

# 2022 Community Health Needs Assessment



Kaiser Permanente Panorama City Medical Center

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

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# Kaiser Permanente Panorama City Medical Center 2022 Community Health Needs Assessment

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# Kaiser Permanente Panorama City 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 Panorama City 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 Panorama City Medical Center identified the following significant health needs, in priority order:

1. Access to care
2. Income & employment
3. Mental & behavioral health
4. Housing
5. Education
6. Family & social support

To address those needs, Kaiser Permanente Panorama City 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>.

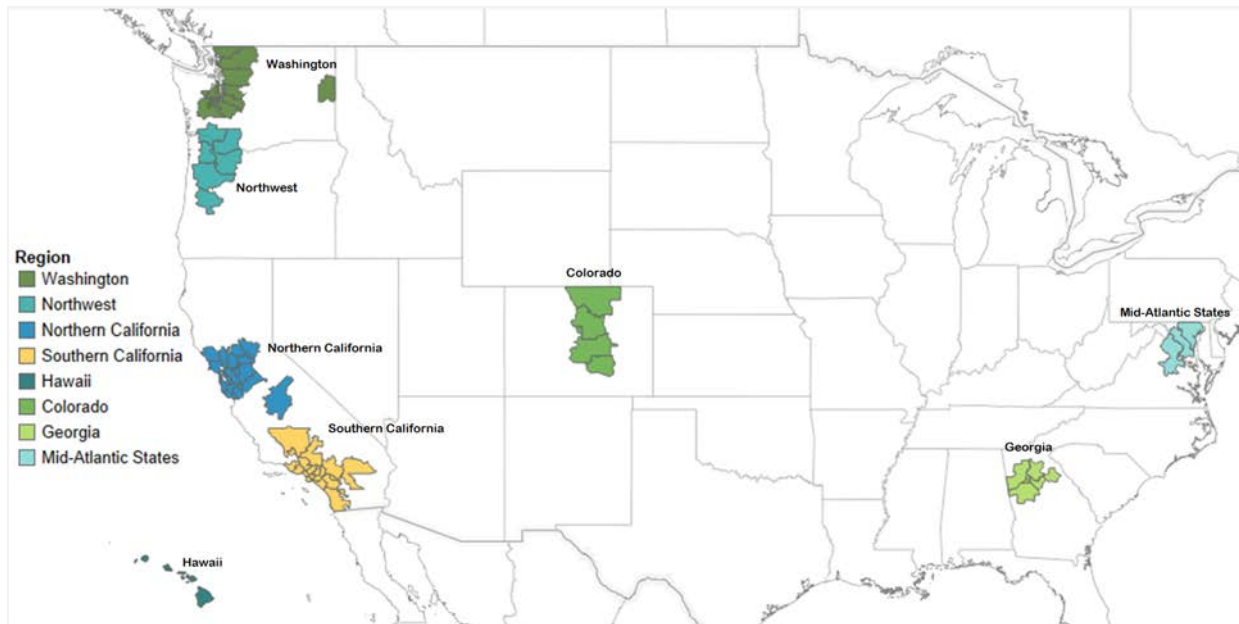
# Introduction/background

## 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.

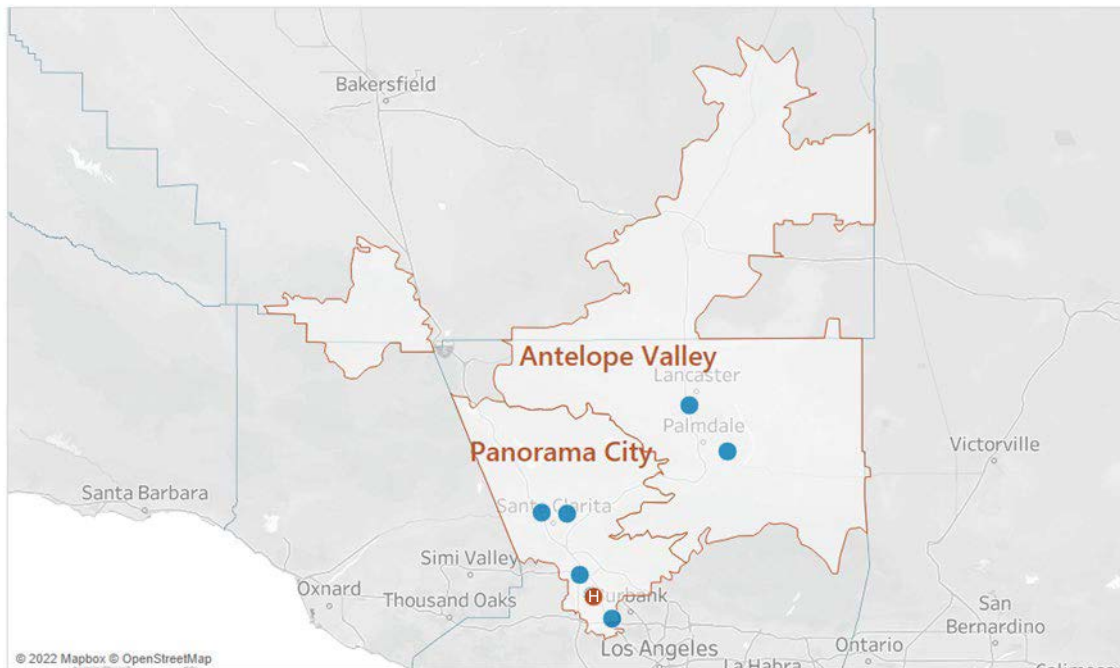
The Kaiser Permanente Panorama City Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

## Community served

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

### Panorama City–Antelope Valley service area

🏠 Kaiser Permanente hospital   ● Kaiser Permanente medical offices



## Panorama City–Antelope Valley service area demographic profile

	Panorama City	Antelope Valley
Total population:	1,253,874	442,257
American Indian/Alaska Native	0.2%	0.4%
Asian	9.6%	4.2%
Black	3.5%	13.8%
Hispanic	52.4%	46.9%
Multiracial	2.3%	3.0%
Native Hawaiian/other Pacific Islander	0.1%	0.2%
Other race/ethnicity	0.3%	0.3%
White	31.7%	31.2%
Under age 18	22.7%	27.9%
Age 65 and over	12.1%	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, 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.

