City of Hope®

2022

Community Health Needs Assessment

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Acknowledgments

City of Hope worked in partnership with Health Consortium of Greater San Gabriel Valley member organizations and the Center for Nonprofit Management to conduct this needs assessment.

City of Hope

City of Hope's mission is to deliver the cures of tomorrow to the people who need them today. Founded in 1913, City of Hope has grown into one of the largest cancer research and treatment organizations in the U.S. and one of the leading research centers for diabetes and other life-threatening illnesses. As an independent, National Cancer Institute-designated comprehensive cancer center, City of Hope brings a uniquely integrated model to patients, spanning cancer care, research and development, academics and training, and innovation initiatives. Research and technology developed at City of Hope has been the basis for numerous breakthrough cancer medicines, as well as human synthetic insulin and monoclonal antibodies. A leader in bone marrow transplantation and immunotherapy, such as CAR T cell therapy, City of Hope's personalized treatment protocols help advance cancer care throughout the world.

With a goal of expanding access to the latest discoveries and leading-edge care to more patients, families and communities, City of Hope's growing national system includes its main Los Angeles campus, a network of clinical care locations across Southern California, a new cancer center in Orange County, California and Cancer Treatment Centers of America. City of Hope's affiliated family of organizations includes Translational Genomics Research Institute and AccessHope*TM*.

Designating community benefit programs as an institutional priority has created meaningful, impactful programs that meet the needs of vulnerable populations in our service area. This institutional commitment is fostering collaboration among COH employees, the local communities and charitable organizations to participate in activities that benefit San Gabriel Valley. By making community benefit a priority, we're placing a more strategic focus on the needs that are critical to our service area and creating pathways for health and healing.

Health Consortium of Greater San Gabriel Valley

Established in 2000, Health Consortium of Greater San Gabriel Valley is dedicated to serving vulnerable populations, supporting access to services, information sharing, promoting strategic partnerships and increasing visibility for our participants. City of Hope partnered with Health Consortium of Greater San Gabriel Valley hospital and public health members to plan and conduct the Community Health Needs Assessment (CHNA).

CHNA Consultants

The Center for Nonprofit Management (CNM) was established in 1979 by the corporate and foundation community as the Southern California source for management education, training and consulting within the nonprofit community. From core management fundamentals to executive coaching, in-depth consulting and analyses, CNM enables individuals to become better leaders of more effective

organizations. CNM's research and networking efforts distribute knowledge and thought to nonprofit organizations so that they are prepared to face today's known tasks and tomorrow's unknown challenges. CNM seeks to shape how nonprofit leaders approach problems so they can more effectively pursue their missions. CNM helps individuals and their organizations evolve, adapt and thrive.

The CNM team has deep experience in CHNAs; its team members have been involved in and conducted over 35 CHNAs for hospitals throughout Los Angeles County and San Diego County since 2004.

Executive Summary

Founded in 1913, City of Hope is a leading research and treatment center for cancer, diabetes and other life-threatening diseases. Our scientists work with doctors to treat both the physical and emotional needs of our patients. At City of Hope, we combine science with soul to make medical miracles every day.

Community Health Needs Assessment

City of Hope has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategic Plan that responds to community needs. This CHNA was conducted in partnership with Health Consortium of Greater San Gabriel Valley hospital and public health members.

Service Area

City of Hope's main campus is located at 1500 East Duarte Road in Duarte, California. City of Hope's primary service area includes portions of Los Angeles, Orange, Riverside, San Bernardino and Ventura counties. The majority of our patients come from Los Angeles County and, in particular, communities within Service Planning Area 3 (SPA 3).

Methodology

Secondary Data

Secondary data were collected from a variety of local, county and state sources to present community demographics, social and economic factors, COVID-19, health access, health behaviors, mental health, chronic diseases, cancer and health status, and mortality. When pertinent, these data sets are presented in the context of the State of California, framing the scope of an issue as it relates to the broader community.

Primary Data

City of Hope conducted 38 telephone interviews, which were completed during July to October 2022. Interview participants included a broad range of stakeholders concerned with health and well-being in the Greater Pasadena Area and in SPA 3 of the San Gabriel Valley who spoke to issues and needs in the community. Primary data was also collected through four focus groups that reached 37 persons.

Significant Community Needs

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

- Health access, including general access to care, preventive care and bias in systems
- Cancer
- Chronic disease
- COVID-19
- Economic insecurity

- Food insecurity
- Housing insecurity and homelessness
- Mental health
- Overweight and obesity

COVID-19

COVID-19 continues to have an unprecedented impact on the health and well-being of the community. This CHNA identified an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to routine care, preventive screenings, disease maintenance, healthy eating and physical activity declined. Community stakeholder comments on the effect of COVID-19 in the community are included in the CHNA.

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews and focus groups with community stakeholders were used to gather input on the significant needs. Community stakeholders were asked to identify the issues/conditions that were most pressing to them. Housing, mental health, access to care and bias in systems, COVID-19, economic security, chronic disease, cancer and food insecurity were ranked as the top priority needs in the service area.

Report Adoption, Availability and Comments

The highlights from this CHNA were presented to the board of directors of City of Hope National Medical Center on November 17, 2022. The final draft of this CHNA will be presented for adoption during the meeting of the board in February 2023. This report is widely available to the public on the hospital's website, CityofHope.org/about-city-of-hope/community-outreach/community-benefit. Written comments on this report can be submitted to Nancy Clifton-Hawkins at CommunityBenefit@coh.org.

Introduction

City of Hope is a world-renowned comprehensive cancer center and independent biomedical research institution near Los Angeles that offers a unique blend of compassionate care and research innovation. City of Hope continues to be a pioneer of patient-centered care and remains committed to a tradition of exceptional care for patients, families and communities. Each day, we live out our credo: "There is no profit in curing the body if, in the process, we destroy the soul."

City of Hope pioneered bone marrow and stem cell transplants. Our program is one of the largest, most successful programs of its kind in the U.S. We are one of only 53 comprehensive cancer centers in the nation, the highest designation possible from the National Cancer Institute. City of Hope is recognized among the nation's top 10 "Best Hospitals" for cancer, according to U.S. News & World Report's annual rankings, marking the 16th consecutive year we have been distinguished as one of the nation's elite cancer hospitals.

City of Hope has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act, IRS section 501(r)(3) direct tax-exempt hospitals to conduct a CHNA and develop an Implementation Strategy every three years. The CHNA is a primary tool used by City of Hope to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other services to address unmet community health needs.

What Is a Community Health Needs Assessment?

The CHNA is a report on the health status of a community. A CHNA explores the root causes of death and disease and identifies the communities most impacted by these causes. Aside from genetic predispositions, socio-economic and behavioral factors, such as poverty, educational attainment and substance use, act as important determinants of death and disease. In the process of conducting a CHNA, statistical data are collected from secondary sources to get a better understanding of the health and well-being of these communities. Secondary data sources often include publicly available data from U.S. Census, the Centers for Disease Control and Prevention, universities and public health departments.

A CHNA also includes primary data collection by going into local communities and asking the people who live there for their thoughts, feelings and perspectives about health and disease in their community. Data collection may occur through phone calls, surveys or small group discussions and focus groups. It is a perfect opportunity to ask people why they think a certain health issue is more prevalent in their neighborhood. More importantly, they may be able to provide input on possible solutions for improving their health.

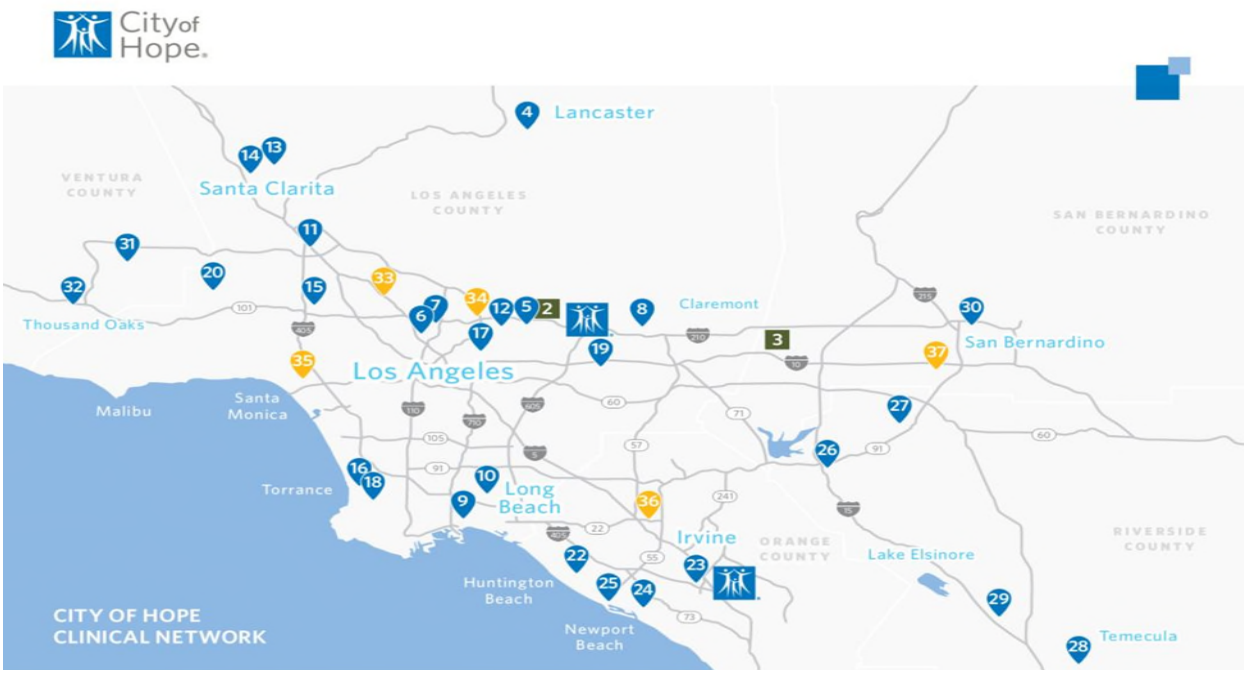
How to Use This CHNA

Since City of Hope considers Los Angeles, Orange, San Bernardino, Riverside and Ventura counties as

part of our service area, we have included data on those counties. You may find it useful to compare data from the geographic areas, so you can track trends or identify issues of significance. Take your time diving into the information provided. Use it to learn about your community or to design your own reports or project plans. At City of Hope, we will use the data to help us focus on the most serious health issues and social disparities that lead to poor health, so we can best allocate our resources toward improving the lives of residents of our service area.

Our Service Area

City of Hope's main campus is located at 1500 East Duarte Road in Duarte, California. City of Hope's primary service area includes portions of Los Angeles, Orange, Riverside, San Bernardino and Ventura counties. The majority of our patients come from Los Angeles County and, in particular, communities within Service Planning Area 3 (SPA 3). SPA 3 includes 34 cities, including Alhambra, Altadena, Arcadia, Azusa, Baldwin Park, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Irwindale, Monrovia, Monterey Park, Pasadena, Pomona, San Dimas, San Gabriel, San Marino, Temple City, Walnut and West Covina, among others. Our service area map (below) shows our clinical network sites across five counties.



Project Oversight

The Community Health Needs Assessment process was overseen by:
Nancy Clifton-Hawkins, M.P.H., M.C.H.E.S.
Director
Community Benefit
Office of Diversity, Equity and Inclusion

Board Approval

The City of Hope Medical Group Board approved this report in February 2023.

Data Collection Methodology

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

Secondary data and primary data were collected to inform community health priorities and needs, as well as assets and gaps in resources. The data helps to paint a picture of what life is like for residents of service area communities.

Secondary Data Collection

Secondary data can pinpoint diseases and conditions that impact citizens at different geographic levels. This data can help an organization target programs and services directly to communities that are impacted the most. Secondary data was collected from a variety of local, county and state sources to present community demographics, social and economic factors, COVID-19, health access, health behaviors, mental health, chronic diseases, cancer and health status, and mortality. When pertinent, these data sets are presented in the context of the State of California, framing the scope of an issue as it relates to the broader community. Additional data sets can be found in Appendix A.

Secondary datasets for the hospital service area were collected and documented in data tables with narrative explanations. The tables include the data indicator, the geographic area represented, the data measurement (e.g., rate, number or percent), county and state comparisons (when available), data source and data year.

Primary Data Collection

Primary data asks community stakeholders, including residents, service providers and representatives across sectors, how a particular health or social issue impacts them. Primary data can be gathered directly through focus groups, interviews and/or targeted surveys. When an organization can address the most pressing issues — the root causes of health inequities — the path to preventing or eliminating a leading cause of death becomes clearer.

Interviews

In total, 38 telephone interviews, which were completed during July to October 2022. Interview participants included a broad range of stakeholders concerned with health and well-being in the Greater Pasadena area and in SPA 3 of the San Gabriel Valley who spoke to issues and needs in the community. Interview participants and their organizational affiliations are included in Appendix B.

The interviews were structured to obtain greater depth and richness of information on health needs identified as priorities through a review of health data and needs conducted prior to the interviews. First, interview participants were asked to describe, from their perspective, some of the major health issues impacting the community, as well as populations who were not regularly accessing health care.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (What makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?).

Focus Groups

For this CHNA, primary data were collected through four focus groups that reached 37 persons. The focus groups took place from July to October 2022. City of Hope partnered with community-based organizations to assist with outreach and recruitment of participants. The organizations engaged residents to participate in the focus groups by using the method they knew to be most effective. Appendix C lists the focus group participants.

Public Comment

In compliance with IRS regulations 501(r)(3) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public, and public comment must be solicited. In compliance with these regulations, the City of Hope CHNA and Implementation Strategy were made available to the public at CityofHope.org/about-city-of-hope/community-outreach/community-benefit. Public comment was requested. At the time of this report, no public comments had been received.

Significant Health Needs

How to Use This Section

This section highlights the health and social issues with the greatest impact on residents of City of Hope's service area. You can use this information to broaden your understanding of how the needs were identified and prioritized. Pay particular attention to the way that community input was used to validate the data and focus priorities at the local level.

Review of Primary and Secondary Data

Secondary data analysis yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations and ascertain community assets to address needs.

The following criteria were used to identify significant health needs:

1. Size of the problem (relative portion of population afflicted by the problem)
2. Seriousness of the problem (impact on individuals, families and communities)

To determine prevalence and seriousness, health indicators identified in the secondary data collection were measured against benchmark data, specifically California rates and Healthy People 2030 objectives, whenever available. Health indicators that performed poorly against one or more of these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources (interview and focus group participants) were asked to identify and validate community and health issues. Information gathered from these sources helped validate significant health needs.

Significant Health Needs

The following significant health needs were determined:

- Health access, including general access to care, preventive care and bias in systems
- Cancer
- Chronic disease
- COVID-19
- Economic insecurity
- Food insecurity
- Housing insecurity and homelessness
- Mental health
- Overweight and obesity

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

Resources to Address Significant Needs

Through the focus groups and interviews, community stakeholders and residents identified community resources that can help address the significant health needs. These resources are presented in Appendix D.

Priority Health Needs

How to Use This Section

This section shares the insights that community members and health providers provided on the health and social issues and conditions that impact their communities. This suggests that we must address issues according to community stakeholder priorities. In the end, programs and services should be designed to address the most pressing concerns first, building trust and social capital and leading the way toward more sustainable programs and services to be implemented in the future.

Community Input on Significant Health Needs

The identified significant health needs were prioritized with input from the community. Persons participating in the interviews and focus groups were asked to identify the "Most Pressing" issues in the community. The following significant health needs are listed in priority order:

Housing
Mental Health
Access to Care and Bias in Systems
COVID-19
Economic Security
Chronic Disease
Cancer
Food Insecurity

Review of Progress

In 2019, City of Hope conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: Access to care, mental health, economic and housing insecurity, chronic disease prevention and cancer through a commitment of community benefit programs and resources. The impact of the actions that City of Hope used to address these significant needs can be found in Appendix E.

Community Demographics

How to Use This Section

This section introduces you to the people who live in City of Hope's service area. When working with communities, it is necessary to know who the residents are. While reading through this section, think about how language, race/ethnicity, and gender might influence community programs. The data are shared in a broader context of the five counties and also focused on SPA 3 cities in City of Hope's service area. Additional data tables can be found in Appendix A.

Population

Based on 2020 census data, the population in the five core counties served by City of Hope is 18,657,022. Population density ranges from the very dense Los Angeles County to the more sparsely populated Ventura County.

Population, by County

Report Area	Total Population	Total Land Area (square miles)	Population Density (per square mile)
Los Angeles County	10,040,682	4,057.88	2,419.6
Orange County	3,170,345	790.57	3,807.1
Riverside County	2,437,864	7,206.48	303.8
San Bernardino County	2,162,532	20,056.94	101.5
Ventura County	845,599	1,843.13	446.7
COH Service Area	18,657,022	33,954	549.5
California	39,346,023	33,955.00	7,079.3

Source: U.S. Census Bureau, 2020 Census of Population and Housing

Whereas the population in the state of California grew nearly 10% to 37,253,956 between the 2000 and 2010 censuses, the rate of population growth between the 2010 and 2020 censuses has declined to approximately 5.3%, though the decline may be due in part to lower participation rates (household response rates to the 2020 Census online, by phone or by mail was 69.6% in State of California compared to rates of 65.1% in Los Angeles County, 66.3% in San Bernardino County and 67.2% in Riverside County. The counties of Ventura and Orange had significantly higher rates at 76.7% and 76.6% respectively) during the 2020 Decennial Census. The five counties served by City of Hope's hospital experienced a steady growth in population. Riverside County experienced a 10.6% population growth in 10 years. With over 39 million people in California, one in four residents in the state live in Los Angeles County.

