2022 Community Health Needs Assessment










Kaiser Permanente Downey Medical Center

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

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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 Downey 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 Downey Medical Center has identified the following significant health needs, in priority order:

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

To address those needs, Kaiser Permanente Downey 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.

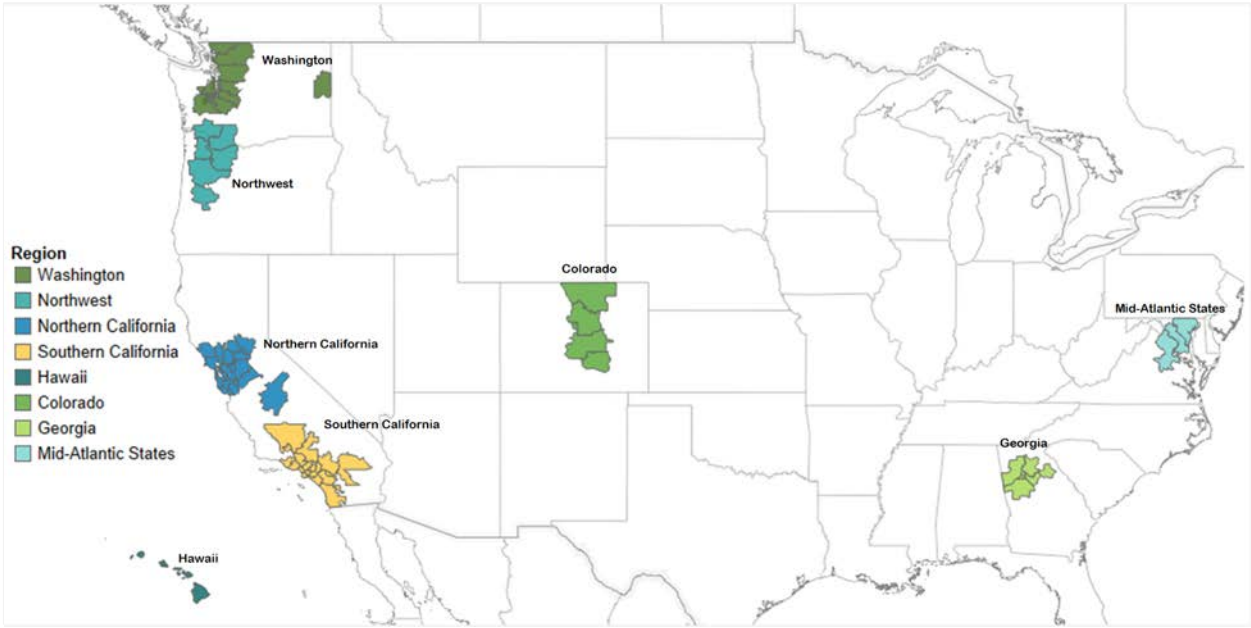
Introduction/background

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.

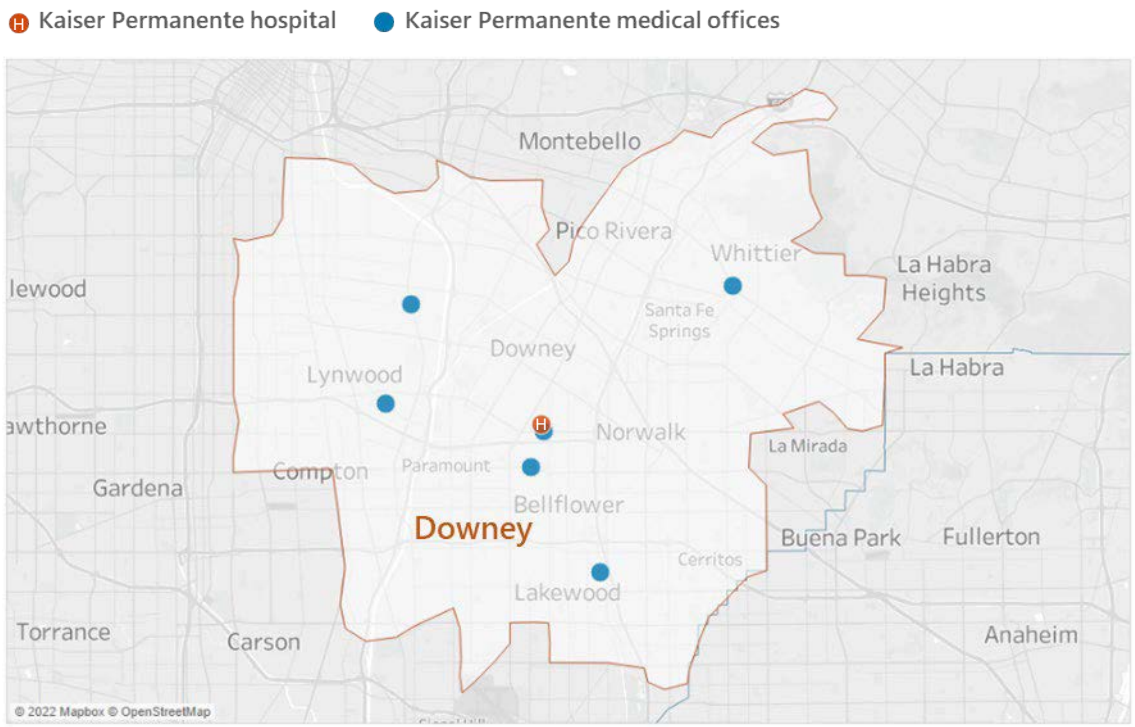
Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — 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 Downey 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 Downey Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

Downey service area



Downey service area demographic profile

Total population:	1,525,258
American Indian/Alaska Native	0.2%
Asian	7.4%
Black	7.4%
Hispanic	73.9%
Multiracial	1.1%
Native Hawaiian/other Pacific Islander	0.4%
Other race/ethnicity	0.2%
White	9.5%
Under age 18	26.3%
Age 65 and over	10.9%

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 American, 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.

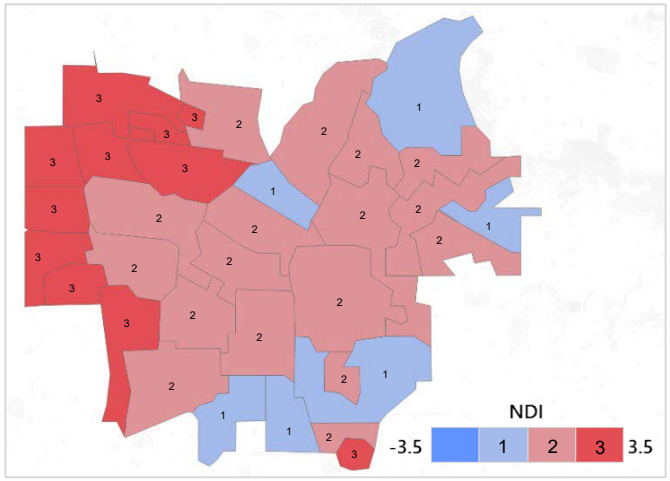
Neighborhood disparities in the Downey service area

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.

