

# 2022 Community Health Needs Assessment



Kaiser Permanente Los Angeles Medical Center

License number: 930000077

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

September 27, 2022



# Kaiser Permanente Los Angeles Medical Center 2022 Community Health Needs Assessment

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# Kaiser Permanente Los Angeles Medical Center 2022 Community Health Needs Assessment

## Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Los Angeles Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Los Angeles Medical Center has identified the following significant health needs, in priority order:

1. Mental & behavioral health
2. Income & employment
3. Housing
4. Access to care
5. Sexual health
6. Structural racism

To address those needs, Kaiser Permanente Los Angeles Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

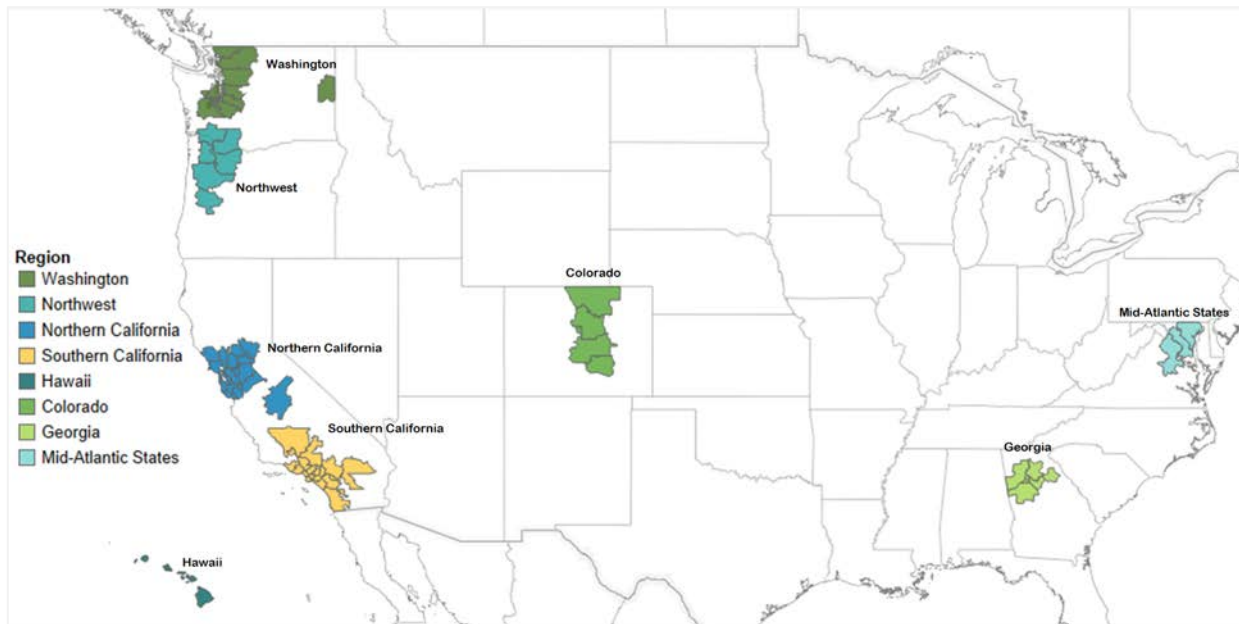
# Introduction/background

## About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



## About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compels us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

## Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

The Kaiser Permanente Los Angeles Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

## Community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente Los Angeles Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

### Los Angeles service area

 Kaiser Permanente hospital    Kaiser Permanente medical offices



### Los Angeles service area demographic profile

Total population:	2,185,672
American Indian/Alaska Native	0.1%
Asian	20.5%
Black	4.0%
Hispanic	47.1%
Multiracial	2.2%
Native Hawaiian/other Pacific Islander	0.1%
Other race/ethnicity	0.2%
White	25.8%
Under age 18	19.2%
Age 65 and over	13.6%

### Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

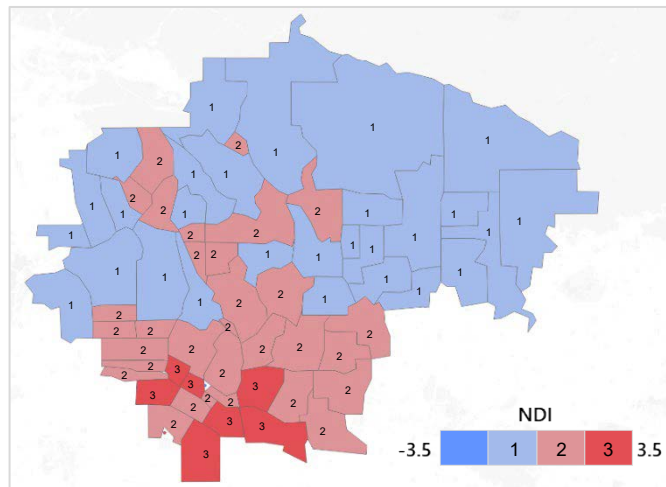
## Neighborhood disparities in the Los Angeles service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

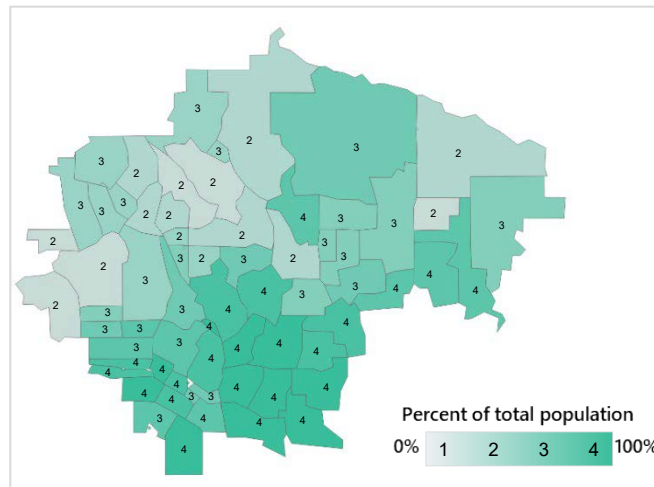
The map on the left shows the NDI for ZIP codes in the Los Angeles service area. Areas with the highest NDI often are those with the highest proportion of People of Color, shown in the map on the right.

### LOS ANGELES SERVICE AREA

Neighborhood Deprivation Index



People of color





## Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

## Hospitals and other partners that collaborated on the CHNA

### Hospitals

Kaiser Permanente West Los Angeles Medical Center, Kaiser Permanente Downey Medical Center, Kaiser Permanente South Bay Medical Center, Kaiser Permanente Panorama City Medical Center, Kaiser Permanente Woodland Hills Medical Center

## Consultants who were involved in completing the CHNA

Harder+Company Community Research (Harder+Company) is a nationally recognized leader in high quality evaluation for learning and action with a team of over 45 researchers throughout California, reflecting the major regions of the state. The firm's staff offer deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts: including conducting needs assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation which is essential to the CHNA processes. The firm is supporting in the following Kaiser Foundation Hospital service areas: Downey, Fontana and Ontario, Los Angeles, Redwood City, Roseville, Sacramento, San Diego, San Francisco, San Rafael, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, and West Los Angeles.

## Methods used to identify and prioritize needs

### Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at [kp.org/chnadata](https://kp.org/chnadata). Specific sources and dates of secondary data are listed in Appendix A.

### Community input

In addition to reviewing the secondary data available through the CHNA Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the

health of the community, Kaiser Permanente Los Angeles Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

### Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through [CHNA-communications@kp.org](mailto:CHNA-communications@kp.org). This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente Los Angeles Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente Los Angeles Medical Center staff.

### Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Los Angeles Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

## Identification and prioritization of the community's health needs

### Process for identifying community needs in the Los Angeles service area

Before beginning the prioritization process, Kaiser Permanente Los Angeles Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Los Angeles Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the six significant health needs.