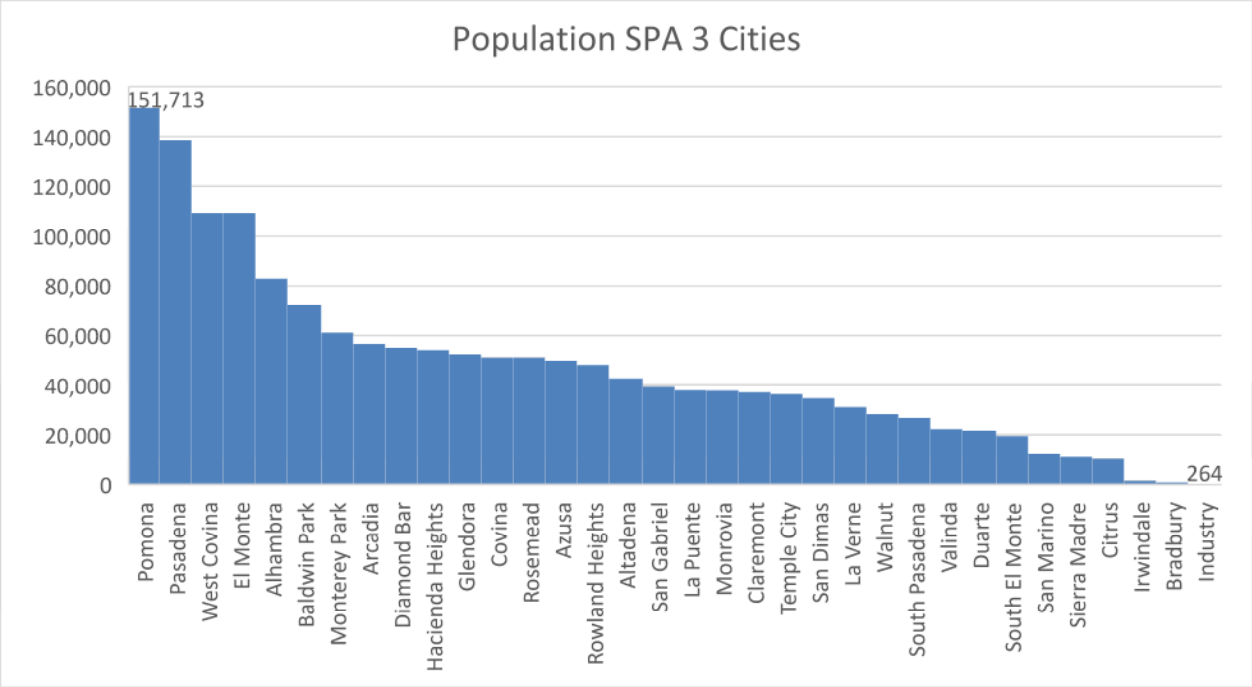
Population Growth, by County

Report Area	Total Population 2010	Current Population 2020	Total Population Change	Percent Population Change
Los Angeles	9,830,420	10,040,682	210,262	2.1%
Orange	3,018,963	3,170,345	151,382	5.0%
Riverside	2,203,332	2,437,864	234,532	10.6%
San Bernardino	2,042,441	2,162,532	120,091	5.9%

Report Area	Total Population 2010	Current Population 2020	Total Population Change	Percent Population Change
Ventura	825,706	845,599	19,893	2.4%

Source: U.S. Census, 2010, 2020

Population of Cities in SPA 3

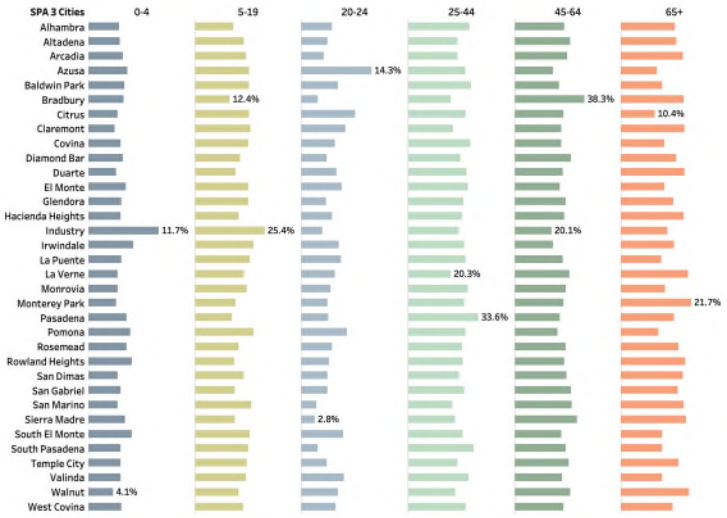


SPA 3 cities range widely in population size and composition from the City of Industry (264 residents) to Pomona (151,713 residents). Within SPA 3, Pomona, Pasadena, El Monte and West Covina had the highest proportion of the SPA 3 population, at 9.5%, 8.7%, 6.8% and 6.8% respectively.

Children under age 5 make up 5.7% of the population in SPA 3, while 17.5% of residents are ages 5-19, 6.9% are 20-24, 27.5% are 25-44, 26.7% are 45-64 and 16.0% are 65 years and older. The senior population grew 2.1% from 2013 to 2017 and an additional 1.1% from 2018 to 2020. Within SPA 3, Pomona has the highest concentration of young people, ages 0-24. Pasadena has the highest concentration of residents ages 25-44 and ages 65 and older.

Cities with the highest and lowest percent for each age band are shown below. For example, Azusa has the highest percent of residents ages 20-24 and Sierra Madre has the lowest percent of residents ages 20-24.

Population (Percent) by Age Category in SPA 3 Cities



When comparing age ranges across the five counties of interest to City of Hope, the population distributions are very similar to the state. San Bernardino County has the highest proportion of youth, under age 25. Los Angeles County has a higher proportion of adults, ages 25-44. Orange and Ventura counties have the largest proportion of adults, ages 45-64. Ventura County has a slightly higher rate of adults, ages 65 and older while San Bernardino has the lowest rate of seniors among the five counties.

Population by Age, by County

County	0-4	5-19	20-24	25-44	45-64	65+
Population Count by age						
Los Angeles	593,061	1,841,868	696,574	3,002,523	2,536,515	1,370,141
Orange	185,788	592,746	208,955	868,873	845,141	468,842
Riverside	156,118	526,637	167,306	654,005	581,423	352,375
San Bernardino	152,720	478,220	163,314	610,607	507,639	250,032
Ventura	49,179	166,716	56,610	218,514	222,908	131,672
COH Service Area	1,136,866	3,606,187	1,292,759	5,354,522	4,693,626	2,573,062
California	2,409,082	7,577,162	2,694,636	11,241,816	9,778,830	5,644,497
Population percentage within County						
Los Angeles	5.9%	18.3%	6.9%	29.9%	25.3%	13.7%
Orange	5.9%	18.7%	6.5%	27.4%	26.7%	14.8%
Riverside	6.4%	21.6%	6.9%	26.8%	23.8%	14.5%
San Bernardino	7.1%	22.1%	7.5%	28.2%	23.5%	11.6%
Ventura	5.8%	19.7%	6.7%	25.8%	26.4%	15.6%
COH Service Area	6.1%	19.3%	6.9%	28.7%	25.2%	13.8%
California	6.1%	19.3%	6.8%	28.6%	24.9%	14.3%

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

Gender

There is a slightly greater female than male population in each of the five counties served by City of Hope. The proportions are comparable to those of the state.

Population by Gender, by County

County	Male	Female
Los Angeles	49.3%	50.7%
Orange	49.4%	50.6%
Riverside	49.8%	50.2%
San Bernardino	49.8%	50.2%
Ventura	49.5%	50.5%
California	49.7%	50.3%

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

Race/Ethnicity

The five-county service area represents 47% of the population in California. These counties make up 56% of the Latino population in the state, 38% of the white population, 45% of the Asian population and 52% of the Black population. All counties but Orange County have a higher proportion of Latinos compared to the state. The white population is proportionately higher in Ventura (42.7%) and Orange (37.6%) counties. The Asian population is proportionately highest in Orange (20.9%) and Los Angeles (14.9%) counties. The Black/African American population is higher in San Bernardino County (8.1%), Los Angeles County (7.5%) and Riverside County (6.5%).

Race/Ethnicity, by County

County	Latino	White	Asian	Black or African-American	Native HI/PI	American Indian/AK Native	Other or Multiple
Total population by race/ethnicity by County							
Los Angeles	4,851,344	2,603,280	1,467,279	779,166	21,996	19,915	297,702
Orange	1,086,834	1,198,655	699,124	49,304	7,714	5,298	125,242
Riverside	1,202,295	788,235	164,889	146,762	6,767	11,960	84,912
San Bernardino	1,170,913	566,113	176,204	173,322	6,173	8,412	68,400
Ventura	365,285	360,850	63,252	13,704	1,415	2,020	32,866
COH Service Area	8,676,671	5,517,133	2,570,748	1,113,003	44,065	47,605	609,122
California	15,380,929	14,365,145	5,743,983	2,142,371	135,524	131,724	1,446,347
Percent of population by race/ethnicity by County							

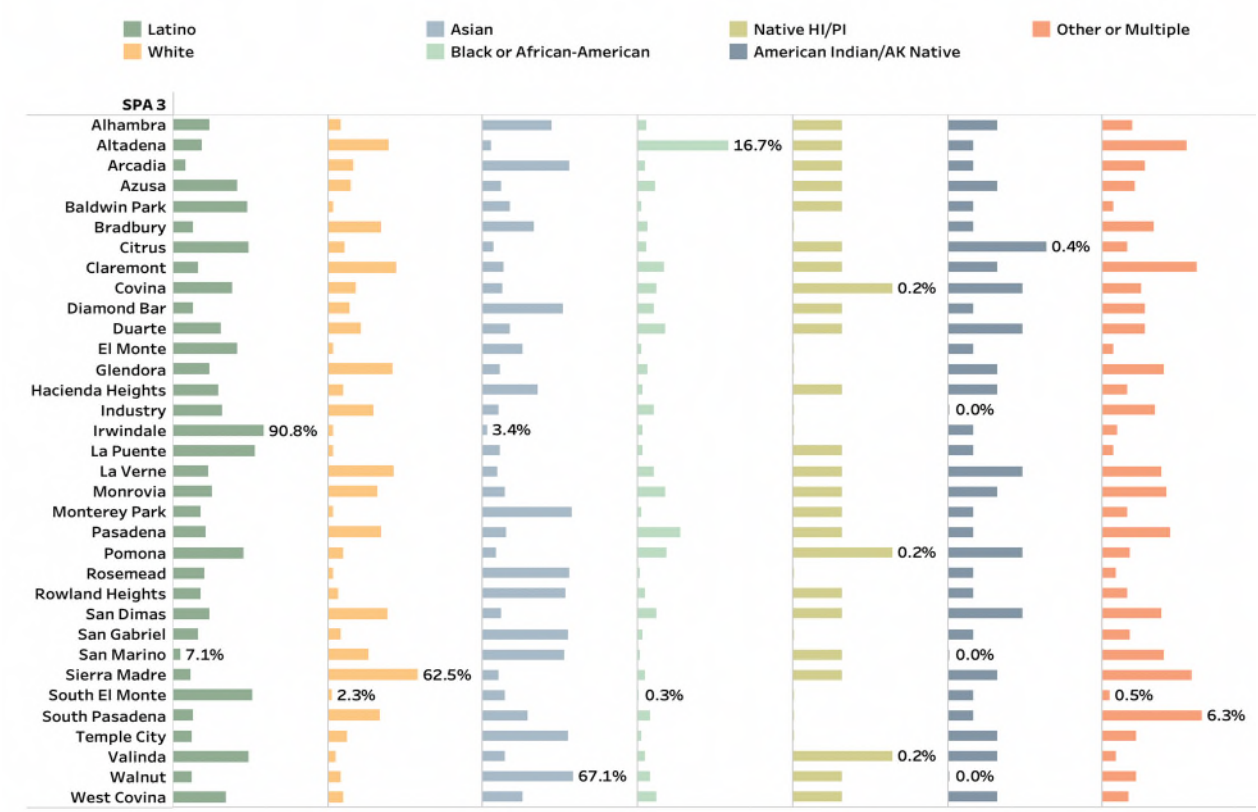
County	Latino	White	Asian	Black or African-American	Native HI/PI	American Indian/AK Native	Other or Multiple
Los Angeles	48.3%	25.9%	14.6%	7.8%	0.2%	0.2%	3.0%
Orange	34.8%	38.4%	22.4%	0.0%	0.2%	0.2%	4.0%
Riverside	50.0%	32.8%	6.8%	6.1%	0.3%	0.5%	3.5%
San Bernardino	54.0%	26.1%	8.1%	8.0%	0.3%	0.4%	3.2%
Ventura	43.5%	43.0%	7.5%	1.6%	0.2%	0.2%	3.9%
COH Service Area	46.7%	29.7%	13.8%	6.0%	0.2%	0.3%	3.3%
California	39.1%	36.6%	14.6%	5.4%	0.3%	0.3%	3.7%

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

In SPA 3, the highest population of Latinos is in Pomona and El Monte. Altadena and Pasadena have the highest concentration of Blacks. Alhambra and Monterey Park have the highest population of Asians in SPA 3. And Pasadena and Sierra Madre are where the most residents identifying as white reside.

Native Americans and Hawaiian/Pacific Islanders reside in higher numbers within Pasadena, Pomona and West Covina — a shift from the 2013 to 2017 data showing Baldwin Park and El Monte as cities with the highest populations of Native Hawaiians/Pacific Islanders and American Indian/Native Americans within SPA 3. The race/ethnic breakdown of SPA 3 population is: 44.7% Latino, 17.6% white, 31.6% Asian and 3.2% Black/African American. From 2017 to 2020, there was a slight decrease among the white population (19.3% in 2017) and an increase among the Asian population (29.9% in 2017).

Population in SPA 3 Cities by Race/Ethnicity (showing highest and lowest percent by city)



The chart above illustrates the low and high range proportions of ethnic groups by SPA 3 city. In 2017, Irwindale, La Puente and South El Monte had the highest concentration of the Latino population, with a rate of 93.3%, 84.7% and 82% respectively. In 2020, the three cities remained home to the highest concentration of the Latino population with 90.8% in Irwindale, 81.7% in La Puente and 79.6% in South El Monte.

The highest proportion of the white population is in Sierra Madre, at 62.5%, similar to though slightly lower than 2017, when the same proportion stood at 66.6%. This rate has dropped nearly 3% from 2013 to 2017 and continued to drop from 2018 to 2020 by another 4.1%.

The highest population of Asians reside in Walnut (67.1%) and Monterey Park (66%). The 2020 Census also shows Asian populations comprising over 60% of the population in numerous other cities, including Walnut (67.1%), Monterey Park (66%), Arcadia (64.6%), Rosemead (64%), Temple City (63.5%), San Gabriel (63.4%), Rowland Heights (61.3%) and San Marino (60.6%).

Altadena had the highest concentration of Black/African Americans in 2017 (21.7%) and in 2020 (16.7%) despite a decline over the three-year period. Pasadena also had a higher proportion of Black/African Americans (7.8%).

Citizenship

In the five-county service area, Los Angeles County and Orange County have the highest percentage of foreign-born residents. San Bernardino County has the lowest percentage of foreign-born and noncitizen residents. The rate of foreign-born residents who are not U.S. citizens is on a moderate decline from 13.5% to 12.4% in the state. The five counties all show a similar decline.

Citizenship, by County

Report Area	Foreign-Born	Not a U.S. Citizen
Los Angeles County	33.8%	15.8%
Orange County	29.4%	12.7%
Riverside County	21.6%	10.3%
San Bernardino County	20.5%	10.1%
Ventura County	21.3%	10.3%
California	26.4%	12.4%

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

Language

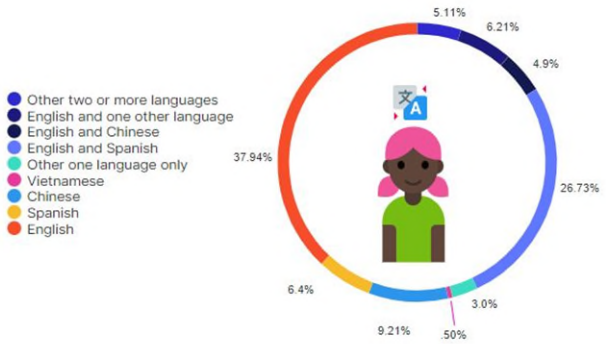
Apart from Los Angeles County, the remaining counties of interest to City of Hope all have at least half of their respective populations speaking English only in the home. Los Angeles County continues to have the highest rates of foreign-language speakers in Spanish (38.7%) and other Indo-European languages (5.4%). All but Orange County have rates of Spanish speakers in the home greater than the state rate of 24.5%. Los Angeles and Orange counties have the highest proportion of households speaking Asian languages. Their rates, 10.8% and 15.2% respectively, are also greater than the state rate of 10%.

Language Spoken at Home, by County

County	English Only	Spanish	Other Indo-European	Asian/PI	Other
Los Angeles	43.9%	38.7%	5.4%	10.8%	1.1%
Orange	54.8%	24.5%	4.3%	15.2%	1.1%
Riverside	58.9%	34.2%	1.9%	4.3%	0.7%
San Bernardino	58.3%	34.3%	1.4%	5.2%	0.9%
Ventura	62.1%	30.0%	2.9%	4.1%	1.0%
California	56.1%	28.3%	4.5%	10.0%	1.1%

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

SPA 3 — Language Spoken at Home



SPA3 Languages Spoken at Home. Source: California Health Interview Survey, 2020

When language is examined by city, nearly two-thirds of La Puente and South El Monte households speak Spanish at home. Whereas less than 10% of households in Arcadia (6.6%), Sierra Madre (5.1%), San Marino (4.9%) and Bradbury (4.1%) speak Spanish. Over half of households within the cities of Rosemead, Rowland Heights, San Gabriel, Monterey Park (53.9%) and Temple City (51.6%) speak an Asian or Pacific Islander language at home. Altadena, Bradbury and Pasadena have the highest percentage of households who speak some other Indo-European Language.

Language Spoken at Home, SPA 3 Cities with the Highest Rates

Language	City
English Only	Sierra Madre (80.8%), La Verne (77.2%), Claremont (74.8%)
Spanish Only	South El Monte (66.3%), La Puente (65.6%), Baldwin Park (61.8%)
Other Indo European	Altadena (9.3%), Bradbury (7.3%), Pasadena (6.0%)
Asian/Pacific Islander	Rosemead (58.4%), Rowland Heights (57.4%) San Gabriel (56.6%)
Other	Bradbury (6.7%), Glendora (2.9%), San Dimas (1.8%)

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

Social and Economic Factors

How to Use This Section

This section will now add detail on the residents who live in City of Hope's service area. With a deeper understanding of the community, you will begin to realize that many things impact health. Think about the following questions as you explore this section: How does poverty make a person vulnerable? How does unemployment impact housing? What does it mean to be food-insecure, and how does that hurt children? Listen to the voices of the community. What do they have to say? How can their opinions impact the way programs are planned?

In the most recent statewide county health rankings (#1 being top and #58 lowest) on social and economic factors, Orange County (11) and Ventura County (14) saw their rankings decrease but remain in the top quartile of California counties.[1] In addition, among the 58 counties ranked, Los Angeles County rankings fell by 15 spots from 30 in 2019 to 45 in 2022. San Bernardino and Riverside counties ranked in the bottom half of California counties for social and economic factors at 40 and 33, respectively.