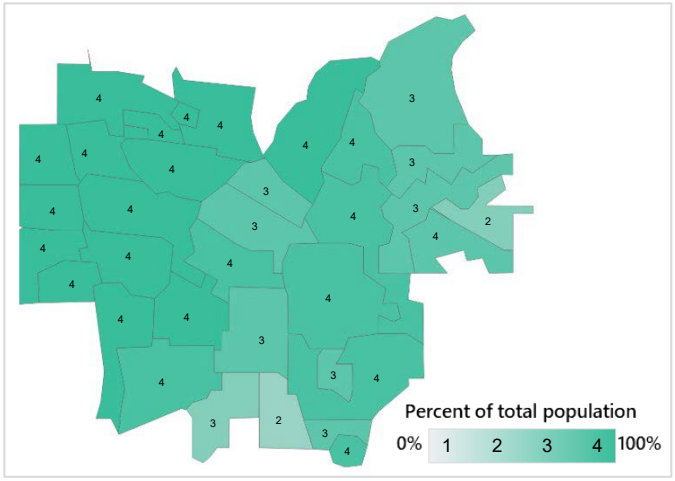
The map on the left shows the NDI for ZIP codes in the Downey service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

DOWNEY 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 Los Angeles Medical Center, and Kaiser Permanente South Bay 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. 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 Downey 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. 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 Downey 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 Downey 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 Downey 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 Downey service area

Before beginning the prioritization process, Kaiser Permanente Downey 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 Downey 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 Downey service area

1. Housing: The Downey service area has a lower home ownership rate (50 percent) compared to the State average (55 percent). In addition, the Downey service area has a much lower housing affordability index (75.) compared to the State average (88.1). Black and Latino/a renters are more likely to live in cost-burdened households and face housing instability. In the Downey service area, communities of color and immigrant families are more likely to experience severe housing burden and live in overcrowded housing. Interviewed community leaders identified racial segregation and gentrification as two causes of the increased housing burden. They also discussed seeing more unhoused families, generational homelessness, and unhoused seniors. According to community leaders, programs such as Project Homekey are critical to address housing needs of unhoused individuals and those at risk of homelessness.

2. Mental & behavioral health: In the Downey service area, depression rates vary by service planning area (SPA), where both rates of adults with current depression and adults at risk for major depression being higher in SPA 6 compared to SPA 7. Community leaders noted that there is a stigma around talking about and seeking care for mental health issues, especially for Black, Indigenous, and people of color. They also noted that it can be challenging to connect individuals experiencing homelessness, monolingual Spanish speakers, seniors, and those who are formerly incarcerated to mental health services given transportation needs and the shortage of providers. Community leaders advocated for including community members in conversations around how develop strategies to address mental and behavioral health issues in the community.

3. Access to care: In the Downey service area, where residents are predominantly people of color, the rate of those uninsured exceeds that of the State (12 percent compared to 8 percent), and more than a third of the residents are enrolled in Medicaid/public insurance. Interviewed community leaders shared that they believe there is a lack of health education related to acquiring insurance and finding medical care, in addition to concerns around competing financial responsibilities, transportation needs, and finding culturally responsive providers. Potential community assets or opportunities they discussed included targeted outreach materials, health education street outreach teams, and cultivated relationships with trusted community leaders.

4. Income & employment: The Downey service area has a poverty rate of 16 percent, which is greater than the state (13 percent) and national (13 percent) averages. Similarly, unemployment is 17 percent in this service area, which is also higher compared to the state (16 percent) and national (13 percent) rates. The rate of adults with no high school diploma (32 percent) exceeds the state and national rates by over 100 percent. Further, significant racial disparities exist in per capita income with some communities of color earning up to $40,000 less than white communities. Interviewed community leaders expressed that prior to the pandemic, many residents did not have access to regular employment because they lacked the skills or knowledge to navigate the workplace. Some opportunities offered by community leaders included developing more pathways for educational attainment, expanding workforce development programs, and using creative methods for spreading information about job opportunities.

5. Structural racism: In the Downey service area, systemic disparities continue to vary by service planning area (SPA). When it comes to educational attainment, economic opportunity, access to quality care, birth outcomes, and chronic health conditions, SPA 7 consistently fares better when compared to SPA 6. Community leaders advocated for policies and benefits that combat the impacts of discriminatory policies.

6. Food insecurity: Black and Latino/a households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses. The Downey service area had a higher SNAP enrollment rate (14 percent) than Los Angeles County (10 percent) and the state (10 percent). Community representatives shared that community members in the Downey service area face barriers in accessing food including limited access to fresh food or lack of transportation to access food distribution events. Some individuals may fear seeking out food assistance programs because of their immigration status. They also discussed opportunities to increase food security by identifying community organizations (e.g., churches, social services providers, and other community-based organizations) that can meet community needs, engaging community members to increase awareness of existing resources, and expanding hours of service.

Health need profiles

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

Health need profile: Housing

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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 Latino/a 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 LA County, housing in the Downey service area has become prohibitively expensive, especially for communities of color and households with low incomes.

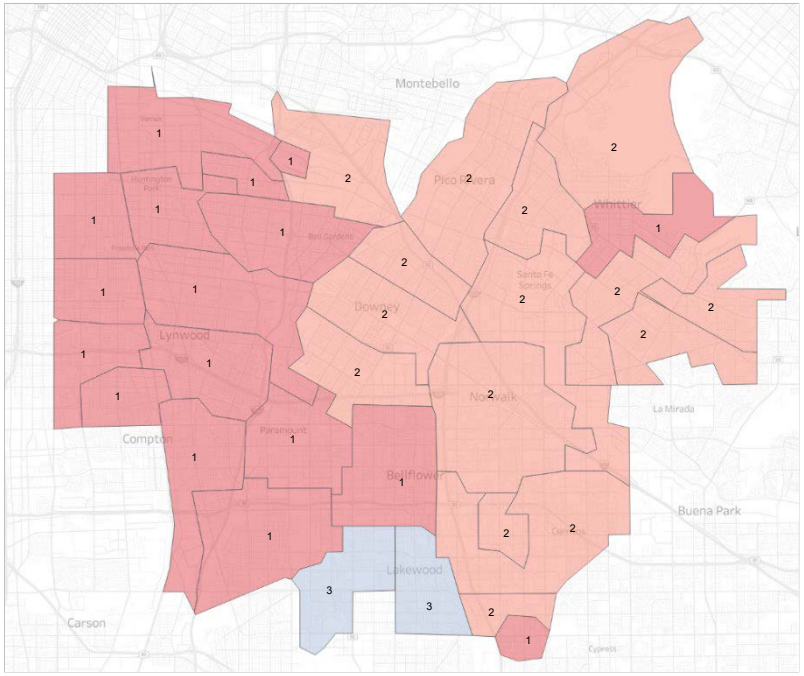
- The Downey service area has a lower home ownership rate (50 percent) compared to the State average (55 percent).
- The Downey service area has a much lower housing affordability index (75.6) compared to the State average (88.1).
- Downey service area residents spend an average of 33 percent of their income on mortgage compared to the State average of 31 percent.

Ethnic and geographic disparities

The scarcity of affordable housing has led to severe overcrowding in many households. In the Downey service area, communities of color and immigrant families are more likely to experience severe housing burden and live in overcrowded housing.

