



Community Health Needs Assessment 2022



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Acknowledgements

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Community Stakeholders

A great many organizations and agencies contributed their time to assist with the Emanate Health 2022 community health needs assessment. We acknowledge their gracious contribution. For a full list of organizations, please see Attachment XX.

CHNA Consultants

Emanate health has worked in partnership with the Center for Nonprofit Management to complete this needs assessment. The Center for Nonprofit Management (CNM) was established in 1979 by the corporate and foundation community as the Southern California source for management education, training, and consulting within the nonprofit community. From core management fundamentals to executive coaching, in-depth consulting and analyses, CNM enables individuals to become better leaders of more effective organizations. CNM's research and networking efforts distribute knowledge and thought to nonprofit organizations so that they are prepared to face today's known tasks and tomorrow's unknown challenges. CNM seeks to shape how nonprofit leaders approach problems so they can more effectively pursue their missions. CNM helps individuals and their organizations evolve, adapt and thrive.

The CNM team has deep experience in CHNAs and team members have been involved in and conducted over 36 CHNAs for hospitals throughout Los Angeles County and San Diego County since 2004. The CNM team completed the CHNA in 2016 and 2019.

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Executive Summary

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About Us

Emanate Health

As the largest nonprofit health care provider for the residents of the East San Gabriel Valley, Emanate Health (EH, formerly Citrus Valley Health Partners) serves the community through the work of its four facilities: Citrus Valley Medical Center – Inter-Community Campus in Covina, Citrus Valley Medical Center – Queen of the Valley Campus in West Covina, Foothill Presbyterian Hospital in Glendora, Citrus Valley Hospice and Citrus Valley Home Health in West Covina.

Nearly one million residents in the East San Gabriel Valley rely on Emanate Health for their health care needs. They are known regionally for their primary stroke center, robotic surgery program, outpatient and inpatient rehabilitation services, diabetes treatment and education, maternal and child health services, the technologically advanced Emanate Health Heart Center and an innovative palliative care program. Its family of 3,000 employees and 1,000 physicians work together as a team to elevate the health of their community.

While focused on healing the sick, EH is also dedicated to reaching out to improve the health of our community. Community outreach efforts allow EH to reach beyond the hospital walls to help educate community members, to help manage their health and to give them options in resources and health screenings. EH offers a variety of health programs, services and support groups and partners with a variety of community organizations, cities and school districts with the common goal of improving health and well-being.

About Emanate Health's Community Benefit

Emanate Health (EH) is recognized for its outstanding community outreach efforts and accomplishments. An organization dedicated to creating innovative partnerships among the numerous health and social service organizations in our valley. EH is an active partner in multiple coalitions and collaborative groups in the San Gabriel Valley that include over 100 agencies. All diverse relationships are devoted to promoting community health improvement and well-being.

Some highlights include EH's outreach program based on the concept that through working partnerships between faith communities, community organizations and medical professionals, health and wellness issues can be significantly improved. Get Enrollment Moving program, also known as GEM, which involves volunteers and staff members work together to educate, screen and recruit eligible families for enrollment and retention in Medi-Cal, Covered California, CalFresh and other free and/or low-cost health and social service access programs. GEM is a project of EH and it is supported with funding from the L.A. County Department of Public Health Department. Emanate Health's Welcome Baby initiative is a free universal home visitation program implemented by child development and social services professionals as well as a special post-partum visit by a Registered Nurse. The program serves women during the prenatal and postpartum stages. Families receive assistance to avoid homelessness, receive counseling services, access to food and other essential needs. This program is made possible with a grant with First 5 LA. The Welcome Baby program is a psychosocial model that surrounds mom and infant with education, emotional support and refers to much needed community resources.

Since conception, Every Child's Healthy Option (ECHO) is a collaborative effort coordinated and lead by local school districts. The ECHO program has in place a cadre of volunteer health providers who offer free urgent care services in various specialties; it ensures that every child, regardless of income level, has access to urgent quality health care and provides enrollment for the child in health insurance. Other important programs that receive support from EH are the San Gabriel Valley Coalition on Homelessness; San Gabriel Valley Health Planning Group; Healthy San Gabriel Valley Coalition and the San Gabriel Valley Hospital Collaborative.

Emanate Health's Diabetes Program provides free diabetic foot screenings for patients and residents every month. Diabetes test strips are provided free of charge to patients through a partnership with a local community clinic; this practice had already shown positive results in residents better managing their diabetes. Free support groups are offered at Foothill Education Center in Glendora and EH Resource Center in Covina to help residents with their concerns, achievements and challenges in managing their diabetes. The Latino community has access to Spanish language groups led by a Registered Nurse and Certified Diabetes Educator. EH's vision is to be an integral partner in elevating communities' health through partnerships. EH has formed a Diabetes Prevention and Management Multidisciplinary Group made up of 18 public and private agencies that join minds to respond to the needs of the diabetic population and decrease the devastating effects that come with it.

Introduction

Purpose of the CHNA Report

Community Health Needs Assessments (CHNA) have been integral to learning about the health of the communities Emanate Health (EH) serves. EH continues to be committed to building on the CHNA and relationships in the community to deepen knowledge of the community-specific needs and the resources and leaders in the community. This deeper knowledge will enable the development of a new approach by engaging and activating in a way that addresses specific community needs in collective action with the community. This innovative approach will leverage existing and new community partnerships and harness the power of all EH assets – economic, relationships, and expertise – to positively impact community health.

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years. The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for the hospital facility are available publicly at <https://www.EH.org/documents>.

Emanate Health Approach to CHNA

This current CHNA was completed through a collaboration between Emanate Health (EH), City of Hope, and Huntington Hospital, and Kaiser Permanente Baldwin Park. For the 2022 CHNA cycle, a collaborative of nonprofit hospitals located in the San Gabriel Valley of Los Angeles County, California (the SPA 3 Hospital Collaborative) committed to participate in a joint CHNA data collection process. The intent was to facilitate the development of a coordinated effort to collaboratively address priority health needs through their joint implementation strategies moving forward.

The SPA 3 Hospital Collaborative agreed to share among all participating hospitals the primary data collected through the CHNA cycle. Additionally, the hospitals identified a limited list of subpopulations they wanted to target through qualitative data collection efforts (both individual key informant interviews and focus groups). Together, the Collaborative agreed on a core set of questions to be asked across all interviews and focus groups, and developed a list of topics of interest specific to each interview or focus group that would lead to a more detailed understanding of the specific health needs of the target group represented in the engagement.

The new federal CHNA requirements have provided an opportunity to revisit the needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. The intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Review and compilation of secondary data was conducted through multiple sources that provide access to publicly available indicators including social and economic factors, health behaviors, physical environment, clinical care, and health outcomes. Primary data were collected through key informant interviews, focus groups and surveys. This consisted of reaching out to local public health experts, community leaders and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

In conjunction with this report, EH will develop an implementation strategy for the priority health needs the

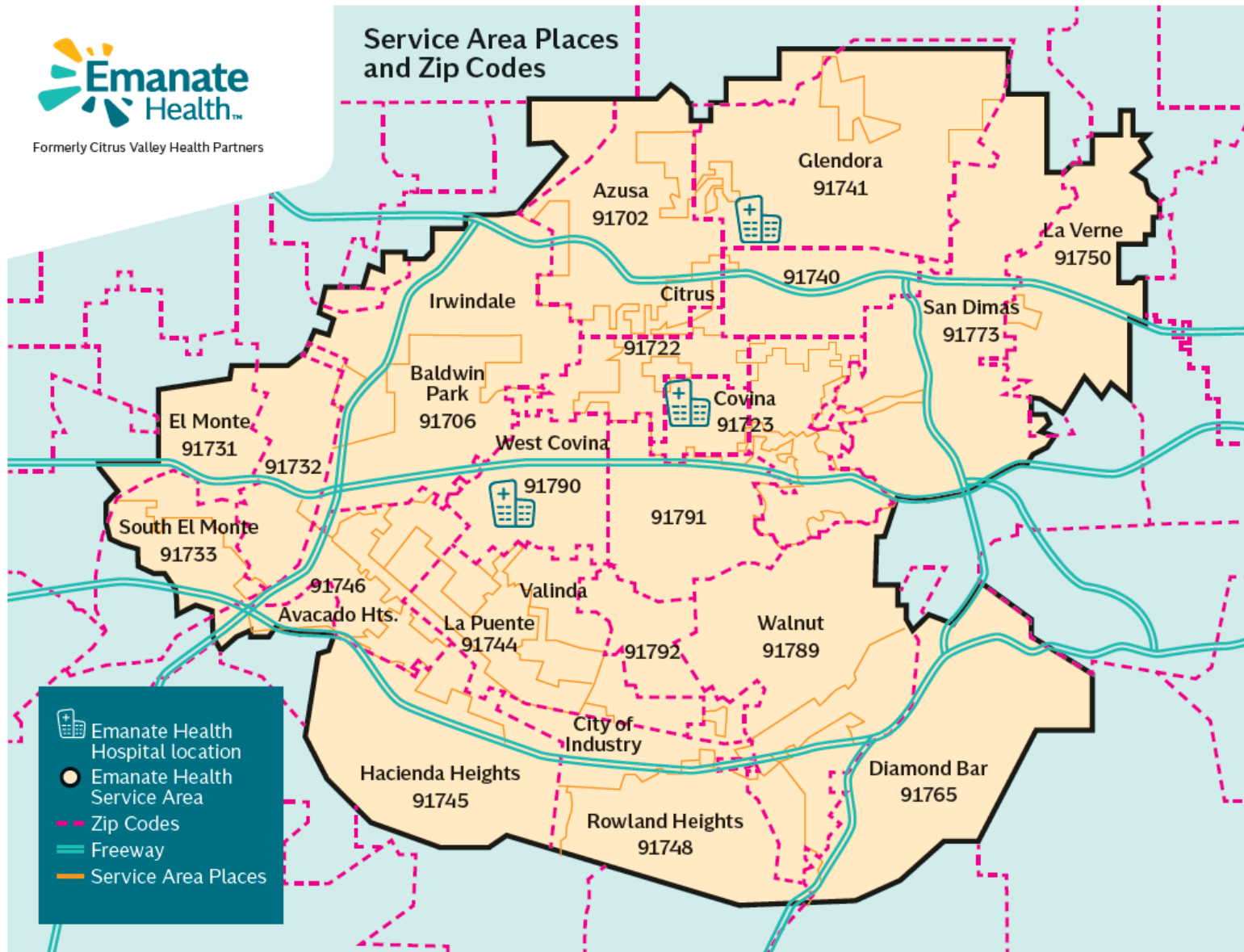
hospital will address. These strategies will build on EH assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website.

Our Service Area

The Emanate Health (EH) hospital generally serves residents surrounding the hospital in the East San Gabriel Valley region and does not exclude low-income or underserved populations. The service area is described in the table below by city/community, ZIP Code and Service Planning Area (SPA).

City/Community	ZIP Code	Service Planning Area (SPA)
Azusa, Irwindale	91702	SPA 3 – San Gabriel Valley
Baldwin Park, Irwindale	91706	SPA 3 – San Gabriel Valley
Covina	91722, 91723, 91724	SPA 3 – San Gabriel Valley
Diamond Bar	91765	SPA 3 – San Gabriel Valley
El Monte (including City of Industry)	91731, 91732	SPA 3 – San Gabriel Valley
Glendora	91740, 91741	SPA 3 – San Gabriel Valley
Hacienda Heights (including City of Industry, La Puente)	91745	SPA 3 – San Gabriel Valley
La Puente (including Bassett, City of Industry and Valinda)	91744, 91746	SPA 3 – San Gabriel Valley
La Verne	91750	SPA 3 – San Gabriel Valley
Rowland Heights (including City of Industry, La Puente)	91748	SPA 3 – San Gabriel Valley
San Dimas	91773	SPA 3 – San Gabriel Valley
South El Monte	91733	SPA 3 – San Gabriel Valley
Walnut (including City of Industry)	91789	SPA 3 – San Gabriel Valley
West Covina	91790, 91791, 91792	SPA 3 – San Gabriel Valley

Map of the Emanate Health Service Area

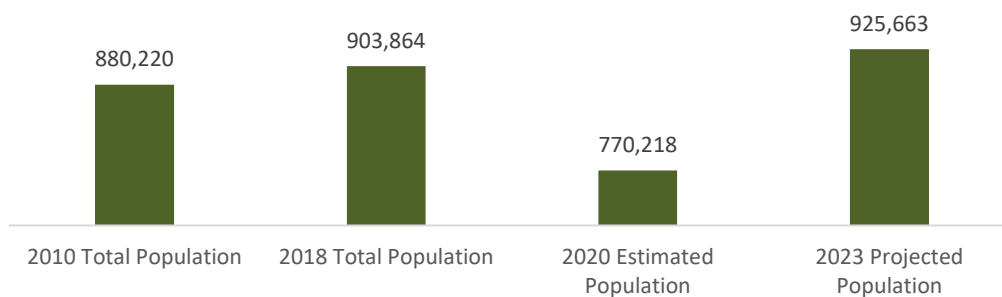


Demographic Profile of Community Served

Population

The population in the State of California grew nearly 10% to 37,253,956 between the 2000 and 2010 Censuses, but the rate of population growth between the 2010 and 2020 Censuses declined by approximately 5.6%. Within Emanate Health’s Service Area (EH Service Area), the total population is 770,218 representing 7.7% of Los Angeles County’s total population (10,098,052) and approximately 2% of California’s total population (39,148,760). While the total population within the EH service area declined by 12.5% in 10 years to 770,218 in 2020, the population is projected to grow to 925,663 by 2023, a 20.2% increase. In contrast, the total population of Los Angeles County is projected to grow only by 5.1% by 2023.

EH Service Area Population Trends



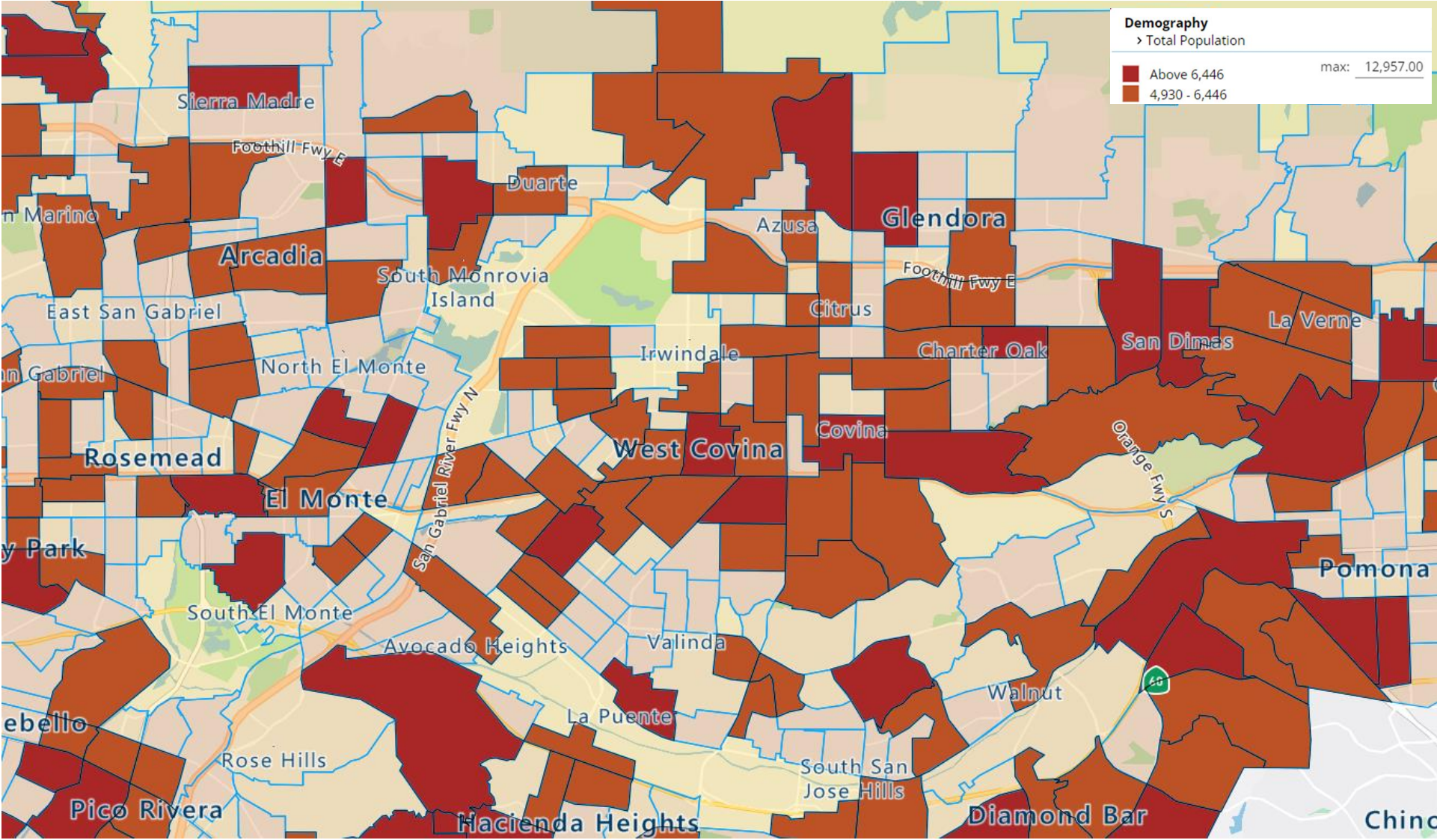
Total Population, 2020

Service Area	2010 Total Population	2018 Total Population	2020 Total Population	2023 Projected Population	2010 – 2020 Percent Change	2020-2023 Projected Change
EH service area	880,220	903,864	770,218	925,663	-12.5%	20.2%
Los Angeles County	9,830,420	10,231,037	10,040,682	10,554,830	2.1%	5.1%
California	37,253,956	39,557,045	39,346,023	--	5.6%	--

Source: U.S. Census, American Community Survey 2020

The EH service area is squarely situated in Service Planning Area 3 where city populations range between City of Industry (at 264 residents) to City of Pomona (at 151,713 residents). Cities like Pomona, Pasadena, El Monte, and West Covina represented the most populous cities of SPA 3, at 9.5%, 8.7%, 6.8% and 6.8% respectively within the area. The chart on the next page provides further breakdown of the EH service area by the most populous census tracts, based on 2020 population data.

Highest Populated Census Tracts in EH Service Area



Source: USC Neighborhood Data for Social Change based on US Census, 5 year ACS 2020:

Age

The age distribution in EH trends slightly older than that of Los Angeles County, with the senior population at 15.6% compared to 13.6% and 14.5% in LA County and California respectively. The age distribution in California trends towards 0-19 years in comparison, while LA County has a proportionately higher young adult population between 20-24 years of age.

Population by Age by Service Area

Age Group	EH	LAC	CA
0-9 years	11.3%	11.7%	12.4%
10-19 years	12.5%	12.4%	13.1%
20-34 years	21.6%	23.1%	22.3%
35-64 years	38.9%	38.7%	38.3%
65+ years	15.6%	13.6%	14.5%

Source: US Census, American Community Survey 2020, State

Relative to the population of each SPA 3 community within EH's service area, the City of Industry (with a small population of 264 residents) has the greatest proportion of residents aged 0-4 (11.7%) and aged 5-19 (25.4%). The largest portion of residents aged 20-24 reside in Azusa (14.3%). 29.9% of Baldwin Park and 29.6% of Covina's residents are aged 25-44. 30.6% of Diamond Bar and 30.3% of Walnut's residents are aged 45-64. The highest proportion of seniors aged 65 and over reside in Walnut at 21.1% of the city's population.

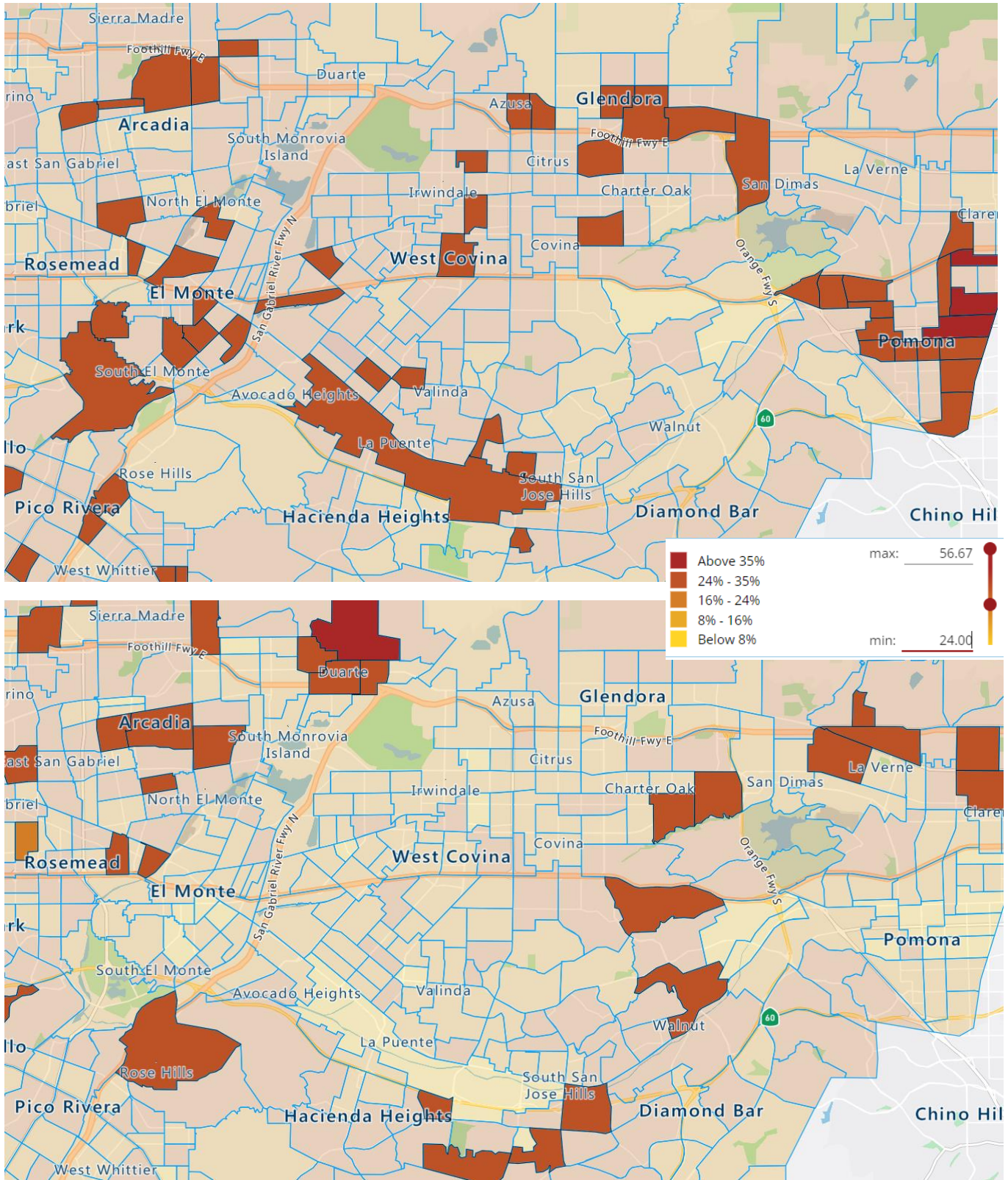
Percent of Population of SPA 3 Cities in EH Service Area by Age

EH Service Area	0-4	5-19	20-24	25-44	45-64	65+
Azusa	6.5%	19.7%	14.3%	27.7%	20.8%	11.0%
Baldwin Park	6.0%	19.7%	7.4%	29.9%	24.2%	12.7%
Covina	5.4%	19.3%	6.9%	29.6%	25.4%	13.5%
Diamond Bar	5.7%	16.4%	5.1%	25.1%	30.6%	17.0%
El Monte	6.2%	19.2%	8.2%	28.6%	24.7%	13.3%
Glendora	5.5%	19.2%	5.0%	26.6%	27.7%	16.1%
Hacienda Heights	5.3%	15.9%	6.3%	25.8%	27.2%	19.5%
Industry	11.7%	25.4%	4.2%	24.3%	20.1%	14.4%
Irwindale	7.5%	21.1%	7.6%	26.8%	20.8%	16.3%
La Puente	5.5%	19.9%	8.0%	27.5%	26.4%	12.5%
La Verne	4.8%	17.6%	6.8%	20.3%	29.9%	20.7%
Rowland Heights	7.2%	14.2%	5.6%	26.0%	27.1%	19.8%
San Dimas	4.9%	17.8%	5.3%	24.3%	28.4%	19.2%
South El Monte	7.2%	19.8%	8.5%	26.0%	25.6%	12.8%
Walnut	4.1%	15.9%	7.4%	22.6%	30.3%	21.1%
West Covina	5.5%	17.4%	7.0%	27.4%	26.6%	15.9%

Source: U.S. Census, American Community Survey, 2020

The charts on the next page provide age breakdowns of the EH service area by the most populous census tracts.

Highest Populated Census Tracts: 18 and under (Top Chart) & 65+ (Bottom Chart)



Source: USC Neighborhood Data for Social Change based on US Census, 5 year ACS 2020

Gender

The gender ratio within the EH service area is nearly evenly split : females (50.4%) and males (48.6%) as of 2020 and remains steady since the 2019 report (51.0% females and 49.0% males). The service area’s gender ratio is also consistent with Los Angeles County (50.7% females and 49.3% males) and California (50.3% females and 49.7% males).