County Ranking on Socio-Economic Factors

County	Ranking
Los Angeles	45
Orange	11
Riverside	33
San Bernardino	40
Ventura	14

Source: County Health Rankings, 2022

Poverty

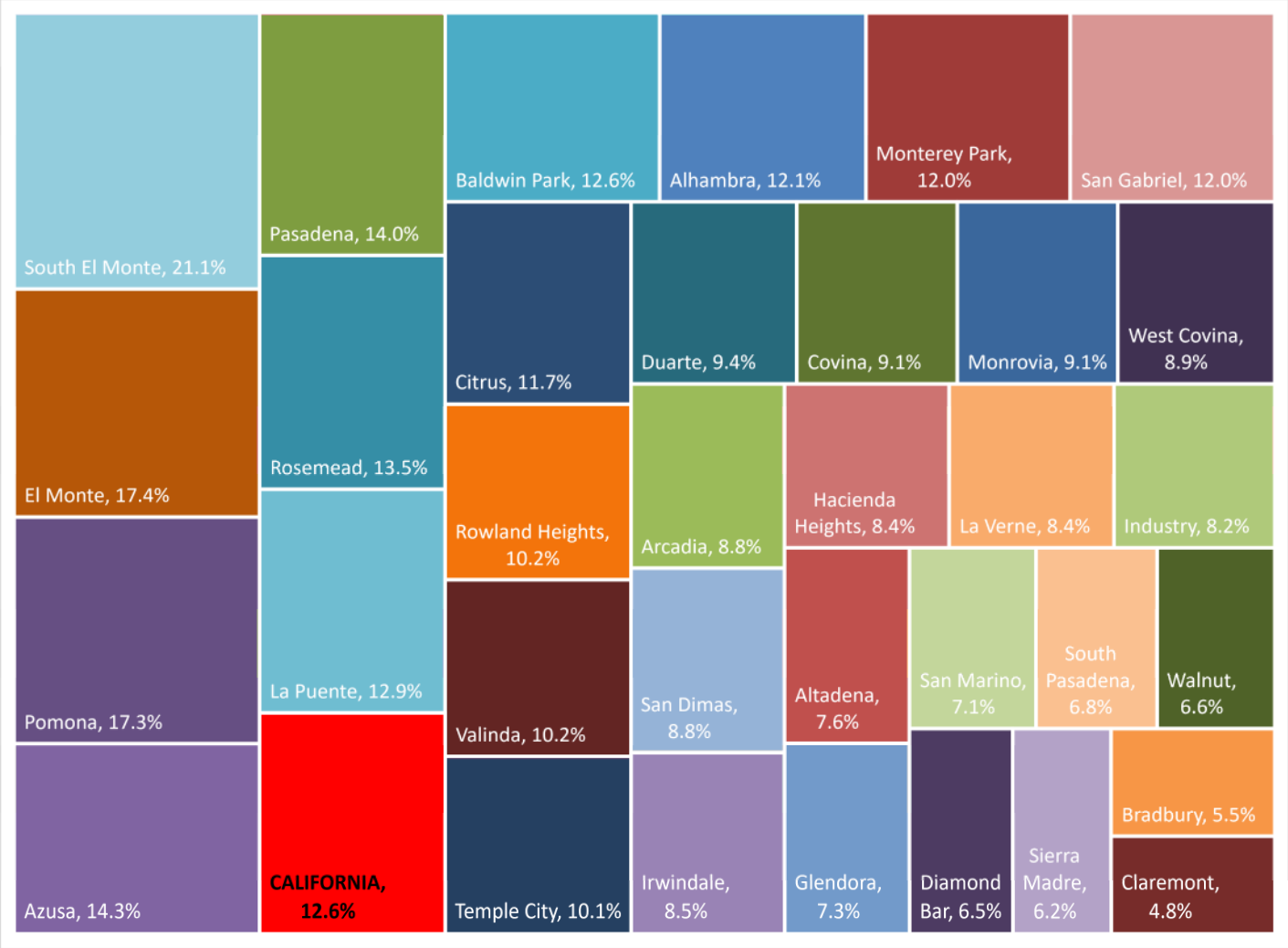
Poverty thresholds are used for calculating official poverty population statistics. The federal government measures the number of people in poverty with thresholds (aka Federal Poverty Level) established and updated annually by the U.S. Census. In 2022, the Federal Poverty Level for an individual stood at annual income of $13,590, while for a family of four it was $27,750. According to the California Budget and Policy Center, in California, when basic costs go up, Californians with the lowest incomes are particularly likely to struggle to make ends meet. Around 3 in 5 of California households with incomes below $50,000 had trouble affording basic expenses in June 2022.[2]

[1] The *Rankings* are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. The County Health Rankings list counties according to health factors data. Social and economic indicators are examined as contributors to the health of a county's residents. California's 58 counties are ranked according to social and economic factors, with 1 being the county with the most favorable factors, and 58 being the county being the least favorable factors. The ranking includes high school graduation rates, unemployment, children in poverty and need for social support.

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

In SPA 3, eight cities have poverty levels greater than the state rate of 12.6%. They include Azusa (14.3%), Baldwin Park (12.6%), El Monte (17.4%), Pasadena (14.0%), Pomona (17.3%), Rosemead (13.5%) and South El Monte (21.1%).

Population Below Poverty Level by SPA 3 City



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

Residents Living Below the Federal Poverty Level (FPL)

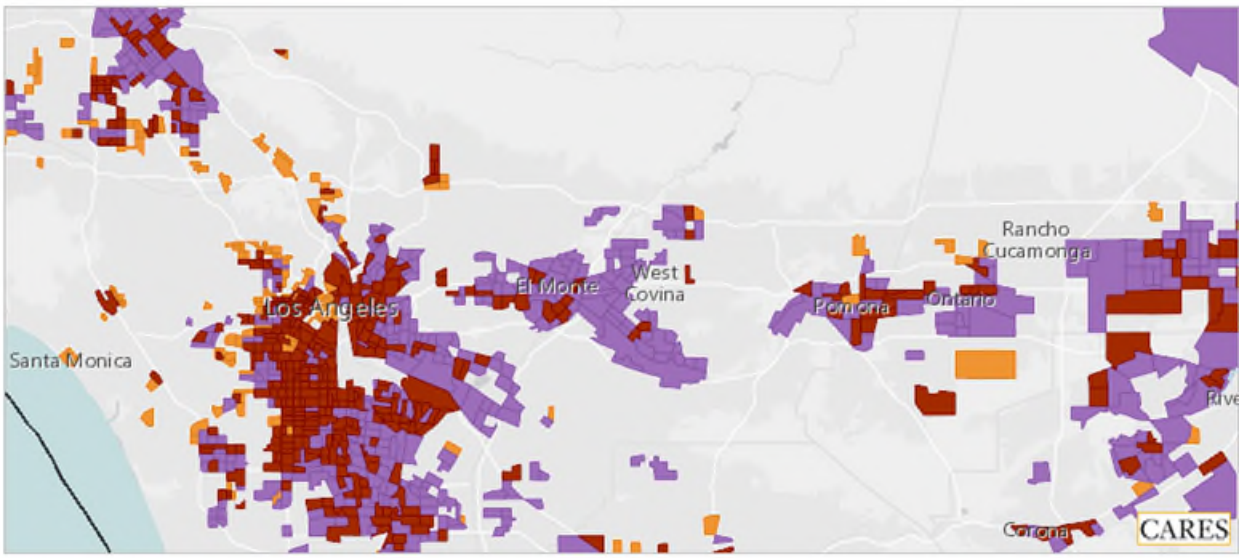
County	Adult income less than 200% FPL 2017	Adult income less than 200% FPL 2021
Los Angeles	40.2%	40.9%
SPA 3	38.4%	41.5%
Orange	41.2%	39.7%
Riverside	34.1%	31.3%
San Bernardino	36.3%	45.8%
Ventura	46.6%	38.9%
California	40.8%	39.0%%

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

Vulnerable Populations: SPOTLIGHT on Los Angeles County

Poverty and educational attainment are predictive of at-risk or vulnerable populations. As depicted in the figure below[3], City of Hope, located in Duarte, is surrounded by vulnerable communities. Hotspot communities with residents at 200% below the poverty threshold are shown in the map below. The purple areas demonstrate communities where residents have less than a high school education. The mustard-colored areas are where people live below the federal poverty level. The reddish brown is illustrative of communities where resident have both less than high school education and live below the federal poverty level.

Vulnerable Populations Map



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Map generated from https://careshq.org/map-room/?action=tool_map&tool=footprint. 11/11/22.

Food Insecurity

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for every person in a household to live an active, healthy life. According to the USDA, a household is food insecure under one of two conditions: a reduction in the quality, variety or desirability of diet with little to no indication of reduced food intake (low food security) or multiple indications of disrupted eating patterns and reduced food intake (very low food security)[4]. A study by Feed America estimated that 4,290,000, or 10.8%, of households experienced food insecurity in 2020[5].

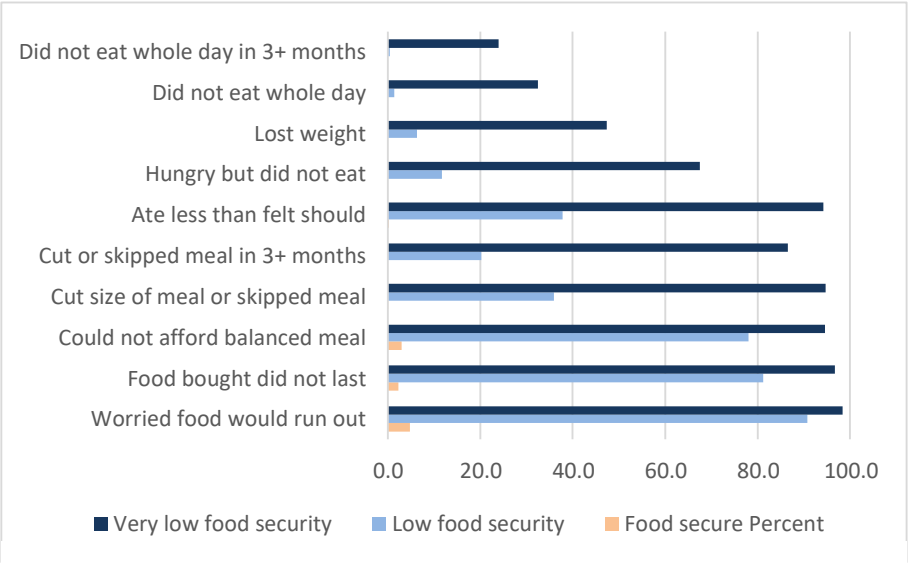
[3] Source: Community Commons. Vulnerable Populations Footprint Tools.

[4] Definitions of Food Security. United States Department of Agriculture. Economic Research Service. Updated September 8, 2021. Accessed September 30, 2022. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security/

[5] Map the Meal Gap 2020. Feeding America. Accessed September 29, 2022. https://map.feedingamerica.org/

Households that report three or more conditions that indicate food insecurity are classified as "food insecure."

Percentage of U.S. Households Reporting Food Insecurity Among Adults, 2021



Source: USDA, Economic Research Service, using data from the December 2021. Available at USDA ERS - Definitions of Food Security. Last Accessed 10/12/2022

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

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

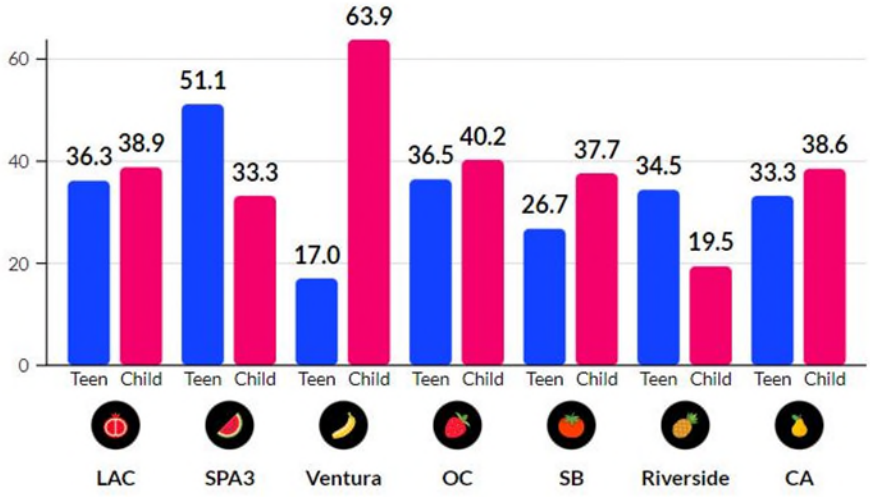
Food insecurity can have devastating health consequences. It is associated with increased consumption of calorically dense foods, such as fast food, which are often more affordable or the most accessible option in communities with limited grocery stores or excessive fast-food outlets[6]. The excessive prevalence of fast-food outlets and high consumption of saturated fats, salts and added sugars increases

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

the risk of chronic conditions, such as high blood pressure, type 2 diabetes and many forms of cancer[7]. In addition, a child who experiences food insecurity can see low academic performance, delayed development and depression[8].

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

Consumption of At Least 5 Servings of Fruit/Vegetable Per Day Among Youth



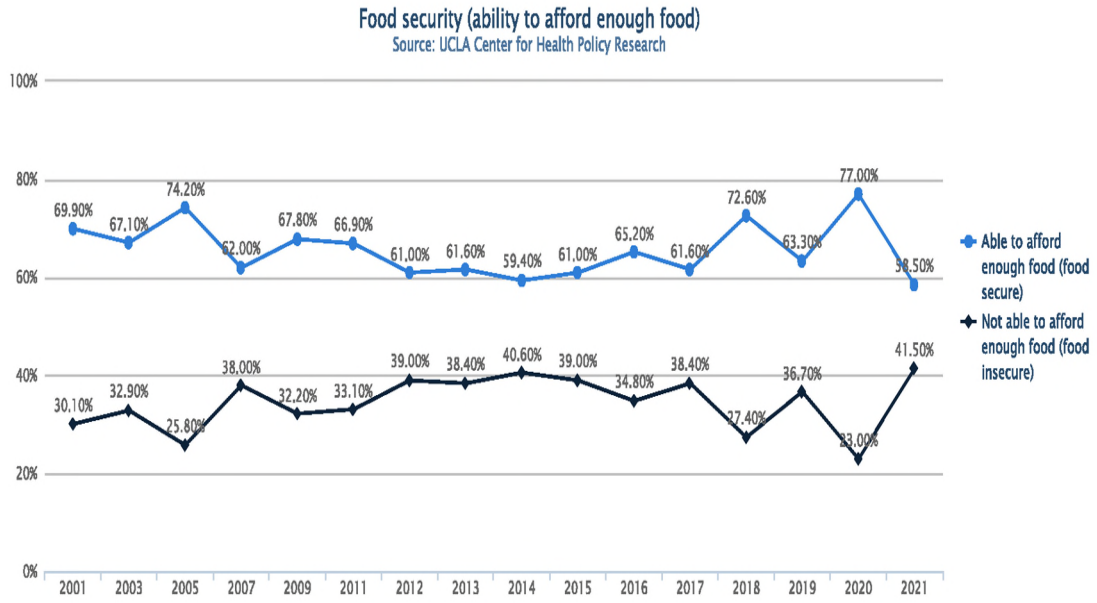
Source: 2020 California Health Interview Survey, ACS *Statistically unstable

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

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

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

Food Security (Ability to Afford Enough Food) in SPA 3

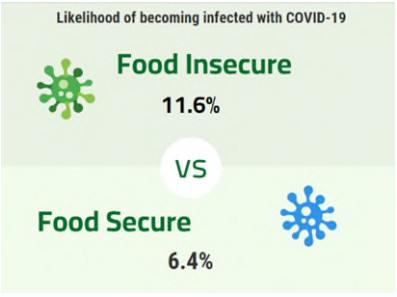


Source: UCLA Center for Health Policy Research, California Health Interview Survey, 2021

Food Insecurity in Los Angeles County During COVID-19

Prior to the COVID-19 pandemic, food insecurity in Los Angeles County had started to decline. However, despite the reduction, communities of color, immigrant communities and those living in poverty continued to experience barriers to accessing healthy food[9].

Food Insecurity Trends Among Households <300% FPL



Individuals who were found to be food insecure were almost twice as likely to have been infected with COVID-19 (11.6%) compared to those who were food secure (6.4%) between April and July 2020[10]. More than 1 in 4 Los Angeles County households experienced at least one instance of food insecurity from April through July 2020 according to a study of the major risk factors for food insecurity.[11] The majority of adults who experienced food insecurity in early months of the pandemic (April to June 2020) were female

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

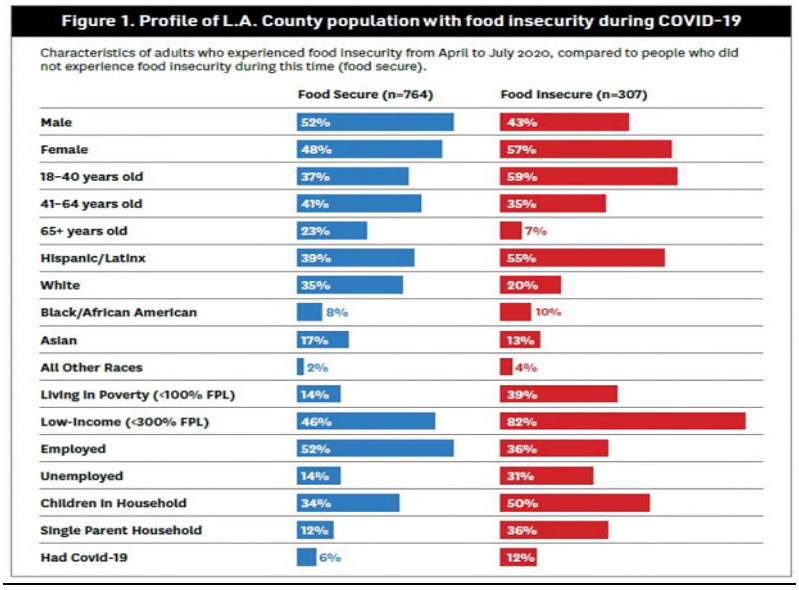
[10] Ibid.

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

(57%), between the ages of 18-40 (59%), Latino (55%) and living in households earning less than 300% FPL (82%). [12]

With poverty being the leading cause of food insecurity in the U.S., and 15% of L.A. County residents living below the federal poverty line, food insecurity overwhelmingly impacts low-income, unemployed and underemployed people.[13] During the COVID-19 pandemic, Los Angeles County residents had unprecedented job loss, with the unemployment rate increasing to 19.4% in June 2020, compared to 14.9% in California.[14,15] Job loss was a major factor for the increase in the rate of food insecurity and had a significant impact in families' abilities to afford healthy food.

Los Angeles County Profile of Food Insecurity[16]



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

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

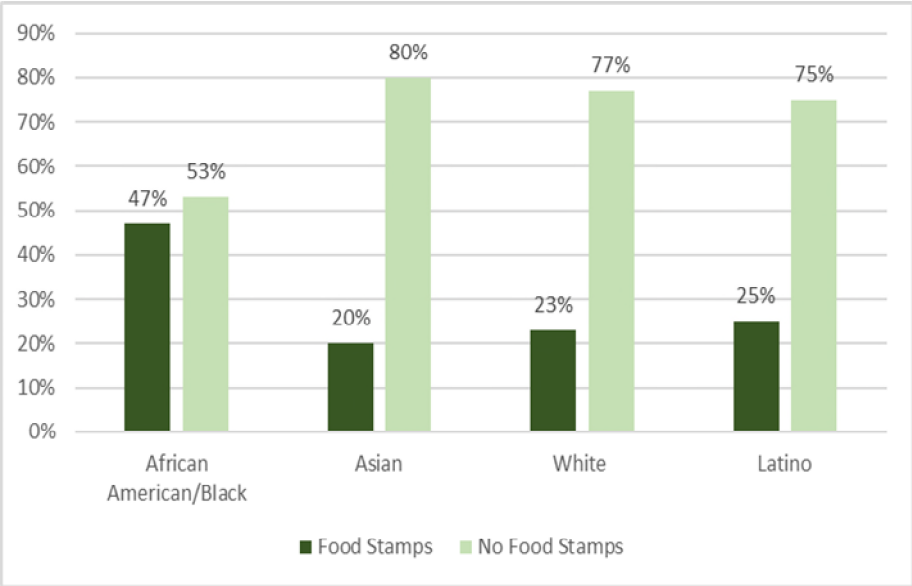
[13] LA Controller, *Hunger for Solutions to Food Insecurity*, https://lacontroller.org/data-stories-and-maps/food-insecurity/ Last accessed on September 30, 2022.

[14] Daily Los Angeles COVID-19 Data Summary. City of Los Angeles, Mayor Garcetti's Innovation Team. August 3, 2020. Accessed September 30, 2022. https://coronavirus.lacity.org/sites/g/files/wph1886/files/inline-files/Release_Daily%20Data%20Report%20Monday%208_3_F.pdf

[15] Unemployment Rate and Labor Force. State of California, Employment Development Department. Accessed September 30, 2022. https://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html

[16] Ibid.