SEVERE HOUSING BURDEN, DOWNEY SERVICE AREA, 2015-2019

Areas shaded dark red (1) are ZIP codes more than 50 percent worse than the national benchmark for severe housing burden.



Compared to US average

- 1 More than 50% worse
- 2 Less than 50% worse
- 3 Less than 50% better
- More than 50% better

Source: Kaiser Permanente Community Health Data Platform

Community representatives shared historical practices of disinvesting in communities through redlining, racialized segregation and gentrification have led to an increased housing burden for communities of color. Interviewees also shared that the homelessness is a huge concern throughout Los Angeles and many noted the interconnectedness between homelessness, mental health and substance use. In addition, they also discussed seeing more unhoused families, generational homelessness and unhoused seniors.

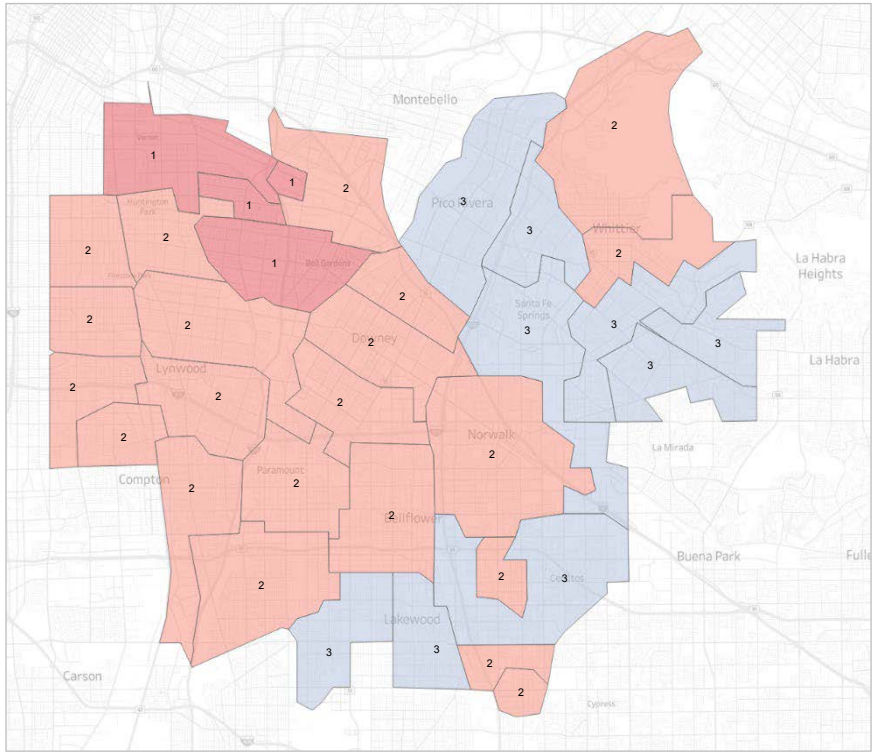
Community assets and opportunities

Several interviewees noted the importance of programs like Project Roomkey and Project Homekey to provide interim housing for those who need it. These projects also provide an opportunity for partners to be on site to provide services. Community representatives discussed the important work that the homeless coalitions and the homeless liaison team are doing to serve the unhoused population and coordinate services in the community.

> Homelessness and housing has probably become the largest, most important issue in the city of Los Angeles at this time. We have the largest growing population of people that are experiencing homelessness and we are serving the most people we've ever served and keeping them from falling into homelessness. So, when you look at housing, you have to realize that yes, everyone looks at LA as a city that builds up and builds out, but that doesn't always translate into units that are affordable for the people and the families that are living here.
>
> – Housing representative

HOME OWNERSHIP RATE, DOWNEY SERVICE AREA, 2015-2019

Areas shaded dark red (1) are ZIP codes more than 50 percent worse than the National benchmark for home ownership.



Compared to US average

- 1 More than 50% worse
- 2 Less than 50% worse
- 3 Less than 50% better
- More than 50% better

Source: Kaiser Permanente Community Health Data Platform

Health need profile: Mental & behavioral health

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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 Latino/a Americans.

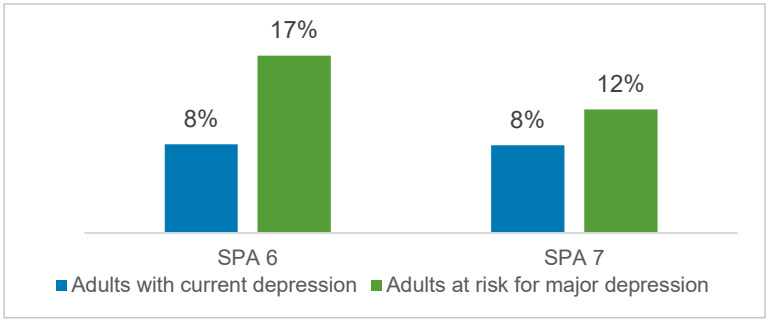
Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

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.

Data from the Los Angeles County Department of Public Health from 2017 indicate that in Los Angeles County 9 percent of adults had current depression while 12 percent were at risk for major depression. These rates varied by Service Planning Area (SPA). Compared to SPA 7, SPA 6 had a higher percentage of adults at risk for major depression.

Depression rates by SPA, Los Angeles County, 2017



Source: Los Angeles Department of Health Key Indicators by SPA, 2017

Ethnic and geographic disparities

Structural inequities including structural racism which lead to socioeconomic disparities can have severe negative impacts on mental health and well-being. This is further exacerbated by the stigmatization of seeking care for mental health related concerns. Some neighborhoods in the Downey service area consist of communities that have experienced redlining, gentrification, disinvestment, poverty, joblessness, over-policing, deportation, and mass incarceration, all of which have an impact on a communities' and individual's mental health. (American Journal of Psychiatry, 2021 and South Central Rooted Report).

According to community representatives, mental/behavioral health issues are a big concern in the community. Interviewees noted the long-term impacts of trauma and structural racism on Black, Indigenous, and people of color (BIPOC) community members. They also noted that there is stigma around talking about and seeking care for mental health issues and this is especially true for BIPOC communities. The impacts of structural racism within the communities have also led to a distrust of mental health providers, especially because there are limited mental health providers who are from the communities they serve. For the Downey service area, immigration status and language barriers also impact residents' ability to seek mental health services.

Community representatives also noted the interconnectedness between mental/behavioral health and community members experiencing homelessness. It can be especially challenging to connect individuals experiencing homelessness to mental health services, given transportation barriers and a shortage of mental health providers. They also noted the connection between mental health, substance use and persons experiencing homelessness. In the Downey service area, interviewees shared that access to mental health services can also be challenging for monolingual Spanish speakers, seniors and those who are formerly incarcerated.

Impact of COVID-19

The COVID-19 pandemic has also impacted the mental/behavioral health of community members. Community representatives discussed the specific mental health challenges youth and seniors faced due to isolation throughout the pandemic. They also noted how the pandemic has "been superimposed on generational trauma that communities have experienced", amplifying the impact of COVID-19 on Black, Indigenous and people of color communities. Some interviewees noted that telehealth did expand access to mental health services but for persons experiencing homelessness or for those without access to stable internet, telehealth does not fill the gap.