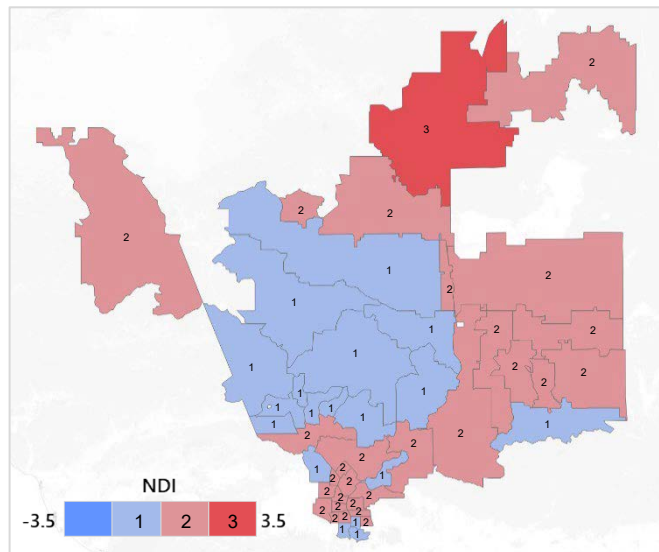
## Neighborhood disparities in the Panorama City–Antelope Valley service area

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.

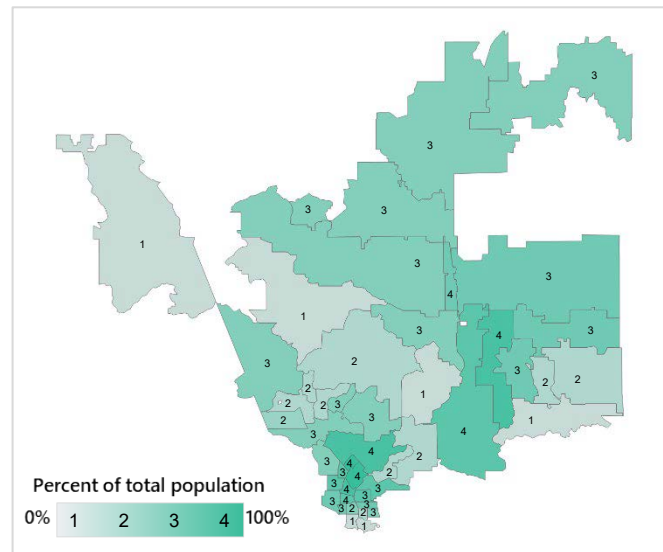
The map on the left shows the NDI for ZIP codes in the Panorama City–Antelope Valley service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the smaller map on the right.

### PANORAMA CITY–ANTELOPE VALLEY 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

No other hospitals or partner organizations collaborated on this assessment.

### Consultants who were involved in completing the CHNA

EVALCORP Research and Consulting was used to conduct the assessment within the Panorama City-Antelope Valley service area. This consulting group was selected for its expertise and capacity to conduct large scale needs assessments and prioritization processes. All of EVALCORP's evaluation staff have Master's or Ph.D. level degrees in applied research, providing the firm with the necessary skill set and training to conduct this type of process that requires a need for both qualitative and quantitative data collection, coding, and analysis expertise.

### 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 Community Health 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 Panorama City 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.

## 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 Panorama City 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 Panorama City–Antelope Valley service area

Before beginning the prioritization process, Kaiser Permanente Panorama City 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 Panorama City 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 Panorama City–Antelope Valley service area

**1. Access to care:** Panorama City service area residents are more likely to be uninsured than the state and national averages. In addition, geographic disparities in the percent of insured residents within Panorama City-Antelope Valley service area are associated with race: ZIP codes that have a higher percent of people of color tend to have a greater proportion of the population uninsured. In addition, infant mortality rates near Lancaster and Lake Los Angeles are relatively high, and infant mortality rates among Black residents are very high. Additional barriers to care included lack of transportation, inability to take time off work, and unfamiliarity with technology.

**2. Income & employment:** The poverty rate and unemployment rate within the Antelope Valley service area are much higher than the national average. In addition, the median household income is lower. The poverty rate for children in the Antelope Valley service area is even higher than for adults. Additionally, across Panorama City-Antelope Valley service area, higher poverty rates and lower household incomes tend to be more severe in ZIP codes with a higher percent of people of color. Expanding employment opportunities that provide a livable wage, through e.g. job development programs, was identified as an important opportunity for intervention.

**3. Mental & behavioral health:** A higher percent of individuals across Acton, Palmdale, Lancaster, Rosamond, and California City reported experiencing serious psychological distress within the past year, compared to the state average. In addition, Antelope Valley is designated as a Mental Health Provider shortage area. Mental health needs across Panorama City-Antelope Valley service area were identified as being closely related to other needs, and to have escalated since the start of the COVID-19 pandemic.

**4. Housing:** The median rental cost within the Panorama City service area is roughly \$1,700, which is much higher than the national average. Residents in this area also spend a higher percent of their income on mortgages and have a lower homeownership rate compared to the national average. Within Panorama City-Antelope Valley service area, overcrowded housing tends to be more prevalent in areas with a higher percent of people of color. Concerns about homelessness and stress related to losing housing were identified as among the most important health needs, and a barrier to improved health outcomes.

**5. Education:** Antelope Valley service area residents are less likely to have a high school diploma compared to the national average. In addition, on-time high school graduation rates are lower, performance of 4<sup>th</sup> grade students on state exams is much lower, and pre school enrollment is much lower than the national average. Additional geographic disparities across Panorama City-Antelope Valley service area are associated with race: areas with a higher percent of people of color tend to have lower high school graduation rates. Additional investments in minority education and minority representation in the health care industry was identified as a key strategy to reduce disparities. In addition, improved community education on health issues and strategies was recommended.

**6. Family & social support:** Within Panorama City, regions that have a higher percent of people of color tend to have a greater proportion of single parent households, more people aged 75+ with a disability, and more adults 65+ living alone. Stakeholders in Panorama City also identified geriatric care as among the most important needs in this area. Within Antelope Valley, prenatal health and infant mortality were identified as areas of concern, and a need for additional childcare and home visitation services was highlighted.

## Health need profiles

Detailed descriptions of the significant health needs in the Panorama City–Antelope Valley service area follow.

# 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.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

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 also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, 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. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

In the Antelope Valley service area, the percentage of residents uninsured is lower than the state and national average. However, in the Panorama City service area, the percentage of residents uninsured is higher than both the state and national average. In addition, these averages may conceal some distributional inequalities. In the Panorama City service area, access to care is geographically associated with communities in which a larger proportion of people of color residents live:

- ZIP codes that have a higher proportion of people of color tend to have a greater proportion of the population uninsured.
- ZIP codes that have a higher proportion of people of color tend to have a greater proportion of uninsured children. However, these communities have a higher proportion of the population enrolled in public insurance.

In some ZIP codes of the Panorama City service area (e.g. 91331) the uninsured rate exceeds 13 percent, more than 50 percent higher than the national average.