Food Stamp Use by Ethnicity Among Households < 200% Below Poverty Level



Source: California Health Interview Survey, two-year estimate 2019-2020

L.A. County Population With Food Insecurity During COVID-19

	Food Secure (n=764)	Food Insecure (n=307)
SPA 1: Antelope Valley	4%	4%
SPA 2: San Fernando Valley	17%	9%
SPA 3: San Gabriel Valley	20%	18%
SPA 4: Metro L.A.	13%	17%
SPA 5: West L.A.	5%	5%
SPA 6: South L.A.	11%	16%
SPA 7: East L.A.	20%	22%
SPA 8: South Bay	11%	9%

The service planning area (SPA) in which people reside, for those who experienced food insecurity from April to July 2020 compared to people who did not experience food insecurity during this time. Los Angeles County Profile of Food Insecurity[17]

Community Input

These findings are consistent with concerns voiced by community leaders and residents. They noted a lack of resources for food, lack of access to healthy food, and widespread need. Service providers shared that the increased demand for food assistance during the COVID-19 pandemic has brought new clients, "we have seen a surge of people who never needed our pantry services before." As quarantine

[17] Ibid.

restrictions were lifted, the demand was slightly diminished, but requests for assistance are still higher than before the pandemic. Food insecurity can be particularly trying for vulnerable populations, such as seniors. For elders who rely on food stamps, renewing can be particularly challenging without support, which was a challenge during the pandemic when assistance was limited. The availability and affordability of healthy foods were an additional concern for community leaders, as one shared, “The corner store does not have healthy food, or if they do have fresh produce, it is priced higher than at the supermarket.”

Household Income

Comparing the counties of interest for City of Hope, San Bernardino County has the lowest median household income at $65,761, which is about $13,000 lower than California’s median household income at $78,672. In contrast, Orange County has the highest median income at $94,441. Los Angeles County ($71,358) and Riverside County ($70,732) fall below the state median.

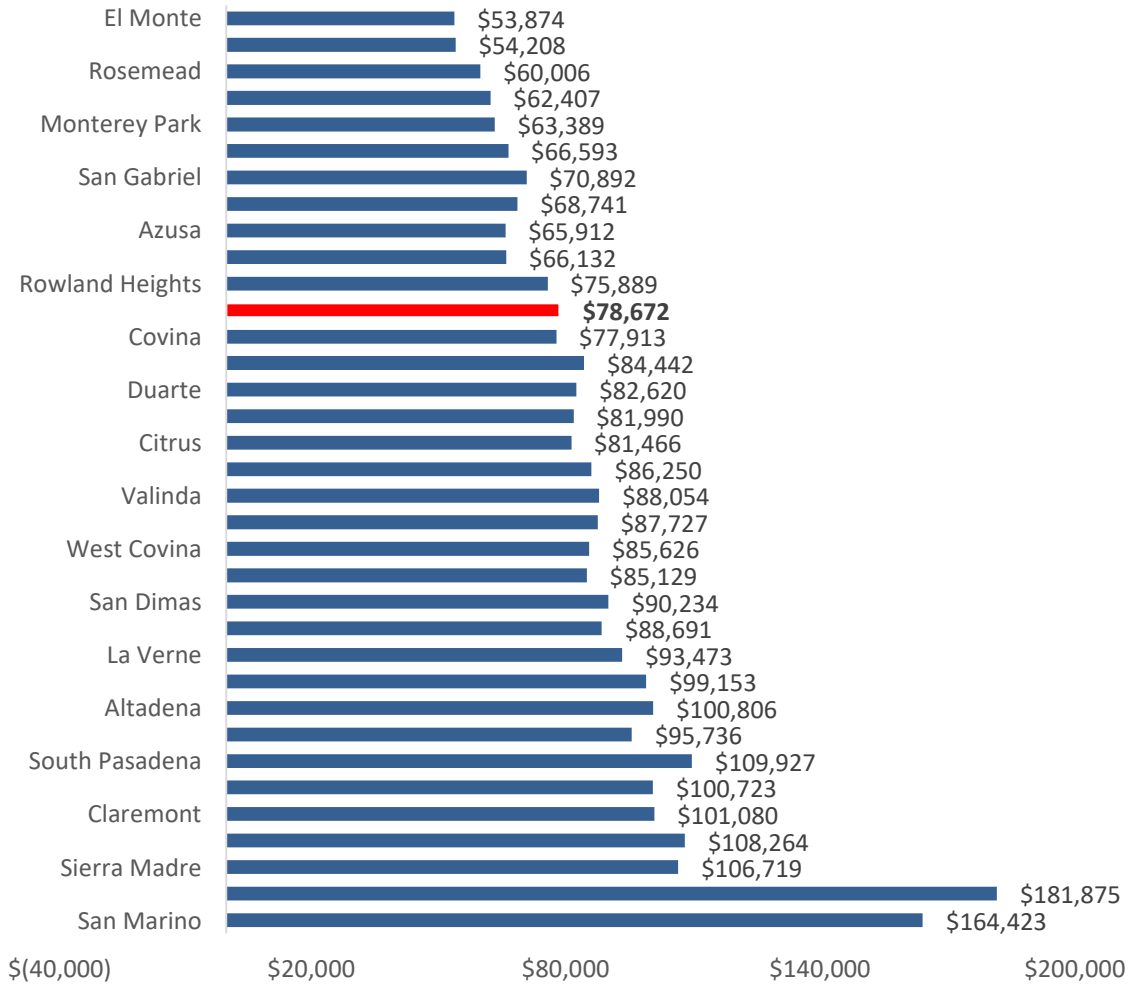
Median Household Income, by County

County	Median Household Income
Los Angeles	$71,358
Orange	$94,441
Riverside	$70,732
San Bernardino	$65,761
Ventura	$89,265
California	$78,672

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

The highest median household income in SPA 3 is in Bradbury ($181,875), followed by San Marino ($164,423) and South Pasadena ($109,927). Among the 34 cities reporting in SPA 3, 12 have household incomes below the state median ($78,672). El Monte ($53,874), South El Monte ($54,208) and Rosemead ($60,006) report the lowest median household incomes. These cities also have highest percentage of the population living below the poverty line.

Median Household Income, SPA 3 Cities



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

Community Input

Community leaders and members shared concerns in focus groups and interviews about the rising prices of food, gas and housing, and the effects of economic insecurity on mental health.

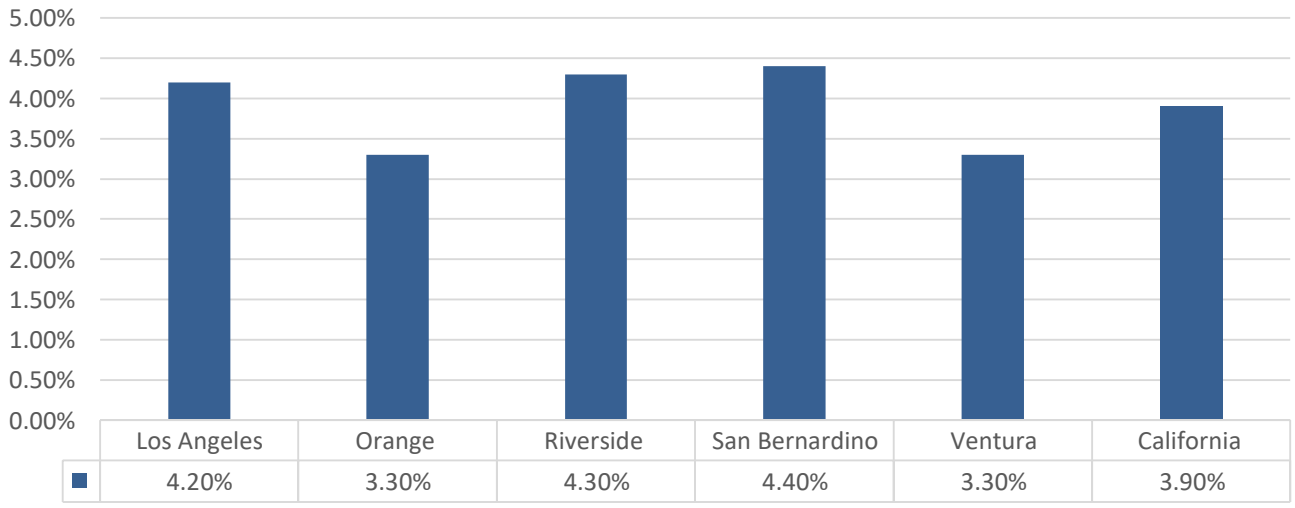
Members also mentioned the impact of COVID-19 on their employment, the changing nature of their workplace and lack of child care as barriers to better economic security. One community member stated, “We have witnessed a disproportionate impact on those working for small businesses.”

Unemployment

California's unemployment took a dramatic drop from 2017 (7.7%) to 2020 (3.9%). In Riverside and San Bernardino counties, the unemployment rate dropped from 1 in 10 adults in 2017 to 1 in 20 in early 2020. Only Orange County (3.3%) and Ventura County (3.9%) had lower unemployment rates than the state (3.9%). In L.A. County, the unemployment rate had steadily dropped year over year for the last 10 years to 4.2%.

As a result of COVID-19, the unemployment rate spiked to levels seen during the great recession levels, at over 12%. As communities adjusted to the new reality, the unemployment rate began to decline. As of August 2022, the current unemployment rate as reported by the California Employment Development Department was 4.9% in L.A. County.

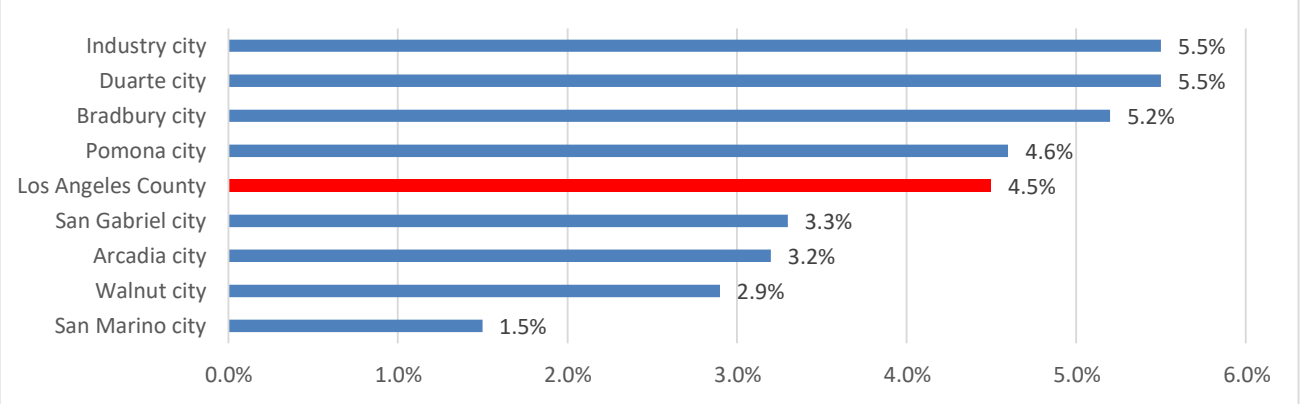
Unemployment Rate by County



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

Current unemployment rates as reported by the California Employment Development Department in September 2022 are 4.5% in L.A. County, 2.7% in Orange County, 4% in Riverside County, 3.8% in San Bernardino County and 3.3% in Ventura County. Among cities in SPA 3, Industry, Duarte and Bradbury have a higher rate of unemployment than peer cities in the SPA.

Unemployment Rates in SPA 3 Cities



Source: California Employment Development Department, September 2022

Community Input

Community members and leaders spoke about the impact of COVID-19 on employment, workplace changes and burnout among employees, particularly in the medical field. Employers in the community voiced concerns about the changes in workplace expectations and the impact on hiring.

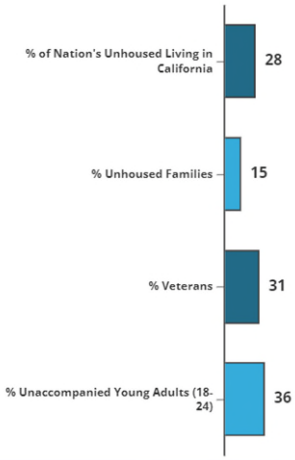
One employer shared the difficulties of finding supervisors willing to come into the office, as potential employees seem to prefer virtual work. Employers in medical professions also shared concerns over staff burnout due to the compounding effect of limited staffing and unplanned leaves due to illnesses, such as COVID-19. As COVID-19 supplemental paid sick leave policies were set to expire at the end of 2022, advocates also voiced health and employment concerns about employees being unable to take leave while sick with COVID-19.

Stakeholders also shared that financial instability stress can exacerbate the management of chronic conditions and health care.

The Unhoused

An unhoused individual is defined as an

- individual or family who lacks a fixed, regular, and adequate nighttime residence, such as those living in emergency shelters, transitional housing, or places not meant for habitation
- individual or family who will imminently lose their primary nighttime residence (within 14 days), provided that no subsequent housing has been identified and the individual/family lacks support networks or resources needed to obtain housing
- unaccompanied youth under 25 years of age, or families with children and youth who qualify under other Federal statutes, such as the Runaway and Homeless Youth Act, have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment
- individual or family who is fleeing or attempting to flee domestic violence, has no other residence, and lacks the resources or support networks to obtain other permanent housing."[18]



More than 28% of the nation's unhoused population now lives in California. According to estimates (as of January 2020) from the 2020 Annual Homeless Report to Congress, approximately 161,548 people in California experience homelessness on any given day. Among these unhoused individuals, 15% or 25,777 were family households, 31% or 11,401 were veterans, 36% or 12,171 were unaccompanied young adults (aged 18-24) and 4 in 10 individuals or 48,812 were individuals experiencing chronic homelessness.[19] In addition, "according to the National Center for Homeless Education during the 2019-2020 school year shows that an estimated 1,280,886 public school students experienced being unhoused, which represents about 2.5% of all students enrolled in public schools. Of that total, 4% were unsheltered**,** 11% were in shelters, 7% were in hotels/motels and 78% were doubled up."[20]

The Los Angeles Homeless Services Authority conducts the Greater Los Angeles Homeless Count every two years to provide a snapshot of homelessness in each day. "Homeless individuals" include single adults, adult couples with no children and groups of adults over the age of 18. The last count was completed in 2022. In 2022, the number of unhoused in Los Angeles County has risen to 69,144. In SPA 3, the rate of unhoused has increased by 2%. Most persons experiencing homelessness are single adult

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

[19] 2020 Annual Homeless Assessment Report to Congress. U.S. Department of Housing and Urban Development. January 2021. https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf

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

individuals (82%) over 25; 14% are families, and 58% are male. The majority are Latino/Hispanic (56%), white (25%) and Black (17%).

Unhoused Population Count in Greater Los Angeles

Homeless Population	SPA 3				Los Angeles County			
	2015	2019	2020	2022	2015	2019	2020	2022
Total Unhoused	3,093	4,489	4,555	4,661	41,174	58,936	63,706	69,144
Sheltered	43.9%	26.7%	33.5%	36%	29.7%	25.0%	27.7%	29.8%
Unsheltered	56.1%	63.3%	66.5%	64%	70.3%	75.0%	72.3%	70.2%
Adult Individuals (not in family units)	81.0%	83.0%	79.4%	86%	81.1%	85.0%%	80.4%	84%
Family Members (in family units	18.7%	14.0%	20.6%	14%	18.2%	15.0%	19.5%	16%
Unaccompanied Minors	0.4%	0.1%	0%	0%	>1%	0.1%	0.1%	0%

Source: Los Angeles Unhoused Services Authority, 2015, 2019, & 2020 Greater Los Angeles Homeless Count

Unhoused Sub-Population Count

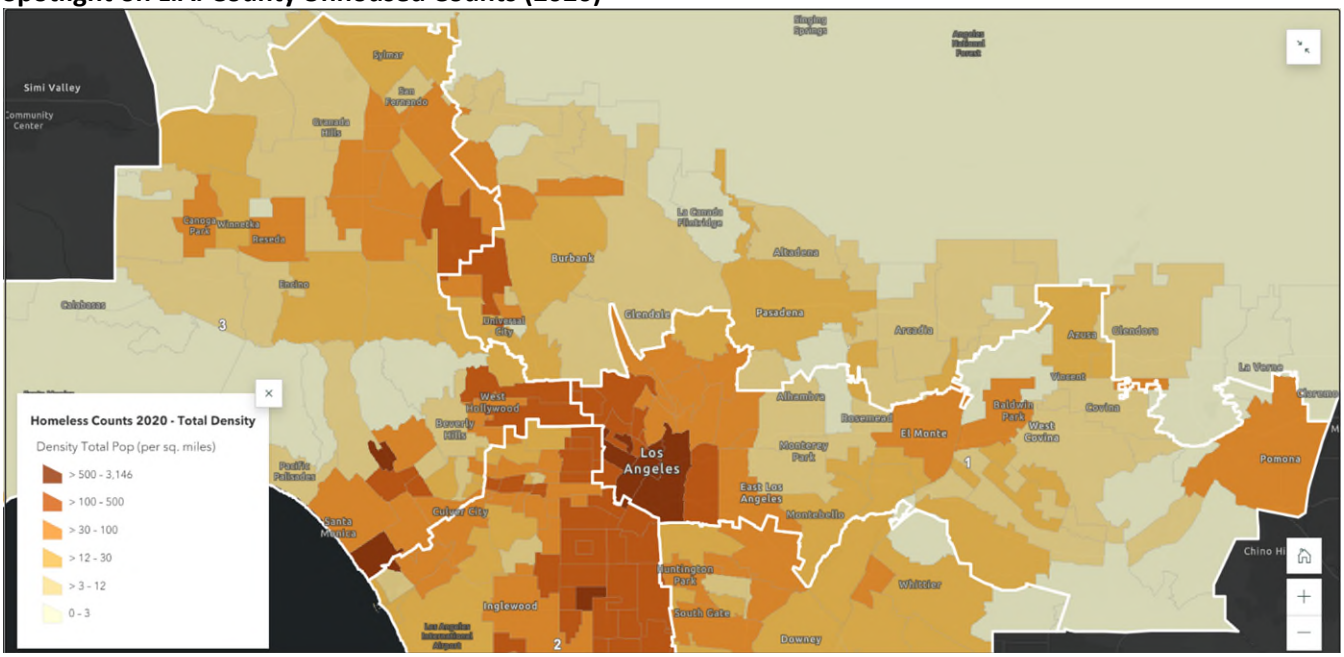
Unhoused Sub-Population	SPA 3				Los Angeles County			
	2015	2019	2020	2022	2015	2019	2020	2022
Chronically Unhoused	32.4%	28.1%	39%	33%	34.4%%	28.0%	36.2%	41%
Substance Abuse	23.9%	13.1%	33%	21%	25.2%	13.3%	23.9%	26%
Mental Illness	20.3%	23.5%	28%	21%	29.8%	23.2%	22.2%	25%
Veterans	7.7%	5.7%	4%	6%	9.8%	6.6%	5.8%	2%
HIV/AIDS	0.9%	1.3%	2%	2%	0.2%	2.2%	1.9%	2%
Domestic Violence Experience	18.6%	35.0%	29%	41%	1%	5.3%	28.8%	8%
Physical Disability	18.5%	18.9%	25%	18%	19.8%	NA	17%	*

Source: Los Angeles Homeless Services Authority, 2015, 2019, & 2020 Greater Los Angeles Homeless Count Results. *not available

In Los Angeles County, the rates of unhoused individuals have steadily increased since 2015 in every subpopulation except veterans and the mentally ill, for whom the rates appear stable since 2019 at 25%. Comparatively, in SPA 3, only the subpopulations of mentally ill, substance abuse and domestic violence appear to fluctuate greatly year to year. The chronically unhoused make up the largest proportion in both reporting areas. The rate of the chronically unhoused population appears to trend higher between 2019 and 2022 at 41% in Los Angeles County. In SPA 3, unhoused rates of veterans and those who have experienced domestic violence have decreased. The domestic violence subgroup rate in L.A. County appears to have increased from 5.3% in 2019 to 28.8% in 2020 during COVID-19.

