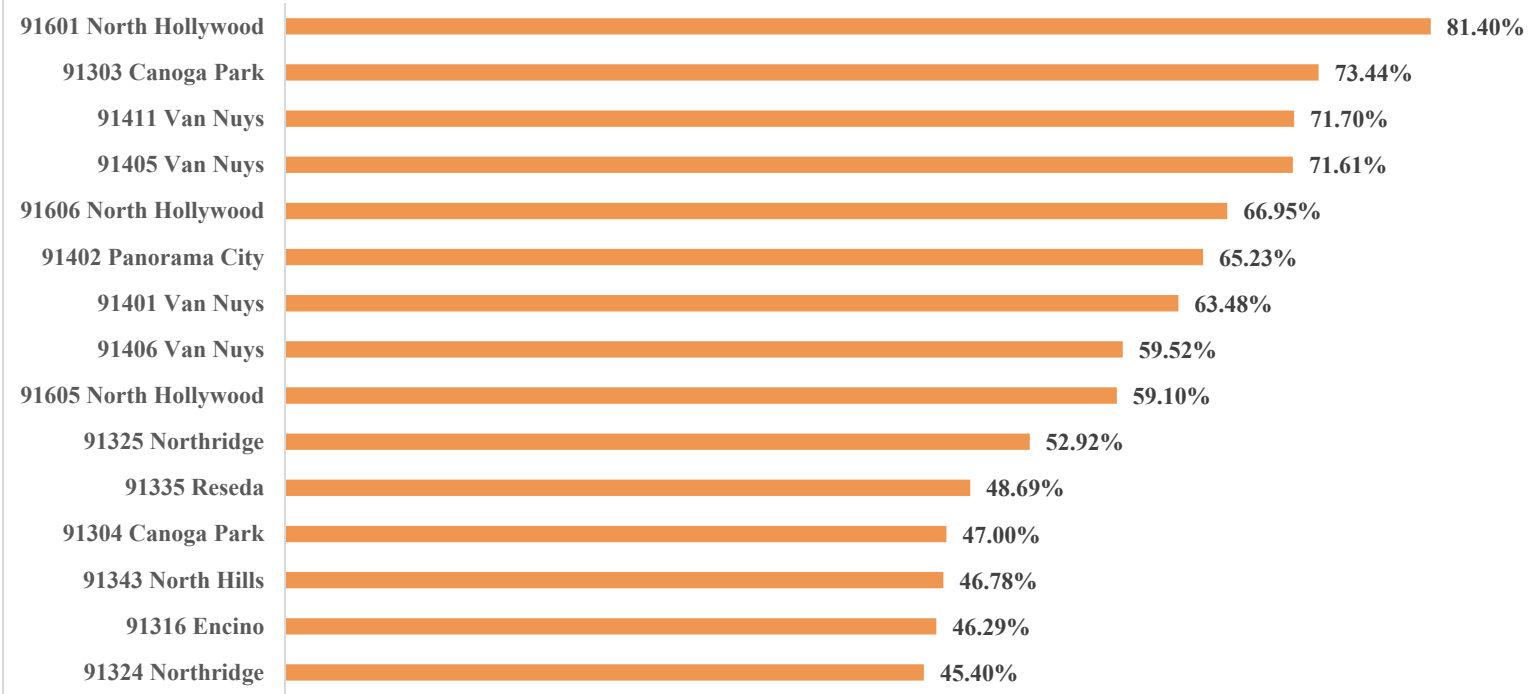
Education: Education plays a critical role in the elimination of health disparities. Lack of education is one of the important barriers to health care. Different measures of the quality of care such as life expectancy and mortality rates are related to the level of education. People who are less educated are likely to have difficulties in receiving health care services, do not check their health status regularly, and resort to using health care services only when a condition gets severe. In the CNI, education barriers are defined as the number of people who have education levels less than high school diploma.

Educational Barriers in the ZIP Codes with Highest Community Needs Index (CNI) Score			
ZIP Code	Cities	No High School Diploma	Education Quintile
91303	Canoga Park	26.93%	5
91306	Winnetka	23.71%	5
91331	Pacoima	44.93%	5
91335	Reseda	24.41%	5
91340	San Fernando	40.73%	5
91342	Sylmar	30.39%	5
91343	North Hills	27.74%	5
91345	Mission Hills	26.09%	5
91352	Sun Valley	33.16%	5
91401	Van Nuys	20.31%	5
91402	Panorama City	38.48%	5
91405	Van Nuys	29.00%	5
91411	Van Nuys	23.55%	5
91605	North Hollywood	31.44%	5
91606	North Hollywood	27.77%	5

Source: 2018 Demographic Data, The Nielson Company
 2018 Poverty Data, The Nielson Company
 2018 Insurance Coverage Estimates, Truven Health Analytics

Housing: Having affordable housing is one of the most important determinants of a person’s health status. The quality of the housing, the cost of renting, and even the location can effect residents’ health. Access to a healthy neighborhood with a high quality of care can provide great health outcomes and will reduce health care spending, including reduction of emergency rooms visits. When individuals are forced to pay most of their incomes for rent, they have less resources to spend on health care needs. According to the CNI, housing barriers are reflected by the percentage of individuals who pay rent for housing. All of the 15 ZIP codes of the highest need in Northridge Hospital’s service area have the highest barrier score in regards to housing. North Hollywood (91601) and Canoga Park (91303) have the highest percentage of renters.

Zip Codes with Highest Percentage of Renters



Source: 2018 Demographic Data, The Nielson Company
 2018 Poverty Data, The Nielson Company
 2018 Insurance Coverage Estimates, Truven Health Analytics

In order to get a detailed view of the health status of our hospital service region we provided the 40 ZIP codes discussed in this report to Los Angeles County Department of Public Health’s Office of Health Assessment and Epidemiology. In looking at the 52 core indicators of health we are excited to note that other hospitals in Los Angeles County are also working with LA DPH to secure the same 52 Core Indicator Report for their own hospital service regions, leading to a common set of data used throughout the region. The report is expansive and covers the following five pages with all references to source information listed on page 35.

Core Indicators of Health provided by Los Angeles County Department of Public Health for Hospital Service Region

Core Indicators for Community Health Needs Assessment						
		<u>Northridge Hospital Service Region</u>			<u>Los Angeles County</u>	
		Point Estimate	95% Confidence Interval	Point Estimate	95% Confidence Interval	
Indicators						
Physical & Social Determinants						
1	Percent of adults who completed high school ¹	77.0%	73.2 - 80.8	77.6%	76.1 - 79.0	
2	Percent of adults who are employed ¹	64.7%	61.0 - 68.4	56.6%	55.1 - 58.2	
3	Percent of population with household incomes <100% Federal Poverty Level (FPL) ²	16.9%	16.4%, 17.3%	17.8%	17.6%, 18.0%	
4	Percent of households (owner/renter-occupied) who spend ≥30% of their income on housing ²	51.2%	50.5%, 51.9%	48.0%	47.9%, 48.2%	
5	Housing instability (Percent of adults who reported being homeless or not having their own place to live or sleep in the past 5 years) ¹	3.6%	2.2 - 5.0	4.8%	4.2 - 5.5	
6	Percent of households with incomes <300% FPL who are food insecure ¹	27.0%	21.9 - 32.1	29.2%	27.1 - 31.3	
7	Percent of children with excellent or good access to fresh fruits and vegetables in their community ¹	77.6%	72.1 - 83.2	75.0%	72.9 - 77.1	
8	Percent of adults who believe their neighborhood is safe from crime ¹	93.2%	87.5 - 98.9	84.0%	80.6 - 87.4	
9	Percent of children ages 1-17 years who can easily get to a park, playground, or other safe place to play ¹	85.8%	81.2 - 90.3	86.8%	85.3 - 88.3	
10	Percent of adults who use walking paths, parks, playgrounds, or sports fields in their neighborhood ¹	47.1%	43.1 - 51.1	47.5%	46.0 - 49.1	
11	Amount of green space (park acres) per 1,000 population ³	5.08	N/A	8.00	N/A	
12	Percent of children ages 0-5 years who are read to daily by a parent or family members ¹	60.7%	49.3 - 72.2	56.4%	52.2 - 60.5	

Health Status						
13	Percent of adults reporting their health to be fair or poor ¹	20.0%	16.7 - 23.2	21.5%	20.2 - 22.7	
14	Average number of days in past month adults reported regular daily activities were limited due to poor physical/mental health ¹	2.4	1.8 - 3.1	2.3	2.1 - 2.5	
15	Percent of children ages 0-17 years who have special health care needs ¹	14.1%	10.0 - 18.3	14.5%	13.0 - 16.0	
Access to Care						
16	Percent of children ages 0-17 years who are insured ¹	96.8%	94.3 - 99.4	96.6%	95.7 - 97.5	
17	Percent of adults ages 18-64 years who are insured ¹	85.7%	81.8 - 89.5	88.3%	87.1 - 89.5	
18	Percent of children ages 0-17 years with a regular source of health care ¹	93.8%	90.3 - 97.3	94.3%	93.2 - 95.5	
19	Percent of adults 18-64 years with a regular source of health care ¹	76.8%	72.7 - 81.0	77.7%	76.1 - 79.3	
20	Percent of adults who did not see a dentist or go to a dental clinic in the past year ¹	39.9%	35.9 - 43.9	40.7%	39.1 - 42.2	
21	Percent of children ages 3-17 years who did not obtain dental care (including check-ups) in the past year because they could not afford it ¹	10.8%	6.7 - 15.0	11.5%	10.0 - 13.0	
Preventive Services						
22	Percent of all live births where mother received prenatal care during 1st trimester ⁴ ◆	86.5%	86.0 - 87.1	82.9%	82.6 - 83.1	
23	Percent of women ages 21 - 65 years who had a Pap smear within the past 3 years ¹	85.7%	81.4 - 89.9	84.4%	82.5 - 86.3	
24	Percent of women ages 50- 74 years who had a mammogram within the past 2 years ¹	78.2%	71.9 - 84.5	77.3%	74.7 - 79.8	
25	Percent of children ages 6 months - 17 years vaccinated for influenza ¹	54.2%	47.9 - 60.5	55.2%	52.9 - 57.5	
26	Percent of adults vaccinated for influenza ¹	40.2%	36.4 - 44.0	40.1%	38.6 - 41.6	
Health Behaviors						
27	Percent of adults who binge drink (men who had 5 or more alcoholic drinks, women 4 or more, on at least one occasion in the past 30 days) ¹	15.1%	12.1 - 18.2	15.9%	14.6 - 17.1	

28	Percent of adults who consume five or more servings of fruits & vegetables a day ¹	14.3%	11.4 - 17.1	14.7%	13.6 - 15.7
29	Percent of children who drink at least one soda or sweetened drink a day ¹	41.8%	35.6 - 48.0	39.2%	37.0 - 41.4
30	Percent of children ages 0-2 years who were exclusively breastfed for at least 3 months ⁴ ♦o	N/A	N/A	43.2%	41.3 - 45.0
31	Percent of adults who smoke cigarettes ¹	14.4%	11.3 - 17.6	13.3%	12.1 - 14.4
32	Percent of adults who obtain recommended amount of aerobic exercise (≥150 minutes/wk of moderate exercise, or ≥75 minutes/wk of vigorous exercise) and muscle-strengthening (at least 2 days/wk) each week ¹	35.3%	31.4 - 39.1	34.1%	32.6 - 35.6
33	Percent of children ages 6-17 years who obtain recommended amount of aerobic exercise (≥60 minutes, daily) and muscle-strengthening (at least 2 days/wk) each week ¹	17.6%	11.7 - 23.5	17.7%	15.6 - 19.7
Health Outcomes					
Obesity					
34	Percent of children in grades 5,7&9 who are obese (BMI above the 95th percentile) ⁵	N/A	N/A	N/A	N/A
35	Percent of adults who are obese (BMI≥30.0) ¹	22.6%	19.2 - 26.0	23.5%	22.2 - 24.9
Diabetes					
36	Percent of adults ever diagnosed with diabetes ¹	9.2%	6.9 - 11.5	9.8%	9.0 - 10.6
37	Diabetes-related hospital admissions (per 10,000 population) ⁶	12.0	N/A	15.7	N/A
38	Diabetes-specific death rate (per 100,000 population) ⁷	19.4	N/A	24.2	N/A
Cardiovascular Disease					
39	Hypertension-related hospital admissions (per 10,000 population) ⁶	4.6	N/A	5.1	N/A
40	Percent of adults ever diagnosed with hypertension ¹	24.6%	21.4 - 27.8	23.5%	22.3 - 24.7
41	Coronary heart disease-specific death rate (per 100,000 population) ⁷	117.6	N/A	108.1	N/A
42	Stroke-specific death rate (per 100,000 population) ⁷	30.8	N/A	36.2	N/A
Reproductive Health					

43	Rate of births (per 1,000 females) to teens ages 15-19 ^{8,9,10} ◆	18.6	17.4 - 19.9	15.3	14.9 - 15.7
44	Percent of low birth weight (<2,500 grams) births (per 100 live births) ⁸	7.3%	6.9 - 7.7	7.1%	7.0 - 7.3
45	Infant death rate (per 1,000 live births) ¹¹	3.3	2.4 - 4.2	4.0	3.7 - 4.4
<i>Injury</i>					
46	Premature death rate due to suicide in total Years of Potential Life Lost (YPLL) per 100,000 population ⁷	222.8	N/A	209.0	N/A
47	Premature death rate due to homicide in total Years of Potential Life Lost (YPLL) per 100,000 population ⁷	142.7	N/A	240.3	N/A
48	Premature death rate due to motor vehicle crashes in total Years of Potential Life Lost (YPLL) per 100,000 population ⁷	243.8	N/A	269.3	N/A
49	Percent of adults who have ever experienced physical (hit, slapped, pushed, kicked, etc.) or sexual (unwanted sex) violence by an intimate partner ¹	12.5%	9.9 - 15.1	13.4%	12.4 - 14.4
50	Percent of adults ages 65+ years who have fallen in the past year ¹	28.9%	22.3 - 35.6	27.1%	24.7 - 29.5
<i>Drug Overdose</i>					
51	Rate (per 10,000 population) of adult opioid use-related hospitalizations ⁶	1.8	N/A	1.9	N/A
52	Premature death rate due to drug overdose in total Years of Potential Life Lost (YPLL) per 100,000 population ⁷	218.8	N/A	220.3	N/A
<i>Mental Health</i>					
53	Percent of adults at risk for major depression ¹	11.2%	8.4 - 14.0	11.8%	10.7 - 12.8
54	Alzheimer's disease-specific death rate (per 100,000 population) ⁷	35.2	N/A	38.7	N/A
<i>STD and HIV Disease</i>					
55	Incidence of HIV (annual new cases per 100,000 population) among adolescents and adults (ages 13+ years) ¹²	18.1	15.7 - 20.5	22.7	21.7 - 23.7
56	Incidence of primary & secondary syphilis (annual new cases per 100,000) ¹³ ◆	13.8	11.8 - 15.7	17.7	16.9 - 18.5
57	Incidence of gonorrhea (annual new cases per 100,000 population) ¹³ ◆	140.2	134.1 - 146.4	215.8	213.0 - 218.6

58	Incidence of chlamydia (annual new cases per 100,000 population) ¹³ ♦	411.2		400.7 - 421.7	572.4	567.8 - 577.1
Respiratory Disease						
59	Percent of children ages 0-17 years with current asthma (ever diagnosed with asthma and reported still have asthma and/or had an asthma attack in the past year) ¹	6.0%	-	3.3 - 8.6	7.4%	6.3 - 8.5
60	Pediatric asthma-related hospital admissions per 10,000 child population ⁶	8.5	-	N/A	10.8	N/A
61	COPD specific death rate (per 100,000 population) ⁷	26.8		N/A	29.9	N/A
Cancer						
62	Lung cancer-specific death rate (per 100,000 population) ⁷	26.2		N/A	26.5	N/A
63	Breast cancer-specific death rate among females (per 100,000 females) ⁷	20.5		N/A	19.6	N/A
64	Colorectal cancer-specific death rate (per 100,000 population) ⁷	12.4		N/A	13.3	N/A
Liver Disease						
65	Liver disease-specific death rate (per 100,000 population) ⁷	11.3	-	N/A	13.7	N/A

* Unstable percentages due to small numbers. Interpret with caution.