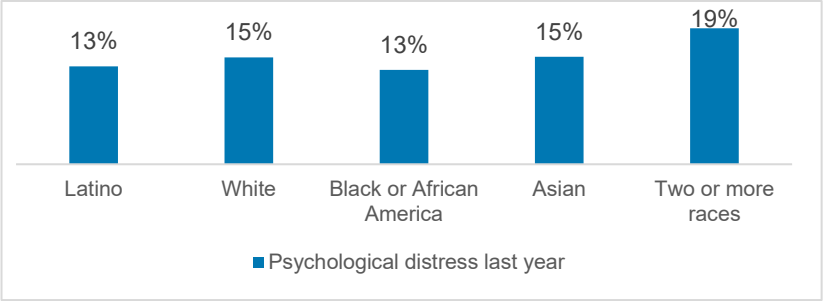
Strategies and community resources

Community representatives shared that the key to improving the mental health of their community members is through collaboration and working with community-based organizations who have strong relationships with the community. For the Downey service area, interviewees also noted the importance of coordination among organizations serving the community and as much as possible providing a "one-stop-shop" to ensure that residents can easily access all needed services.

Community representatives shared the need to engage the community in conversations around mental health to better understand what they need and how best to provide those services. One interviewee described the importance of "co-creating with the community". They also discussed the work of the Los Angeles Department of Mental Health outreach workers to provide mental health support to persons experiencing homelessness and highlighted the need to continue to provide services for clients "where they are at".

Psychological distress, Los Angeles County, 2020

County residents who identified as two or more races experienced higher rates of psychological distress in the past year.



Source: Community Health Information Survey, 2020

> The other thing that I don't think is being talked a lot about is the impact on our seniors, especially some of the monolingual Spanish speaking seniors. Even before [COVID], access to services were somewhat limited. So, it's really causing a lot of isolation and more of a mental burden on both them and their families, because they have to deal with now either a somewhat depressed family member or just somebody maybe not wanting to do as much and is scared to get out.
>
> – Public health leader

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.

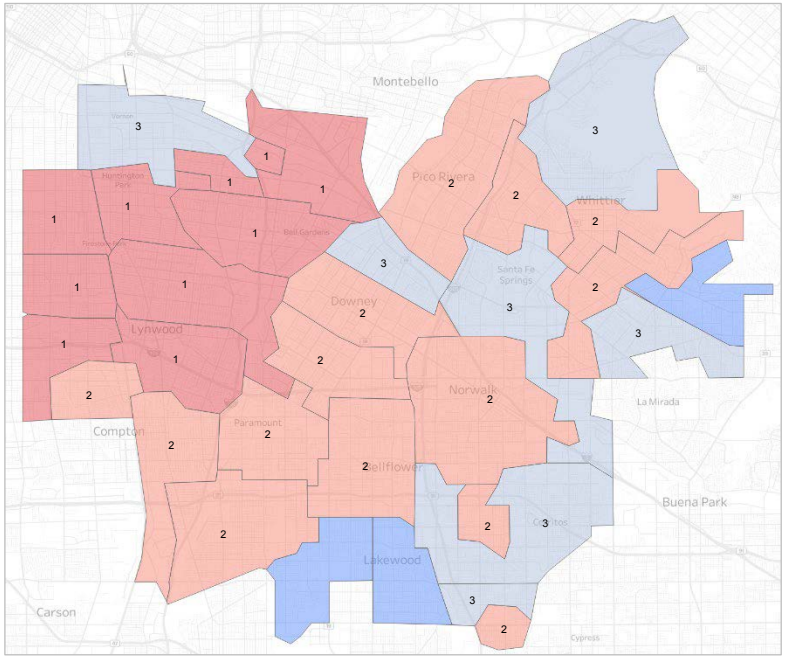
Within the Downey service area, 12 percent are uninsured, compared to 8 percent statewide, and 9 percent both regionally and nationally. Furthermore, the Downey service area has 73.8 primary care physicians per 100,000 population compared to 72.9 per 100,000 in the Southern California region, 79.8 per 100,000 statewide and 75.4 per 100,000 nationally. Despite the Downey service area data being comparable to the state, there continue to be disparities within the service area around access to care.

Ethnic and geographic disparities

When considering race and ethnicity, the percent uninsured in the Downey service area may be relative to geography. The map shows that the Downey service area is comprised of predominantly populations of people of color (greater than 50 percent), and many of these neighborhoods (in red) exceed the state benchmark of those uninsured. For example, ZIP codes within Lynwood are comprised of predominantly people of color with an uninsured rate of roughly 15 percent. Similarly, ZIP codes within Norwalk are also majority people of color with an uninsured rate of roughly 10 percent. Alternatively, 43 percent of the population in the Downey service area is enrolled in Medicaid/public insurance, compared to the state average of 38 percent.

PERCENT UNINSURED, DOWNEY SERVICE AREA, 2015-2019

Areas shaded dark red (1) are ZIP codes more than 50 percent worse than the national average for percent uninsured.



Source: Kaiser Permanente Community Health Data

Community experts discussed that limited or no insurance coverage is a major challenge in accessing care; while understanding how to navigate the health system and limited general health education remain key barriers for many with coverage. For example, interviewees discussed a lack of health education related to acquiring insurance and finding medical care. They also reiterated the need for access to be brought into the community, particularly in the Downey service area for those with insecurities about not knowing where or how to seek care. Community experts also discussed experiences concerning a lack of culturally responsive providers and those focused on the specific care needs of communities of color and LGBTQ+ individuals, as well as a lack of providers who understand the importance of acknowledging the intersectionality of gender, race, sexual orientation, etc.

Interviewees also shared that residents may lack the time or transportation needed to travel to seek care or are prioritizing financial responsibilities to their families over the cost of transportation to appointments. While access to telehealth services is expanding throughout California, access to these services require adequate technology, broadband access, and some level of technological literacy which is lacking in many communities.

> I think so much of helping the community in general and the disadvantaged populations is getting information out there, is effectively getting the information to the people who need it. Knowledge is power, and once they get that knowledge and can really help themselves that's really the key to trying to level that playing field of knowing where to get the assistance that they need.
>
> - Nonprofit leader

Community assets and opportunities

Community experts provided a wide range of resources and ideas to help reduce disparities related to access to care. For example, targeted health materials – including the use of Kaiser Permanente text messaging – for Black and Latino/a communities may help increase health education, engagement, and reduce stigma around seeking mental health support. Another example was the development of street outreach teams to promote health education while simultaneously learning about the residents of local communities. One community member shared that when access to care is limited, local outreach teams acquire the burden of doing work beyond their scope to accommodate care for their communities.

> There used to be a mobile medical unit that would come to us and park on site and our clients would go in and get exams from a doctor. The kids could get their shots before school started. That was really a nice thing for our clients to be able to do. They were in a safe place getting food from us. They trusted the clinic because it was on our property.
>
> - Nonprofit leader

Ultimately, local experts in the Downey service area affirmed the importance of cultivating relationships with trusted leaders of local communities and continuing the relationships with community health managers to leverage networking. Partnering with local health organizations to bring mobile services (e.g., screenings, vaccinations) directly to the communities can support populations (e.g., homeless individuals who cannot leave their belongings to attend an appointment, LGBTQ+ individuals questioning which facilities to trust) with extreme barriers or reluctance to accessing care.