Additionally, the proportion of unhoused experiencing substance abuse issues has trended higher in SPA 3 and L.A. County, rising by 19.9% and 10.6% respectively. The rate of unhoused with physical disability is also greater in SPA 3 (25%) compared to L.A. County (17%).

Spotlight on L.A. County Unhoused Counts (2020)



Source: Los Angeles County Homeless and Housing Map (2020), Accessed at https://storymaps.arcgis.com/stories/400d7b75f18747c4ae1ad22d662781a3

In Los Angeles County, the total unhoused counts increased over three years (2017-2020), resulting in a public health crisis. The total unhoused count increased by 18.7% to 67,198, while the total unsheltered count increased by 24.4% to 51,092. A more recent count (2022) by the Los Angeles Homeless Services Authority reveals that between 2020 and 2022 the rate of increase had moderated to 4%. Approximately 12% of the total count (now at 69,144) experience chronic unhousing. Over two-thirds are male. Among those ages 18 and older, 1 in 4 experience substance abuse or mental illness.

Community Input

Community members and leaders shared frustration about the high numbers of residents experiencing homelessness. As one service provider shared, “Being unhoused is one of the biggest risks to health. The connection to housing and health is undeniable. The experience of homelessness itself can lead to a variety of poor health outcomes. It is a dangerous health condition, and it can exacerbate other health conditions and pose health and safety risks.”

Community members spoke about the crisis in Los Angeles County and the limited solutions that seem available, “I know we all want to

solve it, but I don't see an end. Everyone is trying really hard. You can see they [the government and community organizations] are trying, but how did we get here?"

Health care providers shared specific concerns about people experiencing homelessness and accessing services, as one provider shared, "They [people experiencing homelessness] cycle through the health care system. They will visit several hospitals, and the systems are not connected; they don't talk to each other.

Many residents, service providers and community leaders agreed that affordable housing and the growing numbers of people experiencing homelessness in our communities are prevalent concerns for people living in the service area and were heightened during the pandemic. Community stakeholders shared that rising housing costs can lead to many other health and safety concerns. Community members and leaders shared that overcrowded housing leads to an increased risk of COVID-19 and other infections, and rising housing costs affect residents' ability to pay for health care, healthy food and other basic needs. As one service provider shared, "Housing is such a big issue in L.A. County, and it exacerbates chronic or acute conditions."

Educational Attainment

One of the key drivers of health is educational attainment — low levels of education are often linked to poverty and poor health[21]. In SPA 3, 14 cities rate below the state in the rate of college educated adults, ages 25 and older. South El Monte (7.7%) and La Puente (9.1%) have the lowest rates of college graduates in SPA 3.

Educational Attainment Age 25 Years and Older

Education Level	Highest Rated Cities in Each Category
No High School	South El Monte (29.1%), El Monte (24.5%), Rosemead (23.3%)
Some High School	El Monte (13.8%), South El Monte (13.7%), La Puente (13%)
High School Diploma	Industry (34.8%), La Puente (30.6%), Valinda (30.4%)
Some College	San Dimas (25.3%) Irwindale (24.9%), La Verne (24.8%)
Associate Degree	Bradbury (16.4%), Sierra Madre (11.7%), San Dimas (11.5%)
Bachelor's Degree	San Marino (40.1%), Walnut (38.4%), Arcadia (36.3%)
Graduate Degree	San Marino (38.0%), South Pasadena (35.6%), Claremont (30%)

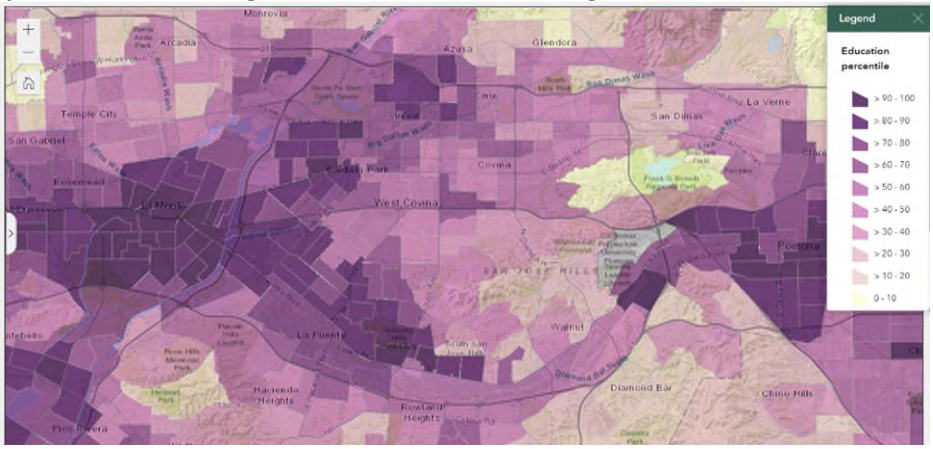
Source: U.S. Census, American Community Survey, 2020

South El Monte and El Monte have the highest percentage of those with no high school education, 29.1% and 24.5% respectively. The highest percentage of residents with a high school diploma are found in Baldwin Park (29.5%), Industry, (34.8%), La Puente (30.6%) and Valinda (30.4%). Walnut (38.4%) and

[21] Raghupathi, V., Raghupathi, W. The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015. Arch Public Health 78, 20 (2020). Zajacova A, Lawrence EM. The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. Annu Rev Public Health. 2018 Apr 1;39:273-289. doi: 10.1146/annurev-publhealth-031816-044628. Epub 2018 Jan 12. PMID: 29328865; PMCID: PMC5880718.

San Marino (40.1%) have the highest percentage of college educated adults over the age of 25. San Marino also has the second highest household median income at $164,423. Though South El Monte has the lowest percentages of college graduates and the highest percentage of residents with no high school education, they have a higher percentage of high school graduates (27.3%) than the state (20.4%).

Percent of Population Over the Age of 25 With Less Than a High School Education (2015-2019)



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

In California, nearly two out of three adults (63.6%) ages 25 and older have at least some college education. Los Angeles County has the highest rate of adults over the age of 25 with no high school education at 11.9%. Riverside and San Bernardino counties have the highest rates of high school graduates at 26.7% and 26.4%, respectively. Orange County has the highest rate of bachelor's degrees (26.4%) and graduate degrees (14.9%), as well as the lowest rate of those with no high school education at 7.6%.

Educational Attainment in Neighboring Counties as Compared to California

County	No High School	Some High School	High School Diploma	Some College, No Degree	Associate Degree	Bachelor's Degree	Graduate Degree
Los Angeles	11.9%	8.3%	20.4%	18.9%	7.0%	21.8%	11.7%
Orange	7.6%	6.3%	17.2%	19.7%	7.8%	26.4%	14.9%
Riverside	9.0%	8.3%	26.7%	24.6%	8.3%	14.9%	8.3%
San Bernardino	8.5%	10.8%	26.4%	24.3%	8.7%	13.9%	7.4%
Ventura	8.6%	5.7%	19.5%	22.2%	10.1%	21.6%	12.3%
California	8.9%	7.2%	20.4%	20.9%	8.0%	21.6%	13.1%

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

The state high school graduation rate was 83.6% in the 2017 to 2018 school year. Orange County had the highest rate (90.8%) and Los Angeles had the lowest rate (82.4%) of high school graduation. Only Ventura County saw a decrease in the graduation rate from 2017 (86.1%) to 2020 (83.3%).

Four-Year Adjusted Cohort High School Graduation Rate

County	Graduation Rate 2017-2018
Los Angeles	82.4%
Orange	90.8%
Riverside	89.9%
San Bernardino	83.5%
Ventura	83.3%
California	83.6%

Source: California Department of Education, 2020-2021

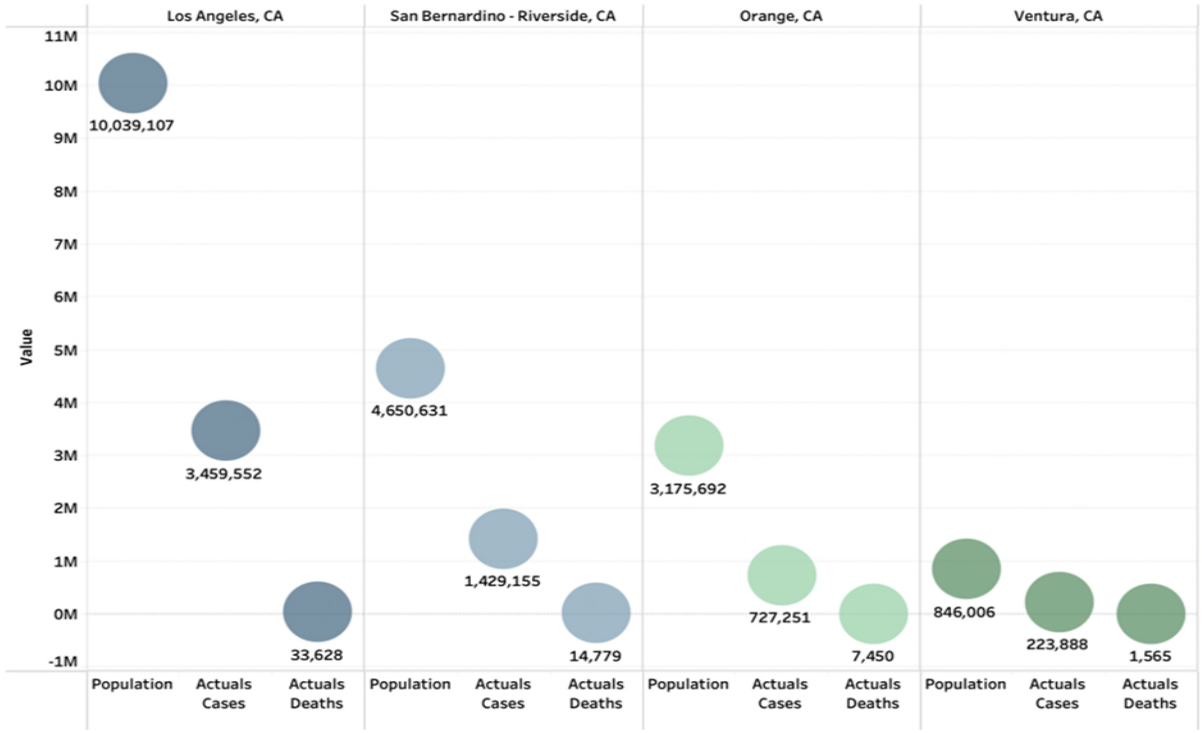
Effects of the COVID-19 Pandemic

How to Use This Section

Our world has been impacted by the COVID-19 pandemic since early 2020. It not only caused many deaths, but it shattered many social structures and safety nets. We included this section in the CHNA because of the way this pandemic brought to light the health and social inequities of our communities. Use this section to learn more about the people living in your neighborhoods and how COVID-19 impacted them. Use it to build an understanding of how a global pandemic can take an already marginalized group of people and push them deeper into poverty and social isolation.

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Los Angeles County had the highest number of cases and deaths due to COVID-19. Despite rate differences by county, three out of four counties (except for Ventura County) shared similar death rates resulting from COVID-19.

COVID Cases and Deaths — LA, San Bernardino/Riverside, Orange and Ventura Counties



Source: LA County Department of Public Health, 10/2/2022

COVID-19 Rates

County	COVID-19 Cases	Deaths
Los Angeles	34.5%	0.97%
San Bernardino	30.7%	1.03%
Orange	22.9%	1.02%
Ventura	26.5%	0.70%

Source: Los Angeles County Department of Public Health, 2022

Lower income residents and communities of color in L.A. County have had a disproportionate rate of death from COVID-19, and the death rate (number of deaths per 100,000) among people living in lower-resourced areas is approximately four times higher than people living in highest-resourced areas.

Age-Adjusted Death Rates Due to COVID-19 per 100,000 Persons, as of October 2, 2022

Age-Adjusted Death Rates due to COVID-19 per 100K
October 2, 2022

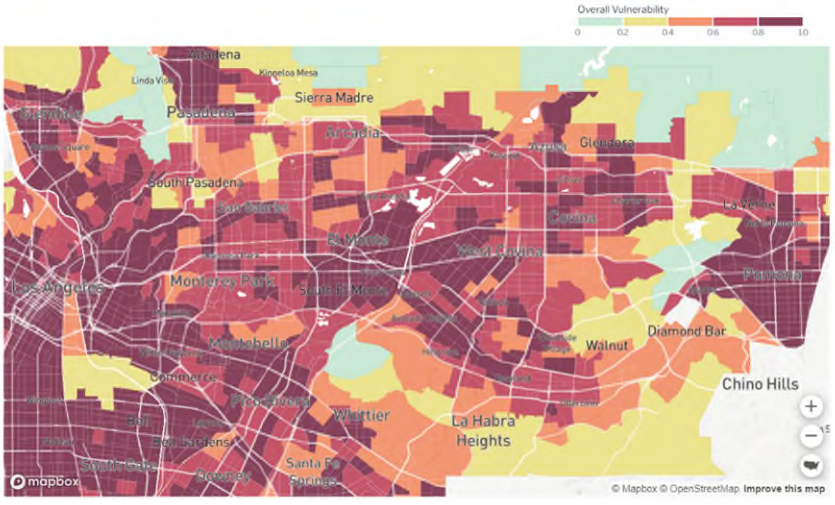
		Mortality Rate
Los Angeles County Total		306
Race/Ethnicity	Asian	207
	Black/African American	327
	Hispanic/Latino	468
	White	191
Area Poverty	<10% area poverty	183
	10% to <20% area poverty	316
	20% to <30% area poverty	408
	30% to 100% area poverty	544

Source: L.A. County Public Health http://publichealth.lacounty.gov/media/coronavirus/data/#

The COVID-19 Community Vulnerability Index (CCVI), in the heat map below, overlays indicators of social vulnerability, such as socioeconomic status or language barriers, with indicators of vulnerability unique to the COVID-19 pandemic, such as access to health care and comorbidities among the population. Darker areas indicate greater vulnerability. The map shows that many communities in SPA 3 had high vulnerability because of COVID-19.

COVID-19 Community Vulnerability Index

Source: Surgo Ventures, 2022



In SPA 3, while residents appeared to have less difficulty paying for basic necessities (8%), they did experience greater difficulty in paying rent or mortgage (8.7%). Nearly a third of those employed in California transitioned to working from home, as was the case in Los Angeles and Orange counties. Fewer residents in San Bernardino County (19.2%) and Riverside County (21.6%) could opt to work from home. Rates of job loss were highest in Los Angeles County, particularly SPA 3, where the loss rate was 16% compared to the loss rate in the state at 13.2% or in San Bernardino County at 7.3%.

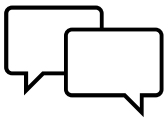
COVID-19 Lived Experience by SPA 3 and County

	SPA 3	LAC	OC	SB	RIV	CA
Treated unfairly because of race/ethnicity	1.7	2.5	1.5*	1.4	2.6	1.9
Experienced difficulty paying for basic necessities	8.0	10.6	8.6	7.1	12.4	9.2
Experienced difficulty paying rent/mortgage	8.7	10.3	7.8	8.5	8.0	8.4
Lost job	16.0	15.5	10.9	7.3	10.8	13.2
Had reduced hours/income	24.2	25.5	25.7	25.9	18.8	23.8
Worked from home	30.2	30.0	29.9	19.2	21.6	29.6

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

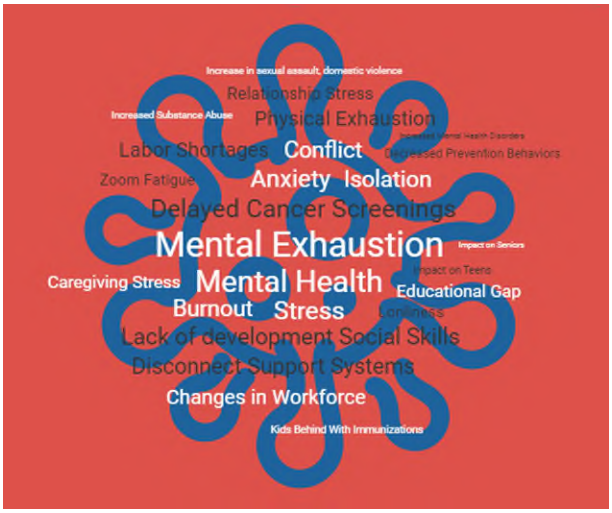
As part of the lived experience in California in the early months of the pandemic, many California residents completing a national COVID-19 survey administered by the University of Chicago reported changing their habits: 74% avoided some or all restaurants, 66% canceled or postponed pleasure, social or recreational activities, 79% avoided crowded or public spaces, and only 12% canceled outside caregivers or household services.

In 2020, when asked if they would get vaccinated, residents in Los Angeles, Orange, and Riverside counties said that they would, at a rate comparable to that of the state (76.6%). Only San Bernardino County residents had a lower rate (67.7%).



Community Input

The COVID-19 pandemic had lasting effects on the mental health of community members in City of Hope's service area. Members mentioned the cumulative effects of the pandemic exacerbating impacts on mental health, feelings of isolation and a disconnect from systems and support, mental and physical exhaustion and general burnout, labor shortages, changes in workforce and an educational gap for school-aged children. Some of these impacts were felt disproportionately among certain populations.



The strain on mental health was felt particularly because of social isolation, increased relationship and caregiving stress and exhaustion, and/or "Zoom fatigue," with increased reliance on technology. Community members and leaders voiced concerns about the long-term effects of social isolation on vulnerable groups, such as teenagers and seniors. Educators shared that for school-aged children, teenagers, and college students, the isolation of COVID-19, compounded with a lack of development of social skills due to school closures during the pandemic, has resulted in increased feelings of stress, anxiety and conflict. As one community leader said, "The physical impact [of COVID-19 quarantines] is yet to be determined, but the mental health impact is very apparent. Seniors faced challenges with social isolation compounded with challenges accessing services that moved online. One leader of a community-based organization shared, "COVID-19 has still not gone away, and seniors are still a vulnerable population. Many seniors are still scared to leave their homes and suffer from loneliness. They are nervous when they go to the market or even the senior center because most people are not wearing masks anymore."

The physical impact of COVID-19 was also clear to community members and leaders who shared that the pandemic has, as one community leader said, "resulted in an increase in cancer rates, increases in mental health and substance use disorders and increases in sexual assault, domestic violence and intimate partner violence." During the pandemic, people often did not have the same access to regular check-ups, immunizations and health screenings. This result is yet to be seen; however, many community leaders voiced concerns about the compounding effects of community members delaying health care. One service provider shared, “Kids are also behind on immunizations. I have never had as many kids on catch-up lists as I do now.”