♦ ZIP codes were used to determine the catchment area

¥ 5-year averages used between 2012-2016.

X: American Community Survey.

Δ Census tracts were used to determine the catchment area.

o Weighting of 2016 LAMB data does not allow for geographical analysis smaller than SPA level.

Data Sources

- 1: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health
- 2: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Geography was defined by ZIP Code Tabulation Areas (ZCTA).
- 3: 2015 LA County Land Types, Los Angeles County GIS Data Portal; U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Green space includes regional parks, gardens, and recreational centers. Geography was defined by ZIP codes and ZIP Code Tabulation Areas (ZCTA).
- 4: 2016 Los Angeles Mommy and Baby Survey; average age of infant at the time of survey was 5.5 months.
- 5: California Department of Education
- 6: California Office of Statewide Health Planning and Development, 2016 Nonpublic Patient Discharge Data (AB2876 File); U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Includes Los Angeles County residents who went to licensed hospitals in Los Angeles County with principal diagnosis of diabetes mellitus (ICD-10 codes: E10-E14), asthma (ICD-10 codes: J45-J46; ages 0-17 years), hypertension (ICD-10 codes: I10, I12, I15), or opioid use (ICD-10 code: F11; ages 18 years and older). Assumed equal population distribution for each year of age for the 15-19 year age-group when calculating rates. Geography was defined by patients' residential ZIP codes and ZIP Code Tabulation Areas (ZCTA).
- 7: Los Angeles County Department of Public Health, Los Angeles County Linked Death Data: 2012-2016 (catchment area), 2016 (Los Angeles County); U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. Includes Los Angeles County residents with underlying causes of deaths due to Alzheimer's disease (ICD-10 code: G30), breast cancer (ICD-10 code: C50), CHD (ICD-10 codes: I20-I25), COPD (ICD-10 codes: J40-J44), colorectal cancer (ICD-10 codes: C18-C21, C26.0), diabetes mellitus (ICD-10 codes: E10-E14), liver disease/cirrhosis (ICD-10 codes: K70, K73-K74), lung cancer (ICD-10 code: C34), stroke (ICD-10 codes: I60-I69), unintentional drug overdose (ICD-10 codes: X40-X45), homicide (ICD-10 codes: *U01-*U02, X85-Y09, Y87.1), motor vehicle crash (ICD-10 codes: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2) or suicide (ICD-10 codes: *U03, X60-X84, Y87.0). Years of potential life lost include premature deaths before the age of 75 years. Rates are age-adjusted rates using 2000 U.S. Standard Population. Geography was defined by decedent residential ZIP codes and ZIP Code Tabulation Areas (ZCTA).
- 8: The number of live births to women ages 15-19 at delivery per 1,000 adolescent females ages 15-19.
- 9: Numerator: California Department of Public Health: 2012-2016 Birth Statistical File; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Program on March 2019
- 10: Denominator: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates Table B01001, SEX BY AGE, Universe: Total population, 2012-2016 American Community Survey 5-Year Estimates
- 11: California Department of Public Health: 2012-2016 Birth & Death Statistical File; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Program on September 2018
- 12: 2016 annual HIV new cases per 100,000; enhanced HIV/AIDS Reporting System (eHARS) as of June 30, 2018; Division of HIV/STD Programs (DHSP), Los Angeles County Department of Public Health
- 13: 2016 STD Surveillance Database; Division of HIV and STD programs, Los Angeles County Department of Public Health

ASSESSMENT PROCESS AND METHODS

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, added new requirements for triennial Community Health Needs Assessment reporting that requires hospitals to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions. This report has been conducted in compliance with these federal requirements.

The Community Health Needs Assessment (CHNA) collected primary (qualitative) and secondary (quantitative) data.

The process included the collection of existing public data and engagement of community stakeholders (residents, providers, public health experts, etc...). The assessment was conducted in three simultaneous stages.

Northridge Hospital invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public. No written comments have been received.

Valley Care Community Consortium (VCCC) has extensive experience in community-based participatory research (CBPR), which emphasizes a collaborative approach to research that equitably involves all stakeholders and values the expertise of all involved. For this primary data collection effort, VCCC adhered to the Health Research and Educational Trust and the Association for Community Health Improvement's *Engaging Patients and Communities in the Community Health Needs Assessment Process*, which includes eight steps to integrating community engagement throughout the CHNA process.

Primary data collection took the form of 500 community surveys, 5 focus groups, 2 community forums, and 20 interviews. The paper-based surveys were conducted in communities throughout the hospital's service area with particular focus on communities that scored highest in the Community Need Index (CNI). These communities were primarily underserved, low-income communities of color with a history of being medically underserved. Focus groups were conducted with health care, medical, public health, early education, basic needs, housing, and community health (promoters) professionals. The community forums were conducted with two groups: 1) an established coalition of mental health and behavioral health professionals and 2) a group of community residents concerned about the health of their community. Lastly, the interviews were conducted with leaders representing civic leaders, community clinics, homeless services organizations, public health departments, and school districts.

Secondary data, collected through internet research, public health data, and other assessments, was published by another entity and is typically numerical in nature. This secondary data is comprised of demographics, health behavior, and health outcomes is publicly available from the United States Census Bureau, California Department of Public Health, Los Angeles Department of Public Health, UCLA Center for Health Policy Research, Los Angeles Police Department, Los Angeles Homeless Services Authority, and Dignity Health in partnership with Truven Health Analytics Inc. A comprehensive list is presented in Appendix E.

Secondary data was collected from the noted resources and descriptive statistics were prepared. For cities that were represented by more than one ZIP code, the city level data was derived as a weighted average of the statistics for the component ZIP codes; the weights being the population count for each of the ZIP codes. Similarly, statistics for the service region were computed as a weighted average of the statistics for all 40 ZIP codes in the service region; the weights being the population count for each ZIP code. When appropriate and when data was available, proportions were compared to those for the service area as a whole, Los Angeles County and/or California. For some data (for example, homelessness and some health behaviors) the most detailed information was only available at the Service Planning Area (SPA) level.

Primary Data Collection

The broad interest of the community reflected in this report was gathered four ways including; community surveys, focus groups, community forums, and key informant interviews. Participants included members of underserved populations, low-income communities, and providers of services including the uninsured/underinsured, immigrant, homeless, youth, mentally ill, elderly, and disabled. A brief discussion of each collection method is listed here with extensive response details of each sector listed under the Summary of Community Engagement located under Appendix C.

Community Survey

To engage community members, a paper-based survey was used to gather feedback in community-based settings like community centers, metro train stations, college and university campuses, early head start centers, homeless shelters, senior centers, and youth centers. The survey was made available in English and Spanish formats. Survey takers were informed that the survey is confidential, private, and voluntary. No compensation was provided to survey takers.

Demographic information collected included ZIP code, city, age range, sex, ethnicity, marital status, and household income. The survey questions focused on the following topics:

- Where and how they access routine health care services
- Behaviors associated with physical activity and nutrition
- Health status and behaviors associated with a healthy lifestyle
- Issues and concerns about community health including public safety and built environments

The summary of the survey report can be found in Appendix C.

Focus Groups

Focus groups were conducted with medically underserved, low-income populations in the region with a particular attention to high priority populations like homeless individuals, low-income families, and community health workers working directly with communities disproportionately affected by health disparities. Additionally, focus groups were also conducted with SPA 2 health care and public health professionals with expertise in the region.

Five focus groups were conducted with a total of 25 stakeholders. Focus groups were conducted in English and Spanish with two conducted in English, two in Spanish, and one in English and Spanish. Three staff members conducted each focus group and each had a specific role including facilitator, note taker, and Spanish interpreter.

Light refreshments and gift cards were provided to participants. Trusted community partner organizations hosted the focus groups and assisted with the recruitment of community members to participate in the focus group sessions.

At each focus group session, staff provided an overview of the CHNA process and reasons for it. The overview included information about the federal and state level regulations requiring CHNAs, the different ways data is collected and used, and the role of community members in informing and guiding the CHNA process. Focus group participants were also assured that they would be informed of the completion of the report and provided access to it.

Focus group participants were asked about the following:

- Key health issues and needs facing the community
- Challenges and barriers contributing to the health needs of the community
- Strategies to address health needs
- Resources available to the community to improve community and population health

A summary of the focus group responses can be found in Appendix C.

Community Forums

Forums occurred with residents and health care professionals representing the region to better understand the community. Forums were composed of a minimum of 15 individuals who resided in or were employed in the hospital's service area. Forums were conducted in English and participants did not receive compensation for participation.

Two community forums took place with a total of 60 community residents and health care professionals participating. The first group was hosted by a coalition of mental health and behavioral health professionals. The second group was composed of community members from a faith-based organization. Each forum lasted a minimum of 60 minutes and consisted of the following format:

- Overview of the CHNA purpose and process
- Introduction by each participant (name and organization affiliation)
- Discussion around each of the topics below
 - Key health issues and needs facing the community
 - Challenges and barriers contributing to the health needs of the community
 - Strategies to address health needs
 - Resources available to the community to improve community and population health
- Prioritization of the health issues identified

A summary of the community forums responses can be found in Appendix C.

Key Informant Interviews

A total of 20 interviews were conducted with residents, community and civic leaders, health care advocates, and non-profit partners. Interviews were conducted between January 2019 and March 2019. Each interview lasted a minimum of 20 minutes and were conducted by phone. Interview subjects were invited to participate in the interview via email and requested to schedule an interview time.

Interview subjects were selected based on their organization's program reach in the hospital's service area as well as the patient/client populations they served. Careful thought went into ensuring that the targeted interviews represented the diverse communities of the Service Planning Area.

Interview subjects were informed that their participation would be made available to the public and consent was confirmed. No compensation was provided to interview subjects.

Interview subjects were asked about the following topics:

- Key health issues and needs facing the community and populations they serve
- Health issues and concerns including drivers and root causes
- Challenges and barriers to addressing the health needs
- Strategies and potential solutions to address health needs identified

- Services, programs, and resources available to the community
- Prioritization of the health issues identified
- Other comments and suggestions

A summary of the interview responses can be found in Appendix C.

Information Gaps

Information gaps that limit the ability of this CHNA to assess the community's health needs include limited quantitative data in some areas. In addition, it is important to note the potential information limitations and gaps were due to the timeliness of publicly available secondary data; for some information, the most recent data available was from 2013.

While the data in this report came from various reliable sources, there are limitations that exist when data is self-reported such as in the community member survey data and the California Health Information Survey data.

Primary and secondary data gathering in the service area generated an abundance of information. However, there were gaps when issues were identified by the community residents and no local secondary data was available. Additionally, some data was not available for analysis by race and ethnicity at the ZIP code level.

Collaborations

Community collaboration for the CHNA included the Valley Care Community Consortium who conducted all of the primary data collection including the focus groups, community forums, key informant interviews and collection of 500 surveys. Secondary data was researched and analyzed by Northridge Hospital's Center for Healthier Communities Staff and California State University Health Administration and Public Health Interns.

Process and Criteria to Identify and Prioritize Significant Health Needs

The process to identify and prioritize significant health needs included steps to identify the significant health needs, factors and conditions contributing to those needs, groups or populations most affected by needs, barriers and challenges to addressing needs, strategies, and resources to address those needs. The responses from various stakeholders varied greatly from access to care, to homelessness, and public safety.

To assist in the identification of significant health needs, the following criteria was used:

- Severity – How severe is the problem considering morbidity and mortality?
- Magnitude – How many people are affected by the problem?
- Community Importance – How important is this issue to the community?
- Hospital Capacity – Does the hospital have the adequate resources to address the issue?

Participants were asked to rank their top six health needs and issues identified. Results were tabulated at the end of each event and all items were entered into an excel spreadsheet, where they were assigned a point value. The top six priority needs were assessed based on highest to lowest need. The cumulative value of each community need was calculated, and prioritized by the total points received. Based on the criteria above the six most immediate community health needs were identified based on combined scores of individual prioritization and were accepted and approved by the hospital's community board.

Description of Prioritized Community Health Needs

1. Affordable Housing and Homelessness

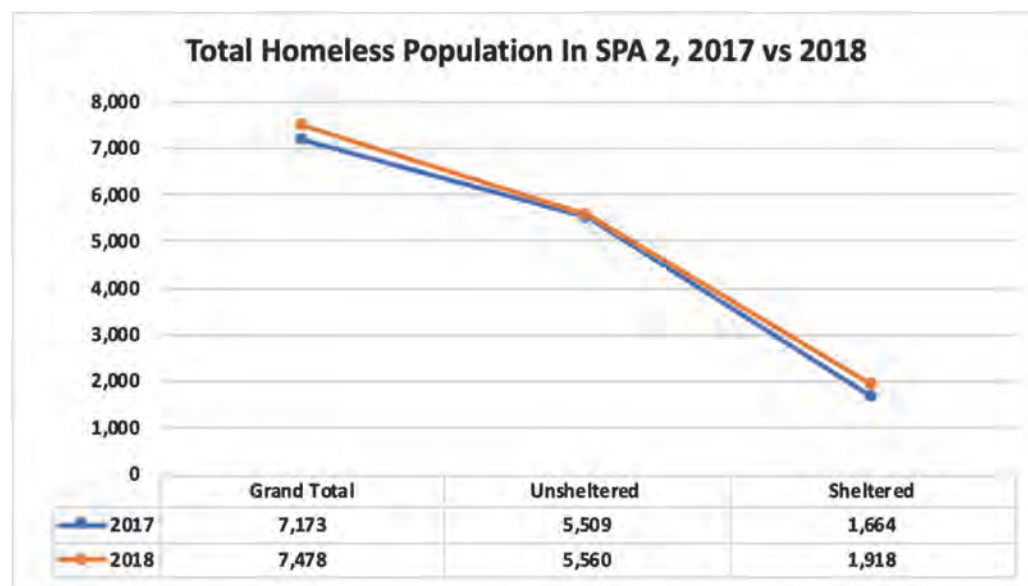
The majority of participants described homelessness and affordable housing as their top concern. Many expressed the high cost of rent/mortgage are affecting their health and mental health. According to the LA County Department of Public Health Key Indicators of Health Report 2017, more than 50% of residents spend more than 30% of their income on housing cost. Additionally, many participants expressed concern about how homeless families and individuals are receiving the help they need to move out of that situation. A homeless count was completed in January 2018 by the Los Angeles Homeless Services Authority. Their report shows that homelessness grew by 5% in the San Fernando Valley. This data includes sheltered/unsheltered, youth count, and vehicle, tent, and make shift shelter totals.¹⁵ Safe and affordable housing is an important part of health. Low and middle-income homes facing high housing cost can be afflicted with multiple mental and physical stressors that are associated with adverse health outcomes. In the face of high housing costs, individuals may not have the means to meet basic needs such as food, clothing, transportation or health care. In

addition, low income and middle income individuals may find themselves living in overcrowded homes, poor quality dwellings, and far from employment and social networks of support.