Infant mortality rates within Los Angeles County overall are comparable to the state and national averages. However, this average conceals smaller geographic and racial disparities. In particular, ZIP codes near Lancaster and Lake Los Angeles have relatively higher infant mortality rates, and Black infants tend to have higher mortality rates.

All subgroups need to be focused on. Everyone has struggles, experienced trauma. Want to make sure services are available to everyone.

– Health care leader

Often it comes down to resources—having enough staff, enough adult medical providers, enough exam rooms, and facilities to accommodate the demand, sometimes just out of space and where they'd like to add another mental health professional or dietician, they struggle with having the space to accommodate. We can use a combination of telehealth and telephone and work from home but it only goes so far.

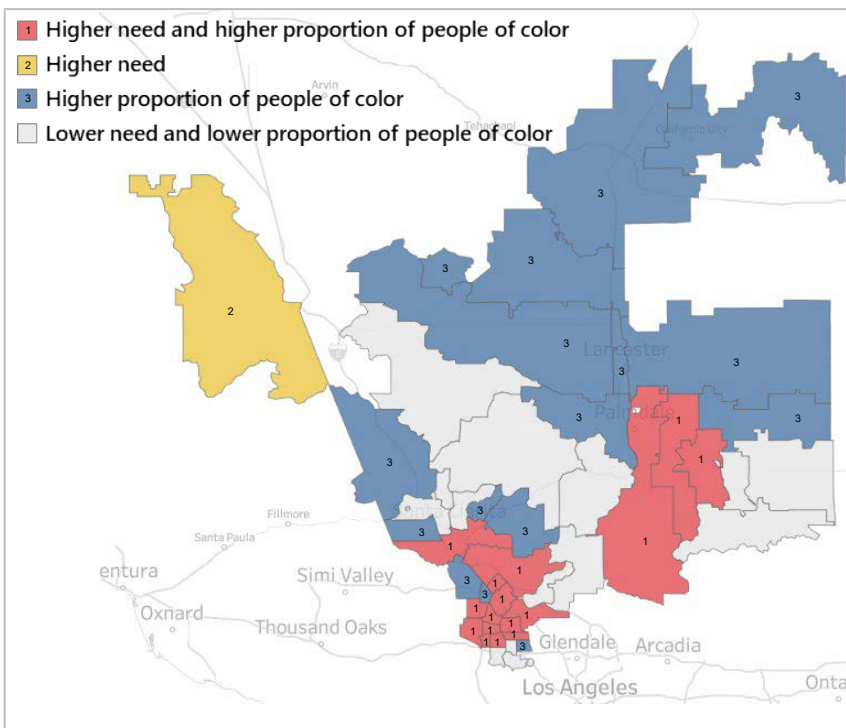
– Health care leader

Access to care was identified as a priority health need in both the 2019 CHNA and the 2021 CHNA. Key stakeholders identified access to care as an important need in the Antelope Valley service area. In this service area, strategies identified for reducing disparities included several issues associated with access to care, such as increasing levels of available health information, resources (including training resources), and augmenting services. Stakeholders in the Antelope Valley service area pointed to Access issues, such as transportation, documentation, technology, insurance, and availability of vaccines for those who cannot take time off from work, as challenges to addressing health needs.

In the Panorama City service area, access to care was identified as a need that changed due to COVID, particularly since some patients had difficulty using telehealth services. Stakeholders in the Panorama City service area suggested that healthcare organizations should invest funds in areas related to access to care, including technology and means to spread information to people who remain at home during the pandemic.

### PERCENT UNINSURED, PANORAMA CITY-ANTELOPE VALLEY SERVICE AREA, 2015-2019

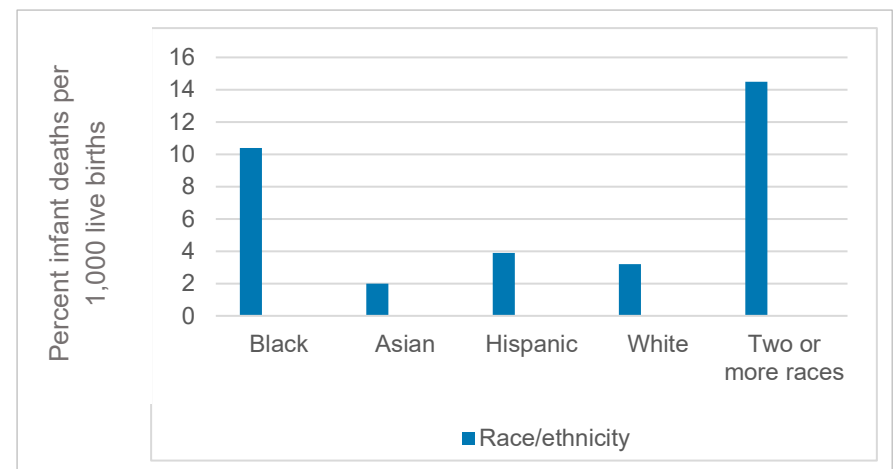
Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and higher percent uninsured.



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

### INFANT MORTALITY RATES BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2016

Los Angeles County SPA 1 roughly corresponds to the Panorama City-Antelope Valley service area.



Source: Los Angeles County Department of Public Health

# 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.

Residents of the Antelope Valley service area are more likely than the average American to experience poverty. Roughly 18 percent of residents of the Antelope Valley service area live below the poverty line, 35 percent more than the national average. This level of poverty is not directly related to local income inequality, which is within the typical range for the US, but is more likely a reflection of high nominal unemployment rate, which stands at nearly 17 percent. Median household income is 12 percent lower than the national average.

Nearly two-thirds of school age children in the Antelope Valley service area are eligible for free and reduced-price lunch, a figure 85 percent higher than the national average. With a child poverty rate of 23 percent (34 percent higher than the national average), children are more likely than adults to live below the poverty line.

In the Antelope Valley service area, rates of poverty are worse in areas with larger communities of color. In ZIP codes with a higher proportion of people of color, residents tend to experience higher rates of poverty and unemployment. Communities of color also experience lower median household income and have higher child poverty rates.

In the Panorama City service area, several income and employment indicators are geographically associated with communities of color. In ZIP codes with a higher proportion of people of color residents tend to experience higher poverty rates and higher child poverty rates. Communities of color also experience lower median household income and higher rates of young people not in school and not working.

There is a gap between the people who live in the area who are low income and very high income and not a lot of in the middle and what makes it problematic is a lot of people who might be on the fence about getting the vaccine sometimes don't because they don't have the luxury of taking the time to take the time away from their job and do it. Mobile vaccination approach is great if it can be pinpointed where a lot of low-income workers are.

