

# UCI Health

2025

## UCI Health — Lakewood Community Health Needs assesment



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## Executive Summary

UCI Health comprises the clinical enterprise of the University of California, Irvine. UCI Health delivers care at UCI Medical Center (UCIMC) and a network of multi-specialty care centers. In March 2024, UCI Health acquired Tenet's Pacific Coast Network, which includes medical centers, formerly known as Fountain Valley Regional Hospital, Lakewood Regional Medical Center, Los Alamitos Medical Center, and Placentia-Linda Hospital, as well as its associated outpatient locations.

### Community Health Needs Assessment

UCI Health - Lakewood has undertaken a Community Health Needs Assessment (CHNA). The Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulation direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs.

### Service Area

UCI Health – Lakewood is located at 3700 East South Street, Lakewood, CA 90712. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, inpatient admissions were calculated for the 2023 calendar year, and 77% of total inpatient ZIP Codes were used to determine the service area.

The hospital defines its service area for the purposes of this report to include 16 ZIP Codes, located in ten communities. These cities are located in Los Angeles County and comprise portions of Los Angeles County Service Planning Areas (SPAs) 6, 7 and 8. The hospital service area is detailed below by community and ZIP Code.

**UCI Health - Lakewood Service Area**

Place	ZIP Code	Service Planning Area
Artesia	90701	7
Bellflower	90706	7
Cerritos	90703	7
Compton	90220, 90221	6
Downey	90241, 90242	7
Lakewood	90712, 90713, 90715	7
Long Beach	90805, 90807, 90808	8

Place	ZIP Code	Service Planning Area
Lynwood	90262	6
Norwalk	90650	7
Paramount	90723	6

## Methodology

### Secondary Data

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

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

### Primary Data

Ten (10) phone interviews were conducted from February to March 2025. Community stakeholders identified by UCI Health were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders who spoke about issues and needs in the communities served by the hospital.

## Significant Health Needs

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

- Access to care
- Chronic diseases
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity

- Preventive care
- Substance use

### **Prioritization of Significant Health Needs**

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

### **Report Adoption, Availability and Comments**

The CHNA was adopted by UCI in June of 2025. This report is widely available to the public on the hospital's web site, [ucihealth.org/community-health](https://ucihealth.org/community-health). Written comments on this report can be submitted to Christopher M. Leo, Executive Director of Government Affairs, at [cmleo@uci.edu](mailto:cmleo@uci.edu).

## Introduction

### Background and Purpose

UCI Health comprises the clinical enterprise of the University of California, Irvine. In March 2024, UCI Health acquired Tenet's Pacific Coast Network, which includes medical centers, formerly known as Fountain Valley Regional Hospital, Lakewood Regional Medical Center, Los Alamitos Medical Center, and Placentia-Linda Hospital, as well as its associated outpatient locations. This is the first Community Health Needs Assessment for UCI Health - Lakewood as it changed from a for-profit entity to a nonprofit hospital facility.

The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

### Service Area

UCI Health - Lakewood is located at 3700 East South Street, Lakewood, CA 90712. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, inpatient admissions were calculated for the 2023 calendar year, and 77% of total inpatient ZIP Codes were used to determine the service area.

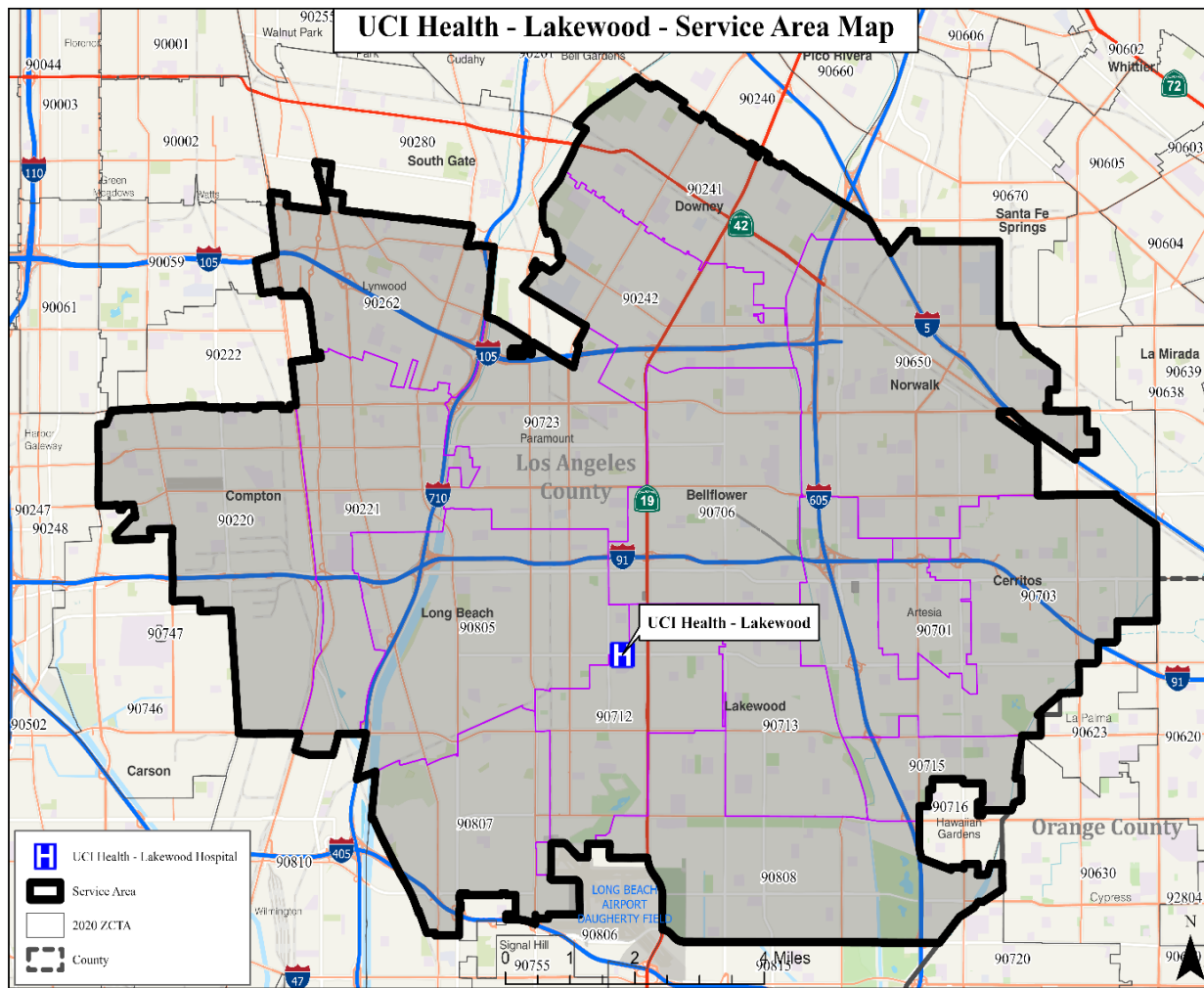
The hospital defines its service area for the purposes of this report to include 16 ZIP Codes, located in ten communities. These cities are located in Los Angeles County, and comprise portions of Los Angeles County Service Planning Areas (SPAs) 6, 7 and 8. The hospital service area is detailed below by community and ZIP Code.

**UCI Health - Lakewood Service Area**

Place	ZIP Code	Service Planning Area
Artesia	90701	7
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Place	ZIP Code	Service Planning Area
Compton	90220, 90221	6
Downey	90241, 90242	7
Lakewood	90712, 90713, 90715	7
Long Beach	90805, 90807, 90808	8
Lynwood	90262	6
Norwalk	90650	7
Paramount	90723	6

### Service Area Map



**Project Oversight**

The Community Health Needs Assessment process was overseen by:  
Christopher M. Leo, Esq.  
Executive Director of Government Affairs  
UCI Health

**Consultant**

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.

[www.bielconsulting.com](http://www.bielconsulting.com)

**CHNA Approval**

The CHNA was adopted by UCI in June of 2025. This

## **Data Collection Methodology**

### **Secondary Data Collection**

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

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), and state comparisons, the data source, data year and an electronic link to the data source.

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

### **Significant Health Needs**

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

- Access to care
- Chronic diseases
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive care
- Substance use

### **Primary Data Collection**

Interviews with community stakeholders to obtain input on significant health needs, barriers to care and resources available to address the identified health needs. Ten (10) phone interviews were conducted from February to March 2025. Community stakeholders identified by UCI Health were contacted and asked to participate in the

needs assessment interviews. Interview participants included a broad range of stakeholders who spoke to issues and needs in the communities served by the hospitals.

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

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs, along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Appendix 2 lists the stakeholder interview respondents, their titles and organizations. Appendix 3 provides stakeholder responses to the interview overview questions.

### **Impact of Action**

This is the first CHNA for UCI Health - Lakewood. As such, there is no impact of action from a previous CHNA to report.

### **Public Comment**

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. Since this is the first CHNA for the hospital, there is no previous CHNA and Implementation Strategy. This CHNA will be made widely available to the public on the website and can be accessed at [ucihealth.org/community-health](https://ucihealth.org/community-health).

## Prioritization of Significant Health Needs

The significant health needs were identified through primary and secondary data analysis and prioritized with input through community stakeholder interviews. The following criteria were used to prioritize the significant health needs:

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

The stakeholder interviewees were sent a link to an electronic survey (SurveyMonkey) in advance of the phone interview and ranked each identified community health need. The percentage of responses for each health need were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Access to health care, economic insecurity, and mental health had the highest scores for severe and very severe impact on the community. Mental health, housing and homelessness, and chronic diseases were the top needs that had worsened over time. Housing and homelessness, mental health, access to health care, and chronic diseases had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	75%	50%	62.5%
Chronic disease	50%	58%	62.5%
Economic insecurity	62.5%	37.5%	50%
Food insecurity	25%	50%	25%
Housing and homelessness	50%	62.5%	75%
Mental health	62.5%	87.5%	75%
Overweight and obesity	12.5%	12.5%	12.5%
Preventive practices	25%	12.5%	25%
Substance use	37.5%	50%	50%

The interviewees prioritized the significant health needs according to the highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant health need. Mental health, housing and

homelessness, economic insecurity, access to health care, and chronic diseases were ranked as the top five priority health needs in the service area. Calculations resulted in the following prioritization of the significant health needs.

<b>Significant Health Needs</b>	<b>Priority Ranking (Total Possible Score of 4)</b>
Mental health	4.00
Housing and homelessness	3.88
Economic insecurity	3.71
Access to health care	3.63
Chronic disease	3.57
Substance use	3.50
Food insecurity	3.43
Preventive practices	3.43
Overweight and obesity	2.63

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

## Resources to Address Significant Health Needs

Through the CHNA processes, community input was used to identify community resources potentially available to address the significant health needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Los Angeles County at <https://211la.org/>.

Significant Health Needs	Community Resources
Access to health care	California Primary Care Association (CPCA) Long Beach Department of Health and Human Services Long Beach Forward OC Oral Health Collaborative Oral Health LB TCC Family Health United Cambodian Community
Chronic diseases	Healthy Aging Center LB Aging Services Collaborative LB Healthy Aging LB Home Visitation Collaborative Long Beach Department of Health and Human Services My Sister My Friend Breast Cancer Support TCC Family Health
Economic insecurity	Filipino Migrant Center Khmer Girls in Action Olive Crest ORALE: Organizing Rooted in Abolition, Liberation and Empowerment United Cambodian Community We Care
Food insecurity	Filipino Migrant Center Food Finders Jewish Family & Children's Services Project Angel Food
Housing and homelessness	Casa Youth Shelter Filipino Migrant Center Interval House Olive Crest Salvation Army We Care
Mental health	Helpline Youth Counseling Jewish Family & Children's Services Mental Health America of Los Angeles TCC Family Health We Care
Overweight and obesity	Boys & Girls Club Long Beach Department of Health and Human Services

Significant Health Needs	Community Resources
	YMCA
Preventive practices	Long Beach Department of Health and Human Services TCC Family Health
Substance use	County of Los Angeles Salvation Army Substance Use Foundation of Long Beach

## Community Demographics

### Population

The population of the UCI Health - Lakewood service area is 793,949. From 2018 to 2023, the population of the service area decreased by 2.9%.

### Total Population and Change in Population

	Total Population	Change in Population, 2018-2023
UCI Health - Lakewood Service Area	793,949	-2.9%
Los Angeles County	9,848,406	-2.5%
California	39,242,785	0.2%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, DP05. <http://data.census.gov>

The hospital service area population is 51% female and 49% male.

### Population by Gender

	UCI Health - Lakewood Service Area	Los Angeles County	California
Male	49.0%	49.5%	50.0%
Female	51.0%	50.5%	50.0%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP05. <http://data.census.gov>

In Los Angeles County, 89.7% of the adult population identify as straight or heterosexual, and 99.2% as cisgender, or not transgender. In SPA 6 and SPA 8, 3.6% of the population identifies as gay, lesbian or homosexual. In SPA 7, 3.1% of the population identifies as gay, lesbian or homosexual.

### Population by Sexual Orientation and Gender Identity, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Straight or heterosexual	89.3%	90.3%	89.6%	89.7%	90.2%
Gay, lesbian or homosexual	3.6%	3.1%	3.6%	3.8%	3.4%
Bisexual	4.5%	4.4%	4.2%	4.4%	4.4%
Not sexual/celibate/none/other	2.5%	2.2%	2.6%	2.2%	1.9%
Cisgender/not transgender±	99.5%	99.5%	99.3%	99.2%	98.9%
Transgender/gender non-conforming±	0.5%	0.5%	0.7%	0.8%	1.1%

Source: California Health Interview Survey, 2018-2022 or ±2019-2023, pooled. <http://ask.chis.ucla.edu/>

In SPA 7, 3.5% of the teen population identify as transgender or gender non-conforming, while 26.9% said that other people at school would describe them as gender non-conforming (males who would be described as feminine, females who would be described as masculine, or either gender described as equally feminine and masculine). The rate of transgender identity in SPA 6 is 0.2%, while the rate of non-

conforming gender expression (appearance) is 27.9%. The rate of identity in SPA 8 is 0.7% and expression (appearance) as transgender or gender non-conforming is 20.9%.

### Gender Identity and Gender Expression, Teens

	SPA 6	SPA 7	SPA 8	Los Angeles County
Identify as cisgender/not transgender ±	*99.8%	96.5%	*99.3%	97.8%
Identify as transgender/gender non-conforming ±	*0.2%	3.5%	*0.7%	2.2%
Express as cisgender/not transgender	72.1%	73.1%	79.1%	75.3%
Express as transgender/gender non-conforming	27.9%	26.9%	20.9%	24.7%

Source: California Health Interview Survey, 2019-2022 or ±2019-2023 combined. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

Children and youth, ages 0-17, make up 23.5% of the population, 63.1% are adults, ages 18-64, and 13.4% of the population are senior adults, ages 65 and older. The service area has a higher percentage of children and youth, ages 0 to 17, and a lower percentage of senior adults, ages 65 and older, than the county or state.

### Population, by Age

	UCI Health - Lakewood Service Area		Los Angeles County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	46,047	5.8%	518,797	5.3%	2,214,141	5.6%
Age 5-17	140,789	17.7%	1,538,739	15.6%	6,514,871	16.6%
Age 18-24	72,123	9.1%	878,901	8.9%	3,572,575	9.1%
Age 25-44	226,257	28.5%	2,944,830	29.9%	11,233,842	28.6%
Age 45-64	202,090	25.5%	2,518,568	25.6%	9,712,870	24.8%
Age 65-74	64,993	8.2%	849,441	8.6%	3,534,613	9.0%
Age 75-84	29,149	3.7%	410,116	4.2%	1,721,957	4.4%
Age 85+	12,501	1.6%	189,014	1.9%	737,916	1.9%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP05. <http://data.census.gov/>

Compton 90220 has the highest percentage of children and youth (28.2%), followed by Compton 90221 (26.8%). Cerritos has the lowest percentage of children and youth in the service area (19.1%). Cerritos has the highest percentage of senior adults in the area (25.2%), followed by Long Beach 90808 (20.3%). Lynwood (9.2%) and Paramount (9.6%) have the lowest rates of senior adults.

### Population, by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Artesia	90701	16,044	20.2%	16.3%
Bellflower	90706	77,396	23.3%	11.9%

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Cerritos	90703	48,607	19.1%	25.2%
Compton	90220	49,156	28.2%	11.6%
Compton	90221	50,782	26.8%	10.0%
Downey	90241	45,484	22.0%	13.6%
Downey	90242	40,983	21.4%	14.9%
Lakewood	90712	30,672	22.6%	13.8%
Lakewood	90713	28,583	20.5%	14.6%
Lakewood	90715	20,668	20.0%	14.1%
Long Beach	90805	94,631	25.6%	10.3%
Long Beach	90807	33,320	20.2%	17.0%
Long Beach	90808	39,351	22.1%	20.3%
Lynwood	90262	64,918	26.1%	9.2%
Norwalk	90650	100,808	22.9%	13.6%
Paramount	90723	52,546	25.6%	9.6%
<b>UCI Health - Lakewood Service Area</b>		<b>793,949</b>	<b>23.5%</b>	<b>13.4%</b>
<b>Los Angeles County</b>		<b>9,848,406</b>	<b>20.9%</b>	<b>14.7%</b>
<b>California</b>		<b>39,242,785</b>	<b>22.2%</b>	<b>15.3%</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP05. <http://data.census.gov/>

## Race and Ethnicity

The largest portion of the service area population are Hispanic or Latino residents (59.7%). 13.7% of the population are White residents, 12.9% are Asian residents, and 10.3% are Black or African American residents. 2.5% of the population identifies as multiracial (two-or-more races), 0.4% as Native Hawaiian or Pacific Islander (NHPI) residents, and 0.1% as American Indian or Alaska Native (AIAN) residents. Those who identify as a race and ethnicity not listed represent 0.5% of the service area population.

## Race and Ethnicity

	UCI Health - Lakewood Service Area	Los Angeles County	California
Hispanic or Latino	59.7%	48.3%	39.8%
White, non-Latino	13.7%	25.2%	34.6%
Asian, non-Latino	12.9%	14.8%	15.1%
Black or African American, non-Latino	10.3%	7.5%	5.3%
Multiracial, non-Latino	2.5%	3.3%	4.1%
Some other race, non-Latino	0.5%	0.6%	0.5%
Native Hawaiian or Pacific Islander, non-Latino	0.4%	0.2%	0.3%
American Indian or Alaska Native, non-Latino	0.1%	0.2%	0.3%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP05. <http://data.census.gov/>

When race and ethnicity are examined by ZIP Code, Lynwood has the highest percentage of Hispanic or Latino residents (88.2%), followed by Paramount (82.3%). Long Beach 90808 has the highest percentage of White residents (51.2%), followed by Lakewood 90713 (43.5%). Cerritos has the highest percentage of Asian residents in the

service area (61.5%). Compton 90220 has the highest percentage of Black or African American residents in the service area (27.8%), followed by Compton 90221 (18.3%), and Long Beach 90805 (18%).

### Race and Ethnicity, by ZIP Code

	ZIP Code	Hispanic or Latino	White	Asian	Black
Artesia	90701	34.4%	14.1%	42.9%	5.1%
Bellflower	90706	60.8%	12.6%	11.7%	11.3%
Cerritos	90703	15.1%	11.7%	61.5%	6.4%
Compton	90220	66.8%	1.4%	1.2%	27.8%
Compton	90221	78.9%	0.5%	1.0%	18.3%
Downey	90241	75.3%	13.0%	6.7%	2.6%
Downey	90242	77.5%	10.3%	6.3%	3.9%
Lakewood	90712	34.1%	31.8%	17.0%	10.1%
Lakewood	90713	33.3%	43.5%	11.9%	4.2%
Lakewood	90715	43.4%	16.6%	26.2%	8.2%
Long Beach	90805	58.8%	7.7%	11.5%	18.0%
Long Beach	90807	28.5%	35.7%	14.9%	14.3%
Long Beach	90808	26.4%	51.2%	11.2%	4.1%
Lynwood	90262	88.2%	2.2%	0.7%	8.1%
Norwalk	90650	69.5%	11.1%	13.2%	4.0%
Paramount	90723	82.3%	4.5%	2.8%	8.6%
<b>UCI Health - Lakewood Service Area</b>		<b>59.7%</b>	<b>13.7%</b>	<b>12.9%</b>	<b>10.3%</b>
<b>Los Angeles County</b>		<b>48.3%</b>	<b>25.2%</b>	<b>14.8%</b>	<b>7.5%</b>
<b>California</b>		<b>39.8%</b>	<b>34.6%</b>	<b>15.1%</b>	<b>5.3%</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP05. <http://data.census.gov/>

### Language

In the service area, 41.7% of the population, 5 years and older, speak only English in the home. Among the area population, 46.6% speak Spanish in the home, 8.9% speak an Asian or Pacific Islander language, and 2.1% speak an Indo-European language other than Spanish or English in the home.

### Language Spoken at Home for the Population, Ages 5 Years and Older

	UCI Health - Lakewood Service Area	Los Angeles County	California
<b>Population, 5 years and older</b>	<b>747,902</b>	<b>9,329,609</b>	<b>37,028,644</b>
English only	41.7%	44.9%	55.9%
Speaks Spanish	46.6%	37.7%	28.2%
Speaks Asian or Pacific Islander language	8.9%	10.7%	10.0%
Speaks other Indo-European language	2.1%	5.6%	4.8%
Speaks other language	0.6%	1.2%	1.1%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP02. <http://data.census.gov/>

The highest percentage of Spanish speakers within the service area can be found in Lynwood (78.3%), followed by Compton 90221 (68.2%) and Paramount (67.4%).

Cerritos (39.5%), Artesia (22.1%), and Lakewood 90715 (18.8%) have the highest percentage of Asian or Pacific-Islander language speakers. Artesia (19.6%) has the highest percentage of Indo-European languages spoken at home in the service area, followed by Cerritos (6.9%). 77.1% of the residents of Long Beach 90808, 75.1% of the residents of Lakewood 90713, and 66.1% of the residents of Long Beach 90807 speak only English in the home.

### Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Other Indo European
Artesia	90701	32.9%	25.5%	22.1%	19.6%
Bellflower	90706	41.9%	46.1%	9.0%	1.4%
Cerritos	90703	43.1%	9.9%	39.5%	6.9%
Compton	90220	41.3%	57.2%	1.1%	0.3%
Compton	90221	30.5%	68.2%	1.2%	0.1%
Downey	90241	31.9%	58.5%	5.6%	1.9%
Downey	90242	35.6%	57.6%	4.5%	1.8%
Lakewood	90712	63.9%	20.5%	11.6%	2.9%
Lakewood	90713	75.1%	16.1%	6.7%	1.9%
Lakewood	90715	50.6%	27.3%	18.8%	2.6%
Long Beach	90805	40.7%	49.3%	8.5%	1.3%
Long Beach	90807	66.1%	19.6%	10.4%	2.9%
Long Beach	90808	77.1%	13.7%	5.8%	2.8%
Lynwood	90262	20.7%	78.3%	0.7%	0.3%
Norwalk	90650	36.5%	51.4%	10.1%	1.6%
Paramount	90723	28.6%	67.4%	2.3%	0.6%
<b>UCI Health - Lakewood Service Area</b>		<b>41.7%</b>	<b>46.6%</b>	<b>8.9%</b>	<b>2.1%</b>
<b>Los Angeles County</b>		<b>44.9%</b>	<b>37.7%</b>	<b>10.7%</b>	<b>5.6%</b>
<b>California</b>		<b>55.9%</b>	<b>28.2%</b>	<b>10.0%</b>	<b>4.8%</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP02. <http://data.census.gov/>

### Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English “less than very well.” In the service area, 20.9% of the population is linguistically isolated.

### Linguistic Isolation, Ages 5 Years and Older

	Percent
UCI Health - Lakewood Service Area	20.9%
Los Angeles County	23.2%
California	17.3%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP02. <https://data.census.gov/>

The California Department of Education publishes rates of “English Learners,” defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Los Angeles County school districts, the percentage of students who were classified English

Learners was 17.6%. Among area school districts English Learners ranged from 10.9% of the students in ABC Unified to 26.4% of students in the Lynwood Unified School District.

### English Learner (EL) Students, by School District

	Number	Percent
ABC Unified School District	1,969	10.9%
Bellflower Unified School District	1,672	17.0%
Compton Unified School District	4,694	23.8%
Downey Unified School District	3,237	14.4%
Long Beach Unified School District	10,745	16.7%
Lynwood Unified School District	3,005	26.4%
Norwalk-La Mirada Unified School District	2,326	15.5%
Paramount Unified School District	2,509	20.8%
<b>Los Angeles County</b>	<b>228,626</b>	<b>17.6%</b>
<b>California</b>	<b>1,074,833</b>	<b>18.4%</b>

Source: California Department of Education DataQuest, 2023-2024. <http://dq.cde.ca.gov/dataquest/>

### Veteran Status

In the service area, 3.2% of the civilian population, 18 years and older, are veterans.

### Veteran Status

	UCI Health – Lakewood Service Area	Los Angeles County	California
Civilian Veterans	3.2%	2.8%	4.5%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP02. <http://data.census.gov>

### Citizenship

In the service area, 31.2% of the population is foreign-born. Of the foreign-born, 44.3% in the service area are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

### Foreign-Born Residents and Citizenship

	UCI Health - Lakewood Service Area	Los Angeles County	California
Foreign born	31.2%	33.4%	26.7%
Of the foreign born, not a U.S. citizen	44.3%	45.4%	45.6%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP02. <http://data.census.gov>

## Social Determinants of Health

### Social and Economic Factors Ranking

The County Health Rankings rank-order counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. California's 58 counties were ranked according to social and economic factors with one indicating the county with the best factors to 58 for the county with the poorest factors. For social and economic factors, Los Angeles County is ranked 37.

### Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	37

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

### California Healthy Places Index

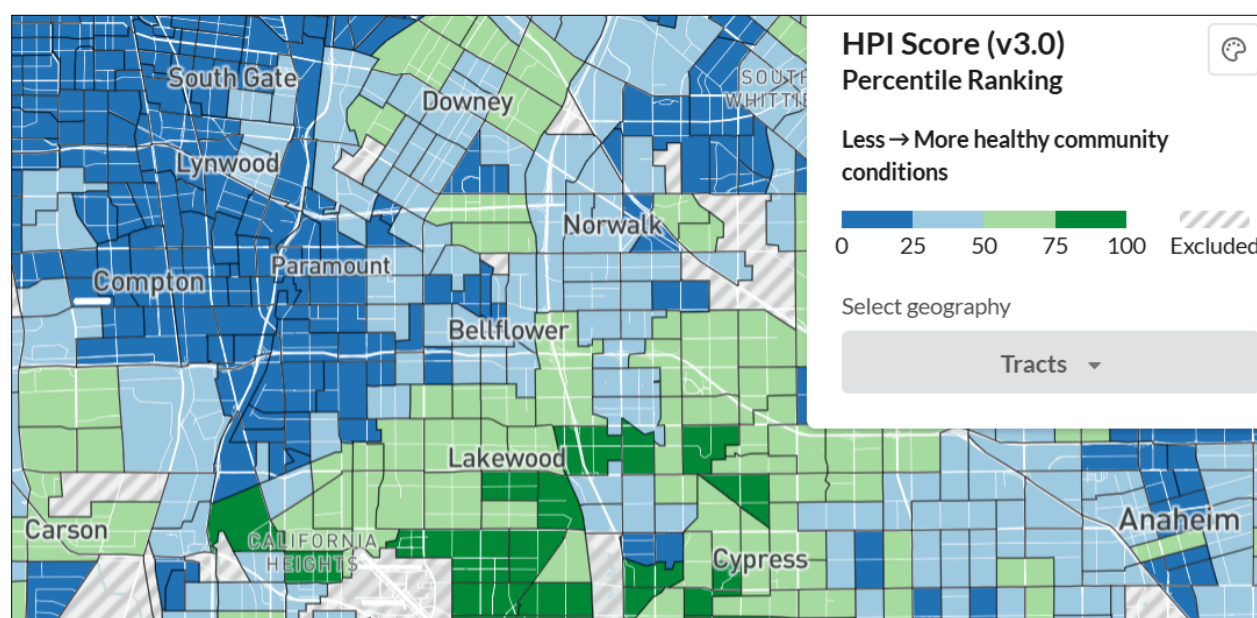
The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores: economic, education, transportation, social, neighborhood, health care access, housing and clean environment. The index evaluates the relationship between these Policy Action Areas and life expectancy at birth and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health. The HPI map below displays Lakewood and the surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.)

The service area ZIP Codes have an overall HPI score that is better than 33% of California ZIP Codes. In the service area, the lowest scores are for housing and health care. The service area has better housing conditions than 20.1% of the other California ZIP Codes, based on five criteria: homeownership, housing habitability, homeowner and renter severe housing cost burdens, and crowded housing conditions. The area also has better health care access than 25.1% of other California ZIP Codes, based on the percentage of insured adults.

## California Healthy Places Index Value and Sub-Scores, as Percentiles

	Percent
Economic	38.0%
Education	28.6%
Social	32.7%
Transportation	39.1%
Neighborhood	45.8%
Housing	20.1%
Clean Environment	34.3%
Health Care Access	25.1%
<b>HPI Score</b>	<b>33.0%</b>

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed December 30, 2024.  
<https://healthyplacesindex.org>



## Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 6.5%. The highest rates of unemployment were found in Lynwood (9.7%), Artesia (9.4%) and Bellflower (7.8%). The lowest unemployment rates in the service area were found in Long Beach 90808 (4.2%) and Cerritos (4.9%).

## Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Artesia	90701	8,012	754	9.4%
Bellflower	90706	40,718	3,165	7.8%
Cerritos	90703	23,576	1,160	4.9%
Compton	90220	23,778	1,605	6.7%
Compton	90221	24,106	1,842	7.6%
Downey	90241	23,906	1,609	6.7%

	<b>ZIP Codes</b>	<b>Civilian Labor Force</b>	<b>Unemployed</b>	<b>Unemployment Rate</b>
Downey	90242	21,379	1,075	5.0%
Lakewood	90712	16,477	891	5.4%
Lakewood	90713	15,626	799	5.1%
Lakewood	90715	11,557	710	6.1%
Long Beach	90805	47,761	3,436	7.2%
Long Beach	90807	18,205	902	5.0%
Long Beach	90808	20,325	853	4.2%
Lynwood	90262	30,801	2,996	9.7%
Norwalk	90650	51,186	2,850	5.6%
Paramount	90723	26,583	1,484	5.6%
<b>UCI Health - Lakewood Service Area</b>		<b>403,996</b>	<b>26,131</b>	<b>6.5%</b>
<b>Los Angeles County</b>		<b>5,203,398</b>	<b>365,701</b>	<b>7.0%</b>
<b>California</b>		<b>19,982,482</b>	<b>1,282,259</b>	<b>6.4%</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP03. <http://data.census.gov/>

## Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2023, the Federal Poverty Level (FPL) was set at an annual income of \$15,480 for one person and \$30,900 for a family of four. Among the residents in the service area, 12.1% are at or below 100% of the federal poverty level (FPL) and 30.3% are at 200% of FPL or below. The highest poverty rates in the service area are found in Long Beach 90805 (19.4%), Compton 90221 (17.6%), Compton 90220 (17.5%), and Lynwood (17.3%). The highest rates of low-income residents are found in Lynwood (47%) and Compton 90221 (44.5%). Lakewood 90712 has the lowest rate of poverty (4.3% of residents), while Long Beach 90808 has the second-lowest rate of poverty-level residents (4.9%), and the lowest rate of low-income residents (10.8%).

### Poverty Levels, <100% FPL and <200% FPL, by ZIP Code

	<b>ZIP Code</b>	<b>&lt;100% FPL</b>	<b>&lt;200% FPL</b>
Artesia	90701	8.9%	28.3%
Bellflower	90706	13.2%	35.1%
Cerritos	90703	6.1%	13.0%
Compton	90220	17.5%	39.1%
Compton	90221	17.6%	44.5%
Downey	90241	9.4%	25.6%
Downey	90242	9.3%	24.4%
Lakewood	90712	4.3%	12.9%
Lakewood	90713	5.7%	11.8%
Lakewood	90715	7.8%	23.5%
Long Beach	90805	19.4%	39.5%
Long Beach	90807	8.0%	22.5%
Long Beach	90808	4.9%	10.8%
Lynwood	90262	17.3%	47.0%
Norwalk	90650	9.8%	26.5%

	ZIP Code	<100% FPL	<200% FPL
Paramount	90723	13.3%	39.5%
<b>UCI Health - Lakewood Service Area</b>		<b>12.1%</b>	<b>30.3%</b>
<b>Los Angeles County</b>		<b>13.6%</b>	<b>31.1%</b>
<b>California</b>		<b>12.0%</b>	<b>27.5%</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, S1701. <http://data.census.gov/>

In the service area, 16% of children, younger than age 18, and 11% of senior adults, ages 65 and older, are living in poverty, as are 25.6% of female heads-of-household (HoH), living with their own children, under the age of 18. Lynwood (26.5%) and Long Beach 90805 (26.1%) have the highest rates of poverty among children. Compton 90221 has the highest rate of poverty among senior adults (21.2%). Paramount has the highest rate of poverty among female HoH, living with their own children under the age of 18 (36%).

#### Poverty Levels of Children, under Age 18; Senior Adults, Ages 65+, and Female HoH

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Artesia	90701	13.7%	5.7%	10.9%
Bellflower	90706	17.4%	15.1%	20.5%
Cerritos	90703	5.2%	5.7%	14.7%
Compton	90220	22.9%	17.0%	33.9%
Compton	90221	23.4%	21.2%	32.9%
Downey	90241	11.3%	7.5%	28.1%
Downey	90242	11.4%	8.4%	21.6%
Lakewood	90712	4.7%	6.7%	11.3%
Lakewood	90713	5.0%	7.6%	12.0%
Lakewood	90715	9.6%	6.0%	12.5%
Long Beach	90805	26.1%	16.6%	32.2%
Long Beach	90807	2.0%	14.2%	5.5%
Long Beach	90808	4.3%	4.9%	16.0%
Lynwood	90262	26.5%	12.4%	29.6%
Norwalk	90650	11.6%	10.9%	22.0%
Paramount	90723	17.5%	12.9%	36.0%
<b>UCI Health - Lakewood Service Area</b>		<b>16.0%</b>	<b>11.0%</b>	<b>25.6%</b>
<b>Los Angeles County</b>		<b>17.7%</b>	<b>14.2%</b>	<b>29.3%</b>
<b>California</b>		<b>15.1%</b>	<b>11.3%</b>	<b>28.4%</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, S1701 & \*S1702. <http://data.census.gov/>

In the service area, Black or African American residents have the highest rate of poverty (15.4%), followed by those who identify as some Other race (14.9%), and Hispanic or Latino residents (13.5%).

## Poverty Levels, by Race and Ethnicity

	UCI Health - Lakewood Service Area	Los Angeles County	California
Black or African American	15.4%	19.8%	19.1%
Some other race	14.9%	16.6%	15.9%
Hispanic or Latino	13.5%	15.6%	14.7%
American Indian or Alaska Native	12.6%	15.6%	15.7%
Multiracial	11.4%	13.3%	12.3%
White, non-Latino	9.0%	9.8%	8.8%
Asian	7.3%	11.3%	9.7%
Native Hawaiian or Pacific Islander	6.7%	11.0%	13.2%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, S1701. <http://data.census.gov/>

## Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranged from 60.3% of students in the Long Beach Unified and 60.4% in the ABC Unified School Districts, to 96.6% in the Lynwood Unified School District.

## Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
ABC Unified School District	60.4%
Bellflower Unified School District	78.8%
Compton Unified School District	93.1%
Downey Unified School District	68.5%
Long Beach Unified School District	60.3%
Lynwood Unified School District	96.6%
Norwalk-La Mirada Unified School District	71.0%
Paramount Unified School District	94.3%
<b>Los Angeles County</b>	<b>69.2%</b>
<b>California</b>	<b>61.7%</b>

Source: California Department of Education, 2023-2024. <http://data1.cde.ca.gov/dataquest/>

## Community Input – Economic Insecurity

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

- We've seen a noticeable increase in the number of patients requiring housing, social services, drug and rehab support, and mental health issues in the past three years.
- Long Beach is a very diverse community. There are areas where houses are in the million-dollar range. And if you go a couple of blocks down the street, you see people are really struggling. Those who are struggling are usually the communities of color. Long Beach does have a history of redlining. The ZIP Codes that were historically redlined are still struggling economically. The communities that are

disproportionally impacted are the Cambodian community, Black community, and the Hispanic community.

- We have been in discussions to provide a guaranteed income for some seniors. It turns out there is an unintended consequence, where they won't qualify for SSI and CalFresh anymore because that extra money puts them over the income limit. Giving them financial support might help with their housing, but it might take away their Medi-Cal, SSI and CalFresh.
- Health is linked to income. There are challenges with poverty and having to choose between rising housing and food costs, as a result, health care falls to the wayside.
- Wages haven't kept up with the cost of living.
- Needs have gotten greater in the past three years for food, housing, and economic stability.
- We have seen a lot of employees being recruited to hospitals and larger clinics. We've increased our starting wage three times now and it is still hard for us to compete. Post Covid, a lot of the medical providers only want to come in a few days a week and work the rest from home. That has impacted comprehensive care, our bottom line, and our available appointment times.

## Wi-Fi Access

Households with zero, or limited, access to highspeed internet are at a competitive, educational, and health care disadvantage, creating what has become known as a Digital Divide between those who have access and those who do not. This Digital Divide is of particular concern to mobility-limited (i.e., elderly or disabled) households and those individuals who may not have access to linguistically or culturally appropriate care in their area, as Broadband access to providers holds the promise of closing gaps in care. 98.3% of county residents have available Broadband coverage (a minimum of 25/3 Mbps) in their area, and 98.1% have access to 1G of download speed. California ranks 19 out of the 50 U.S. states in terms of Broadband coverage.

## Terrestrial Broadband Internet Coverage

	Percent Broadband Coverage (Download Speed)		
	25+ Mbps	100+ Mbps	1 Gig
Los Angeles County	98.3%	98.3%	98.1%
California	96.1%	96.1%	51.1%

Source: BroadbandNow, 2024 data. <https://broadbandnow.com/California>

98.3% of the county population could access broadband for their households, and 88% chose to do so. Cost was reported to be the main factor affecting unconnected and underconnected households' decisions not to adopt broadband service, while concerns over privacy/security/identity theft, sufficiency of smartphone access, and digital literacy are additional factors. "Underconnected" refers to households that can only connect at

home through a smartphone. Almost half of unconnected and underconnected state residents reported connecting to broadband at other locations (retail stores, friends' or relatives' homes, libraries or schools, and/or work).

### Household Access to Broadband Internet

	Connected	Underconnected (Smartphone access only)	Unconnected
Los Angeles County	88%	2.5%	9.5%

Source: California For All / Broadband For All, 2023 Statewide Digital Equity Survey, Final Report, August 31, 2023.  
<https://broadbandforall.cdt.ca.gov/california-statewide-digital-equity-telephone-survey/>

### Transportation

Among service area workers ages 16 and older, 73.7% drove alone, 11.3% carpooled, 2.5% took public transit to work, and 9.2% worked from home. The average service area commute time was 30.1 minutes, and 47.8% of solo drivers had a commute of at least 30 minutes one-way. It should be noted that this data spans from 2019 to 2023, from pre- to post-Pandemic. As such, it may not be fully reflective of current commuting practices.

### Transportation/Commute to Work

	UCI Health - Lakewood Service Area	Los Angeles County	California
Mean travel time to work (in minutes)	**30.1	30.8	29.0
Drove alone to work	73.7%	66.4%	67.1%
Solo drivers with a long commute*	47.8%	48.9%	41.3%
Carpooled to work	11.3%	9.3%	9.5%
Commuting by public transportation	2.5%	4.2%	3.2%
Walked to work	1.4%	2.4%	2.4%
Worked from home	9.2%	15.2%	15.5%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP03 & \*S0802; defined as >30 min. one way. <https://data.census.gov/> \*\*Weighted average of area means.

### Households

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, there is a need for vacant units – both for sale and for rent – in a well-functioning housing market, to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. (Source: [http://www.freddiemac.com/research/insight/20181205/major\\_challenge\\_to\\_u.s.\\_housing\\_supply.page](http://www.freddiemac.com/research/insight/20181205/major_challenge_to_u.s._housing_supply.page))

In the service area, there are 234,251 households and 240,944 housing units. Over the last five years, the population decreased by 2.9%, but the number of households grew

at a rate of 1.1% (suggesting easing of constraints on housing formation and/or smaller household sizes). The number of housing units shrank by 0.4%, and vacant units decreased by 34.6%, to 2.8% of overall housing stock. Owner-occupied housing units increased by 4.7%, and renter-occupied units decreased by 3.2% from their 2018 levels. The service area has a lower rate of vacancy, and a lower rate of renter-occupied housing, compared to the county.

### Households and Housing Units, and Percent Change

	2018		2023		Percent Change
	Number	Percent	Number	Percent	
Housing units	241,934		240,944		-0.4%
Vacant	10,238	4.2%	6,693	2.8%	-34.6%
Households	231,696		234,251		1.1%
Owner occ.	126,681	54.7%	132,576	56.6%	4.7%
Renter occ.	105,015	45.3%	101,675	43.4%	-3.2%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, DP04. <http://data.census.gov/>

The weighted average of the median household income in the service area is \$91,002. Median household income ranged from \$68,615 in Long Beach 90805 to \$133,300 in Cerritos.

### Median Household Income

	ZIP Code	Households	Median Household Income
Artesia	90701	4,379	\$97,712
Bellflower	90706	23,669	\$77,602
Cerritos	90703	15,869	\$133,300
Compton	90220	13,595	\$77,535
Compton	90221	12,397	\$68,191
Downey	90241	14,481	\$84,375
Downey	90242	12,571	\$83,238
Lakewood	90712	9,997	\$119,246
Lakewood	90713	9,361	\$129,397
Lakewood	90715	6,372	\$94,796
Long Beach	90805	28,256	\$68,615
Long Beach	90807	12,808	\$95,079
Long Beach	90808	14,217	\$131,959
Lynwood	90262	15,130	\$70,507
Norwalk	90650	26,801	\$98,709
Paramount	90723	14,348	\$70,912
<b>UCI Health - Lakewood Service Area</b>		<b>234,251</b>	<b>*\$91,002</b>
<b>Los Angeles County</b>		<b>3,390,254</b>	<b>\$87,760</b>
<b>California</b>		<b>13,434,847</b>	<b>\$96,334</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP03. <http://data.census.gov/> \*Weighted average of the medians.

### Household Overcrowding

Residential crowding has been linked to an increased risk of infection from communicable diseases, a higher prevalence of respiratory ailments, and greater

vulnerability to homelessness among the poor. Residential crowding reflects demographic and socioeconomic conditions. Older-adult immigrant and recent immigrant communities, families with low income, and renter-occupied households are more likely to experience household crowding. A form of residential overcrowding known as “doubling up” – co-residence with family members or friends for economic reasons – is the most commonly reported prior living situation for families and individuals before the onset of homelessness. *Source: Office of Health Equity, Healthy Communities Data and Indicators Project, Housing Overcrowding Narrative, 12/6/2017. [https://healthdata.gov/State/Percent-of-Household-Overcrowding-1-0-persons-per-tqic-be24/about\\_data](https://healthdata.gov/State/Percent-of-Household-Overcrowding-1-0-persons-per-tqic-be24/about_data)*

Housing is defined as overcrowded when there is more than one person per room (PPR) - not per bedroom - of the dwelling; it is considered severely overcrowded when there are more than 1.5 persons per room of the dwelling. Additional measures for analyzing overcrowding that have been investigated include analyzing housing by greater than two persons per bedroom (PPB), or by square feet of dwelling space per person. However, the measure of PPR is generally accepted to be valid, is the most-available measurement, and is the one used by the U.S. Census Department.