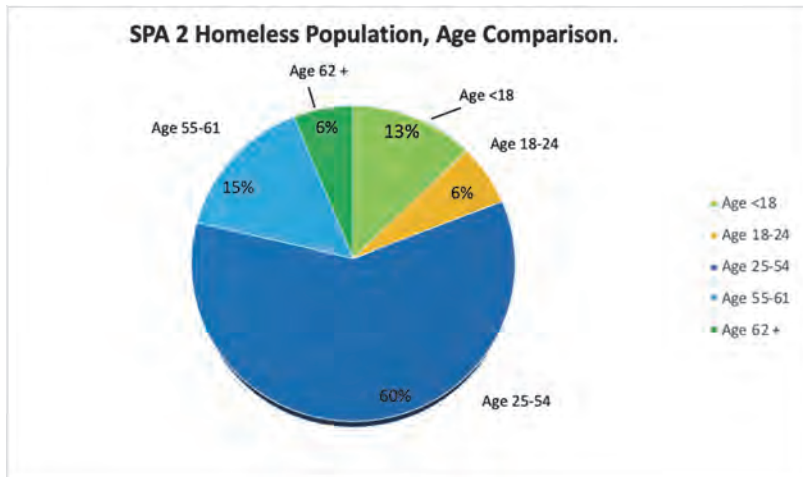
Poor quality housing also increases the risk for illness or injury. Affordability may also necessitate long work commutes, which can expose individuals to poorer air quality and contribute to having less time to invest in social and physical activities that reduce stress. In turn, not being able to reduce stress may contribute to other psychosocial issues. Unfortunately, some individuals who may no longer be able to afford housing become homeless. Those who are homeless have a “mortality rate four to nine times higher than those who are not homeless.”

Compared to the previous year, there has not been a drastic change in the numbers for unsheltered and sheltered individuals. There was only a slight increase of a couple hundred individuals.

As noted in the graph on this page, the Homeless Population Total in SPA 2 for 2017 was 7,173 - 76% unsheltered and 23% sheltered. In 2018, the Homeless Population Total in SPA 2 was 7,478 - 74% unsheltered and 25% sheltered.^{14, 15}



Source: 2017 and 2018 Greater L.A. Homeless Count, L.A Homeless Services Authority (LASHA)¹⁶

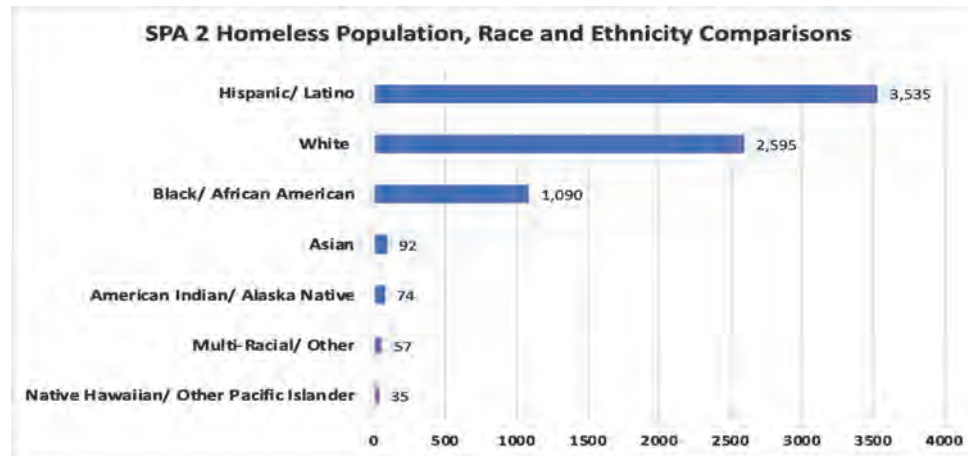


Source: 2018 Greater L.A Homeless Count, L.A Homeless Services Authority (LASHA) ¹⁶

The highest percentages of homelessness by age are individuals that are between 25-54. Additionally, individuals aged between 18-64 and 62+ are tied with having the lowest percentage of homelessness.

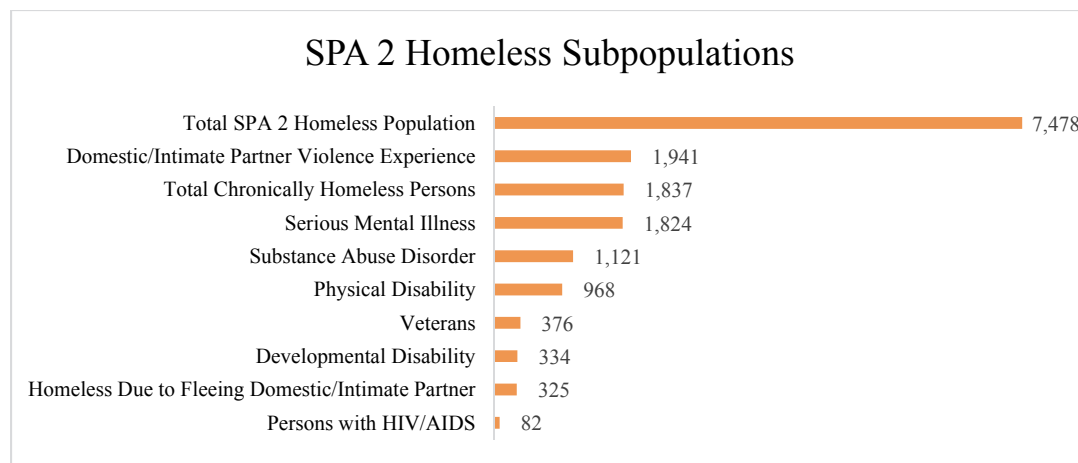
In SPA 2 Homeless Population, Age Comparison graph shows that 60% of our homeless population is in the 25-54 age group; 15% are ages 55-61; 13% under the age 18; 6% are ages 18-24; and 6% are ages 62+. ¹⁵

In the SPA 2 Homeless Subpopulation, Race and Ethnicity Comparison, the graph shows that 47% of our homeless population is Hispanic/Latino, 34% are White, and 14% are Black/African American. ¹⁵



Source: 2018 Greater L.A Homeless Count, L.A Homeless Services Authority (LASHA) ¹⁶

In the SPA 2 Homeless Subpopulations graph, the homeless population is 7,478. 1,837 of those are chronically homeless persons; 1,824 have a serious mental illness; 1,121 have a substance abuse disorder; 968 have a physical disability; 334 have developmental disabilities; 376 are Veterans; 1,941 are homeless due to domestic/intimate partner violence experience; 325 are homeless fleeing domestic/intimate partner violence; and 82 are persons with HIV/AIDS.¹⁵



Source: 2018 Greater L.A Homeless Count, L.A Homeless Services Authority (LASHA)¹⁶

2. *Obese and Overweight Adults and Children*

Parents, community leaders, and public health professionals expressed a continuing concern about the obesity epidemic in their local communities. Food deserts and food swamps were issues identified as negatively affecting people’s health. Some community members expressed the connection between chronic diseases, lack of nutrition education, and availability of unhealthy food options.

An adult is considered obese if their Body Mass Index (BMI) is ≥ 30 and overweight if their BMI is between 25 and 30.¹⁷ Obesity and overweight in both adults and children have become prevalent in the U.S. An individual that is obese or overweight is at increased risk of heart disease, Type II diabetes, other chronic diseases such as stroke, arthritis, and many forms of cancers; and as such is a public health concern. Obesity and overweight are among the most preventable health problems and causes of type II diabetes. Many of the participants suggested that lack of knowledge about proper nutrition and access to affordable healthy foods are major contributing factors to obesity. According to data from the 2015 Los Angeles County Health Survey, in SPA 2 nearly 20% of adults are obese and an additional 37% are considered overweight.² Among the Latino and African American populations in Los Angeles County, the percentages for obesity are 30.9% and 32.9%, respectively.¹⁸

Rates of overweight and obese adults and children ranked as the second area of concern for respondents. For children ages 2-19, BMI percentiles are used to determine unhealthy weights. For this age group, overweight then is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex, while obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex.¹⁹

Incidence of obesity and excess weight in adults and children has increased in the U.S. As mentioned previously, conditions related to poor weight management include heart disease, stroke, type 2 diabetes and certain types of cancer; all of which are leading causes of preventable, premature death.²⁰ There are many factors that contribute to weight gain among adults and young children. Some factors are genes, eating habits, physical inactivity, television, phone and other screen time, along with sleep habits, medical conditions or medication, and where and how people live, including their access to healthy foods and safe places to be active.²¹

According to the data from the 2017 Key Indicator of Health, in SPA 2, nearly 19.8% of adults are obese and an additional 37% are considered overweight.² Also, only 27% of children ages 6-17 years obtain the recommended amount of aerobic exercise each week.² Moreover, 37.5% of children and 28% of adults were shown to consume at least one soda or sweetened beverage per day.²

In the 2015 Supplement to Community Health Assessment SPA 2, 20% of children grades 5, 7, 9 were obese.³ Furthermore, data showed 44% of children and 38% of adults consume fast food at least once a week.³

3. Poor Mental Health

Mental health reached the top three of the issues identified as a significant health concern as many community members expressed that the national political climate is affecting the decisions families are making in accessing health services especially for communities with high a concentration of migrant residents. Additionally, a surge in suicides and suicide attempts with the teenage population has many parents alarmed as to why this is occurring.

The WHO attributes poor mental health to a stressful work environment, risk of violence, rapid social changes, unhealthy lifestyle, and ill physical health. Persistent social stressors such as loss of employment, economic hardship, poverty and low level education are also identified with the poor mental health of an individual or community.

Data from the Los Angeles Key Indicators of Health Survey, indicates SPA 2 percentages lower than LA County rates in adults diagnosed with depression, and adults at risk of major depression.² In SPA 2- 7% of adults and, in LA County, 8.5% of adults, attempted to get mental health care in the past year. Data from the Los Angeles Health Indicators for Women Survey shows 10.1% of

the female population have been diagnosed with depression with 15.8% of them being white.²³ Also, SPA 2 has a lower rate of Alzheimer’s disease death at 30% compared to the county rate.

According to a survey from the Los Angeles County Public Health Department, in LA County, activities were limited an average of 2.3 days in a month due to poor physical and/or mental health.²² In SPA 2, it was slightly higher with 2.5 days that were limited due to poor physical and/or mental health.²²

In 2015, Los Angeles County and SPA 2 were characterized by the following mental health statistics:²²

Mental Health				
	Los Angeles County		SPA 2	
	Percent	Estimated #	Percent	Estimated #
Adults with current depression	8.6%	661,000	8.0%	136,000
Adults at risk of major depression	11.8%	875,000	10.1%	166,000

4. Substance Use Disorders (Alcohol and Drug)

Substance use disorders were a constant concern with many expressing anxieties about the opioid epidemic and how the legalization of marijuana will impact young people.

- Continued substance use despite persistent or recurrent social or interpersonal problems were caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights).²⁴

Alcohol

Alcohol affects every organ in the body, and “the intensity of the effect of alcohol on the body is directly related to the amount consumed.”²⁵ Alcohol affects each person differently and each person should be aware of how much alcohol they consume. According to the National Institute on Alcohol Abuse and Alcoholism published by the Centers of Disease Control and Prevention (CDC) binge

drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or more. This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men and 4 or more drinks on a single occasion for women, generally within 2 hours.²⁵

In 2017:

- 140.6 million Americans aged 12 or older were current alcohol users
- 66.6 million were binge drinkers in the past month
- 16.7 million were heavy drinkers in the past month
- 7.4 million underage people aged 12 to 20 drank alcohol in the past month
- 1 in 8 underage individuals were binge drinkers in the past month²⁶

Prescription Drug Use

Individuals, who may seek help from a physician for pain management, are often prescribed opioids. The main objective is to relieve pain, but in some cases the opioids are misused. Some of the opioids prescribed include hydrocodone, oxycodone, morphine, and codeine. Many young people tend to misuse prescription drugs because they are cheaper and more accessible than illicit drugs.

Among people aged 12 or older who misused pain relievers in the past year, about 6 out of 20 people indicated that the main reason they misused pain relievers on the last occasion of misuse was to relieve physical pain (6.26%) and about half (53.1%) obtained the last pain reliever they misused from a friend or relative.²⁶ According to the National Survey on Drug Use and Health (NSDUH):



- In 2017, an estimated 11.4 million people misused opioids in the past year
 - 11.1 million were pain reliever misusers
 - 886,000 were heroin users
- Approximately 1.9 million Americans meet the criteria for “prescription painkillers use disorder” based on their use of prescription painkillers in the past year.
- 1.4 million people used prescription painkillers non-medically for the first time in the past year

- Opioid misuse was highest amongst persons aged 18-25 at 7.3% and at 7.2% for those ages 26-34
- 11,824 or 4.4% of persons aged 12 and older, reported opioid misuse in the past year
 - By gender, 4.9% among males and 3.9% among females
 - By race/ethnicity, 1.8% among Asians to 4.67% among Whites

The average age for prescription painkiller first-time use was 21.2 years old. In 2017²⁷, there were:

- 2,196 opioid overdose deaths in California
- 429 Fentanyl overdose deaths in California
- 4,281 opioid (excluding heroin) overdose ED visits in California
- 21,787,042 opioid prescriptions in California²⁸

Illicit Drug Use

According to the Results from the 2017 National Survey on Drug Use and Health:

- 30.5 million people aged 12 or older used an illicit drug in the past 30 days which corresponds to 1 in 9 Americans (11.2%).
- 26.0 million were marijuana users and 3.2 million were current misusers of prescription pain relievers.

Infectious Disease

In addition to increasing the risk of overdose, the intravenous use of heroin also places individuals at higher risk of diseases like HIV and hepatitis C.²⁷ According to the World Health Organization, infectious diseases are caused by pathogenic microorganisms such as bacteria, viruses, parasites or fungi; the diseases can spread directly or indirectly from one person to another.²⁹

HIV by Drug Injection

In 2017, people who inject drugs accounted for 6% of HIV diagnoses.

- Men who injected drugs accounted for 4% = (1,373) of HIV diagnoses.
- Women who inject drugs accounted for 3% = (1,016) of HIV diagnoses.³⁰

Amongst gay and bisexual men who inject drugs, whites accounted for the largest number of HIV diagnoses (625), followed by Hispanics/Latinos (286) and African Americans (263).³⁰

Hepatitis C

The Centers for Disease Control and Prevention definition of Hepatitis C, which is caused by a virus, is the inflammation of the liver. When the liver is inflamed or damaged, the function can be affected. It can be caused by heavy alcohol use, toxins, medications, and can also be transmitted/spread by:

- Sharing needles, syringes, or other equipment to prepare or inject drugs.
- Needle stick injuries in health care settings
- Being born to a mother who has hepatitis C.³¹

Current and former injection drug users, including those who injected just once, are at risk for contracting Hepatitis C.

5. Diabetes

Diabetes remains a key concern with community members in how it affects so many individuals in the region and disproportionately affects communities of color. Participants cited the connection between diabetes and the food they eat.



The CDC defines diabetes as “a chronic (long-lasting) health condition that affects how your body turns food into energy”.³² Nationally, there has been a significant increase in incidence of Type II diabetes. In 2015, there was an estimated 1.5 million new cases of diabetes (6.7 per 1,000 persons) diagnosed among U.S. adults aged 18 years or older.³³

There are three types of diabetes: Type I, where the pancreas produces little or no insulin; Type II, diabetes is where the body becomes resistant to insulin; and Gestational Diabetes, which represents women without previously diagnosed diabetes developing high blood sugar during pregnancy.³² Type II is the most common type of diabetes and accounts for 90-95% of all diabetes cases.³² Risk factors for diabetes include being obese/overweight, smoking, physical inactivity, high blood pressure, cholesterol, and glucose, race/ethnicity, and poor dietary habits.³³ Diabetes is the seventh leading cause of death in the hospital’s service area.