Lastly, they recommended that organizations or leaders from multiple sectors work together to ensure access to culturally appropriate services.

Health need profile: Income & employment

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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, and American Indians 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 Downey service area, income and employment have several indicators that surpass the national benchmarks by more than 20 percent. For example, the Downey service area has a poverty rate of 16 percent, which is greater than the state and national averages (13 percent). Similarly, unemployment is 17 percent in this service area, which is also higher compared to the state (16 percent) and national (13 percent) rates.

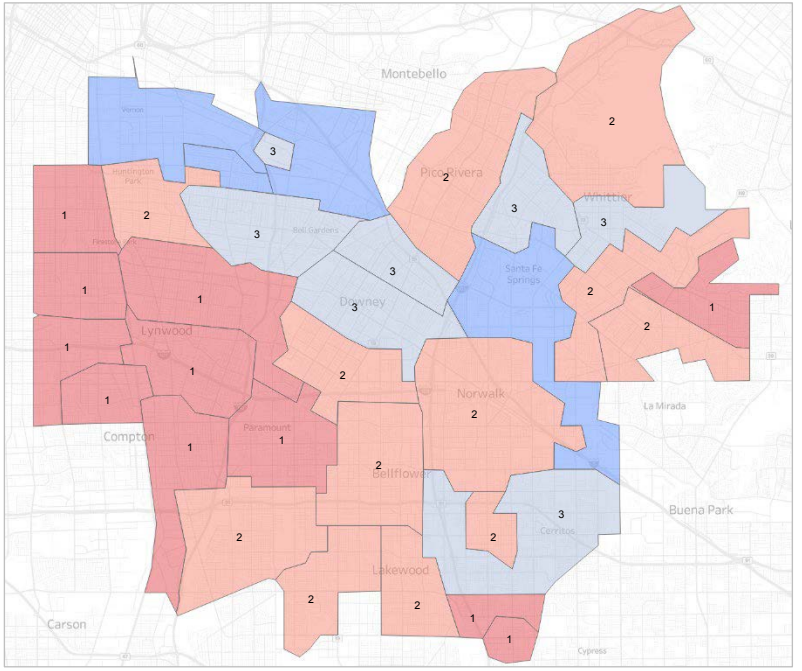
Ethnic and geographic disparities

Community experts noted that even prior to the pandemic, there were some residents who did not have access to regular employment because they do not have the skills or knowledge to navigate the workplace.

- HUD's job proximity index measures how accessible jobs are relative to the location of residential blocks, the number of opportunities available, and the number of residents looking for work. The Downey service area scores a 32.4 compared to the state rate of 47.7.
- Further, the rate of adults with no high school diploma in the Downey service area is 32 percent compared to 18 percent in the state.
- Community experts shared that a lack of exposure to post-high school education or other employment pathways ultimately leads to people not pursuing higher education that may secure better paying jobs.

HUD JOB PROXIMITY INDEX SCORES, DOWNEY SERVICE AREA, 2015-2019

Areas shaded dark red (1) are ZIP codes more than 50 percent worse than the national average for lowest job accessibility in the service area.



Source: Kaiser Permanente Community Health Data Platform

In the Downey service area, the rate of children living in poverty (22 percent) exceeds the state and national rates by about 23 percent, and more than half of the children in the service area are receiving free and reduced-price lunch (58 percent). In terms of high school graduation rate across the county, Asian students lead with a rate of 94 percent, compared to white (86 percent), Latino/a (81 percent), Black (76 percent), and Native American students (61 percent; racecounts.org, 2022). Community members noted that the ability to find and keep a job is also impacted by mental health and housing instability.

While the median household income in the Downey service area ($62,333) 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, 2021).

Impact of COVID-19

Due to the COVID-19 pandemic, residents in the service area faced 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. They also could not afford the proper technology or internet services necessary for students, causing additional barriers to remote learning.

Community assets and opportunities

Community experts offered ideas 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. They also recommended developing more pathways for educational attainment, more internship opportunities, expanding programs like WorkSource, and additional workforce development programs that include mental health and housing support.

Ultimately, community experts recommended partnering with community organizations who have established ways to provide economic support and workforce development in their communities.

> I think economic development is the major way to try to reduce these inequities. There has to be some very thoughtful job development experiences that have built in safety net aspects to them. [This would create a] no fail opportunity for people to be able to earn a living wage.
>
> - Health care leader

> A lot of it has to do with not being exposed to what's out there that they can get into as a career or profession, as well as just not seeing education as being the key element that they need to focus on in order to get to X, Y, Z career, so it goes hand in hand.
>
> - Nonprofit leader

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.

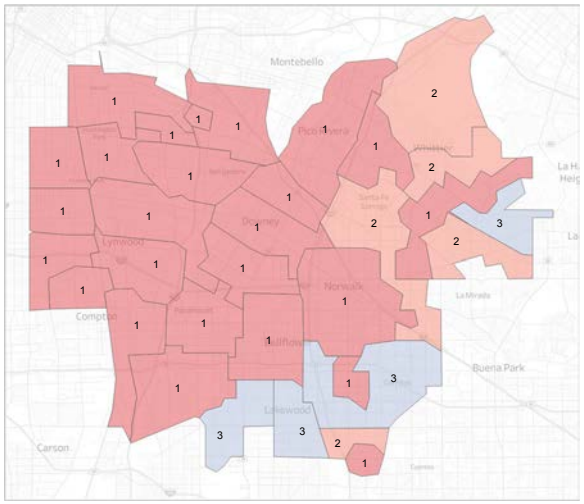
Structural racism in the United States is defined as “the normalization and legitimization of an array of dynamics—historical, cultural, institutional, and interpersonal—that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color” (Lawrence, K. and Keleher, T.). The interaction of these factors on the social, economic, environmental, and cultural determinants of health have led to health disparities.

Impact on education, income, and employment

In general, school districts located in high-poverty neighborhoods receive less funding than school districts in low-poverty areas, with school districts in high-poverty neighborhoods of color receiving less funding than school districts in high-poverty white neighborhoods (EdBuild 23 Billion, 2019). Funding for school resources is positively associated with student outcomes, such as educational achievement and graduation rates (How Money Matters, 2018). Neighborhoods with a large proportion of residents of color have lower educational attainment than neighborhoods with a large proportion of white residents. In the Downey service area, 32 percent of residents do not have a high school diploma compared to 18 percent in the state. In some neighborhoods in the northeast portion of the service area, more than 50 percent of residents do not have a high school diploma including Maywood, Huntington Park, Firestone Park, and Watts. Education level is a major predictor of employment, which is the main source of income for working adults. In general, as education level increases, income increases, with each additional year of education resulting in 11 percent more income annually. However, disparities in employment between Latino/a and white individuals persist even when education is held equal (Mora, MT and Davila, A, 2018).

ADULTS WITH NO HIGH SCHOOL DIPLOMA, DOWNEY SERVICE AREA, 2015-2019

Areas shaded dark red (1) are ZIP codes more than 50 percent worse than the national average for elementary school proficiency in the service area.