In the service area, 9.5% of households live in overcrowded conditions, and an additional 4.9% live in severely overcrowded conditions, for a total of 14.3% of all households being overcrowded. This is an increase from the 13.7% overcrowding recorded five years ago. Compton 90221 is the community with the highest combined rate of overcrowding in the service area (28.4% of all households), followed by Bellflower (26.6%), and Long Beach 90808, where 21.7% of all households live in overcrowded conditions.

#### Overcrowded and Severely Overcrowded Housing, by ZIP Code

	ZIP Codes	Percent of Households with >1 to 1.5 PPR	Percent of Households with >1.5 PPR	Combined Rate of Overcrowding
Artesia	90701	12.7%	6.9%	19.6%
Bellflower	90706	15.1%	11.5%	26.6%
Cerritos	90703	9.3%	3.6%	12.9%
Compton	90220	8.0%	3.6%	11.7%
Compton	90221	19.0%	9.4%	28.4%
Downey	90241	9.9%	5.2%	15.0%
Downey	90242	10.8%	3.2%	14.0%
Lakewood	90712	3.3%	1.4%	4.7%
Lakewood	90713	10.9%	6.2%	17.1%
Lakewood	90715	5.7%	1.0%	6.7%
Long Beach	90805	3.2%	0.4%	3.6%
Long Beach	90807	7.7%	2.1%	9.7%
Long Beach	90808	14.9%	6.7%	21.7%
Lynwood	90262	11.4%	6.8%	18.2%

	ZIP Codes	Percent of Households with >1 to 1.5 PPR	Percent of Households with >1.5 PPR	Combined Rate of Overcrowding
Norwalk	90650	2.6%	1.8%	4.4%
Paramount	90723	0.5%	0.1%	0.7%
<b>UCI Health - Lakewood Service Area</b>		<b>9.5%</b>	<b>4.9%</b>	<b>14.3%</b>
<b>Los Angeles County</b>		<b>6.3%</b>	<b>4.7%</b>	<b>11.0%</b>
<b>California</b>		<b>5.1%</b>	<b>3.1%</b>	<b>8.2%</b>

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, DP04. <http://data.census.gov/>

## Housing Affordability

Safe and affordable housing is an essential component of healthy communities. According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 42.8% of owner and renter occupied households spend 30% or more of their income on housing. The service area ZIP Codes with the highest percentage of households spending 30% or more of their income on housing are Compton 90221 (50.8%), Bellflower (49.2%), and Lynwood (48.9%). Among renters-only, the rates are higher, with 57.9% of service area renter households being cost burdened, as opposed to 31.6% for owner households. Compton 90220 has the highest rate of cost-burdened renters (67.9%), followed by Compton 90221 (61.9%), and Lynwood (60.6%).

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

	ZIP Code	All Households	Owner Households	Renter Households
Artesia	90701	45.4%	38.3%	57.6%
Bellflower	90706	49.2%	40.5%	59.8%
Cerritos	90703	46.6%	34.6%	55.2%
Compton	90220	48.0%	30.6%	67.9%
Compton	90221	50.8%	39.5%	61.9%
Downey	90241	38.7%	30.2%	57.9%
Downey	90242	43.6%	36.3%	52.3%
Lakewood	90712	28.2%	24.5%	39.6%
Lakewood	90713	47.2%	29.2%	58.5%
Lakewood	90715	32.4%	27.5%	47.8%
Long Beach	90805	32.8%	28.5%	58.1%
Long Beach	90807	40.9%	27.1%	55.5%
Long Beach	90808	47.6%	32.2%	59.6%
Lynwood	90262	48.9%	34.1%	60.6%
Norwalk	90650	43.2%	31.9%	58.8%
Paramount	90723	32.0%	29.3%	46.7%
<b>UCI Health - Lakewood Service Area</b>		<b>42.8%</b>	<b>31.6%</b>	<b>57.9%</b>
<b>Los Angeles County</b>		<b>46.8%</b>	<b>34.9%</b>	<b>57.4%</b>
<b>California</b>		<b>41.2%</b>	<b>30.9%</b>	<b>54.7%</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP04. <http://data.census.gov/>

## Households by Type

24.4% of service area households are family households (married or cohabiting couples) with children, under 18 years old, and 5.9% of households are households with a female as head of household (HoH) with children, with no spouse or partner present. 7.3% of area households are senior adults who live alone. Senior adults living alone may be isolated and lack adequate support systems.

### Households, by Type

	Total Households	Family* Households with Children, Under Age 18	Female Head of Household with own Children, Under Age 18	Senior Adults, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
UCI Health - Lakewood Service Area	234,251	24.4%	5.9%	7.3%
Los Angeles County	3,390,254	20.3%	4.6%	9.0%
California	13,434,847	23.0%	4.5%	9.8%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP02. <http://data.census.gov/> \*Family Households refers to married or cohabiting couples with householder's children under 18.

## Homelessness

A point-in-time count of homeless people is conducted annually in Long Beach, to determine how many individuals and families are homeless on a given day and is scheduled to occur on a single night in the third week of January, unless weather does not permit.

The Long Beach Homelessness Continuum of Care (CoC) is not part of the Los Angeles County CoC. Their counts are conducted independently, and counts do not overlap. The Los Angeles Homeless Services Authority (LAHSA) conducts the annual Greater Los Angeles Homeless Count.

Data from the 2024 survey showed a 2.1% decrease in the number of persons in Long Beach experiencing homelessness from 2023 to 2024, and a decrease in the percent of sheltered homelessness. Of the 3,376 unhoused people in Long Beach in 2024, 96.9% were adult individuals, and 3.1% were family members (with at least one child, under 18, and one adult, age 18 and older). More than half (51.4%) of unhoused individuals in Long Beach in 2024 were chronically homeless, 12.3% were survivors of domestic violence, 11.3% were veterans, 34.3% had a serious mental illness, and 28.3% suffered from chronic substance abuse.

## Homeless Subpopulations, 2023 and 2024

	Long Beach		Los Angeles County	
	2023	2024	2023	2024
Count of homeless individuals	3,447	3,376	71,320	71,201
Sheltered individuals	28.0%	27.3%	26.7%	30.5%
Unsheltered individuals	72.0%	72.7%	73.3%	69.5%
Chronically homeless persons	39.4%	51.4%	44.9%	39.6%
Survivor of domestic violence	26.5%	12.3%	34.1%	39.2%
Persons with HIV/AIDS	4.1%	1.3%	2.1%	1.8%
Serious mental illness	34.3%	34.3%	22.2%	22.0%
Substance use disorder	28.1%	28.3%	26.7%	24.2%
Veterans	10.5%	11.3%	5.4%	4.2%
Homeless family members	2.7%	3.1%	14.7%	15.0%
Parenting youth (ages 18 to 24)	0.1%	0.0%	0.7%	N/A
Children of parenting youth	0.2%	0.0%	0.7%	0.8%
Unaccompanied youth (under 18)	0.0%	0.0%	0.1%	0.1%
Transgender/non-conforming/questioning	2.3%	3.8%	2.5%	N/A
*LGBTQ+	11.2%	7.7%	Not asked	Not asked
*Students	7.4%	6.6%	Not asked	Not asked
*Foster care experience	19.0%	19.1%	Not asked	Not asked

Source: U.S. Department of Housing and Urban Development (HUD), 2023 and 2024 Homeless Populations and Subpopulations reports. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports> and \*City of Long Beach, 2023 and 2024 Homeless Counts. <https://www.longbeach.gov/homelessness/annual-homeless-count/>

## Community Input – Housing and Homelessness

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

- For the unhoused who are living on the street, many of them struggle with mental health and substance use issues. A big challenge is the continuum of care for homelessness between LA County, Long Beach and Pasadena. Long Beach is lucky to have a homeless services department bureau. But there are way too many people who need help compared to the number of staff available to accommodate them appropriately.
- People talk about wanting to see homelessness addressed, they want to see improvements, but they protest a shelter near where they live.
- Even though we issue vouchers for housing, we don't have enough money to fully utilize all the vouchers because rents are increasing, and we are having more people in need of the vouchers. If we have 700 vouchers to distribute in a year, we usually max out the funding at 400 and 450 vouchers.
- When the unhoused call for services, the firefighters must go. They may need to be taken to the hospital, and we will have an ambulance transport them. We are seeing more calls from unhoused residents who have been using substances.
- We are seeing an increase in the number of unhoused in the communities we serve.

It seems like they are migrating to other areas from Downtown LA like Paramount, Bellflower, Cerritos, and Artesia.

- People experiencing homelessness have mental health issues and they end up on the street. The hospital becomes a last resort for people who have nowhere else to go.
- Sometimes older adults who are isolated end up in the hospital. If no one knows they are in the hospital, they may fall behind on paying their bills and rent. Or maybe they had to go to a skilled nursing facility after the hospital. Once they are better, they've lost their housing because they weren't paying their bills.
- We had a tsunami of people experiencing homelessness after Covid. We have the chronically homeless, who have been homeless for many years. They're aging in place as they're homeless. We also have some unhoused people who struggle with mental health issues or substance abuse. They may have diminished capacity. We also have the newly unhoused. This is a new homeless population that we are seeing post Covid. We are seeing older adults as well as more families being unhoused. Priority for housing is based on the funder and the program. They set their criteria. Sometimes it is veterans, the chronically homeless, those closest to death. Sometimes it is for a family.
- Hospitals need to work closely with community-based organizations when discharging a patient. Unhoused people should be placed in a shelter, temporary housing, acute care facility, or skilled nursing facility. We need to pay special attention to discharging vulnerable patients.
- Many people are getting priced out of housing as rents continue to rise and folks haven't been able to keep up with those rising costs. It's so traumatic and violent living on the streets and doing what you can to be able to survive. And it feels like the solutions we have are not strong enough. It is an upstream problem.
- We don't have enough housing. Every time there are efforts to build, there is opposition. There is space but not necessarily the will of neighborhoods to be able to build housing that is the scale and density that is needed to give people proper homes.
- We have street medicine services, and we work with people to help them get ready for housing, to qualify, be eligible and get on the list for housing. That requires documentation. Sometimes they are older and don't have their birth certificate anymore. A big barrier is getting people living on the streets the documents needed to qualify for housing.
- About 60% of the youth we work with, once they are emancipated from the foster system, end up homeless at some point in their lives.

## Public Program Participation

In SPA 8, 43.8% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while only 28.9% of low-income residents utilized food stamps. WIC benefits were more-readily accessed, by 56.4% of SPA 8 children, 6 years and younger. Only 6.5% of SPA 8 low-income residents are TANF/CalWORKs recipients. 16.2% of SPA 6 adult immigrants, 8.8% of those in SPA 7, and 8.6% in SPA 8 indicated there had been a time in the past year when they avoided government benefits due to a concern about disqualifying themselves or a family member from a green card or citizenship. 17% of adult immigrants in SPA 8, 16.8% in SPA 6 and 11.9% in SPA 7 indicated they were asked to provide a Social Security Number or other proof of citizenship within the past year to obtain medical services or school enrollment.

### Public Program Participation, Population < 200% FPL

	SPA 6	SPA 7	SPA 8	Los Angeles County
Not able to afford food	45.2%	39.1%	43.8%	41.7%
Food stamp recipients	39.6%	27.1%	28.9%	30.2%
WIC usage among children, 6 years and younger	49.2%	63.1%	56.4%	49.4%
TANF/CalWORKs recipients	19.4%	9.1%	6.5%	10.2%
Avoided government benefits (asked of all immigrants, regardless of income), past year, due to concerns over green card disqualification for self or a family member	16.2%	8.8%	8.6%	10.4%
Immigrant adult was asked to provide SSN or proof of citizenship in order to get medical services or enroll in school in the past year	16.8%	11.9%	17.0%	16.0%

Source: California Health Interview Survey, 2019-2023, pooled. <http://ask.chis.ucla.edu/>

In the service area, 6.8% of residents lived in households which received SSI benefits, 5% in households receiving cash public assistance income, and 14.7% in households receiving food stamp benefits.

### Household Supportive Benefits

	UCI Health - Lakewood Service Area	Los Angeles County	California
<b>Total households</b>	<b>234,251</b>	<b>3,390,254</b>	<b>13,434,847</b>
Supplemental Security Income (SSI)	6.8%	6.6%	5.9%
Cash Public Assistance	5.0%	4.5%	3.8%
Food Stamps/SNAP	14.7%	13.0%	11.4%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP03. <http://data.census.gov>

## Community Input – Food Insecurity

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

- We are seeing more food banks in the community and more need. Economic insecurity is tied to that. When people need to go to a food bank to eat, then there is an economic disparity somewhere.
- In certain ZIP Codes in Long Beach, we have food deserts. So, there is not a lot of access to nutritional foods. There is more access to fast foods, and foods that have low nutritional value. It is convenient, fast and easy. This leads to obesity.
- When you're struggling financially, you're not going to eat as many fresh fruits and vegetables. You're going to eat stuff that's kind of like fillers and a lot of time that's a lot of carbs. And carbs lead to weight gain.

## Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 22.6% of adults, 25 and older, lack a high school diploma, which is higher than the county (19.3%) and state (15.4%) rates. 24.7% of area adults have a bachelor's degree or higher, which is lower than the county (35.5%) and state (36.5%) rates.

### Education Levels, Population 25 Years and Older

	UCI Health - Lakewood Service Area	Los Angeles County	California
<b>Population 25 years and older</b>	<b>534,990</b>	<b>6,911,969</b>	<b>26,941,198</b>
Less than 9 <sup>th</sup> grade	13.5%	11.6%	8.7%
9 <sup>th</sup> to 12 <sup>th</sup> grade, no diploma	9.2%	7.7%	6.7%
High school graduate	24.3%	20.3%	20.4%
Some college, no degree	20.5%	17.9%	19.8%
Associate's degree	7.8%	7.0%	7.9%
Bachelor's degree	16.8%	22.8%	22.4%
Graduate/professional degree	7.9%	12.7%	14.1%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP02. <http://data.census.gov/>

## High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9<sup>th</sup> grade. The Healthy People 2030 objective for graduation is 90.7%. Graduation rates ranged from 83.2% in the Long Beach Unified School District to 95.7% in the Downey Unified School District. In addition to Long Beach Unified, Lynwood Unified (85.2%) and Bellflower Unified (90.4%) do not meet the objective.

### High School Graduation Rates, Four-Year Cohorts, 2023-2024

	Graduation Rate
ABC Unified School District	94.9%
Bellflower Unified School District	90.4%
Compton Unified School District	92.8%
Downey Unified School District	95.7%
Long Beach Unified School District	83.2%
Lynwood Unified School District	85.2%

	Graduation Rate
Norwalk-La Mirada Unified School District	93.3%
Paramount Unified School District	90.9%
<b>Los Angeles County</b>	<b>89.5%</b>
<b>California</b>	<b>90.2%</b>

Source: California Department of Education, 2024. <https://data1.cde.ca.gov/dataquest/> Note: Charter Schools data are not included

Differences are seen in rates of high school graduation when examined by race and ethnicity of the students. African American students had the lowest four-year graduation rates at the county level, followed by American Indian or Alaska Native students, Pacific Islander students, and then Hispanic or Latino students. Filipino and Asian students had the highest graduation rates at the county level.

### Safe Parks or Playgrounds

81.9% of Los Angeles County parents of children, ages 1 to 11, indicated that the park or playground closest to where they live is safe during the daytime. Area rates are highest in SPA 8 (86.5%) and lowest in SPA 6 (61.7%) communities.

#### Safe Park or Playground, Children 1 to 11

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Park or playground nearest to home is safe during the daytime	61.7%	78.4%	86.5%	81.9%	87.2%

Source: California Health Interview Survey, 2021-2023; <http://ask.chis.ucla.edu/>

### Crime and Violence

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

Safe neighborhoods are a key component of physical and mental health. Among SPA 8 adults, 74.1% perceived their neighborhoods to be safe from crime, 26.2% reported having something stolen or damaged either inside or outside of their home, and 4.7% reported having been mugged, punched/hit, or shot in their neighborhood. For SPA 6 residents, 52.8% perceive their neighborhood as safe, 30.1% have been robbed or had their property vandalized, and 9.6% of respondents had been assaulted in their neighborhood.

#### Perceived Safe, Robbed, Vandalized, Assaulted in Neighborhood, by Demographics

	Perceived Safe	Robbed or Vandalized	Assaulted in Neighborhood
Transgender male	83.4%	*11.6%	**
Gender non-binary/non-conforming/Queer	77.6%	31.7%	*3.8%
Male	76.4%	23.4%	5.1%
Female	72.2%	22.9%	5.0%

	Perceived Safe	Robbed or Vandalized	Assaulted in Neighborhood
Prefer not to state	70.3%	23.7%	*5.7%
Transgender female	67.3%	*46.0%	**
Heterosexual	75.2%	22.6%	4.7%
Gay or lesbian	73.6%	24.3%	4.8%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	72.9%	29.4%	5.9%
18 to 24 years old	75.2%	23.3%	3.8%
25 to 29 years old	69.3%	31.4%	7.6%
30 to 39 years old	71.9%	26.0%	5.6%
40 to 49 years old	71.1%	22.8%	7.2%
50 to 59 years old	72.6%	24.6%	4.4%
60 to 64 years old	76.2%	21.8%	4.6%
65 or older	82.1%	16.0%	3.0%
Asian, non-Hispanic	82.7%	18.9%	3.7%
White, non-Hispanic	81.0%	20.9%	3.2%
Multiracial or Other Race, non-Hispanic	77.7%	25.6%	7.8%
Black or African American, non-Hispanic	70.1%	19.7%	5.1%
Hispanic or Latinx	68.2%	26.5%	6.4%
Native Hawaiian or Pacific Islander, non-Hispanic	66.4%	*27.7%	**
American Indian or Alaska Native, non-Hispanic	64.3%	*20.5%	**
Less than high school	64.5%	24.6%	7.0%
High School	70.3%	25.1%	5.3%
Some college or trade school	75.4%	22.7%	5.5%
College or post-graduate degree	81.6%	21.5%	3.4%
0 - 99% FPL	61.3%	26.9%	9.9%
100% - 199% FPL	68.9%	26.0%	7.3%
200% - 299% FPL	71.7%	24.8%	4.6%
300% or above FPL	81.0%	20.4%	2.8%
Disabled	68.2%	29.1%	7.9%
Not disabled	76.7%	20.7%	3.9%
Bellflower Health District	79.6%	16.6%	*2.7%
Compton Health District	61.4%	15.7%	*5.9%
Long Beach Health District	64.2%	34.3%	5.5%
<b>SPA 6</b>	<b>52.8%</b>	<b>30.1%</b>	<b>9.6%</b>
<b>SPA 7</b>	<b>76.2%</b>	<b>20.2%</b>	<b>4.5%</b>
<b>SPA 8</b>	<b>74.1%</b>	<b>26.2%</b>	<b>4.7%</b>
<b>Los Angeles County</b>	<b>74.3%</b>	<b>23.2%</b>	<b>5.0%</b>

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. \*Statistically unstable due to small sample size; \*\*Suppressed due to small sample size  
<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm>

When adults and teens in SPA 6 were asked about neighborhood cohesion, 63.3% of adult residents agreed their neighborhood felt safe most or all the time, neighbors were willing to help (67.6%), and people in their neighborhood could be trusted (59.9%). Most teens (75.5%) felt safe most or all the time, and that people in the neighborhood were willing to help (79.1%) and could be trusted (64%).

## Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	SPA 6	SPA 7	SPA 8	Los Angeles County
Feels safe all or most of time	63.3%	81.2%	84.1%	81.2%
People in neighborhood are willing to help	67.6%	75.9%	83.7%	77.6%
People in neighborhood can be trusted	59.9%	72.4%	77.7%	74.6%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

## Neighborhood Cohesion, Teens Ages 12-17, Who Agree or Strongly Agree

	SPA 6	SPA 7	SPA 8	Los Angeles County
Feels safe all or most of the time	75.5%	80.6%	82.5%	80.7%
People in neighborhood are willing to help	*79.1%	93.1%	82.9%	85.0%
People in neighborhood can be trusted	64.0%	83.4%	86.5%	78.6%

Source: California Health Interview Survey, 2019-2023, pooled. \*Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

## Intimate Partner Violence

In area SPAs, the highest rates of physical violence (hit, slapped, pushed, kicked, etc.) at the hands of an intimate partner were reported by women in SPA 8 (12.5%), followed by women in SPA 7 (11.6%). The highest rates of having experienced sexual violence (unwanted sex) by an intimate partner were also reported by women in SPA 8 (9.4%), followed by women in SPA 7 (7.1%). Men in SPA 8 experienced higher rates of both forms of intimate partner violence than the county average.

## Intimate Partner Violence

	SPA 6	SPA 7	SPA 8	Los Angeles County
Women have experienced physical violence	10.9%	11.6%	12.5%	11.5%
Women have experienced sexual violence	6.6%	7.1%	9.4%	8.8%
Men have experienced physical violence	3.2%	4.4%	7.2%	5.7%
Men have experienced sexual violence	*0.7%	*1.1%	*2.7%	1.6%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm> \*Statistically unstable due to sample size

When examined by demographics, physical and sexual violence in Los Angeles County is higher among individuals who identify as gender non-binary/non-conforming/Queer, and among women who identify as lesbian or bisexual+ than among men who identify as gender conforming, particularly heterosexual men. Physical violence is highest among adults, ages 30 to 64, while sexual violence is highest among adults, ages 18 to 49. Physical and sexual violence are highest among multiracial residents, and lowest among Asian residents. Physical and sexual violence from intimate partners is higher among disabled than non-disabled county residents.