## Description of prioritized significant health needs in the Los Angeles service area

**1. Mental & behavioral health:** Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. Los Angeles County residents, like many residents across the state, experience mental and behavioral health challenges that were further exacerbated due to the COVID-19 pandemic. For example, Los Angeles County residents report 3.6 poor mental health days per month, compared to 3.7 days across California and 4 days nationwide. Interviewees highlighted the interconnectedness of mental health and substance use issues. Feelings of depression or anxiety can lead people to use or abuse substances, which further exacerbate mental health conditions. Interviewees highlighted how mental health concerns are more prevalent for some the populations they work with in the Los Angeles service area including those experiencing homelessness, those with previous experience with the criminal justice system, Trans individuals, particularly Trans women, and youth.

**2. Income & employment:** In the Los Angeles service area, the unemployment rate is 17 percent which is higher than both the state (15.8 percent) and national (13 percent) rates. While the median household income in the Los Angeles service area (\$66,770) is slightly less than the national average (\$70,036), there are significant racial differences when it comes to per capita income. Across Los Angeles County, Black residents earn \$29,500 less than their white counterparts, and Latino/a communities earn roughly \$40,000 less. Community experts shared that although many residents hold multiple part-time jobs, they do not receive benefits through employment. They also indicated that many of the jobs in the service area are low paying, require minimal skill (e.g., jobs in retail or food service), and are within small businesses that are often unable to increase employee wages. Community experts offered strategies for improving the economic situations in the county including creating supportive guidance through employment. This includes different methods of spreading information about new job opportunities, and cooperation with businesses to create systems that ensure sustained employment for those with additional mental health needs

**3. Housing:** In the Los Angeles service area 33 percent of residents own their home compared to 55 percent across the state. In the Los Angeles service area, 44 percent of Los Angeles service area residents have housing costs that are greater than 50 percent of their income and 13 percent of residents live in overcrowded housing. In the Los Angeles service area, communities of color and immigrant families are likely to experience

severe housing burden and live in overcrowded housing. Community representatives shared that homelessness is a huge concern that continues to grow throughout Los Angeles. Many local experts noted the interconnectedness between homelessness, mental health, and substance use. Interviewees shared their current strategies and initiatives to provide housing support to residents including LA City Homeless Initiative's housing and rental assistance, Project Home Key and Hollywood Housing.

**4. Access to care:** In the Los Angeles service area, 12 percent of the population is uninsured. Within the service area, there are also disparities in access to care. In the southwest and east portions of the service area, more than 50 percent of the population are people of color and they also have a higher percentage of uninsured residents compared to other regions of the service area. Interviewees shared that some residents may be concerned about accessing care because of their immigration status. Community representatives also talked about the lack of culturally responsive providers and those focused on the specific care needs of communities of color and LGBTQ+ individuals. They also identified strategies to address access to care including partnering with the local education system to develop mobile clinics, hosting guest lecturers for health education, or creating internships and additional clinical placements.

**5. Sexual health:** According to the County of Los Angeles Public Health, in 2019, early syphilis rates were the highest among Pacific Islanders (141 per 100,000) and Black (135 per 100,000) residents. In 2019, both Black males and females had the highest rate of HIV diagnoses compared to other ethnicities. Among men the highest rates of diagnoses were seen in Central, Hollywood-Wilshire, and Southeast Health Districts. The highest rates for women were seen in Central, South, Long Beach, Southwest and Inglewood Health Districts. Community experts shared that STIs are a concern for the LGBTQ+ and homeless populations. Interviewees also identified that those who use substances may also be at a high risk for STIs. Interviewees shared current resources and partnerships that provide support for sexual health within the Los Angeles service areas. Several community-based organizations provide regular education and outreach to community members. There are also partnerships within the service area to provide free HIV testing and treatment for the homeless population.

**6. Structural racism:** Centuries of structural racism, reflected in local, state and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. In the Los Angeles service area, Service Planning Areas (SPAs) 4 and 6 both SPAs have a high percentage of People of Color (95 percent of community residents in SPA 6 and 75 percent in SPA 4). Within these SPAs, some of the outcomes of long-term structural racism manifest within communities of color. For example, within SPA 4, there are neighborhoods (i.e., Boyle Heights, Chinatown, Downtown Los Angeles, East Los Angeles, Koreatown, Hollywood, Pico Heights, and West Hollywood) that have higher rates of poverty than the state and more than 50 percent of the population identifies as a person of color.

## Health need profiles

Detailed descriptions of the significant health needs in the Los Angeles service area follow.

# Health need profile: Mental & behavioral health



Mental health affects all areas of life, including a person’s physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

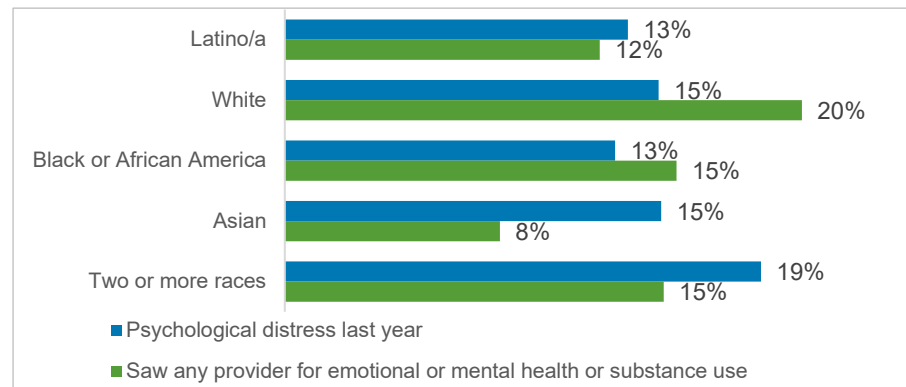
Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Los Angeles County residents, like many residents across the state, experience mental and behavioral health challenges that were further exacerbated due to the COVID-19 pandemic. For example, Los Angeles County residents report 3.6 poor mental health days per month, compared 3.7 days across California, and 4.0 days nationwide. Los Angeles has a lower age adjusted rate of death due deaths of despair (death due to suicide, alcohol related disease, and drug overdoses) compared to California as a whole (29.3 compared to 34.3 per 100,000). Los Angeles County has a lower rate of mental health providers (341.6 per 100,000) than California (352.3 per 100,000).

### Ethnic disparities

Although Los Angeles County mental health data are comparable to or better than the state, at the national level, racial and ethnic differences in rates of suicidal ideation, suicide attempts, and suicide deaths exist. According to the Suicide Prevention Resource Center, American Indian/Alaska Native adults are at the highest risk for past-year suicide-related thoughts, followed by Latino/a and white adults equally. For the past-year suicide attempts, Black adults are at the highest risk, followed by Latino/a then white and American Indian/Alaska Native adults equally. Racial and ethnic groups differ in their access to culturally appropriate behavioral health treatment, experiences of discrimination and historical trauma, and other factors that may be related to suicide risk.<sup>1</sup> In Los Angeles County, Asian residents and residents who identify as two or more races were the most likely to say that they had psychological distress in the past year. Approximately 16 percent of residents in Service Provider Area (SPA) 4 (Metropolitan Los Angeles) and 17 percent of residents in SPA 6 (South Los Angeles) were at-risk for major depression.



Source: [Community Health Information Survey, 2020](#)

Key informant interviewees highlighted the interconnectedness of mental health and substance use issues. Feelings of depression or anxiety can lead people to use or abuse substances, which further exacerbates mental health conditions. Interviewees highlighted how mental health concerns are more prevalent for some the populations that they work with in the Los Angeles service area including those experiencing homelessness, those with previous experience with the criminal justice system, Transwomen, and youth.

### Impact of COVID-19 pandemic

The COVID-19 pandemic has greatly impacted mental health and substance use concerns in the Los Angeles service area. Community experts shared that many youths, including those at local colleges were dealing with increased stress due to the pandemic. However, with the increased use of telehealth services, some organizations have seen an increase in youth keeping their appointments.