Data from the Los Angeles County Health Survey indicate that, in 2017, 8.2% of the adults in SPA 2 were diagnosed with diabetes (compared to 9.8% in the Los Angeles County).² In 2017, the diabetes death rate (age-adjusted per 100,000 population) was 17.7% in SPA 2 compared to 21.9% in the Los Angeles County.² Data from the Los Angeles Health Indicators for Women indicate that, in 2017, 15.1% of black adult women and 11.5% of Latina adult women were diagnosed with diabetes compared to 10% in Los Angeles

County.²³ Additionally, from the Los Angeles Health Indicators for Women, 11% of women had gestational diabetes with a recent live birth, whereas 16.3 of Asian women were diagnosed with gestational diabetes.²³

6. Child and Domestic Abuse (physical, sexual, emotional, and neglect)

Children and domestic abuse was also cited as a concern for community members as it relates to overall community health and safety. Child maltreatment includes many types of abuse and neglect that can occur towards a child under the age of 18, usually by a caregiver or a parent. Four common types of neglect are: physical abuse, sexual abuse, emotional abuse, and neglect.³⁵ There were 674,000 victims of child abuse and neglect reported to child protective services (CPS) in 2017.³⁴ The total lifetime cost of child abuse and neglect is \$124 billion each year.³⁵ Child abuse is deliberate and intentional; “words or over actions that cause harm, potential harm, or threat of harm”.³⁶

Child abuse not only has traumatic effect on the children that have endured it, but also the communities that have to deal with the aftermath of it. Approximately four children die every day due to child abuse.³⁶ with over 28% of these children below the age of three.³⁴ The percentages of child victims are similar for boys (48.6%) and girls (51.0%).³⁴ One preventative measure that can be taken to prevent child abuse is to identify the contributing risk factors. Age, health, and physical, mental, emotional, and social development are factors that may increase a child’s vulnerability to maltreatment.³⁷

According to California Child Welfare Indicator Project, in Los Angeles County, a total of 485,651 children have reported one or more allegations of abuse in 2018. They were 45,412 sexual abuse reports, 92,449 physical abuse reports, 7,212 severe neglect reports, 223,835 exploitation reports, 53,578 emotional abuse reports, 5,155 caretaker absence/incapacity reports, and 57,539 at-risk sibling abuse reports.

According to the Health Indicators of Women in LA County Survey, the rate of emergency room visits (treated and released) for intimate partner violence injuries is 4.0 per 100,000 adults (men and women).⁴² The rate for emergency room visits for assault injuries is 247.6 per 100,000 adults (men and women).⁴² Domestic violence impacts emergency room visits that are very costly to its victims. Domestic violence victims lose nearly eight million days of paid work per year in the U.S. alone – the equivalent of 32,000 full-time jobs.⁴¹

Allegation Type	Los Angeles County: Child with one or more Allegations for Jan 1, 2018 to Dec 31, 2018
Sexual Abuse	45,412
Physical Abuse	92,449
Severe Neglect	7,212
Exploitation	223,835
Emotional Abuse	53,578
Caretaker Absence/Incapacity	5,155
At Risk, Sibling Abused	57,539
Total	485,651
Source: California Child Welfare Indicator Project (CCWIP), University of California at Berkeley	
http://cssr.berkeley.edu/ucb_childwelfare/Allegations.aspx	

Domestic Violence and Sexual Assault

The NHMC Center for Assault Treatment Services (C.A.T.S.) in Van Nuys served 1,106 victims of sexual and domestic violence between July 1, 2017 and June 30, 2018.³⁸ According to Northridge Hospital, 53% of the victims were children 17 years old and younger.³⁸ Domestic violence and sexual assault are public health issues and can affect many individuals regardless of age, gender, socioeconomic status, race, religion or education. This is an intentional life-threatening crime that not only affects the victims, but the community as a whole. According to the CDC, the term “Intimate Partner Violence (IPV) describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.”³⁹ It is estimated that 35% of women worldwide have experienced either physical and/or sexual intimate partner violence at some point in their lives.⁴⁰ Domestic violence results in injury, and sometimes death. According to Domestic Violence Statistics, “every day in the U.S, more than three women are murdered by their husbands or boyfriends.”⁴¹ Many risk factors contribute to sexual abuse and domestic violence. A child that witnesses physical and/or sexual abuse is more likely to commit such crimes in adulthood.⁴¹ Men who witnessed their parent’s domestic violence as children were twice more likely to abuse their own partners than sons of nonviolent partners.⁴¹

COMMUNITY RESOURCES

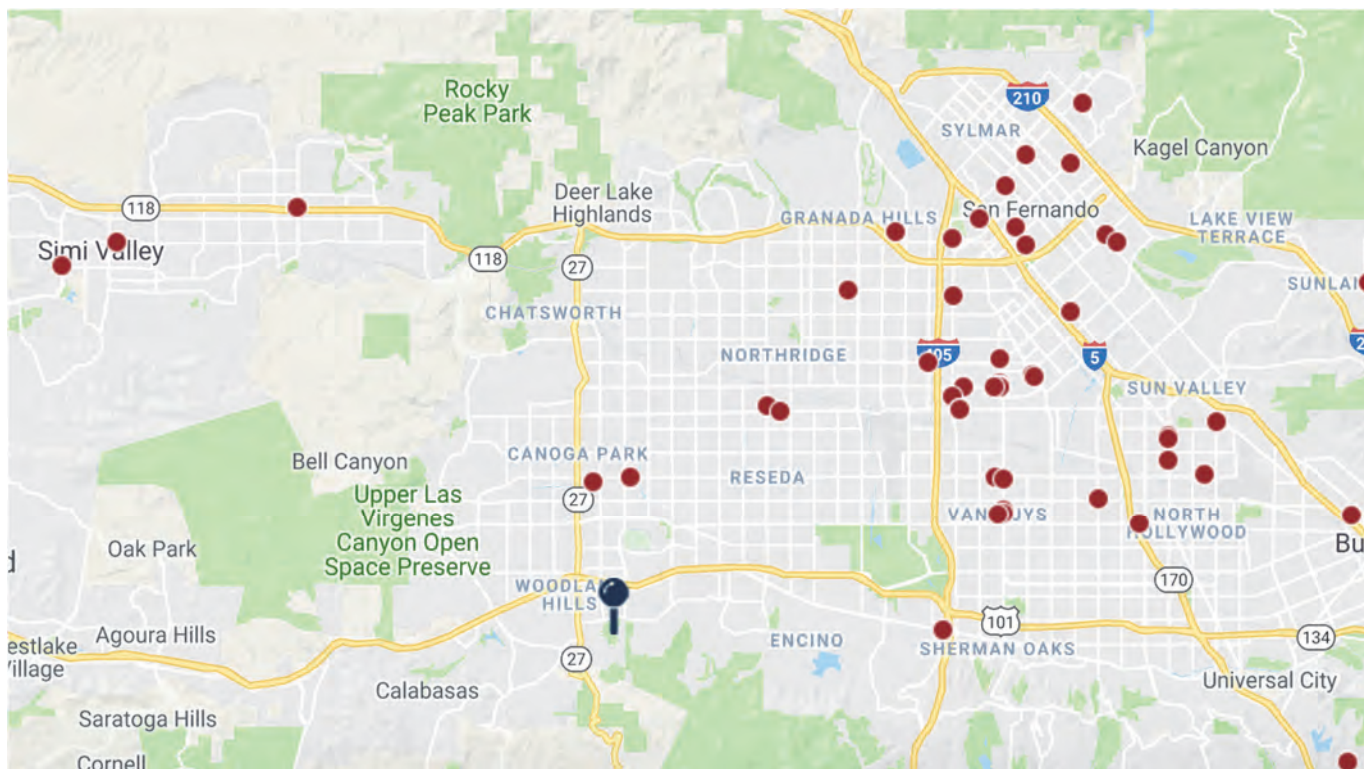
Assets available to the residents in the Northridge Hospital catchment area (SPA-2) were inventoried to better understand the existing landscape so that new partnerships may be forged, and gaps warranting attention could be identified in order to address unmet community needs. Resources to address identified needs include services and programs available through hospitals, clinics, government, and community based organizations. The service area is rich in health care resources; however access for some segments of community health services such as mental health, housing, and substance abuse are lacking. Many of the service providers including Northridge Hospital participate in the Valley Care Community Consortium, a collaborative of health, mental health, dental, and social service providers in SPA 2. The table below summarizes the five broad types of assets that were collected. A complete listing of community assets may be found in a separate Community Resources Report at dignityhealth.org/northridgehospital.

Type of Asset	Category
Health Care Assets	Cancer Resources
	Clinics
	Heart Disease Resources
	HIV Services
	Home Health/Hospice
	Hospitals
	Long Term Care
	STD Services
Mental Health Care Assets	Mental Health and Crisis Resources
	Mental Health Services for Adults
	Mental Health Services for Children
	Mental Health Services for Older Adults
	Suicide Prevention Services
Oral Health Care Assets	Dental Services
Health and Human Assets	Child Abuse Resources
	Community Organizations
	Health and Human Services
	Homelessness Resources
	Housing and Shelters
	Human Trafficking
	Violence Prevention Services
	Youth Development Services
Parks and Recreation Assets	Parks and Recreation Resources

Federally Qualified Health Clinics / School Clinics

Access to primary health care services is vital to the poor and vulnerable. Federally Qualified Health Centers are community-based health care providers that receive funds from the Health Resources and Services Administration (HRSA) Health Center Program to provide primary care services in underserved areas. According to the HRSA, “they must meet a stringent set of requirements, including providing care on a sliding fee scale, based on ability to pay and operate under a governing board that includes patients”.⁴³

Federally Qualified Health Centers in Service Planning Area 2



The red dots in the image above represent the location of health centers, scattered throughout the service planning area 2.

Source: HRSA Health Resources & Services Administration. *Federally Qualified Health Centers*. HRSA Data Warehouse Find a Health Center. Reviewed May 2018. Retrieved from <https://findahealthcenter.hrsa.gov>⁴³

IMPACT OF ACTIONS TAKEN SINCE THE PRECEDING CHNA

Dignity Health’s approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our multi-pronged initiatives to improve community health include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

At Northridge Hospital we share a commitment to optimize the health of our community. Between fiscal years 2016 and 2019 Northridge Hospital provided \$371,515,851 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. A total of 10,127,616 community residents from 32 community benefit programs were impacted. Additionally, between 2017 and 2019 thousands of more lives were impacted by our Community Grants program that provided \$516,778 to 17 local non-profit groups whose project work was in alignment with the needs identified in the 2016 Community Health Needs Assessment (CHNA) report.

Below are community benefit and community health programs and initiatives operated or substantially supported by the hospital that addressed the top community health needs identified in 2016. The programs addressed issues of diabetes, homelessness, mental health, nutrition, heart disease, obesity, child and adult violence including physical and sexual abuse, dating violence, and human trafficking.

- Activate your Heart – An evidence-based program in partnership with Mid Valley Family YMCA to provide 8 weeks of cardiovascular prevention education, physical activity, and stress management to reduce the incidence of cardiovascular disease in low income communities.
- Angie’s Spa – Free therapeutic massages are provided to men and women undergoing inpatient and outpatient cancer treatment at our Leavey Cancer Center. The therapeutic massages decrease stress, anxiety, pain and alleviate some of the side effects of traditional medical treatments. This unique service provides cancer patients with extra support and comfort.
- Beyond Trauma – A peer support group curriculum for domestic violence victims led by social worker at local domestic violence shelter.

- Center for Assault Treatment Services – Provides forensic interviews and medical exams for child and adult victims of sexual abuse/assault, domestic violence, child maltreatment, human trafficking, and dating abuse. The Center also provides outreach and prevention education and mandated reporter training.
- Community and School Wellness Initiative – A partnership with the Los Angeles Unified School District to implement physical activity, nutrition education, and parent education in the community and on site at each school.
- Diabetes Wellness RX Program – This evidence-based Diabetes Self-Management Program is provided at no cost to community residents in English and Spanish.
- Family Practice Residency Program – Three years of faculty-provided education and training is given to residents who then in turn, provide inpatient and outpatient care to many of the underserved in the community through the hospital’s Family Practice Clinic.
- Helping Hands Holiday Jam - Northridge Hospital Foundation has provided a Christmas wonderland for disadvantaged children from eight Title 1 LAUSD schools for the last 18 years.
- Safe Dates – This evidence-based program, provided to West Valley Boys and Girls Club sites at two middle schools and four high schools, is an adolescent dating abuse prevention curriculum designed to raise students’ awareness of what constitutes healthy and abusive dating relationships

Appendix A

Acknowledgements

Appendix A: Acknowledgements

The creation of a successful Community Health Needs Assessment requires a lot of support and a team-based approach. The development of the 2019 Community Health Needs Assessment (CHNA) would have not been possible without our partnership with Valley Care Community Consortium who we contracted with to conduct the primary data collection. Additionally, the Los Angeles County Department of Public Health Office of Health Assessment and Epidemiology was vital in providing us with our 52 Core Indicators of Health for our specific hospital service area. We also need to recognize our university partner California State University, Northridge, who partnered with us to provide Public Health and Health Administration interns over the Fall 2018 and Spring 2019 semesters. Graduate and undergraduate interns supported the secondary data collection and creation of the data tables and supporting narrative. Additional secondary data review was provided by Christine Schaeffer, PhD.

A special thank you to the individuals who contributed time, expertise, and input through their participation in focus groups, community forums, key informant interviews, and completion of surveys.

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Joann Nedkov

Linda Franco

Stephanie Molina

Linda Ortiz

Richard Farrales

Niloufar Nase

Taylor Troost

Appendix B

Demographic Tables

Appendix B: Demographic Tables

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Table 1: Educational Attainment Estimates by Zip-Code, 2018