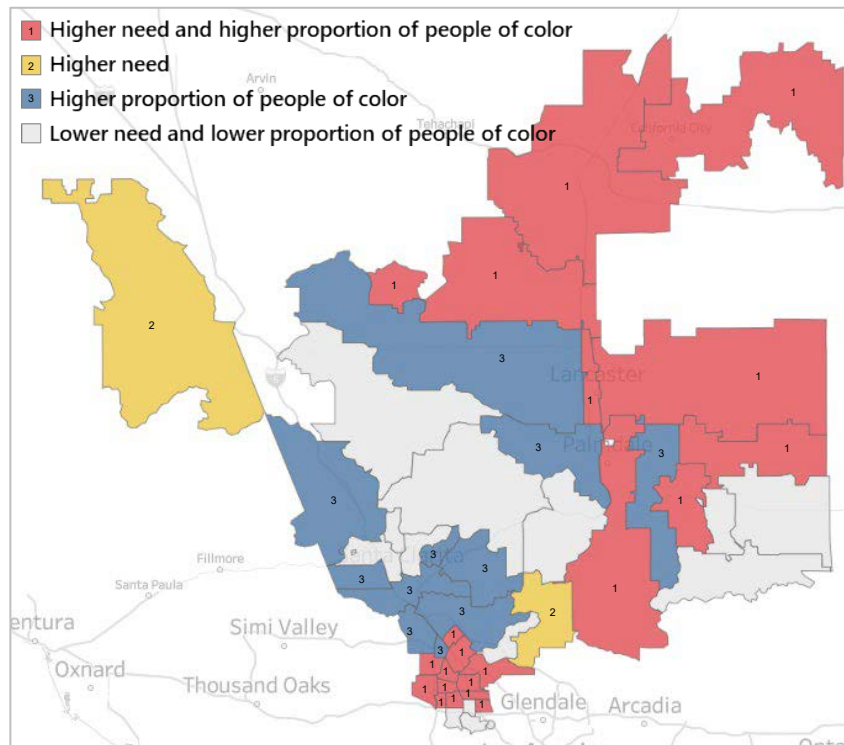
– Public health representative

Key stakeholders in Antelope Valley and Panorama City service areas identified income and employment as an area that impacts health outcomes. In the Antelope Valley service area, stakeholders specified that livable wages and employment were among the current most important health needs. Low-income people were identified by Antelope Valley service area stakeholders as disproportionately affected by healthcare issues.

Panorama City service area stakeholders identified economic security as the current most important health priority and specified that resources that are free of charge are needed. Due to the pandemic, this need has become more critical in the Panorama City service area. When asked about the biggest challenges to addressing health needs, Panorama City service area stakeholders pointed to job development and economic insecurity.

### POVERTY RATES, PANORAMA CITY-ANTELOPE VALLEY SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and higher poverty rates.



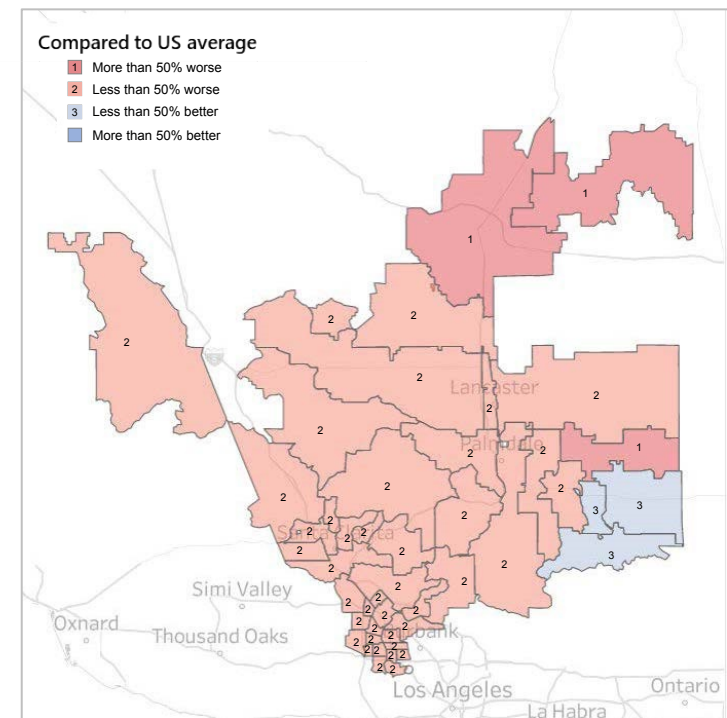
Source: [Kaiser Permanente Community Health Data Platform](#)

The gap between the high income and low-income households widened because a lot of the jobs lost were low wage jobs in service sectors, hospitality, less disposable income in many of those household.

– Economic leader

### UNEMPLOYMENT RATES BY ZIP CODE, 2020

Areas shaded dark red are ZIP codes with an unemployment rate more than 50 percent higher than the national average.



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

# 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.

Using many standard metrics, such as suicide rate and days absent from work due to mental health, residents of the Panorama City-Antelope Valley service area have mental needs that are typical of US residents. However, other mental needs are more evident when additional context is considered. In addition, Antelope Valley is designated as a “High Needs Area” in terms of a Mental Health Provider Shortage Area (HRSA.gov). The cities of Acton, Palmdale, Lancaster, Rosamond, and California City, which are all located in Los Angeles County Service Provider Area (SPA) 1, each have a higher percentage of individuals who experienced Serious Psychological Distress (18+), compared to the state average (CHIS, 2018).

Mental health needs are more prominent after dealing with COVID-19. The need for services increased among those who had a hard time with the stay-at-home order. We're seeing more youth having issues than before.

– Employment leader



Key stakeholders in the Antelope Valley service area pointed to mental health as a continuing health need (it was also a health need in the 2019 CHNA). Several stakeholders identified it as one the “most important” health needs in the Antelope Valley service area. Stakeholders have said that these issues have escalated due to COVID and that more resources in this area are needed.

Stakeholders in the Panorama City service area also identified mental health as one of the “most important” health needs. Panorama City service area stakeholders have also said that these issues have escalated due to COVID.

Department of Mental Health services have dwindled some and it would be great to have more agencies concentrated on addressing mental illness in this population.

– Housing leader

### MENTAL HEALTH METRICS FOR SELECTED CITIES COMPARED TO THE STATE, 2018

	Lancaster	Palmdale	San Fernando	Santa Clarita	California
Family life impairment during the past 12 months (18+)	18.6%	17.5%	15.0%	14.8%	16.5%
Needed help for mental health problems (18+)	19.4%	18.0%	15.4%	18.1%	19.8%
Serious psychological distress (18+)	11.9%	11.2%	9.6%	8.8%	10.4%
Work impairment (18+)	13.1%	12.4%	12.4%	11.2%	12.2%

Source: California Health Interview Survey (2018)

# 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 federal 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. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

The indicators assembled in Kaiser Permanente dashboard show that housing conditions in the Antelope Valley service area are fairly typical for the US on average. However, this average likely conceals some equity issues in housing. Overcrowded housing conditions in the Antelope Valley service area are more severe in ZIP codes that have a higher proportion of people of color. These ZIP codes tend to have more overcrowded housing, a lower home ownership rate, and a more severe housing cost burden.