Source: [Kaiser Permanente Community Health Data Platform]

In addition to impacting employment rates, structural racism and its inequitable structures, policies, and norms perpetuate disparities in wages and earning between people of color and white people (Communities in Action, 2017). The median household income in the Downey service area is significantly less than the state average ($62,333 compared to $82,053). There are several neighborhoods within the Downey service area where the median household income is less than $50,000 including Commerce, Bell, Cudahy, Bell Gardens, Firestone Park, Huntington Park, Compton and Watts. There are also 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 (racecounts.org, 2021).

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. The Unidos US report shows that "Latinos/as remain among the groups with the highest uninsurance rates". In the Downey service area, 12 percent of residents are uninsured compared to 8 percent in the state. Similar to other disparities noted within the Downey service area, several communities have more than 15 percent of the population who are uninsured including Bell, Cudahy, Bell Gardens, Huntington Park, Firestone Park, Watts, South Gate and Lynwood.

Environmental racism

Decades of housing discrimination through redlining has led to communities of color "bearing the disproportionate harm from pollutions" and other environmental hazards (Roth, S., Los Angeles Time, 2020). Over time, "local zoning officials worked with businesses to place polluting operations such as industrial plants, major roadways and shipping ports in and around neighborhoods that the federal government marginalized (Fears, D, Washington Post, 2022). One recent example of this in the Downey service area is the Exide Technologies battery recycling plant contamination. A 2017 study highlighted that communities living near Exide Technologies such as Boyle Heights and Maywood are more than 90% Latino/a and rank among the top 10% of most environmentally burdened areas in California (Johnston, JE and Hricko, A.). In addition to the historical racist policies that have increased environmental exposures in these communities, many of these communities are immigrant communities who continue to be under resourced and explicitly left out of the decision-making process.

Community assets and opportunities

Community voices shared that in order to address structural racism, it is first important to "reconcile those actions we took so long ago and try to put policies and benefits in place that combat the impacts of those [discriminatory] policies." Community representatives also noted opportunities for community residents to interact with each other and learn about each other's struggles can help reduce inequities and promote understanding. Additionally, many community-based organizations are dedicated to policy and advocacy to reduce health disparities impacting populations of color.

NEIGHBORHOODS SURROUNDING EXIDE TECHNOLOGIES, 2017

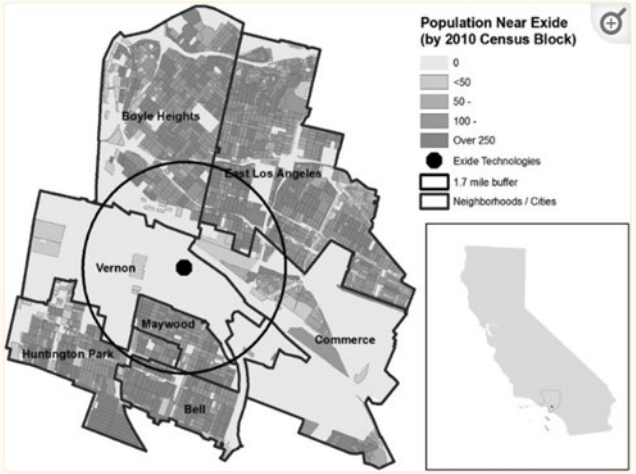


FIG. 1.

Neighborhoods and population surrounding Exide Technologies. Boyle Heights is in the City of Los Angeles. Circle shows the 1.7-mile radius. Prevailing wind direction is northeast.

Source: *Industrial Lead Poisoning in Los Angeles: Anatomy of a Public Health Failure, 2017*

I look at exposure to environmental toxins. So all these plants that are more likely to produce toxins [are] usually in low-income neighborhoods, right? You look at something like in SPA 7's Exide site, it's in one of the poor areas by Vernon and in the surrounding areas. So obviously kids, especially who are growing up in those areas are going to be more exposed to toxins.

- Public health representative

Health need profile: Food insecurity

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Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life.

Black and Latino/a households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. Having both Supplemental Nutrition Assistance Program benefits and convenient access to a supermarket can improve diet quality as well as food security.

Rates of food insecurity increased among families experiencing job loss because of the COVID-19 pandemic — as a result of the pandemic, there has been an estimated 60 percent increase in U.S. food insecurity. As the pandemic worsened, many who qualified for food assistance did not sign up for benefits, in part because of fear related to enrolling in government programs, uncertainty about eligibility, and worry about health risks of in-person appointments.

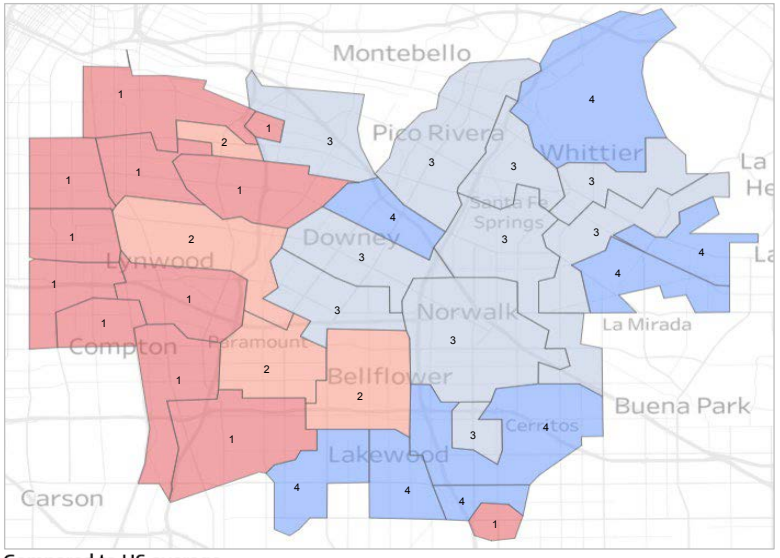
Food insecurity is defined as "a household-level economic and social condition of limited our uncertain access to adequate food" (United States Department of Agriculture, 2021). County-level data from Feeding America shows that Los Angeles County had a higher percentage of the population (11 percent) that were food insecure in 2019 compared to the state average of 10 percent (Feeding America, 2019). The Supplemental Nutrition Assistance Program (SNAP) was established to reduce food insecurity by providing a monthly benefit amount to purchase food. SNAP enrollment rates reflect the number of eligible households experiencing food insecurity who receive this benefit. On average, the Downey service area had a higher enrollment rate (14 percent) than Los Angeles County and the state (10 percent). A higher rate of residents enrolled in SNAP indicates that there are more families impacted by food insecurity.

Racial and geographic disparities

As a region, the Downey service area is racially and ethnically homogenous, with 74 percent of residents identifying as Latino/a, 10 percent as white, 7 percent as Asian and 7 percent as Black. Research has shown that Black, Latino/a, and Native American households are more likely to experience food insecurity. Given that 91 percent of residents in the Downey service area identify as people of color, we would expect to see high SNAP enrollment rates across all communities within the service area. However, pre-pandemic SNAP enrollment data shows that certain communities have higher SNAP enrollment rates than the national average (12 percent), which reflects the high percentage of individuals that rely on this benefit to meet their nutritional needs.

SNAP ENROLLMENT RATES, DOWNEY SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with the highest SNAP enrollment rates in the service area compared to the national benchmark.