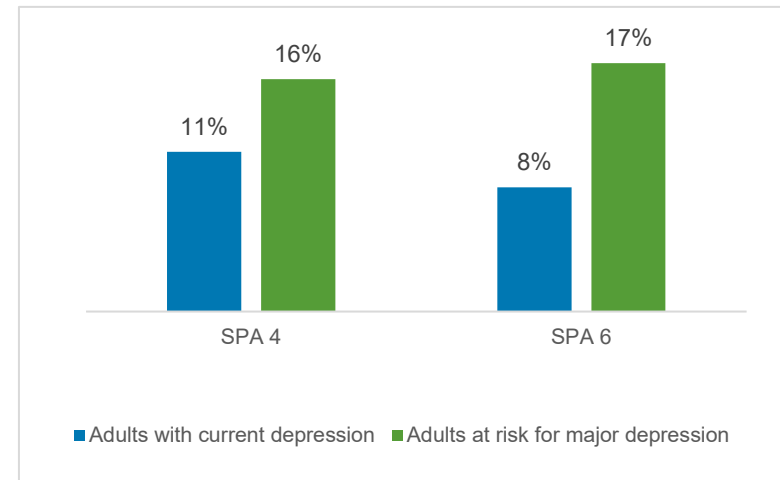
One interviewee also shared the unique mental health concerns that the Trans population face in the Los Angeles service area. The COVID-19 pandemic has further exacerbated many of the long-standing disparities this population previously experienced.

Interviewees also noted the mental health concerns were even greater for those who were already experiencing economic or housing challenges, since the pandemic worsened them.

Our priority number one, there's no argument about this, it's mental health. Mental health. I think that the pandemic has exacerbated this in a way that is immeasurable, because it's not only among the students, but it's also among the staff and the faculty. Everyone is stressed. Everyone is agitated. Everyone is very short time. It's insane, and we see it every day as administrators.

– Higher education representative

### DEPRESSION RATES by SPA, LOS ANGELES, 2017



Source: [Los Angeles Department of Health Key Indicators by SPA, 2017](#)

Obviously mental health is one of the things that really impacts our community, because of the intergenerational trauma that we have experienced. Particularly for Transwomen, the majority of us are disowned by our families, particularly Transwomen of color. So, we have to resort to the street economy in order for us to survive, which leads to many other things. I think substance abuse is also another issue that is very prevalent in our community, and we need to figure out how to address that specifically.

– Trans advocacy organization leader

# Health need profile: Income & employment

Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

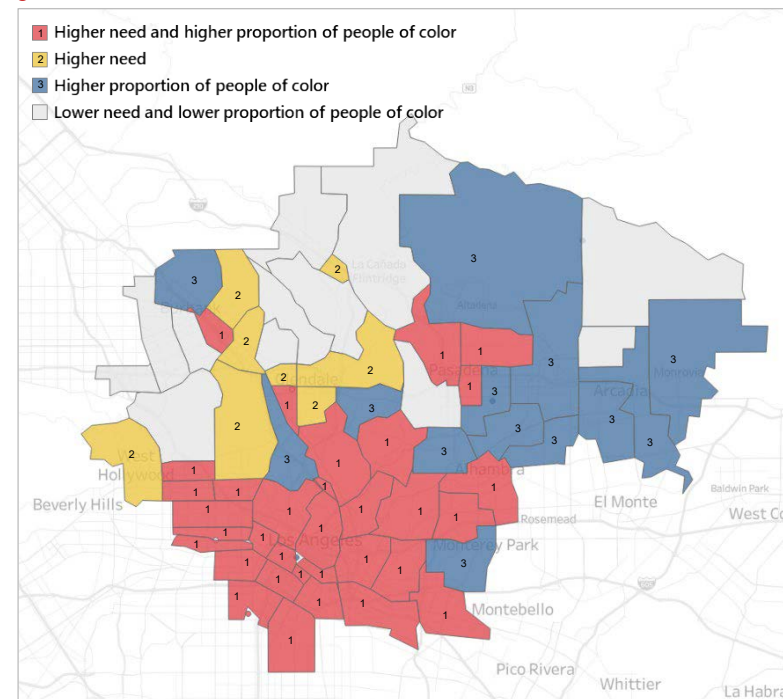
Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Within the Los Angeles service area income and employment remain important needs, especially as many residents were impacted by the COVID-19 pandemic. For example, Los Angeles has a poverty rate of 18 percent, which is greater than the state and national averages by about 40 percent. Similarly, unemployment is 17 percent in this service area, which is more than the state (16 percent) and national (13 percent) rates.

### Ethnic and geographic disparities

Community experts shared that many residents hold multiple part-time jobs yet do not receive benefits through employment. They also indicated that many of the jobs in the service area are low paying, require minimal skill (e.g., jobs in retail or food service), and are within small businesses that are often unable to increase employee wages. In addition, the rate of adults in this service area with no high school diploma (23 percent) exceeds the state and national rates by over 80 percent. Taking this into consideration, community experts emphasized that by not pursuing higher education one's ability to secure a better paying job may be impacted.

**POVERTY RATE, LOS ANGELES SERVICE AREA, 2015-2019**  
 Areas shaded **red (1)** are ZIP codes with a **population of people of color greater than 50 percent** and an **average poverty rate of greater than 13%**.



Source: Kaiser Permanente Community Health Data Platform

When a person is under-resourced, they just don't have access to nutrition, healthcare, education, the disparities exacerbate. So, part of some of this larger societal challenge that we have is to build wealth capacity, build economic strength. And we believe the way to that is through education, that's our firm belief.

- Education leader

Another barrier community experts mentioned is how the relationship between housing and employment can be unstable – when someone does not have housing or employment, it can be difficult to acquire or maintain the other. Over time, financial instability leads to dependency on social services, under-employment, and incarceration. Further, the impact of these barriers perpetuates barriers for youth in Los Angeles. The rate of children living in poverty in the Los Angeles service area (22 percent) exceeds the state and national rates by about 27 percent.

While the median household income in the Los Angeles service area (\$66,770) is slightly less than the national average (\$70,036), there are significant racial differences when it comes to per capita income.

- Across the county, Black residents earn \$29,500 less than their white counterparts, and Latino/a residents earn roughly \$40,000 less (racecounts.org, 2022).
- Communities of two or more races, Pacific Islander, and American Indian fall in between Black and Latino/a communities.

Although unemployment spans across the entirety of the service area, job proximity varies by race and ethnicity. According to HUD's job proximity index, the Los Angeles service area scores a 67, which is far better than state and national scores when it comes to how accessible jobs are relative to the location of residential blocks, the number of opportunities available, and the number of residents looking for work. However, the map to the right reflects specific neighborhoods with greater populations of people of color and decreased accessibility to jobs.

#### Impact of COVID-19 pandemic

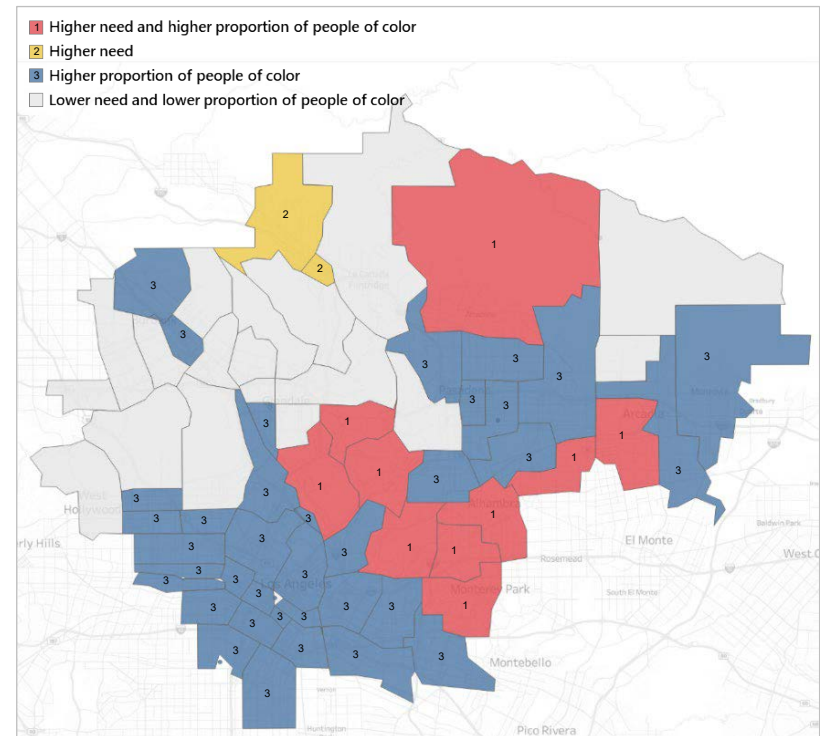
Due to the COVID-19 pandemic, illness and social policies limited which business and services could remain active, thus residents in the service area experienced multiple challenges. For example, community experts described that many residents of color work as frontline staff, which increased their likelihood of contracting COVID-19 and thus be out of work due to illness. Others lost employment altogether. Many families were unable to pay rent or medical bills, lost wealth, accrued household debt, or lost homes. Key informants emphasized that the needs of the transgender population were exacerbated. Many who struggled to find work before the pandemic did not qualify to receive financial support through various federal stimulus checks.