Of the seven housing indicators assembled in Kaiser Permanente dashboard, all show that housing conditions in the Panorama City service area are 20 percent worse than the national benchmark. Both rental and mortgage costs exceed the national average, both in absolute terms and as a proportion of income. The median rental cost is roughly \$1,700, 46 percent higher than the national average. Residents of the Panorama City service area who have a mortgage spend 34 percent of their income on their mortgages, 96 percent more than the national average. The housing affordability index places the Panorama City service area at 51 percent less affordable than the national average. Likewise, the home ownership rate in the Panorama City service area is also 20 percent lower than the national average. There are likely several equity issues related to housing in Panorama City. ZIP codes in the Panorama City service area that have a higher proportion people of color tend to have more overcrowded housing and a larger proportion of residents with a "severe" housing cost burden.

Housing is healthcare. It is nearly impossible for homeless population to achieve their health outcomes.

– Housing leader

Stakeholders in the Antelope Valley service area identified housing as among the current “most important” health needs. In the Panorama City service area, stakeholders also identified housing as among the current “most important” health needs. Stakeholders pointed out that stress about losing housing had become a prominent health need and argued that providing housing is an important strategy to reduce disparities in healthcare outcomes.

The more we can get people housed and have stability the more we can connect them to health services and provide connections to providers.

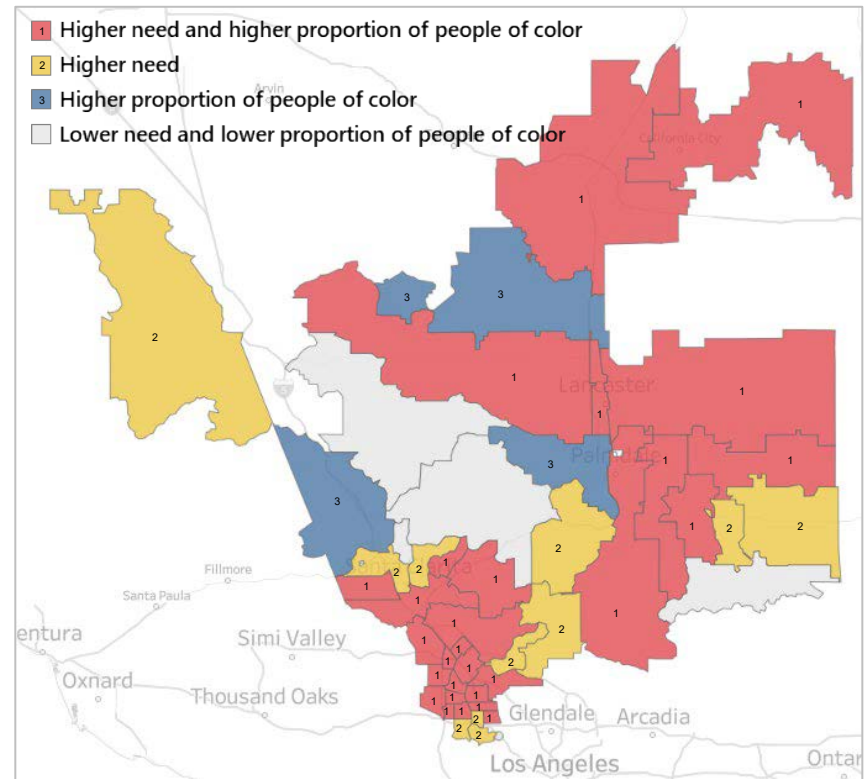
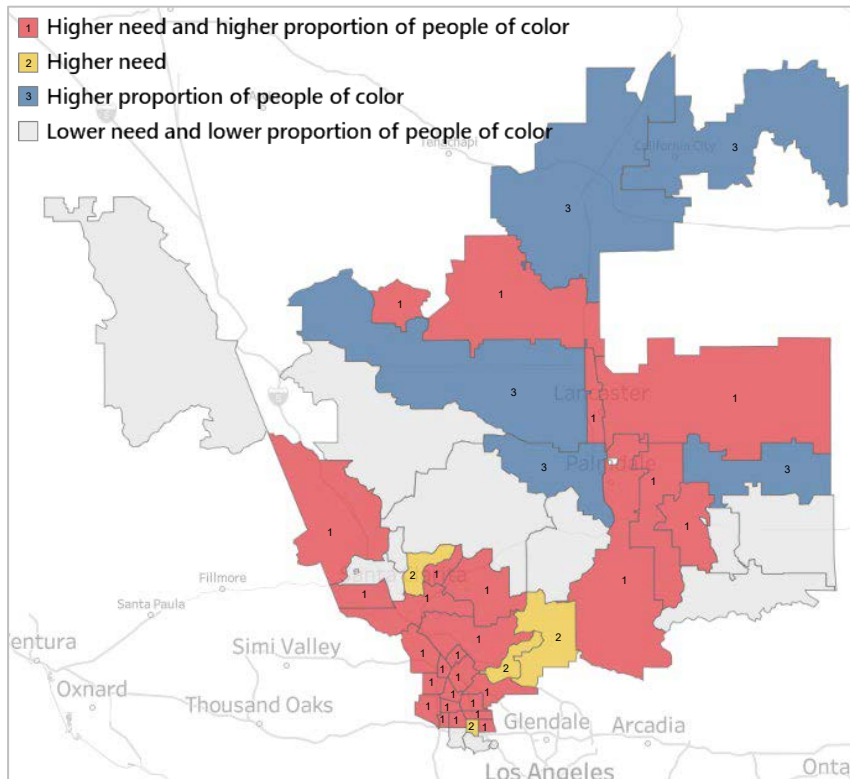
– Housing leader

**OVERCROWDED HOUSING, PANORAMA CITY-ANTELOPE VALLEY SERVICE AREA, 2015-2019**

Areas shaded **red (1)** are ZIP codes with a relatively higher proportion of people of color and **more overcrowded housing**.

**SEVERE HOUSING COST BURDEN, PANORAMA CITY-ANTELOPE VALLEY SERVICE AREA, 2015-2019**

Areas shaded **red (1)** are ZIP codes with a relatively higher proportion of people of color and **more severe housing cost burden**.



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

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

# Health need profile: Education



The link between education and health is well known — those with higher levels of education are more likely to be healthier and live longer.