Increased access to telehealth was a "silver lining" of the COVID-19 pandemic for many service providers. As one provider shared, "The pandemic opened the door to telehealth. Barriers such as lack of transportation, having to take off from work and not having sick or vacation days were all alleviated with telehealth. That has taken away some of those barriers and opened us up to different ones." However, telehealth is not accessible to all populations; nonprofit leaders shared that seniors experienced increased challenges in accessing services online due to limited knowledge and technology access. As one community leader shared, "The pandemic has changed the unmet needs in the community. There are so many more unmet needs than ever before."

Access to Health Services and Care

How to Use This Section

This section will explore access to health care through health insurance, sources of care, barriers to care and emergency room use to help you understand how and where residents are accessing health care. This information is vital to understand who is accessing health care and who faces barriers and does not receive the necessary services. The data focus on Orange, Riverside, San Bernardino, Ventura and Los Angeles counties, with a particular focus on SPA 3, the Los Angeles Special Planning Area that includes the cities within our local service area. *Tip: Use the data in this section for grant writing or program reporting.*

Health Insurance

Health insurance is an essential tool for people to access health care. People without insurance may have increased challenges affording health care services and medications, and are more likely to have poor health outcomes. People who do not have health insurance are less likely to have primary care physicians, which is key to preventive care. These increased barriers to health have lasting consequences, and racial/ethnic minorities, people with less education and people with low incomes are less likely to be insured.[22]

Within City of Hope's service area, 92% of residents have health insurance. Residents of San Bernardino County are most likely to be insured (94.9%). Los Angeles, Riverside and Ventura counties are less likely to be uninsured compared to California state, most significantly in Ventura County, where approximately 1 in every 10 of residents do not have insurance. In SPA 3, 94.9% of residents are insured, slightly higher than the statewide average of 94%.

Health Insurance Coverage

	Total Population Insured	Adults Ages 18-64	Children Ages 17 and Under
Los Angeles	92.1%	87.8%	98.8%
SPA 3	94.9%	92.0%	-
Orange	94.0%	90.5%	98.9%
Riverside	91.8%	87.2%	97.0%
San Bernardino	94.9%	92.6%	98.0%
Ventura	87.2%	80.6%	-
California	94.0%	90.9%	98.3%

Source: California Health Interview Survey, 2020

For service area residents, the most common types of insurance are employer-based and Medi-Cal[23]. Ventura County had a sharp decrease in employment-based insurance, decreasing by 11.8%,

[22] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2030. Washington, DC. Available at https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-insurance. Accessed [September 6, 2022].

contributing to the overall decline in insured residents. Ventura County accounts for the highest enrollment in Medicare, 15.7%, 4% higher than California.[24] Medi-Cal rates are highest for San Bernardino (25.1%), Riverside (23.5%) and Los Angeles (24%) counties, compared to California (21.1%). Statewide and across all five counties, rates of private insurance coverage decreased.

Type of Insurance Coverage, by County

	Ventura	San Bernardino	Riverside	Orange	Los Angeles	California
Employment-Based	39.5%	52.2%	44.8%	56.9%	47.8%	51.4%
Medicaid and Medicare	1.7%	3.0%	3.1%	2.1%	4.1%	3.0%
Medi-Cal	22.6%	25.1%	23.5%	16.1%	24.0%	21.1%
Medicare and Others	15.7%	8.1%	12.4%	11.9%	9.6%	11.7%
Medicare Only	1.0%	1.4%	1.6%	1.2%	1.4%	1.5%
No Insurance	12.8%	5.1%	8.2%	6.0%	7.9%	6.0%
Other Public	2.4%	2.0%	1.1%	0.4%	1.0%	1.1%
Private Purchase	4.4%	3.1%	5.2%	5.4%	4.3%	4.7%

Source: California Health Interview Survey, 2020

Sources of Care

Across the service area, residents typically access care at a doctor's office, health maintenance organization (HMO) or Kaiser Permanente. This is particularly true in SPA 3 in Los Angeles County, where approximately 67% of residents rely on a doctor's office, HMO or Kaiser Permanente. In Ventura County, 24.6% visit community clinics, government clinics or community hospitals as their source of health care. Of the five counties, San Bernardino and Los Angeles counties have the highest percentage of residents who reported having no usual source of care (15.4% and 15% respectively). Both counties also have the highest percentages of residents who rely on emergency room or urgent care, San Bernardino County with 2.2% and Los Angeles County with 1%.

[23] Medi-Cal provides no-cost and low-cost health coverage to eligible residents and is California's Medicaid program. Medi-Cal benefits include doctor visits, hospital care, immunization, pregnancy-related services, and nursing home care. The Affordable Care Act ensures all Medi-Cal health plans Essential Health Benefits (EHB), which include outpatient (ambulatory) services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, prescription drugs, programs such as physical and occupational therapy, laboratory services, preventive and wellness services and chronic disease management, and children's (pediatric) services, including oral and vision care. https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx. Accessed [September 7, 2022].

[24] Medicare is a federal health insurance program for people ages 65 and older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). Available at https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare. Accessed [September 7, 2022].

Type of Usual Sources of Care

	Doctor Office/ HMO/ Kaiser Permanente	Community or Government Clinic/ Community Hospital	ER/Urgent Care	Some Other Place/No One Place	No Usual Source of Care
Los Angeles	61.1%	21.8%	1.0%	1.1%	15.0%
SPA 3	67.0%	18.9%	0.6%*	0.6%*	13.0%
Orange	72.1%	11.2%	0.9%*	1.5%*	14.3%
Riverside	68.5%	15.2%	0.3%*	1.3%*	14.4%
San Bernardino	63.5%	17.3%	2.2%	1.6%*	15.4%
Ventura	60.2%	24.6%	-	0.7%	14.5%*
California	64.6%	19.9%	0.9%	1.2%	13.5%

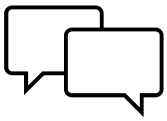
Source: California Health Interview Survey, 2020

Residents between the ages of 18 and 64 in the service area were less likely to have a consistent source of care than younger residents, ages 0 to 17. In Ventura County, 96.7% of children, ages 0 to 17, have a consistent source of care, compared to 78.2% of adults, ages 18 to 64. In SPA 3, the rate of consistent care amongst residents, ages 0 to 18, has decreased from 91.3% in 2017 to 86.6% in 2020.

Consistent Source of Care, by Age

Report Area	Ages 0-17*	Ages 18-64
Los Angeles	89.4%*	81.0%
SPA 3	86.6%*	85.8%
Orange	89.3%*	81.6%
Riverside	88.5%*	81.3%
San Bernardino	84.3%*	83.9%
Ventura	96.7%*	78.2%
California	89.6%	83.1%

Source: California Health Interview Survey, 2020 *statistically unstable



Community Input

Community members, particularly nonprofit leaders, voiced concerns and challenges with medical, vision and dental insurance plans for the most vulnerable populations in the service area. As one service provider shared, “In honesty, the Medi-Cal families are taken care of, but the families who have inadequate insurance through their jobs — that is where they have a harder time.”

“In honesty, the Medi-Cal families are taken care of, but the families who have inadequate insurance through their jobs – that is where they have a harder time.”

Barriers to Care

Barriers to care are impacted by limited access to medical care professionals, difficulties finding medical care professionals and challenges with insurance coverage. In Los Angeles, Riverside, San Bernardino and Ventura counties, residents have fewer primary care physicians available to them than in California (1240:1) and the United States (1010:1). Riverside County has 2,270 residents to one primary care physician. Orange County boasts ratios lower than in California and the United States with a one primary care physician for every resident. For dental providers, similar trends emerge with Riverside County and Orange County, having ratios of 1,870:1 and 850:1 respectively. These numbers are particularly striking compared to the ratios in California (1,130:1) and the United States (1,210:1). Riverside County also has fewer mental health providers. Mental health providers are most prevalent in Los Angeles and Ventura counties.

Supply of Health Professionals

County	Primary Care Population to primary care physician ratio	Dentist Population to dental provider ratio	Mental Health Population to mental health provider ratio
Los Angeles	1,350:1	1,100:1	250:1
Orange	1,000:1	850:1	310:1
Riverside	2,270:1	1,870:1	420:1
San Bernardino	1,700:1	1,360:1	380:1
Ventura	1,250:1	1,060:1	230:1
California	1,240:1	1,130:1	240:1
United States	1,010:1	1,210:1	250:1

Source: County Health Rankings, 2020

Los Angeles County and San Bernardino County residents found it more difficult to find primary medical care than their peers in Orange, Riverside and Ventura counties. Difficulty accessing specialty care ranged from 6.7% in San Bernardino County to 16.5% in Riverside County.

Challenges to Accessing Medical Care, Adults

Report Area	Difficulty Finding Primary Care	Difficulty Finding Specialty Care
Los Angeles County	7.6%	15.4%
Orange County	4.5%	13.6%
Riverside County	6.4%	16.5%
San Bernardino County	8.4%	6.7%
Ventura County	6.9%*	14.0%
California	7.2%	13.5%

Source: California Health Interview Survey, 2020 *statistically unstable

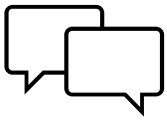
With the complexities of navigating insurance coverage and the often-inaccessible costs of medical care, many residents delay medical care and medicines. Residents in Los Angeles, Orange, Riverside and Ventura counties reported having delayed medical care due to cost or lack of insurance at higher rates than residents of California (32.7%).

Residents of Ventura County struggled the most with delaying care due to cost or lack of insurance (43.5%). Residents in San Bernardino and Orange counties were more likely to delay or not get medical care in one year, 15.1% and 14.5%. At the same time, residents of San Bernardino and Riverside counties were more likely to delay or not get prescription medications (9.2% and 10%, respectively).

Delay of Care

Report Area	Delayed Care Due to Cost or Lack of Insurance	Delayed or Didn't Get Medical Care in Last 12 Months	Delayed or Didn't Get Prescription Medicine in Last 12 Months
Los Angeles	34.7%	13.8%	8.0%
SPA 3	20.2%	13.5%	6.0%
Orange	37.6%	14.5%	8.4%
Riverside	41.0%	13.7%	10.0%
San Bernardino	30.5%	15.1%	9.2%
Ventura	43.5%	12.0%	3.6%
California	32.7%	13.8%	8.1%

Source: California Health Interview Survey, 2020



Community Input

Community members and leaders shared the many barriers faced in accessing health care. These challenges include long waitlists for appointments, challenges accessing specialists, access issues and discomfort with telehealth, cost, and inability to take time sick time or time away from work for appointments, resulting in missed screenings or immunizations. Many community leaders voiced concerns that the COVID-19 pandemic has aggravated these barriers. One service provider shared, "I think that they [doctor's offices] were always tight in their scheduling, but now it is worse." Community residents often wait two to three months to see a doctor. The prevalence of telehealth has expanded access for residents, but has disadvantaged vulnerable populations, such as seniors and people experiencing homelessness who may not have access to technology and Wi-Fi. As one community leader said, "The San Gabriel Valley is a tale of two cities, with pockets of wealth and pockets of poverty."

Many community members and leaders also highlighted the systemic barriers, such as limited language and translation services, cultural distrust of institutions, rampant medical misinformation, social stigma and bias, that limit residents of City of Hope's service area from accessing services. Community members shared the need for language services and translation in Spanish, Mandarin, Chinese, Cantonese, Vietnamese and Armenian. One respondent, who encapsulates the general feeling, said “People who are more recent immigrants, sometimes they come with a lot more hesitancy based on their home country or what is going on with the government. There is mistrust." Therefore, having language and cultural competency in care would help mitigate some of these first impressions.

Many community leaders spoke about the need for medical professionals to be trained in culturally appropriate "bedside manner." Additionally, all materials and paperwork should be made available in multiple languages and with terms and vocabulary that are culturally relevant. The emphasis on providing high-quality, culturally appropriate services in many languages relieves the burden on family members who often do not know how to accurately translate medical terms. Community members and leaders emphasized the need for providers who understand and are known by the community. Cultural mistrust of medical systems can also contribute to reluctance to access health care for many communities.

Community members commented on the impact of social stigma and bias in accessing medical care. Residents fear mistreatment in medical settings based on race, sexuality, body type and weight, and gender expression. As one service provider shared, "Implicit bias and racist systems is something that health systems need to grapple with. "These concerns were prevalent for members of the LGBTQIA+ community seeking gender-affirming care and facing the stigma associated with the 2022 Monkey Pox outbreaks. Community members and leaders shared concern for particularly vulnerable populations who have traditionally experienced challenges accessing health care, specifically Latinx people, African American/Black people, API people, immigrants (especially those who are undocumented), people with disabilities, the LGBTQ+ community, indigenous people, seniors, refugees, people experiencing homelessness and transition-aged youth.

Use of the Emergency Room

Understanding Emergency Department (ED) usage can improve primary and preventive care practices. In Los Angeles, Riverside, San Bernardino and Ventura counties, residents are more likely to have visited an ED within the last 12 months than California residents. Approximately one in every five Los Angeles County and San Bernardino County residents has visited the ED in the previous year (21.7% and 31.2%, respectively), compared to 15.7% of California residents. ED access rates were lowest for Orange County residents (12.4%).

Emergency Department Usage

Report Area	Visited ED in last 12 months
Los Angeles	21.7%
SPA 3	16.9%
Orange	12.4%
Riverside	17.9%
San Bernardino	21.2%
Ventura	17.4%
California	15.7%

Source: California Health Interview Survey, 2020

Health Behaviors

How to Use This Section

Many of our health problems exist because of lifestyle or health habits that increase the risk of death and chronic disease. At City of Hope, we know that obesity increases the risk for chronic disease like diabetes and cancer. We also know that if you have diabetes, your ability to fight cancer is weaker. Using health behavior data related to obesity can help us design programs that get to the root causes of obesity and, ultimately, address risk factors for diabetes and cancer.

Health Behaviors

County Health Rankings rank counties according to health behaviors. In California, 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections and others. The five counties vary widely in their health behavior rankings. They range from Orange County, which is in the top 25% of California counties for healthy factors and health outcomes, to San Bernardino County, which is in the bottom 25%.

Health Behaviors Ranked by County[25]

County	Health Factors	Health Outcomes
Los Angeles County	35	24
Orange County	**10**	**6**
Riverside County	33	25
San Bernardino County	45	43
Ventura County	17	9

Source: 2022 County Health Rankings [26]

Overweight and Obesity

Obesity reduces life expectancy and causes devastating and costly health problems. Complications include coronary heart disease, stroke, high blood pressure, diabetes and a number of other chronic diseases. Obesity may also increase the risk of cancers of the esophagus, breast (postmenopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder and possibly other cancer types.[27]

[25]Ranking for health factors is based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Rankings for health outcomes is based on an equal weighting of length and quality of life

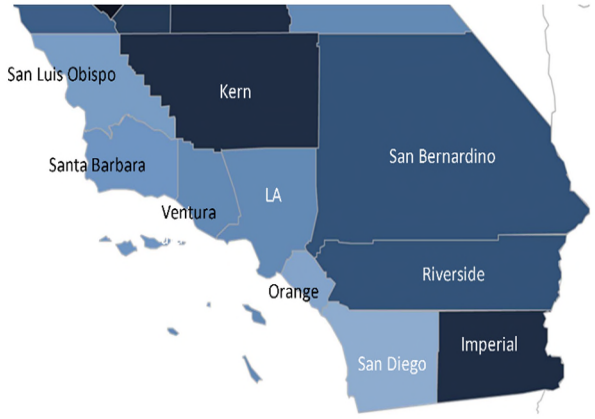
[26] Available at https://www.Countyhealthrankings.org/explore-health-rankings. Last accessed September 9, 2022

[27]National Cancer Institute. *Obesity and Cancer Risk*. Available at http://www.cancer.gov/cancertopics/factsheet/Risk/obesity. Last Accessed September 9, 2022.

Within the five counties, the proportion of adults with BMI>30.0 has increased year over year for the past 20 years from 19.6% in 2001 to 30.1% in 2020.[28] Nearly a third of the adult population in these counties are considered obese.

Rates of obesity are notably higher in Riverside (33%), San Bernardino (33%) and Los Angeles (28%) counties. Ventura and Orange counties had lower obesity rates than the state, at 28% and 25% respectively.

Adult Obesity by County



Source: California Health Rankings, 2020 (Color indicates best (lighter blue) to worst (darker blue)

The rates of obesity and being overweight are higher among adults than teens in Los Angeles, Riverside and San Bernardino counties, who report a third of the adult population as obese with rates higher than the state (28.5%). The same counties have at least a third of the adult population as overweight, in line with the state rate of 33.4%. Teens in Los Angeles and Ventura counties appear vulnerable to high body mass index (BMI) rates, with L.A. County showing BMI rates higher than 30 (20.5%) and Ventura showing higher BMI rates between 25 and 29.99. Though reported teen values are unstable (due to low sample size) at the county level, they do raise questions about the nutritional habits of teens, especially in San Bernardino County where the overweight rate is 2.5 times the state rate.

Obesity and Overweight Rate, by Population Type

Report Area	Obese Adults BMI>30	Obese Teens BMI>30	Overweight* BMI 25.0-29.99	
			Adults	Teens
Los Angeles County	30.5%	20.5%	30.6%	14.3%
Orange County	24.2%	10.2%*	24.2%	10.5%*
Riverside County	33.0%	14.6%*	33.0%	17.7%*
San Bernardino County	35.9%	15.1%*	35.9%	11.6%*
Ventura County	25.6%	--	25.6%	29.3%*
California	28.5%	17.8%	33.4%	12.1%

Source: California Healthy Kids Survey, 2020 *statistically unstable data

[28] California Health Interview Survey, 2001-2020

Ethnic disparities do emerge in adult obesity. The Asian population has the lowest obesity rate (10%), while the African American population has the highest rate (41.8%). The variance among the white population reporting obesity is substantial from county to county, ranging from 12.9% in Ventura County to 38.1% in San Bernardino County. With the exception the Latinos, all groups in SPA 3 have higher reported rates of obesity than in Los Angeles County.

Obese Adults, by Ethnicity

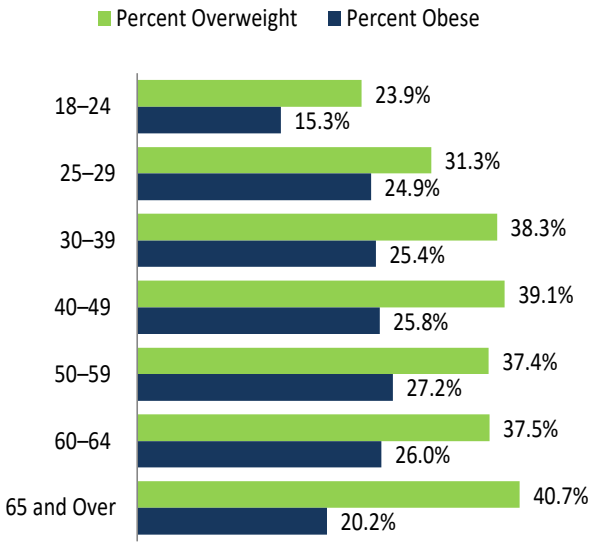
Report Area	African American	Asian	Latino	White
Los Angeles County	43.3%	8.6%	39.1%	22.7%
SPA 3	48.4%*	9.7%	29.7%	34.3%
Orange County	48.0%	11.0%*	27.3%	24.4%
Riverside County	38.8%	10.2%	39.1%	27.6%
San Bernardino County	45.2%	22.9%*	36.2%	38.1%
Ventura County	--	--	48.4%	12.9%
California	41.8%	10.0%	36.6%	24.6%

Source: California Health Interview Survey, 2020

Adult Overweight and Obesity Prevalence by Age in Los Angeles County

Two-fifths of adults 65 years and older (40.7%) were overweight, and adults between 50 and 59 years of age had the highest obesity rate (27.7%). While adults 18 to 24 had the lowest rates among the different age groups, close to one in four were overweight, and one in six were obese.