#### Resources and strategies

Community experts offered strategies for improving the economic situations in the county. They advocated for creating supportive guidance through employment. This includes different methods of spreading information about new job opportunities, and cooperation with businesses to create systems that ensure sustained employment for those with additional mental health needs. Ultimately, they encouraged Kaiser Permanente to invest in healthcare workforce development to provide additional pathways for young adults.

#### HUD JOB PROXIMITY INDEX SCORES, LOS ANGELES SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes where 50 percent or more of the population identify as **of people of color** and have lower **job accessibility scores** in the service area compared to the state benchmark.



Source: [Kaiser Permanente Community Health Data Platform](#)



# Health need profile: Housing

## Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the national eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time, and even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

California has some of the highest cost real estate in the country. Like many areas in Los Angeles County, housing in the Los Angeles service area has become prohibitively expensive, especially for communities of color and households with low incomes.

- The Los Angeles service area has a lower home ownership rate (33 percent) compared to the state average (55 percent).
- The Los Angeles service area has a much lower housing affordability index (49.9) compared to the state average (88.1).
- 44 percent of Los Angeles service area residents have housing costs that are greater than 50 percent of their income compared to 19 percent in the state.
- 13 percent of Los Angeles service area residents live in overcrowded housing compared to 8 percent in the state.

## Racial and ethnic disparities

The scarcity of affordable housing has led to severe overcrowding in many households. In the Los Angeles service area, communities of color and immigrant families are the most likely to experience severe housing burden and live in overcrowded housing. For example, according to the US Department of Housing and Urban Development, Latino/a and Black homeowners have a greater cost burden (Latino/a 39.8 per 100 owner-occupied housing units and Blacks 40.4 per 100 owner-occupied housing units) than white homeowners (31.4 per 100 owner-occupied housing units).

## Other vulnerable populations

Community representatives shared that homelessness is a huge concern that continues to grow throughout Los Angeles. Many local experts noted the interconnectedness between homelessness, mental health and substance use. One interviewee noted that depression and anxiety disorders among young people are the results of experiences in homelessness. In addition, they also discussed how there is a large population on the verge of eviction due to the limited availability of affordable housing and high rental costs.

### Community assets and opportunities

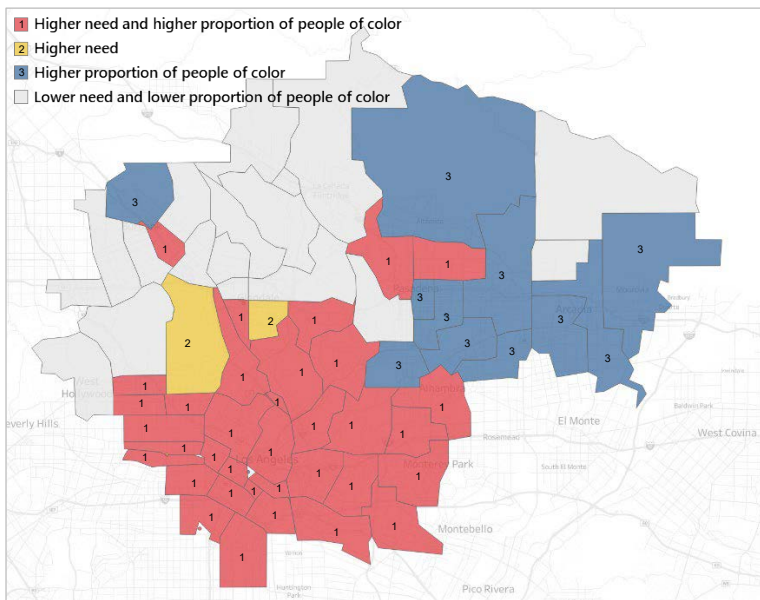
Interviewees shared their current strategies and initiatives to provide housing support to residents. The LA City Homeless Initiatives' housing and rental assistance targets extremely low-income and low-income households, especially during the COVID-19 pandemic where more and more households are on the verge of being unhoused. Similarly, Hollywood Housing provides apartment buildings for people experiencing homelessness or who are unemployed along with supportive services (i.e., case management, food pantry). In addition, interviewees shared excitement for Project Home Key, a state program that provides funds to build interim housing. Hollywood Housing Community Corporation is committed to the principles of trauma-informed care in order for its staff as low-income, supportive housing service providers have more empathy with their residents. Current partnerships include working with USC School of Medicine to provide medical care to those on the streets.

It takes about two years when somebody moves from homelessness into housing. It's a big responsibility, and so it's about a two-year journey of a lot of intensive case management to help people sort of get settled in their lives and readjust to having their own place.

–Local housing expert

### OVERCROWDED HOUSING, LOS ANGELES SERVICE AREA, 2015-2019

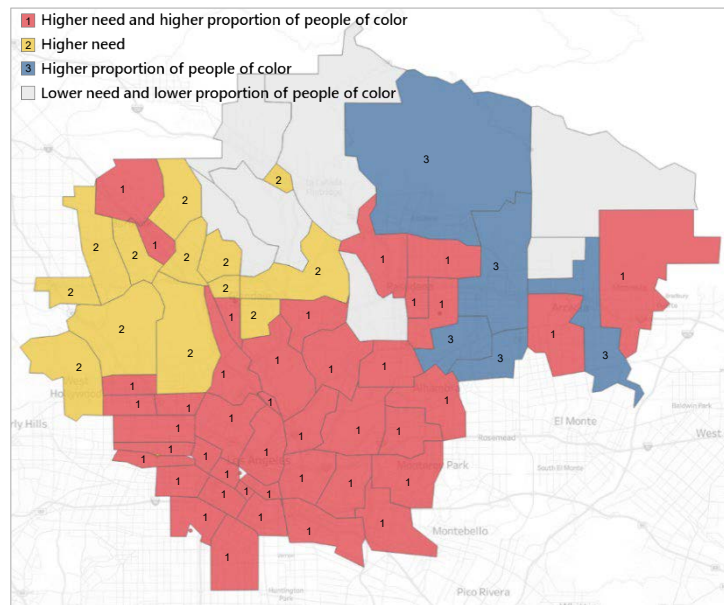
Areas shaded **red (1)** are ZIP codes where 50 percent or more of the population identify as **of people of color** and more than **6.6 percent** of the population living in **overcrowded housing** in the service area.



Source: [Kaiser Permanente Community Health Data Platform](#)

### HOME OWNERSHIP, LOS ANGELES SERVICE AREA, 2015-2019

Areas shaded **red (1)** are ZIP codes where 50 percent or more of the population identify as **of people of color** and a **home ownership rate of less than 55 percent**.



Source: [Kaiser Permanente Community Health Data Platform](#)

# Health Need Profile: Access to care

Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community is also important.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and racial disparities in treatment, as well as fewer health care resources. For example, low-income and/or Black and Latino/a residents are more likely to live in neighborhoods with lower access to dental care and pharmacies.

The COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care.

Within the Los Angeles service area access to care remains a need with few indicators of note. For example:

- 12 percent of the population in this area is uninsured, compared to 8 percent uninsured statewide, and 9 percent both regionally and nationally.
- The Los Angeles service area has 73.8 primary care physicians per 100,000 population compared to 72.9 regionally, 79.8 statewide and 75.4 nationally.