Service Area	Male		Female	
	Number	Percent	Number	Percent
EH service area	374,598	48.6%	388,556	50.4%
Los Angeles County	4,949,565	49.3%	5,091,117	50.7%
California	19,562,882	49.7%	19,783,141	50.3%

Source: U.S. Census, American Community Survey 2020

Disability

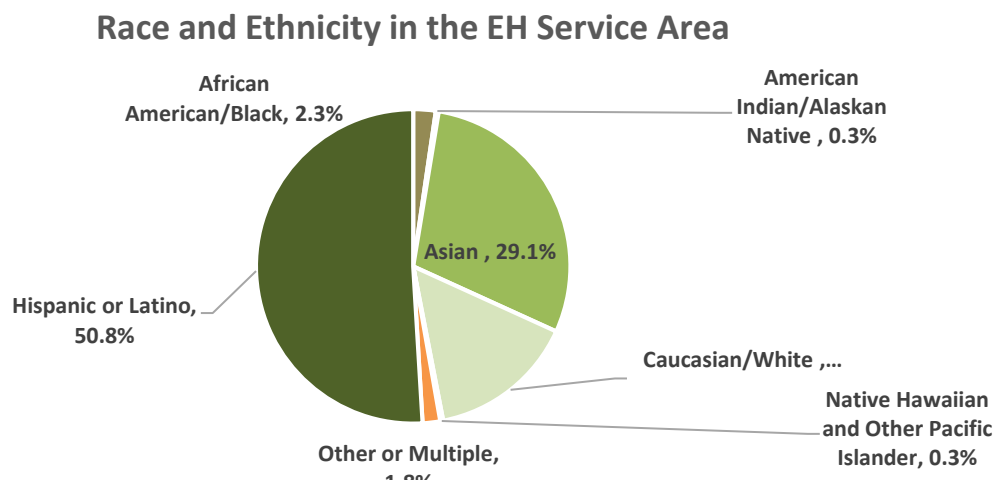
A person with a disability has a physical or mental impairment that substantially limits one or more major life activities. Complications, special assistance, and connected health needs (such as mental health care) are often associated with having a disability. Approximately one in every five residents of SPA3 has a disability (22.8%), slightly lower than the percentage for Los Angeles County, 24.6%.

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	325,000	22.8%
Los Angeles County	1,957,000	24.6%
California*	8,735,000	10.4%

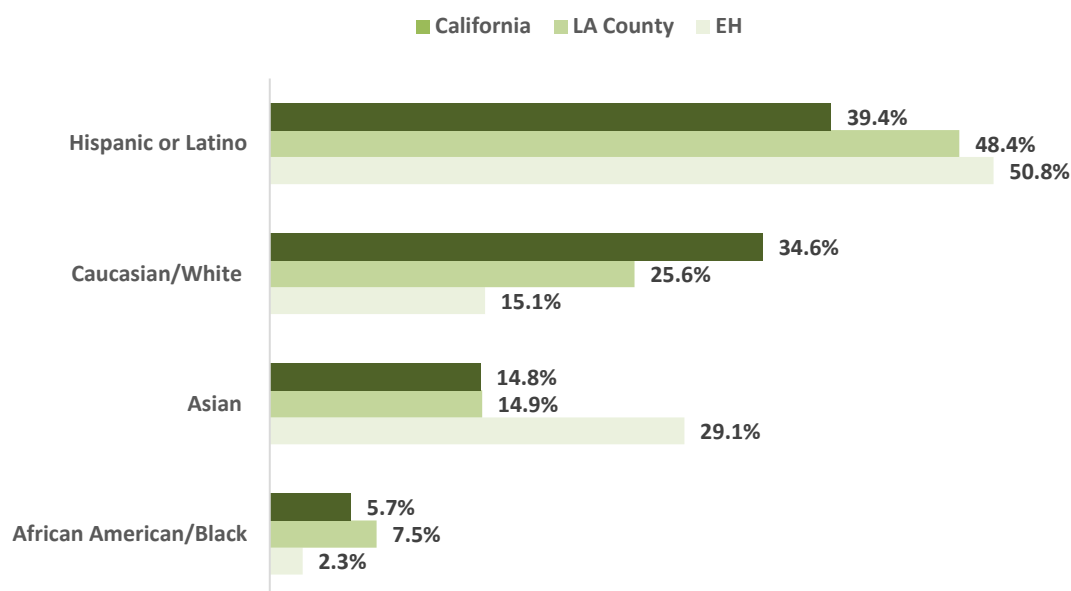
Source: LA County Health Survey, 2018; *2018 US Census, ACS, all ages

Race and Ethnicity

The EH service area is largely comprised of Hispanic/Latino (50.8%) and Asian residents (29.1%) followed by Caucasian/White (15.1%) and African American/black (2.3%) residents. The EH service area has more Hispanic/Latino (50.8%) and Asian (29.1%) residents than Los Angeles County (48.4%, 14.9%) and the state of California (39.4%, 14.8%), respectively. The service area has less Caucasian/White residents (15.1%) compared to Los Angeles County (25.6%) and California (34.6%) as well as less African American/Black residents (2.3%) compared to the county (7.5%) and the state (5.7%).



Race and Ethnicity, EH Service Area Compared to Los Angeles County and California

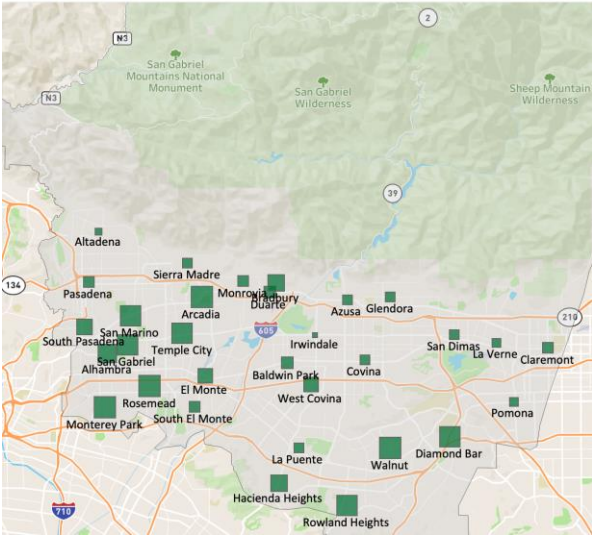


Race/Ethnicity Groups	EH Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
African American/Black	17,565	2.3%	779,166	7.5%	2,119,286	5.7%
American Indian/Alaskan Native	2,110	0.3%	19,915	0.8%	156,085	0.8%
Asian	222,233	29.1%	1,467,279	14.9%	5,978,795	14.8%
Caucasian/White	115,015	15.1%	2,603,280	25.6%	13,714,587	34.6%
Native Hawaiian and Other Pacific Islander	2,399	0.3%	21,996	0.3%	138,167	0.4%
Other or Multiple	14,127	1.8%	297,702	4.1%	1,627,722	3.7%
Hispanic or Latino	387,685	50.8%	4,851,366	48.4%	15,579,652	39.4%
Total	763,134	100.0%	10,040,682	100.0%	39,346,023	100.0%

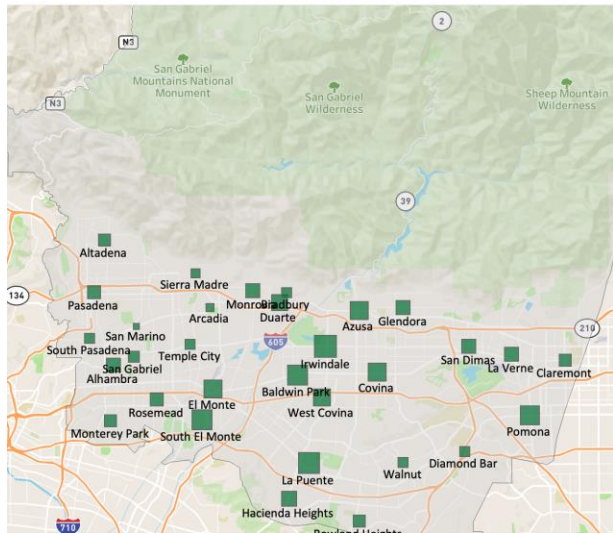
Source: U.S. Census, American Community Survey, 2020

Among the SPA 3 cities within the EH service area, the highest concentration of Latinos resides in Irwindale (90.8% of the city’s population) and La Puente (81.7% of the city’s population). The highest concentration of Asians resides in Walnut (67.1%) and Rowland Heights (61.3%). La Verne and Glendora’s populations have the highest proportion of White residents (45.9% and 44.5%, respectively). The highest proportion of Black or African American residents reside in San Dimas and West Covina at 3.4% of the cities’ populations. The proportional differences among SPA 3 cities for Native Hawaiian/Pacific Islander and for American Indian/Alaska Native Covina are negligible. Cities range between 0% and 0.3% with City of Covina appearing to be on the highest end of the range for both subgroups. The City of Glendora, La Verne and San Dimas also appear to have a larger proportion of residents identified as Other or Multiple races.

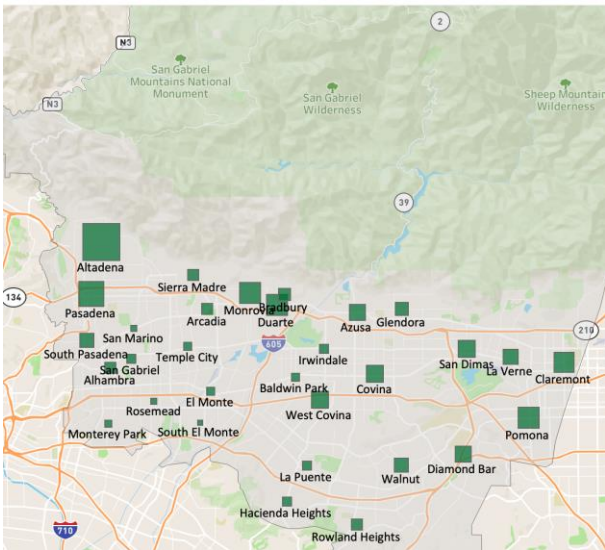
SPA 3 - Race/Ethnicity: Asian



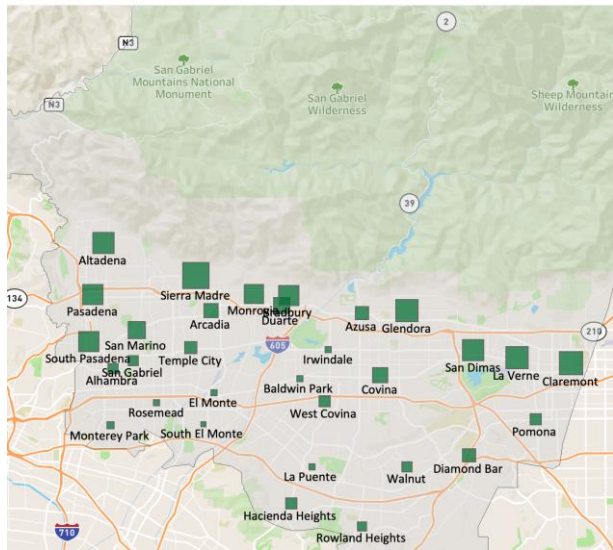
SPA 3 - Race/Ethnicity: Latino



SPA 3 - Race/Ethnicity: Black



SPA 3 - Race/Ethnicity: White



Language

In EH's service area, Spanish and English are the main languages spoken in homes with residents over five years; nearly two-thirds (62.3%) of homes primarily speak a language other than English. Approximately one in every three households (35.7%) reported speaking Spanish principally, and nearly one in every four (24.3%) spoke an Asian language. Asian languages were more commonly spoken in EH's service area than in California and Los Angeles County (10.0% and 10.8%, respectively). Since the 2019 CHNA, 4.4% fewer homes in EH's service area primarily speak Spanish, and 3.4% fewer homes speak mainly Asian languages. There was a very slight increase (0.8%) for English-speaking households in the EH service area.

Language Primarily Spoken in the Home (Age 5+)

Languages	EH Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
English	271,219	37.7%	4,148,408	43.9%	20,725,855	56.1%
Asian *	174,981	24.3%	1,024,683	10.8%	3,677,164	10.0%
Indo-European*	11,065	1.5%	508,583	5.4%	1,679,265	4.5%
Spanish	256,642	35.7%	3,657,846	38.7%	10,462,968	28.3%
Other	5,197	0.7%	108,101	1.1%	391,689	1.1%
Total	719,104	100.0%	9,447,621	100.0%	36,936,941	100.0%

Source: U.S. Census, American Community Survey, 2020

* Asian languages include Chinese, Korean, Japanese, Vietnamese among others. Indo-European includes Arabic, Armenian, Yiddish, and other languages with origin in Europe or Asia

When language is examined specifically by city, certain cities disproportionately favor one non-English language over another. Nearly two-thirds of La Puente (65.5%) and South El Monte (66.3%) households speak Spanish at home. In comparison, less than 15% of households in Diamond Bar (10.0%), La Verne (12.1%), and Walnut (10.0%) speak Spanish at home. Over half of the households within the cities of Rowland Heights (57.4%) and Walnut (52.4%) prefer to speak an Asian or Pacific Islander language at home. La Verne (77.2%), Glendora (70.7%), San Dimas (69.9%), Industry (58.4%), and Azusa (46.6%) have the highest percentage of households that speak English primarily.

Language spoken at home in EH service area communities

SPA 3	English Only	Spanish	Indo-European	Asian/PI	Other
Azusa	46.6%	41.9%	2.0%	9.1%	0.4%
Baldwin Park	18.6%	61.8%	0.1%	19.4%	0.1%
Covina	50.8%	36.6%	0.8%	10.8%	1.0%
Diamond Bar	39.7%	10.0%	4.2%	45.2%	0.8%
El Monte	17.0%	54.0%	0.8%	28.0%	0.3%
Glendora	70.7%	15.4%	2.8%	8.2%	2.9%
Hacienda Heights	35.8%	29.5%	1.4%	33.0%	0.3%
Industry	58.4%	36.1%	0.9%	4.7%	0.0%
Irwindale	42.4%	56.9%	0.0%	0.7%	0.0%
La Puente	22.9%	65.6%	0.2%	11.1%	0.2%
La Verne	77.2%	12.1%	2.2%	7.0%	1.5%
Rowland Heights	22.1%	18.2%	2.0%	57.4%	0.3%
San Dimas	69.6%	15.2%	2.9%	10.5%	1.8%
South El Monte	19.7%	66.3%	0.1%	13.8%	0.1%
Walnut	34.1%	10.0%	2.7%	52.4%	0.8%
West Covina	42.2%	32.7%	1.2%	23.2%	0.7%

Source: U.S. Census, American Community Survey, 2020

Methods to Identify Community Health Needs

The CHNA process is designed (1) to develop a deeper understanding of community healthcare needs, (2) to inform each hospital's community benefit plan for outreach and services that complement and extend clinical services, and (3) to improve disease prevention and overall health status.

A mixed methods approach involving primary and secondary data was employed to identify health outcomes and drivers. Data-gathering efforts are described in the sections that follow.

Secondary Data

Secondary data were collected from a variety of local, County and state sources culminating in a review of over three hundred indicators including community demographics, social and economic factors, health access, leading causes of death, cancer incidence and mortality, chronic disease, health behaviors, mental health and substance abuse.

For the purposes of the CHNA, EH defines a "health need" as a health outcome and/or the related conditions, or health drivers that contribute to a defined health outcome. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

The data were categorized by health outcomes (mortality and morbidity) and health drivers (health behaviors, clinical care, social and economic factors, and physical environment). Together health outcomes and health drivers represent the health needs of a community. These categories are based on the Mobilizing Action Toward Community Health (MATCH) framework, which illustrates the interrelationships among the elements of health and their relationship to each other: social and economic factors, health behaviors, clinical care, physical environmental, and health outcomes. The MATCH framework categories were also used to present the data in the following sections of the report.

Primary Data and Community Input

Community input was provided by a broad range of community members via key informant interviews, focus groups, and/or surveys. Individuals with knowledge, information, and/or expertise relevant to the health needs of the community were consulted, including representatives from state, local or other regional governmental public health departments (or equivalent department or agency) as well as leaders; representatives, or members of medically underserved, low-income, and minority populations; and representatives from local schools, public service organizations and businesses. Focus groups were conducted in English and Spanish as needed. For a complete list of individuals who provided input during the CHNA process, see Attachment XX.

Participating stakeholders identified the most severe health needs and drivers in the EH service area as well as geographic disparities, sub-population disparities and community assets and resources available to address the identified health needs and drivers. In all, 42 interviews and focus groups were conducted.

Additionally, as part of the San Gabriel Valley Hospital Collaborative, hospitals within Service Planning Area 3 collectively shared other interviews and focus groups, as well as a community survey, that they conducted in the region as part of their CHNA. This information was also incorporated into Emanate Health analytical framework.

Methodology for Interpretation and Analysis of Community Input Data.

CNM used a three-step process for analyzing and interpreting primary data: 1) all information gathered during focus groups and interviews were entered into Microsoft Excel, 2) spreadsheet data were reviewed multiple times using content analysis to begin sorting and coding the data, and 3) through the coding process, themes, categories and quotes were identified. Steps two and three are repeated as often as necessary to recognize as many connections and patterns within the data as possible.

This approach provides a systematic way to identify broad themes within a large set of qualitative data and begin coding and categorizing data around those themes (e.g., access to care, poverty, cultural barriers). Responses were reviewed and coded so that common themes pulled from the data can be combined with quantitative data to form conclusions.

Data limitations and Gaps

The secondary data allows for an examination of the broad health needs within a community. However, there are some limitations with regard to this data, as is true with any secondary data:

1. Data were not always available at the ZIP code level, so County level data as well as SPA level data were utilized.
2. Disaggregated data for age, ethnicity, race, and gender are not available for all data indicators, which limited the examination of disparities of health issues within the community.
3. At times, a stakeholder-identified a health issue may not have been reflected by the secondary data indicators.
4. Data are not always collected on an annual basis, meaning that some data are several years old.

Prioritization of Community Health Needs

Emanate Health prioritization selection will take place following the completion of this report

Social Determinants of Health

Cultural and Linguistic Barriers

Patients can experience cultural and linguistic barriers to care that can lead to challenges in communication with providers and impair their ability to receive adequate care. Individuals' experiences with the healthcare system are grounded in their cultural context and can vary based on the provider's ability to communicate in the patient's language. More than one in every ten residents of SPA 3 (11.5%) reported difficulty understanding their doctor due to language barriers, more than in Los Angeles County (8.6%) and California (9.2%). In all three regions, numbers have increased from the 2019 CHNA, when in 2.8% of residents of SPA 3 reported difficulty understanding their doctor due to language barriers.

Difficulty Understanding Doctor Due to Language Barrier

Report Area	Percent
SPA 3 – San Gabriel Valley	11.5%
Los Angeles County	8.6%
California	9.2%

Source: California Health Interview Survey, 2020, SPA

Whereas in the State of California, the percentage of population 5 years and over that speaks only English at home is 56.1%, the same rate in Los Angeles County is 44.7%. Common other languages spoken at home other than English include Spanish (38%), Other Indo-European languages (5.6%), Asian and Pacific Island languages (10.4%). Among the population who speak Spanish as the language other than English at home, 40.8% speak English not very well. Among those speaking an Indo-European language at home, 35% speak English not very well. And among those who speak Asian and Pacific Island languages at home, 51.2% speak English not very well.¹

Linguistic Isolation: English Language Proficiency

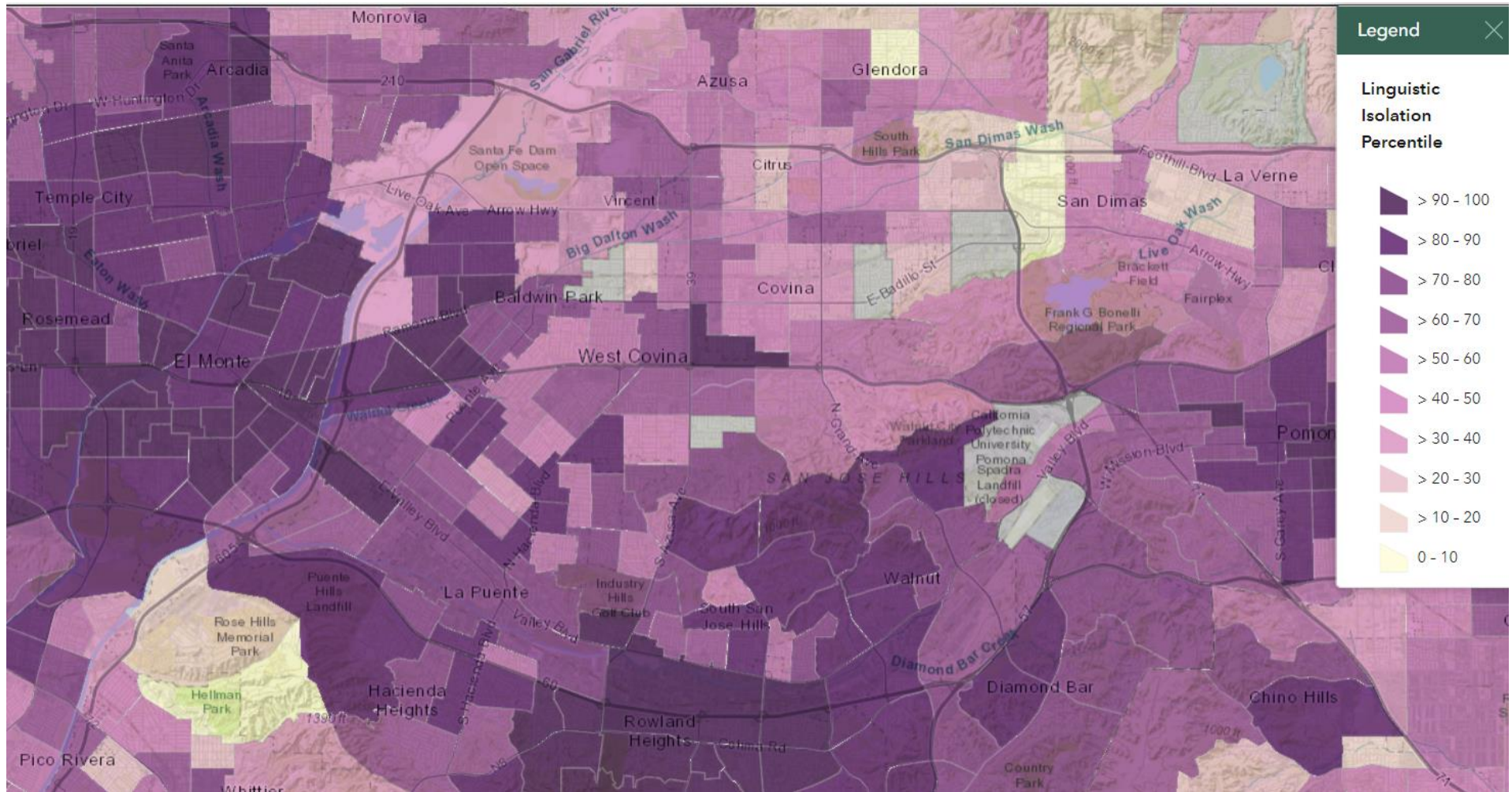
	Very Well	Well	Not Well or At All
SPA 3 – San Gabriel Valley	49.3%	25.3%	25.4%
Los Angeles County	52.3%	25.1%	22.6%
California	55.2%	24.6%	20.2%

Source: California Health Kids Surveys, 2020,

The proportion of adult residents who speak the English language not well or not at all is limited to 1 in 5 California residents, though this rate is much greater in Service Planning area 3 where 1 in 4 residents feel that they don't speak the English language well or at all.

¹ U.S. Census, 2020

Limited English-Speaking Households (14 & Over)²



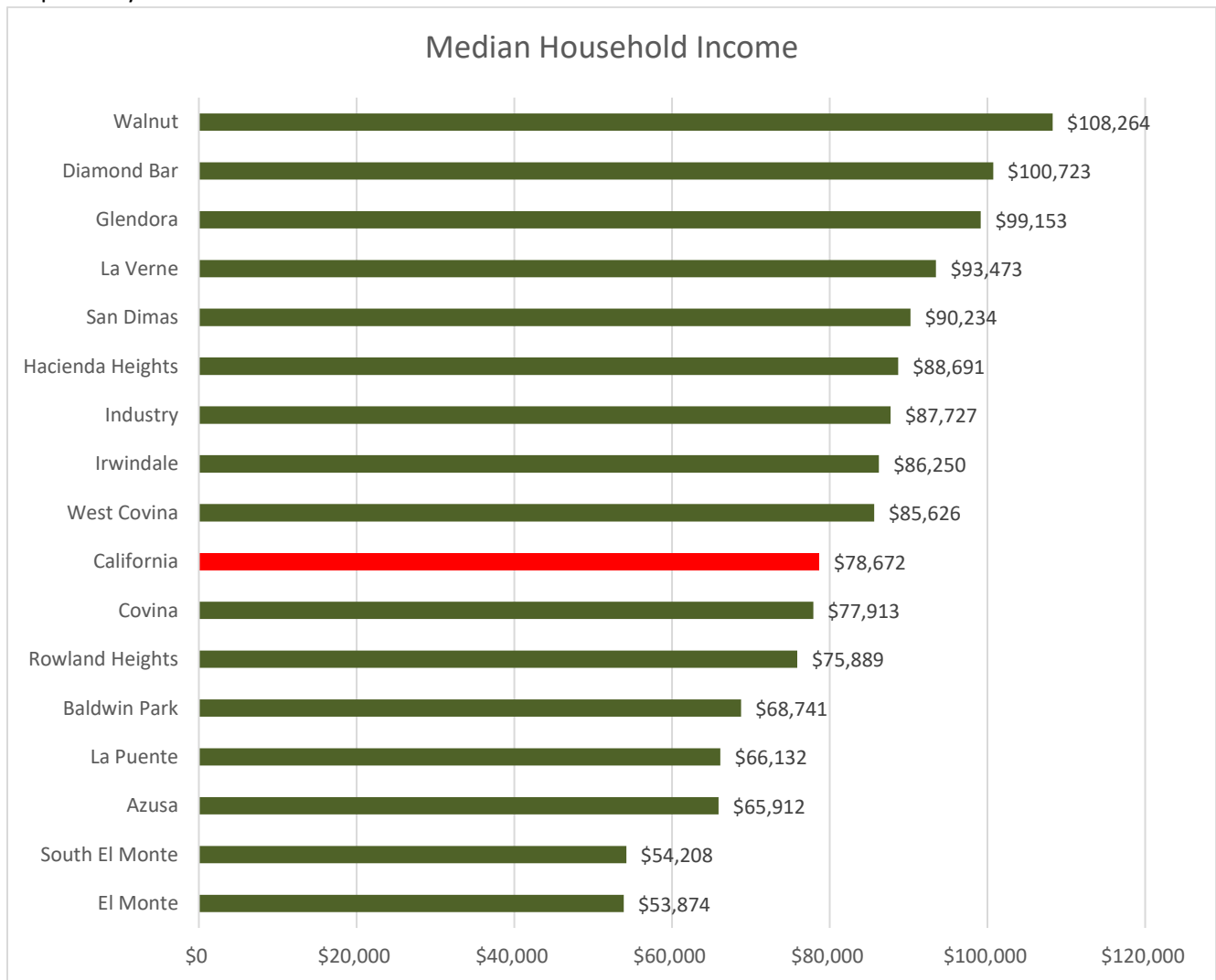
The Chart above presents the percent of limited speaking households, which are households where no one over age 14 speaks English well. Within SPA 3, many areas to the West, South and East of the planning area experience elevated levels of linguistic isolation.