Having a high school diploma is correlated strongly with healthy behaviors, improved quality of life, and higher life expectancy. Adults with at least a high school education are more likely to be employed and earn more than those with less education.

Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration, particularly for boys. Another strong predictor of high school graduation and career success is reading proficiency by third grade, yet more than 80 percent of low income children do not achieve this milestone.

Disruptions in schooling from the COVID-19 pandemic particularly affected Black and Hispanic students and those from low income households, who suffered the steepest setbacks in learning and achievement. These disparities likely reflect less access to technology for remote learning, higher rates of unemployment in low-income communities and communities of color, and urban schools delaying return to in-person instruction.

Residents of the Antelope Valley service area have less formal education than average Americans. The proportion of adult residents without a high school diploma is 22 percent - about 75 percent greater than the national average. On-time high school graduation rates are 5 percent lower than the national average. Early childhood education is also a topic of concern. Performance of 4<sup>th</sup> grade students on state exams is 61 percent lower than the national average. This phenomenon which may be partly driven by low pre-school enrollment, which is 30 percent below the national average. Low educational attainment in the Antelope Valley service area may be at least partly driven by systemic inequalities. ZIP codes that have a higher proportion of people of color tend to have fewer adults with a high school diploma on average and fewer adults with some college education on average

Residents of the Panorama City service area have educational attainment that is near the American average. However, this average may conceal disparities residents face accessing education and staying on track to graduate on-time. ZIP codes that have a higher proportion of people of color tend to have fewer adults with a high school diploma on average and fewer adults with some college education on average.

We need trusted reliable sources of information like doctors and hospitals and medical offices and government officials to counterbalance misinformation and push out the accurate information.

– Education and employment leader

Antelope Valley service area stakeholders listed educational resources as among the current “most important” health needs. Interactive education was suggested as one way in which healthcare organizations can address ongoing healthcare needs. Stakeholders also suggested investing in minority education to allow for future representation in the health care industry and educating community members on health issues as strategies to reduce disparities in healthcare outcomes.

Stakeholder in the Panorama City service area emphasized that education about eligible insurance benefits and how to live a healthy lifestyle were important strategies to reduce disparities in healthcare outcomes.

It’s going to require adequate time and resources to address the mental health pieces that come from students not returning to campus and families that are dealing with lack of childcare and the stressors that come along with that and not being able to continue their education...

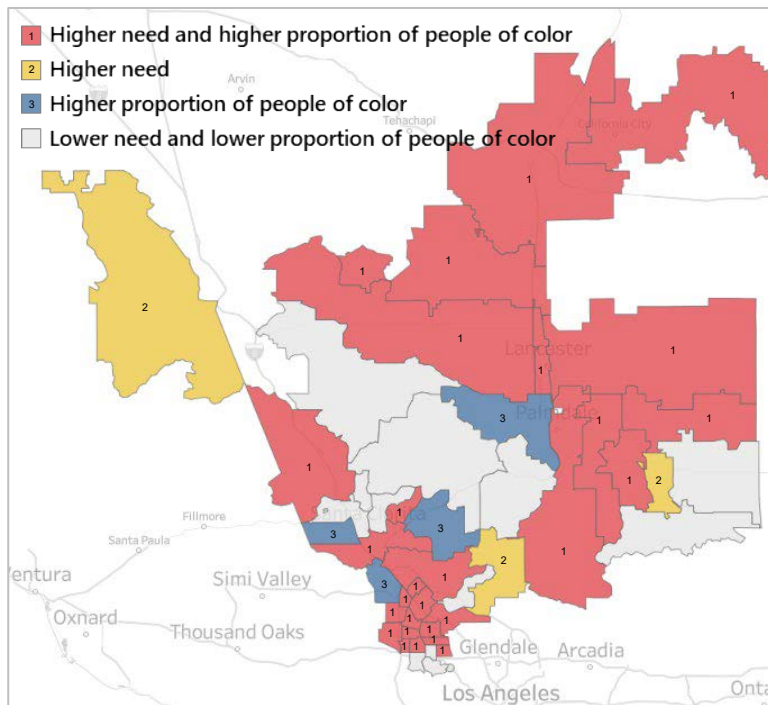
– Education leader

### ADULTS WITH NO HIGH SCHOOL DIPLOMA, PANORAMA CITY-ANTELOPE VALLEY SERVICE AREA, 2015-2019

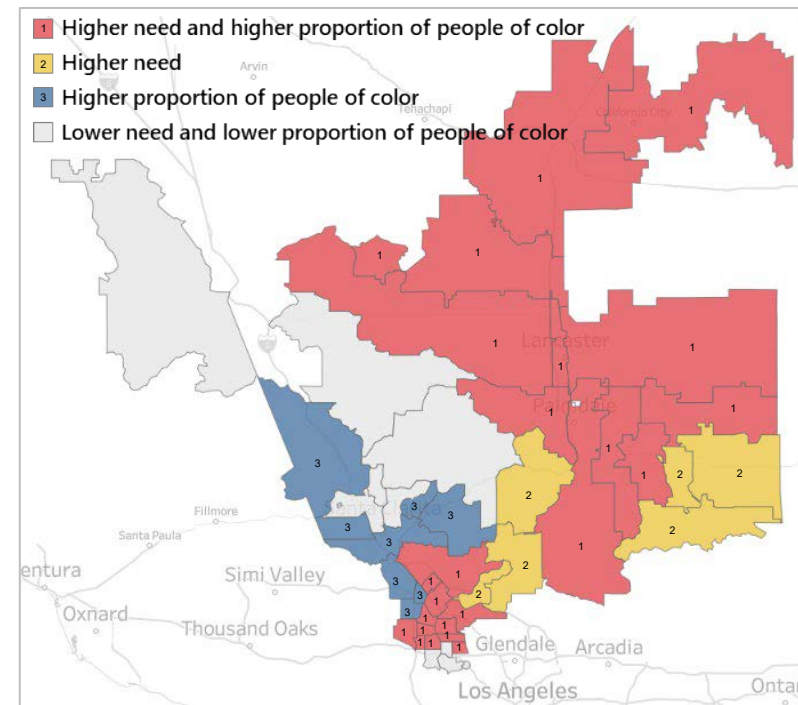
Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and more adults with no high school diploma.

### ELEMENTARY SCHOOL PROFICIENCY INDEX, PANORAMA CITY-ANTELOPE VALLEY SERVICE AREA, 2020

Areas shaded red (1) are ZIP codes with a relatively higher proportion of people of color and lower elementary school test scores.



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



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

# Health need profile: Family & social support



People are healthier when they have supportive relationships with family, friends, and neighbors, as well as opportunities to participate with others in community life.

Residents of “close-knit” neighborhoods are more likely to receive support and work together on common goals, while those in less connected neighborhoods are more likely to experience poor mental health.