### Ethnic and geographic disparities

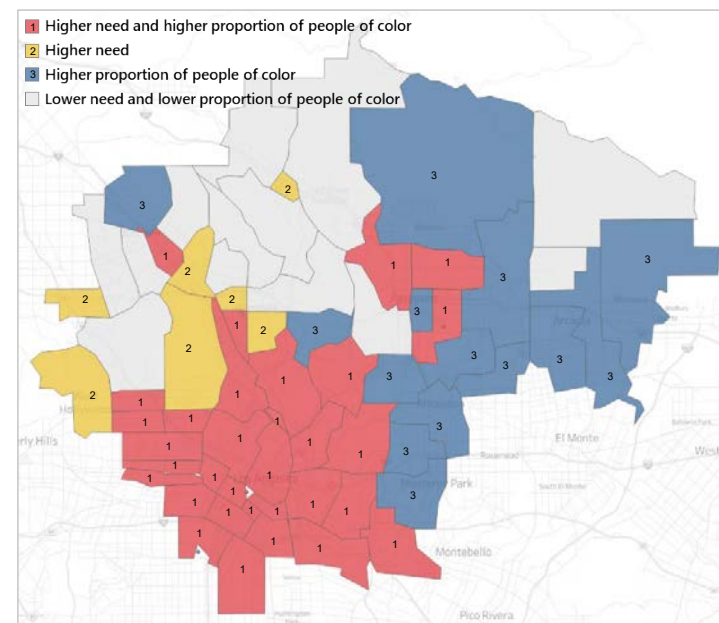
When considering race and ethnicity, the percent uninsured in the Los Angeles service area correlates with the service area’s racial makeup. In the southwest portion of the service area, more than half of the population are people of color and more than 8 percent of residents in the area are uninsured.

This is a similar trend to Los Angeles County where American Indian and Latino/a residents are more likely be uninsured compared to other ethnicities.

Community representatives discussed various barriers to accessing quality care across specific populations. Interviewees shared that some residents may be concerned about accessing care because of their immigration status and there are a limited number of clinics that serve undocumented residents. Many residents who do not have health insurance may also choose not to seek care because the costs are too high. Residents may also lack the time or transportation needed to travel to seek care when working multiple jobs.

### PERCENT UNINSURED LOS ANGELES SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes where 50 percent or more of the population identify as of people of color and more than 7.5 percent of the population is uninsured.



Source: [Kaiser Permanente Community Health Data Platform](#)

**Other vulnerable populations**

Community representatives also talked about the lack of culturally responsive providers and those focused on the specific care needs of communities of color and LGBTQ+ individuals. They feel that health professionals need to learn more, particularly for the Trans populations' complexities of co-occurring health issues.

Other populations discussed were community college students and seniors. Community representatives shared that only about half of the community college population uses student health services, while the senior population remains difficult to reach.

**Impact of COVID-19 Pandemic**

Overall, key informants agreed that the pandemic exacerbated the need for better access to care (e.g., increased socioeconomic barriers impacting access to care). One key informant described the area as “obscene wealth and abject poverty,” leaving many communities to triage addressing COVID-19 pandemic and other health issues.

**Community assets and opportunities**

Community representatives provided a wide range of resources or strategies to help reduce disparities related to access to care. For example, Kaiser Permanente can partner with the local education system to develop mobile clinics, guest lecturers for health education, or create internships and additional clinical placements.

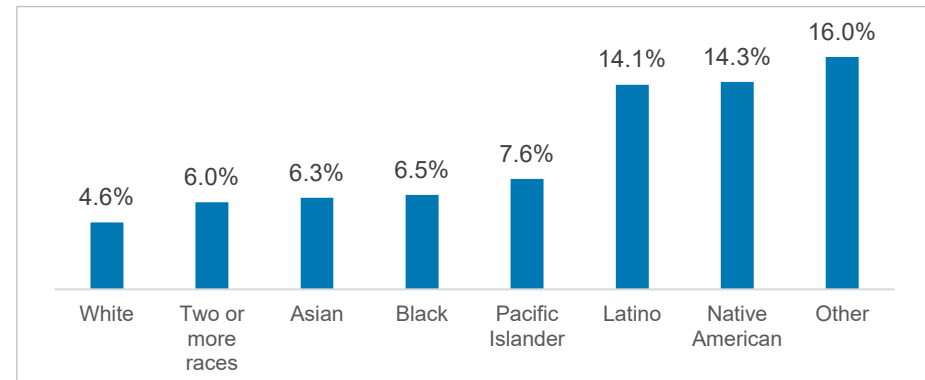
Local experts affirmed the importance of cultivating relationships with trusted leaders of local communities and forming advisory committees to guide conversations. They suggested improving best practices to better serve the LGBTQ+ population. Similarly, they encouraged rethinking the different perceptions of what constitutes quality care.

Lastly, they recommended that organizations work together to ensure access to culturally appropriate services and work with leaders in multiple sectors to create an integrated health care system.

My hope would be [that] our students are getting at least some basic care needs. But what's important here is the importance of preventative medicine. Preventative medicine favors those who are insured, those who are wealthier, those have access to health care.

- Higher education leader

**UNINSURED BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2015-2019**



Source: *Race Counts*

When I do have these conversations, a lot of the people that I do talk to are Latino/a. And one of the things that they're really worried about is immigration status, and the fact that they probably don't have insurance, they hint at it that they don't have insurance. So, they're worried about the cost, and I think that's one of the things that's pretty difficult for me to navigate. I only know so much to send them to, certain clinics or resources that I know that would be able to help them better than I can. And, yeah, so I think it's especially those who are immigrants, new immigrants, and then they don't have insurance or they're worried about their immigration status.

- Nonprofit representative

# Health need profile: Sexual health



Improving sexual and reproductive health is essential to eliminating health disparities and ensuring opportunities for health and well-being, especially for youth and young adults.

Human immunodeficiency virus (HIV) remains a health concern in the U.S., with approximately 38,000 new infections reported each year. Black males are over six times as likely to acquire HIV during their lives than white men, yet they are much less likely to be aware of the availability of Pre-Exposure Prophylaxis (PrEP).

Although many sexually transmitted infections (STIs) are preventable, more than 20 million new cases are reported in the U.S. each year, and teens and young adults are particularly at risk. The most common STI is chlamydia, which can increase risk of cervical cancer and infertility.

While both teen pregnancies and unplanned pregnancies continue to decline, it is estimated that nearly half of pregnancies each year are unintended. Associated risks include low birth weight, postpartum depression, delays in receiving prenatal care, and family stress.

Women with lower incomes have the least access to contraception through employer-sponsored insurance, and access to publicly funded family planning services is uneven across the U.S.

In Los Angeles County, there has been an increase in the incidence of sexually transmitted infections (STIs) over the last few years. Compared to state averages, Los Angeles County is experiencing higher rates of STIs.

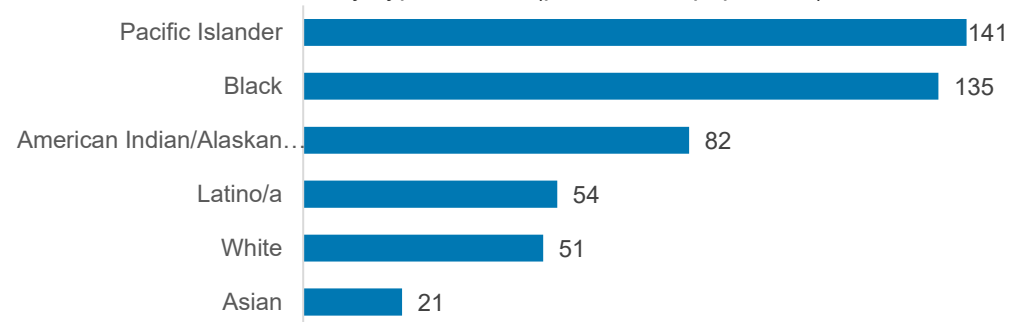
- Los Angeles county has a higher chlamydia rate (667.9 per 100,000) compared to the state rate (585.2 per 100,000)
- Los Angeles county has a higher rate of HIV/AIDs deaths (221.0 per 100,000) compared to the state rate (73.5 per 100,000).
- Los Angeles county has a higher rate of HIV/AIDs prevalence (579.8 per 100,000) compared to the national rate (353.7 per 100,000).