² CalEnviro 4.0, American Community Survey 2015-2019

Household Income

Economic insecurity can contribute to poor health outcomes due to the various barriers that limited resources create, such as the ability to obtain necessary medical care, healthy foods, and other basic needs.³ Poverty, educational attainment, and employment can all advance the economic security of an individual.

Following trends from the 2019 CHNA, the median household income in EH's service area is highest in Walnut, Diamond Bar, and Glendora. All three cities saw an increase in median household income: in Walnut, it increased by 10.1%, Diamond Bar by 6.55%, and Glendora by 14.7%. Covina, Rowland Heights, Baldwin Park, La Puente, Azusa, South El Monte, and El Monte have a household income below the California state median of \$78,672. El Monte and South El Monte reported the lowest median incomes but increased 23.83% and 21.4%, respectively.



Source: U.S. Census, American Community Survey, 2020

³ Murray, S. (2006). *Poverty and health*. CMAJ: Canadian Medical Association Journal, 174(7), 923. Available at [<http://doi.org/10.1503/cmaj.060235>]. Retrieved [February 18, 2016].

In 2020, in EH’s service area, nearly one in every three households, 32%, had incomes below \$50,000, moderately lower than in Los Angeles County (36.10%) and California (32.6%). This is particularly important to note, as around 3 in 5 California households with incomes below \$50,000 had trouble affording basic expenses in June 2022.⁴ Income was slightly higher in EH’s service area than in Los Angeles County. In the EH service area, where 30.10% of households earned between \$50,000 to \$99,999 and 38% over \$100,000, compared to 28.1% and 35.6% respectively in Los Angeles County.

Community stakeholders expressed how economic insecurity negatively impacted their mental health seeing the rise in prices for basic necessities such as food, gas, and housing.

Household Income

Income Level	EH Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
\$15,000 and below	16,442	7.5%	334,820	10.0%	1,122,285	8.6%
\$15,000-\$24,999	15,715	7.2%	259,267	7.8%	909,475	6.9%
\$25,000-\$34,999	15,050	6.9%	254,018	7.6%	929,716	7.1%
\$35,000-\$49,999	22,800	10.4%	358,113	10.7%	1,316,064	10.0%
\$50,000-\$74,999	36,247	16.5%	527,863	15.8%	2,007,523	15.3%
\$75,000-\$99,999	29,871	13.6%	410,744	12.3%	1,616,338	12.3%
\$100,000-\$149,999	41,666	19.0%	544,496	16.3%	2,235,114	17.1%
\$150,000 or more	41,713	19.0%	643,183	19.3%	2,966,599	22.6%
Total	219,504	100.0%	3,332,504	100.0%	13,103,114	100.0%

Source: U.S. Census, American Community Survey, 2020

Unemployment

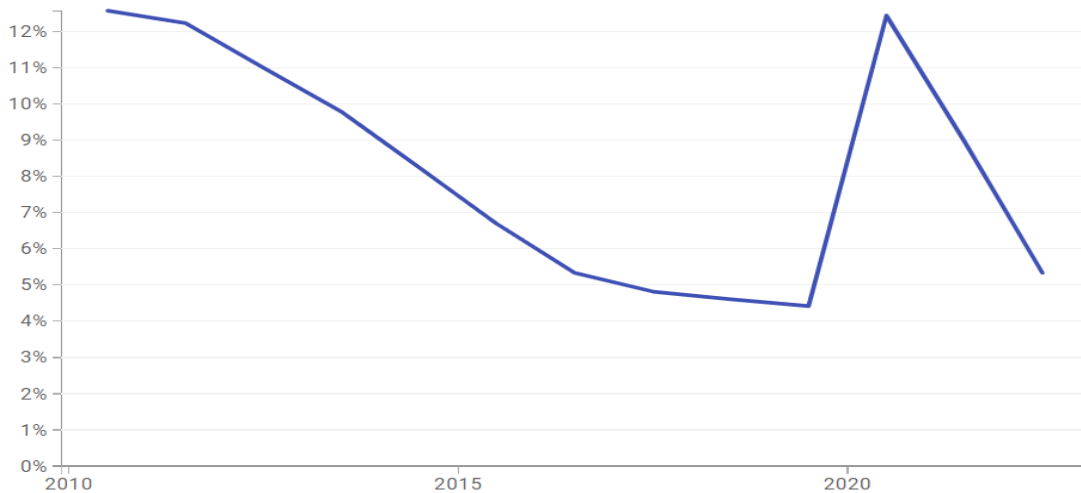
Rates of unemployment in Los Angeles County were generally on a decline for the last 10 years, until the COVID-19 pandemic, when unemployment claims spiked back up to the levels seen during the great recession in 2009. During this time, unemployment rate in LA County has trended higher than that of California, while the rate in SPA 3 has fallen much more than the rest of the County.

Unemployment Rate⁵

Report Area	2015	2016	2017	2020
SPA 3 - San Gabriel Valley ¹	5.8%*	4.9%*	3.9%	--
Los Angeles County ¹	5.6%	5.9%	4.4%	4.2%
California ¹	4.4%	5.3%	3.9%	3.9%

⁴ Californians with Low Income are Hit Hardest by High Costs of Living and Inflation? (August 2022). California Budget and Policy Center. Available <https://calbudgetcenter.org/resources/californians-with-low-incomes-are-hit-hardest-by-high-costs-of-living-and-inflation/> Accessed [September 8, 2022]

⁵ LA County Unemployment Rate (2010-2022), CA Employment Development Department



Source: California Health Interview Survey, 2020, SPA *Statistically Unstable

Current unemployment rates as reported by CA Employment Development Department in the month of August 2022 was 4.9% in LA County, a rate much higher than peer counties: 3% in Orange County, 4.3% in Riverside, 4.2% in San Bernardino, and 3.5% in Ventura.

The COVID-19 pandemic has had a wide-ranging effect on employment. Community stakeholders expressed in focus groups that burnout among employees, particularly in the medical field remains high. Workplace conditions and hiring practices have also changed as employers shared the difficulties of finding employees and most preferring virtual work as opposed to having to come into the office. COVID-19 also had a heavy impact on medical professions as employers reported that staff burnout is high and is compounded by the effects of limited staffing and unplanned leave due to illness such as COVID-19. Community leaders are also worried about the sunset of the COVID-19 supplemental paid sick leave policies due to expire at the end of 2022. Concerns include employees having inadequate sick leave at their job and having to make tough decisions between their health and income.

Poverty

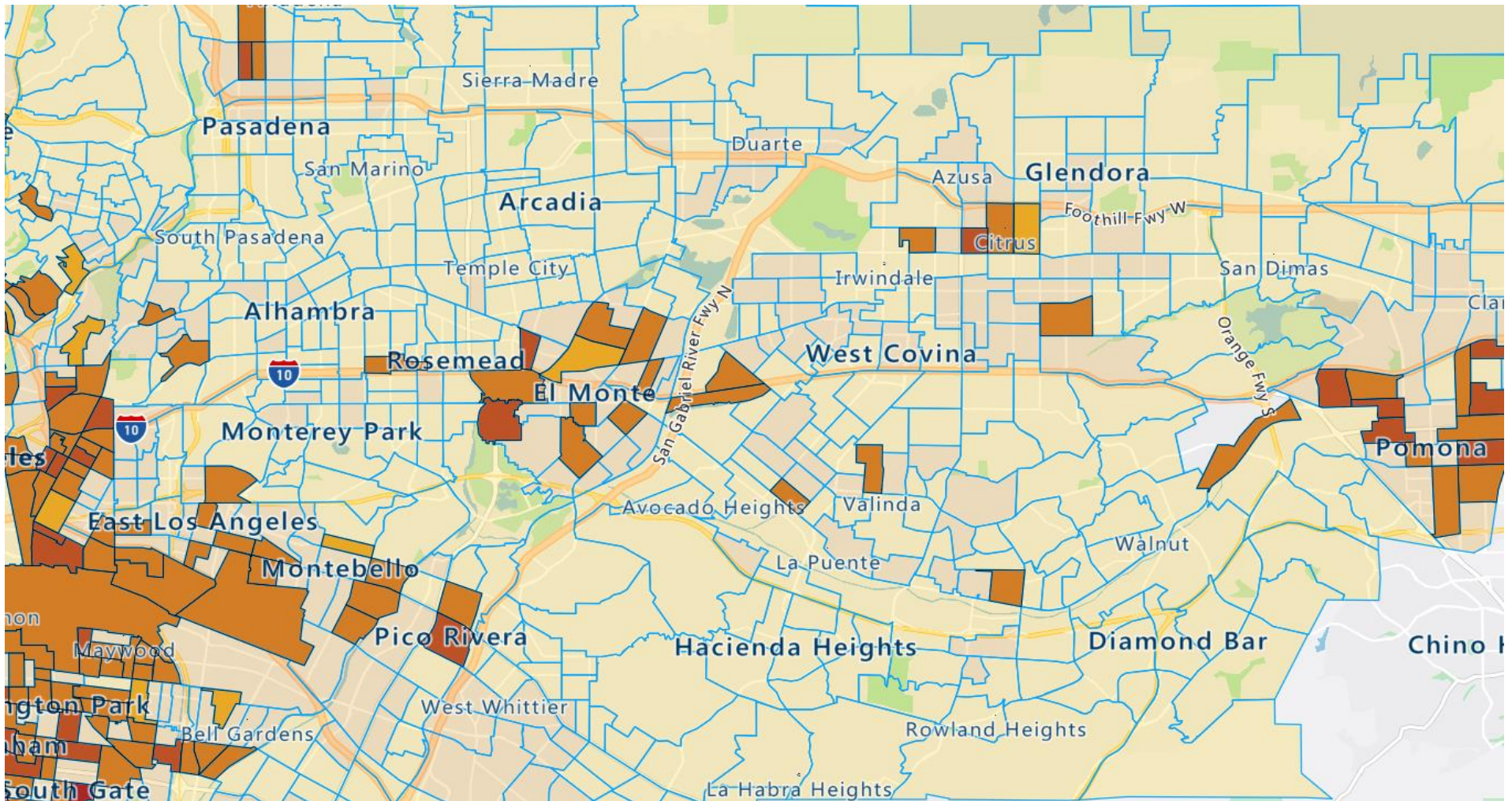
Poverty thresholds are used for calculating official poverty population statistics. The federal government measures the number of people in poverty with thresholds (aka Federal Poverty Level) established and updated annually by the U.S. Census. In 2017, the Federal Poverty Level (FPL) for an individual stood at annual income of \$13,590 while for a family of four it was \$27,750.

Population Living Below 125% Federal Poverty Level

Report Area	Number	Percent
SPA 3-San Gabriel Valley	117,277	15.2%
Los Angeles County	1,881,303	17.0%
California	6,477,022	12.6%

Source: US Census Bureau, American Community Survey, 2020, Tract

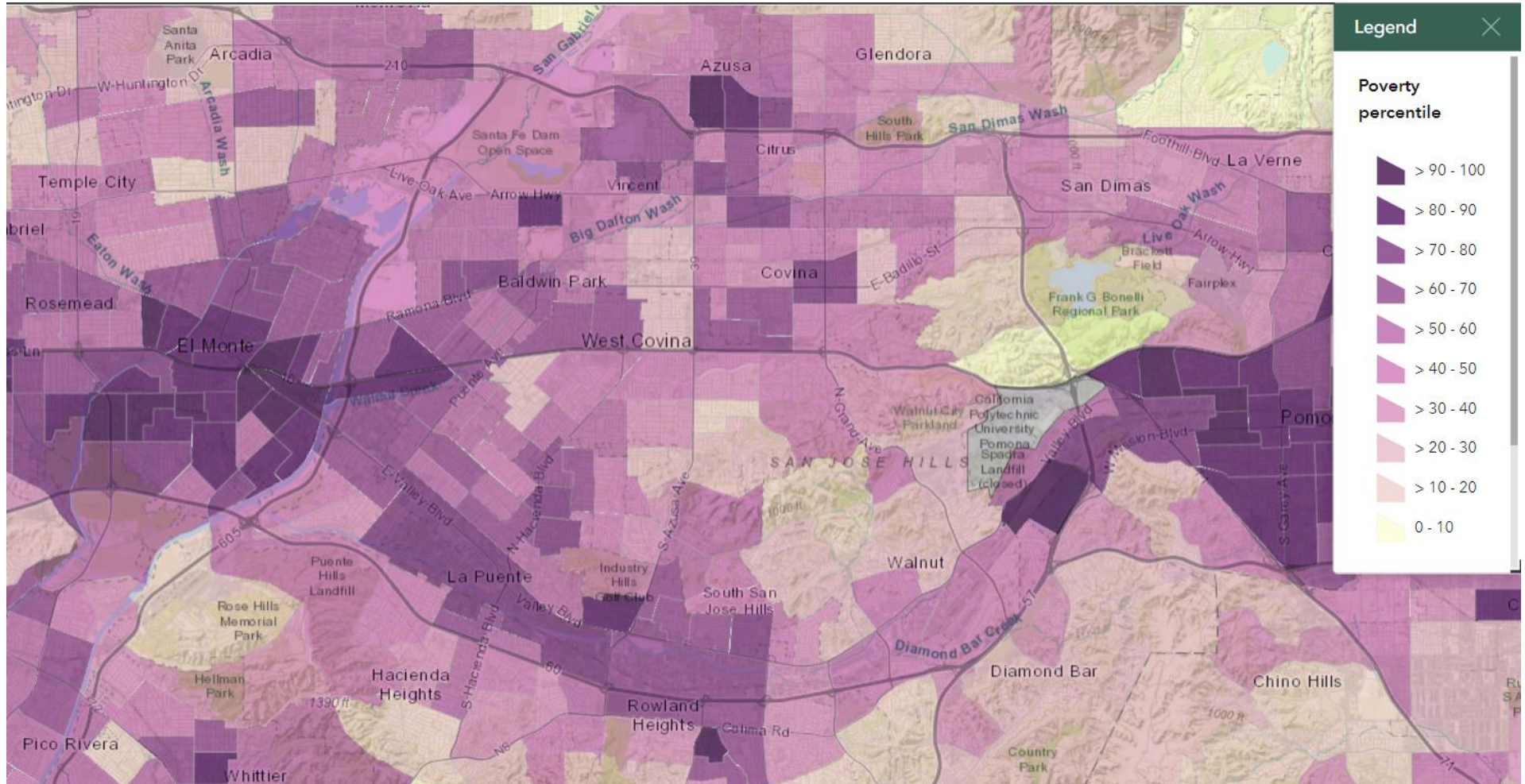
Poverty Measured by Participation in Supplemental Nutrition Assistance Program (SNAP) i



Source: USC Neighborhood Data for Social Change based on US Census, 5 year ACS 1026-2020

The chart below highlights communities within EH service area at least 16% of households receive assistance from the Supplemental Nutrition Assistance Program (SNAP) in 2020.

Population in EH Service Area with incomes less than two times the federal poverty level⁶



In and around Emanate Health and Service Planning Area 3, eight cities show poverty levels higher than the State rate of 12.6%. These cities include Azusa (14.3%), Baldwin Park (12.6%), El Monte (17.4%), Pasadena (14.0%), Pomona (17.3%), Rosemead (13.5%), and South El Monte (21.1%).

⁶ CalEnviro 4.0, American Community Survey 2015-2019

light fewer SPA 3 households live below the 125% FPL (15.2%) than peers in Los Angeles County (17%). Households in SPA 3 are more likely to live below the 125% FPL than California residents (12.6%). Those percentages increase in households with children between the ages of 0 and 17 years, where households below 125% FPL are 15.7% in SPA3, 18.9% in Los Angeles County, and 16.8% in California.

Children Living Below 125% Federal Poverty Level

Report Area	Number	Percent
SPA 3 – San Gabriel Valley	25,136	15.7%
Los Angeles County	419,142	18.9%
California	1,480,649	16.8%

Source: US Census Bureau, American Community Survey, 2020

Cost Burdened Households

Households that are cost-burdened paying rent can have challenges meeting other basic needs such as health care, childcare, food, transportation, and other expenses. This burden is measured by the percentage of households for which housing costs exceed 30% of total household income. In all communities in EH's service area, except Glenora and Walnut, 50% or more of these households spend at least 30% of household income on rent. Communities most affected include El Monte (63%), South El Monte (61.6%) and Azusa (59.1%). The map below visualizes the highest rates in the EH service area in the darker colors.

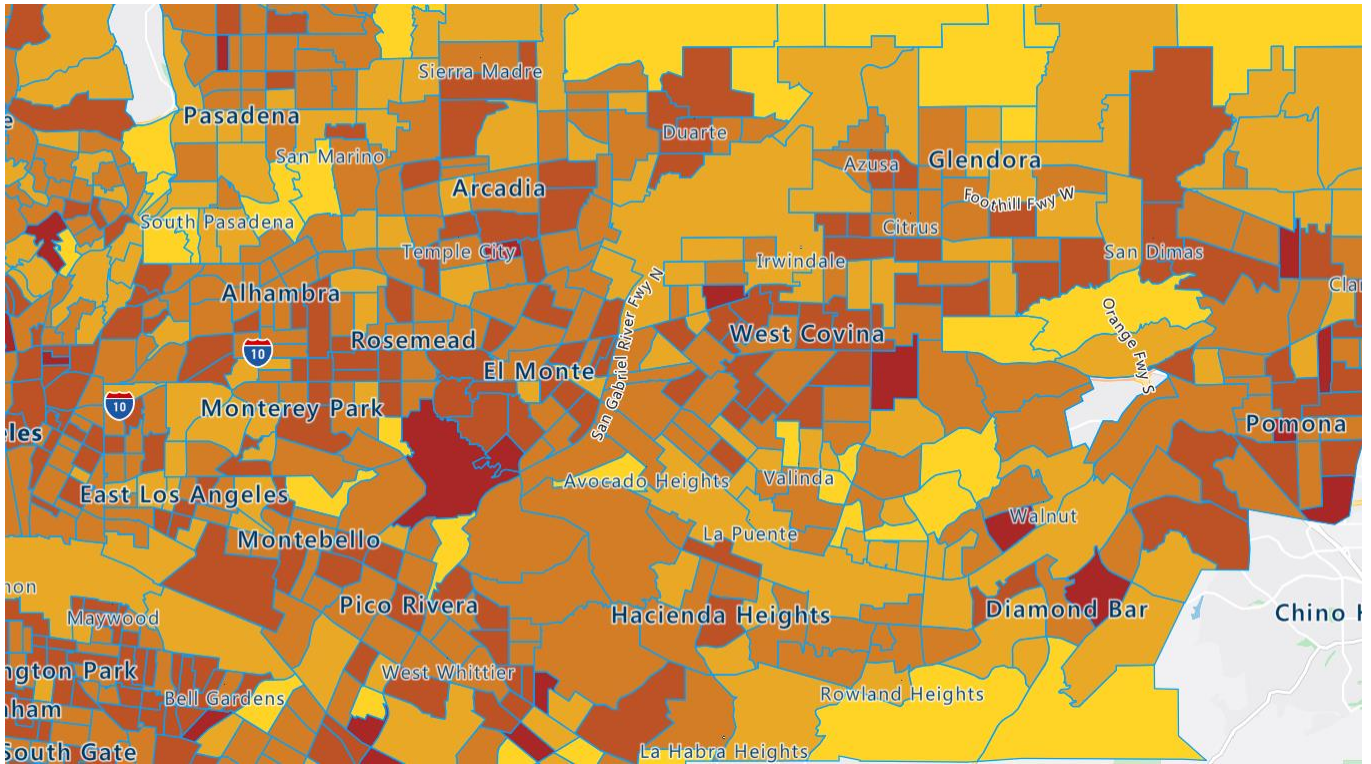
Renters Spending 30% or More Household Income on Rent

Community	%
Azusa	59.1%
Baldwin Park	57.9%
Covina	53.1%
Diamond Bar	50.0%
El Monte	63.0%
Glendora	47.2%
Hacienda Heights	52.0%
Irwindale	52.4%
La Puente	53.7%
La Verne	57.1%
Rowland Heights	56.2%
San Dimas	55.4%
South El Monte	61.6%
Walnut	47.3%
West Covina	51.2%

Source: US Census Bureau, American Community Survey, 2020

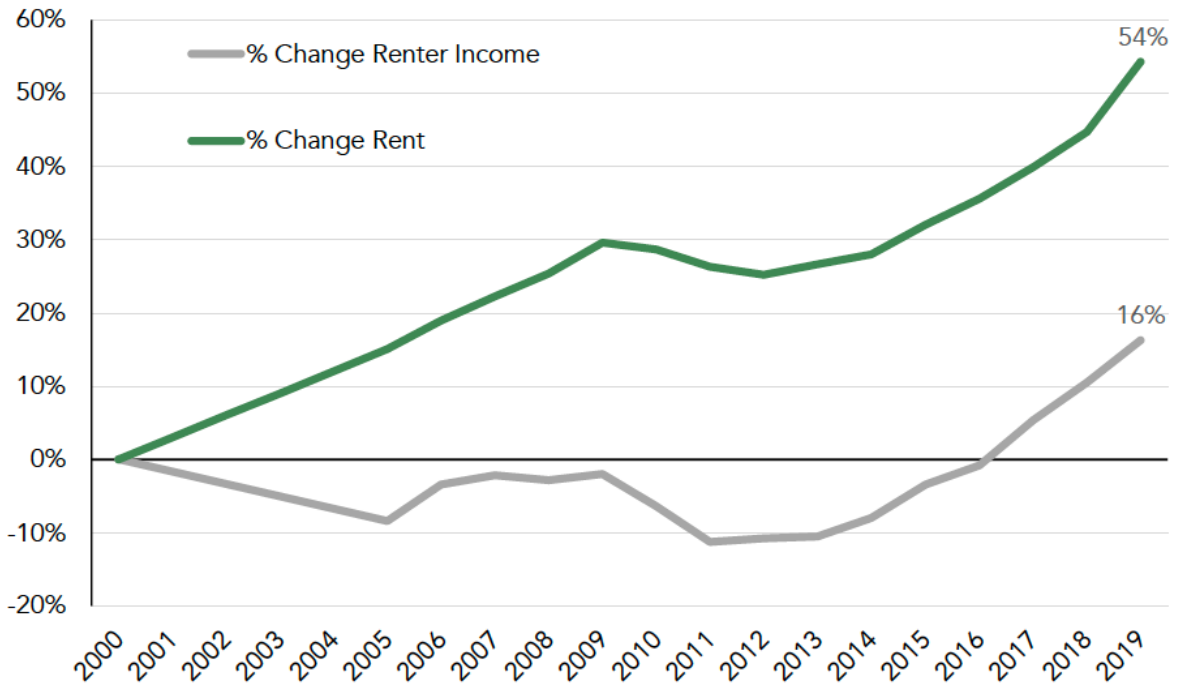
Limited affordable housing can result in rent-burdened households struggling to pay for necessities, including healthcare, utility bills, food, clothing, transportation, and education. Vulnerable resident populations, including the undocumented, disabled, and those on fixed incomes, are often most affected by rising housing costs and the limited availability of affordable housing.

Costs in rent have grown steadily since 2000 but have increased faster since 2014, and the renter's income has not matched the growth. The burden of paying rent has increased steadily, limiting renters' ability to pay for other basic needs, including healthcare.