Zipcode	City	Total Population 25 years and older	Less than 9th grade %	Less than 9th grade total	9th to 12th grade, no diploma total %	9th to 12th grade, no diploma total	High School graduate %	High School graduate total	Some college, no degree %	Some college, no degree total	Associate's degree %	Associate's degree total	Bachelor's degree %	Bachelor's degree total	Graduate or professional degree %	Graduate or professional degree total
91302	Calabasas	18,052	1.6%	281	1.0%	176	11.4%	2,058	16.1%	2,899	5.8%	1,050	31.6%	5,710	32.6%	5,878
91303	Canoga Park	19,610	19.3%	3,776	11.1%	2,186	21.9%	4,304	17.1%	3,351	6.6%	1,304	17.8%	3,401	6.6%	1,288
91304	Canoga Park	36,365	9.4%	3,414	9.5%	3,464	23.4%	8,526	22.5%	8,193	7.4%	2,705	19.1%	6,932	8.6%	3,131
91304	West Hills	36,365	9.4%	3,414	9.5%	3,464	23.4%	8,526	22.5%	8,193	7.4%	2,705	19.1%	6,932	8.6%	3,131
91306	Canoga Park	34,792	13.7%	4,756	10.2%	3,558	24.6%	8,565	20.5%	7,040	7.5%	2,595	17.7%	6,144	6.1%	2,134
91306	Winnetka	34,792	13.7%	4,756	10.2%	3,558	24.6%	8,565	20.2%	7,040	7.5%	2,595	17.7%	6,144	6.1%	2,134
91307	West Hills	19,322	3.7%	712	3.4%	658	17.6%	3,395	18.3%	3,531	9.3%	1,797	29.6%	5,719	18.2%	3,510
91311	Chatworth	29,440	3.9%	1,140	5.0%	1,460	19.9%	5,867	23.9%	7,037	8.6%	2,543	25.2%	7,424	13.5%	3,969
91316	Encino	23,016	3.3%	763	3.4%	792	16.2%	3,721	20.8%	4,791	7.0%	1,615	31.3%	7,198	18.0%	4,136
91324	Northridge	20,382	6.3%	1,286	5.8%	1,178	18.3%	3,728	24.4%	4,964	7.7%	1,565	26.3%	5,361	11.3%	2,298
91325	Northridge	22,297	6.1%	1,369	5.0%	1,109	19.7%	4,382	22.2%	4,946	7.9%	1,767	25.1%	5,588	14.1%	3,136
91326	Northridge	26,722	3.3%	876	4.2%	1,109	19.7%	4,382	22.2%	4,946	7.9%	1,767	25.1%	5,588	14.1%	3,136
91326	Porter Ranch	26,722	3.3%	876	4.2%	1,112	14.6%	3,912	15.8%	4,231	6.6%	1,770	33.5%	8,964	21.9%	5,857
91331	Arleta	66,248	28.9%	19,125	16.2%	10,718	26.8%	17,762	13.4%	8,910	4.6%	3,029	8.0%	5,291	2.1%	1,413
91331	Pacoima	66,248	28.9%	19,125	16.2%	10,718	26.8%	17,762	13.4%	8,910	4.6%	3,029	8.0%	5,291	2.1%	1,413
91335	Reseda	54,001	13.7%	7,416	10.0%	5,418	24.1%	13,006	21.2%	11,430	7.0%	3,764	17.1%	9,243	6.9%	3,724
91340	San Fernando	22,680	24.4%	5,531	14.4%	3,272	30.0%	6,808	17.1%	3,886	4.8%	1,097	6.8%	1,542	2.4%	544
91342	Sylmar	61,269	17.5%	10,729	11.8%	7,211	27.2%	16,653	19.1%	11,714	6.8%	4,196	12.8%	7,812	4.8%	2,954
91343	Northridge	40,916	15.6%	6,364	10.0%	4,084	25.3%	10,360	17.5%	7,171	6.5%	2,649	18.8%	7,694	6.3%	2,594
91343	North Hills	40,916	15.6%	6,364	10.0%	4,084	25.3%	10,360	17.5%	7,171	6.5%	2,649	18.8%	7,694	6.3%	2,594
91344	Granada Hills	37,902	4.9%	1,846	5.3%	2,027	21.6%	8,180	22.9%	8,697	7.6%	2,871	24.8%	9,396	12.9%	4,885
91345	Mission Hills	13,017	15.6%	2,031	7.6%	995	26.9%	3,500	24.5%	3,184	7.1%	924	14.2%	1,844	4.1%	539
91351	Canyon Country	21,365	6.2%	1,332	8.0%	1,712	24.6%	5,256	26.6%	5,684	9.6%	2,047	17.9%	3,832	7.0%	1,499
91352	Sun Valley	31,021	22.9%	7,144	12.5%	3,878	26.0%	8,067	16.7%	5,188	5.7%	1,755	12.6%	3,906	3.6%	1,113
91354	Valencia	19,734	1.5%	287	1.8%	349	13.5%	2,660	21.3%	4,204	10.4%	2,054	32.8%	6,466	18.8%	3,714
91355	Valencia	21,441	1.9%	410	2.5%	529	14.6%	3,128	25.7%	5,508	9.6%	2,061	30.7%	6,593	15.0%	3,212
91356	Tarzana	22,566	3.3%	751	4.1%	925	17.0%	3,841	21.4%	4,827	8.1%	1,830	27.7%	6,250	18.4%	4,142
91364	Woodland Hills	19,703	2.0%	397	3.6%	708	16.5%	3,257	17.8%	3,506	8.0%	1,574	32.9%	6,486	19.2%	3,775
91367	Woodland Hills	31,936	2.1%	672	2.8%	890	13.7%	4,388	19.4%	6,182	8.6%	2,732	34.3%	10,957	19.1%	6,115
91401	Van Nuys	28,646	12.7%	3,635	7.3%	2,097	20.6%	5,899	20.4%	5,835	6.5%	1,858	23.2%	6,652	9.3%	2,670
91402	Panorama City	44,678	23.1%	10,341	13.2%	5,908	26.7%	11,948	15.6%	6,989	4.5%	2,025	14.1%	6,278	2.7%	1,189
91405	Van Nuys	35,277	18.4%	6,500	10.8%	3,824	24.1%	8,504	20.3%	7,146	7.2%	2,531	13.7%	4,822	5.5%	1,950
91406	Lake Balboa	37,444	15.0%	5,622	8.2%	3,074	23.1%	8,457	21.8%	8,166	7.0%	2,606	17.9%	6,706	7.0%	2,613
91406	Van Nuys	37,444	15.0%	5,622	8.2%	3,074	23.1%	8,457	21.8%	8,166	7.0%	2,606	17.9%	6,706	7.0%	2,613
91411	Van Nuys	17,112	13.9%	2,377	8.5%	1,461	18.1%	3,103	17.4%	2,986	6.9%	1,175	24.4%	4,177	10.7%	1,833
91601	North Hollywood	28,434	8.7%	2,515	7.2%	2,076	18.3%	5,298	19.2%	5,566	9.1%	2,620	28.7%	8,300	8.8%	2,559
91605	North Hollywood	35,034	16.9%	5,924	13.6%	4,782	24.0%	8,411	19.0%	6,669	8.7%	3,038	13.3%	4,673	4.4%	1,537
91606	North Hollywood	30,650	14.8%	4,546	10.9%	3,332	23.8%	7,310	20.8%	6,367	8.0%	2,440	16.6%	5,079	5.1%	1,576
93063	Simi Valley	39,404	3.1%	1,214	4.5%	1,774	23.3%	9,180	27.9%	10,987	11.5%	4,531	21.0%	8,282	8.7%	3,436
93065	Simi Valley	49,949	5.1%	2,541	5.2%	2,577	20.4%	10,207	24.0%	11,965	10.8%	5,388	21.7%	10,839	12.9%	6,432

Source: U.S. Census Bureau, American Fact Finder 2013-2017 American Community Survey 5- Year Estimate

Table 2 : Median Earning in the Past 12 Months by Education Attainment							
Zip-Code	City	Total Population Avarege 25 Years and Over	Less Than High School Graduate Earnings \$	High School Graduate Earnings	Some College or Associate's Degree	Bachelor's Degree Earnings \$	Graduate or Professional Degree \$
91302	Calabasas	71,156	\$ 46,818	\$ 40,935	\$ 52,241	\$ 63,494	\$ 99,255
91303	Canoga Park	29,570	\$ 20,307	\$ 26,935	\$ 31,996	\$ 50,465	\$ 62,031
91304	Canoga Park	31,968	\$ 20,842	\$ 22,413	\$ 36,991	\$ 51,675	\$ 74,637
91304	West Hills	31,968	\$ 20,842	\$ 22,413	\$ 36,991	\$ 51,675	\$ 74,637
91306	Canoga Park	31,583	\$ 21,338	\$ 27,107	\$ 31,304	\$ 50,664	\$ 60,594
91306	Winnetka	31,583	\$ 21,338	\$ 27,107	\$ 31,304	\$ 50,664	\$ 60,594
91307	West Hills	60,865	\$ 37,571	\$ 30,844	\$ 51,623	\$ 66,121	\$ 84,925
91311	Chatworth	45,157	\$ 17,414	\$ 37,727	\$ 41,603	\$ 55,784	\$ 74,521
91316	Encino	46,339	\$ 18,934	\$ 29,098	\$ 40,395	\$ 51,837	\$ 76,106
91324	Northridge	41,587	\$ 25,658	\$ 31,605	\$ 40,526	\$ 52,530	\$ 67,255
91325	Northridge	40,442	\$ 21,918	\$ 27,349	\$ 39,008	\$ 48,138	\$ 74,093
91326	Northridge	60,166	\$ 25,921	\$ 32,423	\$ 50,580	\$ 65,538	\$ 78,288
91326	Porter Ranch	60,166	\$ 25,921	\$ 32,423	\$ 50,580	\$ 65,538	\$ 78,288
91331	Arleta	25,814	\$ 22,004	\$ 25,423	\$ 30,734	\$ 40,417	\$ 52,794
91331	Pacoima	25,814	\$ 22,004	\$ 25,149	\$ 30,734	\$ 40,417	\$ 52,794
91335	Reseda	32,551	\$ 20,877	\$ 30,544	\$ 35,573	\$ 49,033	\$ 61,519
91340	San Fernando	29,813	\$ 21,273	\$ 27,488	\$ 34,666	\$ 43,257	\$ 50,881
91342	Sylmar	34,057	\$ 23,396	\$ 30,264	\$ 38,680	\$ 53,327	\$ 69,210
91343	North Hills	31,011	\$ 19,308	\$ 28,203	\$ 32,332	\$ 53,637	\$ 63,403
91343	Northridge	31,011	\$ 19,308	\$ 28,203	\$ 32,332	\$ 53,637	\$ 63,403
91344	Granada Hills	44,732	\$ 24,232	\$ 32,249	\$ 40,487	\$ 60,029	\$ 79,203
91345	Mission Hills	35,681	\$ 19,610	\$ 35,316	\$ 41,508	\$ 46,726	\$ 67,531
91351	Canyon Country	40,639	\$ 23,407	\$ 34,240	\$ 40,440	\$ 67,468	\$ 67,067
91352	Sun Valley	27,421	\$ 22,160	\$ 26,639	\$ 31,335	\$ 45,333	\$ 58,285
91354	Valencia	71,725	\$ 50,655	\$ 40,086	\$ 60,803	\$ 75,423	\$ 92,516
91355	Valencia	60,206	\$ 36,554	\$ 45,714	\$ 54,035	\$ 60,581	\$ 86,033
91356	Tarzana	43,001	\$ 24,797	\$ 25,629	\$ 36,075	\$ 55,236	\$ 78,891
91364	Woodland Hills	60,443	\$ 24,894	\$ 40,125	\$ 47,231	\$ 69,471	\$ 88,750
91367	Woodland Hills	61,173	\$ 27,917	\$ 36,808	\$ 48,174	\$ 68,374	\$ 85,632
91401	Van Nuys	30,419	\$ 19,121	\$ 25,888	\$ 30,846	\$ 48,867	\$ 64,357
91402	Panorama City	23,949	\$ 18,555	\$ 24,558	\$ 28,618	\$ 35,564	\$ 43,523
91405	Van Nuys	25,130	\$ 19,816	\$ 21,391	\$ 27,367	\$ 40,719	\$ 48,073
91406	Van Nuys	30,619	\$ 18,531	\$ 25,896	\$ 35,020	\$ 49,955	\$ 62,095
91406	Lake Balboa	30,619	\$ 18,531	\$ 25,896	\$ 35,020	\$ 49,955	\$ 62,095
91411	Van Nuys	31,450	\$ 19,333	\$ 24,948	\$ 30,266	\$ 51,127	\$ 68,750
91601	North Hollywood	32,375	\$ 18,207	\$ 25,763	\$ 31,804	\$ 44,597	\$ 51,563
91605	North Hollywood	26,263	\$ 20,745	\$ 25,269	\$ 28,916	\$ 36,765	\$ 57,833
91606	North Hollywood	29,389	\$ 21,997	\$ 24,772	\$ 31,116	\$ 46,532	\$ 60,558
93063	Simi Valley	48,158	\$ 22,640	\$ 35,594	\$ 46,678	\$ 60,656	\$ 76,886
93065	Simi Valley	51,897	\$ 23,507	\$ 40,440	\$ 49,685	\$ 72,200	\$ 87,275

Source: U.S. Census Bureau, American Fact Finder 2013-2017 American Community Survey 5- Year Estimate

Table 3: Affordable Housing and Homelessness

Zip-Code	City	Total Population	Total Housing Units	Occupied Housing Units	Owner-Occupied	Renter-Occupied	GRAPI ¹ Less than 15.0 %	GRAPI 15.0 - 19.9%	GRAPI 20.0-24.9%	GRAPI 25.0-29.9%	GRAPI 30.0-34.9%	GRAPI 35.0 % +
91302	Calabasas	26,500	10,018	9,503	6,812	2,691	8.1%	6.2%	7.8%	13.8%	7.6%	56.4%
91303	Canoga Park	30,380	10,316	9,716	2,385	7,331	7.7%	9.6%	9.5%	11.2%	10.5%	51.4%
91304	Canoga Park	53,627	17,782	16,984	8,559	8,425	6.6%	6.9%	8.9%	13.3%	10.7%	53.6%
91304	West Hills	53,627	17,782	16,984	8,559	8,425	6.6%	6.9%	8.9%	13.3%	10.7%	53.6%
91306	Canoga Park	49,551	15,128	14,589	8,158	6,431	7.3%	9.4%	12.1%	14.5%	7.4%	49.4%
91306	Winnetka	49,551	15,128	14,589	8,158	6,431	7.3%	9.4%	12.1%	14.5%	7.4%	49.4%
91307	West Hills	27,233	9,007	8,826	7,420	1,406	6.0%	3.9%	22.7%	8.1%	6.4%	52.8%
91311	Chatsworth	40,064	14,407	14,024	9,135	4,889	5.5%	10.4%	14.3%	10.0%	10.3%	49.5%
91316	Encino	30,888	12,999	12,442	6,198	6,244	6.0%	14.3%	12.3%	8.9%	7.7%	50.8%
91324	Northridge	30,101	10,475	10,016	5,089	4,927	8.5%	9.1%	10.4%	8.3%	7.8%	55.8%
91325	Northridge	34,240	12,248	11,654	5,387	6,267	6.1%	9.7%	12.0%	8.7%	8.2%	55.4%
91326	Northridge	36,804	13,147	12,594	9,083	3,511	6.3%	13.5%	14.5%	10.7%	8.9%	46.1%
91326	Porter Ranch	36,804	13,147	12,594	9,083	3,511	6.3%	13.5%	14.5%	10.7%	8.9%	46.1%
91331	Arleta	105,696	23,775	23,127	14,090	9,037	5.7%	6.9%	8.1%	12.2%	8.3%	58.8%
91331	Pacoima	105,696	23,775	23,127	14,090	9,037	5.7%	6.9%	8.1%	12.2%	8.3%	58.8%
91335	Reseda	79,687	24,935	24,004	11,796	12,208	6.8%	9.9%	8.0%	11.6%	8.9%	54.7%
91340	San Fernando	3,5771	8,878	8,432	4,751	3,681	8.6%	6.9%	10.9%	10.1%	6.7%	56.8%
91342	Sylmar	96,177	26,130	24,908	16,512	8,396	6.1%	7.1%	10.6%	11.3%	10.9%	54.0%
91343	North Hills	65,964	18,350	17,732	9,259	8,473	6.0%	8.3%	11.7%	9.3%	8.2%	56.4%
91343	Northridge	65,964	18,350	17,732	9,259	8,473	6.0%	8.3%	11.7%	9.3%	8.2%	56.4%
91344	Granada Hills	53,453	17,621	16,940	12,619	4,321	5.0%	9.8%	12.5%	11.4%	11.8%	49.5%
91345	Mission Hills	19,022	5,506	5,300	3,796	1,504	6.6%	12.7%	9.0%	12.8%	5.9%	52.9%
91351	Canyon Country	32,661	10,338	9,928	7,018	2,910	8.5%	4.6%	9.9%	12.5%	17.1%	47.5%
91352	Sun Valley	47,934	12,967	12,411	6,541	5,870	4.8%	9.1%	10.8%	7.5%	8.9%	58.9%
91354	Valencia	31,027	10,384	10,122	7,795	2,327	8.0%	11.0%	15.0%	15.8%	13.0%	37.1%
91355	Valencia	31,645	12,264	12,051	7,056	4,995	6.0%	11.5%	11.1%	15.3%	12.2%	43.9%
91356	Tarzana	30,346	12,440	11,613	6,484	5,129	8.2%	8.7%	8.8%	11.7%	9.4%	53.2%
91364	Woodland Hills	27,031	11,347	10,434	7,271	3,163	10.7%	7.1%	12.0%	11.3%	5.7%	53.3%
91367	Woodland Hills	43,370	18,686	17,659	9,121	8,538	10.6%	11.2%	12.9%	13.0%	6.1%	46.3%
91401	Van Nuys	40,995	15,468	14,951	5,167	9,784	7.5%	8.3%	8.8%	10.5%	10.8%	54.0%
91402	Panorama City	71,317	19,991	19,301	6,433	12,868	5.8%	7.0%	7.8%	10.3%	10.9%	58.1%
91405	Van Nuys	54,770	18,286	17,519	4,344	13,175	5.6%	8.6%	9.5%	9.8%	11.2%	55.2%
91406	Van Nuys	56,200	18,797	18,228	7,358	10,870	6.9%	7.9%	11.7%	9.1%	10.8%	53.6%
91406	Lake Balboa	56,200	18,797	18,228	7,358	10,870	6.9%	7.9%	11.7%	9.1%	10.8%	53.6%
91411	Van Nuys	25,210	10,084	9,662	2,711	6,951	6.3%	8.6%	10.0%	11.2%	10.0%	53.9%
91601	North Hollywood	38,379	17,943	16,798	3,321	13,477	7.1%	12.4%	12.4%	8.8%	9.6%	49.7%
91605	North Hollywood	52,386	16,592	15,822	5,712	10,110	5.1%	6.1%	9.6%	7.2%	8.9%	63.1%
91606	North Hollywood	44,352	16,046	15,352	4,527	10,825	8.0%	7.8%	9.9%	10.3%	7.0%	57.0%
93063	Simi Valley	56,457	19,553	19,024	13,291	5,733	6.2%	8.9%	13.1%	11.8%	7.8%	52.3%
93065	Simi Valley	72,763	24,726	24,008	17,689	6,319	4.9%	11.3%	14.0%	13.4%	8.2%	48.2%