## Physical and Sexual Intimate Partner Violence, Los Angeles County, by Demographics

	Physical Violence	Sexual Violence
Male	5.7%	1.6%
Female	11.5%	8.8%
Gender non-binary/non-conforming/Queer	27.4%	34.8%
Prefer not to state	8.3%	*6.7%
Bisexual+ (bi/pan/fluid/flexible/queer) women	22.0%	29.3%
Lesbian women	14.3%	*8.6%
Heterosexual women	11.2%	8.0%
Bisexual+ (bi/pan/fluid/flexible/queer) men	*13.1%	*6.4%
Gay men	11.8%	6.7%
Heterosexual men	5.2%	0.9%
18 to 24 years old	5.2%	6.2%
25 to 29 years old	7.2%	5.7%
30 to 39 years old	10.2%	6.2%
40 to 49 years old	10.9%	7.0%
50 to 59 years old	9.3%	5.2%
60 to 64 years old	9.6%	4.0%
65 or older	7.5%	3.6%
Multiracial or Other Race, non-Hispanic	16.8%	14.4%
Black or African American, non-Hispanic	11.0%	4.9%
White, non-Hispanic	10.3%	6.8%
Hispanic or Latinx	8.2%	4.9%
Asian, non-Hispanic	4.7%	3.3%
American Indian or Alaska Native, non-Hispanic	**	**
Native Hawaiian or Pacific Islander, non-Hispanic	**	**
Disabled	14.7%	9.5%
Not disabled	6.3%	3.8%
Bellflower Health District	9.4%	5.6%
Compton Health District	*8.6%	**
Long Beach Health District	11.8%	11.0%
<b>SPA 6</b>	<b>7.1%</b>	<b>3.9%</b>
<b>SPA 7</b>	<b>8.1%</b>	<b>4.2%</b>
<b>SPA 8</b>	<b>10.1%</b>	<b>6.9%</b>
<b>Los Angeles County</b>	<b>8.7%</b>	<b>5.5%</b>

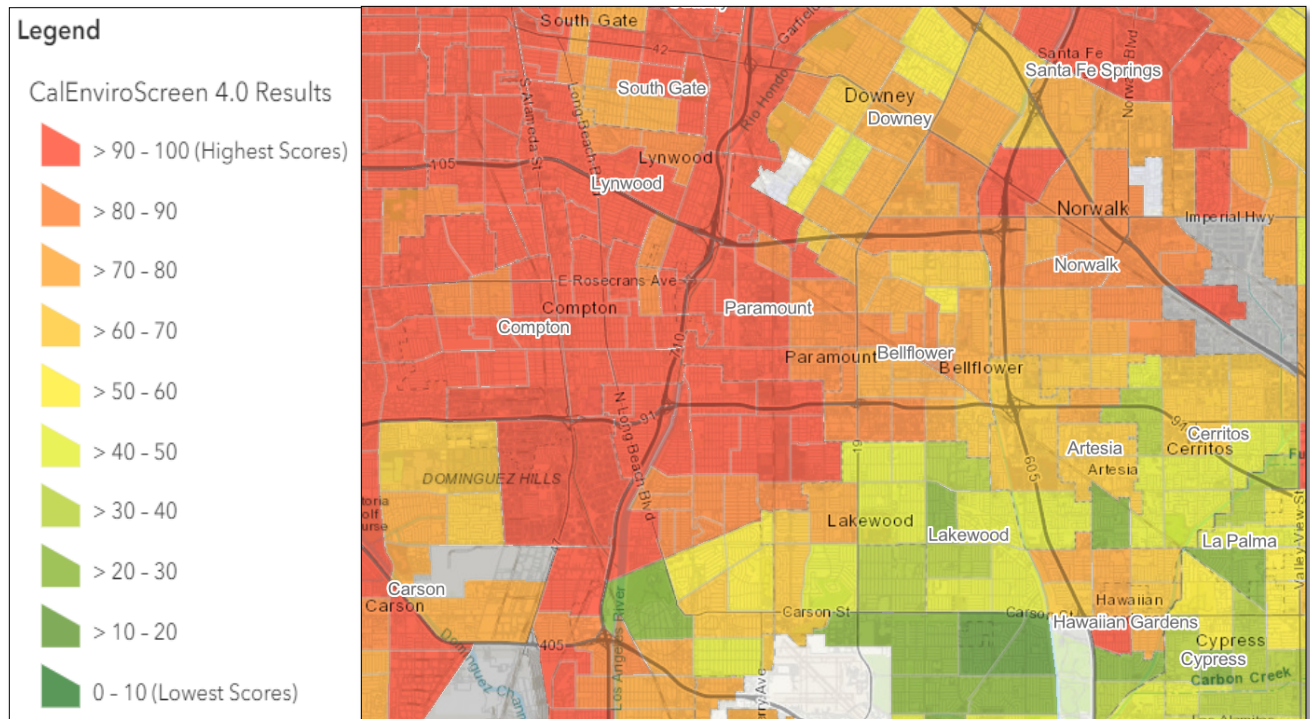
Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm> \*Statistically unstable due to small sample size; \*\*Suppressed due to small sample size

## Environmental Health

The California Communities Environmental Health Screening Tool: CalEnviroScreen 4.0 is a screening methodology that can be used to help identify California communities that are disproportionately burdened by multiple sources of pollution. The model includes two components representing Pollution Burden: Exposures and Environmental Effects, and two components representing Population Characteristics: Sensitive Populations (in terms of health status and age) and Socioeconomic Factors. Census tracts across California are ranked from the lowest possible score of 0 up to the highest possible

score of 100, and then maps are created to help visualize the data.

Among the census tracts in the service area, those in the northern and western areas, belong to the top 10<sup>th</sup> (red), 20<sup>th</sup> (dark orange), 30<sup>th</sup> (orange), or 40<sup>th</sup> (light orange) percentiles of highest-burdened California tracts. Some of the tracts on the southeast side of the service area (Cypress, Lakewood, Long Beach 90807 and 90808) belong to the bottom percentiles of lowest-burdened tracts (shades of green). Areas that are shaded grey are high-pollution but low-population areas.



Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021.  
<https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40>

## Access to Health Care

### Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective is for 92.4% of the population to have health insurance coverage. 90.4% of the civilian, non-institutionalized population in the service area has health insurance. Lakewood 90713 and Long Beach 90808 have the highest health insurance rates (97.1%), and Lynwood (84.4%) and Compton 90221 (84.9%) have the lowest rates of health insurance in the service area. 95.2% of children, ages 18 and younger, have health insurance coverage. Downey 90241 has the highest rate of health insurance coverage among children (99.1%), and Lynwood (92.6%) and Long Beach 90807 (92.9%) have the lowest percentage of children with health insurance. Among adults, ages 19-64, 86.8% have health insurance. Lakewood 90713 has the highest insurance rate among adults (96.1%), and Compton 90221 (79%), Lynwood (79.1%) and Paramount (79.6%) have the lowest health insurance rates among adults. 98.1% of senior adults (ages 65 and older) have health insurance coverage.

### Health Insurance Coverage, by Age Group

	ZIP Code	All Ages	Ages 0 to 18	Ages 19 to 64	Ages 65 and Older
Artesia	90701	91.9%	96.4%	88.7%	97.9%
Bellflower	90706	91.2%	95.4%	88.4%	97.9%
Cerritos	90703	96.2%	94.9%	95.0%	99.7%
Compton	90220	88.3%	96.1%	82.6%	97.0%
Compton	90221	84.9%	93.5%	79.0%	96.6%
Downey	90241	91.9%	99.1%	87.7%	99.5%
Downey	90242	91.7%	93.7%	89.5%	97.8%
Lakewood	90712	95.1%	97.5%	93.1%	99.6%
Lakewood	90713	97.1%	98.6%	96.1%	99.3%
Lakewood	90715	92.4%	95.5%	89.9%	99.2%
Long Beach	90805	88.2%	93.2%	84.6%	97.7%
Long Beach	90807	93.5%	92.9%	92.4%	98.5%
Long Beach	90808	97.1%	98.6%	95.6%	99.9%
Lynwood	90262	84.4%	92.6%	79.1%	96.1%
Norwalk	90650	90.4%	96.5%	86.7%	96.9%
Paramount	90723	85.3%	94.3%	79.6%	97.3%
<b>UCI Health - Lakewood Service Area</b>		<b>90.4%</b>	<b>95.2%</b>	<b>86.8%</b>	<b>98.1%</b>
<b>Los Angeles County</b>		<b>91.3%</b>	<b>96.5%</b>	<b>87.9%</b>	<b>98.4%</b>
<b>California</b>		<b>93.1%</b>	<b>96.6%</b>	<b>90.2%</b>	<b>98.9%</b>

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, S2701. <http://data.census.gov/>

When insurance coverage was examined by SPA, 40% of SPA 6, 29.8% of SPA 7, and 23.3% of SPA 8 residents have Medi-Cal coverage. 33.5% of SPA 6, 43.1% of SPA 7 and 49% of SPA 8 residents have employment-based insurance.

## Insurance Coverage, by Type

	SPA 6	SPA 7	SPA 8	Los Angeles County
Medi-Cal	40.0%	29.8%	23.3%	26.1%
Medicare only	1.5%	1.4%	2.0%	1.5%
Medi-Cal/Medicare	7.3%	5.2%	3.7%	4.8%
Medicare and others	5.1%	7.6%	12.7%	10.1%
Other public	0.9%	0.8%	0.5%	0.8%
Employment based	33.5%	43.1%	49.0%	45.4%
Private purchase	1.8%	3.9%	2.8%	4.5%
No insurance	9.9%	8.2%	6.1%	6.9%

Source: California Health Interview Survey, 2021-2023. <http://ask.chis.ucla.edu/>

54.1% of SPA 8 adults, 67.6% in SPA 7, and 75.8% in SPA 6 reported that it was very difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO).

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

	SPA 6	SPA 7	SPA 8	Los Angeles County
Very difficult	*75.8%	67.6%	54.1%	49.9%
Somewhat difficult	*5.9%	*24.5%	24.1%	24.0%
Not too difficult	*12.7%	*7.9%	*9.7%	14.3%
Not at all difficult	*5.6%	*0.0%	*12.1%	11.8%

Source: California Health Interview Survey, 2020-2023, pooled. \*Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

76.9% of SPA 6 adults, 63.4% of SPA 7 adults, and 61.1% of SPA 8 adults indicated it was difficult or very difficult to find an affordable plan through Covered California.

## Difficulty Finding Affordable Health Insurance Plan - Covered California, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Very difficult	48.1%	41.1%	41.9%	34.1%
Somewhat difficult	28.8%	22.3%	19.2%	31.3%
Not too difficult	15.7%	19.4%	30.9%	23.1%
Not at all difficult	7.4%	17.2%	8.1%	11.5%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

When examined by race and ethnicity, there are differences in the rate of health insurance coverage. The lowest rate of health insurance coverage is seen among those who identify as Other race (86.2%), followed by Hispanic residents (87.4%), and multiracial residents (89.5%). Service area coverage for children is 95.2%. The lowest rate of coverage is among children who were identified as Other race (93.7%), followed by AIAN children (94%) and Hispanic children (94.7%). Among adults, ages 19 to 64, the lowest rate of health insurance coverage is found among adults who identify as Other race (81.9%), followed by Hispanic adults (82.9%), multiracial adults (84.8%), and NHPI adults (86.5%). The lowest rate of health insurance coverage among service area

senior adults, ages 65 and older, is found among Other race senior adults (94.9%), followed by Hispanic senior adults (96.3%) and AIAN senior adults (96.9%).

### Health Insurance, by Race and Ethnicity, and by Age Group

	Total Population	Children, Under Age 19	Adults, Ages 19-64	Senior Adults, 65 and Older
Non-Hispanic White	96.3%	97.1%	94.6%	99.6%
Asian	94.6%	95.9%	92.6%	99.1%
Black or African American	93.9%	95.7%	92.1%	98.9%
Native Hawaiian or Pacific Islander	90.8%	100.0%	86.5%	100.0%
American Indian or Alaska Native	90.5%	94.0%	88.2%	96.9%
Multiracial	89.5%	96.3%	84.8%	97.9%
Hispanic	87.4%	94.7%	82.9%	96.3%
Other race	86.2%	93.7%	81.9%	94.9%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, C27001B thru C27001I. <http://data.census.gov/>

### Regular Source of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. Rates for all age groups are lower in SPA 6. In SPA 7, rates are lower for senior adults. In all area SPAs, adults ages 18 to 64 are the least likely to have a usual source of care.

### Usual Source of Care

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Ages 0 to 17	85.8%	89.9%	90.3%	88.7%	89.3%
Ages 18 to 64	76.0%	77.1%	77.8%	76.8%	79.5%
Ages 65 and older	87.6%	88.0%	92.9%	91.4%	92.8%

Source: California Health Interview Survey, 2019-2023. <http://ask.chis.ucla.edu/>

In SPA 8, AIAN residents are the least likely to have a usual source of care (72.4%). In SPA 7, non-Latino Black or African American residents are the least likely to have a usual source of care (78.8%). Latino residents are the least likely to have a usual source of care in SPA 6 (77.6%).

### Have Usual Source of Care, by Race and Ethnicity, All Ages

	SPA 6	SPA 7	SPA 8	Los Angeles County
White (non-Latino)	86.5%	87.5%	85.8%	86.2%
American Indian or Alaska Native, non-Latino	**	**	*72.4%	84.9%
Black or African American (non-Latino)	86.8%	78.8%	84.0%	84.7%
Asian (non-Latino)	*86.2%	85.5%	85.7%	82.7%
Multiracial (non-Latino)	*87.2%	*82.2%	86.9%	82.6%
Native Hawaiian or Pacific Islander, non-Latino	**	**	**	81.6%
Latino	77.6%	80.8%	80.8%	78.9%
<b>All</b>	<b>80.2%</b>	<b>81.9%</b>	<b>83.5%</b>	<b>81.8%</b>

Source: California Health Interview Survey, 2019-2023. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

\*\*Suppressed due to statistical instability related to insufficient sample size.

## Telehealth

Telehealth connects patients to vital health care services through video conferencing, remote monitoring, electronic consultations, and wireless communications. Among SPA 8 adults, 42.1% received care from a health care provider through telehealth in the prior year. Rates for a telehealth visit were 38.1% in SPA 7, and 37.6% in SPA 6.

### Telehealth, Past Year, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Received care from a health care provider through video or telephone	37.6%	38.1%	42.1%	42.5%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

When asked to rate their most-recent video call experience with a provider compared to an in-person visit, 24.1% of SPA 6 adults, 21.8% of SPA 7 adults, and 18.7% of SPA 8 adults felt it was better than an in-person visit.

### Rating of Most-Recent Video Visit Experience with Provider Compared to In-Person

	SPA 6	SPA 7	SPA 8	Los Angeles County
Much worse	2.6%	4.5%	4.7%	3.8%
Somewhat worse	13.2%	14.1%	17.5%	17.4%
About the same	38.4%	41.7%	42.3%	41.2%
Somewhat better	10.7%	8.8%	10.2%	10.1%
Much better	13.4%	13.0%	8.5%	9.4%
Have not had one	21.6%	17.9%	16.7%	18.1%

Source: California Health Interview Survey, 2021-2022, pooled. <http://ask.chis.ucla.edu/>

## Emergency Room Visits

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. Overall ER usage was highest in SPA 6, where 19.6% of the population, including 16.6% of children, 19.1% of adults, ages 18 to 64, and 27.9% of the population, ages 65 and older had visited the ER in the past year. SPA 7 had the highest rate of ER visits among poverty-level residents (28.4%), and SPA 8 had the highest rate among low-income residents (25.2%).

### Use of Emergency Room

	SPA 6	SPA 7	SPA 8	Los Angeles County
Visited ER in last 12 months	19.6%	17.4%	13.2%	16.6%
0-17 years old	16.6%	12.3%	11.1%	14.1%
18-64 years old	19.1%	18.3%	13.0%	16.6%
65 and older	27.9%	22.0%	16.6%	19.9%
<100% of poverty level	20.6%	28.4%	12.0%	22.2%
≥ 100% to <200% of poverty level	22.7%	14.4%	25.2%	19.0%

Source: California Health Interview Survey, 2021-2023. <http://ask.chis.ucla.edu/>

## Difficulty Accessing Care

A delay in care can lead to an increased risk of health care complications. In the prior 12 months, 25.7% of SPA 8 adults, 18.8% of SPA 7 adults, and 18.4% of SPA 6 adults indicated they were always able to get a doctor's appointment within two days for sickness or injury. 20.5% of adults in SPA 8, 27.2% in SPA 7, and 21.7% in SPA 6 were never able to get an appointment within two days.

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

	SPA 6	SPA 7	SPA 8	Los Angeles County
Always able	18.4%	18.8%	25.7%	19.8%
Usually able	30.0%	26.3%	25.8%	26.4%
Sometimes able	29.8%	27.8%	28.0%	30.6%
Never able	21.7%	27.2%	20.5%	19.8%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

8.6% of SPA 6 adults, 9.7% of SPA 7 adults, and 8% of SPA 8 adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 7.1% of SPA 6 adults, 5.6% of SPA 7 adults, and 4.8% of SPA 8 adults had been told by a primary care physician's office that their insurance would not be accepted.

24.3% of SPA 6 adults, 19.1% of SPA 7 adults, and 15.8% of SPA 8 adults had difficulty finding specialist care.

### Difficulty Accessing Care in the Past Year, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Reported difficulty finding primary care	8.6%	9.7%	8.0%	10.3%
Reported difficulty finding specialist care	24.3%	19.1%	15.8%	20.2%
Primary care doctor not accepting their insurance	7.1%	5.6%	4.8%	6.3%
Specialist not accepting their insurance	12.2%	11.0%	9.4%	12.0%

Source: California Health Interview Survey, 2021-2023. <http://ask.chis.ucla.edu/>

## Delayed or Forgone Care

13.7% of SPA 8 residents delayed or did not get medical care when needed. 7.2% of the population in SPA 8, 7.4% in SPA 6, and 6.9% in SPA 7 had to forgo needed care. These rates are higher than the Healthy People 2030 objective of 5.9% of the population who forgo care. SPA 7 residents showed a higher rate of delayed and unfilled prescriptions (8.5%) than SPA 8 (7.7%), or SPA 6 (7.5%).

### Delayed Care in Past 12 Months, All Ages

	SPA 6	SPA 7	SPA 8	Los Angeles County
Delayed or did not get medical care	12.9%	13.1%	13.7%	16.3%
Had to forgo needed medical care	7.4%	6.9%	7.2%	8.6%
Delayed or did not get prescription meds	7.5%	8.5%	7.7%	9.1%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

Among SPA 8 residents who delayed or did not get care, 24.6% attributed it to cost, lack of insurance, or issues with insurance. 32.1% of SPA 7 residents and 33.9% of SPA 6 residents attributed the delay to cost, lack of insurance or insurance issues.

### Reason for Delayed Care, All Ages

	SPA 6	SPA 7	SPA 8	Los Angeles County
Cost, lack of insurance or other insurance issue	33.9%	32.1%	24.6%	28.7%
Health care system/provider issues and barriers	33.7%	34.0%	33.6%	30.6%
Personal and other reasons	26.3%	24.1%	27.4%	28.6%
COVID-19	6.1%	9.8%	14.4%	12.2%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

### Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)<sup>1</sup>, 31% of the population in the service area is low-income (200% of Federal Poverty Level) and 12% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area,

Even with Section 330 funded Community Health Centers serving the area, there are low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 98,345 patients in the service area, which equates to 39.9% penetration among low-income patients and 12.2% penetration among the total population. From 2021-2023, the Community Health Center providers increased the number of patients they provided care to in the service area by 13.6%. Despite this, there remain 148,358 low-income residents, 60.1% of the population at or below 200% FPL, who are not served by an FQHC.

<sup>1</sup> The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

## Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Penetration Among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
246,703	98,345	39.9%	12.2%	148,358	60.1%

Source: Health Center Program GeoCare Navigator, 2024, 2018-2022 population numbers. <https://geocarenavigator.hrsa.gov/>

## Dental Care

Oral health is essential to a person's overall health and well-being. In SPA 6, 7.4% of children and 39.1% of adults lack dental insurance. In SPA 7, 5.1% of children and 33.8% of adults lack dental insurance. In SPA 8, 5.7% of children and 32.3% of adults lack dental insurance.

## Dental Insurance

	SPA 6	SPA 7	SPA 8	Los Angeles County
Children without dental insurance	7.4%	5.1%	5.7%	6.6%
Adults without dental insurance	39.1%	33.8%	32.3%	32.5%

Source: California Health Interview Survey, 2020-2022, pooled.

15.9% of children, ages 3 to 11, in SPA 8, 13.3% in SPA 7, and 11.2% in SPA 6 have never been to a dentist. In the prior year, 9.5% of children in SPA 8, 8.7% in SPA 6, and 7.6% in SPA 7, needed dental care and did not receive it due to cost. Teen data is based on smaller sample sizes than children's data and should be interpreted with greater caution.