Source: USC Neighborhood Data for Social Change based on US Census ACS 2016-2020

FIGURE 4: MEDIAN RENTER HOUSEHOLD INCOME VERSUS MEDIAN RENTS IN LOS ANGELES COUNTY (2000-2019)*



Source: 2021 Los Angeles County Annual Affordable Housing Outcomes Report, California Housing Project. <https://1p08d91kd0c03rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2021/07/2021-LA-County-Affordable-Housing-Outcomes-Report.pdf>

Homelessness

A homeless individual is defined as “An individual or family who lacks a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation, or an individual or family who will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and the individual/family lacks support networks or resources needed to obtain housing, or unaccompanied youth under 25 years of age, or families with children and youth who qualify under other Federal statutes, such as the Runaway and Homeless Youth Act, have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment, or an individual or family who is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing.”⁷

More than 28% of the nation’s homeless population now live in California. According to estimates (as of January 2020) from 2020 Annual Homeless Report to Congress, estimates, approximately 161,548 people in California experience homelessness on any given day. Among these homeless, 15% or 25,777 were family households, 31% or 11,401 were Veterans, 36% or 12,171 were unaccompanied young adults (aged 18-24), and 4 in 10 individuals or 48,812 were individuals experiencing chronic homelessness.⁸ In addition, “according to the National Center for Homeless Education during the 2019-2020 school year shows that an estimated 1,280,886 public school students experienced homelessness which represents about 2.5% of all students enrolled in public schools. Of that total, 4% were unsheltered, 11% were in shelters, 7% were in hotels/motels, and 78% were doubled up.”⁹

The Los Angeles Homeless Services Authority (LAHSA) conducts the Greater Los Angeles Homeless Count every two years to provide a snapshot of homelessness in a given day. “Homeless individuals” include single adults, adult couples with no children, and groups of adults over the age of 18. In just 1 year, the number of homeless in Los Angeles County has risen 7% to 63,706.

In SPA 3, the rate of homeless has increased by 1.5%. The majority among them are single adult individuals (80.4%) which was a decrease from 2019. Family members saw a 4.5% increase from 2019 (15%) to 2020 (19.5%). Similarly, the homeless family members in SPA 3 had a higher increase of 6.6% from 2019 (14%) to 2020 (20.6%) the 2nd highest group to experience homelessness. Of the estimated 58,936 homeless in Los Angeles County as of the Los Angeles County Homeless Count of 2019, 4,489, or 7.6%, resided within SPA 3. This is a 25% increase in the size of the homeless population from 2018.

Total Homeless, SPA 3 and Los Angeles County		
Report Area	Number	Percent
SPA 3 - San Gabriel Valley	4,555	7.2%
Los Angeles County	63,706	N/A

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2022, SPA

Most of the people experiencing homelessness in SPA 3 and Los Angeles County are individuals: single adults, adult couples with no children and groups of adults over the age of 18, 84.9% in SPA 3 and 78.6% in Los Angeles County.

⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). Available at: <https://soarworks.samhsa.gov/article/definitions-of-homelessness>. [Accessed September 2022]

⁸ 2020 Annual Homeless Assessment Report to Congress. U.S. Department of Housing and Urban Development. January 2021. <https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf>

⁹ Student Homelessness in America: School Years 2017-18 to 2019-20. Available at <https://nche.ed.gov/wp-content/uploads/2021/12/Student-Homelessness-in-America-2021.pdf>. [Accessed September 2020]

Homeless by Type

Report Area	Homeless Individuals		Homeless Family Members		Homeless Unaccompanied Minors	
	Number	Percent	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	3,869	84.9%	616	13.5%	4	0.08%
Los Angeles County	50,071	78.6%	8,799	13.8%	66	0.1%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2022, SPA

Veterans make up 4% of the homeless count in SPA 3, a rate much higher than the same percentage in Los Angeles County (5.8%).

Homeless Veterans

Report Area	Number	Percent
SPA 3 - San Gabriel Valley	182	4%
Los Angeles County	3,695	5.8%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2022, SPA

Chronic homelessness refers to the circumstance of an individual living in homelessness for at least 12 months or on four separate occasions in the last three years. In SPA 3, 31% of homeless individuals and 2% of homeless family members are chronically homeless. The population of homeless family members has doubled since the 2019 CHNA report.

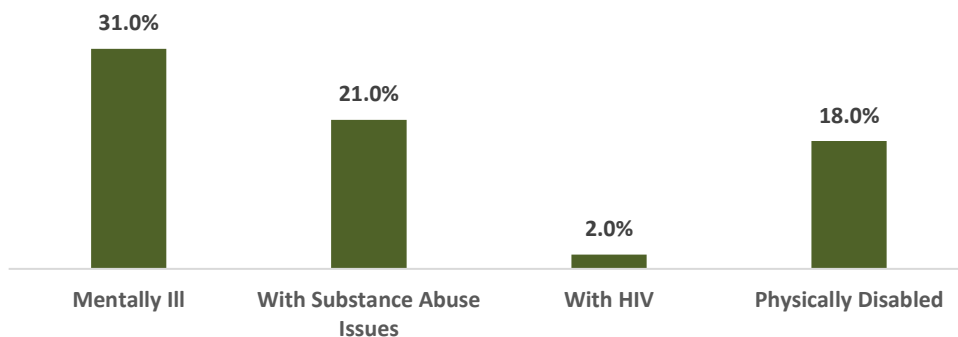
Chronically Homeless Individuals and Family Members

Report Area	Individuals		Family Members	
	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	1,447	31%	88	2.0%
Los Angeles County	27,154	39.0%	1,422	2.0%

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2022, SPA

As a vulnerable population, individuals who experience homelessness are disproportionately impacted by chronic poor health. 21% of people experiencing homelessness in SPA3 struggle with substance abuse issues, 18% are physically disabled, and 2% are HIV-positive. Nearly one-third (31%) of homeless individuals in SPA 3 are mentally ill, a higher percentage than in Los Angeles County (25%).

Health Needs of Homeless Population in SPA 3



Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2022, SPA

Health Needs of Homeless Population

Report Area	Mentally Ill		With Substance Abuse Issues		With HIV		Physically Disabled	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SPA 3 - San Gabriel Valley	1,297	31.0%	882	21%	96	2.0%	754	18.0%
Los Angeles County	15,499	25.0%	16,431	26.0%	1,478	2.0%	N/A	N/A

Source: Los Angeles Homeless Services Authority, Greater Los Angeles Homeless County Report, 2022, SPA

Educational Attainment

One of the key drivers of health is educational attainment-- low levels of education are often linked to poverty and poor health. Within the EH service area, the proportion of residents with a high school degree or less is 43.2% whereas in LA County and the State, the same proportion is 40.6% and 36.5% respectively. Both LA County (11.7%) and the State (13.1%) have a higher proportion of residents with a graduate or a professional degree than the EH service area (8.9%). Of residents 25 or over, 19.2% in EH's service area did not receive a high school diploma, slightly lower than the Los Angeles County percentage of 20.2% but higher than California (16.1%). More residents in EH's service area's highest level of education is high graduation (24%) than in Los Angeles County (20.4%) and California (20.4%).

Educational Attainment (Age 25+)

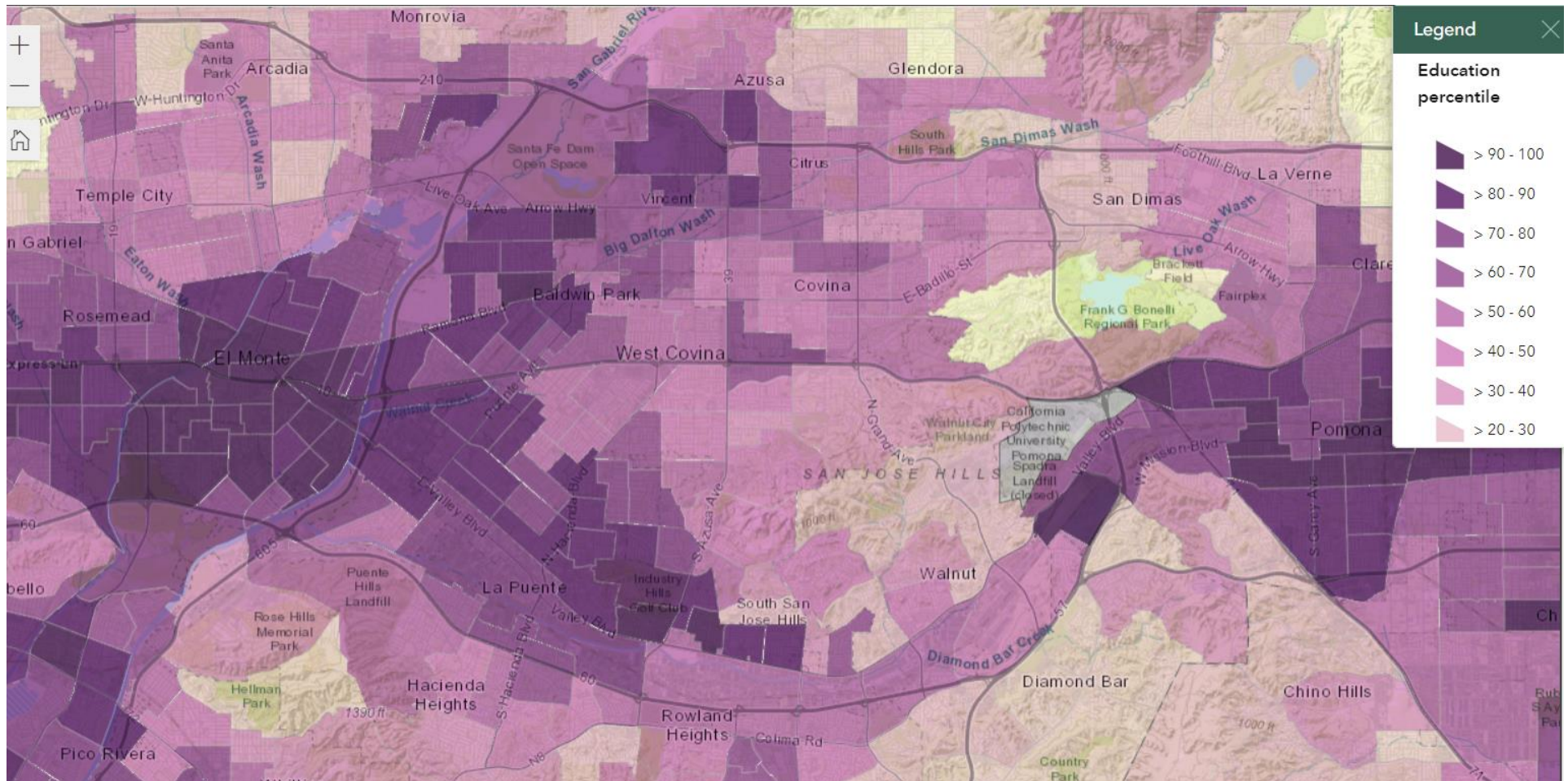
Educational Level	EH Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Less than 9 th grade	59,971	11.4%	822,192	11.9%	2,373,198	8.9%
Some high school	41,165	7.8%	573,462	8.3%	1,919,890	7.2%
High school graduate	126,423	24.0%	1,409,473	20.4%	5,439,689	20.4%
Some college	102,731	19.5%	1,305,835	18.9%	5,573,015	20.9%
Associate degree	40,930	7.8%	483,643	7.0%	2,133,211	8.0%
Bachelor's degree	108,196	20.6%	1,506,201	21.8%	5,759,671	21.6%
Graduate or Professional Degree	46,710	8.9%	808,374	11.7%	3,493,134	13.1%
Total	526,126	100.0%	6,909,179	100.0%	26,665,143	100.0%

Source: US Census Bureau, American Community Survey, 2020

In Service Planning Area 3, fourteen cities have proportionately fewer college educated adults 25 years old or older that the State including South El Monte and La Puente which have the lowest rates, at 7.7%, and 9.1%, respectively. The following chart highlights the communities within the EH service area with the highest and lowest rates based on education levels.

█

Percent of the population over age 25 with less than a high school education¹⁰



This chart highlights communities where, based on earning potential from level education, may make them more vulnerable as current inflationary pressures affects cost of living. The heat map provides a geographic representation of communities where adults over 25 years of age have less than a high school education.

¹⁰ CalEnviro 4.0, American Community Survey 2015-2019

Educational Attainment Age 25 Years and Older

Education Level	Highest Rated Cities in Each Category
NO HS	South El Monte (29.1%), El Monte (24.5%), Baldwin Park (21.4%) Irwindale (21.3%)
Some HS	El Monte (13.8%) South El Monte (13.7%), Industry (13.5%), La Punete (13%)
HS Diploma	Industry (34.8%), La Puente (30.6%), Baldwin Park (29.5%), Irwindale (29.5%)
Some College	Covina (28.4%), San Dimas (25.3%), La Verne (24.8%)
Associate Degree	San Dimas (11.5%), Glendora (10.7%), La Verne (10.6%)
Bachelor's Degree	Walnut (38.4%), Diamond Bar (35.4%), Rowland Heights (30.5%)
Graduate Degree	Diamond Bar (18.6%), Walnut (16.5%), La Verne (15.1%)

Source: U.S. Census, American Community Survey, 2020

South El Monte and El Monte have the highest percentage of those with no high school education, 29.1% and 24.5%, respectively. The highest percentage of residents with a high school diploma are Baldwin Park (29.5%), Industry, (34.8%), La Puente (30.6%), and Valinda (30.4%). Though South El Monte has the lowest percentages of college graduates and the highest for no high school education, they have a higher percentage of high school graduates (27.3%) than the State (20.4%).

During the COVID-19 lockdown, the education gap worsened with because of school closures and limited access to technology according to focus group participants involved with the education system. Students could not reliably access teachers and classes because of the limited access to the internet and equipment

Food Insecurity: A Profile from the San Gabriel Valley Health Collaborative

Access to affordable, comprehensive, and quality healthcare services is essential to achieving health equity and increasing the quality of a healthy life. Lack thereof can lead to unmet health needs, delays in receiving

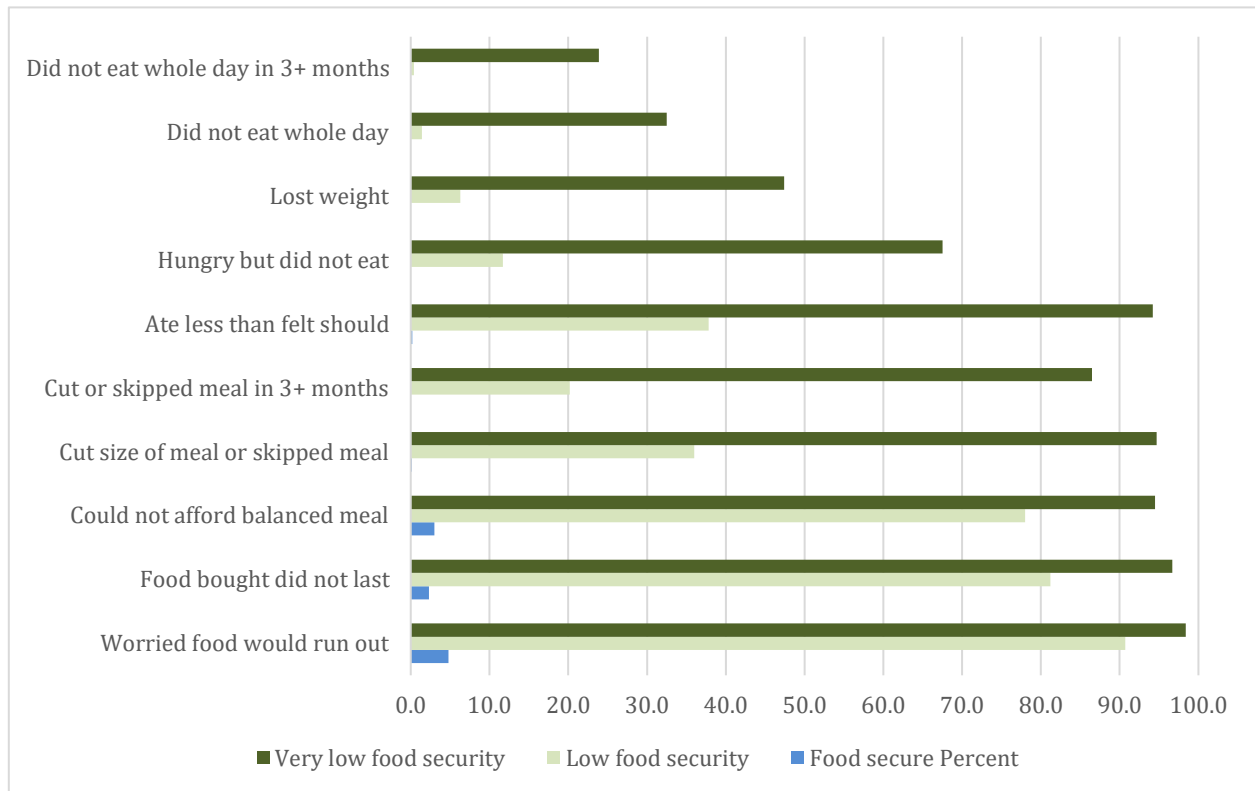
A household is food insecure under one of two conditions, a reduction in the quality, variety, or desirability of diet with little to no indication of reduced food intake (low food security) or multiple indications of disrupted eating patterns and reduced food intake (very low food security) according to the USDA¹¹. A study by Feed America estimated that 4,290,000 or 10.8% of households experienced food insecurity in 2020¹².

Households that report three or more conditions that indicate food insecurity are classified as "food insecure." That is, they were at times unable to acquire adequate and quality food for one or more household members because they had insufficient money and other resources for food. The top three reported indicators reported by households experiencing low and very low food security: They worried whether their food would run out before they got money to buy more; the food they bought didn't last, and they didn't have money to get more; They couldn't afford to eat balanced meals.

¹¹

¹² Map the Meal Gap 2020. Feeding America. Accessed September 29, 2022. <https://map.feedingamerica.org/>

Percentage of households reporting level of food insecurity among adults by food security, 2021¹³



Source: USDA, Economic Research Service, using data from the December 2021 Current Population Survey Food Security Supplement, U.S. Census Bureau

In California, four out of 10 adults whose income is less than 200% of the Federal Poverty Level cannot afford enough food. For the most part, food insecurity has increased over the past 10 years in every county. While it appears that food insecurity has increased significantly in San Bernardino from 2017 to 2020, over the 10-year stretch, the rate has trended steadily higher. In Ventura, a ten-year trend reveals the food insecurity rate unchanged though the rates have fluctuated lower in the past three years. Time will tell whether the last 3-year rates are an anomaly or an actually trend.

Food insecurity by County

County	Adult income less than 200 FPL	Adult income less than 200 FPL
	2017	2021
Los Angeles	40.2%	40.9%
SPA 3	38.4%	41.5%
Orange	41.2%	39.7%
Riverside	34.1%	31.3%
San Bernardino	36.3%	45.8%
Ventura	46.6%	38.9%
California	40.8%	39.0%

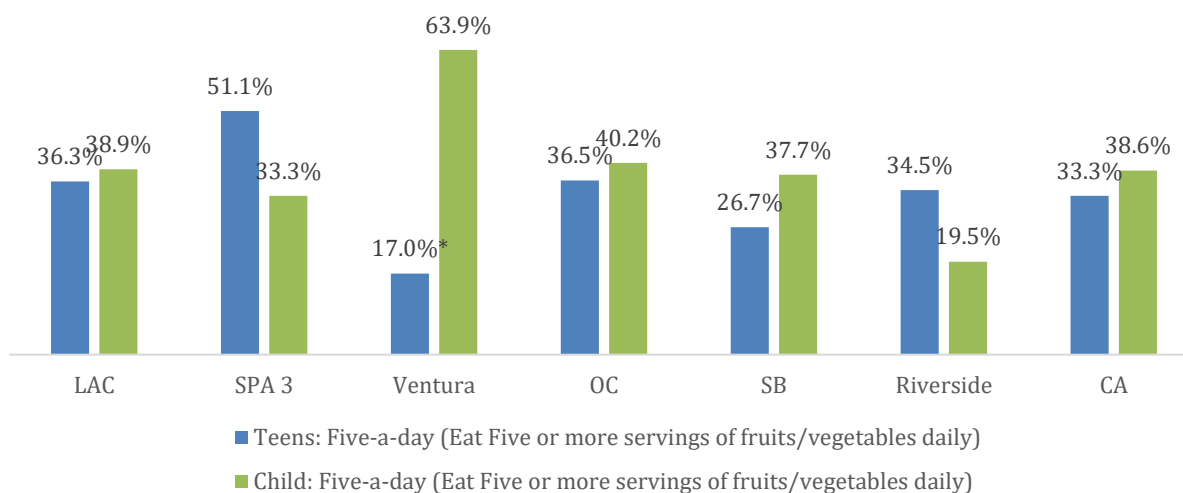
Source: California Health Interview Survey, 2021 * indicates a statistically unstable value

¹³ USDA Economic Research Service. Available at [USDA ERS - Definitions of Food Security](https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security/). Last Accessed 10/12/2022

Food insecurity can have devastating health consequences. It is associated with increased consumption of calorically dense foods, such as fast food, which are often more affordable or the most accessible option in communities with limited grocery stores or excessive fast-food outlets¹⁴. The excessive prevalence of fast-food outlets and high consumption of saturated fats, salts and added sugars increases the risk of chronic conditions such as high blood pressure, type 2 diabetes, and many forms of cancer¹⁵. In addition, if a child who experiences food insecurity can see low academic performance, delayed development, and depression¹⁶.

In reviewing the fruit/vegetable consumption among youth, San Bernardino County had the lowest rate of children (26.7%) consuming fruits and vegetables, lower than the State rate (33.7%). San Bernardino also has the rate of household that are unable to afford enough food (47.9%). Ventura County had the highest rate (63.9%) of children who consume fruits/vegetables nearly double the rate of the State. San Bernardino also has the lowest rate of teens who consume the USDA recommended amount of 5 daily servings of fruits and vegetables (26.7%).

USDA Recommended Serving Consumption of Fruit/Vegetable Among Youth



Source: 2020 California Health Interview Survey, ACS *Statistically unstable

Prior to the COVID-19 pandemic, food insecurity in Los Angeles County had begun to reduce. However, despite the reduction, communities of color, immigrant communities, and those living in poverty continued to experience barriers to accessing healthy food. In the table below, households' incomes less than 300% FPL saw food insecurity decrease from 2015 (29.2%) to 2018 (26.8%). The data was similar for households experiencing very low food security decreasing from 2015 (11.3%) to 2018 (10.6%).

¹⁴ Mello AJ, Gans KM, Risica PM, Kirtania U, Strolla LO, Fournier L. How is food insecurity associated with dietary behaviors? An analysis with low-income, ethnically diverse participants in a nutrition intervention study. *J Am Diet Assoc.* 2010;110(12):1906-1911. doi: [10.1016/j.jada.2010.09.01](https://doi.org/10.1016/j.jada.2010.09.01)

¹⁵ Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants. *J Nutr.* 2010;140(2):304-310. doi: [10.3945/jn.109.112573](https://doi.org/10.3945/jn.109.112573)

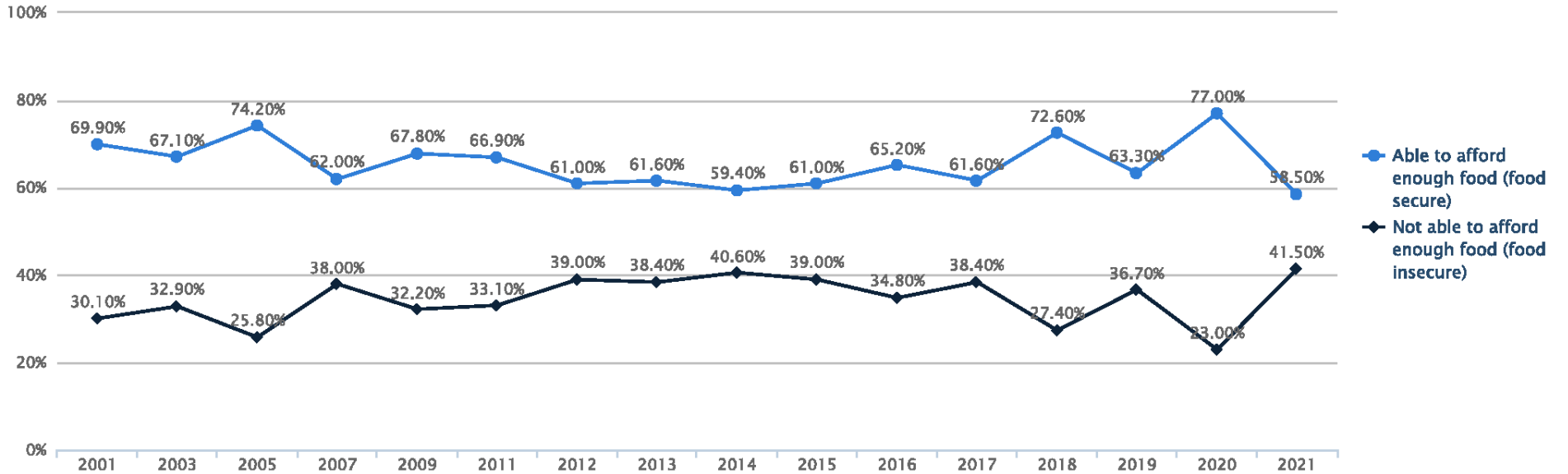
7. Roberts CK, Barnard RJ.