¹: Gross Rent as a Percentage of Household Income

Source: U.S. Census Bureau, American Fact Finder, 2013-2017 American Community Survey 5-Year Estimates

Table 4 : Economic Characteristics-Unemployment, Household Income, Public Assistance

		Unemployment %	Median Household Inc.	Mean Household Inc.	Mean Public Assistance \$			
USA		6.6%	\$57,652	\$81,283	3,230			
CA		7.7%	\$67,169	\$96,104	4,596			
LAC		7.8%	\$61,015	\$89,855	4,556			
NHMC Catchment Area			Income	Income	SNAP Benefits	% of SNAP	% of Supplemental Security Income	% of Cash Public Assistance
Calabasas	91302	5.8%	\$122,967	\$200,600	73	0.8%	3.5%	0.9%
Canoga Park	91303	6.0%	\$51,486	\$64,526	1,132	11.7%	5.2%	4.3%
Canoga Park	91304	6.5%	\$64,367	\$86,444	1,569	9.2%	6.0%	4.3%
West Hills	91304	6.5%	\$64,367	\$86,444	1,569	9.2%	6.0%	4.3%
Canoga Park	91306	7.2%	\$64,772	\$80,678	1,105	7.6%	7.2%	2.7%
Winnetka	91306	7.2%	\$64,772	\$80,678	1,105	7.6%	7.2%	2.7%
West Hills	91307	7.9%	\$111,043	\$134,726	226	2.6%	5.2%	1.1%
Chatworth	91311	5.9%	\$82,738	\$109,948	597	4.3%	4.2%	1.7%
Encino	91316	6.8%	\$68,720	\$103,792	481	3.9%	8.4%	1.4%
Northridge	91324	4.5%	\$68,477	\$91,871	590	5.9%	5.5%	1.8%
Northridge	91325	5.9%	\$65,129	\$91,410	520	4.5%	4.3%	2.0%
Northridge	91326	5.3%	\$105,611	\$134,500	247	2.0%	4.7%	1.5%
Porter Ranch	91326	5.3%	\$105,611	\$134,500	247	2.0%	4.7%	1.5%
Arleta	91331	9.5%	\$57,353	\$69,871	3,854	16.7%	9.5%	6.6%
Pacoima	91331	9.5%	\$57,353	\$69,871	3,854	16.7%	9.5%	6.6%
Reseda	91335	6.8%	\$55,580	\$74,949	2,784	11.6%	8.5%	3.4%
San Fernando	91340	7.8%	\$54,703	\$68,040	1,331	15.8%	6.3%	3.9%
Sylmar	91342	6.1%	\$68,600	\$80,636	2,350	9.4%	6.8%	2.5%
North Hills	91343	8.1%	\$61,692	\$80,744	2,419	13.6%	6.1%	5.2%
Northridge	91343	8.1%	\$61,692	\$80,744	2,419	13.6%	6.1%	5.2%
Granada Hills	91344	6.7%	\$86,460	\$111,532	536	3.2%	7.3%	1.3%
Mission Hills	91345	9.1%	\$74,193	\$80,812	313	5.9%	8.7%	2.7%
Canyon Country	91351	8.1%	\$76,706	\$91,077	747	7.5%	4.2%	3.0%
Sun Valley	91352	7.2%	\$52,171	\$67,385	1,722	13.9%	8.9%	4.7%
Valencia	91354	6.5%	\$120,560	\$138,337	219	2.2%	0.7%	2.0%
Valencia	91355	5.5%	\$92,066	\$109,574	241	2.0%	2.8%	1.2%
Tarzana	91356	6.5%	\$71,654	\$120,810	587	5.1%	6.6%	2.1%
Woodland Hills	91364	7.8%	\$160,323	\$138,897	145	1.4%	3.7%	0.6%
Woodland Hills	91367	7.4%	\$84,937	\$115,594	599	3.4%	4.8%	2.0%
Van Nuys	91401	7.8%	\$51,784	\$76,925	1,391	9.3%	6.2%	3.7%
Panorama City	91402	9.4%	\$41,669	\$55,598	3,175	16.4%	8.9%	4.6%
Van Nuys	91405	10.1%	\$41,283	\$57,038	2,429	13.9%	8.9%	4.8%
Lake Balboa	91406	8.0%	\$51,564	\$70,491	1,582	8.7%	5.8%	3.9%
Van Nuys	91406	8.0%	\$51,564	\$70,491	1,582	8.7%	5.8%	3.9%
Van Nuys	91411	7.8%	\$50,332	\$72,304	981	10.2%	5.4%	2.9%
North Hollywood	91601	7.8%	\$50,832	\$67,306	1,199	7.1%	5.6%	4.2%
North Hollywood	91605	8.6%	\$43,004	\$59,216	2,212	14.0%	10.3%	7.3%
North Hollywood	91606	8.2%	\$50,755	\$61,345	1,492	9.7%	9.9%	3.5%
Simi Valley	93063	5.1%	\$86,667	\$105,103	792	4.2%	4.7%	1.4%
Simi Valley	93065	5.6%	\$97,485	\$122,140	1,082	4.5%	3.1%	1.9%

Source: U.S. Census Bureau, American Fact Finder, 2013-2017 American Community Survey 5-Year Estimates

Table 5: Crime Statistic by Area

	Devonshire Area			Foothill Area			Mission Area			North Hollywood Area		
	YTD 2017	YTD 2018	YTD 2019 (April 2019)	YTD 2017	YTD 2018	YTD 2019 (April 2019)	YTD 2017	YTD 2018	YTD 2019 (April 2019)	YTD 2017	YTD 2018	YTD 2019 (April 2019)
Violent Crime												
Homicide	0	0	4	1	3	1	6	5	0	1	2	3
Rape	11	11	6	13	13	4	27	16	8	18	17	11
Robbery	47	50	51	39	44	51	62	66	66	50	55	55
Aggravated Assault	87	86	78	100	93	93	166	146	123	129	127	108
Total	145	147	139	153	153	149	261	233	197	198	201	177
Property Crime												
Burglary	315	211	142	101	117	81	147	136	88	182	162	223
Motor Vehicle Theft	170	144	110	210	196	177	267	252	232	191	177	151
Burglary/ Theft from Motor Vehicle	467	144	281	298	267	190	356	303	236	525	546	390
Personal/ Other Theft	392	287	309	172	163	156	225	223	207	407	347	339
Total	1344	1009	842	781	743	604	995	914	763	1305	1232	1103
Child/Spouse Abuse	106	115	89	117	144	114	186	183	157	167	147	140
Topanga Area												
	YTD 2017	YTD 2018	YTD 2019 (April 2019)	YTD 2017	YTD 2018	YTD 2019 (April 2019)	YTD 2017	YTD 2018	YTD 2019 (April 2019)			
Violent Crimes												
Homicide	1	2	0	2	2	1	2	1	2			
Rape	15	14	5	19	16	5	20	17	9			
Robbery	63	88	68	57	52	54	51	68	59			
Aggravated Assault	90	117	89	99	98	100	85	82	96			
Total	169	221	162	177	168	160	158	168	166			
Property Crime												
Burglary	203	195	215	168	140	143	236	249	200			
Motor Vehicle Theft	156	128	132	163	137	127	160	138	135			
Burglary/Theft from Motor Vehicle	316	305	271	376	325	284	354	324	209			
Personal/ Other Theft	455	424	403	375	352	353	221	234	211			
Total	1130	1052	1021	1082	954	907	971	945	755			
Child/Spouse Abuse	135	128	102	125	153	120	91	103	110			

Source: LAPD COMPSTAT UNIT, Crime Statistic Area, 2019

Appendix C

Summary of Community Engagement

Summary of Community Engagement

VCCC provided detailed responses of focus groups, community forums, key information interviews, and surveys are described below.

Focus Groups

Focus groups were conducted with public health professionals and medically-underserved, low-income populations of the region with a particular attention to high priority populations like homeless individuals, low-income families, and community health workers working directly with communities disproportionately affected by health disparities.

Five focus groups were conducted with a total of 25 stakeholders.

Focus group participants ranked the following as their top health concerns/issues:

- Homelessness and affordable housing
- Obesity
- Mental health
- Substance use disorders
- Diabetes

Focus group participants identified the following challenges (factors) that affected their community:

- Access to health care services including maternal and mental health services
- Housing costs
- Lack of healthy food choices
- Navigation of health care system
- Transportation

Focus group participants shared the following resources in their community:

- Churches and faith-based institutions
- Community-based organizations including food banks and pantries
- Hospitals and clinics

- Mental and behavioral health organizations
- County agencies and programs
- Basic needs and homeless services organizations

Focus group participants identified the following potential strategies/solutions in addressing the issues identified:

- Better coordination and cross sector collaboration among different organizations and institutions
- More funding for community health programs
- Focus on prevention approaches and efforts
- Use technology to increase access and utilization of resources
- Increased cultural competency training for healthcare providers

Community Forums

Two community forums took place with a total of 60 participants. Participants were a mix of community residents and health care professionals. The first group was hosted by a coalition of mental health and behavioral health professionals. The second group was community members from a faith-based organization. Forum participants were members of the Northeast San Fernando Valley Health Neighborhood Coalition. The Health Neighborhood Coalition is a network led by the Hillview Mental Health, Valley Nonprofit Resources, and Los Angeles County Department of Mental Health.

	Issues	Challenges	Resources
Health Neighborhood Coalition	<ul style="list-style-type: none"> • Cultural competency • Professional development for providers • Funding for providers and organizations • Lack of coordination between organizations and agencies • Transportation • Health education 	<ul style="list-style-type: none"> • General distrust of system and service providers • Language barriers • Lack of care coordination • Stigma associated with mental illness • Economic opportunities/poverty • Provider/staff burnout 	<ul style="list-style-type: none"> • LA County DMH/DHS/DPH/SPAC Resources • Promotoras • Community-based providers
First Baptist Church of Pacoima	<ul style="list-style-type: none"> • Homelessness • Mental health • Access to healthy food options • Public safety including gangs 	<ul style="list-style-type: none"> • Lack of resources for seniors and youth • Lack of healthy food establishments • Lack of community engagement and involvement • Need for more resources and support programs 	<ul style="list-style-type: none"> • Schools • Nonprofit partners • Community clinics • Hospitals • Colleges and universities

Key Informant Interviews

A total of 20 interviews were conducted with individuals that either resided in or were employed in the hospital's service area. The aggregated responses from participants that provided input are listed below.

The top six health issues identified by interview participants:

- Access to health care
- Housing and affordable housing
- Obesity
- Mental health
- Diabetes
- Substance Use Disorders

The following factors were identified as affecting the community:

- Poverty
- Lack of economic development opportunities
- Low academic achievement among students
- Low health literacy
- Public safety

These are the barriers or challenges that impede efforts to address the issues identified:

- Lack of resources
- Lack of transportation services and resources
- Economic barriers
- Stigma associated with mental illness
- Policies that inhibit collaboration between organizations and different systems

Community Input Public Health and Community Health Leader Participants

Valley Care Community Consortium	Interview Roster	n = 20 participants
Name	Title	Organization
Maria Alexander	Executive Director	Center for Living and Learning
Danielle Co	Student Assistant	California State University Northridge
Lynn Fernandez	Counselor	Polytechnic High School
Manuel Flores	Executive Director	North Valley Caring Services
Susan Flores	Program Manager	Maternal and Child Health Access
Lea Gonzalez	Field Representative	US Congressman Tony Cardenas
Yvonne Grant	Executive Director	International Pre-Diabetes Center
Jenna Hauss	Director, Programs	One Generation
Inna Henry	Lactation Consultant	Self-Employed
Norma Hernandez	Chief Operating Officer	A Vision of Health
Sylvia Lopez	Coordinator	UCLA Center for Health Equity
Esmeralda Marcial	Deputy Director, Community Engagement	LAUSD Board Member Kelly Gonez
Aya Obara	Analyst	LA County Department of Public Health Oral Health Program
Jaime Olivas	Program Director	Child Development Institute
Jeanie Park	Health Educator, Supervisor	LA County Department of Health Services Ambulatory Care Network
Pedro Ramirez	Outreach Director	Mission City Community Network
Jose Salazar	Director of Program Development and Compliance	Tarzana Treatment Centers, Inc.
Cesar Sanchez	Health Program Analyst	LA County Department of Public Health Whole Person Care
Philip Solomon	Chief Executive Officer	Samuel Dixon Family Health Center
Grace Tan	Administrative Director	LA County Department of Public Health

Community Surveys

To engage community members, 500 paper-based survey were used to gather feedback in community-based settings like community centers, metro train stations, college and university campuses, early head start centers, homeless shelters, senior centers, and youth centers. The survey was made available in English and Spanish formats. Survey takers were informed that the survey is confidential, private, and voluntary. No compensation was provided to survey takers.

Demographic information was collected including ZIP code, city, age range, sex, ethnicity, marital status, and household income. The survey questions focused on the following topics:

- Where and how they access routine health care services
- Behaviors associated with physical activity and nutrition
- Health status and behaviors associated with healthy lifestyle
- Issues and concerns about community health including public safety and built environments

Beginning on page 71 is a survey summary that represents the 500 individuals that participated.