## Time Since Last Dental Visit, Children, Ages 3-11

	SPA 6	SPA 7	SPA 8	Los Angeles County
Never been to the dentist	11.2%	13.3%	15.9%	13.7%
Visited dentist < 6 months ago	72.0%	64.4%	65.3%	67.2%
Visited dentist > 6 months to 1 year ago	11.7%	15.8%	15.2%	14.3%
Visited dentist > 1 to 2 years ago	3.5%	5.8%	3.3%	3.7%
Visited dentist > 2 to 5 years ago	*1.7%	*0.5%	*0.3%	1.1%
Visited dentist more than 5 years ago	*0.0%	*0.2%		0.0%
Parent could not afford needed dental care for child	8.7%	7.6%	9.5%	7.4%

Source: California Health Interview Survey, 2020-2023 pooled. \*Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

## Time Since Last Dental Visit, Teens, Ages 12-17

	SPA 6	SPA 7	SPA 8	Los Angeles County
Never been to the dentist	*2.2%	*0.6%	**	0.6%
Visited dentist < 6 months ago	55.9%	62.1%	73.0%	68.1%
Visited dentist > 6 months to 1 year ago	27.6%	26.7%	17.1%	18.9%

	SPA 6	SPA 7	SPA 8	Los Angeles County
Visited dentist > 1 to 2 years ago	≤ *11.3%	4.9%	< *9.9%	6.7%
Visited dentist > 2 to 5 years ago		*4.5%		3.8%
Visited dentist more than 5 years ago	*3.0%	*1.2%		1.8%

Source: California Health Interview Survey, 2020-2023 pooled. \*Statistically unstable due to sample size. \*\*Suppressed due to instability related to small sample size. <http://ask.chis.ucla.edu/>

70.4% of SPA 8 adults described the condition of their teeth as ‘good’, ‘very good’, or ‘excellent’ compared to 56.4% in SPA 6 and 65.6% in SPA 7. 6.9% of SPA 8 residents have not been to a dentist in the past five years, compared to 10.6% of adults in SPA 6 and 8.2% in SPA 7.

### Dental Care, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Condition of teeth: good to excellent †	56.4%	65.6%	70.4%	68.8%
Condition of teeth: fair to poor †	40.4%	32.8%	27.6%	29.4%
Condition of teeth: has no natural teeth †	3.1%	1.6%	2.0%	1.8%
Never been to a dentist	3.9%	3.2%	2.4%	2.6%
Visited dentist < 6 months to two years	72.9%	76.2%	80.8%	79.0%
Visited dentist more than 5 years ago	10.6%	8.2%	6.9%	2.6%

Source: California Health Interview Survey, 2021-2023 or †2020-2022, pooled. <http://ask.chis.ucla.edu/>

### Community Input – Access to Health Care

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

- Lakewood is an underserved community in terms of the payor mix. They have managed HMO Medi-Cal patients. Sometimes they have difficulty getting referrals back to their primary care physician or a subspecialty physician in a timely manner. Hospitals have specialists they utilize, but there are not enough of them.
- We sometimes have undocumented families who aren’t receiving any kind of medical care or dental care.
- When you look at different groups in Long Beach, there is a Cambodian health center, there is an LGBT health center. But you will not find one dedicated just for Black health in Long Beach. A lot of good work came because of the death of George Floyd. A lot of progress has been made in terms of racial health equity. Many programs were established, but one thing I have yet to see is a dedicated space where our Black residents can receive the care they need. There is no Black health center.
- Some people do not have health insurance. They will call 911 and use the emergency system as their form of health care. We are obliged to respond, transport

them and we can't turn them away.

- With CalAIM and transportation services, there is a missed opportunity. It should be on demand. Instead, you must call 48 hours in advance, sometimes they only go to the curb, or a corner. It just creates unnecessary barriers. The result is missing appointments.
- If English isn't your first language or you don't have stable income or a steady job, it is difficult to navigate the health care system. Even minor issues become difficult to manage. Also, the cost of medications makes it difficult to maintain your health. You have to be your own advocate to access care. Not everyone is comfortable in that role.
- With a lot of people, they continue to use the ED as their regular form of care. There is a gap in collaborative work between the hospital and the community clinics. We try to do a lot of preventive work and not have our patients visit the ED so often.
- With recent closures of hospitals in the community, it takes longer to access care, especially in the ED. People's experience coming to the hospital is not always positive because they feel they had to wait a long time. It also takes a toll on our staff when it's so busy. When these other facilities closed, there wasn't anything that replaced them, so it puts a strain on the remaining services.
- We regularly hear people say they are accessing urgent care or the ED regularly because they can't access health care appointments when they need them. Or they can't get an appointment for 1.5 months. So, they have no choice but to access the ED.

## Birth Characteristics

### Births

From 2018 to 2022, there were, on average, 8,910 births per year in the service area.

### Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 509.8 per 1,000 live births, which is higher than the county (395.4 per 1,000 live births) and state (370 per 1,000 live births) rates.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	4,542	509.8	395.4	370.0

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

### Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 3.6% of total births. This rate was higher than the county (3.2% of total births), and state rate (3.3%).

#### Births to Teen Mothers (Under Age 20), Rate per 1,000 Live Births

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Births to teen mothers	322	36.1	31.6	33.0

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

### Prenatal Care

Among pregnant women in the service area, 12.7% (126.7 per 1,000 live births) entered prenatal care after the first trimester. This equates to 87.3% of pregnant women starting prenatal care during the first trimester.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Late prenatal care	1,129	126.7	134.0	140.8

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

## Premature Birth

The rate of premature births (occurring before the start of the 38<sup>th</sup> week of gestation) in the service area was 89.2 per 1,000 live births.

### Premature Birth, before Start of 38<sup>th</sup> Week or Unknown, Rate per 1,000 Live Births

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Premature birth	795	89.2	92.3	89.4

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

## Low Birth Weight

Babies born at a low birth weight (<2,500g) are at higher risk for disease, disability, and possible death. The service area rate of low-birth weight babies was 72.5 per 1,000 live births.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Low birth weight	646	72.5	74.7	71.4

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

## Mother Smoked Regularly During Pregnancy

2.7 mothers in the service area smoked no less than one cigarette per day for at least a three-month period during pregnancy, per 1,000 live births.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Mothers who smoked	24	2.7	4.4	9.9

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

## Infant Mortality

In this report the infant mortality rate is defined as deaths of infants under 1 year of age. The infant mortality rate in the service area, from 2018 through 2022, was 3.9 deaths per 1,000 live births. The Healthy People 2030 objective is 5.0 deaths per 1,000 live births.

### Infant Mortality Rate, 5-Year Average

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Infant mortality	34	3.9	3.9	4.1

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

## Leading Causes of Death

### Life Expectancy at Birth

Life expectancy in Los Angeles County is 80.1 years. 321 persons per 100,000 persons die before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 6,317 years. Residents of Los Angeles County have a similar life expectancy compared to the state.

### Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Los Angeles County	California
Life expectancy at birth in years	80.1	79.9
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	321	319
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	6,317	6,373

Source: National Center for Health Statistics' National Statistics System (NVSS); \*CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. <http://www.countyhealthrankings.org>

Differences in life expectancy, premature mortality, and years of potential life lost can be seen between residents of different races and ethnicities in Los Angeles County. Non-Hispanic Asian residents have the highest life expectancy (85.8 years), lowest premature mortality (180 deaths in persons younger than 75 years, per 100,000 population), and years of potential life lost (3,345 years per 100,000 population). Hispanic residents have a slightly higher life expectancy than do non-Hispanic White residents but have a higher premature mortality and years of potential life lost. Native Hawaiian or Pacific Islander and Black or African American residents have the lowest life expectancies and the highest rates of premature death and YPLL in the county.

### Life Expectancy in Years, Premature Mortality Rate, per 100,000 Persons, and Premature Death/Years of Potential Life Lost, Los Angeles County, by Race and Ethnicity

	Life Expectancy	Premature Mortality*	YPLL
Asian, non-Hispanic	85.8	180	3,345
Hispanic	80.1	331	6,536
White, non-Hispanic	79.8	302	5,753
American Indian or Alaska Native, non-Hispanic	78.4	451	9,474
Black or African American, non-Hispanic	73.2	610	12,647
Native Hawaiian or Pacific Islander, non-Hispanic	72.5	677	14,850

Source: National Center for Health Statistics' National Statistics System (NVSS); \*CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. <http://www.countyhealthrankings.org>

## Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area from 2018 to 2022 was 718.7 deaths per 100,000 persons.

### Deaths and Mortality Rate, per 100,000 Persons, 5-Year Average

	UCI Health - Lakewood Service Area	Los Angeles County	California
Average annual deaths	5,889	73,655	300,973
Mortality rate per 100,000 persons	718.7	682.0	672.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Leading Causes of Death

The top two leading causes of death in the UCI Health - Lakewood service area were heart disease and cancer. In addition to heart disease and cancer, COVID-19, Alzheimer's disease, and stroke are in the top five causes of death.

### Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2018-2022\* Averaged

	UCI Health - Lakewood Service Area		Los Angeles County	California	Healthy People 2030 Objective
	Avg Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	1,338	162.6	157.2	142.1	No Objective
Ischemic heart disease	692	104.5	104.5	82.9	71.1
Cancer	1,154	139.8	134.8	131.8	122.7
COVID-19*	931	111.4	88.8	68.5	No Objective
Alzheimer's disease	319	40.6	41.6	38.3	No Objective
Stroke	302	37.4	36.3	39.1	33.4
Diabetes	304	36.9	30.2	23.8	Not Comparable
Unintentional injuries	279	33.4	35.0	43.1	43.2
Chronic Lower Respiratory Disease	233	29.4	26.3	27.9	Not Comparable
Pneumonia and influenza	142	17.7	17.8	12.7	No Objective
Liver disease	147	16.9	14.9	13.9	10.9
Essential hypertension and hypertensive renal disease	138	16.9	15.6	13.4	No Objective
Kidney disease	130	16.1	13.8	9.7	No Objective
Homicide	66	8.1	6.6	5.5	5.5
Parkinson's disease	60	7.8	8.7	9.0	No Objective
Suicide	55	6.6	8.3	10.4	12.8
HIV	11	1.3	1.8	1.3	No Objective

Source: Gary Bess Associates, CA Dept of Public Health Master Death Files 2018-2022. County and state data estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database May 2024, and 2015-2020 age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines. \* COVID-19 is a 3-year average.

## Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area was 104.5 deaths per 100,000 persons, which does not meet the Healthy People 2030 objective of 71.1 heart disease deaths per 100,000 persons. The age-adjusted rate of death from stroke was 37.4 deaths per 100,000 persons, which does not meet the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	692	104.5	104.5	82.9
Stroke death rate	302	37.4	36.3	39.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Cancer

In the service area, the age-adjusted cancer mortality rate was 139.8 deaths per 100,000 persons. The cancer death rate in the service area does not meet the Healthy People 2030 objective of 122.7 deaths per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	1,154	139.8	134.8	131.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Mortality rates for cancer are available at the county level from the California Cancer Registry. All-site cancer mortality in Los Angeles County was 132.0 deaths per 100,000 persons. The top three causes of death are from lung and bronchus, prostate, and female breast cancer.

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

	Los Angeles County	California
<b>Cancer all sites</b>	<b>132.0</b>	<b>134.1</b>
Lung and bronchus	22.2	24.3
Prostate (males)	20.0	20.1
Breast (female)	19.3	18.9
Colon and rectum	12.8	12.0
Pancreas	10.5	10.4
Liver and intrahepatic bile duct	7.8	7.6
Ovary (females)	6.7	6.4
Uterine (female)	5.8	5.3

	Los Angeles County	California
Leukemia	5.5	5.5
Non-Hodgkin lymphoma	4.7	4.9
Brain and other nervous system	4.2	4.4
Stomach	5.0	3.8
Urinary bladder	3.5	3.7
Kidney and renal pelvis	3.0	3.2
Cervix uteri (female)	2.6	2.2
Esophagus	2.3	2.9

Source: California Cancer Registry, Cal\*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

## COVID-19

In the service area, the COVID-19 death rate from 2020 through 2022 was 111.4 per 100,000 persons. This rate is higher than county and state rates.

### COVID-19 Mortality Rate, Age-Adjusted, per 100,000 Persons, 3-Year Average

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
COVID-19 death rate	931	111.4	88.8	68.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Alzheimer's Disease

In the service area, the Alzheimer's disease death rate was 40.6 per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	319	40.6	41.6	38.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Diabetes

In the service area, the diabetes death rate was 36.9 per 100,000 persons, which was higher than the county (30.2 deaths per 100,000) and state (23.8 per 100,000) rates.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	304	36.9	30.2	23.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The death rate from unintentional injuries in the service area was 33.4 deaths per 100,000 persons. The death rate from unintentional injuries in the service area met the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	279	33.4	35.0	43.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Chronic Lower Respiratory Disease

Chronic lower respiratory disease refers to a group of diseases that cause airflow blockage and breathing-related problems. This includes chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema. In the service area, the chronic lower respiratory disease death rate was 29.4 deaths per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Chronic lower respiratory disease death rate	233	29.4	26.3	27.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 17.7 deaths per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia and influenza death rate	142	17.7	17.8	12.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Liver Disease

In the service area, the liver disease death rate was 16.9 deaths per 100,000 persons, which is higher than the Healthy People 2030 objective of 10.9 liver disease deaths per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	147	16.9	14.9	13.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Essential Hypertension and Hypertensive Renal Disease

In the service area, the essential hypertension and hypertensive renal disease death rate was 16.9 deaths per 100,000 persons.

### Essential Hypertension and Hypertensive Renal Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Essential hypertension and hypertensive renal disease death rate	138	16.9	15.6	13.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Kidney Disease

In the service area, the kidney disease death rate was 16.1 deaths per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	130	16.1	13.8	9.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Homicide

In the service area, the age-adjusted death rate from homicides was 8.1 per 100,000 persons. This rate was higher than the Healthy People 2030 objective for homicide (5.5 deaths per 100,000 persons).

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	66	8.1	6.6	5.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

### Parkinson's Disease

In the service area, the Parkinson's disease death rate was 7.8 deaths per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Parkinson's disease death rate	60	7.8	8.7	9.0

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

### Suicide

In the service area, the age-adjusted death rate due to suicide was 6.6 per 100,000 persons, which is lower than the Healthy People 2030 objective for suicide of no more than 12.8 per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide death rate	55	6.6	8.3	10.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

### HIV

In the service area, the death rate from HIV was 1.3 deaths per 100,000 persons.

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

	UCI Health - Lakewood Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	11	1.3	1.8	1.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

## Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have been rising statewide, particularly in the last several years. Drug overdose deaths in Los Angeles County have been consistently lower than the statewide rate. However, they have been rising, and the change from age-adjusted rates through 2020 to crude rates for 2021 and 2022 does not eliminate this trend.

### Drug Overdose Death Rates, Age-Adjusted\*, per 100,000 Persons

	2009	2011	2013	2015	2017	2018	2019	2020	2021*	2022*
Los Angeles County	7.7	6.7	7.8	6.9	8.5	9.3	12.1	19.3	23.6	25.1
California	10.7	10.7	11.1	11.3	11.7	12.8	15.0	21.8	27.8	28.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2022, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

\*Except for 2021 and 2022, for which age-adjusting is not available at the county level; therefore 2021 and 2022 rates are crude rates.

In 2023, the age-adjusted death rate from opioid overdoses in Los Angeles County was 16.7 deaths per 100,000 persons, which was lower than the state rate (20.4 deaths per 100,000 persons). However, the Healthy People 2030 objective is 13.1 opioid overdose deaths per 100,000 persons, which the county did not meet.

### Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016-2023

	Annual Rate							
	2016	2017	2018	2019	2020	2021	2022	2023
Los Angeles County	3.2	4.1	4.6	6.7	12.4	15.4	16.5	16.7
California	4.9	5.2	5.8	7.9	13.5	18.0	18.7	20.4

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024. <https://skylab.cdph.ca.gov/ODdash/>

When examined by demographics, opioid overdose deaths in Los Angeles County are more likely to occur in men (26.3 deaths per 100,000 men) as women (7.1 deaths per 100,000 women). Rates rise sharply from the 15- to 19-year-old demographic (6.6 deaths per 100,000 persons) to the 25- to 29-year-old demographic (28.8 deaths per 100,000 persons), peaking among those ages 35 to 39 (39.4 deaths per 100,000 persons).

### Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Los Angeles County	California
Male	26.3	31.0
Female	7.1	8.8
< 5 years old	0.2	0.7
5 to 9 years old	0.0	0.04
10 to 14 years old	0.8	0.4
15 to 19 years old	6.6	5.9
20 to 24 years old	11.2	14.5
25 to 29 years old	28.8	29.2

	Los Angeles County	California
30 to 34 years old	34.4	41.8
35 to 39 years old	39.4	42.4
40 to 44 years old	29.8	36.4
45 to 49 years old	23.1	29.1
50 to 54 years old	21.3	26.3
55 to 59 years old	25.0	32.6
60 to 64 years old	16.5	25.9
65 to 69 years old	11.3	16.3
70 to 74 years old	3.8	8.5
75 to 79 years old	3.5	4.0
80 to 84 years old	2.0	1.8
85+ years old	0.4	0.8
Black or African American	36.5	45.4
American Indian or Alaska Native	31.0	59.3
White	23.6	27.7
Hispanic or Latino	14.2	16.5
Asian or Pacific Islander	4.0	4.1
<b>Total</b>	<b>16.7</b>	<b>20.4</b>

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2023 data. <https://skylab.cdph.ca.gov/ODdash/>

## Acute and Chronic Disease

### Hospitalizations by Diagnoses

At UCI Health - Lakewood, the top five primary diagnoses resulting in hospitalization were circulatory system diagnoses, infectious and parasitic disease diagnoses, digestive system diagnoses, injuries and poisonings, and genitourinary system diagnoses.

### Hospitalizations by Principal Diagnoses, Top Ten Causes

	UCI Health - Lakewood
Circulatory system diseases	22.5%
Infectious and parasitic diseases	15.4%
Digestive system diseases	12.6%
Injury and poisoning	8.8%
Genitourinary system diseases	7.7%
Endocrine, nutritional, and metabolic diseases and immunity disorders	7.2%
Respiratory system diseases	7.2%
Tumors	4.0%
Musculoskeletal system and connective tissue diseases	3.5%
Nervous system and sense organ diseases	3.3%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2023. <https://data.chhs.ca.gov/dataset/>

### Emergency Room Visits by Diagnoses

At UCI Health - Lakewood, the top five primary diagnoses seen in the Emergency Room were injuries and poisonings, circulatory system diagnoses, respiratory system diagnoses, genitourinary system diagnoses, and digestive system diagnoses.

### Emergency Room Visits by Principal Diagnoses, Top Ten Causes

	UCI Health - Lakewood
Injury and poisoning	17.3%
Circulatory system diseases	10.4%
Respiratory system diseases	8.3%
Genitourinary system diseases	7.2%
Digestive system diseases	7.2%
Musculoskeletal system and connective tissue diseases	6.6%
Infectious and parasitic diseases	5.3%
Nervous system and sense organ diseases	3.9%
Skin and subcutaneous tissue diseases	3.1%
Mental illness	3.1%

Source: California Department of Health Care Access and Information (HCAI), Hospital Emergency Department Characteristics by Facility, Pivot Profile, 2023. <https://data.chhs.ca.gov/dataset/>

### Diabetes

25.5% of SPA 6 adults, 24.2% of SPA 7 adults, and 24% of SPA 8 adults have been diagnosed as pre-diabetic. 18% of SPA 6 adults, 14% of SPA 7 adults, and 12% of SPA

8 adults have been diagnosed with diabetes.

### Pre-Diabetes and Diabetes, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Diagnosed pre-diabetic†	25.5%	24.2%	24.0%	23.3%	20.6%
Diagnosed with diabetes	18.0%	14.0%	12.0%	12.6%	11.0%

Source: California Health Interview Survey, 2021-2023, or †2021-2022, pooled. <http://ask.chis.ucla.edu/>

SPA 6 non-Latino Black or African American adults and multiracial adults had the highest rates of diabetes (19.9%), followed by non-Latino Asian adults (19.7%). In SPA 8 the rate is highest for AIAN residents (29.8%), followed by Latino residents (14.2%). The rate in SPA 7 is highest among Hispanic residents (14.9%) followed by non-Hispanic Asian residents (14.5%).

### Diabetes, by Race and Ethnicity, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Native Hawaiian or Pacific Islander, non-Latino	**	**	**	*26.8%
American Indian or Alaska Native, non-Latino	**	**	*29.8%	*18.7%
Black or African American, non-Latino	19.9%	5.1%	11.0%	14.6%
Latino	16.4%	14.9%	14.2%	14.6%
Asian, non-Latino	*19.7%	14.5%	12.2%	11.2%
White, non-Latino	7.7%	10.7%	7.3%	7.4%
Multiracial, non-Latino	19.9%	*9.9%	5.3%	5.4%
<b>Total</b>	<b>17.0%</b>	<b>14.0%</b>	<b>11.2%</b>	<b>12.0%</b>

Source: California Health Interview Survey, 2019-2023, pooled. \*Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

\*\*Suppressed due to instability.

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity and coma); amputation; and uncontrolled diabetes. For two of the PQI measures (long-term complications and uncontrolled diabetes) as well as the composite, hospitalization rates were higher in Los Angeles County than in California.

### Diabetes Hospitalization Rates\* for Prevention Quality Indicators

	Los Angeles County	California
Diabetes short term complications	63.8	70.1
Diabetes long term complications	115.6	108.7
Lower-extremity amputation among diabetes patients	33.3	34.4
Uncontrolled diabetes	35.4	31.9
<b>Diabetes composite</b>	<b>229.5</b>	<b>226.6</b>

Source: California Office of Statewide Health Planning & Development, 2022. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

## Heart Disease

In SPA 8, 5.4% of adults, in SPA 7, 5.6% of adults, and in SPA 6, 6.2% of adults have been diagnosed with heart disease.

### Heart Disease, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Diagnosed with heart disease	6.2%	5.6%	5.4%	7.0%

Source: California Health Interview Survey, 2021-2023. <http://ask.chis.ucla.edu/>

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in Los Angeles County (389.2 annual hospitalizations per 100,000 persons, risk-adjusted) is above the state rate (380.7 hospitalizations per 100,000 persons).

### Heart Failure Hospitalization Rate\* for Prevention Quality Indicators

	Los Angeles County	California
Hospitalization rate due to heart failure	389.2	380.7

Source: California Office of Statewide Health Planning & Development, 2022. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

When viewed by race and ethnicity, American Indian or Alaska Native residents in SPA 8 (21.6%) have the highest rate of diagnosed heart disease, followed by non-Latino White residents (9.3%), and non-Latino Black or African American residents (8.3%). In SPA 7, non-Latino White residents have the highest rate (11.8%), followed by non-Latino Black or African American residents (5.8%), and non-Latino Asian residents (5.1%). In SPA 6, Black or African American residents have the highest rate of diagnosed heart disease (10.9%), followed by non-Latino Asian residents (7.1%).