¹⁶ Jyoti DF, Frongillo EA, Jones SJ. Food insecurity affects school children's academic performance, weight gain, and social skills. *J Nutr.* 2005;135(12):2831-2839. doi: [10.1093/jn/135.12.2831](https://doi.org/10.1093/jn/135.12.2831)

Service Planning Area 3

Food security (ability to afford enough food)

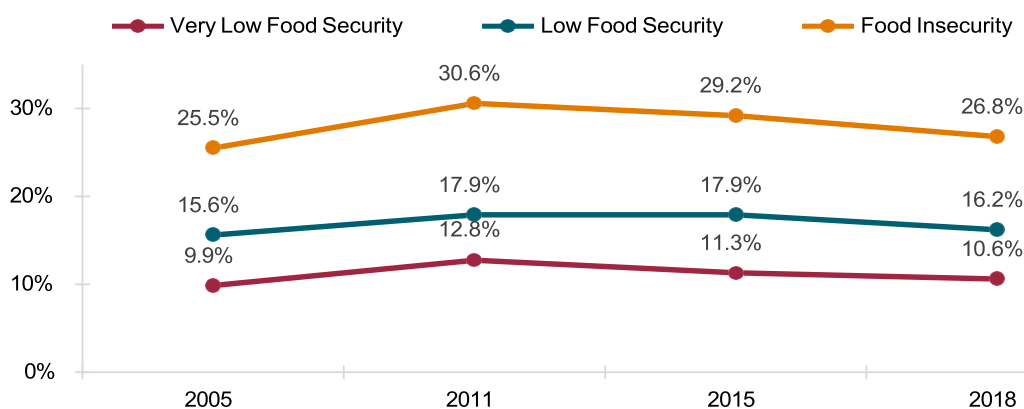
Source: UCLA Center for Health Policy Research



Source: 2021 California Health Interview Survey

The chart above illustrates food insecurity in SPA 3 over 20-year period. The rate of insecurity has been fairly stable despite a couple low-rate years and a spike in 2021 to 41.5%. Approximately 2 out of 5 residents have reported not having the ability to afford food. Currently, the food insecurity rate in SPA 3 is comparable to the rates in both Los Angeles County and California

Food Insecurity Trends Among Households



Source: 2018 Los Angeles County Health Survey. Note: the levels of food insecurity between 2015 and 2018 were not statistically different, suggesting that there may be no change in food insecurity prevalence from 2015 to 2018.

Individuals who were found to be food insecure were almost twice as likely to have been infected with COVID-19 (11.6%) compared to those who were food secure (6.4%) between April to July 2020¹⁷. More than 1 in 4 LA County households experienced at least one instance of food insecurity from April through July 2020 according to a study of the major risk factors for food insecurity.¹⁸ The majority of adults who experienced food insecurity in early months of the pandemic (April – June 2020) were female (57%), between the ages of 18-40 (59%), Latino (55%), and households living at less than 300% FPL (82%).¹⁹

With poverty being the leading cause of food insecurity in the U.S., and 15% of L.A. County residents living below the federal poverty line, food insecurity overwhelmingly impacts low-income, unemployed, and underemployed people. During the COVID-19 pandemic, Los Angeles County residents had unprecedented job loss with the unemployment rate increasing to 19.4% in June 2020, compared to 14.9% in California. Job loss was a major factor for the increase in the rate of food insecurity and had a significant impact in families abilities to afford healthy food.

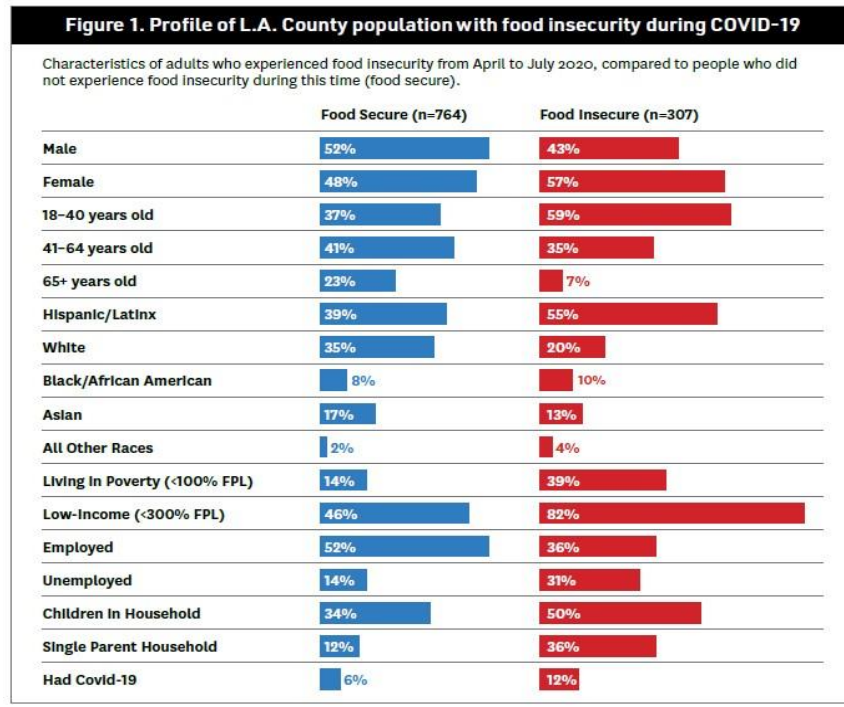
Within Los Angeles County, Hispanic/Latino population was identified as being the most food insecure, with more than half of this subgroup (55%), in comparison to other ethnic groups. Despite the larger need, the Hispanic/Latino population is least likely to receive assistance. In Los Angeles County, among all people in a household with total annual household income less than 200% of the Federal Poverty Level, Black/African Americans were more likely to access assistance for food stamps.

¹⁷ Ibid.

¹⁸ Public Exchange & USC Dornsife, *The Impact of COVID-19 on Food Insecurity in Los Angeles County: April to July 2020*, September 23, 2020, <https://publicexchange.usc.edu/food-insecurity-in-la-county/> Last accessed on September 30, 2022.

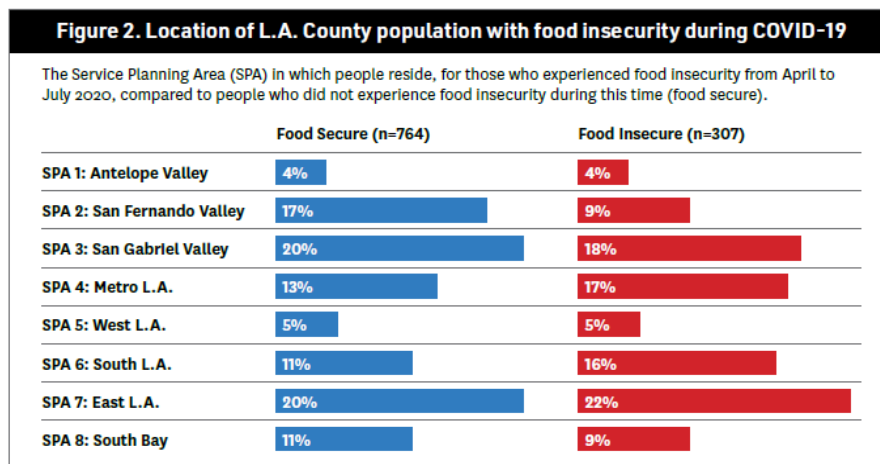
¹⁹ Los Angeles County Department of Public Health, *Food Insecurity in Los Angeles County Before and During the COVID-19 Pandemic*, November 2021.

Los Angeles County Profile of Food Insecurity²⁰



LA County residents from SPA 7: East L.A. (21.8%) were the most likely to experience food insecurity closely followed by SPA 3: San Gabriel Valley (17.9%), SPA 4: Metro L.A. (17.4%), and SPA 6: South L.A. (15.8%).

Los Angeles County Profile of Food Insecurity²¹



Focus group conversations validated the data as community leaders and residents expressed the increased need to access healthy food and the lack of resources needed to meet the growing need. The COVID-19 pandemic served to exacerbate the issue with service providers reporting an increase in new clients, “we have seen a surge of people who never needed our pantry services before”. Demand has decreased as the Center for Disease Control and Prevention began to roll back COVID-19 restrictions but requests for food assistance continue to be

²⁰ Ibid.

²¹ Ibid.

higher than before the pandemic and vulnerable populations continue to be at risk for food insecurity. Another challenge mentioned during focus groups was seniors and family who rely on Cal-Fresh having challenges with renewal during the pandemic because assistance was limited.

Access to Health Care

Access to affordable, comprehensive, and quality healthcare services is essential to achieving health equity and increasing the quality of a healthy life. Lack thereof can lead to unmet health needs, delays in receiving appropriate care, preventable hospitalizations, and an overall inability to benefit from preventative services.²²

Health Care Coverage

Health insurance is an essential tool for people to access healthcare. Increased barriers to accessing healthcare have lasting consequences. Without health insurance, residents may face increased challenges affording healthcare services and medications and are more likely to have poor health outcomes. Those without health insurance are less likely to have primary care physicians, which is key to preventative care.

In Los Angeles County, the majority of adults have some form of insurance coverage, whether through Medicare, Medicaid, healthy families/CHIP, employment based, privately purchased, or some other form of public insurance. 7.8% of the EH’s service area is uninsured mirroring the uninsured population of the county (7.9%) yet higher when compared to that of California (6.0%).

Uninsured Population

Report Area	Percent Adults	Percent Children
EH service area	7.8%	---
Los Angeles County	7.9%	1.2%
California	6.0%	1.7%

Source: US Census Bureau, American Community Survey, 2020

In Los Angeles County, rates of insurance have remained stable; 7.8% were uninsured in 2017 and 7.9% in 2020 compared a decline in California by 1.3% during the same period. The type of insurance sought by adults in Service Planning Area 3, as indicated in the next table, is comparable to that across the State, though the rate of uninsured is modestly lower in SPA 3.

Type of Insurance Coverage

	SPA 3	Los Angeles	California
Employment based	49.7%	47.8%	51.4%
Medicaid and Medicare	4.0%	4.1%	3.0%
Medicaid only	23.6%	24.0%	21.1%
Medicare & Others	11.6%	9.6%	11.7%
Medicare Only	0.9%	1.4%	1.5%
No Insurance	5.1%	7.9%	6.0%
Other Public	0.6%*	1.0%	1.1%
Private Purchase	4.7%	4.3%	4.7%

Source: California Health Interview Survey, 2020

²² Office of Disease Prevention and Health Promotion, (2014). *Access to Health Services*. Washington, DC. Available at [Access to Health Services | Healthy People 2020 \(archive-it.org\)](https://www.hhs.gov/healthypeople/2020/archive-it.org) Accessed September 23, 2022.

Because vulnerable populations often have multiple health needs and may experience a lack of access to quality, necessary healthcare, and common issues associated with poverty, it is important to identify the portion of the population who is currently receiving Medicaid and Medicare benefits. Almost a quarter of SPA 3 residents (23.6%) receives Medicaid only, which is comparable to the county rate at 24% slightly higher than the state at 21.1%. Only an approximate 1% of SPA 3 residents is Medicare recipients which is marginally lower than 1.4% of county residents and 1.5% of California residents

Within Los Angeles County, 8 out of 10 adult residents have a usual source of care. The rate within SPA 3 reflects a modestly higher percentage at 85%. Typically, almost two thirds of residents receive care through a doctor’s office, an HMO or Kaiser Permanente, though the rate is modestly higher in SPA 3(67%). Approximately 21.8% also receive care through a community or government clinic or hospital in Los Angeles County, which is higher than the rates in SPA 3 (18.9%) and across California (19.9%). In addition, youth are more likely to have a a source of care in Los Angeles County and California than adults, but in SPA 3 the rate differential between youth and adults appears nominal.

Source of Care

Report Area	Number	Total Percent	Ages 0-17	Ages 18-64
SPA 3 – San Gabriel Valley	1,556,806	85.8%	86.6%*	85.8%
Los Angeles County	8,179,422	81.0%	89.4%*	81.0%
California	--	--	89.6%	83.1%

	Dr. Office/ HMO/ Kaiser Permanente	Community or Government Clinic/ Community Hospital	ER/ Urgent Care	Some other place/No one place	No Usual Source of Care
Los Angeles	61.1%	21.8%	1.0%	1.1%	15.0%
SPA 3	67.0%	18.9%	0.6%*	0.6%*	13.0%
California	64.6%	19.9%	0.9%	1.2%	13.5%

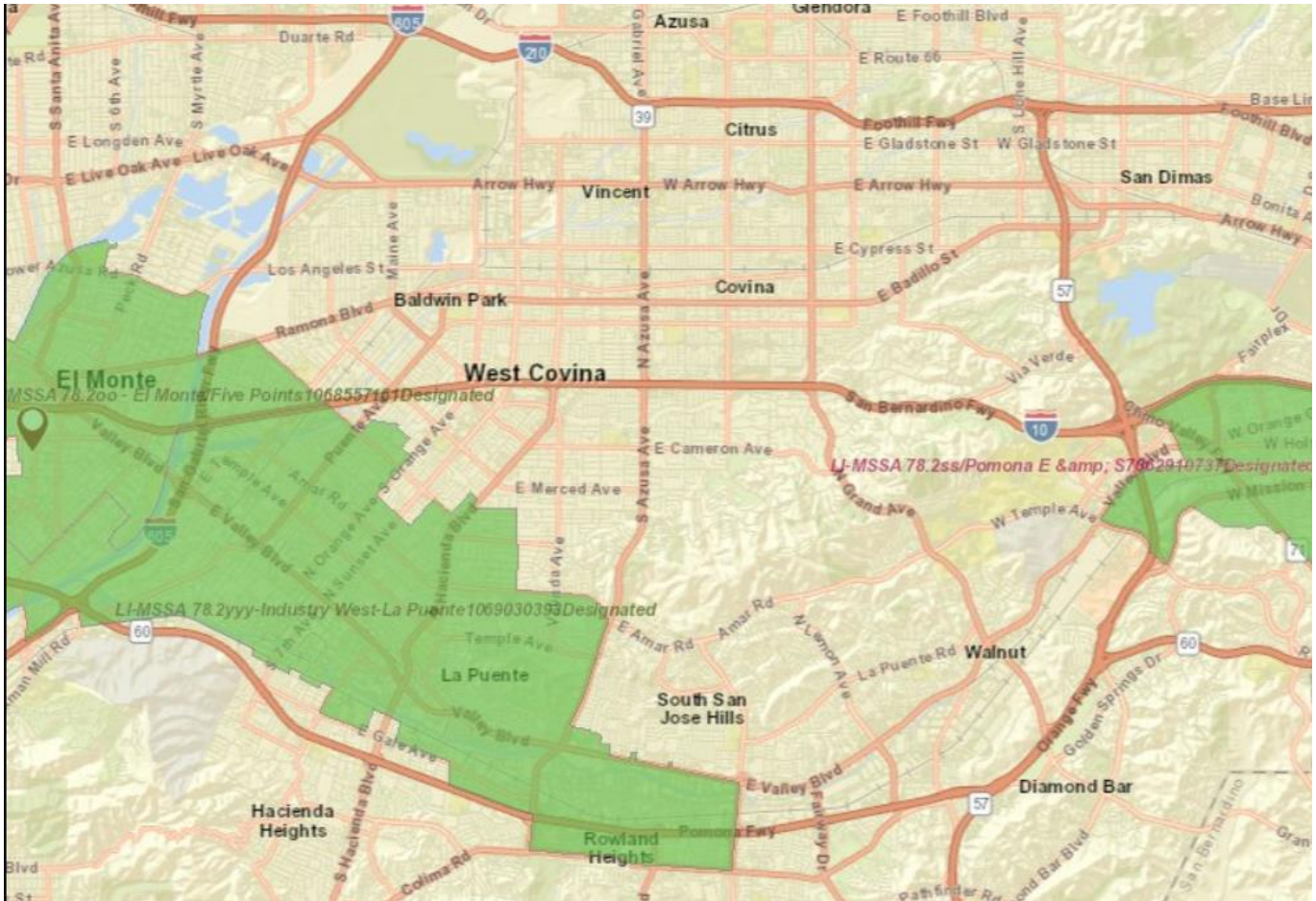
Source: California Health Interview Survey, 2020

Nonprofit leaders who participated in the focus group expressed concerns for vulnerable populations in the Emanate Health service area and the challenges they face when trying to access medical, vision, and dental insurance. As one service provider shared, “In honesty, the Medi-Cal families are taken care of, but the families who have crappy insurance through their jobs – that is where they have a harder time.”

Availability of medical care providers presents a common barrier to source of care. Los Angeles County, in particular, lacks enough primary care providers, with a ratio of 1,350 to 1, which represents less access than that across the entire state (at 1,240 to 1) and the country (at 1,010 to 1). Los Angeles County also had a shortage of mental professionals, at 250:1, compared to the State, at 240 to 1. The rate differential appeared nominal between the county and the state and both ratios were lower than that of the country. The California Health Care Foundation reported that LA County had higher concentration of licensed mental health professional per 100,000 people in 2020. The County held higher average of licensed psychiatrists (12.0), licensed clinical social workers (81.1) licensed marriage and family therapists (106.3), licensed psychologists (48.7) than the State in each of these professional licenses (at 11.8, 65.9, 100.8 and 44.2 respectively)²³ⁱ.

²³ Mental Health in California. Published by California Health Care Foundation. [Mental Health in California, 2022 — Quick Reference Guide \(chcf.org\)](https://www.chcf.org/research/mental-health-in-california-2022-quick-reference-guide). Last accessed on October 21, 2022.

Primary Care Provider Shortage Areas in EH Service Area



The Health Provider Shortage Area Score rates areas on a score from 0-25, with higher scores indicating greater need for primary and mental health. The following maps show HPSA high scores across the San Gabriel Valley for primary care in green.²⁴

²⁴ Primary Care Area map retrieved on September 23, 2022 from: <https://data.hrsa.gov/maps/map-tool/>

Approximately 7.4% of the SPA 3 population reported having a difficult time accessing primary care, consistent with the county rates (7.6%) and that of the state (7.2%). Accessing specialty care was much more difficult in SPA 3 than in the county despite almost a third of adults surveyed needed see a medical specialist

Limited Access to Health Care Professionals

County	<u>Primary Care:</u>	<u>Dentist:</u>	<u>Mental Health:</u>
	Population to primary care physician ratio	Population to dental provider ratio	Population to mental health provider ratio
Los Angeles	1,350:1	1,100:1	250:1
California	1,240:1	1,130:1	240:1
United States	1,010:1	1,210:1	250:1
Report Area	Needed to See a Medical Specialist in Past Year	Difficulty Finding Primary Care, Adults	Difficulty Finding Specialty Care, Adults
SPA 3	31.5%	7.4%	19.5%
Los Angeles County	36.7%	7.6%	15.4%
California	38.1%	7.2%	13.5%

Source: California Health Interview Survey, 2020 * statistically unstable

To address and combat barriers to healthcare access, Federally Qualified Health Centers (FQHCs) serve as community assets to provide healthcare to vulnerable populations. There are approximately 14 FQHCs within the EH service area.

Barriers to finding and accessing specialty care include the associated cost or lack of health coverage for such services, lack of availability of appointments within a reasonable period of time, and lack of culturally and linguistically adequate patient care.

Even with insurance, residents face barriers where their healthcare insurance is not accepted by their general doctor.

6.9% of SPA 3 residents reported that their general doctor did not accept their insurance. SPA 3 residents identified this barrier at a higher rate than the county or the state with 6.3% of county residents and 4.8% of California residents reporting their general doctor not accepting their insurance.

Report Area	Insurance not accepted by general doctor in past year
SPA 3 – San Gabriel Valley	6.9%
Los Angeles County	6.3%
California	4.8%

Source: California Health Interview Survey, 2020, SPA

Delay of Care and Health Coverage

Barriers to healthcare access result in long-term consequences such as forcing people to forgo prescribed treatment such as prescriptions and medical services. 8.1% of the state’s adults and 8% of the county’s adults have delayed getting their prescription or forewent their prescription all together. The state and county rates are slightly higher than that of SPA 3 adults (6.0%). 13.5% of SPA 3 adults delayed or forewent medical care reflecting the county and state rates (each at 13.8%). Fewer residents in SPA 3 (20.2%) delayed care due to cost or lack of insurance than peers in LA County and California, where nearly of residents reported delaying care for the same reason.

Delay of Care

Community	Delayed care due to cost or lack of insurance	Delayed or didn't get prescription	Delayed or didn't get medical care*
SPA 3: San Gabriel Valley	20.2%	6.0%	13.5%
Los Angeles County	34.7%	8.0%	13.8%
California	32.7%	8.1%	13.8%

Source: California Health Interview Survey, 2020 and * 2018

Twelve years ago, the Affordable Care Act (ACA) was enacted to improve access, affordability, and the quality of healthcare within the country.²⁵ As a result, an online portal was created for Californians to access health insurance and potentially receive federal assistance with the cost of private health insurance or access to health insurance through Medi-Cal.²⁶ Still, a portion of California residents experience difficulty in obtaining affordable healthcare through Covered California. Statewide, 34.5% of residents report difficulty in finding an affordable healthcare plan through Covered California. A third of SPA 3 residents (34.4%) report the same notwithstanding that over half of Los Angeles county residents (53.1%) are experiencing difficulty finding an affordable plan via Covered California. SPA 3 residents (61.7%) also had a higher rate of getting help finding a health plan through Covered California compared to that of the county (41.4%) and of the state (34.8%). An approximate quarter of SPA 3 (26.8%), county (23.7%), and state (23.8%) residents have tried to purchase health insurance from Covered California.

Unable to Obtain Needed Health Coverage

Report Area	Difficulty finding affordable plan through Covered California	Tried to purchase health insurance from Covered California in past 12 months.	Got help finding a health plan through Covered California
SPA 3 – San Gabriel Valley	34.4%	26.8%	61.7%
Los Angeles County	53.1%	23.7%	41.4%
California	34.5%	23.8%	34.8%

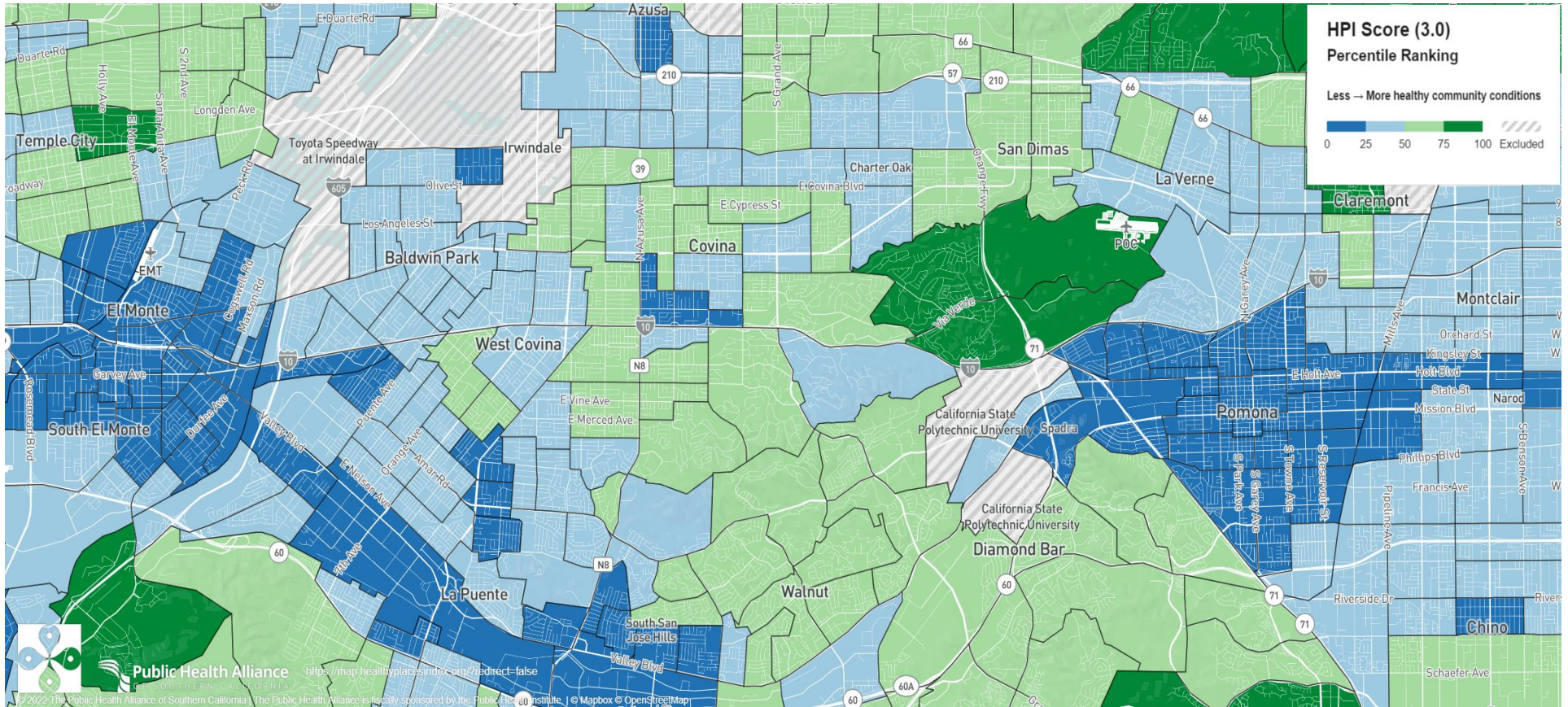
Source: California Health Interview Survey, 2020, SPA

Access to health care continues to be difficult for communities. Focus groups participants shared the community members are still facing long waitlists for appointments, cost, challenges when trying to meet with specialists, inability to take time off from work to attend appointments, as well as technology issues with accessing telehealth including discomfort with seeing a health provider virtually. Participants expressed that the COVID-19 pandemic has only exacerbated these barriers. One service provider shared, "I think that they [doctor's offices] were always tight in their schedule, but now it is worse." Community leaders expressed that wait-times for health services are often a two to three month waiting period. Though telehealth has shown to have alleviated many issues with accessing care, vulnerable populations such as seniors and people experiencing homelessness, many of whom do not have access to the internet or technology, continue to have challenges accessing care. As one community leader said, "SGV is a tale of two cities, with pockets of wealth and pockets of poverty."