Dignity Health Northridge Hospital Medical Center

2019 Survey Data

Created by

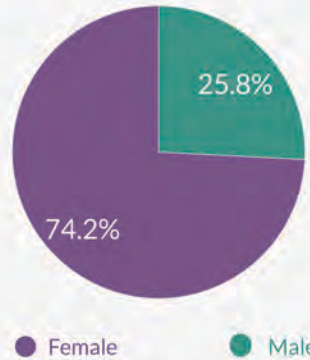
Valley Care Community Consortium

Larisa Albers, MPH Intern

Edited by: Anthony Ortiz-Luis



GENDER



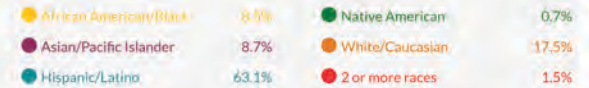
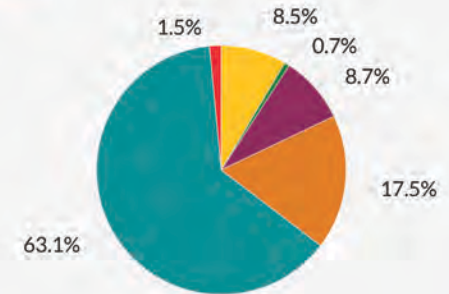
Gender Distribution:

74% Females
26% Males

ETHNICITY

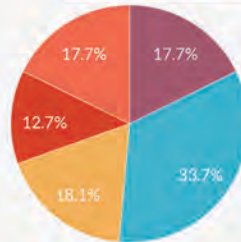


of respondents identified as **Hispanic or Latino**



The largest group of respondents comprised of **34% of respondents in the age range of 26 to 39** followed by a tie of **18%** in the each of the ranges: **40 to 54, 25 or less, and 65 and older**, and lastly **13% in the age range of 55 to 64**

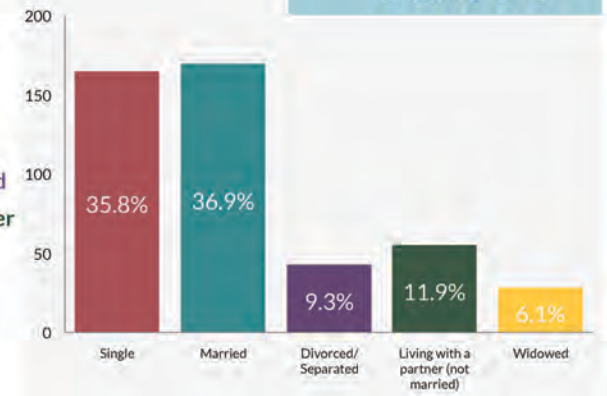
AGE



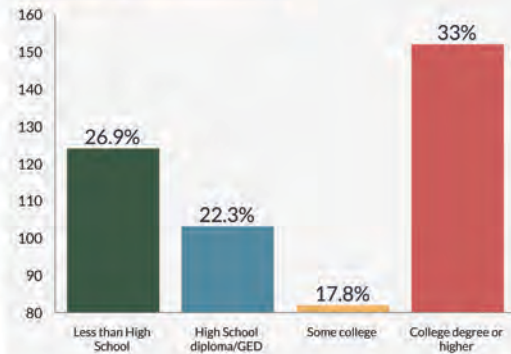
Marital Status

Distribution:

36% Single
37% Married
9% Divorced/Separated
12% Living with a partner (not married)
6% Widowed



EDUCATION LEVEL



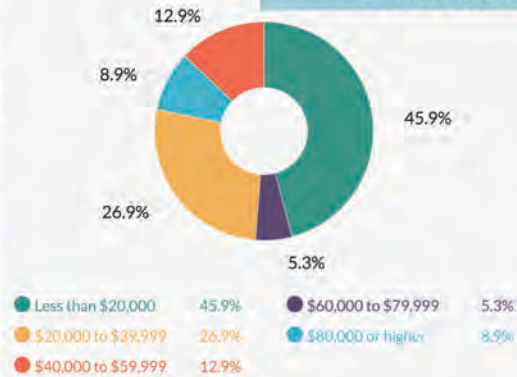
Education Level:

27% of respondents received less than a High School education
 22% of respondents received a High School diploma or GED
 51% of respondents had some college education or a college degree or higher

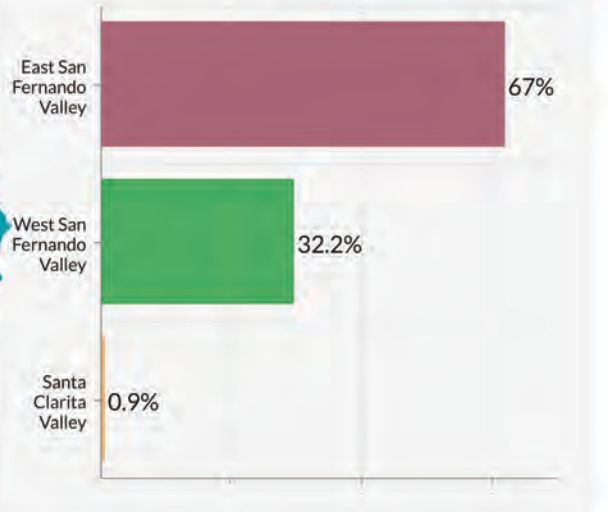
HOUSEHOLD INCOME

Household Income:

46%, or the majority of respondents, reported an annual household income of less than \$20,000 followed by 27% reporting \$20,000 to \$39,999, 13% reporting \$40,000 to \$59,999, 9% reporting \$80,000 or higher, and lastly 5% reporting \$60,000 to \$79,999



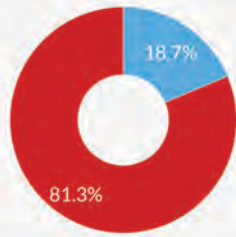
CITY OF RESIDENCE



Geographic Distribution:

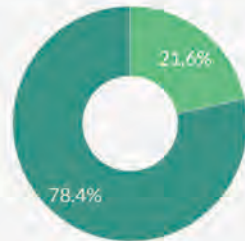
67% of respondents reported residence in the East San Fernando Valley
 32% of respondents reported residence in West San Fernando Valley
 1% of respondents reported residents in Santa Clarita Valley

ACCESS TO CARE



During the past 12 months, was there any time you needed to see a doctor, but could not because of the cost?

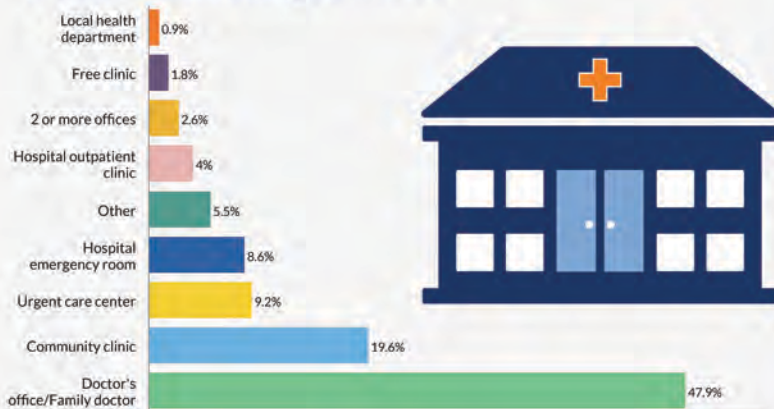
Yes No



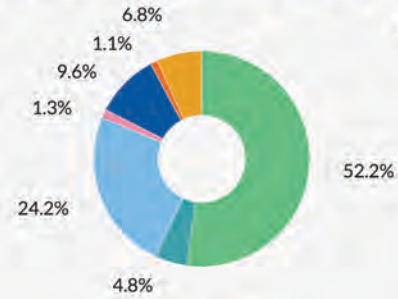
During the past 12 months, was there any time that you did not have any health insurance or coverage?

Yes No

Where do you go most often when you are sick or need advice about your health?

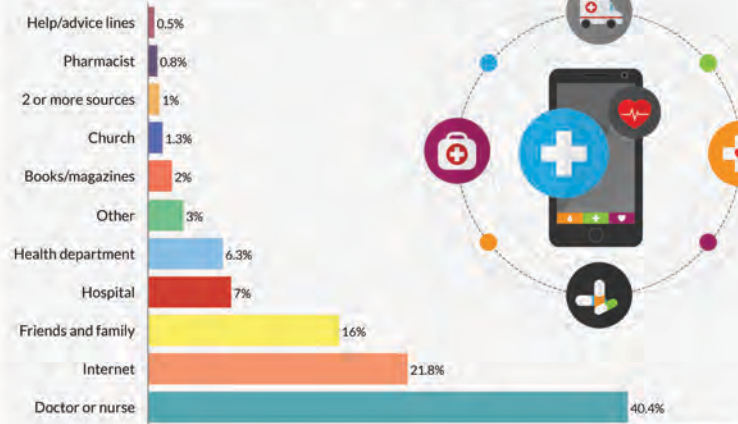


What type of medical provider do you use for routine care?



Family doctor 52.2%
 Community Health Center/Clinic 24.2%
 Emergency Room/Hospital 9.6%
 2 or more providers 6.8%
 Other 4.8%
 Specialist 1.3%
 Health department 1.1%

What sources do you primarily use to get your health-related information?

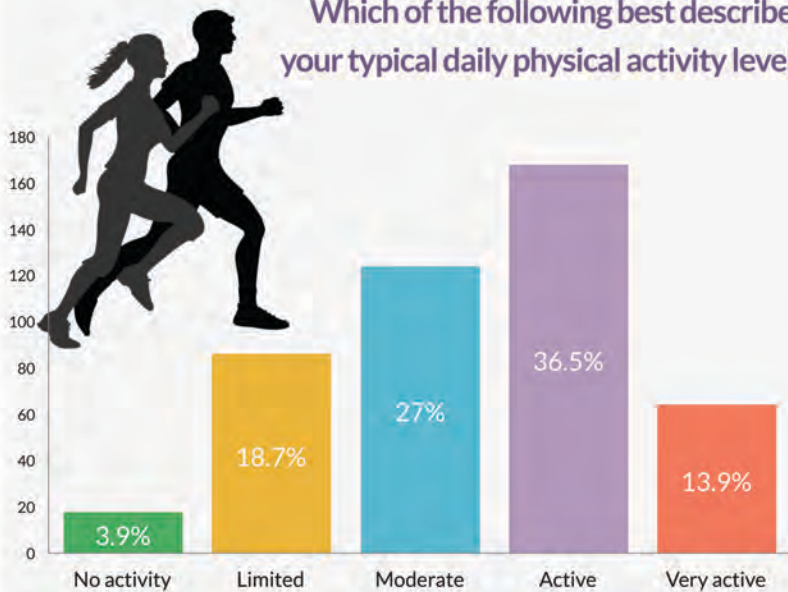


On average, the overall community rated their satisfaction with their county's health care system as a **3** on a 5 point satisfaction scale

HEALTH BEHAVIOR

The American Heart Association recommends that adults get at least 150 minutes per week of moderate-intensity aerobic activity or 75 minutes per week of vigorous aerobic activity, or a combination of both, preferably spread throughout the week.

Which of the following best describes your typical daily physical activity level?



On average, respondents exercised or participated in physical activity such as basketball, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities for at least 20 minutes

3 times in the past 7 days



4 out of 10
people said their health is **better** now than 12 months ago

5 out of 10

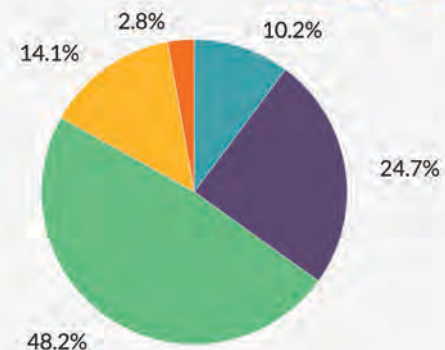
people said their health is **about the same** as 12 months ago



1 out of 10

people said their health is **worse** now than 12 months ago

How would you rate your own personal health?



- Excellent
- Very good
- Good
- Fair
- Poor

SUBSTANCE USE

Of the respondents who reported binge drinking (drinking 5 or more alcoholic drinks in one sitting), they engaged in binge drinking **3 times per month**



Of the respondents who reported cigarette smoking, they smoked **5 cigarettes daily**

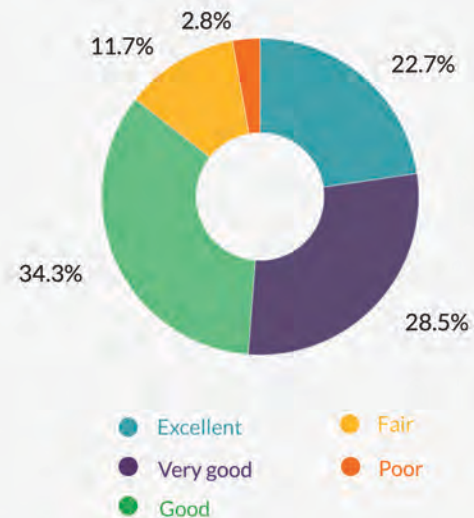
MENTAL HEALTH



2 out of 10

people said they have seen a doctor, nurse, counselor, psychiatrist, or social worker for their mental health, emotions, or nerves

How do you rate your mental health?



ACCESS TO HEALTHY FOODS



of respondents said they ate vegetables the previous day

On average, the community overall reported eating vegetables

2 times the previous day



On average, respondents that reported drinking soda said that they drank

2 cans or glasses of regular soda the previous day

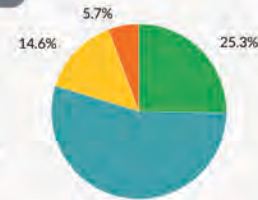
On average, respondents that reported eating fast food said that they ate fast food

2 times in the past week



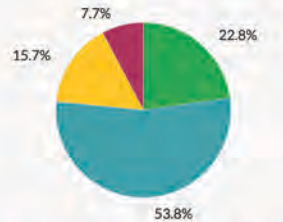
NEIGHBORHOOD SAFETY

How safe do you think your neighborhood is?



Very safe Somewhat unsafe
Somewhat safe Very unsafe

How safe is it to walk or play in the neighborhood park?



Very safe Somewhat unsafe
Somewhat safe Very unsafe

TOP HEALTH CONCERNS



Dignity Health Northridge Hospital Medical Center's service areas of San Fernando Valley and Santa Clarita Valley rated the following as the most significant community health concerns:

1. Homelessness and Affordable Housing
2. Obesity/Overweight
3. Mental Health
4. Substance Use Disorder
5. Diabetes
6. Child and Domestic Abuse

Appendix D

Community Engagement Survey Tools

Appendix D: Community Engagement Survey Tools

VCCC Focus Group and Community Forums Questions

- What are the most significant health issues or needs in the community, considering both their importance and urgency?
* a. (optional) Which of these are the top three priority needs?
- What factors or conditions cause or contribute to these health needs? (e.g., social, cultural, behavioral, environmental or medical)
- Who or what groups in the community are most affected by these needs? (e.g., youth, older residents, racial/ethnic groups, specific neighborhoods)
- What are some major barriers or challenges to addressing these needs?
- What do you think are effective strategies or actions for addressing these needs?
- What else is important for us to know about significant health needs in the community?
- What resources exist in the community to help address these health needs? (e.g., people, organizations or agencies, programs, or other community resources) *

**Valley Care Community Consortium
2019 Community Health Survey**

To preserve your confidentiality, do not put your name or other personal identifiers on the survey. If you are at least 18 years of age, please take a few minutes to complete the survey below. The purpose of the survey is to create a snapshot of the health of the community in which you live. The information gathered can then be used for planning, programs and community benefit resource allocations. Make your opinion count by completing this survey! If you have any questions about this survey, please call Joni Novosel at 818.718.5936. Thank you.