### Heart Disease by Race and Ethnicity, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
American Indian or Alaska Native, non-Latino	**	**	*21.6%	*17.5%
White, non-Latino	4.5%	11.8%	9.3%	9.8%
Native Hawaiian or Pacific Islander, non-Latino	**	**	**	*4.8%
Black or African American, non-Latino	10.9%	*5.8%	8.3%	8.6%
Multiracial, non-Latino	*3.9%	*4.2%	*4.7%	4.8%
Asian, non-Latino	7.1%	5.1%	6.5%	5.4%
Latino	4.1%	3.7%	5.5%	4.4%
<b>Total</b>	<b>5.7%</b>	<b>4.9%</b>	<b>7.4%</b>	<b>6.4%</b>

Source: California Health Interview Survey, 2019-2023, pooled. \*Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

\*\*Suppressed due to instability.

## High Blood Pressure

In SPA 6, 32.1% of adults have been diagnosed with high blood pressure and 7.1% have been told they have borderline high blood pressure. In SPA 7, 28.8% of adults have been diagnosed with high blood pressure and 4.9% have been told they have borderline high blood pressure. In SPA 8, 25.5% of adults have been diagnosed with high blood pressure and 9.2% have been told they have borderline high blood pressure.

### High Blood Pressure, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Diagnosed with high blood pressure	32.1%	28.8%	25.5%	26.6%
Has borderline high blood pressure	7.1%	4.9%	9.2%	7.6%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

The remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Los Angeles County (58 hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (51.3 hospitalizations per 100,000 persons).

### Hypertension Hospitalization Rate\* for Prevention Quality Indicators

	Los Angeles County	California
Hospitalization rate due to hypertension	58.0	51.3

Source: California Office of Statewide Health Planning & Development, 2022. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

In SPA 6, 58.8% of non-Latino Black or African American residents have been diagnosed with high or borderline-high blood pressure. In SPA 7, 40.6% of non-Latino Black or African American residents have been diagnosed with high or borderline-high blood pressure. In SPA 8, American Indian or Alaska Native residents have the highest rate of high blood pressure (49.9%).

### High or Borderline High Blood Pressure by Race and Ethnicity, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Black or African American, non-Latino	58.8%	40.6%	48.6%	49.0%
American Indian or Alaska Native, non-Latino	**	**	49.9%	45.0%
Native Hawaiian or Pacific Islander, non-Latino	**	**	**	37.1%
White, non-Latino	25.8%	39.9%	40.0%	36.3%
Asian, non-Latino	28.6%	38.4%	33.7%	32.0%
Latino	29.6%	32.4%	28.3%	30.7%
Multiracial, non-Latino	42.0%	28.4%	27.9%	27.6%
<b>Total</b>	<b>36.5%</b>	<b>33.7%</b>	<b>35.5%</b>	<b>33.8%</b>

Source: California Health Interview Survey, 2019-2023, pooled. <http://ask.chis.ucla.edu/> \*\*Suppressed due to instability.

## Cancer

Cancer incidence rates are available at the county level from the California Cancer Registry. In Los Angeles County, cancer incidence rates are highest for breast cancer, prostate cancer, colorectal cancer, and lung and bronchus cancers.

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

	Los Angeles County	California
<b>All sites</b>	<b>369.8</b>	<b>398.3</b>
Breast (female)	119.9	124.1
Prostate (males)	92.1	99.0
Colon and rectum	34.0	33.5
Lung and bronchus	32.6	36.8
Corpus uteri (females)	28.6	27.7
Non-Hodgkin lymphoma	16.5	17.7
Kidney and renal pelvis	13.9	15.0
Urinary bladder	13.4	15.4
Melanoma of the skin	12.8	22.8
Thyroid	12.3	12.4
Pancreas	12.1	12.4
Leukemia	11.8	12.3
Ovary (females)	10.8	10.6
Liver and intrahepatic bile duct	9.2	9.6
Stomach	8.7	7.4
Cervix uteri (females)	7.8	7.3
Brain & Other Nervous System	5.3	5.8
Esophagus	2.8	3.5

Source: California Cancer Registry, Cal\*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

## Asthma

The rate of diagnosed asthma among adults is 15.3% in SPA 6, 15.7% in SPA 7 and 15.2% in SPA 8. The rate of asthma episodes or attacks in the prior year, among the adult population of those diagnosed with asthma, was 34.1% in SPA 6, and 30.7% of diagnosed children having had at least one attack or episode. Adults (62.3%) and children (67.2%) in SPA 6 who have been diagnosed with asthma take daily medication to control it. The rate of asthma episodes or attacks in the prior year, among the adult population of those diagnosed with asthma, was 25.4% in SPA 7, and 22% of diagnosed children having had at least one attack or episode. Adults (46.7%) and children (33.7%) in SPA 7 who have been diagnosed with asthma take daily medication to control it. The rate of asthma episodes or attacks in the prior year, among the adult population of those diagnosed with asthma, was 27.1% in SPA 8, and 24.1% of diagnosed children having had at least one attack or episode. Adults (48.4%) and children (16.3%) in SPA 8 who have been diagnosed with asthma take daily medication to control it.

## Asthma

	SPA 6	SPA 7	SPA 8	Los Angeles County
Ever diagnosed with asthma, adults	15.3%	15.7%	15.2%	15.0%
Has had an asthma episode/attack in past 12 months, adults	34.1%	25.4%	27.1%	26.7%
Takes daily medication to control asthma, adults	62.3%	46.7%	48.4%	46.3%
Ever diagnosed with asthma, ages 1-17	17.2%	12.4%	14.7%	13.4%
Has had an asthma episode/attack in past 12 months, ages 1-17	30.7%	22.0%	24.1%	27.6%
Takes daily medication to control asthma, ages 1-17	*67.2%	33.7%	16.3%	43.0%

Source: California Health Interview Survey, 2020-2023 <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2022, hospitalization rates in Los Angeles County for COPD and asthma among adults, ages 40 and older, were 179 per 100,000 persons. The rate of hospitalizations in the county for asthma among young adults, ages 18 to 39, was 21.3 hospitalizations per 100,000 persons.

### Asthma Hospitalization Rates\* for Prevention Quality Indicators

	Los Angeles County	California
COPD or asthma in older adults, 40+	179.0	176.5
Asthma in younger adults, ages 18 to 39	21.3	18.0

Source: California Office of Statewide Health Planning & Development, 2022. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

## Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 11.1% of the non-institutionalized civilian population identified as having a disability.

### Disability, 5-Year Average

	UCI Health - Lakewood Service Area	Los Angeles County	California
Population with a disability	11.1%	10.9%	11.3%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimate, 2019-2023, DP02. <http://data.census.gov>

## COVID-19 Incidence, Mortality, and Vaccination Rates

While COVID-19 cases and mortality data are no longer being tracked in the same manner as it was earlier in the Pandemic, in Los Angeles County as of December 20, 2023, there had been 3,601,672 confirmed cases of COVID-19. This was a higher rate

of infection (351.1 cases per 1,000 persons) than the statewide average of 288 cases per 1,000 persons. The county also had a higher rate of confirmed deaths due to COVID-19. Through the same date, 36,239 county residents were confirmed to have died due to COVID-19 complications, for a rate of 3.53 deaths per 1,000 persons, as compared to the statewide rate of 2.63 deaths per 1,000 persons.

#### COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 12/20/23

	Los Angeles County		California	
	Number	Rate	Number	Rate
Cases	3,601,672	351.1	11,558,304	288.0
Deaths	36,239	3.53	105,346	2.63

Source: California State Health Department, Statewide COVID-19 Cases Deaths Tests file, Updated December 26, 2023, with data from December 20, 2023. <https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state>

The percentage of Los Angeles County residents who have completed the primary series of a COVID-19 vaccine is 77.1%. The CDC's vaccination recommendations, as of September 29, 2024, included an updated 2023-2024 vaccine dose for everyone ages five and older. 10.6% of county residents were considered to be up to date with their COVID vaccinations as of that date.

#### COVID-19 Vaccinations, Completed Primary Series and 'Up to Date', by Age

	Primary Series		Up to Date*	
	Los Angeles County	California	Los Angeles County	California
Population, under 5	7.6%	7.9%	3.2%	4.1%
Population, ages 5-11	40.1%	37.1%	5.5%	6.3%
Population, ages 12-17	81.7%	66.9%	5.5%	5.6%
Population, ages 18-49	82.3%	78.6%	7.4%	7.6%
Population, ages 50-64	87.3%	83.0%	12.8%	13.6%
Population, ages 65+	87.3%	91.1%	23.8%	27.2%
<b>Total Population</b>	<b>77.1%</b>	<b>72.9%</b>	<b>10.6%</b>	<b>11.4%</b>

Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through Sept. 29<sup>th</sup>, 2024. \*Up to Date as of September 29, 2024, per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine. <https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data> & <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx>

In Los Angeles County, among the vaccine-eligible population, nearly or fully all of the Native Hawaiian or Pacific Islander population have completed the primary COVID-19 vaccination series, as have 86.5% of the American Indian or Alaska Native population. 70.6% of Latino residents, 66.6% of Asian residents, 62.7% of White residents, 51.9% of Black residents, and 37.8% of multiracial residents have also completed their primary COVID-19 vaccination series. Uptake of the 2023-2024 COVID-19 vaccine, recommended by the CDC for all people, ages 5 and older, through September 29, 2024, when a new vaccine was released, followed largely the same pattern, with the highest vaccination rates among Native Hawaiian or Pacific Islander residents, followed by American Indian or Alaska Native residents and the lowest among multiracial

residents of the county. Uptake among Asian residents and Latino residents lagged as compared to their acceptance of primary series vaccinations.

### COVID-19 Vaccinations, Completed Primary Series and Up to Date, by Race and Ethnicity

	Primary Series	Up to Date*
Native Hawaiian or Pacific Islander	100.0%	22.5%
American Indian or Alaska Native	86.5%	12.5%
Latino	70.6%	6.4%
Asian	66.6%	10.5%
White	62.7%	10.7%
Black	51.9%	7.5%
Multiracial	37.8%	2.6%

Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through Sept. 29, 2024. \*Up-to-Date as of September 29<sup>th</sup>, per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine. <https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data>

### Community Input – Chronic Diseases

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

- There is a lack of availability of timely follow up with primary care physicians that inhibit some preventive care as well as care for chronic issues. Also, that impacts people getting educated on how to manage their blood pressure, their diabetes, their weight. It is difficult to find certain specialists in the community.
- If people are older and they have latent TB and develop diabetes, their immune system can deteriorate, and they develop active TB.
- Managing chronic diseases requires steady income. When you are income instable, that is a huge challenge.
- Chronic diseases must be consistently managed, whether it is asthma, diabetes, or high blood pressure. A lot of our clients are up and down and under a lot of stress all the time, so that doesn't happen.

## Health Behaviors

### Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. LA County has a ranking of 10.

### Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	10

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

### Overweight and Obesity

34.5% of adults in SPA 6, 37.9% in SPA 7, and 33.9% in SPA 8 are overweight. 27.1% of teens in SPA 6, 14.5% in SPA 7, and 15.6% of teens in SPA 8 are overweight. 18.8% of SPA 6 children, 19.7% in SPA 7, and 11.2% in SPA 8 are overweight for their age.

### Overweight, All Ages

	SPA 6	SPA 7	SPA 8	Los Angeles County
Adults, ages 20 and older	34.5%	37.9%	33.9%	33.8%
Teens, ages 12-17†	27.1%	14.5%	15.6%	17.5%
Children, ages younger than 12†	18.8%	19.7%	11.2%	14.0%

Source: California Health Interview Survey, 2021-2023, pooled and †2019-2023, pooled. <http://ask.chis.ucla.edu/>

The Healthy People 2030 objectives for obesity are for no more than 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19, to be obese. Adults in SPA 6 (43.5%), and teens in SPA 6 (24.7%), SPA 7 (27.1%), and SPA 8 (15.9%) did not meet the Healthy People 2030 objective.

### Obesity, Adults and Teens

	SPA 6	SPA 7	SPA 8	Los Angeles County
Adults, ages 20 and older	43.5%	35.9%	28.9%	29.6%
Teens, ages 12-17†	24.7%	27.1%	15.9%	19.6%

Source: California Health Interview Survey, 2021-2023 and †2019-2023, pooled. <http://ask.chis.ucla.edu/>

In the three area SPAs combined, the rates of overweight and obesity among all racial and ethnic groups are higher than county rates. The highest rate is among Latino residents (77%), followed by Black or African American residents (73.7%).

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

	SPAs 6, 7, and 8	Los Angeles County	California
Latino	77.0%	73.9%	73.3%
Black or African American (non-Latino)	73.7%	72.8%	72.3%
American Indian or Alaska Native (non-Latino)	69.8%	66.5%	72.8%
Multiracial (non-Latino)	63.8%	52.7%	59.5%
Native Hawaiian or Pacific Islander (non-Latino)	*61.5%	*58.4%	70.5%
White (non-Latino)	59.7%	55.1%	59.1%
Asian (non-Latino)	44.4%	38.7%	40.7%
<b>Total</b>	<b>70.3%</b>	<b>63.1%</b>	<b>62.6%</b>

Source: California Health Interview Survey, 2018-2023. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Soda or Sugar-Sweetened Beverage (SSB) Consumption

Among Los Angeles County children and adolescents, ages 2-17, 24% drank one or more glasses or cans of non-diet soda the day before and 52.8% drank one or more glasses or cans of a sugar-sweetened beverage (SSB), other than soda, the day before. These rates are higher than the state averages. Area rates were lowest in SPA 8, and highest in SPA 6, with 63.9% of SPA 6 children and teens drinking a non-soda sugary beverage the day before, and 33.1% drinking a sugar-sweetened soda the day before.

## Consumed 1 or More Sugar-Sweetened Beverages (SSBs) or Sodas Yesterday, Ages 2-17

	SPA 6	SPA 7	SPA 8	Los Angeles County	California
Drank $\geq 1$ SSB other than soda yesterday	63.9%	57.9%	47.7%	52.8%	48.5%
Drank $\geq 1$ sugar-sweetened soda yesterday†	33.1%	27.8%	24.2%	24.0%	22.2%

Source: California Health Interview Survey, 2021-2022, pooled. †2019-2020, pooled. <http://ask.chis.ucla.edu/>

## Adequate Fruit and Vegetable Consumption

12.4% of SPA 6 adults, 9.1% of SPA 7 adults, and 10.7% of SPA 8 adults indicated they had eaten at least five servings of fruits and vegetables the prior day, as recommended by the World Health Organization.

## Ate Five or More Servings of Fruits and Vegetables Yesterday, Adults, by Demographics

	Percent
Male	10.2%
Female	11.5%
Gay or lesbian	12.9%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	10.8%
Heterosexual	10.2%
18 to 24 years old	7.8%
25 to 29 years old	10.2%
30 to 39 years old	11.4%
40 to 49 years old	11.3%
50 to 59 years old	11.1%
60 to 64 years old	9.6%

	Percent
65 or older	12.4%
Native Hawaiian or Pacific Islander, non-Hispanic	*17.5%
Multiracial or Other Race, non-Hispanic	14.6%
White, non-Hispanic	12.5%
Black or African American, non-Hispanic	11.6%
Asian, non-Hispanic	10.5%
Hispanic or Latinx	9.6%
American Indian or Alaska Native, non-Hispanic	**
Disabled	9.5%
Not disabled	11.3%
Bellflower Health District	8.9%
Compton Health District	*8.4%
Long Beach Health District	14.0%
<b>SPA 6</b>	<b>12.4%</b>
<b>SPA 7</b>	<b>9.1%</b>
<b>SPA 8</b>	<b>10.7%</b>
<b>Los Angeles County</b>	<b>10.8%</b>

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. \*Unstable due to sample size. \*\*Suppressed due to small sample size  
<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm>

In SPAs 6, 7 and 8 combined, 32.4% of teens, ages 12 to 17, eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes). The rate is higher for boys (39.6%) than girls (23.9%). 70.8% of children and teens in SPAs 6, 7 and 8 ate two or more servings of fruit the prior day. Adequate fruit consumption was highest in SPA 8 (78%) and lowest in SPA 7 (63.7%) and decreased with age.

#### Five or More Servings Fruit or Vegetables Daily, Teens, Ages 12 to 17, at Least Two Servings of Fruit Daily, Children and Teens, SPAs 6, 7 & 8 combined

	5 or More Servings of Fruit and Vegetables	2 or More Servings of Fruit
Male	39.6%	75.3%
Female	23.9%	65.6%
Child, ages 0 to 4	N/A	92.8%
Child, ages 5 to 11	N/A	67.4%
Teen, ages 12 to 14	42.4%	67.5%
Teen, ages 15 to 17	21.0%	59.9%
SPA 6	45.0%	70.7%
SPA 7	22.5%	63.7%
SPA 8	36.0%	78.0%
<b>SPAs 6, 7 &amp; 8 combined</b>	<b>32.4%</b>	<b>70.8%</b>
<b>Los Angeles County</b>	<b>31.7%</b>	<b>71.9%</b>
<b>California</b>	<b>22.9%</b>	<b>60.1%</b>

Source: California Health Interview Survey, 2019-2020, pooled. <http://ask.chis.ucla.edu/> N/A = Not asked.

## Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week, working all major muscle groups). 37% of SPA 6 adults, 36.6% of SPA 7 adults, and 37.1% of SPA 8 adults met both sets of guidelines.

### Physical Activity Guidelines Met, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Aerobic activity guidelines met	56.9%	53.7%	56.6%	56.3%
Muscle strengthening guidelines met	52.4%	51.1%	49.7%	48.6%
Both aerobic and strengthening guidelines met	37.0%	36.6%	37.1%	36.0%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm>

When examined by demographics, the likelihood of adults having met both the aerobic and muscle-strengthening guidelines in Los Angeles County is higher among individuals who identify as male and 'prefer not to state' than among gender non-binary/non-conforming/queer and transgender residents. It declines with age, from a high among adults ages 25 to 29, and is highest among American Indian or Alaska Native residents, and non-Hispanic multiracial residents, and lowest among non-Hispanic Native Hawaiian or Pacific Islander residents.

### Physical Activity Guidelines Met, Adults, by Demographics

	Percent
Male	41.1%
Prefer not to state	40.1%
Female	31.1%
Gender non-binary/non-conforming/Queer	25.7%
Transgender male	*17.5%
Transgender female	*17.2%
Gay or lesbian	36.5%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	33.9%
Heterosexual	36.8%
18 to 24 years old	44.2%
25 to 29 years old	46.1%
30 to 39 years old	39.7%
40 to 49 years old	36.1%
50 to 59 years old	32.0%
60 to 64 years old	31.5%
65 or older	28.0%
American Indian or Alaska Native, non-Hispanic	48.4%
Multiracial or Other Race, non-Hispanic	42.8%
Black or African American, non-Hispanic	39.3%

	Percent
Hispanic or Latinx	35.9%
White, non-Hispanic	35.7%
Asian, non-Hispanic	34.0%
Native Hawaiian or Pacific Islander, non-Hispanic	32.6%
0 - 99% FPL	30.4%
100% - 199% FPL	32.8%
200% - 299% FPL	35.8%
300% or above FPL	39.1%
Disabled	23.7%
Not disabled	40.9%
Bellflower Health District	37.0%
Compton Health District	36.9%
Long Beach Health District	39.8%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm> \*Unstable due to sample size.

## Sedentary Adults, Children and Teens

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 21.8% of Los Angeles County adults had not engaged in any leisure-time physical activity.

### No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	Los Angeles County	California
No leisure time physical activity, past month	21.8%	*20.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth>  
\*Weighted average of California county rates.

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among SPA 6 children, ages two to 11, 24% spent five or more hours in sedentary activities on weekend days. 18.5% of SPA 7 children and 21.1% of SPA 8 children spent five or more hours in sedentary activities on weekend days.

### Sedentary Children, Ages 2 to 11, Weekend Days

	SPA 6	SPA 7	SPA 8	Los Angeles County
2 to <3 hours	31.7%	26.5%	22.8%	27.5%
3 to <5 hours	21.8%	19.5%	29.1%	27.6%
5 or more hours	*24.0%	18.5%	*21.1%	18.8%

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

41% of teens in SPAs 6, 7 and 8, ages 12-17, spent five or more hours in sedentary activities on weekend days.

### Sedentary Teens, Ages 12 to 17, Weekend Days

	SPAs 6, 7 and 8	Los Angeles County	California
2 to <3 hours	*17.5%	12.4%	12.8%
3 to <5 hours	30.1%	31.0%	25.6%
5 or more hours	41.0%	46.3%	53.9%

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

### Community Input – Overweight and Obesity

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

- They have reclassified obesity language. We used to say morbidly obese, now we are saying obese class one, two, or three. We are trying to destigmatize obesity.
- Food addiction is a much more severe addiction than cigarettes or alcohol or drugs. You can quit cigarettes and alcohol, you can't quit food. It's the behavioral change in what you choose and portion control. Also, you can see obesity, you can't see diabetes or thyroid problems or hypertension. For those who are obese it can feel like a moral failure.
- We don't have a lot of green spaces in the community. That impacts physical activity. Also, people do not feel safe in some neighborhoods and that impacts their ability to be more physically active as well, because they are less likely to go out on walks.
- There is a lot of violence around, so it is hard to go out at night. There are drive by shootings and people don't feel safe. That can impact outdoor activity.
- When you are trying to incorporate healthy eating habits, those foods tend to be more expensive. We have had nutrition classes as part of our parent workshops. But it doesn't solve the issue of how you afford those healthier items.