²⁵ U.S. Department of Health and Human Services. (2016). *Health Care*. Washington, D.C. Retrieved from [http://www.hhs.gov/healthcare/]. Accessed [February 23, 2016].

²⁶ Covered California (2016). *About Covered California*. Sacramento, CA. Retrieved from [http://www.coveredca.com/about/]. Accessed [February 23, 2016].

High Need Communities



The California Healthy Places Index, developed by the Public Health Alliance of Southern California is used to identify community conditions that impact life expectancy, and to help policymakers have a tool to address structural health inequities. “high need” areas are indicated by the darker blue shading. The scores are based on a composite of 25 community indicators, such as education, access to healthcare that are weighted to maximize a single score associated with life expectancy at birth.

Systemic barriers were also highlighted by focus groups as being major barriers to accessing care. Limited language and translation services, cultural distrust of institutions, rampant medical misinformation, social stigma and bias, all limit communities in Emanate Health’s service area from accessing care. Community members shared the need for language services and translations in Spanish, Mandarin, Chinese, Cantonese, Vietnamese, and Armenian. Beyond offering translation services, focus groups expressed the need for medical professionals to be trained in culturally appropriate “bedside manner”. Language services should also include materials and paperwork be made available in multiple languages and with terms and vocabulary that are culturally relevant. This will alleviate that English-speaking family members when trying to translate medical terms many do not know. Community members also mentioned the need for more providers who understand the needs of the community and are known in the community. There is also an element of cultural mistrust of medical systems that can also contribute to hesitation for seeking care.

Focus groups also discussed how social stigma and bias affects the community desire to access medical care. Communities fear mistreatment in medical settings based on race, sexuality, body type and weight, and gender expression. As one service provider shared, "Implicit bias and racist systems is something that health systems need to grapple with." These fears are especially true for the LGBTAI+ community seeking gender-affirming care and facing the stigma associated with the 2022 Monkey Pox outbreaks. Other communities that focus group participants highlighted as experiencing challenges in accessing care include Latinx people, African American/Black people, API people, Immigrants (especially those who are undocumented), people with disabilities, LGBTQ community, indigenous people, seniors, refugees, people experiencing homelessness, and transition-aged youth.

Health Status

Residents self-reported their health as either fair or poor. The change in health status appears greater in Los Angeles County (by 5.2%) compared to California (4.4%). The change appears smallest in SPA 3, though both LA County and SPA 3 residents report modestly higher rates of fair or poor status than the State. The chart on the next page provides an index rating of high need communities within EH service area that demonstrate vulnerability to high life expectancy. Areas around Pomona, La Puente and El Monte appear the most vulnerable.

Health Status Changes

Report Area	Fair or Poor Health 2020	Fair or Poor Health 2017	Rate of Change
Los Angeles County	14.1%	19.3%	-5.2%
SPA 3	13.2%	15.7%	-2.5%
California	12.2%	16.6%	-4.4%

Source: California Health Interview Survey, 2020

Emergency Room Usage

Approximately one fifth of Los Angeles County residents self-reported using the emergency department over the previous year (21.7%). The same rate was lower in both Service Planning Area 2 and in California. Other counties in the region, like Orange County (12.4%) and Riverside (17.9%) reported lower rates.

Emergency Department Usage

Visited ED in last 12 months	
Los Angeles	21.7%
SPA 3	16.9%
California	15.7%

Source: California Health Interview Survey, 2020

Premature Death

The County Health Rankings examines the years of potential life lost (YPL) before age 75 as adjusted for size of population (per 100,000 persons). California’s 58 counties are ranked from 1 (lowest loss of potential life) to 58 (highest loss of potential life) based on the National Center of Health Statistics’ mortality files. Out of the 58 counties in California, Los Angeles County is 15th. By contrast the neighboring county, San Bernardino County, ranked 39 with a rate of 7,700 YPL and in the bottom third of counties across the state. Between 2019 and 2020, Los Angeles County also fell in the rankings from 15 in 2019 to 21 in 2020.

Years of potential life lost before age 75 per 100,000 population (age-adjusted)

Report Area	Years of Potential Life Lost Rate ²⁷	2020 Ranking (Out of 58 counties)	2019 Ranking (Out of 58 counties)	2015 Ranking (Out of 58 counties)
Los Angeles County	5,000	21	15	19

Source: California Health Rankings 2020. Alpine and Sierra counties not ranked.

Mortality Rates

In Los Angeles County, the leading causes of death are cancer and coronary heart disease, as is the case in California, though the rate of coronary heart disease, adjusted for population size, is greater in LA County (95%) than in California (80.6%). The third leading case of death was Alzheimer’s followed by Stroke in LA County. The rate of Influenza and Diabetes appear moderately more elevated in LA County than in California.

Causes of Death by County (Age-Adjusted Mortality Rates per 100,000)

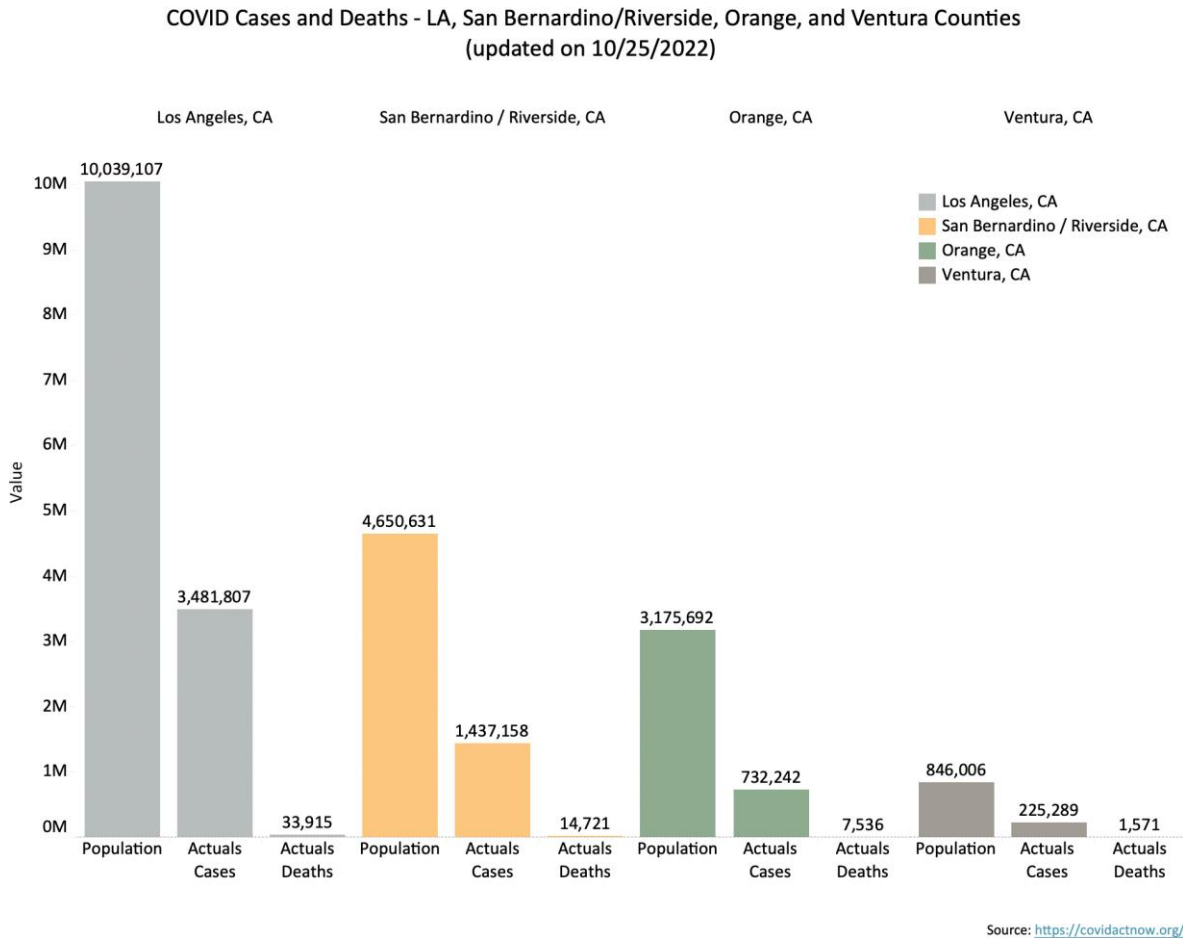
Causes of Death	LA	CA
All Cancers	127.8	131.4
Coronary Heart Disease	95.0	80.6
Stroke	32.4	35.9
Chronic Lower Respiratory Disease	26.3	29.7
Alzheimer’s	35.2	35.2
Accidents	25.3	34.1
Diabetes	24.2	21.3
Influenza & Pneumonia	17.0	13.7
Chronic Liver Disease or Cirrhosis	13.2	12.1
Drug-induced Death	10.4	14.3

Source: County Health Status Profiles 2021

²⁷ “Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature mortality. Measuring premature mortality, rather than overall mortality, reflects the County Health Rankings’ intent to focus attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly.[1] For example, using YPLL-75, a death at age 55 counts twice as much as a death at age 65, and a death at age 35 counts eight times as much as a death at age 70”. Available at <https://www.Countyhealthrankings.org/app/california/2020/measure/outcomes/1/data?sort=sc-0> Accessed: [9/8/2022].

Impact of COVID-19

For the past 2.5 years, the world attention was transfixed on the Coronavirus disease (COVID-19). Caused by the SARS-CoV-2 virus, COVID-19 is an infectious disease that caused mild to moderate symptoms for most but forced acute medical for some who fell gravely ill and in many of these cases lost their lives. The frequency of COVID-19 cases in relation the population size is highlighted for four counties in the next chart.

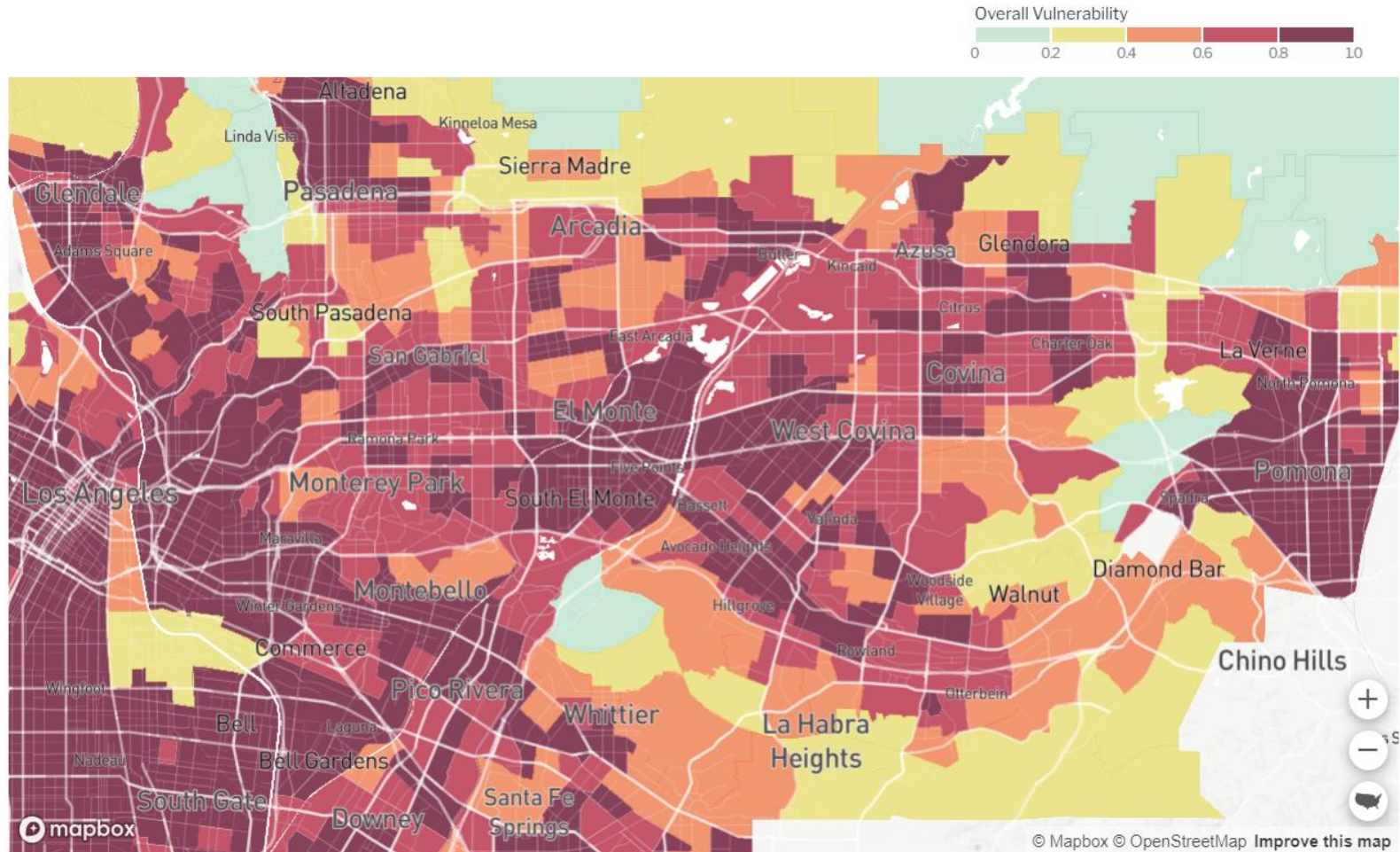


Source: LA County Department of Public Health, 2022

The rate of infection varies from county to county with Los Angeles having the higher rate (34.5%) among the four counties represented. Despite rate differences by county, three out of four counties (except for Ventura) shared similar death rates resulting from the COVID cases.

Within LA County, Hispanic/Latino and Black/African American residents have been disproportionately more impacted by a higher death rate (number of deaths per 100,000) from COVID-19. So too have been the poorest communities (30 to 100% area poverty) with a rate 4 times higher than other communities with less than 10% of the population living in poverty. The greater the poverty in a community, the higher the mortality rate from COVID-19.

The COVID-19 Community Vulnerability Index (CCVI)



Source: Surgo Ventures, 2022

The heat map highlights in darker colors the communities in the EH Service Area more vulnerable to COVID-19 based on an overlay of indicators of social vulnerability, such as socioeconomic status or language barriers, along with indicators of vulnerability unique to the COVID-19 pandemic, such as access to healthcare and comorbidities among the population. Darker areas indicate greater vulnerability.

Age Adjusted COVID-19 Death Rate in LA County

Per 100,000 People	Profile	Mortality Rate
Race/Ethnicity	Hispanic/Latino	468
	Black/African American	327
	Asian	207
	White	191
Area Poverty	30-100% below poverty	544
	20-30% below poverty	408
	10-20% below poverty	316
	Less than 10% poverty	182
LA County Total		306

Source: LA County Public Health <http://publichealth.lacounty.gov/media/coronavirus/data/#>

The pandemic had immediate other effects on residents’ lives. As part of the lived experience in the early months of the pandemic among California residents, many who completed the national COVID survey from the University of Chicago reported changing their daily habits: 74% avoided some or all restaurants, 66% canceled or postponed pleasure, social or recreational activities, 79% avoided crowded or public spaces, and only 12% canceled outside caregivers or household services

In 2020, Los Angeles County residents self-reported greater rates in having difficulty paying for basic necessities (10.6%) or rent/mortgage (10.3%) and residents in all of California, at 9.2% and 8.4% respectively. Similarly, many more LA County residents also reported losing their jobs or having reduced hours or income. Self-reported rates of residents’ lived experience in SPA 3 was more similar to that of residents in the State. Neighboring county, San Bernardino, residents appeared less impacted the LA County or State residents.

COVID-19 Lived Experience by SPA 3 and County

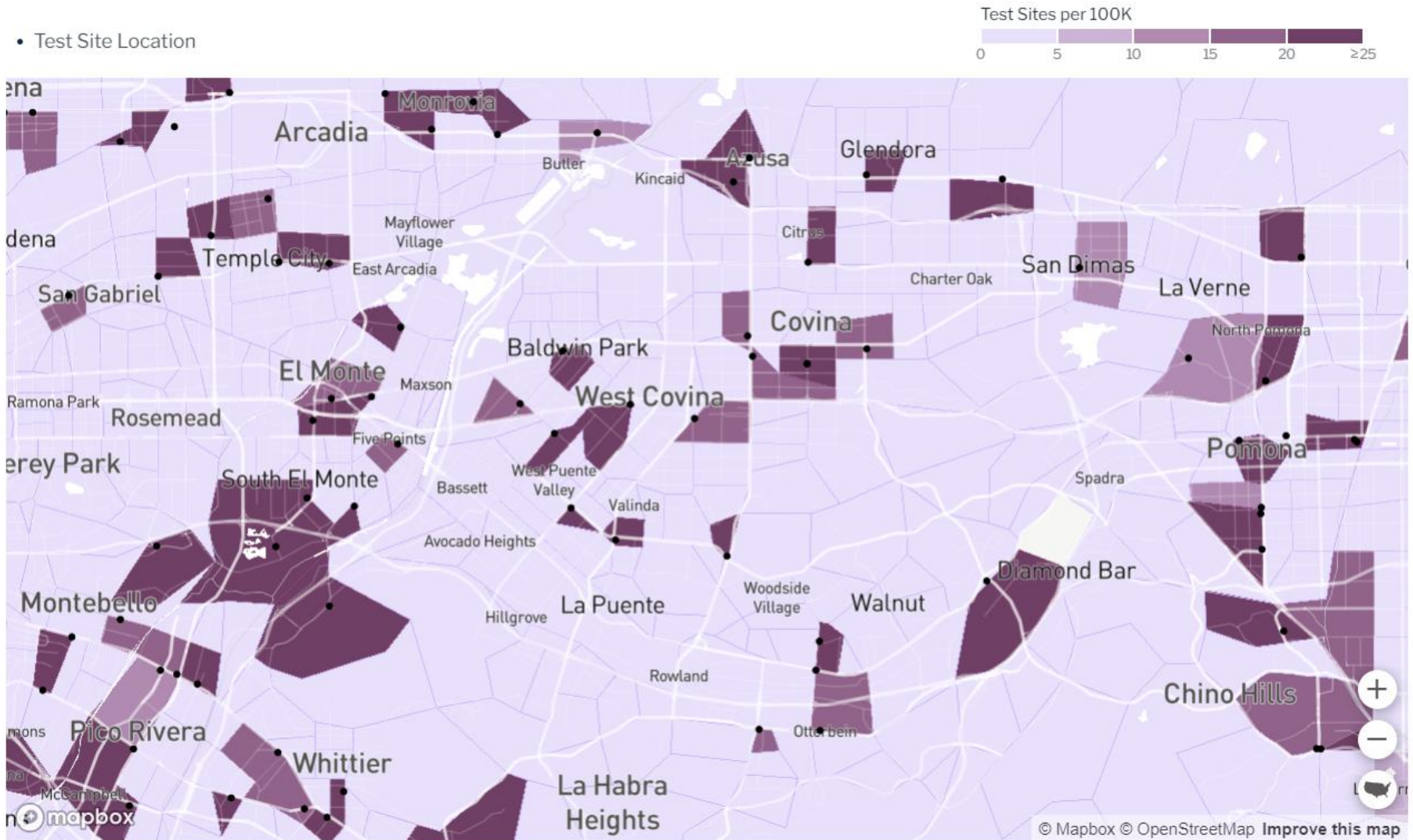
(%)	SPA3	LAC	SB	CA
Treated unfairly because of race/ethnicity	1.7	2.5	1.4	1.9
Experienced difficulty paying for basic necessities	8.0	10.6	7.1	9.2
Experienced difficulty paying rent/mortgage	8.7	10.3	8.5	8.4
Lost job	16.0	15.5	7.3	13.2
Had reduced hours/income	24.2	25.5	25.9	23.8
Worked from home	30.2	30.0	19.2	29.6

Source: California Health Interview Survey, 2020 (in percentage)

In 2020, when asked if they would get vaccinated, over two-thirds of residents in Los Angeles said that they would, a rate comparable to that of the State (76.6%). Furthermore, many communities, did not have access to a test site, though great efforts were made to reach vulnerable communities.

The COVID-19 pandemic had an unprecedented impact on the world and affected communities including the communities in Emanate Health’s service area in various ways to declining mental health, particularly due to social isolation, increased stress from caregivers and in relationships, and the exhaustion or “zoom fatigue” with the increased reliance on technology. Educators in focus groups voiced concern of the effects for school-aged children from social isolation. The isolation from COVID-19 along with the lack of development of social skills from school closures has increased feelings of stress, anxiety, and conflict among K-12 and college students. As one focus group participant mentioned, “The physical impact [of COVID quarantines] is yet to be determined, but the mental health impact is very apparent.” Another group that was severely impacted by the pandemic was seniors. Like students, seniors faced many challenges due to social isolation and especially with accessing services due to many resources shifting to online methods of seeking assistance. One focus group encapsulated

COVID-19 Test Sites per 100,000 People



Source :Surgo Ventures, 2022

The heat map maps the density of test sites per 100,000 people with the darker colors indicating greater access to sites

the on-going struggle of seniors, "COVID has still not gone away, and seniors are still a vulnerable population. Many seniors are still scared to leave their homes and suffer from loneliness. They are nervous when they go to the market or even the senior center because most people are not wearing masks anymore."

COVID-19 has also affected the physical health of community members as one community member shared, "[COVID-19 pandemic] has resulted in an increase in cancer rates, increases in mental health and substance use disorders, and increases in sexual assault, domestic violence, and intimate partner violence." Due to the consequences from the quarantine order, most community members did not have the same type of access to regular check-ups, immunizations, and health screenings. The results of these delays in care have yet to be determined, but community leaders in focus groups voiced concerns about the effects of these delays. One service provider shared, "Kids are also behind on immunizations...I have never had as many kids on catch-up lists as I do now."

There were some positive outcomes from the pandemic including the expanded access to telehealth being a "silver-lining" for many service providers. One provider shared, "The pandemic opened the door to telehealth. Barriers such as lack of transportation, having to take off from work, and not having sick or vacation days were all alleviated with telehealth. That has taken away some of those barriers and opened us up to different ones." One of those barriers was seniors experiencing challenges with accessing services online due to limited knowledge and access to technology. As one community leader shared, "The pandemic has changed the unmet needs in the community. There are so many more unmet needs than ever before."

Mental Health

The many challenges with mental health rates among the most common conditions affecting Californians. Approximately, a quarter of the people in California deal with a serious mental illness. Nearly half (46.1%) reported having anxiety or depression.²⁸ Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need. In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders.²⁹

Though mental health disorders affect people of all ages, races, and ethnicities, some populations are disproportionately affected. People from racial/ethnic minority populations, lower socioeconomic strata, and rural communities are less likely to have access to care and more likely to receive lower-quality care.³⁰ Stigma can negatively affect the emotional, mental, and physical health of stigmatized groups and the communities they live in. Stigmatized individuals may experience isolation, depression, anxiety, or public embarrassment. Stopping stigma is important to making all communities and community members safer and healthier. Thus, stigma can interfere with prevention efforts and examining and combating stigma is a public health priority.³¹

Prevalence & Support

In 2018, more than one out of ten adults in Los Angeles County have felt psychological distress. The rate may be

²⁸ <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/CaliforniaStateFactSheet.pdf>. Last Accessed September 23, 2022

²⁹ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2030. Washington, DC. Available at [<https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders>]. Accessed [October 5, 2022].

³⁰ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2030. Washington, DC. Available at [<https://health.gov/healthypeople/about/workgroups/mental-health-and-mental-disorders-workgroup>]. Accessed [October 5, 2022].

³¹ U.S. Department of Health & Human Services. Centers for Disease Control and Prevention. *Reducing Stigma*. Atlanta GA. Available at [<https://www.cdc.gov/mentalhealth/stress-coping/reduce-stigma/index.html#:~:text=Stigma%20can%20negatively%20affect%20the,%2C%20anxiety%2C%20or%20public%20embarrassment.>]. Accessed [October 5, 2022].

even higher because of the pandemic. The rate of teens likely to have serious psychological distress in San Gabriel Valley (54.5%) is nearly double the rate of Los Angeles County (34.3). Teens in Los Angeles County are nearly triple the rate compared to adults (11.9%). In 2020, one out of five residents in LA County self-reported the need for help, in line with the State rate but much higher than the rate within Service Planning Area 3 (15.5%).

Report Area	Had Serious Psychological Distress in the Last Year ¹		Needed help for emotional/mental and/or alcohol/drug issues in past year	
	Adult	Child	Adult	Child
Los Angeles County	11.9%	34.3%	20.6%	25.6%*
SPA 3	--	54.5%	15.5%	27.5%
California	12.2%	--	20.9%	30.5%

Source: California Health Interview Survey, 2018 (1) & 2020

The rate of adults who needed help for emotional/mental or alcohol/drug problem in past 12 months decreased from 2018 (17.0%) to 2020 (15.5%) in SPA 3. The rate is lower compared to Los Angeles County (20.6%) and the state (20.9%). The rates among teens who needed help was far greater than their adult counterparts, with at least 1 in 4 teens needing assistance, though the rate was much higher within the State (30.5%)

Over 1 in 5 adults in LA County reported that their mental health state impaired their work, family life, and/or social life within a year, in line with self-reported rates in California. Impairment rates were lower in SPA 3 than in Los Angeles County or the State. An improvement from 2018 where impairment rates in SPA 3 were higher than Los Angeles County and the State.