Seven percent of people living in Kaiser Permanente communities — and over a quarter of residents of many areas of southern California — do not speak English very well and are linguistically isolated. This can affect their ability to access health and social services and respond to warnings about community emergencies such as wildfires.

Stay-at-home orders related to the COVID-19 pandemic means that in the past two years Americans of all ages have experienced unprecedented social isolation — in effect causing an epidemic of loneliness.

The stress resulting from social isolation has led to higher levels of substance use as a coping strategy. There were 75,000 opioid overdose deaths in the U.S. between April 2020 and April 2021; social isolation and using alone are major risk factors for opioid overdose.

In the Antelope Valley service area, family and social support indicators are fairly typical for California and the US.

In the Panorama City service area, disparities in family and social support indicators persist. ZIP codes that have a higher proportion of people of color tend to have a greater proportion of people aged 75 with a disability. However, these areas are less likely than areas with more white residents to have adults over the age of 65 living alone. Additionally, ZIP codes that have a higher proportion of people of color tend to have a greater proportion of children in single-parent households.

## SELECT HOUSEHOLD CHARACTERISTICS OF TWO CITIES COMPARED TO THE STATE, 2019

	Lancaster	Palmdale	California
Household with grandparent living with own grandchildren	0.3%	0.6%	0.5%
Grandparents responsible for grandchildren	20.3%	10.9%	14.6%

Source: [American Community Survey 1 Year Estimates, 2019](#)



### 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 Panorama City–Antelope Valley service areas 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 Panorama City 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 Panorama City 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 Panorama City Medical Center 2019 Implementation Strategy priority health needs

1. Access to health Care
2. Economic security
3. Mental health and behavioral Health
4. Obesity/Diabetes/Healthy Eating Active Living

### 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 Panorama City 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 Panorama City 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 \$3,721,853 in service of 2019 IS health in the Panorama City–Antelope Valley service area.

One example of a key accomplishment in response to our 2019 IS includes workforce development services for re-entry clients to address economic opportunity. The Center for Living & Learning’s (CLL) mission is to prepare individuals transitioning from rehabilitation, incarceration, welfare, and homelessness, for economic security through peer guided case management, workforce services and access to healthcare assistance. In 2020, this program provided disadvantaged/re-entry clients with an assessment to receive comprehensive employment services training. This program also had clients complete preparation services and be placed in employment or engagement in active job searching with the job developer. Case management services were also offered to all who enrolled for the employment services.

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 Antelope Valley worked with our healthcare partners and community-based organizations to equitably distribute COVID 19 vaccinations to 88,596 individuals through our Antelope Valley Fairgrounds Vaccination site and our community outreach clinics in 2021.

### Kaiser Permanente Panorama City Medical Center 2019 IS priority health needs and strategies

#### Access to care

**Care and coverage:** Kaiser Permanente Panorama City 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	28,960	31,451	\$26,474,722	\$5,884,085
Charitable Health Coverage	111	90	\$8,790	\$9,834
Medical Financial Assistance	9,828	7,953	\$7,375,968	\$5,195,526
<b>Total care &amp; coverage</b>	<b>38,899</b>	<b>39,494</b>	<b>\$33,859,480</b>	<b>\$11,089,445</b>

**Other access to care strategies:** During 2020-2021, 18 grants were awarded to community organizations, for a total investment of \$1,973,908 to address access to care in the Panorama City–Antelope Valley service area.

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

##### Behavioral Health Services for Very Low-Income Patients

Valley Community Healthcare was awarded \$15,000 over 12 months to provide culturally appropriate behavioral health services via telemedicine to predominately Latinx patients living in the San Fernando Valley experiencing high levels of anxiety and depression. This program is expected to serve 140 individuals by providing individuals with appointments with behavioral health providers and satisfaction with the services provided.

##### California Primary Care Association (CPCA) Core Grant Proposal

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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## Economic security

During 2020-2021, 37 grants were awarded to community organizations, for a total investment of \$665,961 to address economic security in the Panorama City–Antelope Valley service area.

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

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#### Healthy Connections to Jobs and Care!

Center for Living and Learning was awarded \$15,000 over 12 months to provide employment readiness and placement services, along with case management services, to individuals transitioning from incarceration and drug treatment with significant barriers to employment. This program is expected to serve 85 individuals by enabling individuals to complete intensive employment services, obtain employment, and obtain housing and health care assistance.

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

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

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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## Mental and behavioral health

During 2020-2021, 32 grants were awarded to community organizations, for a total investment of \$590,140 to address mental and behavioral health in the Panorama City–Antelope Valley service area.

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

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#### We Achieve More Through Resiliency

Saugus Union School District was awarded \$15,000 over 12 months to foster resiliency of staff and students through a coalition of service providers who will develop practices that improve social-emotional health. This program is expected to serve 11,000 individuals by creating an environment where students and teachers feel safe at school, reducing office referrals and absenteeism, and improving student grades and test scores.

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#### Child Behavioral Health Agenda

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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#### Operation Healthy Homecoming for Veterans and Their Families

Mental Health America of Los Angeles was awarded \$24,000 to address gaps in the system of care for Veterans and their families. This program will assist 205 Veterans who are homeless or at-risk of homelessness achieve housing and financial stability.

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### Obesity/Diabetes/Healthy Eating Active Living

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During 2020-2021, 20 grants were awarded to community organizations, for a total investment of \$265,845 to address obesity/diabetes/healthy eating active living in the Panorama City–Antelope Valley service area.

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

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#### Enhancing Food Security and Well-Being

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Project Angel Food was awarded \$15,000 over 12 months to provide free home-delivered medically tailored meals and nutritional assessments to low-income homebound residents. This program is expected to serve 520 individuals by reducing stress about where their food will come from, enabling clients to maintain taking their medications, and help them feel healthier.

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#### Improving Fresh Produce Access through Food Recovery

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Food forward was awarded \$90,000 to support food recovery and distribution efforts. This program will provide fresh fruits and vegetables to 60,000 low-income families in 8 Southern California counties.