### Sexually Transmitted Infections

Rates of sexually transmitted infections (STI) were higher in Long Beach than in Los Angeles County. In 2023, the rate of chlamydia in Long Beach was 723.8 cases per 100,000 persons, and the rate of gonorrhea was 370.1 cases per 100,000 persons. The rate of primary and secondary syphilis for Long Beach was 28 cases per 100,000 persons, and the rate of early latent syphilis was 42.4 cases per 100,000 persons. The rate of late or unknown-duration syphilis was 61.7 cases per 100,000 persons. The rate of congenital syphilis cases for 2023 was also higher in Long Beach (187.1 cases per 100,000 live births) than the county (150.3 per 100,000 live births) though this rate is based on only 9 cases.

### STI Cases and Rates, per 100,000 Persons or per 100,000 Live Births

	Long Beach		Los Angeles County	California
	Cases	Rate	Rate	Rate
Chlamydia	3,329	723.8	592.4	489.7
Gonorrhea	1,702	370.1	287.1	189.7
Primary and secondary syphilis	129	28.0	21.3	16.3
Early latent syphilis	195	42.4	32.6	19.1
Late/unknown duration syphilis	284	61.7	49.4	46.5
Congenital syphilis by year of birth	9	187.1	150.3	128.9

Source: California Department of Public Health, STD Control Branch, 2023 STD Surveillance Report.  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

### Teen Sexual History

11.8% of SPA 6, 10.9% of SPA 7, and 12.3% of SPA 8 teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had sex. Boys were more likely to report they had sex (13.9%) than were girls (8.8%).

### Teen Sexual History, Ages 14 to 17

	SPA 6	SPA 7	SPA 8	Los Angeles County
Ever had sex	11.8%	10.9%	12.3%	11.5%
Ever had sex, male	13.9%			11.7%
Ever had sex, female	8.8%			11.4%

Source: California Health Interview Survey, 2019-2023. <http://ask.chis.ucla.edu/>

### HIV

In 2022, there were 88 new cases of HIV diagnosed in the city of Long Beach, for a new rate of diagnosis of 19.5 cases per 100,000 persons. 74.4% of diagnosed persons are in care, and 68.1% are virally suppressed, which is higher than county and state rates.

### HIV, per 100,000 Persons

	Long Beach	Los Angeles County	California
Newly diagnosed cases	88	1,619	4,882
Rate of new diagnoses	19.5	15.9	12.2
Living cases	4,088	52,563	142,772
Rate of HIV	905.8	514.9	355.6
Percent in care	74.4%	71.6%	73.7%
Percent virally suppressed	68.1%	63.3%	64.7%
Deaths per 100k HIV+ persons	14.8	7.6	5.4

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2022.  
[https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_case\\_surveillance\\_reports.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx)

## Mental Health

### Mental Health Indicators

14.5% of SPA 6 adults, 16% in SPA 7 and 13.8% in SPA 8 experienced serious psychological distress in the past year. SPA 8 adults (9.5%) were the most likely to have taken a prescription medication for two weeks or more for an emotional or personal problem during the past year, followed by those in SPA 7 (9%) and SPA 6 (8.4%). Serious psychological distress was experienced in the prior year by 21.2% of SPA 6 teens, 33.5% of SPA 7 teens, and 24.9% of SPA 8 teens.

### Mental Health Indicators

	SPA 6	SPA 7	SPA 8	Los Angeles County
Adults with serious psychological distress during past year	14.5%	16.0%	13.8%	15.5%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	8.4%	9.0%	9.5%	10.9%
Adults: family life impairment during the past year	23.0%	24.5%	21.7%	23.8%
Adults: social life impairment during the past year	22.9%	25.6%	22.1%	24.0%
Adults: household chore impairment during the past year	21.7%	23.6%	21.6%	23.4%
Adults: work impairment during the past year	19.5%	21.4%	20.8%	23.8%
Teens with serious psychological distress during past year	21.2%	33.5%	24.9%	31.2%

Source: California Health Interview Survey, 2021-2023. <http://ask.chis.ucla.edu/>

In the service area SPAs, combined, psychological distress in the past year was higher for women – and particularly for teen girls – than it was for men and teen boys. Women were more likely than men to have taken medication for at least two weeks in the past year, for an emotional or personal problem. Black or African American teens and adults were the least likely to have reported psychological distress, and Asian adults were the least likely to report taking medication. Asian teens were the most likely to have reported serious psychological distress in the past year, and non-Latino multiracial adults were the most likely to have reported distress.

### Mental Health Indicators, Past Year, by Demographics, SPAs 6, 7 and 8, Combined

	Teen, Serious Psychological Distress	Adult, Serious Psychological Distress	Adult, Medications for Mental Health
Male	19.5%	10.5%	5.5%
Female	35.4%	16.5%	10.6%
Straight/heterosexual †	N/A	11.4%	6.8%
Gay, Lesbian/homosexual †	N/A	30.6%	14.4%
Bisexual †	N/A	41.1%	23.7%

	Teen, Serious Psychological Distress	Adult, Serious Psychological Distress	Adult, Medications for Mental Health
Non-sexual/celibate none/other†	N/A	23.2%	6.1%
Multiracial, non-Latino	28.3%	21.3%	14.7%
Latino	28.9%	15.5%	7.3%
Asian, non-Latino	32.4%	11.5%	3.4%
White, non-Latino	23.6%	10.3%	13.4%
Black or African American, non-Latino	18.1%	9.9%	8.1%
<b>SPAs 6, 7, and 8, combined</b>	<b>27.7%</b>	<b>13.6%</b>	<b>8.1%</b>

Source: California Health Interview Survey, 2019-2023 or †2019-2022. <http://ask.chis.ucla.edu/> N/A = Not Asked.

Among adults in SPA 6, 13.9% tested as being at risk for major depression and 7.5% reported they have been diagnosed with depression and are either currently in treatment or having symptoms. In SPA 7, the rate of ‘at-risk’ was 9.3% and the rate of current depression was 9.2%. In SPA 8, the rate of ‘at-risk’ was 10.2% and the rate of current depression was 10.8%.

Women in Los Angeles County were more likely to be at risk for major depression (11.7%) than were men (9.9%), Bisexual+ residents were the most likely to be at risk. In general, the risk of depression decreased with age, decreased with increasing income, and decreased with increases in education past high school. Disabled residents were more likely to be at risk for major depression.

#### Depression, Adults, Los Angeles County, by Demographics

	At Risk for Major Depression	Currently Have Depression
Male	9.9%	9.9%
Female	11.7%	14.1%
Gender non-binary/non-conforming/Queer	33.5%	51.2%
Prefer not to state	17.9%	13.3%
Gay or lesbian	17.8%	30.1%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	25.0%	39.4%
Heterosexual	9.5%	10.4%
18 to 24 years old	16.2%	13.6%
25 to 29 years old	15.3%	13.1%
30 to 39 years old	12.9%	13.8%
40 to 49 years old	10.6%	10.8%
50 to 59 years old	8.7%	13.6%
60 to 64 years old	9.7%	12.5%
65 or older	7.7%	10.0%
Native Hawaiian or Pacific Islander, non-Hispanic	*18.5%	N/A
Multiracial or Other Race, non-Hispanic	12.3%	24.2%
Black or African American, non-Hispanic	12.1%	11.4%
Hispanic or Latinx	11.8%	10.4%
White, non-Hispanic	10.4%	17.5%

	At Risk for Major Depression	Currently Have Depression
Asian, non-Hispanic	9.6%	7.8%
American Indian or Alaska Native, non-Hispanic	*9.3%	*13.3%
Less than high school	11.7%	10.3%
High School	14.2%	9.9%
Some college or trade school	11.8%	14.8%
College or post-graduate degree	8.1%	13.5%
0 - 99% FPL	19.2%	14.7%
100% - 199% FPL	13.7%	12.9%
200% - 299% FPL	11.0%	10.8%
300% or above FPL	7.9%	12.0%
Disabled	25.6%	28.7%
Not disabled	5.2%	5.7%
Bellflower Health District	*4.3%	7.2%
Compton Health District	16.3%	*3.4%
Long Beach Health District	12.7%	14.3%
<b>SPA 6</b>	<b>13.9%</b>	<b>7.5%</b>
<b>SPA 7</b>	<b>9.3%</b>	<b>9.2%</b>
<b>SPA 8</b>	<b>10.2%</b>	<b>10.8%</b>
<b>Los Angeles County</b>	<b>11.2%</b>	<b>12.4%</b>

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm> \*Unstable due to sample size.

## Mental Health Care Access

38.5% of SPA 7 teens needed help with emotional or mental health problems, and 15.1% of teens had received psychological or emotional counseling in the past year. Rates of teens needing psychological help are lower in SPA 6 (33.4%) and SPA 8 (30.1%). 23.2% of adults in SPAs 7 and 8, and 21.5% in SPA 6, needed help with emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 45.4% in SPA 7, 53.1% in SPA 8, and 53.3% in SPA 6 received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (31.2% who do not receive treatment).

## Tried to Access Mental Health Care in the Past Year

	SPA 6	SPA 7	SPA 8	Los Angeles County
Teen who needed help for emotional or mental health problems†	33.4%	38.5%	30.1%	32.0%
Teen who received psychological or emotional counseling†	13.7%	15.1%	19.8%	16.4%
Adults who needed help for emotional-mental and/or alcohol-drug issues	21.5%	23.2%	23.2%	25.1%
Adults, sought/needed help and received treatment	53.3%	45.4%	53.1%	54.2%
Adults, sought/needed help but did not receive	46.7%	54.6%	46.9%	45.8%

Source: California Health Interview Survey, 2021-2023 and †2020-2023 <http://ask.chis.ucla.edu/>

Among adults in SPA 6 who had seen a professional in the past 12 months for problems with mental health, emotions, or nerves, 24.2% visited only a primary care physician in the past year, 26.7% visited only a mental health professional, and 49.1% visited both. In SPA 7, 23% of adults visited a primary care physician, 37.1% had visited a mental health professional, and 39.9% had visited both types of professionals. Among adults in SPA 8 who had seen a professional in the past 12 months for problems with mental health, emotions, or nerves, 24.4% visited a primary care physician only (for mental and emotional issues), while 38.5% visited a mental health professional only, and 37% had visited both types of professionals in the prior year.

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

	SPA 6	SPA 7	SPA 8	Los Angeles County
Primary care physician only	24.2%	23.0%	24.4%	21.8%
Mental health professional only	26.7%	37.1%	38.5%	39.1%
Both	49.1%	39.9%	37.0%	39.1%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

Among adults and teens, 6.9% in SPA 6, 7.2% in SPA 7, and 8.2% in SPA 8 sought help through an online tool (mobile apps or texting services) for mental health, emotions, or use of alcohol or drugs in the past 12 months. 5.9% of SPA 6 adults and teens, 7.4% in SPA 7, and 6.3% in SPA 8 had connected online with a mental health professional in the prior year. 6.2% of SPA 6 adults and teens, 7.2% in SPA 7, and 4.8% SPA 8 adults and teens had connected online in the prior year with people with similar mental health or alcohol/drug issues.

#### Online Mental Health Utilization, Adults and Teens

	SPA 6	SPA 7	SPA 8	Los Angeles County
Sought help from an online tool	6.9%	7.2%	8.2%	7.8%
Connected with a mental health professional online in last 12 months	5.9%	7.4%	6.3%	8.1%
Connected online with people with similar mental health or alcohol/drug status	6.2%	7.2%	4.8%	6.2%

Source: California Health Interview Survey, 2020-2022, pooled. <http://ask.chis.ucla.edu/>

In SPAs 6, 7 and 8 women and girls are more likely to access on line mental health tools than men and boys. Younger adults, ages 18 to 24, are the most likely to have sought help from an online tool, while those ages 25 to 39 are the most likely to connect with a mental health professional online. Teens, ages 15 to 17, are the most likely to have connected online with peers with similar mental health or alcohol or drug status, followed by teens, ages 12 to 14.

## Online Mental Health Utilization, Adults and Teens, SPAs 6, 7, & 8, by Demographics

	Sought Help from Online Tool	Connected with Mental Health Professional	Connected with Similar-Issue Peers
Male	4.9%	5.4%	5.1%
Female	9.9%	7.8%	6.9%
12 to 14 years old	*5.5%	*6.0%	11.2%
15 to 17 years old	8.4%	6.6%	19.9%
18 to 24 years old	15.3%	9.2%	12.3%
25 to 39 years old	11.9%	11.6%	8.0%
40 to 64 years old	5.2%	5.4%	2.7%
65 to 79 years old	2.4%	2.2%	0.6%
80+ years old	*0.3%	*0.2%	*0.0%
<b>Total</b>	<b>7.8%</b>	<b>8.1%</b>	<b>6.2%</b>

Source: California Health Interview Survey, 2020-2022, pooled. <http://ask.chis.ucla.edu/>. \*Statistically unstable due to sample size.

## Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Los Angeles County, the ratio of residents to mental health providers is 224:1, which is similar to the state ratio of 222 persons per mental health provider.

## Mental Health Providers, Number and Ratio

	Los Angeles County	California
Number of mental health providers	43,347	175,563
Ratio of population to mental health providers	224:1	222:1

Source: County Health Rankings, 2024; data from 2023. <http://www.countyhealthrankings.org>

## Suicidal Ideation

15% of adults in SPA 6, 16.5% in SPA 7, and 15.5% of adults in SPA 8 indicated they had seriously thought about committing suicide.

## Ever Seriously Thought About Committing Suicide, Adults

	SPA 6	SPA 7	SPA 8	L.A. County
Ever seriously thought about committing suicide	15.0%	16.5%	15.5%	17.7%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

Among teens in the service area 11% to 18% had seriously considered attempting suicide in the past 12 months. ABC Unified had the highest levels of suicide ideation for 7<sup>th</sup> graders (18%). In Norwalk-La Mirada Unified, 17% of responding 9<sup>th</sup> graders have seriously considered suicide, followed by 16% at Paramount Unified School District. Norwalk-La Mirada Unified School District had the highest level of suicidal ideation among 11<sup>th</sup> graders (17%).

## Seriously Considered Suicide, Teens

	7 <sup>th</sup> Grade	9 <sup>th</sup> Grade	11 <sup>th</sup> Grade
ABC Unified School District	18%	15%	13%
Bellflower Unified School District	15%	13%	14%
Compton Unified School District	15%	11%	11%
Downey Unified School District*	16%	11%	13%
Norwalk-La Mirada Unified School District*	16%	17%	17%
Paramount Unified School District	16%	16%	N/A

Source: California Department of Education, California Healthy Kids Survey, 2022-2023 and \*2021-2022. N/A = Data not available.  
<https://data1.cde.ca.gov/dataquest/>

## Community Input – Mental Health

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

- Mental health resources are extremely scarce. There are not enough resources for those patients in the community.
- We are seeing more kids coming from a mental health stay. This occurs at a younger age, and they have more extreme circumstances, where they've attempted to end their life or hurt themselves. This increases parents' emotional distress, but we are also having more parental participation and engagement, which is an improvement from the past.
- Major referral sources are teachers and school professionals. More recently there's been more burnout in that field. So sometimes signs are being missed, things we could have caught before if those professionals had reached out earlier.
- We are seeing more awareness around mental health issues that children are facing. Were these issues always there and now there is just more awareness? Or are we seeing an increase in kids with diagnoses like bipolar or schizophrenia or ADHD? We are seeing an increase of kids coming in with actual diagnoses from a medical care provider.
- Even if you are insured, access is a challenge. We don't have a one stop shop to get all mental health needs met. The system is disjointed. Everyone has their own databases, and they don't communicate or transfer and share data. The people who have the most challenges with accessing services are the unhoused population and veterans.
- We are seeing family conflicts where there is mental illness involved. It is difficult for police or others to help without things escalating. People who are in crisis, they don't have an easy way to access aid. There are not adequate beds at the crisis level. We have a hard time finding placements. With the shortage of beds, we can have people waiting in the ED for a placement.
- It is hard to find a provider for adolescents. If you have Medi-Cal and you are severely mentally ill, the default is LA County Mental Health. Having health coverage, or health insurance, doesn't mean you have access. I can call a mental

health provider, and they may be booked for months. You must be in a crisis to get services; our system is crisis driven. We are having a hard time navigating the system to prevent a person with anxiety, depression or other diagnoses from decompensating to the point that it becomes a crisis.

- From the onset of the pandemic, people are talking more about mental health and challenges. There continues to be cultural stigma and a general unwillingness to talk about mental health. In this moment, it's more of a problem than ever before, but also more people are talking about it. There is also really good work happening to expand that conversation and make it more culturally appropriate.
- More and more people are comfortable identifying that mental health is part of their physical health. Mental health used to be more of a taboo subject.

## Substance Use

### Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In SPA 8, 4.6% of adults smoke cigarettes, in SPA 7, 5.2% of adults are smokers, and in SPA 6 5.6% are smokers. 14.9% of SPA 6, 19.4% of SPA 7 and 17.7% of SPA 8 adults, ages 18 to 65, had smoked an e-cigarette.

### Smoking, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Current smoker	5.6%	5.2%	4.6%	5.0%
Former smoker	15.2%	15.3%	19.2%	17.9%
Never smoked	79.2%	79.5%	76.2%	77.0%
Thinking about quitting in the next 6 months	74.1%	64.7%	66.2%	64.4%
Ever smoked an e-cigarette (all adults 18-65)	14.9%	19.4%	17.7%	20.2%
Smoked an e-cigarette in the past 30 days	2.6%	4.8%	2.8%	4.3%

Source: California Health Interview Survey, 2021-2023. <http://ask.chis.ucla.edu/>

0.9% of Los Angeles County teens are current smokers, and 1.8% smoked an e-cigarette in the past 30 days. 0.9% of SPA 6 teens, 2.1% of SPA 7 teens, and 3.2% of SPA 8 teens smoked an e-cigarette in the past 30 days.

### Smoking, Teens

	SPA 6	SPA 7	SPA 8	Los Angeles County
Current cigarette smoker	*0.6%	*1.1%	*0.0%	*0.9%
Smoked an e-cigarette in the past 30 days	*0.9%	*2.1%	*3.2%	1.8%

Source: California Health Interview Survey, 2019-2023. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

### Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 23.9% in SPA 6, 22% in SPA 7, and 23.2% in SPA 8 reported having engaged in binge drinking in the previous 30 days. The Healthy People 2030 objective is for no more than 25.4% of adults to binge drink.

Men are more likely to engage in binge drinking (25.8%) than women (18.6%). Rates decline steadily with age, from a high of 37.7% among those ages 25 to 29. Binge drinking is more common among residents who identify as bisexual+ (34.2%) and gay or lesbian (32.1%) than those who identify as heterosexual (21.1%). Rates of binge drinking rise with rising education and income.

## Binge Drinking, Adults, Previous 30 Days, by Demographics

	Percent
Male	25.8%
Female	18.6%
Gay or lesbian	32.1%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	34.2%
Straight or heterosexual	21.1%
18 to 24	20.6%
25 to 29	37.7%
30 to 39	31.5%
40 to 49	25.0%
50 to 59	19.2%
60 to 64	17.4%
65 or older	8.2%
0-99% FPL	20.1%
100-199% FPL	19.0%
200-299% FPL	22.5%
300% or above FPL	24.0%
Less than high school	19.4%
High school	21.1%
Some college or trade school	22.3%
College or post graduate degree	24.1%
Latinx	25.4%
U.S. born	28.0%
Multi-racial or Other race, non-Hispanic	24.6%
White, non-Hispanic	21.0%
U.S. born	21.7%
Asian, non-Hispanic	17.2%
U.S. born	20.5%
Black or African American, non-Hispanic	17.6%
U.S. born	17.9%
Native Hawaiian or Pacific Islander, non-Hispanic	*9.4%
American Indian or Alaska Native, non-Hispanic	*4.4%
Bellflower Health District	25.4%
Compton Health District	17.9%
Long Beach Health District	27.7%
<b>SPA 6</b>	<b>23.9%</b>
<b>SPA 7</b>	<b>22.0%</b>
<b>SPA 8</b>	<b>23.2%</b>
<b>Los Angeles County</b>	<b>22.1%</b>

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm> \*Unstable due to sample size.

14.2% of SPA 6 teens, 17.5% of teens in SPA 7, and 16.3% of teens in SPA 8 have tried alcohol. SPA 8 teens reported binge drinking in the prior month at a higher rate (5.2%) than county (2.7%), SPA 7 (2.1%) or SPA 6 (0.7%) teens.

### Teen Binge Drinking and Alcohol Experience

	SPA 6	SPA 7	SPA 8	Los Angeles County
Teen binge drinking, past month	*0.7%	*2.1%	5.2%	2.7%
Teen ever had an alcoholic drink †	14.2%	17.5%	16.3%	19.6%

Source: California Health Interview Survey, 2019-2023 and †2019-2022, pooled. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

### Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 11.7% of SPA 6 adults, 11.8% of SPA 7 adults, and 14.2% of adults in SPA 8 have used marijuana in the previous month. 9.5% of SPA 6 teens, 13.7% of SPA 7 teens, and 9.2% of SPA 8 teens have tried marijuana or hashish.

### Marijuana Use, Adults

	SPA 6	SPA 7	SPA 8	Los Angeles County
Used marijuana within the past month	11.7%	11.8%	14.2%	15.3%
Used marijuana within the past year but not within the past month	7.4%	7.4%	8.1%	8.7%

Source: California Health Interview Survey, 2021-2023 pooled. <http://ask.chis.ucla.edu/>

### Marijuana Use, Teens

	SPA 6	SPA 7	SPA 8	Los Angeles County
Have tried marijuana or hashish	9.5%	13.7%	9.2%	11.8%
Used marijuana within the past month	4.3%	11.3%	3.5%	5.3%

Source: California Health Interview Survey, 2019-2023 pooled. <http://ask.chis.ucla.edu/>

### Opioid Use

The rate of hospitalizations due to opioid overdose in Los Angeles County (excluding heroin) was 12.5 per 100,000 persons. This was lower than the state rate (15 per 100,000 persons). Emergency Room visits due to opioid use other than heroin in Los Angeles County were 34 per 100,000 persons, which was well below the state rate (58.7 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 234.4 per 1,000 persons, which is lower than the state rate of opioid prescribing (296 per 1,000 persons).