Impairment Due to Poor Mental Health

Report Area	Impaired Work	Impaired Family Life	Impaired Social Life	Unable to work for at least 30 days due to mental health
Los Angeles County	21.1%	20.9%	21.0%	30.2%
SPA 3	16.8%	16.8%	17.6%	19.4%
California	21.0%	19.0%	21.2%	24.8%

Source: California Health Interview Survey, 2020

Feeling impaired, at least a fifth of adults were unable to work because of their mental health. Nearly a third of adults in LA County reported unable to work for at least 30 days due to mental health issue, a rate much higher than their counterparts in Service Planning Area 3 (19.4%) or in the State (24.8%)

With widespread mental health distress or impairment, nearly half of adults in LA County (48.9%) sought help for self-reported mental, emotional and/or alcohol, drug related problems, a rate much higher than their respective counterparts in Service Planning Area 3. Among them, roughly 607% visited a health professional online or at least 4 to 6 times. Few (5.2%) in LA County also connected with others online for support.

Report Area	Connected with people online with similar mental health or alcohol/drug status	Sought help from online tool for mental health or alcohol	Sought help for self-reported mental/emotional and/or alcohol-drug issue(s)	Visited at least 4-6 times health care provider for emotional/mental health and/or alcohol/drug issues in past year
Los Angeles County	5.2%	6.5%	48.9%	6.7%
SPA 3	3.0%	6.1%	39.5%	5.8%

Report Area	Connected with people online with similar mental health or alcohol/drug status	Sought help from online tool for mental health or alcohol	Sought help for self-reported mental/emotional and/or alcohol-drug issue(s)	Visited at least 4-6 times health care provider for emotional/mental health and/or alcohol/drug issues in past year
California	--	7.0%	45.6%	6.2%

Source: California Health Interview Survey, 2020

In 2020, approximately 7.8% of adults in LA County reported taking prescription medicine for emotional/mental health issue in past year, a rate that is proportionately much less than adults in California (9.8%).

Suicide

Suicide is a leading cause of death in the United States, with 45,979 deaths in 2020. This is about one death every 11 minutes. The number of people who think about or attempt suicide is even higher. In 2020, an estimated 12.2 million American adults seriously thought about suicide, 3.2 million planned a suicide attempt, and 1.2 million attempted suicides.³² Research shows that more than 90 percent of those who die by suicide suffer from depression, other mental disorders, or a substance-abuse disorder (often in combination with other mental disorders).³³

Suicide is closely linked with depression and other mental health needs. In SPA 3, rates have declined from 2018 (9.6%) to 2020 (8.1%) of adults reported having thoughts of suicide at one point in their life, which is lower than the percentage in Los Angeles County (10.0%). The rate appears more significant for peers throughout California.

Ever Thought About Committing Suicide

Report Area	Percent
SPA 3 - San Gabriel Valley	8.1%
Los Angeles County	10.0%
California	12.2%

Source: California Health interview Survey, 2020

Among community leaders and members from Emanate Health’s service area mental health was the discussed topic and major health concern. The COVID-19 quarantine orders heightened these concerns as participants discussed how social isolation, the burden of caregivers, strained family relationships, and generalized stress and feelings of being overwhelmed with politics, finances, and an overload of information and misinformation. Of particular concern for the focus group participants was anxiety and depression.

For mental health care, cultural considerations must be considered. For example, residents discussed that in the Latino culture there is a culture of “suck it and get over it” which contributes to the hesitancy to seek mental health care. Also, there is a disconnect between how health providers and the API community discuss mental health and suicide. Community leaders working in the API community mention that language from health providers is not always culturally appropriate and that resources need to be created in partnership with the community to be effective. Current political issues and discussions has increasingly affected members the mental health of the LGBGQAI+ community. As one community leader shared, “The mental health of LGBTQ+ individuals really suffered in SPA 3, especially among young people. There is a part of SPA 3 that is very

³² Centers for Disease Control and Prevention. *Facts About Suicide – 2020*. Available at [<https://www.cdc.gov/suicide/facts/index.html>]. Accessed [October 5, 2022].

³³ National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at [<http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml>]. Accessed [October 5, 2022].

conservative, and we have seen an uptick in young people who are experiencing bullying, harassment, and familial abuse.”

Social isolation had a particularly negative effect on the mental health of teenagers and college students. During the pandemic there was increased feelings of social awkwardness with the lack of in-person connections. For this group, social media has also contributed to negative self-perceptions and feelings of inadequacy. Educators who participated in the focus groups also observed that students had challenges adjusting to in-person after 2 years of distance learning. Challenges included interpersonal issues, resiliency, and managing stress. Educators also indicated students do not have a clear understanding of "what is normal human behavior and what is clinical" when discussing anxiety and depression.

Finding adequate mental health care and limited options within SPA 3 continue to be challenge according to focus group participants. Service providers specifically mentioned the need for a referral system, group therapy, and culturally humble and appropriate care.

Alcohol Use, Substance Use and Tobacco Use

Alcohol and substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems these problems include poor physical and mental health and other public health issues including domestic violence, child abuse, motor vehicle accidents (unintentional injuries), violence, crime, homicide, and suicide.³⁴

Alcohol Use

In LA County, almost 1 in 6 teens have ever had an alcoholic beverage. Teens in SPA 3 have a lower rate of 1 in 9 who have ever had an alcoholic drink. In SPA 3, 16.0% of the adult population reported binge drinking (five or more drinks for men and four or more drinks for women, in two hours) which is lower than the Los Angeles County rate of 17.9%.

Alcohol Use		
Report Area	Teens (14-17) who have ever had an alcoholic drink	Adults (18+) Binge drinking in past month
SPA 3 - San Gabriel Valley	11.2%*	16.0%
Los Angeles County	17.3%	17.9%

Source: Los Angeles County Health Survey, 2018, SPA; California Health Interview Survey, 2020 *statistically unstable

Substance Use

In SPA 3, there was a decrease in teen marijuana use from 2018 (36.1%) to 2020 (32.1%). Unfortunately, it is nearly double the rate for Los Angeles County (17.5%). Additionally, the rate for prescription painkiller misuse increased from 2018 (1.5%) to 2020 (2.1%) for adults in SPA 3 which is slightly higher than Los Angeles County (1.8%).

Substance Use		
Report Area	Teens who tried marijuana in the past year	Misuse of prescription painkiller (in last year)
SPA 3 - San Gabriel Valley	32.1%*	2.1%
Los Angeles County	17.5%	1.8%

³⁴ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Substance Abuse*. Washington, DC. Available at [<http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>]. Accessed [October 2022].

Source: California Health Interview Survey, 2020, SPA, *statistically unstable

Focus groups and interviews also mentioned their concerns with substance abuse, specifically mentioning people experiencing homelessness and college students. Educators who participated in the focus groups expressed concern for the safety of college students with increased uses of alcohol and cannabis as well as fentanyl overdoses.

Tobacco Use

In SPA 3, 4.9% of the adult population reported smoking which is lower compared to Los Angeles County (5.9%), and California (6.3%). Additionally, 16.1% of SPA 3 adults have smoked cigarettes in the past, a smaller percentage than in Los Angeles County (17.4%) and California (19.4%).

Tobacco Use		
Report Area	Currently Smoke	Former Smokers
SPA 3 San Gabriel Valley	4.9%	16.1%
Los Angeles County	5.9%	17.4%
California	6.3%	19.4%

Source: California Health Interview Survey, 2020, SPA

Cancer

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year³⁵. Research has shown that early detection through regular cancer screenings can help reduce the number of new cancer cases and, ultimately, deaths.³⁶ Research has also shown that cancer is associated with certain diseases and behaviors including obesity, tobacco, alcohol, certain chemicals, some viruses and bacteria, a family history of cancer, poor diet, and lack of physical activity.³⁷ The EH priorities systems reflect the two drivers of preventive health care (e.g., cancer screenings) and healthy behaviors (e.g., tobacco use).

Cancer was a top concern in focus groups and interviews across all stakeholders. COVID-19 contributed to residents delaying cancer screenings and care as well as unavailability of social support for patients and families. One service provider shared, “In SPA3, we’ve seen a lot of people delay care and not access routine preventive screenings. We’ve seen an increase of people who have later stages of cancer because they delayed screenings for several years.” Another community member in a focus group shared that they received treatment at City of Hope and described the staff as “so helpful and kind.” They said, “the nurses were like angels making sure I was comfortable during my treatments.”

For the most part, cancer incident rates slightly higher in the State (at 402 cases per 100,000 people) than Los Angeles (at 374.6 cases per 100,00). The chart on the next page provides context for the Los Angeles County rate in relation to the other counties in the State.

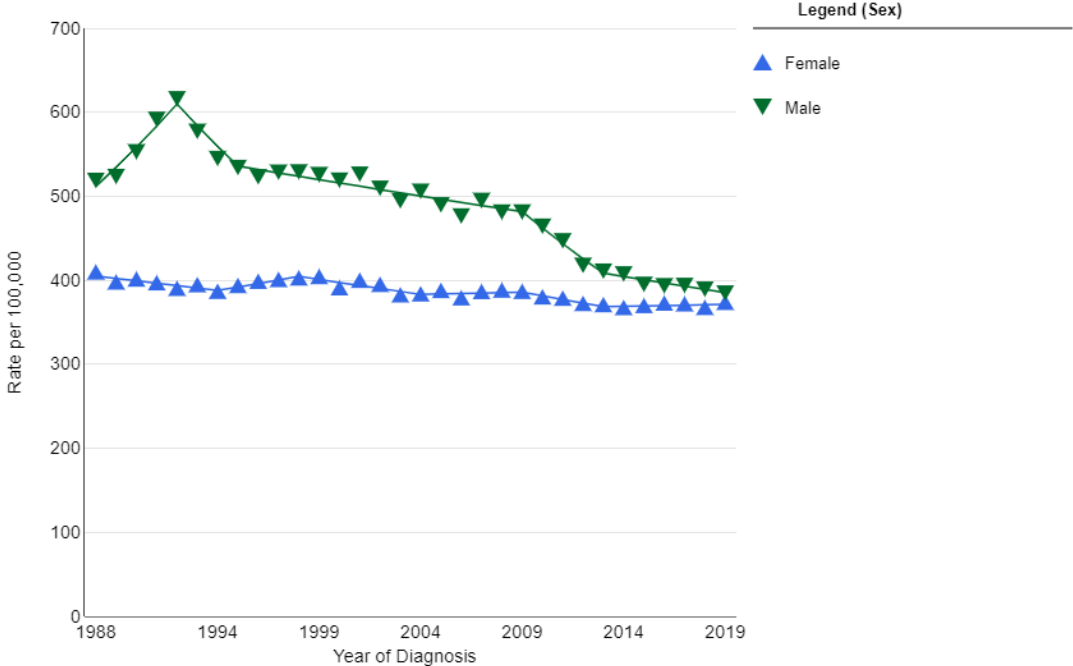
³⁵ Centers for Disease Control and Prevention. (2015). *Using Science to Reduce the Burden of Cancer*. Atlanta, GA. Available at <http://www.cdc.gov/Features/CancerResearch/>. Accessed December 1, 2015.

³⁶ Centers for Disease Control and Prevention. (2015). *Cancer Prevention*. Atlanta, GA. Available at

³⁷ National Cancer Institute. (2015). *Cancer Prevention Overview*. Available at <http://www.cancer.gov/cancertopics/pdq/prevention/overview/patient/page3>. Bethesda, MD. Accessed December 1, 2015.

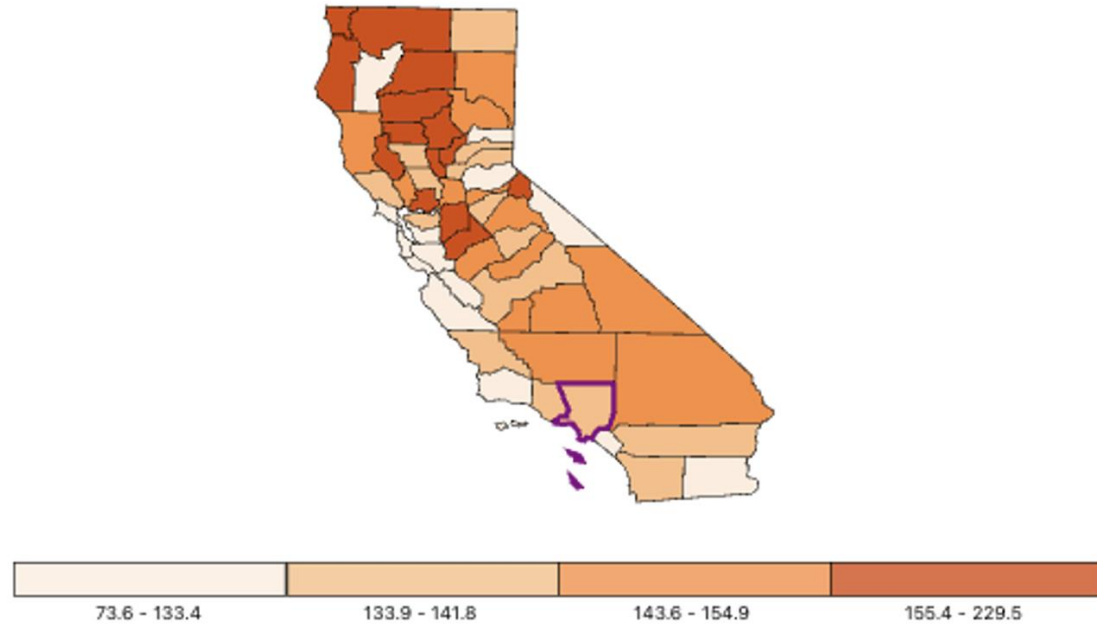
Cancer rates in Los Angeles have been trending lower for both males and females, though the downward trend over time is much greater for males over the past 30 years.

All Cancer Sites Combined
Long-Term Trends in Incidence Rates, 1988-2019
By Sex, All Races, All Ages, Los Angeles



Source: California Cancer Registry, 2016-19. Rates are per 100,000 people.

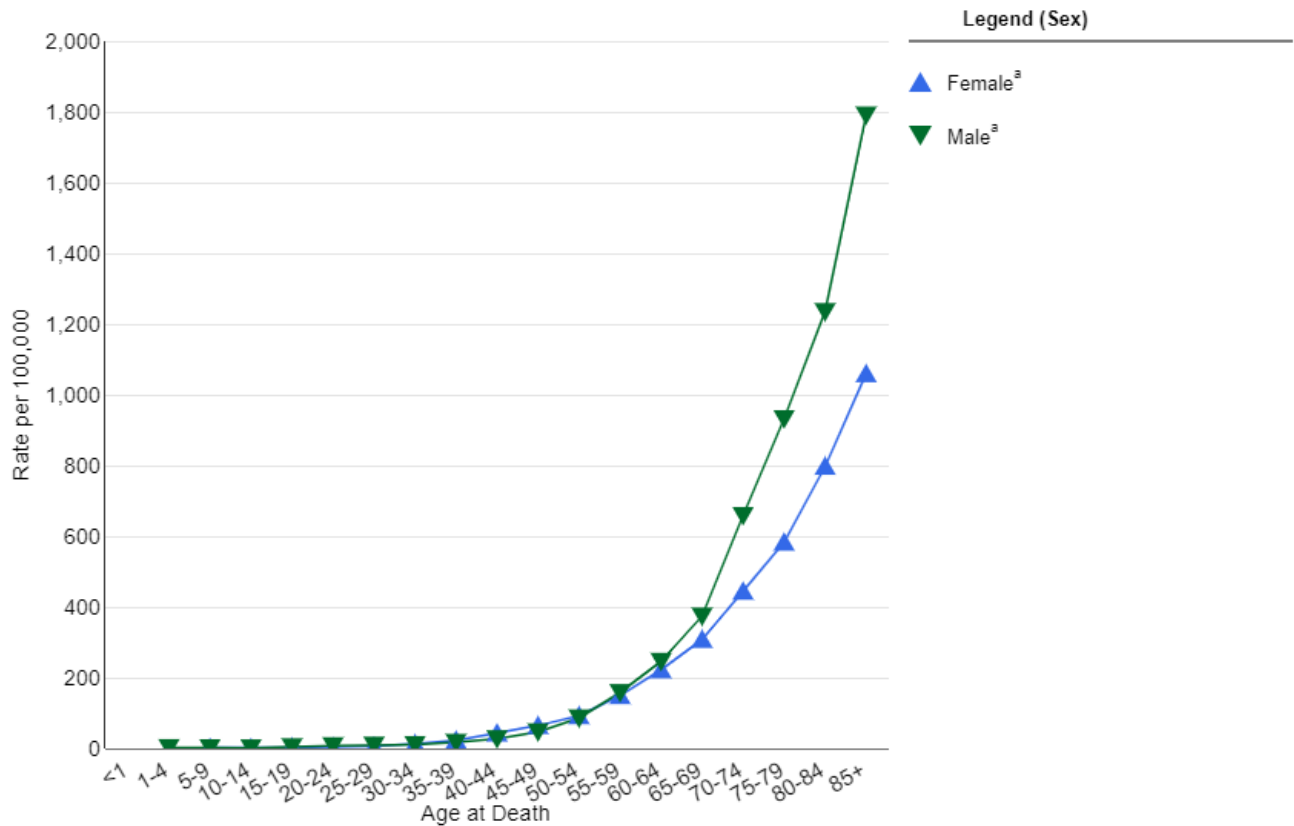
Rate of Cancer Deaths in Los Angeles County, California
All Types of Cancer, All Ages, All Races and Ethnicities, Male and Female, 2015-2019



Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999-2019): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in June 2022.

While the incident rate is higher among females, the rate of mortality from cancer is greater among males at age 60 and over at which point the gap in the mortality rates increases with each passing year.

**All Cancer Sites Combined
Mortality Rates by Age at Death, 2015-2019
By Sex, Hispanic, Los Angeles**



Source: California Cancer Registry, 2016-19. Rates are per 100,000 people.

Incidents of cancer is lower for each ethnic group in LA County than in the State. Within Los Angeles County, African Americans have the highest incident rates (410.5) while Asian/Pacific Islanders have the lowest rates (297.5). Rates between the County and the State in line for Latino and Asian/Pacific Islander subpopulations but diverge for American Indian/Alaska Natives for whom the rate is significantly lower in Los Angeles County (360.5) versus the State (488.4).

Cancer Incident Rates per 100,000 persons by race and county

County	Latino	Black	Asian/PI	AA/AN	All
Los Angeles	314.8	410.5	297.5	360.5	374.7
California	333.5	419.4	299.9	488.4	402.8

Source: California Cancer Registry, California Department of Public Health, 2014-2019;
Age- adjusted to 2000 U.S. Standard

Incident and Mortality rates of some common cancer types are outlined below.

Most Common Cancers , 2016-2019

INCIDENCE				
	Incidence		Mortality	
	County Rate	State Rate	County Rate	State Rate
Prostate	92.3	100.0	19.0	19.0
Lung and Bronchus	32.9	38	21.3	23.5
Colon and Rectum	34.9	34.7	12.7	11.9
Bladder (urinary)	8.0	8.6	3.6	3.7
Non-Hodgkin Lymphoma	17.7	18.8	5.2	4.8
Uterus	29.3	28.3	6.0	5.3

Source: California Cancer Registry 2016-19
Rates are shown as the number of new cases or deaths per 100,000 persons..

Within ethnic groups of Los Angeles County, Latinos report much lower incidents (306.95) when compared to the State (319.36) while Whites and Asians have nominally higher cancer rates than the State (437.86). Black cancer rates are modestly lower than the State.

Age-adjusted cancer rates per 100,000 persons by race and county

County	Latino	White	Asian/PI	Black	All
Los Angeles	306.95	438.56	294.87	411.44	372.85
California	319.36	437.86	294.18	413.5	393.59

Source: California Cancer Registry, California Department of Public Health, 2016-2019;

Cardiovascular Disease

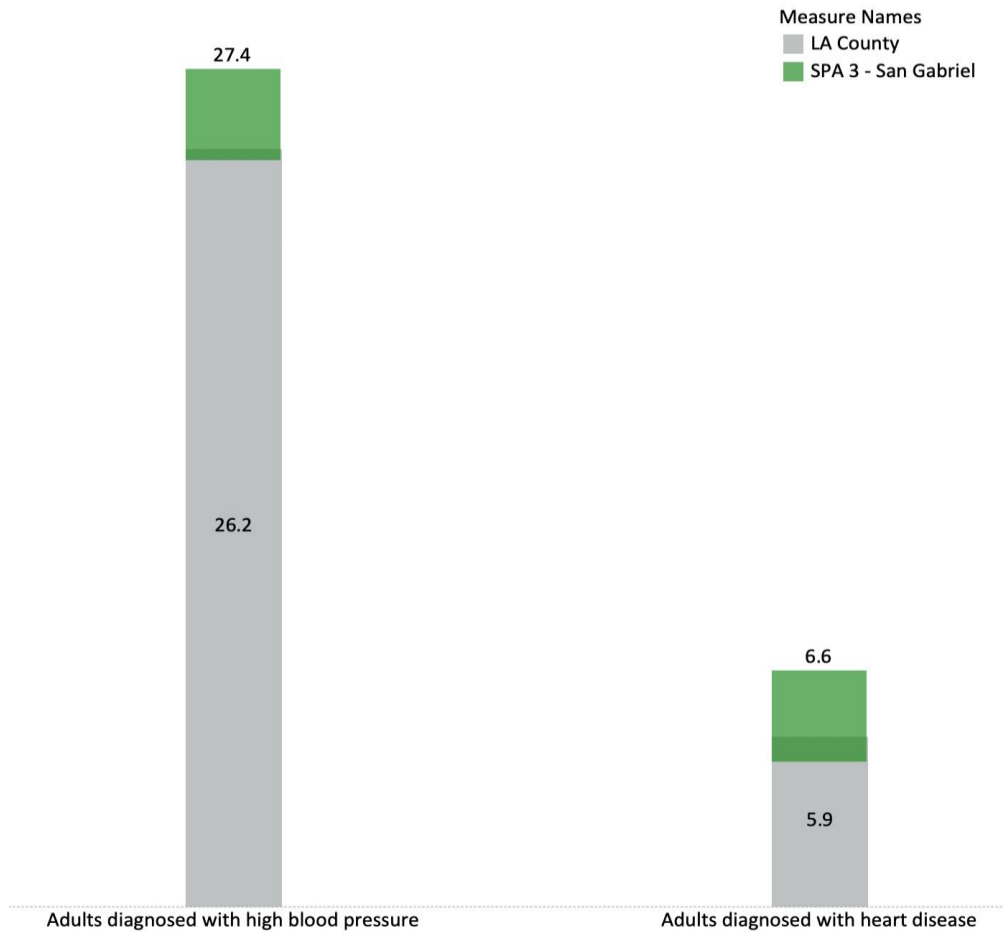
Cardiovascular disease—also called heart disease and coronary heart disease—includes several health conditions related to plaque buildup in the walls of the arteries, or atherosclerosis. As plaque builds up, the arteries narrow, restricting blood flow and creating the risk of heart attack. Currently, more than one in three adults (82.6 million) in the United States live with one or more types of cardiovascular/heart disease. In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life, and costs \$229 billion in economic loss from 2017 – 2018³⁸. Cardiovascular health is significantly influenced by physical, social and economic factors including maternal and child health, access to educational opportunities, availability of and access to healthy foods, physical activity, access to safe and walkable communities, and access to affordable, quality health care.³⁹

In SPA 3, 6.6% of the population was diagnosed with heart disease, which is higher than Los Angeles County (5.9%) but lower than California (6.5%).

³⁸ U.S. Center for Disease Control and Prevention. (2020). *Heart Disease Facts*. Available at [<https://www.cdc.gov/heartdisease/facts.htm>]. Accessed [October 4, 2022].

³⁹ U.S. Department of Health and Human Services. (2015). *Heart Disease and Stroke*. Washington, DC. Available at [<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21>]. Accessed [January 26, 2015].

Hypertension and Cardiovascular Disease Adults in SPA 3



Hypertension

Half of all Americans have high blood pressure, also known as hypertension, and many don't even know they have it. High blood pressure develops when blood flows through your arteries at higher-than-normal pressures.⁴⁰ With no symptoms or warning signs and the ability to cause serious damage to the body, the condition has been called a silent killer. If untreated, high blood pressure can lead to blood vessel aneurysms, chronic kidney disease which may lead to kidney failure, cognitive changes including memory loss, difficulty finding words, and losing focus during conversations, eye damage, heart attack, heart failure, peripheral arterial disease, and stroke.⁴¹ Many people with high blood pressure can lower their blood pressure into a healthy range or keep their numbers in a healthy range by making lifestyle changes; however, patient adherence to treatment regimens is a significant barrier to controlling the condition.⁴²

⁴⁰ National Institutes of Health. (2022). *What is High Blood Pressure?* Bethesda, MD. Available at [<https://www.nhlbi.nih.gov/health/high-blood-pressure>]. Accessed [October 4, 2022].

⁴¹ National Heart, Lung, and Blood Institute. (2015). *What are the Signs and Symptoms of Blood Pressure?* Bethesda, MD. Available at [<http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/signs.htm>]. Accessed [October 4, 2022].

⁴² National Institutes of Health. (2022). *High Blood Pressure Symptoms and Causes.* Bethesda, MD. Available at

Changes in the body’s normal functions may cause hypertension, including changes to kidney fluid and salt balances, the renin-angiotensin-aldosterone system (a complex system that uses hormones to control blood pressure and fluid balance), sympathetic nervous system activity, and blood vessel structure and function.⁴³

Other causes of hypertension include unhealthy lifestyle habits, the use of certain medicines, and other health needs such as being overweight or obese, diabetic or having chronic kidney disease.

In SPA 3, 27.4% of the population were diagnosed with hypertension which is a decrease from 2017 (30.2%). SPA 3 continues the trend of having a higher rate of diagnosed hypertension compared to Los Angeles County (26.2%) and the State ((25.1%).