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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

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

<b>Source</b>	<b>Dates</b>
1. American Community Survey 1 Year Estimates	2019
2. California Health Interview Survey (CHIS)	2018 - 2019
3. Health Resources and Services Administration (HRSA) – Health Professional Shortage Area (HPSA) Find	2021
4. Los Angeles County Department of Public Health, Birth and Death Statistical Master Files	2007 - 2016
5. California Healthy Places Index	2010 - 2015
6. California Health Care Foundation (CHCF) California Health Care Almanac	2016
7. Neighborhood Scout	2019
8. Los Angeles Police Department (LAPD) Crime Statistics	2020

## Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Antelope Valley Partners for Health	1	Low income, health care providers	Leader	8/2/2021
2	Key informant interview	Antelope Valley College; Antelope Valley Union High School District	1	Young adults, low-income, students	Leaders	8/11/2021
3	Key informant interview	Los Angeles County Department of Mental Health (LAC-DMH)	1	Persons with mental illness	Leader	8/3/2021
4	Key informant interview	Bartz-Altadonna Community Health Center	1	Low income, persons experiencing homelessness, health care providers	Leader	8/30/2021
5	Key informant interview	Los Angeles County Department of Public Health	1	Public health	Representative	8/5/2021
6	Key informant interview	San Fernando/Santa Clarita Valley Homeless Coalition	1	Persons experiencing homelessness	Leaders	8/18/2021
7	Key informant interview	Goodwill	1	Unemployed and underemployed	Leaders	8/9/2021
8	Key informant interview	Valley Economic Alliance	1	Small, diverse businesses	Leader	8/11/2021
9	Key informant interview	Los Angeles Mission College	1	Young adults, low-income	Leader	8/6/2021
10	Key Informant Interview	Northeast Valley Health Corporation	1	Low income, persons experiencing homelessness, substance users, health care providers	Leader	8/6/2021



## Appendix C. Community resources

Identified need	Resource provider name	Summary description
Multiple needs	Antelope Valley Partners for Health	Antelope Valley Partners for Health is a community collaborative that works to promote health and wellness to children, adults and seniors in the community through program development, direct services, capacity building, and research and evaluation. <a href="http://www.avph.org/">http://www.avph.org/</a>
	Los Angeles County Department of Public Health	The Los Angeles County Department of Public Health provides public health services to Los Angeles County residents, including vaccinations, preventing foodborne illnesses, improving environmental health, substance use services, unhoused individuals, services for domestic violence survivors, and family health services. <a href="http://publichealth.lacounty.gov/">http://publichealth.lacounty.gov/</a>
Access to care	Bartz-Altadonna Community Health Center	Bartz-Altadonna Community Health Center is a federally qualified health center and non-profit organization that works to provide patient centered, trauma informed primary care services to all of its patients. The center also provides specialty services, including pediatrics, OB/GYN, mental health services, and operates two mobile health units within the community. <a href="https://bartz-altadonna-chc.org/">https://bartz-altadonna-chc.org/</a>
	Valley Care Community Consortium	Valley Care Community Consortium leads a collaboration of public and private community partners to advocate, plan, assess needs, and facilitate the development of effective programs and policies to improve the health of residents. <a href="https://www.valleyccc.org/index.html">https://www.valleyccc.org/index.html</a>
	Northeast Valley Health Corporation	Northeast Valley Health Corporation provides high-quality medical dental and behavioral health services to medically underserved communities in the San Fernando and Santa Clarita valleys. <a href="https://nevhc.org/">https://nevhc.org/</a>
Income & employment	Goodwill	Goodwill serves individuals with disabilities and disadvantages by providing education, training, work experience and job placement services. <a href="https://www.goodwillsocal.org/">https://www.goodwillsocal.org/</a>
	The Valley Economic Alliance	The Valley Economic Alliance is a non-profit strategic private-public collaborative made up of businesses, government, education, and community organizations that works to raise standards of living and economic vitality across the region. <a href="https://thevalley.net/">https://thevalley.net/</a>
	Antelope Valley Economic Development & Growth Enterprise (AV EDGE)	AV EDGE is a public/private partnership that facilitates business growth and opportunity within the region. <a href="https://avedgeca.org/">https://avedgeca.org/</a>
Mental/behavioral health	Los Angeles County Department of Mental Health (LACDMH)	The LA County Department of Mental Health is the largest county-operated mental health department in the United States, directly operating programs in more than 85 sites and serving over 250,000 residents. <a href="https://dmh.lacounty.gov/">https://dmh.lacounty.gov/</a>

Identified need	Resource provider name	Summary description
	Mental Health America of Los Angeles (MHALA)	MHALA serves adults and transition-age youth who are facing mental health needs and do not have financial resources, including Veterans and people who are or have been homeless. <a href="https://www.mhala.org/">https://www.mhala.org/</a>
	Tarzana Treatment Centers	Tarzana Treatment Centers, Inc. is a non-profit, full-service behavioral healthcare organization that provides high quality, cost-effective substance abuse and mental health treatment to adults and youth. <a href="https://www.tarzanatc.org/">https://www.tarzanatc.org/</a>
Housing	San Fernando/Santa Clarita Valley Homeless Coalition	The San Fernando/Santa Clarita Homeless Coalition is a collaboration between the Northeast Valley Health Corporation and LA Family Housing that provides comprehensive health care and housing services.
	Los Angeles Family Housing	LA Family Housing helps people transition out of homelessness and poverty through a continuum of housing enriched with supportive services. <a href="https://lafh.org/">https://lafh.org/</a>
	The People Concern	The People Concern is a leading provider of, and advocate for, evidence-based services for persons experiencing homelessness and/or domestic violence. <a href="https://www.thepeopleconcern.org/">https://www.thepeopleconcern.org/</a>
Education	Antelope Valley College (AVC)	Antelope Valley College is a public community college based in Lancaster that serves over 18,000 students annually. <a href="https://www.avc.edu/">https://www.avc.edu/</a>
	Antelope Valley Union High School District (AVUHSD)	The Antelope Valley Union High School District includes eight traditional schools, three alternative schools, an early college high school, a no-cost charter school, an online education program and an adult education program. The district serves over 23,000 students in and around Palmdale and Lancaster. <a href="https://www.avdistrict.org/">https://www.avdistrict.org/</a>
	Los Angeles Mission College	Los Angeles Mission College is a public community college in the Sylmar district of Los Angeles and is part of the Los Angeles Community College District. <a href="https://www.lamission.edu/">https://www.lamission.edu/</a>
Family & social support	Mid Valley, East Valley, and Antelope Valley YMCA	The YMCA of Los Angeles is a non-profit organization with 26 branches across the county, including in Van Nuys, North Hollywood, and Lancaster. The YMCA provides a variety of programs for children, youth, teens, and adults including health and fitness programs, leadership programs, and childcare. <a href="https://www.ymcala.org/">https://www.ymcala.org/</a>
	Project Angel Food	Project Angel Food prepares and delivers over one million medically tailored meals each year to men, women and children affected by life-threatening illness. <a href="https://www.angelfood.org/">https://www.angelfood.org/</a>
	Antelope Valley Boys & Girls Club	Antelope Valley Boys & Girls Club supports youth and teens by offering club programs and services that instill a sense of competence, usefulness, belonging and influence. <a href="https://www.avbgc.org/">https://www.avbgc.org/</a>