## Opioid Use, Age-Adjusted, per 100,000 Persons (Prescriptions per 1,000 Persons)

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin)	12.5	15.0
ER visits for opioid overdose (excludes heroin)	34.0	58.7
Opioid prescriptions, per 1,000 persons	234.4	296.0

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; data from 2023. <https://skylab.cdph.ca.gov/ODdash/>

## Substance Use by Race and Ethnicity

In SPAs 6, 7 and 8, combined, from 2019 to 2023, 5.8% of adults reported being current smokers. Non-Latino multiracial residents (10.1%) and Black or African American residents (8.8%) of the area are more likely to be current smokers than Asian residents (3.9%), Latino residents (5%), or White (6.9%) residents.

From 2019 to 2023, 12.2% of adults in SPAs 6, 7 and 8, combined, said they had used marijuana during the prior month. Rates of marijuana use were highest among area multiracial residents (19.4%), White residents (17.6%), and Black or African American residents (16.7%), and lowest among Asian residents (6.4%) and Latino residents (10.2%).

From 2021 to 2023, 18.2% of SPAs 6, 7 and 8 adults, combined, engaged in binge drinking during the prior month. The rates were highest among Latino residents (21%), non-Latino multiracial residents (19.1%), and White residents (18.7%), and lowest among Asian residents (9.6%) and Black or African American residents (10.4%).

## Cigarette Smoking, Binge Drinking and Marijuana Use, Adults, by Race, 5-Year Average, for SPA 6, 7 and 8 Residents, Combined

	Current Smoker	Current Marijuana User	Binge Drinking, Prior Month†
Multiracial	10.1%	19.4%	19.1%
Black or African American	8.8%	16.7%	10.4%
White	6.9%	17.6%	18.7%
Latino	5.0%	10.2%	21.0%
Asian	3.9%	6.4%	9.6%
<b>SPAs 6, 7 &amp; 8, combined, all races</b>	<b>5.8%</b>	<b>12.2%</b>	<b>18.2%</b>

Source: California Health Interview Survey, 2019-2023 or †2021-2023, pooled. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Community Input – Substance Use

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

- Most of the youth that we serve have a substance use issue. No child really grows up wanting to be a drug addict. They want to escape, so we help them with developing coping skills that are not substance related.

- We have harm reduction efforts within the city. But they are not widely available to combat this issue at the magnitude that we need.
- We see a lot of comorbidities with mental illness and self-medicating. We need more places where people can safely detox.
- Many people that are substance abuse users have mental health issues. So, it's two pronged. We must deal with the substance use and their mental health to get them off of that wheel.
- It seems like we are backtracking on a lot of progress that we made with harm reduction and meeting people where they are. It will continue to get worse as we criminalize substance use and people will get into more illegal and dangerous substances.
- Poverty and substance abuse tend to be the leading causes of kids entering the foster system.

## Preventive Practices

### Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. In the Long Beach Health District, 51.9% of adults received a flu shot. Rates of annual flu vaccinations were higher for men than for women. Among children, rates decline with age, but among adults, rates generally rise with age. American Indian or Alaska Native children and non-Hispanic Black or African American children are the least likely to be vaccinated. Among adults, ages 18 years and older, flu shot rates are lowest among Black or African American residents and Latino residents. Disabled adults are more likely to get vaccinated against the flu.

### Flu Vaccines, Los Angeles County, by Demographics

	Children, 6mos to 17 Years	Adults, 18 and Older	Adults, 65 and Older
Male	57.0%	58.4%	83.0%
Female	59.1%	57.1%	77.9%
Prefer not to state	-	56.6%	72.6%
Transgender male	-	52.8%	N/A
Gender non-binary/non-conforming/Queer	-	46.3%	N/A
Transgender female	-	*43.5%	N/A
Gay or lesbian	-	70.7%	82.5%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	-	56.0%	85.9%
Heterosexual	-	57.5%	81.2%
6 months to 5 years old	58.9%	-	-
6 to 11 years old	58.0%	-	-
12 to 17 years old	57.6%	-	-
18 to 24 years old	-	43.2%	-
25 to 29 years old	-	48.0%	-
30 to 39 years old	-	47.0%	-
40 to 49 years old	-	52.6%	-
50 to 59 years old	-	59.9%	-
60 to 64 years old	-	67.0%	-
65 or older	-	80.3%	80.3%
Asian, non-Hispanic	70.8%	69.5%	81.8%
White, non-Hispanic	59.7%	64.5%	82.8%
Native Hawaiian or Pacific Islander, non-Hispanic	72.8%	57.8%	67.8%
American Indian or Alaska Native, non-Hispanic	*39.4%	57.0%	N/A
Multiracial or Other Race, non-Hispanic	69.9%	57.0%	66.0%
Hispanic or Latinx	55.9%	51.1%	78.4%
Black or African American, non-Hispanic	43.9%	47.2%	73.6%
0 - 99% FPL	53.9%	48.2%	71.4%
100% - 199% FPL	53.4%	51.2%	75.5%
200% - 299% FPL	51.5%	56.6%	79.2%

	Children, 6mos to 17 Years	Adults, 18 and Older	Adults, 65 and Older
300% or above FPL	66.1%	63.4%	84.1%
Disabled	-	61.0%	81.9%
Not disabled	-	56.2%	79.4%
Bellflower Health District	59.8%	57.3%	64.9%
Compton Health District	44.8%	43.2%	68.4%
Long Beach Health District	55.6%	51.9%	85.6%
<b>SPA 6</b>	<b>53.9%</b>	<b>49.2%</b>	<b>71.2%</b>
<b>SPA 7</b>	<b>56.5%</b>	<b>54.3%</b>	<b>75.3%</b>
<b>SPA 8</b>	<b>60.0%</b>	<b>59.8%</b>	<b>87.1%</b>
<b>Los Angeles County</b>	<b>58.1%</b>	<b>57.6%</b>	<b>80.3%</b>

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm> \*Unstable due to sample size.

## Pneumococcal Vaccine

Among senior adults in the Long Beach Health District, 72.4% had received a pneumococcal vaccine. The rate of pneumococcal vaccinations is highest among individuals who identify as heterosexual and rises with levels of education and income. Pneumonia vaccine rates are highest among non-Hispanic White senior adults and lowest among Hispanic or Latino senior adults.

## Pneumococcal Vaccine, Adults 65 and Older, Los Angeles County, by Demographics

	Percent
Gay or lesbian	65.7%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	67.3%
Heterosexual	69.9%
White, non-Hispanic	73.0%
Asian, non-Hispanic	69.6%
Native Hawaiian or Pacific Islander, non-Hispanic	67.5%
Black or African American, non-Hispanic	65.8%
Multiracial or Other Race, non-Hispanic	65.7%
Hispanic or Latinx	62.3%
American Indian or Alaska Native, non-Hispanic	**
Less than high school	58.1%
High School	62.7%
Some college or trade school	71.8%
College or post-graduate degree	76.6%
0 - 99% FPL	54.0%
100% - 199% FPL	63.0%
200% - 299% FPL	68.5%
300% or above FPL	74.2%
Bellflower Health District	64.6%
Compton Health District	59.2%
Long Beach Health District	72.4%
<b>SPA 6</b>	<b>50.5%</b>

	Percent
<b>SPA 7</b>	<b>67.8%</b>
<b>SPA 8</b>	<b>72.4%</b>
<b>Los Angeles County</b>	<b>69.0%</b>

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. \*\*Suppressed due to low sample size. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm>

## Senior Falls

Among senior adults, 30.1% in SPA 6, 28.7% in SPA 7, and 24.3% in SPA 8 experienced a fall. Among SPA 6 senior adults, 13.8% were injured during a fall in the past year, 8.3% in SPA 7, and 8.5% of SPA 8 senior adults were injured in a fall.

## Senior Adults, Ages 65 and Older, Who Have Fallen in the Past Year

	SPA 6	SPA 7	SPA 8	Los Angeles County
Senior adults who have fallen	30.1%	28.7%	24.3%	26.7%
Injured due to a fall	*13.8%	8.3%	8.5%	10.1%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. \*Unstable due to low sample size. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm>

## Immunization of Children

The rate of full compliance with childhood immunizations upon entry into kindergarten in area public school districts was 94.1% for Los Angeles County. Immunization rates ranged from 86.3% in the Paramount Unified School District to 97.8% in the Norwalk-La Mirada Unified School District.

## Up-to-Date Immunization Rates of Children Entering Kindergarten\*

School District	Percent
ABC Unified School District	96.8%
Bellflower Unified School District	96.8%
Compton Unified School District	93.6%
Downey Unified School District	95.4%
Long Beach Unified School District	95.4%
Lynwood Unified School District	93.2%
Norwalk-La Mirada Unified School District	97.8%
Paramount Unified School District	86.3%
Los Angeles County*	<b>94.1%</b>
California*	<b>93.8%</b>

Source: California Department of Public Health, Immunization Branch, 2021-2022. \*For those schools where data were both reported, and not suppressed due privacy concerns over small numbers. Excludes private schools. <https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

## Pap Smears

The Healthy People 2030 objective for Pap smears is 79.2% of women, ages 21 to 65, to have been screened in the past three years. Among women in area Health Districts, rates fall short of the Healthy People 2030 objective. Cervical cancer screening in Los

Angeles County is highest among individuals who identify as heterosexual and lowest among those who identify as lesbian. Cervical cancer screening is lowest among women, ages 21 to 24, and highest among women ages 30 to 64. Screening is highest among non-Hispanic White women, Black or African American women, and American Indian or Alaska Native women, and lowest among non-Hispanic Asian women and Native Hawaiian or Pacific Islander women. Screening rates rise with income and levels of education and are lower among residents with a disability.

#### Pap Smears in Past 3 Years, Women, Ages 21-65, Los Angeles County, by Demographics

	Percent
Lesbian	66.2%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	72.4%
Heterosexual	77.2%
21 to 24 years old	47.1%
25 to 29 years old	72.5%
30 to 39 years old	80.1%
40 to 49 years old	76.3%
50 to 59 years old	79.0%
60 to 64 years old	76.8%
65 years and old	70.0%
White, non-Hispanic	81.6%
Black or African American, non-Hispanic	80.7%
American Indian or Alaska Native, non-Hispanic	80.1%
Multiracial or Other Race, non-Hispanic	77.2%
Hispanic or Latinx	72.1%
Asian, non-Hispanic	69.3%
Native Hawaiian or Pacific Islander, non-Hispanic	62.0%
Less than high school	65.6%
High School	63.5%
Some college or trade school	79.1%
College or post-graduate degree	81.8%
0 - 99% FPL	59.8%
100% - 199% FPL	70.1%
200% - 299% FPL	75.5%
300% or above FPL	81.5%
Disabled	70.2%
Not disabled	76.4%
Bellflower Health District	71.3%
Compton Health District	75.9%
Long Beach Health District	72.6%
<b>SPA 6</b>	<b>70.7%</b>
<b>SPA 7</b>	<b>76.0%</b>
<b>SPA 8</b>	<b>73.7%</b>
<b>Los Angeles County</b>	<b>74.7%</b>

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm>

## Mammograms

The Healthy People 2030 objective for mammograms is 80.3% of women, ages 50 to 74, to have had a mammogram in the past two years. Breast cancer screening in Los Angeles County is highest among individuals who identify as heterosexual and lowest among those who identify as lesbian. Mammography screening is lowest among Latina women, non-Hispanic Asian women, and Native Hawaiian or Other Pacific Islander women. Screening rates rise with level of education and higher levels of income and are lower among residents with a disability.

### Mammograms, Women, Ages 50-74, Los Angeles County, by Demographics

	Percent
Lesbian	59.3%
Bisexual+ (includes bi/pan/fluid/flexible/queer)	73.6%
Heterosexual	78.8%
Multiracial or Other Race, non-Hispanic	84.3%
Black or African American, non-Hispanic	80.9%
American Indian or Alaska Native, non-Hispanic	80.4%
White, non-Hispanic	80.3%
Asian, non-Hispanic	77.1%
Hispanic or Latina	76.4%
Native Hawaiian or Pacific Islander, non-Hispanic	*51.7%
Less than high school	72.7%
High School	75.7%
Some college or trade school	78.6%
College or post-graduate degree	83.0%
0 - 99% FPL	72.7%
100% - 199% FPL	72.0%
200% - 299% FPL	76.8%
300% or above FPL	82.5%
Disabled	73.7%
Not disabled	79.8%
Bellflower Health District	82.2%
Compton Health District	95.5%
Long Beach Health District	79.2%
<b>SPA 6</b>	<b>79.4%</b>
<b>SPA 7</b>	<b>77.5%</b>
<b>SPA 8</b>	<b>75.6%</b>
<b>Los Angeles County</b>	<b>78.1%</b>

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey, 2023. \*Unstable due to small sample size. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2023.htm>

## Colorectal Cancer Screening

The current recommendation for colorectal cancer screening is for adults, ages 50-75, to have a Fecal Occult Blood Test (FOBT) within the previous year, a sigmoidoscopy in the past five years *and* an FOBT in the past three years, or a colonoscopy exam in the

past 10 years. The Healthy People 2030 objective for colorectal cancer screening is 68.3%. In Los Angeles County the reported rate of colorectal cancer screening was 49.8%, which does not meet the objective.

#### Colorectal Cancer Screening, Adults, Ages 50-75, Age-Adjusted

	Los Angeles County	California
Screening sigmoidoscopy, colonoscopy or Fecal Occult Blood Test	49.8%	*53.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

\*Weighted average of California county rates.

#### Community Input – Preventive Practices

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

- Preventive care is dependent upon whether there's access for patients to see their primary care physicians.
- There needs to be more work toward providing services for our disabled population, particularly the invisible disabilities, like developmental disabilities. You will see families who have a child with a disability tend to live a more secluded life because their child may engage in behavioral issues in a public setting. But that prevents them from accessing a lot of community spaces and resources.
- We get a lot of ambulance calls for seniors falling.
- The people that we see with syphilis, a lot of times we find they're using substances, they may be unhoused. We have a large population of men having sex with men. So, we try to promote safe sex practices.
- People will think twice about going to the doctor because of their required co-payment. Or they don't have health insurance.

## Appendix 1: Benchmark Comparisons

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

Indicators	Service Area Data	Healthy People 2030 Objectives
<b>High school graduation rate</b>	<b>83.2%</b> - 95.7%	90.7%
Child health insurance rate	95.2%	92.4%
<b>Adult health insurance rate</b>	<b>86.8%</b>	92.4%
<b>Unable to obtain medical care</b>	<b>6.9%</b> - 7.4%	5.9%
<b>Ischemic heart disease deaths</b>	<b>104.5</b>	71.1 per 100,000 persons
<b>Cancer deaths</b>	<b>139.8</b>	122.7 per 100,000 persons
<b>Colon and rectum cancer deaths</b>	<b>12.8</b>	8.9 per 100,000 persons
Lung cancer deaths	22.2	25.1 per 100,000 persons
<b>Female breast cancer deaths</b>	<b>19.3</b>	15.3 per 100,000 persons
<b>Prostate cancer deaths</b>	<b>20.0</b>	16.9 per 100,000 persons
<b>Stroke deaths</b>	<b>37.4</b>	33.4 per 100,000 persons
Unintentional injury deaths	33.4	43.2 per 100,000 persons
Suicides	6.6	12.8 per 100,000 persons
<b>Liver disease (cirrhosis) deaths</b>	<b>16.9</b>	10.9 per 100,000 persons
<b>Homicides</b>	<b>8.1</b>	5.5 per 100,000 persons
<b>Overdose deaths involving opioids</b>	<b>16.7</b>	13.1 per 100,000 persons
Infant death rate	3.9	5.0 per 1,000 live births
<b>Adult obese, ages 20+</b>	28.9% - <b>43.5%</b>	36.0%, adults ages 20+
<b>Obese teens, ages 12 to 17</b>	<b>15.9%</b> - <b>27.1%</b>	15.5%, children & youth, 2 to 19
<b>Adults engaging in binge drinking</b>	17.9% - <b>27.7%</b>	25.4%
Cigarette smoking by adults	4.6% - 5.6%	6.1%
<b>Pap smears, ages 21-65, screened in the past 3 years</b>	<b>71.3%</b> - <b>75.9%</b>	79.2%
<b>Mammogram, ages 50-74, screened in the past 2 years</b>	<b>79.2%</b> - 95.5%	80.3%
<b>Colorectal cancer screenings, ages 50-75, screened per guidelines</b>	<b>49.8%</b>	68.3%
<b>Annual adult influenza vaccination</b>	<b>43.2%</b> - <b>57.3%</b>	70.0%

## Appendix 2: Community Stakeholder Interviewees

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

Name	Title	Organization
Steve Croft	Vice Mayor and Council Member	City of Lakewood
Lupita Gutierrez	Interim Executive Director	Casa Youth Shelter
Nicolas King	Associate Director of Development	Olive Crest
Ha Nguyen	Performance Improvement and Accreditation Coordinator	Long Beach Department of Health and Human Services
Jennifer Ponce, MPH	Chief Health Education & Promotion Officer	TCC Family Health
Nancy Riano, RN, PHN, MSN, FNP-BC	Nursing Services Officer; Maternal Child & Adolescent Health Director	Long Beach Department of Health and Human Services
La Fonda Riggins, MA	Community Services Liaison	Los Angeles County Fire Department
Vicki Stuckey	Reserve Deputy: Council Member	Los Angeles County Sheriff's Department, City of Lakewood
James Suazo	Executive Director	Long Beach Forward
Chris Tomogin, MD, FACEP	Chief of Staff; Emergency Medicine	UCI Health – Lakewood

### Appendix 3: Community Stakeholder Interview Responses

Interview participants were asked to name the major health or social issues in the community. Responses included:

- Lakewood residents have Medi-Cal HMO and community members have difficulty getting referrals and follow-up care. Los Alamitos is a wealthier community and residents with Medicare are connected to primary care practitioners.
- We have seen a rise in mental health concerns among youth.
- Mental health, housing, public safety, economic disparity.
- Homelessness, mental illness and a lack of services for those experiencing homelessness.
- We recently had a TB outbreak in Long Beach, and we had to declare a local emergency. We also have high rates of syphilis and HIV in LA County. We see a lot of diabetes and hypertension, and mental health issues.
- I think sometimes our city doesn't really recognize that things really affect minorities within our community. People here didn't realize the magnitude of how George Floyd affected everyone.
- Access to care.
- Food insecurity and housing, diabetes, hypertension, and obesity.
- Fires have caused displacement.

Interview participants were asked to identify the most important socioeconomic, racial, behavioral, or environmental factors that impact health in the area. Their responses included:

- There is a greater need for psychosocial support, whether that be outpatient psychiatric care, inpatient care, social services planning, and placement for those who require assistance. There are more people experiencing homelessness in Lakewood or housing challenged individuals who seek care in the ED.
- Overall stress in society right now. Fear.
- Poverty, being unhoused, not having access to food. If you don't have these three, then access to health care falls to the wayside.
- People who don't have insurance or have minimal types of insurance worry about going to the doctor or the hospital. Insurance doesn't pay for everything, so people wait until it is a crisis.
- It is difficult to access fresh and healthy food options. Or even if they are accessible, they are not always fresh, quality ingredients.
- Seniors do not have enough social interaction, so there are feelings of isolation.
- Economic stability. Immigration concerns.

Stakeholders were asked to identify populations in the area who are not regularly accessing health care and social services. Responses included:

- In Lakewood we see people who walk into the ED and use it as a form of primary care. They may not have resources to pay upfront for urgent care or they are having difficulty accessing health insurance to see a physician in the community.
- Our Black community has the most challenges with accessing care.
- Seniors are a bit more reluctant to reach out. Also, there are people in their 20s and 30s who haven't dealt with stress and don't know where to go for help.
- Older adults and our unhoused population. We are seeing more adults falling into homelessness because of inflation and other financial factors. Their social security check or pension is not enough to sustain their living situation.
- Those who don't have insurance. We have a lot of immigrants. We have a lot of people who are concerned and are going underground. They are not going to school; they are not going to the doctor's office.
- A lot of immigrant communities are struggling to access care. The willingness to even venture into public services has dropped significantly.
- Teens who aren't in a sport are not coming in for their physicals. And the dads, they also have low rates of physicals. We have a lot of children under age 6 who do not complete their vaccine schedule.
- Hispanic residents, youth.

Stakeholders were asked about community members who were impacted by climate hazards.

- For the unhoused population, even though we have spaces where we can provide additional shelter, during the extreme heat and extreme cold events there's still not enough space. Also, our disabled group. If a person lives with any kind of disability, like a developmental disability and they live with their family, they already don't really go out much. They're already locked out from a lot of resources that are made available.
- We have all been affected by the fires with air quality.
- We have the Port of Long Beach and the Port of Los Angeles and historically, we've always had the worst air quality in the nation because of the ports. The other thing is heat. Increasingly every year, the heat extremes tend to be worse, and they tend to affect the most vulnerable individuals in our population: children, babies, pregnant women, older adults, typically they're intolerant to heat.
- That recent fire has really affected a lot of people. Some people will not be able to rebuild. It is going to affect people for generations and impact their wealth. And they aren't removing that top layer of soil and toxins in Altadena. In 15 or 20 years we are going to realize diseases are a result of not removing that soil.

- With the wildfires there was concern over air quality, especially with kids in schools. We are also having more extreme heat. Every year we seem to have more days of triple digit degree weather, and many people do not have the infrastructure for air-conditioning. It is a luxury many cannot afford. Also, we are seeing more extreme heat days happening in the spring and fall, not just the summer. The local government has created cooling stations, but they have limited hours, and they are not necessarily accessible to all residents.
- The air quality has exacerbated asthma and affects people's ability to be physically active and outside.