## Ethnic and geographic disparities

According to the County of Los Angeles Public Health, in 2019, early syphilis rates were the highest among Pacific Islanders (141 per 100,000) and Black (135 per 100,000) residents. In 2019, both Black males and females had the highest rate of HIV diagnoses compared to other ethnicities. Among men the highest rates of diagnoses were seen in Central, Hollywood-Wilshire, and Southeast Health Districts. The highest rates for women were seen in Central, South, Long Beach, Southwest and Inglewood Health Districts.

## EARLY SYPHILIS RATES IN LOS ANGELES COUNTY, BY RACE/ETHNICITY, 2019

The chart below shows the rate of early syphilis rates (per 100,000 population).



Source: [Division of HIV and STD Programs, Department of Public Health, County of Los Angeles](#)

**Other vulnerable populations**

Community experts shared that STIs are a concern for the LGBTQ+ and homeless populations. Interviewees also identified that those who use substances may also be at a higher risk for STIs. Two interviewees noted the connection between mental health struggles within the LGBTQ+ community which may lead individuals to substances and therefore be at higher risk of contracting an STI.

**Resources and strategies**

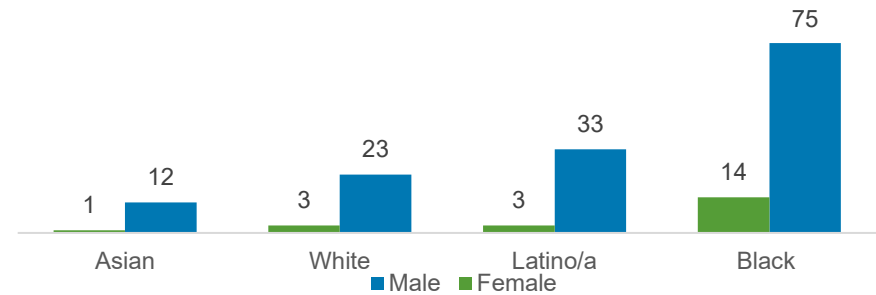
Interviewees shared current resources and partnerships that provide support for sexual health within the Los Angeles service areas. Several community-based organizations provide regular education and outreach to community members. There are also partnerships within the service area to provide free HIV testing and treatment for the homeless population. Each participant receives a 50 gift cards when they go for a HIV test or treatment. The interviewee described it as “we’re trying to be proactive in helping them. So, what they’re trying to do is they’re trying to not only treat the young people need, but they’re also trying to identify if there’s geographic hotspots where they can go out and be more proactive about treatment then information and contraception and all those things.”

I think now that we're experiencing this global pandemic, also trans people have been impacted in different ways through this pandemic. Trans people have also been infected, and HIV is very prevalent in the community, particularly trans women, so we need to understand the interactions between COVID 19 infection, and HIV, and interactions with the medications, and hormones, and all those things. It's so complex, and we don't have a lot of information about it because trans people are always the last to be thought of, to be honest.

– Trans advocacy organization leader

**HIV/AIDS INCIDENCE BY ETHNICITY AND GENDER, LOS ANGELES COUNTY, 2019**

Black males and Black females had the highest incidence rate of new HIV infections in 2019. (Rate per 100,000)



Source: [Division of HIV and STD Programs, Department of Public Health, County of Los Angeles](#)

HIV and AIDS and let's think broadly of the epidemics, plural, of hepatitis, you've got congenital syphilis, and all of this stuff that's really popping. We're going to do an event next month, a policy event, related to the Ending the Epidemic initiative that's federal and state and saying, "How do we get past the pandemic to focus on the epidemics," because the ability to detect [them] has decreased. The ability to prescribe PrEP and PEP and all of that has also been hampered by COVID-19. The congenital syphilis rate now in South LA, where I live, has just skyrocketed, and it especially impacts the Black community. So, I would say these are all absolutely priorities.

– Community clinic representative

# Health need profile: Structural racism

Racism has been declared a public health crisis by agencies and organizations across the United States — from the CDC and the American Public Health Association to local government agencies.

Centuries of structural racism, reflected in local, state, and national policy, have resulted in extreme differences in opportunity and have fueled enduring health inequities. Discriminatory policies such as “redlining” policies in the 1930s and 1940s that denied access to home ownership for people of color persist today, including mortgage lending practices.

Black, Indigenous, and people of color living in cities and rural communities and on tribal lands experience greater exposure to air pollution, extreme heat, and flooding. The legacies of racial discrimination and environmental injustice are reflected in stark differences in health outcomes and life expectancy.

These existing inequalities and disparities have been laid bare by the COVID-19 pandemic. The public health crisis and economic fallout are hitting low-income and communities of color disproportionately hard and threaten to widen the existing health equity gap in our country even further.

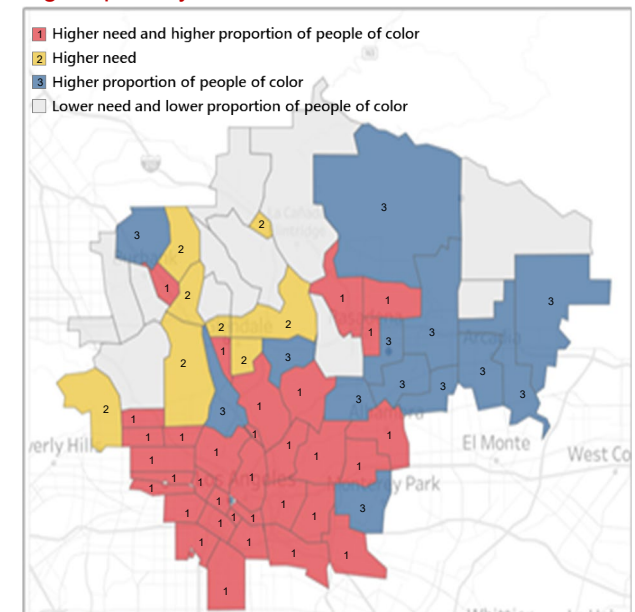
Structural racism has resulted in “long-term, multi-generational adverse impacts on educational attainment, economic opportunities (including home ownership and income), health outcomes, overall well-being, and life expectancy.” For some health outcomes, health behaviors are the primary drivers of health, which in turn are shaped by social and economic factors such as education, employment, socioeconomic status, physical environment, social support, and access to health care (Beyond Health Care, 2018). To address health disparities and improve health outcomes, it is important to understand the role of structural racism on health behaviors and health outcomes. To illustrate how structural/systemic racism manifests in the Los Angeles service area, this profile highlights data from Service Planning Areas (SPAs) 4 (Metropolitan Los Angeles) and 6 (South Los Angeles) combined. Both SPAs have a high percentage of people of color (95 percent of community residents in SPA 6 and 75 percent in SPA 4; California Health Interview Survey, 2020).

## Economic opportunity

According to the Public Health Alliance of Southern California, “economic opportunity is one of the most powerful predictors of good health, and that its impacts on health are especially pronounced for people in or near poverty” (Two Parent Households, n.d.). A community representative pointed out “When a person is under resourced, they just don't have access to nutrition, healthcare, education, the disparities exacerbate.” As the map to the right shows, most of the neighborhoods with poverty rates that are higher than the state are in SPA 4, including: Boyle Heights, Chinatown, Downtown Los Angeles, East Los Angeles, Koreatown, Hollywood, Pico Heights, and West Hollywood. More than half of the population in these neighborhoods identifies as persons of color.

## POVERTY RATE, LOS ANGELES SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes where 50 percent or more of the population identify as **of people of color** and **higher poverty rates** than the state of California average.



Source: Kaiser Permanente Community Health Data Platform

As shared in the income and employment health need profile, while the median household income in the Los Angeles service area (\$66,770) is slightly less than the national average (\$70,036), there are significant racial differences when it comes to per capita income.

- Across the county, Black residents earn \$29,500 less than their white counterparts, and Latino/a communities earn roughly \$40,000 less (racecounts.org, 2022).
- Residents of two or more races, Pacific Islander, and Native Americans fall in between Black and Latino/a residents.