Source: Kaiser Permanente Community Health Data

As seen in the SNAP enrollment rates table, the communities of Bell Gardens, Compton, Florence/South Central, Hawaiian Gardens, Huntington Park, Los Angeles, Long Beach, Lynwood, Maywood, Paramount, South Gate, and Watts are the communities within the Downey service area that have the highest SNAP enrollment rates.

Community representatives shared that community members in the Downey service area face barriers in accessing food including limited access to fresh food or lack of transportation to access food distribution events. Some individuals may fear seeking out food assistance programs because of their immigration status.

Impact of COVID-19

Risk factors associated with experiencing food insecurity during the pandemic include being female, being unemployed, having a low household income, being a single parent and being 18 to 50 years of age (The Impact of COVID-19 on Food Insecurity in LA County, 2020). Community representatives noted that COVID-19 related economic stressors, such as loss of employment or reduction of work hours, negatively impacted people's ability to meet their basic needs and "having to choose between a roof, a vehicle, or putting food on the table."

Due to the impact of COVID-19 on income and employment, food insecurity rates increased for all households. Longitudinal data from the Los Angeles County: Understanding Coronavirus in America study showed that 42 percent of low-income (300% below Federal Poverty Level) households experienced food insecurity between April and July 2020 (Food Insecurity in LA County, 2021). In addition to impacting low-income households, the pandemic also affected households with higher incomes. Approximately one-fifth of households experiencing food insecurity had household incomes of $60,000 or more (The Impact of COVID-19 on Food Insecurity in LA County, 2020).

Community Assets and Opportunities

Community experts noted that the increased need for food resources during the pandemic required food banks, churches, social service providers, and other community-based organizations to "elevate their game" to meet the needs of the community. To continue to address food insecurity in the community, interviewees suggested bringing resources to the community, engaging community members to increase awareness of existing resources, and expanding hours of service.

SNAP ENROLLMENT RATES, DOWNEY SERVICE AREA, 2015-2019

	SNAP Enrollment Rate	Service Planning Area
California	9.7%	N/A
Los Angeles County	9.7%	N/A
Downey service area	14.0%	N/A
Bell Gardens	18.2%	7
Compton	20.8% - 22.9%	6
Florence/South Central	23.6%	6
Hawaiian Gardens	19.8%	7
Huntington Park	18.2%	7
Los Angeles (90059)	25.5%	6
Long Beach (90805)	18.6%	8
Lynwood	20.4%	6
Maywood	17.3%	7
Paramount	16.1%	6
South Gate	17.0%	7
Vernon	36.4%	7
Watts	26.8%	6

Source: Los Angeles Department of Public Health

> We used to really know their families and know a lot about them. But what we have seen is new families coming in... many, many people saying they never, ever thought that they would be in this situation [of having to rely on food distribution organizations]
>
> – Food security leader

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 Downey 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 Downey 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 Downey 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 Downey Medical Center 2019 Implementation Strategy priority health needs

1. Access to Care
2. Economic Opportunity
3. Mental Health

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 Downey 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 Downey 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 54 grants totaling $3,573,187 in service of 2019 IS health in the Downey service area.

One example of a key accomplishment in response to our 2019 IS includes supporting mental health programs specifically for parents or caregivers of children in the foster care system. In 2021, Downey Medical Center supported Village Family Services Mental Health & Wellness Center in Huntington Park with a $50,000 grant to expand the capacity of the organization to meet the needs of adult caregivers whose children

were receiving services at the Village Family Services. Prior to this funding opportunity, caregivers in need of mental health services had to be referred to a different counseling center creating an undue hardship on families as they must coordinate services for their children and themselves through two separate service agencies. Support from Kaiser Permanente allowed Village Family Services to expedite and achieve greater outcomes for the entire family once all services were coordinated and delivered by a single agency.

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. In 2021, the Watts Healthcare Corporation received a $300,000 grant to support an education campaign designed to address COVID vaccination hesitancy in the African American community of South Los Angeles. Watts Healthcare Corporation worked to dispel myths and misinformation and promote appropriate messages to prevent the transmission of COVID-19 and better understand the barriers that inhibit health-seeking behaviors among Black community members.

Kaiser Permanente Downey Medical Center 2019 IS priority health needs and strategies

Access to care

Care and coverage: Kaiser Permanente Downey 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	45,520	49,718	$26,735,580	$8,997,169
Charitable Health Coverage	132	112	$9,610	$9,075
Medical Financial Assistance	9,295	7,067	$10,918,441	$6,395,326
Total care & coverage	54,947	56,897	$37,663,631	$15,401,570

Other access to care strategies: During 2020-2021, 15 grants were awarded to community organizations, for a total investment of $1,928,908 to address access to care in the Downey service area.

Examples and outcomes of most impactful other strategies

California Primary Care Association (CPCA) Core Support Grant

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.

Economic opportunity

During 2020-2021, 38 grants were awarded to community organizations, for a total investment of $1,355,123 to address economic opportunity in the Downey service area.

Examples and outcomes of most impactful strategies

Healthcare Scholarships & College Completion Initiative

Lynwood Partners Education Foundation was awarded $50,000 to help Lynwood Unified School District overcome obstacles related to high school student ability to prepare for, afford, and complete a post-secondary degree or credential. The initiative is expected to serve 750 high school students with access to greater information about community college programs and scholarships.

Southeast Los Angeles County Homeless Street Team Substance Use Navigator

Helpline Youth Counseling, Inc. was awarded $80,000 to add a trained Substance Use Counselor to the existing Homeless Services Street Team to deliver comprehensive street-level substance use assessment and case management to homeless individuals. The program is expected to serve 200 homeless individuals.

Food for Health

Interfaith Food Center, Inc. was awarded $80,000 to maintain distribution of healthy food in a safe environment and connect individuals to government assistance programs. Food for Health is expected to serve 3,500 individuals by returning volunteers and consistent messaging on sage practices and client choice distribution.

Mental health

During 2020-2021, 19 grants were awarded to community organizations, for a total investment of $555,136 to address mental health in the Downey service area.

Examples and outcomes of most impactful strategies

Child Behavioral Health Agenda (CBHA)

Children Now was awarded $300,000 over 2 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.