Adult Overweight and Obesity Prevalence by Age in Los Angeles County



Source: Los Angeles County Health Survey, 2020

Obesity and Food Consumption

Fast Food Behavior: Many research studies, including a 2015 meta study, have shown that frequent fast food consumption leads to "*overweight and abdominal fat gain, impaired insulin and glucose homeostasis, lipid and lipoprotein disorders, induction of systemic inflammation and oxidative stress. Higher fast food consumption also increases the risk of developmental diabetes, metabolic syndrome and cardiovascular disease*." [29] These adverse effects from poor dietary patterns are a tremendous burden on public health. In the previous CHNA (2019), it was reported that San Bernardino County (40%) and SPA 3 (32.7%) adults on average consumed fast food three or more times a week that their state counterparts (25.4%). Similarly, youth (2 to 17) from San Bernardino (42.4%) and Ventura (38.5%) counties appear to have higher rates of fast food consumption compared to their state peers (23.4%). Since this reporting in 2019, new data is not yet available.

Soda Consumption Behavior: As with fast food, new data on soda consumption are limited. Based on 2017 data, a greater proportion of adults in San Bernardino County (15.6%) and Riverside County (13.9%) consumed soda at least four times per week than state peers (12.8%). Based on 2020 data that captures consumption rate in a given day, only San Bernardino County (13.4%) appears to have children and teens consuming two or more glasses of soda than the state (8.9%).

Fruit Consumption Behavior: Within California, just over one third of children and teens consume at least five servings of fruit per day. Only Riverside County children, at 19.5%, consume less than their state counterparts. Several counties had a wide gap in consumption between children and teens. More children in San Bernardino and Ventura counties consumed five or more servings of fruit per day than their respective teen counterparts. The trend appears reversed in Riverside County and in SPA 3, even though the proportional differences in fruit consumption in L.A. County itself were nominal.

Fruit Consumption Five or More Servings per Day

Report Area	Children Ages 2-12	Teens Ages 13-17
Los Angeles County	38.9%	36.3%
SPA 3	33.3%	51.1%
Orange County	40.2%	36.5%
Riverside County	19.5%	34.5%
San Bernardino County	37.7%	26.7%
Ventura County	63.9%	17.0%*
California	38.6%	33.3%

Source: California Healthy Kids, 2020

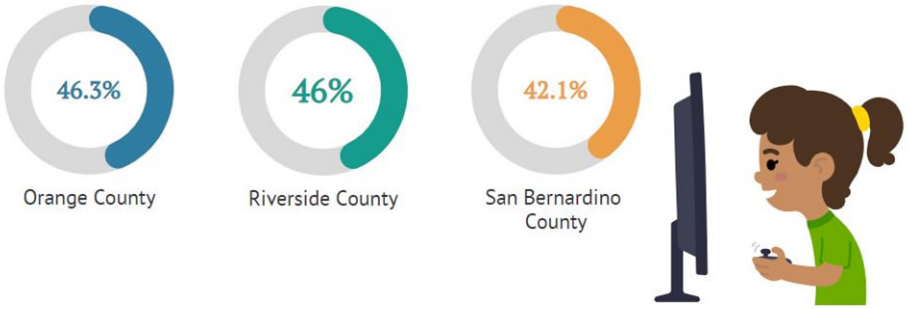
Physical Activity

Living a sedentary lifestyle is associated with multiple health risk factors for adult chronic diseases like

[29] Bahadoran Z, Mirmiran P, Azizi F. Fast Food Pattern and Cardiometabolic Disorders: A Review of Current Studies. Health Promot Perspect 2015; 5(4): 231-240. doi:10.15171/hpp.2015.028. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4772793/ Last accessed September 9, 2022

heart disease and diabetes[30]. Three area counties have more teens engaging in sedentary activities for at least five hours on a typical weekend than all California teens. Rates of sedentary teens in Orange, Riverside and San Bernardino counties are 46.3%, 46% and 42.1% respectively.

Sedentary Teens Across Orange, Riverside and San Bernardino Counties



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

Similarly, Riverside and San Bernardino counties reported higher rates of physical inactivity among adults, at 26% and 30%, compared to the state rate of 22%. A quarter of adults in L.A. County reported having no leisure time physical activity.

Physical Activity

Report Area	Sedentary Activities on Typical Weekend Days: 5+ Hours Teens (1)	No Leisure Time Physical Activity Adults (2)
Los Angeles County	39.7%	25%
SPA 3	33.7%	--
Orange County	46.3%	22%
Riverside County	46.0%	26%
San Bernardino County	42.1%	30%
Ventura County	32.4%	22%
California	40.8%	22%

Source: California Health Interview Survey 2020 to 2022 California County Health Rankings

[30] Santiago-Rodríguez, M.E., Chen, J., Pfeiffer, K.A. *et al.* Developmental disparities in sedentary time by period of the day among US youth: a cross-sectional study. *BMC Public Health* **22**, 2047 (2022). https://doi.org/10.1186/s12889-022-14447-4. Retrieved. 11/14/22.

Community Input

Community members and leaders shared that during the COVID-19 pandemic, physical activity was limited. As one community leader explained, “Many people live in multigenerational homes, and there is not enough space for physical activity and getting outside. Many youth sports activities were canceled.” Area residents also voiced frustration with limited safe "walkable spaces and parks" for physical exercise.

Sexually Transmitted Infections

Sexually transmitted infections represent preventable risk factors for cancer. Rates of sexually transmitted infections (STI) vary widely among the five counties that make up the hospital service area. In the United States, the overall number of HIV diagnoses dropped by 17% from 2019 to 2020, likely as a result of the COVID-19 pandemic with disruptions in clinical care, patients hesitating to accessing care and shortages in HIV testing materials.[31] Before the pandemic, the rate of new HIV cases appeared to be rising at a faster rate than the state rate of 11.4 per 100,000 persons. The rate in Los Angeles/Long Beach/Anaheim Metropolitan Statistical Area (MSA) stood at 17.6, while in Riverside/San Bernardino/Ontario MSA stood at 14.1, an increase from 10.7 since the last CHNA reporting in 2019. In 2018, the rate of persons living with diagnosed HIV infection also increased in L.A./Long Beach/Anaheim (502.1) and in Riverside/San Bernardino/Ontario (357.3) while remaining relatively unchanged throughout the state at a rate of 395.9 per 100,000 persons. Prevalence of HIV diagnosis at the end of 2020 showed a rate of 224.1 in Anaheim, 505.5 in Los Angeles and 312.5 in the Riverside/San Bernardino/Ontario area.

HIV/AIDS Rate, per 100,00 Persons, by Metropolitan Statistical Area

	L.A./Long Beach/Anaheim MSA		Riverside/San Bernardino/Ontario MSA		California	
	Number	Est. Rate	Number	Est Rate	Number	Est Rate
New HIV cases	1,976	17.6	531	14.1	4,500	11.4
Living with diagnosed HIV Infection	56,328	502.1	13,483	357.3	130,463	395.9
Living with AIDS stage 3	28,841	217.0	7,531	162.9	69,686	211.3

Source: Center for Disease Control, 2018.

[31] Diagnoses of HIV Infection in the United States and Dependent Areas, 2017. HIV Surveillance Report. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services. Available at HIV Surveillance Report 2020 (cdc.gov) Last accessed September 9, 2022

Los Angeles County continues to have the highest rates of STIs among peer counties. However, rates across the county have increased since 2017. Only Los Angeles County has STI rates higher than California in all categories. Rates are generally lowest in Ventura County. For instance, Chlamydia varies from a low of 398.5 cases per 100,000 persons in Ventura County to 681.5 cases per 100,000 persons in Los Angeles County. Rates of gonorrhea vary from 89.3 per 100,000 persons in Ventura County to 256.1 per 100,000 persons in Los Angeles County. Similar patterns emerge for syphilis cases.

Sexually Transmitted Infection Rates, per 100,000 Persons, by County

County	Chlamydia	Gonorrhea	Primary and Secondary Syphilis	Early Latent Syphilis
Los Angeles County	681.5	256.1	24.9	34.6
Orange County	442.7	126.4	16.8	11.9
Riverside County	503.2	162.5	16.6	16.0
San Bernardino County	628.9	183.0	21.8	16.7
Ventura County	398.5	89.3	9.1	9.0
California	594.7	201.7	20.6	20.8

Source: California Department of Public Health, Incidence Rates 2019[32]

Community Input

Community members and leaders shared frustrations with the rates of STIs and inadequate sexual health education. One service provider was particularly concerned for LGBTQIA+ youth who don't have access to "medically accurate and relatable sexual health information."

Substance Use

Tobacco use is known to cause cancer, heart disease, lung disease (such as emphysema, bronchitis and chronic airway obstruction), premature birth, low birth weight, still birth and infant death.[33] Smokeless tobacco use, such as chewing tobacco or vaping, can also cause a variety of oral health problems, like cancer of the mouth and gums, tooth loss, periodontitis and even death.

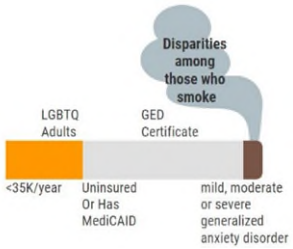
The rate of cigarette smoking has steadily declined in California, with approximately 6.3% of adults reporting being a current smoker. SPA 3 and Ventura County reported the lowest rates at 4.9%. The

[32] Available at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx Last accessed September 9, 2022

[33] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41. Accessed [June 4, 2019].

Healthy People 2030 objective is to reduce current cigarette smoking among adults to 5%. Among smoking adults, approximately 52.3% of the service area counties stopped smoking for one or more days in 2020 to quit, ranging between 46.6% (Riverside County) to 61.2% (San Bernardino County). In addition, approximately 59.1% of respondents within these same counties had considered quitting smoking within six months. The rate of former smokers has moderately declined from 21.8% in 2018 to 19.4% in 2020.

Cigarette Smoking Among Adults



While cigarette smoking among adults has steadily declined over the decades, it remains the leading cause of preventable death in the United States.[34] According to Monica E. Cornelius in the published Tobacco Product Use Among Adults — United States, 2019, the disparities among those who use tobacco products, nationally is highest among those with an annual income less than $35,000/year, LGBTQ+ adults, the uninsured, those with MediCaid, a disability or a mild, moderate or severe generalized anxiety disorder, and the equivalent of a General Education Equivalent (GED) certificate[35].

Smoker status in Los Angeles, Orange, Riverside, San Bernardino and Ventura Counties as Compared to SPA 3 and California

Report Area	Current Smoker	Former Smoker	Never Smoked
Los Angeles County	5.9%	17.4%	76.7%
SPA 3	4.9%	16.1%	79.0%
Orange County	5.7%	19.3%	75.0%
Riverside County	6.7%	22.7%	70.6%
San Bernardino County	6.5%	19.3%	74.2%
Ventura County	4.9%	18.7%	76.4%
California	6.3%	19.4%	74.3%

Source: California Healthy Kids Survey, 2020

Alcohol Consumption, Teens and Adults

There is a strong scientific consensus that alcohol drinking can cause several types of cancer. In its Report on carcinogens, the National Toxicology Program of the U.S. Department of Health and Human Services lists alcoholic beverages as a known human carcinogen. In California, 21.5% of teens have tried an alcoholic drink. Orange County has the highest rate of teen alcohol use at 31.7%.

[34] Cornelius ME, Wang TW, Jamal A, Loretan CG, Neff LJ. Tobacco Product Use Among Adults - United States, 2019. MMWR Morb Mortal Wkly Rep. 2020 Nov 20;69(46):1736-1742. doi: 10.15585/mmwr.mm6946a4. PMID: 33211681; PMCID: PMC7676638. Retrieved 11/14/22.

[35] Ibid.

Binge drinking is defined as consuming large quantities of alcohol within a set period. For males, this is five or more drinks per occasion; for females, four or more drinks. Prior to the pandemic, 16.3% of SPA 3 adults had engaged in binge drinking within one year. These figures lack perspectives reported through the interviews and focus groups. Namely, substance abuse was discussed in focus groups and interviews, specifically concerning people experiencing homelessness and students in college. Educators expressed safety concerns for college students with rampant alcohol and cannabis use and fentanyl overdoses.

Teen and Adult Drinking Behavior

Report Area	Teen Ever Had an Alcoholic Drink (1)	Adult Binge Drinking in the Past Year (2)
Los Angeles County	17.3%	17.9%
SPA 3	11.2%*	16.3%
Orange County	31.7%	--
Riverside County	23.8%	--
San Bernardino County	22.3%*	--
Ventura County	--	--
California	21.5%	--

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

Mental Health

How to Use This Section

Often, we think of physical health, mental health and dental health as separate entities. However, they are interconnected and must be addressed for a person to be in optimal health. If community programs were designed with mental health challenges in mind, barriers could be addressed to ensure future program success. For example, if you know that you want to start a program to get community members walking, but you notice that people in your community suffer from stress or depression, you could use that information to design promotional materials that reinforce how regular walking can help decrease stress and depression. You can also prepare your program to provide local resources that address these issues. Ultimately, these data can help your organizations better serve residents by being aware of and ready to address potential mental health issues.

Individuals risk substance abuse, self-destructive behavior and suicide if left untreated. In California, one out of ten adults experiences psychological distress in a given year. Almost all the counties have distress levels that exceed the state rate (12.2%) except for Los Angeles County and Orange County, which have psychological distress levels at 11.9%.

Mental Health Indicators in Adults

Report Area	Had serious psychological distress in the last year	Needed help for emotional/mental and/or alcohol/drug issues in past year	Saw a health care provider for emotional/mental health and/or alcohol/drug issues in past year
Los Angeles County	11.9%	20.6%	6.7%
SPA 3	--	15.5%	5.8%
Orange County	12.0%	20.6%	5.4%
Riverside County	12.4%	19.5%	5.3%
San Bernardino County	12.5%	17.4%	4.1%
Ventura County	13.4%	16.0%	6.2%
California	12.2%	20.9%	6.7%

Source: California Health Interview Survey, 2020

Among California adults who felt they might need to see a professional because of problems with mental health emotions or nerves, or use of alcohol or drugs, more than a third (38.4%) did not seek out their primary care physician or any other professional, such as a counselor, psychiatrist or social worker. The rate was even higher in Riverside County and San Bernardino County, where the rates were 48.4% and 48.8% respectively.

In California, almost a quarter of the population (21%) reported that poor mental health impaired their work (21.2%) and social life (21.2%). That is an increase from 2017 when poor mental health was reported to impair work at 14% and impair social life at 16.5%. Only Orange County and San Bernardino County were lower than the state rate in reported impaired work at 20.9% and 17.1% respectively.

In addition, some adults report that their mental health state impaired their family life within the year. San Bernardino County has the highest reported rate of impaired family life at 23.8%. Orange County and SPA 3 had the lowest rate of impaired family due to poor mental health at 16.8%.

Los Angeles County has the lowest reported prescription medication usage for mental health issues at 7.8%. Adults in SPA 3 have a lower rate of prescription medicine usage at 7% and have also the lowest rate for impaired work, family life and social life compared to the rates of the other counties, pre-pandemic.

Impairment Due to Poor Mental Health in the Past 12 Months

Report Area	Impaired Work	Impaired Family Life	Impaired Social Life	Has Taken Prescription Medicine for Emotional/Mental Health Issue in Past Year
Los Angeles County	21.1%	20.9%	21.0%	7.8%
SPA 3	16.8%	16.8%	17.6%	7.0%
Orange County	20.9%	16.8%	22.3%	10.9%
Riverside County	21.3%	17.3%	19.2%	10.2%
San Bernardino County	17.1%	23.8%	19.1%	7.8%
Ventura County	21.7%	17.8%	20.6%	13.8%
California	21.0%	19.0%	21.2%	9.8%

Source: California Health Interview Survey, 2020

Feeling despair, some adults contemplate suicide. Suicide is the 12th leading cause of death among Americans of all ages, which is a decline from 2019 when it was the 10th leading cause of death[36]. Whites and American Indians/Alaska Natives are more likely to commit suicide than other ethnic groups at 30.5% and 29.0% respectively. [37] The suicide rate among males in 2020 was four times higher than the rate among females.[38]

Seriously Thought About Committing Suicide, Adults

	Los Angeles	SPA 3	California
Seriously thought about committing suicide	10%	8.1%	12.2%

Source: California Health Interview Survey, 2020

[36] Centers for Disease Control and Prevention: Suicide Mortality in the United States, 2000-2020. https://www.cdc.gov/nchs/products/databriefs/db433.htm Accessed [September 2022]

[37] American Foundation for Suicide Prevention. Accessed [September 2022].

[38] Center for Disease Control and Prevention: Suicide Prevention Available at https://www.cdc.gov/suicide/suicide-data-statistics.html. Accessed [September 2022].

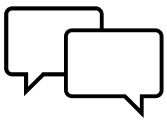
The rate of adults who report considering committing suicide fell in Los Angeles County from 11.3% in 2018 to 10% in 2020. The same is also true for SPA 3 (8.9% in 2018 to 8.1% in 2020) and California (13.4% in 2018 to 12.2% in 2020).

Visited Mental or Behavioral Health Care Professional vs. Adults Who Needed Mental or Behavioral Health Care

Report Area	Saw any health care provider for emotional-mental and/or alcohol-drug issues in past year (4-6 visits)	Needed help for emotional/mental health problems or use of alcohol/drug
Los Angeles County	6.7%	20.6%
SPA 3	5.8%	15.5%
Orange County	5.4%	20.6%
Riverside County	5.3%	19.5%
San Bernardino County	4.1%	17.4%
California	6.2%	20.9%

Source: California Health Interview Survey, 2020

There is a service gap with respect to mental and behavioral health care in Southern California. In San Bernardino County for example, while nearly one in seven individuals indicated a need for emotional/mental health or alcohol/drug use help, fewer than one in four individuals actually saw a health care provider for these needs. Factors underlying this gap may include lack of available health care providers of color or open appointments in communities of high need. The gap may also be explained by more complex factors, including lack of social support needed to access mental and behavioral health care, stigmatization of mental health services in communities of color, lack of culturally responsive mental and behavioral health care services, the out-of-pocket cost of these services and lack of access to resources like paid time off from work necessary to take advantage of these services.



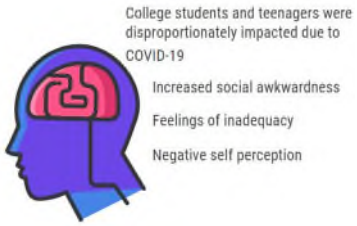
Community Input

Mental health was the most frequent health concern shared by community members and leaders. Particularly within the context of the COVID-19 pandemic, area residents experienced increased social isolation, generalized stress, strained family relationships, caregiving burdens and an overall feeling of being overwhelmed with politics, finances, and too much information and misinformation. Community members said that anxiety and depression were major concerns for them.