Diabetes

In 2019, Diabetes affects an estimated 37.3 million people and is the seventh leading cause of death in the United States. An estimated 23% of adults with diabetes is undiagnosed. During the COVID-19 pandemic, diabetes emerged as an underlying condition that increases the chance of severe illness. Nearly 4 in 10 adults who died from COVID-19 in the United States also had diabetes.⁴⁴ A diabetes diagnosis can also indicate an unhealthy lifestyle—a risk factor for further health needs—and is also linked to obesity. Given the steady rise in the number of people with diabetes and the earlier onset of Type 2 diabetes, there is growing concern about substantial increases in diabetes-related complications and the potential to impact and overwhelm the health care system. Diabetes is associated with many health needs including heart disease, and is also closely linked to social, economic, and environmental factors including access to health care, access to healthy food, and access to green space, exercising, and healthy eating.⁴⁵

In SPA 3, 13.3% of the population self-reported being diagnosed with diabetes which is higher than in 2018 (9.3%). The SPA 3 rate is higher than in Los Angeles County (12.9%) and California (10.9%). However, this number has decreased greatly for the EH service area since 2009 when it was at 19.2% (decrease of 5.9%).

Report Area	Percent
SPA 3: San Gabriel Valley	13.3%
Los Angeles County	12.9%
California	10.9%

Source: California Health Interview Survey, 2020, ZIP

In focus groups and interviews, community members and leaders shared that cancer, high blood pressure, heart disease, diabetes, and long COVID are the top health concerns for their communities.

There was also frustrations among community members and leaders with the rates of STDs and a lack of adequate sexual health education. One service provider was particularly concerned for LGBTQAI+ youth who don't have access to "medically accurate and relatable sexual health information."

Source: California Health Interview Survey, 2020, SPA

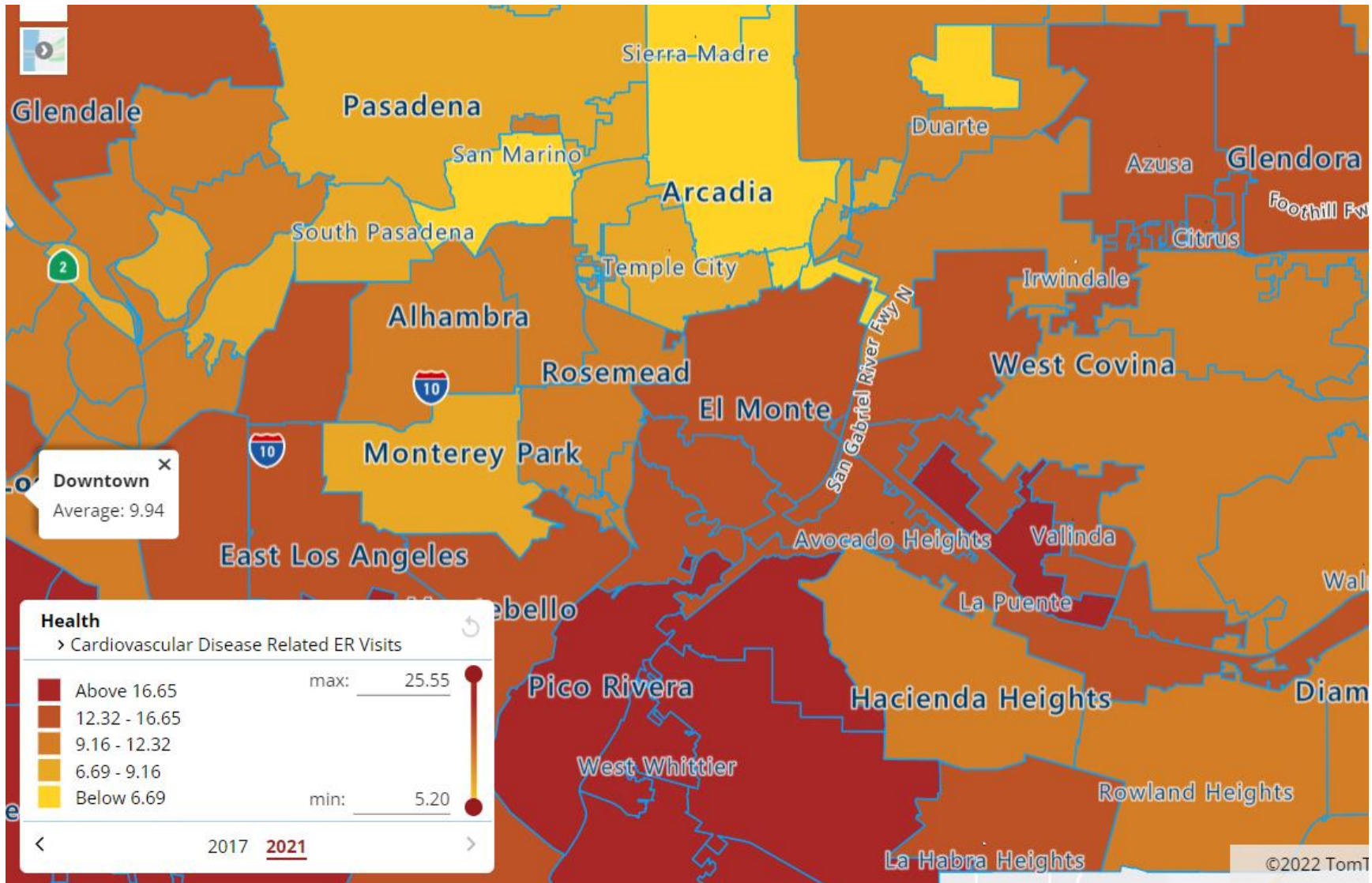
[<https://www.cdc.gov/bloodpressure/about.htm>]. Accessed [October 4, 2022].

⁴³ National Institutes of Health. (2015). *Causes of High Blood Pressure*. Bethesda, MD. Available at: [<http://www.nhlbi.nih.gov/health/health-topics/topics/hbp/causes>]. Accessed [October 5, 2022].

⁴⁴ Center for Disease Control and Prevention. (2021). *Diabetes Report Card 2021*. Available at [<https://www.cdc.gov/diabetes/library/reports/reportcard.html>]. Accessed [October 4, 2022].

⁴⁵ U.S. Department of Health and Human Services. (2015). *Diabetes*. Washington, DC. Available at [<http://www.healthypeople.gov/2020/topics-objectives/topic/diabetes>]. Accessed [November 30, 2015].

Average number of cardiovascular-related Emergency Room (ER) visits per 10,000 people⁴⁶

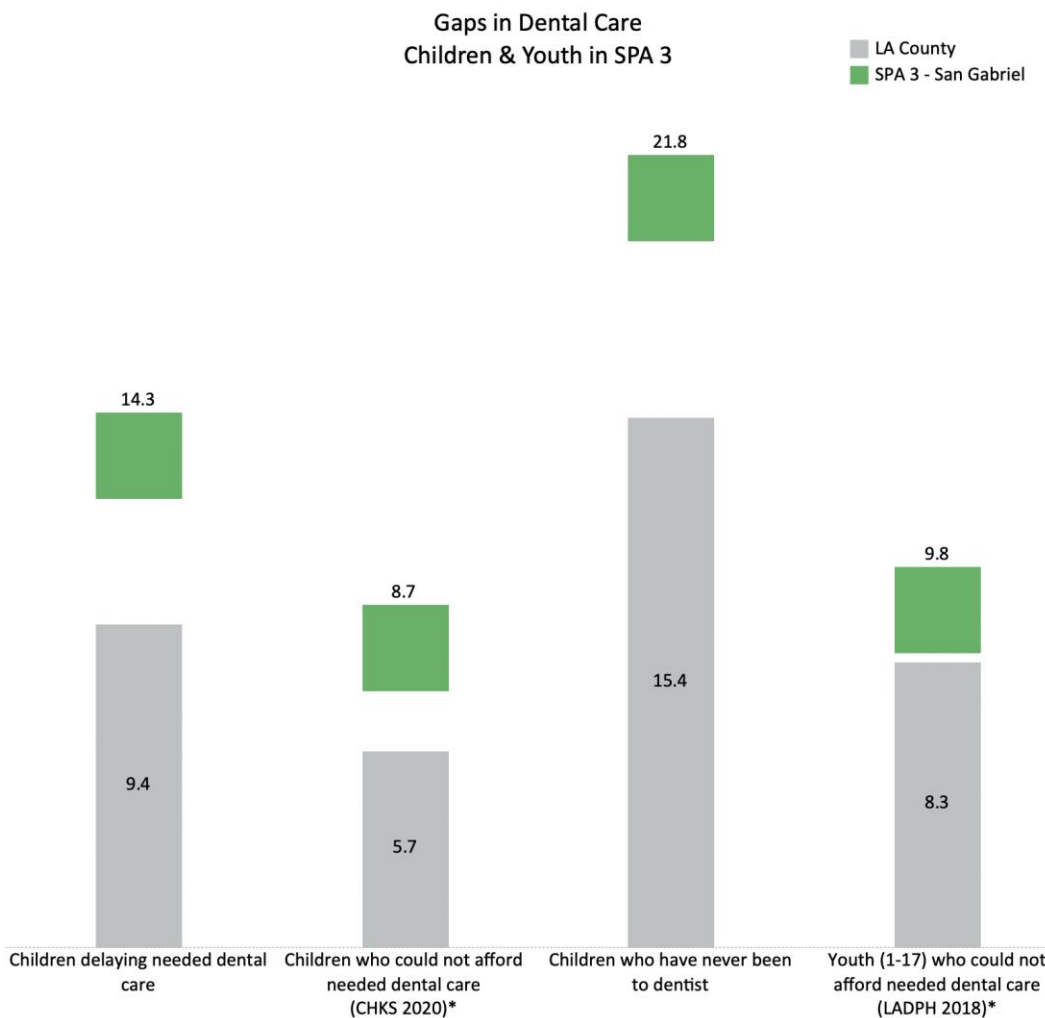


⁴⁶ CalEnviroScreen 3.0 (2021). Last accessed at USC Neighborhood Data for Social Change October 7, 2022

Oral Health

According to the Surgeon General’s Report on Oral Health (2000), “Oral health means much more than healthy teeth,” and is integral to the overall health and well-being of all Americans.” Early detection and preventive services, such as dental sealants and fluorides, can prevent oral health conditions. Tooth decay is the most common chronic disease in children and adults in the United States. Regular preventive dental care can catch problems early when they’re usually easier to treat. But many people don’t get the care they need, often because they can’t afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.⁴⁷

The gap in dental care is greater in Los Angeles County than in SPA 3. Youth throughout LA County are more likely to delay needed dental care, delay dental visit and not be able to afford dental care.



Having access to dental insurance and affordable dental care services is essential to good oral health. In SPA 3, rates for adults have remained steady from 2018 to 2020 with nearly two thirds, or 67.8%, of adults in SPA 3 had dental insurance, a rate comparable to that of peers in LA County (66.7%) and moderately lower than that of the

⁴⁷ U.S. Department of Health and Human Services. (2020). *Oral Conditions*. Washington, DC. Available at [<https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions>]. Accessed [October 5, 2022].

State (70.4%).

Report Area	Adults
SPA 3 - San Gabriel Valley	67.8%
Los Angeles County	66.7%
California	70.4%

Source: California Health interview Survey, 2020, SPA

Overweight and Obesity

Obesity is defined as having a body mass index (BMI) of 30.0 or higher; being overweight is defined by a BMI between 25.0 and 29.9. Obesity impacts our nation’s health, economy, and military readiness. Obesity costs the US healthcare system nearly \$173 billion a year. Obesity reduces life expectancy and causes devastating and costly health problems, increasing the risk of coronary heart disease, stroke, high blood pressure, diabetes, and several other chronic diseases.⁴⁸ Being overweight or obese results from a combination of causes and contributing factors, including behavior, community and genetics.⁴⁹ Community factors that influence obesity include the affordability of healthy food options, peer and social supports, marketing and promotion, and policies that determine community design. Behaviors can include eating and physical activity patterns; insufficient sleep and several other factors influence excess weight gain. Some Americans have less access to stores and markets that provide healthy, affordable food such as fruits and vegetables, especially in rural, minority and lower-income neighborhoods.⁵⁰

Obesity is a serious concern, associated with a reduced quality of life and many serious diseases and health conditions, including diabetes, heart disease, stroke, high blood pressure (hypertension), high cholesterol, and mental illness such as clinical depression and anxiety.⁵¹ Obesity could affect cancer risk include impaired tumor immunity and changes in the mechanical properties of the scaffolding tissue that surrounds developing tumors. In addition to biological effects, obesity can lead to difficulties in screening and management. For example, women with overweight or obesity have an increased risk of cervical cancer compared with women of healthy weight, likely due to less effective cervical cancer screening in these individuals.⁵²

In SPA 3, a greater percentage of CHIS respondents indicated being overweight than in the county or the state; however, respondents in SPA had a lower percentage of obesity than the county. The percentage of overweight SPA 3 adults increased from 2018 (34.3%) to 2020 (40.0%). This percentage is higher than California (33.4%) and Los Angeles County (34.0%). The rates for Los Angeles County and California remained over the same time. Nearly one third of adults in SPA 3 reported being obese, with a BMI of 27.5 or higher— lower than percentages reported for Los Angeles County (43.9%) and California (28.5%).

⁴⁸ Centers for Disease Control and Prevention. (2020). *Overweight & Obesity: Why it Matters*. Bethesda, MD. Available at [<https://www.cdc.gov/obesity/about-obesity/why-it-matters.html>]. Accessed [October 5, 2022].

⁴⁹ Centers for Disease Control and Prevention. (2015). *Adult Obesity Causes & Consequences*. Atlanta, GA. Available at [<http://www.cdc.gov/obesity/adult/causes.html>]. Accessed [October 5, 2022].

⁵⁰ Centers for Disease Control and Prevention. (2015). *Causes of Obesity*. Atlanta, GA. Available at [<https://www.cdc.gov/obesity/basics/causes.html>]. Accessed [October 5, 2022].

⁵¹ Centers for Disease Control and Prevention. (2015). *Adult Obesity Causes & Consequences*. Atlanta, GA. Available at [<http://www.cdc.gov/obesity/adult/causes.html>]. Accessed [October 5, 2022].

⁵² National Cancer Institute. (2012). *Obesity and Cancer Risk*. Bethesda, MD. Available at [<http://www.cancer.gov/cancertopics/factsheet/Risk/obesity>]. Accessed [October 5, 2022].

Overweight and Obese Adults

Report Area	Overweight (23.0-27.49 BMI)	Obese (27.5 or higher BMI)
SPA 3 - San Gabriel Valley	40.0%	37.2%
Los Angeles County	34.0%	43.9%
California	33.4%	28.5%

Source: California Health Interview Survey, 2020, SPA

The percentage of youth who are considered overweight in Los Angeles County decreased from 2018 (12.5%) to 2020 (14.3%) which is slightly higher than the State (12.1%).

Overweight Youth

Report Area	Percent
SPA 3 - San Gabriel Valley	--
Los Angeles County	14.3%
California	12.1%

Source: California Health Interview Survey, 2020, SPA

Being overweight or obese seems to be common across the service area regardless of age. The percentage of adults who are overweight is identical to the percent of teens who are overweight (14.3%) in Los Angeles County and the State (12.1%). However, nearly 1 in 4 (20.5%) of teens were obese—a higher percentage than California (17.8%).

Overweight and Obese Teens

Report Area	Overweight	Obese
SPA 3 – San Gabriel Valley	--	13.7%*
Los Angeles County	14.3%	20.5%
California	12.1%	17.8%

Source: California Health interview Survey, 2020, SPA *statistically unstable

Respiratory Disease

Respiratory diseases that impair the lungs can have long-term effects on an individual’s overall health. Respiratory diseases can include diseases such as asthma, chronic obstructive pulmonary disease, and pneumonia.

Asthma

Asthma is a disease that affects your lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be controlled by taking medicine and avoiding the triggers that can cause an attack. Approximately 25 million people in the U.S. have asthma. This equals about 1 in 13 people.⁵³ In most cases, the causes of asthma are not known, and no cure has been identified. Although asthma is always present in those with the condition, attacks only occur when the lungs are irritated. Some asthma triggers include tobacco smoke, dust mites, outdoor air pollution, cockroach allergen, pet dander, mold, smoke, other allergens, and certain infections known to cause asthma such as the flu, colds, and respiratory related viruses. Other contributing factors include exercising, certain medication, bad weather, high humidity, cold/dry air, certain foods, and fragrances.⁵⁴

⁵³ Centers for Disease Control and Prevention. (2020). *2019 National Health Interview Survey Data*. U.S. Department of Health & Human Services. <https://www.cdc.gov/asthma/nhis/2019/data.htm> Accessed [October 5, 2022]

⁵⁴ Centers for Disease Control and Prevention (CDC). (2014). *Asthma-Basic Information*. Atlanta, GA. Available at [<http://www.cdc.gov/asthma/faqs.htm>]. Accessed [October 5, 2022].

In SPA 3, the percent of the population diagnosed with Asthma increased slightly from 2018 (14.2%) to 2020 (14.6%). That percentage is lower than the percentage in Los Angeles County (15.2%) and the State (15.4%). The percentage for the State and the county were nearly identical from 2018.

Percent of the Total Population Ever Diagnosed with Asthma

Report Area	Percent
SPA 3 - San Gabriel Valley	14.6%
Los Angeles County	15.2%
California	15.4%

Source: California Health Interview Survey, 2020, SPA

In SPA 3, 14.6% of children and teen were diagnosed with asthma, which is a slightly higher rate than in Los Angeles County (15.2%) and in California’s (15.4%).

Percent of Children & Teens (1-17) who Were Ever Diagnosed with Asthma

Report Area	Percent
SPA 3: San Gabriel Valley	14.6%
Los Angeles County	15.2%
California	15.4%

Source: California Health Interview Survey, 2020

Pneumonia and Influenza

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Pneumonia can be caused by viruses (such as influenza), bacteria, fungi, and as a result of being on a ventilator. However, these infections can often be prevented with vaccines and can usually be treated with antibiotics, antiviral drugs, or specific drug therapies. Common signs of pneumonia include cough, fever, and difficulty breathing. Smokers and people with underlying medical conditions, such as diabetes or heart disease are at higher risk of contracting pneumonia. In the United States, 1.5 million people were diagnosed with pneumonia in an emergency department during 2018. Unfortunately, more than 40,000 people died from the disease that year in the United States. Most of the people affected by pneumonia in the United States are adults.⁵⁵

Pneumonia is an inflammation of the lungs usually caused by infection with bacteria, viruses, fungi or another organism. Signs and symptoms include chest pain, fever, chills, cough, and shortness of breath. Infection often follows a cold or the flu. In SPA 3, only half of youth ages 0-17 reported receiving the flu vaccine in the past 12 months which is nearly the same rate as Los Angeles County.

Percent of youth aged 0-17 who received flu vaccine in past 12 months

Community	Percent
SPA 3: San Gabriel Valley	55.5%*
Los Angeles County	54.5%

Source: Los Angeles County Health Survey, 2018 *Statistically unstable

⁵⁵ Centers for Disease Control and Prevention (CDC). (2020). Atlanta, GA. Available at [<http://www.cdc.gov/pneumonia>]. Accessed [October 5, 2022].

Healthy Habits

Engaging in healthy behaviors, such as preventative health care, healthy eating, exercising, and other behaviors can positively impact overall health.

Preventative Care

Preventive health care, such as regular checkups, timely physicals, and regular medical tests, is critical to ensuring long-term health. Proper preventive care can identify health problems earlier and improve overall health. As shown in the next chart, most adults and women do practice preventative care. In SPA 3, as shown in the chart on the next page, the majority of adults reported getting vaccinated for Pneumonia (76.5%) and influenza (69.4%), rates in line with LA County. Youth and younger adults were less likely than their older counterparts to receive vaccination. Approximately 8 out of 10 adult women completed a mammogram within 2 years (women 50 to 74 years) and a pap smear test (women 21 to 65%). Adults were less likely to get a blood stool test done in 2020.

Healthy Eating

Over one-third (38.4%) of SPA 3 under 17 ears-old youth reported drinking one or more sugar-sweetened beverages, such as soda, every day, mirroring similar rates in Los Angeles County (37.2%). Over half (51.1%) of teens in SPA 3 reported eating the recommended five or more servings of fruits and vegetables, much higher than in Los Angeles County and California, 36.3% and 33.3%, respectively.

Healthy Eating		
Report Area	Teens who eat 5 or more servings for Fruits/Vegetables	Youth who drink one or more sugar-sweetened beverage per day
SPA 3 – San Gabriel Valley	51.1%	38.4%
Los Angeles County	36.3%	37.2%
California	33.3%	--

Source: California Health Interview Survey, 2020, SPA

Healthy Physical Activity

It is recommended that adults (18+) walk for at least 150 Minutes per week to remain healthy. All zip codes in the Emanate Service area had less than a third of their adult population who met this physical health standard. But approximately 4 out of 10 teens in both Los Angeles County and the State have at least 5 hours of sedentary activities on a typical weekend. Fewer peers in SPA 3 dedicate as many hours to sedentary activities. Approximately a quarter of adult have no leisure time for physical activity, a rate (25%) slightly more elevated than the State (22%)

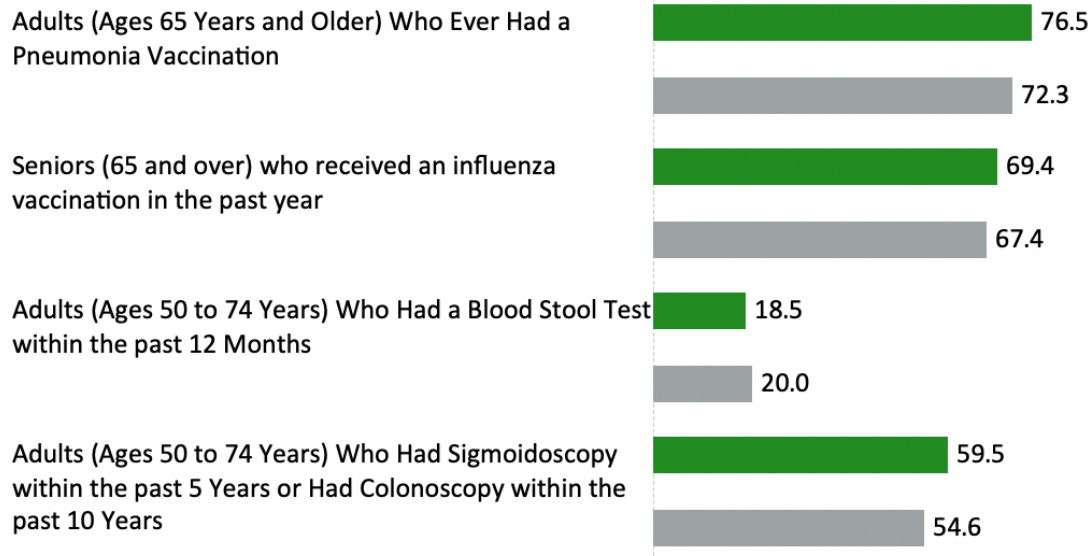
Physical activity		
Report Area	Sedentary Activities on Typical Weekend Days: 5+ Hours Teen (1)	No Leisure Time Physical Activity Adults (2)
Los Angeles County	39.7%	25%
SPA 3	33.7%	--
California	40.8%	22%

Source: (1) California Health Interview Survey 2020 (2) 2022 California County Health Rankings

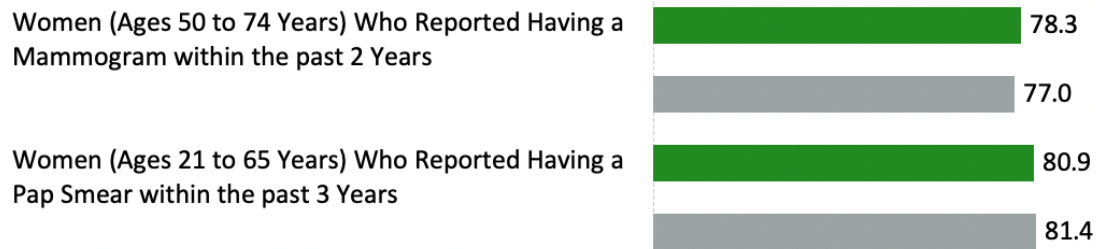
Preventative Health in SPA 3

SPA 3 - San Gabriel
LA County

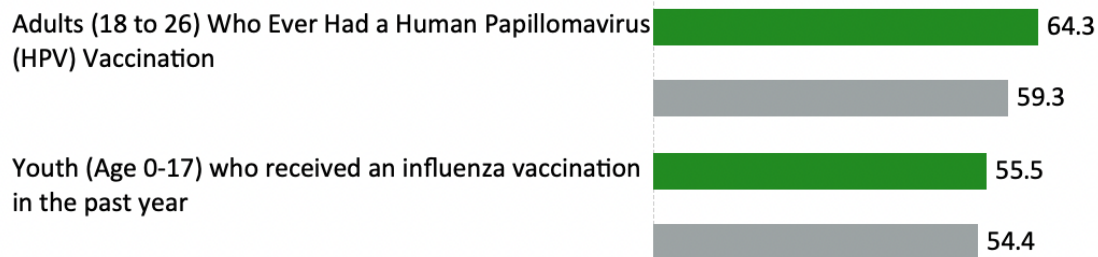
Older Adults



Women



Youth & Young Adults



During focus groups with community members and leaders, many expressed that physical activity during the COVID-19 pandemic was very limited. As one community leader explained, "Many people live in multigenerational homes, and there is not enough space for physical activity and getting outside. Many youth sports activities were canceled." Residents from Emanate Health's service area also expressed frustration with the lack of safe walkable spaces and park in their communities.