Appendix

A. Secondary data sources

B. Community input

C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

	Source	Dates
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

	Source	Dates
1.	American Journal of Human Biology	2020
2.	American Journal of Psychiatry	2021
3.	Beyond Health Care	2018
4.	California Health Interview Survey	2020
5.	Feeding America	2019
6.	Healthy Places Index	2021
7.	Los Angeles Department of Health Food Insecurity in LA County	2021
8.	Los Angeles Department of Health Key Indicators of Health	2017
9.	Maternal and Child Health Journal	2018
10.	Race Counts	2021
11.	South Central Rooted Report	2020
12.	United States Department of Agriculture	2021
13.	USC Dornsife Public Exchange Food Insecurity Report	2021

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Behavioral Health Services, Inc.	1	Low-income, medically underserved, mental health	Leader	8/12/21
2	Key informant interview	Compton Unified School District	1	Education, communities of color	Leader	10/18/21
3	Key informant interview	Council District 15	1	Communities of color, low-income, local government	Representative	8/24/21
4	Key informant interview	Council District 9	1	Communities of color, low-income, local government	Representative	9/7/21
5	Key informant interview	Economic Roundtable	1	Policy research, housing and environment, economic opportunity	Leader	7/30/21
6	Key informant interview	Elevate Your G.A.M.E.	1	Youth mentoring, communities of color	Leader	8/11/21
7	Key informant interview	Homeless Outreach Program Integrated Care System (HOPICS)	1	Persons experiencing homelessness, housing insecurity	Leader	8/19/21
8	Key informant interview	Interfaith Food Center	1	Food insecurity, low-income	Leader	9/9/21
9	Key informant interview	Kaiser Permanente Watts Counseling and Learning Center	1	Youth services and education	Leader	8/19/21
10	Key informant interview	Los Angeles Department of Health Services	1	Public health, maternal and infant health, communities of color	Leader	9/13/21
11	Key informant interview	Los Angeles Department of Mental Health	1	Mental health, low-income	Leader	9/15/21

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
13	Key informant interview	Los Angeles Department of Public Health	4	Public health, maternal and infant health	Leaders	8/13/21-9/13/21
14	Key informant interview	Martin Luther King Jr. Community Hospital	1	Public health, acute care, communities of color	Leader	8/30/21
15	Key informant interview	Nehemiah Project	2	Transitional age youth services	Leaders	8/12/21
16	Key informant interview	Positive Results Center (formerly Positive Results Corporation)	1	Violence prevention	Leader	9/8/21
17	Key informant interview	Southern California Health & Rehabilitation Program (SCHARP)	1	Mental health, substance use	Leader	8/9/21
18	Key informant interview	2nd Call	1	Violence prevention	Leader	8/12/21

Appendix C. Community resources

The table below provides some examples of key resources available to address priority health needs. It is not an exhaustive list.

Identified need	Resource provider name	Summary description
Housing	Homeless Outreach Program Integrated Care System (HOPICS)	HOPICS is dedicated to providing the highest quality of services to homeless and low-income households in South Los Angeles including behavioral health, employment services, and housing services. http://www.hopics.org
	Kingdom Causes Bellflower	Kingdom Causes Bellflower's missing is to mobilize the community and provide transformative services so that all neighbors have a place to live, work, and belong. Our Place Housing Solutions (OPHS) is the main homeless service provider for adults the cities of Artesia, Bellflower, Cerritos, Compton, Downey, Lynwood, Norwalk, and Paramount. We provide outreach, case management, and limited financial assistance to help end homelessness in our community.
	Whittier First Day Shelter	First Day serves approximately 2,300 unduplicated individuals through outreach, homelessness prevention, housing, health, advocacy, and other services. They also serve the Greater Whittier network of providers and community members as a leader in cross-sector convening, information sharing, and volunteer coordination.
Mental/behavioral health	Community Family Guidance Center	Community Family Guidance Center provides affordable, high quality, culturally sensitive mental health services to children and their families. Their philosophy is that all children and families can be healthy, happy, and successful with the appropriate skills and support.
	Department of Mental Health (DMH) – Health Neighborhoods	DMH provides mental health services to individuals experiencing mental health conditions. The Health Neighborhoods initiative brings clinical and service providers together to increase their capacity to prevent and manage mental health conditions in specific communities. https://dmh.lacounty.gov/about/health-neighborhoods
	Helpline Youth Counseling Center (HYC)	HYC eliminates barriers and creates opportunities for at-risk, low income children, youth and their families through counseling services. Through its comprehensive and holistic array of programs, HYC supports and strengthens families and their resources to enhance their resiliency and help them attain self-sufficiency.
	Nehemiah Project	The Nehemiah Project seeks to increase awareness of the challenges faced by at risk and transitioning foster youth, build local networks of support, advocate for supportive policies to ensure that youth become self-sufficient. https://www.nehemiahprojectla.org

Identified need	Resource provider name	Summary description
	Positive Results Center	The Positive Results Center seeks to address trauma from a cultural and age perspective by helping people create healthy relationships for themselves, their families and the community, which in turn will help reduce violence. https://prc123.org
	Southern California Health & Rehabilitation Program (SCHARP)	SCHARP seeks to provide culturally relevant and sensitive, quality mental health, social, and rehabilitation services to vulnerable populations in South Los Angeles with the goal of improving their quality of life. https://scharpca.org
Access to care	Family Health Care Centers of Greater Los Angeles (FHCCGLA)	FHCCGLA is a Federally Qualified Health Center (FQHC) providing quality health services on a sliding fee scale to anyone, regardless of their ability to pay. The health center is funded by federal monies, grants specifically for care of low income and homeless patients, insurance reimbursement for care and donations.
	St. John's Well Child and Family Center (SJWCFC)	SJWCFC is an FQHC with school-based clinics that span the breadth of Central and South Los Angeles and Compton. In addition to providing a broad array of primary care services, SJWCFC places a high priority on developing supportive services to address families' educational, socio-economic, and mental health needs.
Income and employment	Compton YouthBuild	Compton YouthBuild provides rigorous educational and occupational opportunities for youth ages 16+ who are invested in creating a sustainable future for themselves, their families and communities.
	Elevate Your G.A.M.E.	Elevate Your G.A.M.E. seeks to empower youth through mentoring in the areas of academic achievement, character development, leadership, and life skills. https://elevateyourgame.org
	Good Soil Industries	Good Soil Industries is a social enterprise landscaping company that provides residential and commercial lawn care and yard maintenance. They also provide job training, life skills, and family strengthening classes to help low-income men with employment barriers work their way out of poverty.
	Kaiser Permanente Watts Counseling and Learning Center	The Watts Counseling and Learning Center is a nonprofit Community Benefit program of Kaiser Permanente Southern California. The Center empowers multi-generational individuals and families to cope with stresses and barriers through counseling, educational therapy, child development, and outreach.
Structural Racism	Black Women for Wellness	Black Women for Wellness is committed to the health and well-being of Black women and girls through health education, empowerment and advocacy.

Identified need	Resource provider name	Summary description
	California Black Women's Health Project (CABWHP)	CABWHP is a non-profit organization committed to improving the health of Black women and girls in California through advocacy, education, outreach and policy. Emerging Healthcare Leaders & Advocacy Training Program (EHL-ATP) focuses on training young Black women ages 16-30 who are interested in pursuing, or are currently pursuing, training and education in the health professions. https://www.cabwhp.org
	Community Coalition (COCO)	COCO is dedicated to transforming negative social and economic conditions that foster addiction crime violence and poverty in South Los Angeles by organizing residents and influencing public policy. http://cocosouthla.org
Food insecurity	Interfaith Food Center	The Interfaith Food Center is a non-faith-based, non-profit charity organization dedicated to meeting the needs of our hungry and homeless neighbors in Whittier, La Mirada and Santa Fe Springs. Annually, IFC places more than three million pounds of food in the hands of struggling families and individuals.
	The Los Angeles Regional Food Bank	Through the Rapid Food Distribution program, the LA Regional Food Bank distributes nutritious fruits, vegetables and other perishable foods out to more than 625 agencies at more than 800 sites throughout LA County. https://www.lafoodbank.org