- 1) **ZIP code:** _____

- 2) **City you live in:** _____

- 3) **Age: (Please check one)**
_____ 25 or less _____ 26-39 _____ 40-54 _____ 55-64 _____ 65 or older

- 4) **Sex: (Please check one)**
_____ Male _____ Female

- 5) **Are you Latino or Hispanic?**
_____ Yes _____ No

- 6) **Which race do you identify with:**
_____ African America/Black _____ Asian/Pacific Islander
_____ Hispanic / Latino _____ Native American
_____ White/Caucasian _____ Other: _____

- 7) **Marital Status: (Please check one)**
_____ Married _____ Divorced/Separated
_____ Widowed _____ Living with a partner (not married) _____ Single

- 8) **Highest Level of Education: (Please check one)**
_____ Less than High School _____ Some College
_____ High School diploma/GED _____ College degree or higher

9) What is your household income? (Check one)

- | | |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$20,000 to \$39,999 |
| <input type="checkbox"/> \$40,000 to \$59,999 | <input type="checkbox"/> \$60,000 to \$79,999 |
| <input type="checkbox"/> \$80,000 or higher | |

10) How do you primarily pay for your health care? (Check all that apply)

- Cash (No insurance)
- Medicaid
- My Health LA (formerly Healthy Way LA)
- Medicare (with or without Medicare supplemental coverage)
- Health insurance purchased through an insurance company or through Covered California
- Military health care (CHAMPUS/CHAMP-VA, TRICARE, VA)
- Don't go to a doctor because I can't pay
- Other: _____

11) During the past 12 months, was there any time when you needed to see a doctor, but could not because of the cost? (Check one)

- Yes No

12) During the past 12 months, was there any time that you did not have any health insurance or coverage? (Check one)

- Yes No

13) Where do you go most often when you are sick or need advice about your health?(Check one)

- | | |
|--------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Doctor's Office/Family Doctor | <input type="checkbox"/> Community Clinic |
| <input type="checkbox"/> Local health department | <input type="checkbox"/> Hospital emergency room |
| <input type="checkbox"/> Urgent care center | <input type="checkbox"/> Free clinic |
| <input type="checkbox"/> Hospital outpatient clinic | <input type="checkbox"/> Other: _____ |

14) Which of the following best describes your typical daily physical activity level? (Check one)

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> No activity | <input type="checkbox"/> Active |
| <input type="checkbox"/> Limited | <input type="checkbox"/> Very Active |
| <input type="checkbox"/> Moderate | |

15) Compared to 12 months ago, how is your health now? (Check one)

- Much better now than 12 months ago
- Better now than 12 months ago
- About the same as 12 months ago
- Worse now than 12 months ago

16) How would you rate your own personal health? (Check one)

- Excellent
- Very Good
- Good
- Fair
- Poor

17) In the past month, about how many times did you have 5 or more alcoholic drinks in a single day?

Times

18) On average, how many cigarettes do you smoke per day? Number of cigarettes

19) Have you ever been told by a doctor, nurse, or other health professional that you are overweight or obese?

Yes No

20) Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

Yes No

21) Have you ever been told by a doctor, nurse, or other health professional that you have high cholesterol?

Yes No

22) Have you ever been told by a doctor that you have diabetes or sugar diabetes?

Yes No

23) In the past 12 months, have you seen a doctor, nurse, counselor, psychiatrist, or social worker for your mental health, emotions, or nerves?

_____ Yes _____ No

24) How do you rate your mental health? (Select one choice that fits best)

- _____ Excellent
- _____ Very Good
- _____ Good
- _____ Fair
- _____ Poor

25) How many times in the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat or breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

_____ Times

26) Did you eat vegetables yesterday?

DO count: Cooked & uncooked vegetables; salads; and boiled, baked, and mashed potatoes

DO NOT count: French fries, potato chips, or lettuce that is on a sandwich or sub

_____ Yes _____ No

If yes, how many times did you eat vegetables yesterday? _____ Times

27) Yesterday, how many cans or glasses regular soda or pop that contains sugar did you drink? (Do not include diet soda)

_____ cans or glasses

28) In the past week, how many times did you eat fast food? (Include fast food meals eaten at work, at home, or at fast food restaurants, carryout or drive thru)

_____ Times

29) What type of medical provider do you use for routine care? (Check all that apply)

- | | |
|----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Family doctor | <input type="checkbox"/> Emergency Room / Hospital |
| <input type="checkbox"/> Community Health Center/ Clinic | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Other: _____ |

30) What concerns you most about health within your community?

(Select 5 concerns: rate 1-5 with 1 being the most concerning and 5 being the least concerning)

- | | | |
|---------------------------------------------------|--------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Aging Problems | <input type="checkbox"/> Infant death | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Infectious diseases | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rape & sexual assault | <input type="checkbox"/> Teenage Pregnancy |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Respiratory diseases | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Heart disease & stroke |
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Lack of Arts & Culture | <input type="checkbox"/> Drug & alcohol abuse |
| <input type="checkbox"/> Employment opportunities | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Climate control |
| <input type="checkbox"/> Education | <input type="checkbox"/> Human trafficking (labor/sex) | <input type="checkbox"/> Water resources |
| <input type="checkbox"/> Gangs | <input type="checkbox"/> Bed bugs/lice | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Affordable child care | | |
| <input type="checkbox"/> Other: _____ | | |

31) What sources do you primarily use to get your health-related information? (Check one)

- | | | |
|--------------------------------------------|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Friends & family | <input type="checkbox"/> Hospital | <input type="checkbox"/> Doctor or nurse |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Help/advice lines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Internet |
| <input type="checkbox"/> My child's school | <input type="checkbox"/> Other: _____ | |

32) How safe do you think your neighborhood is?

- Very safe
- Somewhat safe
- Somewhat unsafe
- Very unsafe

33) How safe is it to walk or play in the neighborhood park?

- Very safe
- Somewhat safe
- Somewhat unsafe
- Very unsafe

34) Are you satisfied with the health care system in your County? (Consider health care options, access, cost, availability, quality, etc.) (Circle one)

Very Unsatisfied 1 2 3 4 5 Very Satisfied

35) What 2 health topics or diseases would you like to learn more about?

36) In your opinion, what services are needed in your community to create a healthier community?

Please return the completed survey to the person conducting the survey or by mail to:
Valley Care Community Consortium
Anthony Ortiz-Luis
healthy@valleyccc.org
7515 Van Nuys Blvd. 5th Floor
Van Nuys, CA 91405

Key Informant Interview Questions and Script

Hello! My name is (state your name) and I'm calling from Valley Care Community Consortium. I am calling because we would like to conduct a 20-minute interview with you to better understand the community issues in the San Fernando Valley. This interview is voluntary and we would appreciate your participation. There is no compensation for participating in the survey and your name and organization affiliation will be publicly available. Would you be able to help us out and participate in the interview? Thank you! If you have any questions after the interview, please contact Anthony Ortiz-Luis at 818.904.5566. Let's begin.

Key Informant Interview Questions

Name:

Degree:

Title:

Agency:

City (ZIP code of employment):

Email:

Phone:

Experience and expertise in public health or working with low-income, indigent population:

1. What are the most significant health issues or needs in the community, considering both their importance and urgency? Which of these are the top three priority needs?
2. What factors or conditions cause or contribute to these health needs? (e.g., social, cultural, behavioral, environmental or medical)

[Note: Ask for up to three top needs, and as needed for the following questions.]

3. Who or what groups in the community are most affected by these needs? (e.g., youth, older residents, racial/ethnic groups, specific neighborhoods)
4. What are some major barriers or challenges to addressing these needs?
5. What do you think are effective strategies or actions for addressing these needs?
6. What else is important for us to know about significant health needs in the community?
7. What resources exist in the community to help address these health needs? (e.g., people, organizations or agencies, programs, or other community resources)

Appendix E

List of Secondary Sources

Appendix E: List of Secondary Sources

U.S. Census Bureau, American Fact Finder, 2013-2017 (5 Year Estimate). 2018

United States Census Bureau, American Fact Finder, 2018

State of California Office of Statewide Health Planning and Development, ED Hospital Discharge Data, 2018

California Child Welfare Indicator Project, University of California, Berkeley. Retrieved from http://cssr.berkeley.edu/ucb_childwelfare/Allegations.aspx

LAPD COMPSTAT UNIT, Crime Statistic Area, 2019

Community Need Index

2018 Demographic Data, The Nielson Company

2018 Poverty Data, The Nielson Company

2018 Insurance Coverage Estimates, Truven Health Analytics

Demographic Profile

¹ U.S. Census Bureau. (2017). American Community Survey 1-year estimates. Retrieved from *Census Reporter Profile page for Los Angeles County, CA*. Retrieved from <http://censusreporter.org/profiles/05000US06037-los-angeles-county-ca/>

² Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. *Key Indicators of Health by Service Planning Area*; January 2017. Retrieved from http://publichealth.lacounty.gov/docs/KIH_Sec_yr2017.pdf

³ Supplement to Community Health Assessment (2015). Service Planning Area 2: San Fernando. Retrieved from <http://publichealth.lacounty.gov/plan/docs/SPA2Supplement.pdf>

Green Spaces

⁴ World Health Organization. (2019). Health and sustainable development. Urban green spaces. Retrieved from <https://www.who.int/sustainable-development/cities/health-risks/urban-green-space/en/>

⁵ City of Los Angeles, Department of Recreation and Parks. 2019. Retrieved from <https://www.laparks.org/>

⁶ We all Need Parks for Health, Thriving and Engaged Communities. Final Report Appendix A: Study Area Profiles. LA County Park Needs Assessment - County of Los Angeles. Published February 15, 2016. Retrieved from <https://lacountyparkneeds.org/final-report/>

Access to Care

⁷ National Healthcare Quality Report, 2013 [Internet]. Chapter 10: Access to Healthcare. Rockville (MD): Agency for Healthcare Research and Quality; May 2014. Available from: <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr15/access.html>

⁸ County of Los Angeles Public Health. (2019) *San Fernando Valley*. Retrieved from <http://publichealth.lacounty.gov/chs/SPA2/>

⁹ Medical Board of California. (2015) Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2015, US Census Bureau, June 2015. Chcf.org

Medically Underserved Area (MUA) Designations

¹⁰ Dignity Health data analyzed with McKesson Performance Analytics: Prevention Quality Indicators, Cases and Percent Medicaid Northridge Hospital Medical Center, Inpatients, FY18

¹¹ Prevention Quality Indicators Overview, Agency for Healthcare Research and Quality. Downloaded from http://qualityindicators.ahrq.gov/modules/pqi_resources.aspx in April 2019. Health Insurance Coverage

¹² U.S. Census Bureau, Current Population Survey, 2017 Annual Social and Economic Supplement. Retrieved from <https://www.census.gov/consixt/dam/Census/library/publications/2018/demo/p60-264.pdf>

Affordable Housing and Homelessness

¹³Los Angeles Homeless Service Authority (LAHSA). (2018). 2018 City And Community Level Homeless Count Data Released. (2018). Retrieved from <https://www.lahsa.org/news?article=454-2018-city-and-community-level-homeless-count-data-released&ref=hc>

¹⁴Los Angeles Homeless Services Authority (LAHSA). (2015). Greater Los Angeles Homeless Count Results: Service Planning Area 2. Retrieved from <https://documents.lahsa.org/Planning/homelesscount/2015/factsheet/spa/SPA2.pdf>

¹⁵Los Angeles Homeless Service Authority (LAHSA). (2018). 2018 Greater Los Angeles Homeless Count - Service Planning Area 2. Retrieved from <https://www.lahsa.org/documents?id=2029-2018-greater-los-angeles-homeless-count-service-planning-area-2.pdf>

¹⁶Los Angeles Homeless Service Authority (LAHSA). (2017). 2017 Greater Los Angeles Homeless Count- Data Summary: Service Planning Area 2. Retrieved from <https://www.lahsa.org/documents?id=1378-2017-homeless-count-results-service-planning%20area-2.pdf>

Obese and Overweight Adults and Children

¹⁷World Health Organization. (2018). Obesity and Overweight Fact Sheet. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

¹⁸Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health; 2015. *Health conditions: Obesity/Overweight*. Retrieved from <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

¹⁹Center for Disease Control and Prevention (CDC). (n.d). *Defining Childhood Obesity*. Retrieved from <https://www.cdc.gov/obesity/childhood/defining.html>

²⁰National Heart, Lung, and Blood Institute. *Overweight and Obesity*. (n.d.). Retrieved from <https://www.nhlbi.nih.gov/health-topics/overweight-and-obesity>

²¹National Institute of Diabetes and Digestive and Kidney, NIH. (2017). *Overweight and Obesity Statistic*. Retrieved from <https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity>

Poor Mental Health

²²Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health; 2015. *Mental Health: Average Number of Days Activity is Limited Due to Poor Mental or Physical Health in the Past Month, Current Depression, Risk of Major Depression*. Retrieved from <http://publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

²³Los Angeles County Health Indicators for Women, Los Angeles County Department of Public Health, January 2017. Retrieved from <http://publichealth.lacounty.gov/owh/docs/DataReport/2017-HealthIndicatorsforWomeninLACounty.pdf>

Substance Use Disorders (Alcohol and Drug)

²⁴Learning to Address Impairment and Fatigue to Enhance Patient Safety. *Substance Abuse*. Retrieved from http://med.stanford.edu/gme/duke_life/pdf/SubstanceB.pdf

²⁵Centers for Disease Control and Prevention (CDC). (2011). *Frequently Asked Questions about Alcohol Abuse*. Retrieved from <http://www.cdc.gov/alcohol/faqs.htm>

²⁶Substance Abuse and Mental Health Services Administration, SAMHSA. (2018). *2017 NSDUH Annual National Report*. Retrieved from <https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report>

²⁷Substance Abuse and Mental Health Services Administration (SAMHSA). (2016). *Opioids*. Retrieved from <http://www.samhsa.gov/atod/opioids>

²⁸California Department of Public Health. 2017. *California Opioid Overdose Surveillance Dashboard*. Retrieved from <https://discovery.cdph.ca.gov/CDIC/ODdash/>

²⁹World Health Organization. 2019. Infectious Diseases. Retrieved from https://www.who.int/topics/infectious_diseases/en/

³⁰Centers for Disease Control and Prevention (CDC). 2019. *HIV in the United States and Dependent Areas*. Retrieved from <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>

³¹ Centers for Disease Control and Prevention (CDC). 2018. *Viral Hepatitis*. Retrieved from <https://www.cdc.gov/hepatitis/hcv/cfaq.htm>

Diabetes

³² Basics | Diabetes | CDC. (n.d.). Retrieved from <https://www.cdc.gov/diabetes/basics/diabetes.html>

³³Centers for Disease Control and Prevention (CDC). (2017). *National Diabetes Statistic Report, 2017*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2017. Retrieved from <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

Child and Domestic Abuse (Physical, Sexual, Emotion, and Neglect)

³⁴Child Maltreatment, 2017. *The Administration for Children and Families*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf>

³⁵Centers for Disease Control and Prevention (2018). *Injury and Prevention Control: Division of Violence Prevention*. Retrieved from <http://www.cdc.gov/violenceprevention/childmaltreatment/index.html>.

³⁶Safe Horizon. *Child Abuse Facts*. Retrieved from <http://www.safehorizon.org/page/child-abuse-facts-56.html>

³⁷Child Welfare Information Gateway. 2019. Retrieved from <https://www.childwelfare.gov/topics/can/factors/child/>

Domestic Violence and Sexual Assault

³⁸ The Center for Assault and Treatment Services at Northridge Hospital Medical Center (2019). *FindGlocal*. Retrieved from <http://www.findglocal.com/US/Van-Nuys/181629729551/Center-for-Assault-Treatment-Services-at-Northridge-Hospital-Medical-Center>

³⁹Centers for Disease Control and Prevention. (2018). *Intimate Partner Violence*. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

⁴⁰ Facts and Figures: Ending Violence Against Women (2018). *UN Women*. Retrieved from <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

⁴¹ Domestic Violence Statistics. (2019). Retrieved from <https://domesticviolencestatistics.org/domestic-violence-statistics/>

⁴² Health Indicators for Women in Los Angeles County (2017) County of Los Angeles Public Health. Retrieved from <http://publichealth.lacounty.gov/owh/docs/DataReport/2017-HealthIndicatorsforWomeninLACounty.pdf>

Federally Qualified Health Centers

⁴³HRSA Health Resources & Services Administration. Federally Qualified Health Centers. HRSA Data Warehouse Find a Health Center. Reviewed May 2018. Retrieved from <https://findahealthcenter.hrsa.gov>