### Access to high-quality care

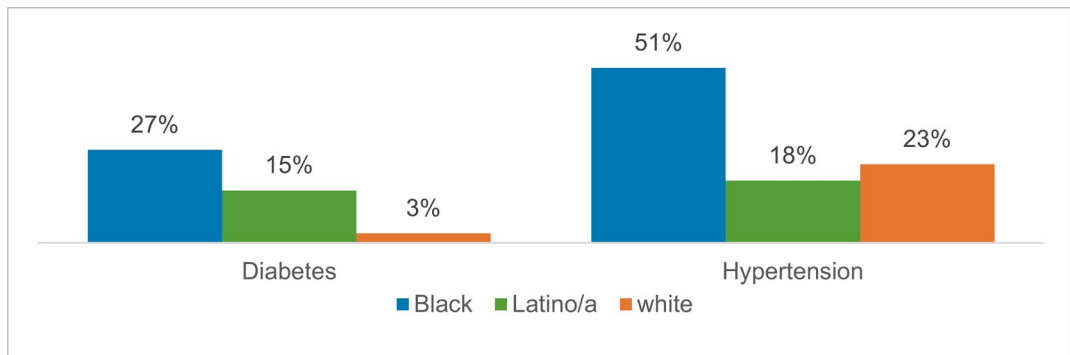
Having health care coverage is the first step to accessing high-quality health care services, with uninsured individuals being less likely to have a regular source of care, receive preventive services, and more likely go without treatment or follow-up care. Although a high percentage of residents (89 percent) reported having health insurance across SPAs 4 and 6, there are racial disparities. A slightly lower percentage of Latino/a residents (85 percent) indicated that they currently have health insurance (California Health Interview Survey, 2020). Community representatives also note how structural racism and implicit bias have lead Persons of Color to distrust the medical system which may in turn lead them to not seek care.

### Health outcomes

Throughout the Los Angeles service area, gentrification, disinvestment, policing, and homelessness have all impacted Black, Indigenous and people of color (BIPOC). As a result of this longstanding racism, BIPOC are more likely to have certain chronic health conditions than their white counterparts. For example, secondary data shows that Black adults residing in SPA 4 or 6 are the most likely out of all racial groups to report ever having been diagnosed with diabetes and/or hypertension. Slightly more than a quarter of Black (27 percent), 15 percent of Latino/a, and 2.8 percent of white adults have ever been diagnosed with diabetes (Ask CHIS, 2020). Half of Black (51 percent), 23 percent of white, and 18 percent of Latino/a adults reported ever being diagnosed with hypertension (Ask CHIS, 2020). A recent example of how racism has impacted communities of color is their overrepresentation among COVID-19 hospitalizations and deaths of individuals with hypertension, diabetes, or obesity (Systemic racism, chronic health inequities, and COVID-19, 2020).

Institutional racism has reared its ugly head. And frankly [it] was given permission to thrive more overtly over the last several years. Now, it's always been there. It's been here for centuries but the racial reckoning that is going on now is really an accumulation of years [of] what I would call structural racism, a human and institutional neglect. And now, we're having to address that in very powerful and important ways.

–Higher education representative



Source: [California Health Interview Survey, 2020](#)



### Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Los Angeles service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

## Kaiser Permanente Los Angeles Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Los Angeles Medical Center’s 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

### Kaiser Permanente Los Angeles Medical Center 2019 Implementation Strategy priority health needs

1. Access to care
2. Mental and behavioral health
3. Economic opportunity
  - a. Education and employment
  - b. Housing insecurity
  - c. Food insecurity
4. HIV/AIDS

### 2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Los Angeles Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Los Angeles Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente Southern California Region has funded significant contributions to the California Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives. During 2020-2021 a portion of money managed by this foundation was used to award 61 grants totaling \$5,253,396 in service of 2019 IS health in the Los Angeles service area.

One example of a key accomplishment in response to our 2019 IS includes the HIV/AIDS/STI strategy to address the complex multiple needs of our Trans community. By providing funding to Casa de Zulma, a bridge housing program for Asian Pacific Islander Transgender women, Asian Pacific Intervention Team (APAIT) was able to house 50 Transgender women and provide them with physical, mental, behavioral health services and meet their immediate social needs. This funding opportunity highlighted the intersection of so many of the health needs, including structural racism which impact the well-being of highly vulnerable populations like that of the Trans community.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people’s health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. Kaiser Permanente Los Angeles Medical Center responded to its community needs to combat the COVID-19 pandemic by engaging in a multi-prong approach to address the many challenges brought on by the pandemic. In addition to providing direct grant to organization, Kaiser Permanente Los Angeles Medical Center also collaborated with nonprofit partners to pivot their service delivery to COVID-19 safe protocols, to COVID-19 education, prevention, testing and vaccination efforts particularly targeting highly impacted communities of color. Multiple testing and vaccination campaigns were planned and executed engaging both community partners and Kaiser Permanente Los Angeles Medical Center staff and physicians.

### Kaiser Permanente Los Angeles Medical Center 2019 IS priority health needs and strategies

#### Access to care

**Care and coverage:** Kaiser Permanente Los Angeles Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	29,200	32,411	\$21,207,449	\$9,738,406
Charitable Health Coverage	105	90	\$9,000	\$8,093
Medical Financial Assistance	11,222	8,750	\$11,920,318	\$7,764,711
<b>Total care &amp; coverage</b>	<b>40,527</b>	<b>41,251</b>	<b>\$33,136,767</b>	<b>\$17,511,210</b>

**Other access to care strategies:** During 2020-2021, 16 grants were awarded to community organizations, for a total investment of \$1,945,573 to address access to care in the Los Angeles service area.

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*Examples and outcomes of most impactful other strategies*

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[Dental Treatments and Education for Low Income Children](#)

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Kids' Community Clinic of Burbank was awarded \$24,999 to provide access to free or low-cost comprehensive and restorative oral care and ongoing education to vulnerable and underserved children, youth and their families facing economic, social, and health inequity. Dental Treatments and Education for Low Income Children is expected to reach 2,083 children through oral health screenings, oral health education, and providing age-appropriate dental products and dental treatment.

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[California Primary Care Association \(CPCA\) Core Support Grant](#)

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CPCA has supported the organization's core services, including training, technical assistance, conferences, and peer networks. The grant is expected to serve 35,000 California community health center staff and leadership, policy makers, and stakeholders.

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[Safety net capacity building](#)

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Community Health Association Inland Southern Region has supported member clinics in delivering culturally appropriate quality care to medically indigent, underserved, and uninsured and underinsured individuals. The program is expected to build capacity and provide technical assistance and improvement activities to 200 clinics in San Bernardino and Riverside counties.

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[Mental and behavioral health](#)

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During 2020-2021, 28 grants were awarded to community organizations, for a total investment of \$672,626 to address mental and behavioral health in the Los Angeles service area.

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*Examples and outcomes of most impactful strategies*

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[Child Behavioral Health Agenda \(CBHA\)](#)

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Children Now was awarded \$300,000 over two years to lead the development of California CBHA policies to improve children's behavioral health. The program is expected to develop a policy agenda to better serve children and youth exposed to poverty, racism, and adverse childhood experiences in California.

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[Girls Empowerment and Violence Prevention Programming](#)

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The YWCA Glendale was awarded \$30,000 to inspire girls ages 8 to 18 to dream big as they learn about building healthy relationships, increase their self-confidence and resiliency, and explore education and career pathways in Science, Technology, Education, Arts, and Mathematics (STEAM). The Girls Empowerment and Violence Prevention Programming is expected to educate and empower 120 girls to choose affirming relationships and provide knowledge on community resources available to support themselves and others in their life to seek help if needed to address unhealthy and/or abusive dynamics in a relationship. Program participants will also participate in STEAM programming to empower them to dream big and explore STEAM education and/or career pathways.

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## Economic opportunity including strategies to address HIV/AIDS/STI

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During 2020-2021, 48 grants were awarded to community organizations, for a total investment of \$1,221,330 to address economic opportunity in the Los Angeles service area.

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### *Examples and outcomes of most impactful strategies*

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#### California Housing Services & Operating Subsidy Fund for Project Homekey

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Enterprise Community Partners has established a public-private partnership fund to support operating costs and wraparound services for vulnerable populations. The partnership is expected to provide housing for about 1,500 individuals and technical assistance to 20 housing projects across California.

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#### Inner City Capital Connections Program

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Initiative for a Competitive Inner City, Inc. was awarded \$180,000 to support business owners in under-resourced communities to build capacity for sustainable growth. The initiative is expected to provide training and resources for 50-75 local businesses in the Kaiser Permanente Southern California Region.

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#### The Semi'a Fund: Increasing Access to Capital for LA's Low-Income Entrepreneurs Through Low-Interest Loans and Individualized Business Coaching

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Inclusive Action for the City was awarded \$24,999 to provide healthy capital to low-income entrepreneurs of color in communities who have historically been underserved and neglected by traditional banking services. The Semi'a Fund is expected to reach 60 low-income entrepreneurs through loans and by providing them individualized technical assistance to support them with business accounting, marketing, procurement, and tax preparation.

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#### Mental Health Care for Youth Experiencing Homelessness and Human Trafficking

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Covenant House California was awarded \$30,000 to provide mental health care and case management services to youth experiencing homelessness and human trafficking. The program is expected to serve 150 youth by providing shelter and connecting to trauma-informed care in Los Angeles.

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#### Casa de Zulma

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Asian Pacific Intervention Team (APAIT) was awarded \$24,999 to provide bridge housing, medical, mental/behavioral health and other supportive services to Transgender women, many of whom are HIV+ and/or at high risk for HIV/STI infections. Casa de Zulma is expected to reach 50 Transgender women through gender affirming housing, access to free meals, increased long-term housing stability, increased job readiness, increased financial stability, increased coping skills, decreased mental health symptoms, and increased ability to live independently.

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## Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

## Appendix A: Secondary data sources

### Kaiser Permanente Community Health Data Platform

<b>Source</b>	<b>Dates</b>
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

### Additional secondary data sources

<b>Source</b>	<b>Dates</b>
1. Race Counts	2019
2. California Health Interview Survey	2020
3. Public Health Alliance of Southern California	2022
4. Race Counts	2019
5. South Central Rooted Report	Unknown
6. HUD Comprehensive Housing Affordability Strategy	2013-2017
7. Beyond Health Care	2018
8. Suicide Prevention Resource Center, Rates of Suicide by Race/Ethnicity in the U.S.	2010-2019



## Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Covenant House	1	Low-income, communities of color, persons experiencing homelessness, youth	Leader	8/6/2021
2	Key informant interview	Hollywood Community Housing Corporation	1	Low-income, communities of color, persons experiencing homelessness	Leader	8/13/21
3	Key informant interview	LA City Homelessness Initiative	1	Persons experiencing homelessness	Leader	8/20/21
4	Key informant interview	Via Care LA	1	Low-income, communities of color	Leader	8/23/21
5	Key informant interview	TransLatin@ Coalition	1	LGBTQ+, Trans, communities of color,	Leader	8/30/21
6	Key informant interview	Community Clinic Association of Los Angeles County (CCALAC)	1	Low-income, communities of color	Leader	8/12/21
7	Key informant interview	Unite LA	1	Education	Leader	8/31/21
8	Key informant interview	Los Angeles County Economic Development Corporation	1	Communities of color	Leader	8/17/21
9	Key informant interview	LA Community College (LACC)	2	Community college students, communities of color,	Leaders	8/27/21
10	Key informant interview	Los Angeles Community College District	1	Community college students, communities of color,	Leader	9/2/21

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
11	Key informant interview	Search to Involve Pilipino Americans (SIPA)	1	Pilipino Americans,	Leader	10/1/21

## Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	211 Los Angeles	211 Los Angeles is a locally based, nonprofit guide to the services & information to navigate life in area.
Income and Employment	Los Angeles Economic Development Corporation	The nonprofit Los Angeles County Economic Development Corporation champions equitable economic growth across the LA region. Collaborating with community, government, business, and education partners to inform and advance our data-driven and evidence-based approach, we endeavor to achieve a reimagined regional economy – growing, equitable, sustainable, and resilient – that provides a healthy and high standard of living for all.
	Workforce development aging and community service (WDACS)	WDACS is a comprehensive community resource that provides personal, social, and economic services for residents and businesses.
	Unite LA	Established in 1998, UNITE-LA is a nonprofit organization that leads collaborative education reform efforts, promotes business-education partnerships, expands college access and provides workforce development opportunities for youth in the Los Angeles area to ensure underserved youth have the opportunity to participate in Los Angeles' 21st century economy.
Housing	Los Angeles Homeless Services Authority (LAHSA)	LAHSA is the lead agency in the Los Angeles Continuum of Care, which is the regional planning body that coordinates housing and services for homeless families and individuals in Los Angeles County. LAHSA coordinates and manages over \$800 million annually in federal, state, county, and city funds for programs that provide shelter, housing, and services to people experiencing homelessness.
	Covenant House	Covenant House provides housing and supportive services to youth facing homelessness. We help young people transform their lives and put them on a path to independence.
	Hollywood Community Housing	HCHC transforms communities by creating affordable housing that achieves design excellence and environmental sustainability, while at the same time respecting the history, culture, and architecture of the communities we serve. HCHC strives to transform lives by providing services and access to resources that improve the quality of life for our residents.
	The Housing Authority of the City of Los Angeles (HACLA)	The Housing Authority of the City of Los Angeles (HACLA) was established in 1938 by City of Los Angeles Resolution No. 1241. HACLA has grown to become one of the nation's largest and leading public housing authorities, providing the largest supply of quality affordable housing to residents of the City of Los Angeles.
Access to care	Safety net organizations	There are 56 Federally Qualified Health Centers that serve the community at multiple sites in Los Angeles County. <a href="https://data.hrsa.gov/data/reports/datagrid?gridName=FQHCs">https://data.hrsa.gov/data/reports/datagrid?gridName=FQHCs</a>

Identified need	Resource provider name	Summary description
	ViaCare	ViaCare is an FQHC that offers primary care for all ages, family planning, reproductive health, chronic disease management, acute injury and illness care, and a warm and caring environment for everyone, regardless of insurance availability or financial status.
	Community Clinic Association of Los Angeles County (CCALAC)	The Community Clinic Association of Los Angeles County (CCALAC) and their members share a common mission of supporting and expanding access to quality comprehensive health care for every individual. Specifically, CCALAC's mission is "to promote community clinics and health centers as providers and advocates for expanding access to quality comprehensive health care for medically underserved people in Los Angeles County."
	To Help Everyone (T.H.E) Health and Wellness Center	T.H.E. Health and Wellness Centers improves the health and well-being of the Los Angeles communities we serve by providing excellent and affordable preventive, primary and behavioral health care, accessible to all.
Mental/behavioral health	Special Service for Group Mental Health Alliance	The program provides 24/7 comprehensive and community-based behavioral health services to adults and older adults with severe and persistent mental illness, including those transitioning out of jails and state prisons.
	Los Angeles County Department of Mental Health	The Los Angeles County Department of Mental Health (DMH) is the largest county mental health department in the country. DMH directly operates 75 program sites and more than 100 co-located sites. DMH contracts with approximately 1,000 providers, including non-governmental agencies and individual practitioners who provide a spectrum of mental health services to people of all ages to support hope, wellness and recovery.
Sexual Health	Los Angeles Department of Public Health Division of HIV and STD Programs	Tracks and monitors incidence and prevalence of HIV and STDs. Provides regular information to the community.
	TransLatin@ Coalition	The mission of The TransLatin@ Coalition (TLC) is to advocate for the specific needs of the Trans Latino/a community that resides in Los Angeles County and throughout the U.S.A. and to plan strategies that improve our quality of life.
	The Los Angeles LGBT Center	Since 1969 the Los Angeles LGBT Center has cared for, championed, and celebrated LGBT individuals and families in Los Angeles and beyond. Today the Center's nearly 800 employees provide services for more LGBT people than any other organization in the world, offering programs, services, and global advocacy that span four broad categories: Health, Social Services and Housing, Culture and Education, Leadership and Advocacy.
Structural Racism	County of Los Angeles Human Relations Commission	The County of Los Angeles Human Rights Relation Commission's mission is to promote better human relations in Los Angeles County by working to transform prejudice into acceptance, inequity into justice, and hostility into peace.