There are cultural considerations in seeking care for mental health concerns. In focus groups, residents who identify as Latino shared that many felt that the hesitancy comes from the culture of "suck it up and get over it" for mental health issues. Community leaders who work with API community members shared that the language used to speak about mental health and suicide is not always culturally appropriate and that resources need to be created in partnership with the community to be effective. The political climate has particularly affected members of the LGBTQIA+ community. As one community leader shared, “The mental health of LGBTQ+ individuals really suffered in SPA 3, especially among young people. There is a part of SPA 3 that is very conservative, and we have seen an uptick in young people who are experiencing bullying, harassment and familial abuse.”

Mental health was the most frequent health concern shared by community members and leaders

Another vulnerable population identified in focus groups and interviews were college students and teenagers. Social isolation during the pandemic has increased feelings of social awkwardness and fewer in-person connections. Social media has also led to feelings of inadequacy and negative self-perceptions. Educators indicated that students adjusting to school after distance learning have increased challenges with interpersonal issues, resiliency and managing stress. Educators also shared that students have advanced knowledge of the language around mental health, such as anxiety and depression, without a clear understanding of "what is normal human behavior and what is clinical."



Many community members and leaders spoke about the challenges of finding adequate mental health care and the limited options within SPA 3. Service providers specifically mentioned the need for a referral system, group therapy and culturally appropriate care.

Chronic Diseases

How to Use This Section

This section addresses health status and various chronic diseases, including diabetes, heart disease and high blood pressure. The data describes who is impacted, where it occurs most often and how the community thinks these conditions impact their lives. How could you use this information to build a program or deliver services when funding is lean? Community input can provide rich detail on how best to address barriers and ensure program success.

Diabetes

Even though there exist modifiable behavior and lifestyle factors that can help reduce a person's risk of developing diabetes, diabetes is the seventh leading cause of death in the United States[39]. Approximately 10.9% of adults in California are diagnosed with diabetes. The condition is more prevalent in Riverside County (14.6%) and San Bernardino County (14.6%). In SPA 3, the diabetic rate is 13.3%. Orange County has a lower rate of diabetes at 9.4%.

Diabetes Prevalence

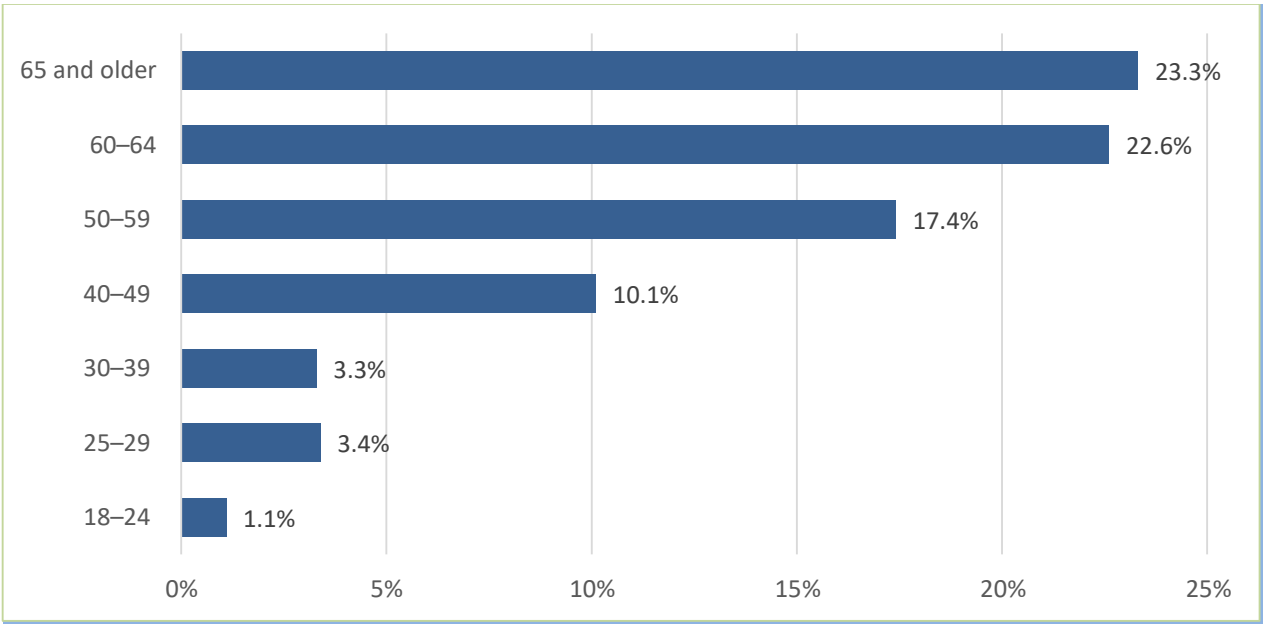
Report Area	Diagnosed with Diabetes	Rate of Change 2017-2020
Los Angeles County	12.9%	+0.8
SPA 3	13.3%	+4.0
Orange County	9.4%	+0.6
Riverside County	13.4%	+1.5
San Bernardino County	15.7%	+1.1
Ventura County	11.7%	+1.8
California	10.9%	+0.2%

Source: California Health Interview Survey, 2020

Among different age groups in Los Angeles County, older adults have higher rates of diabetes. In Los Angeles County, 45.9% of adults, ages 60 and older, were identified as diabetic. The percentage of diabetes prevalence drops with younger age groups.

[39] U.S. Department of Health and Human Services. Healthy People 2020. Retrieved from: https://health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes/reduce-number-diabetes-cases-diagnosed-yearly-d-01#cit2 . 11/14/22.

Diabetes Prevalence by Age, Los Angeles County



Source: Los Angeles County Health Survey, 2018. 2021 Not yet available.

Heart Disease

According to the American College of Cardiology, "coronary events, in the United States in 2019, are expected to occur in about 1,055,000 individuals, including 720,000 new and 335,000 recurrent coronary events. The average age for a first coronary event is 65.6 for males and 72.0 for females."[40] In addition to being one of the leading causes of death in the United States, heart disease results in serious illness and disability, decreased quality of life and hundreds of billions of dollars in economic loss every year.[41]

Coronary heart disease is the second leading cause of death in California, with 6.5% of adults diagnosed with heart disease. In Los Angeles County, the rate of adults diagnosed with heart disease decreased from 2017, with 6.6% in 2017 and 5.9% in 2020. The rate of heart disease also decreased in SPA 3, where the diagnosis rate in 2020 reduced from 2017 at 7.1% to 5.9%. Riverside County and Ventura County have the highest rates of heart disease (7.5%). Orange County had the lowest rate of heart disease (5.4%).

78% of Los Angeles County residents diagnosed with a heart condition had a management plan to control their heart disease. SPA 3 had a higher rate than the rest of the county, with 90.1% of residents reported having a management plan. Data were not available for the other counties.

[40] Heart Disease and Stroke Statistics-2019 Update: A Report from the American Heart Association. *Circulation* 2019; Jan 31. Benjamin EJ, Muntner P, Alonso A, et al. Available at https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2019/02/15/14/39/aha-2019-heart-disease-and-stroke-statistics. Accessed [October, 2022]
[41] Ibid

Heart Disease Incidence

Report Area	Heart Disease Diagnosis	Heart Disease Management Plan (1)
Los Angeles County	5.9%	78.8%
SPA 3	6.6%	90.1%
Orange County	5.4%	-
Riverside County	7.5%	-
San Bernardino County	7.0%	-
Ventura County	7.5%	-
California	6.5%	-

Source: California Health Interview Survey (CHIS), 2020 and (1) LA County Health Survey (2018)

Heart Disease Mortality

The rate of heart disease mortality per 100,000 persons decreased among Californians from 2017 (87.4) to 2020 (80.6). Los Angeles (95), Riverside (99.5) and San Bernardino (102.0) counties continue to report higher rates than the state (80.6). Orange County can serve as a model for the state, having the lowest rate at 71.9. Ventura and Riverside counties have the highest percentage of heart disease. Ventura County (78.3) has significantly lower heart disease mortality than Riverside County (99.5).

Age-Adjusted Heart Disease Death Rate, per 100,000 Persons

Report Area	Rate
Los Angeles County	95.0
Orange County	71.9
Riverside County	99.5
San Bernardino County	102.0
Ventura County	78.3
California	80.6

Source: California Department of Public Health (CDPH), 2021

Hypertension Prevalence and Management

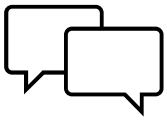
Hypertension (high blood pressure) is a leading risk factor for cardiovascular disease. Risk factors for hypertension include smoking, obesity, the regular consumption of salt and fat, excessive drinking and physical inactivity. San Bernardino County and SPA 3 are higher than the California rate at 28.5% and 27.4% respectively. The population living in Orange County and Ventura County are less prone to hypertension (23.5% and 21.9%) than those living in Los Angeles County (26.2%) and Riverside County (25.7%).

Riverside County (9.5%) and SPA 3 (8.3%) had higher rates of borderline hypertension than California's rate (7.8%). San Bernardino County has the lowest rate of borderline hypertension (6.1%) tied with Ventura County, but has the highest rate of hypertension (28.5%). Los Angeles County (7.2%) and Orange County (7.4%) have lower borderline hypertension rates than California.

Hypertension Diagnosis

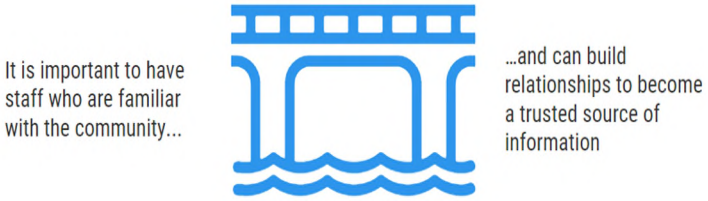
Report Area	Hypertension Diagnosis	Borderline Hypertension Diagnosis
Los Angeles County	26.2%	7.2%
SPA 3	27.4%	8.3%
Orange County	23.5%	7.4%
Riverside County	25.7%	9.5%
San Bernardino County	28.5%	6.1%
Ventura County	21.9%	6.1%
California	25.1%	7.8%

Source: California Health Interview Survey (CHIS), 2020



Community Input

Community members and leaders shared that cancer, high blood pressure, heart disease, diabetes and long COVID-19 are the top health concerns for their communities. One community member stated, "It is important to have staff who are familiar with the community and can build relationships to become a trusted source of information."



Cancer

How to Use This Section

City of Hope is designated by the National Cancer Institute as a comprehensive cancer center. Unlike many general nonprofit hospitals, City of Hope is a specialty hospital. The data in this section will help you understand who has cancer, where they live and whether they are taking preventive measures. Community conversations about cancer are fascinating, as it becomes clear how inequalities in social and economic factors make it hard for people to engage in behaviors that can prevent certain cancers and get help when they need it. Use this section to find information about variation in cancer prevalence by geography and racial/ethnic subpopulations. You can also use this section to compare cancer incidence rates against cancer mortality by subpopulation — observing that some groups are more likely to have shortened lifespan than others due to cancer.

Cancer Incidence

Using the most recent data, in Los Angeles County overall rates of cancer incidence are lower than the state level. However, the rates of colon and rectum cancer (35.5 per 100,000 persons), uterine cancer (27.1 per 100,000 women), thyroid cancer (13.3 per 100,000 persons), ovarian cancer (11.6 per 100,000 women), stomach cancer (8.9 per 100,000 persons) and cervical cancer (7.8 per 100,000 women) exceed state rates.

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, 2014-2018

	Los Angeles County	California
Cancer all sites	377.3	402.4
Breast (female)	117.1	121.8
Prostate	89.1	92.3
Lung and bronchus	35.7	40.3
Colon and rectum	35.5	34.8
Uterine	27.1	26.5
Non-Hodgkin lymphoma	17.5	18.3
Urinary bladder	14.4	16.4
Kidney and renal pelvis	14.2	14.9
Melanomas of the skin	13.6	23.0
Thyroid	13.3	13.1
Leukemia, all	11.8	12.3
Ovary	11.6	11.1
Pancreas	11.6	12.0
Liver and intrahepatic bile duct	9.3	9.9
Stomach	8.9	7.4
Oral cavity and pharynx	8.6	10.2
Cervix	7.8	7.3
Testis	6.0	6.2

	Los Angeles County	California
Myeloma	5.8	6.0
Brain and other nervous system	5.4	5.9

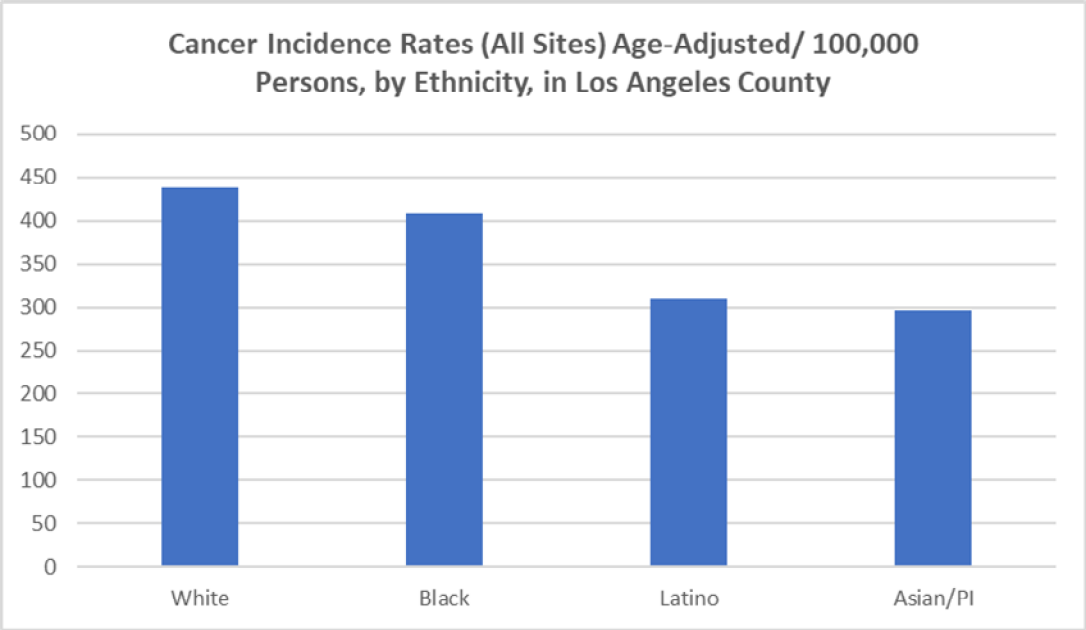
Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz

When examined by ethnicity, whites and Blacks have the highest rates of diagnosed cancers in Los Angeles County, while Asians have the lowest rates.

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons, by Race/Ethnicity, in Los Angeles County

	Latino	White	Asian/PI	Black	All
Cancer all sites	**309.9**	**437.3**	**296.3**	**408.0**	**373.5**
Breast (female)	87.7	148.3	108.9	126.8	117.9
Prostate (males)	76.5	94.7	46.3	136.0	90.6
Lung and bronchus	21.1	43.8	33.6	51.2	35.6
Colon and rectum	31.9	37.6	34.1	39.9	35.6
Corpus Uteri (females)	25.5	28.8	22.6	29.2	27.3
Non-Hodgkin lymphoma	16.6	20.6	12.9	14.6	17.7
Kidney and renal pelvis	15.7	14.2	8.8	15.9	14.1
Melanoma of the skin	3.8	29.7	1.1	0.9	13.9
Thyroid	11.9	15.7	14.8	8.0	13.3
Leukemia	9.8	14.7	7.7	11.2	11.9
Ovary (females)	11.1	13.0	10.4	9.5	11.7
Pancreas	10.4	12.4	9.9	15.0	11.6
Liver and bile duct	11.8	6.2	11.4	9.5	9.3
Stomach	10.9	6.1	10.5	8.7	8.9
Urinary bladder	5.0	12.0	4.9	7.2	8.2
Cervix uteri (females)	9.2	6.1	7.4	7.4	7.9
Testis (males)	6.2	8.0	2.2	1.5	6.0
Myeloma	5.5	5.5	3.0	12.3	5.8
Brain and other nervous system	4.7	7.8	3.4	3.9	5.4

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 https://explorer.ccrcal.org/application.html
Rates are age-adjusted to the 2000 U.S. Standard Population. N/A means data is not available due to low number of incidences.



Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 https://explorer.ccrcal.org/application.html
Rates are age-adjusted to the 2000 U.S. Standard Population. N/A means data is not available due to low number of incidences

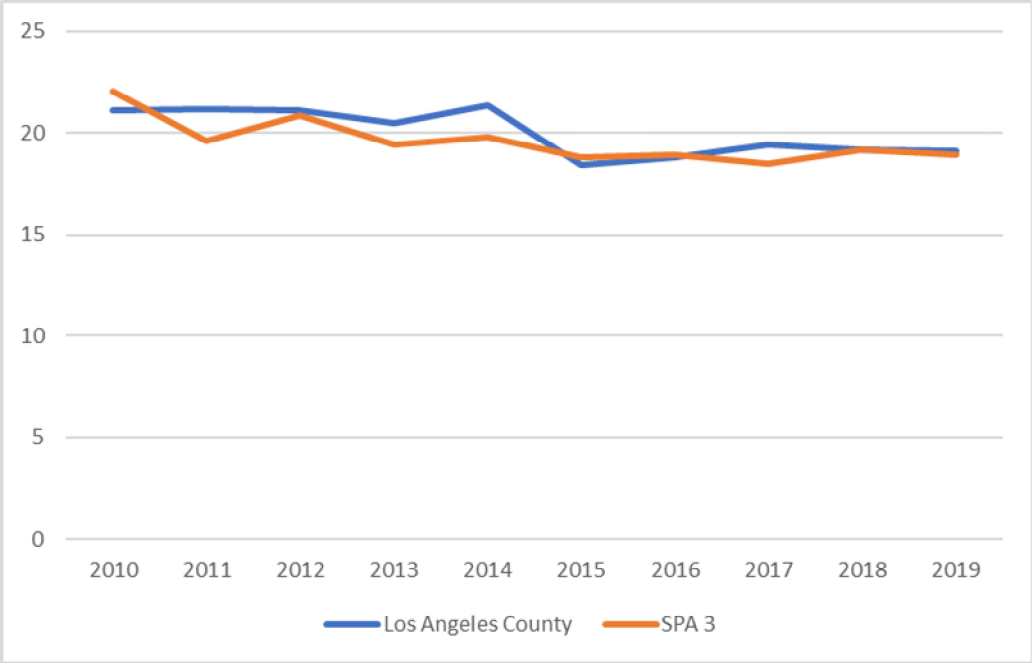
Leading causes of premature death

Breast Cancer

Looking at the leading causes of premature death for all women in Los Angeles County, breast cancer is the second cause of premature death (Mortality data 2019). However, when we look by ethnicity, breast cancer is the leading cause of death for Latina and Asian, Native Hawaiian and other Pacific islander (NHOPI) women. For Black and white women, breast cancer is the second leading cause of death. Focusing in on City of Hope's immediate catchment area, SPA 3, breast cancer is the ninth cause of premature death among all women. (Mortality data 2019).

When we look at the 10-year mortality rate for breast cancer for Los Angeles and SPA 3, we see a downward trend for both rates.

10-Year Mortality Trend of Breast Cancer for Los Angeles County and SPA 3 Graph

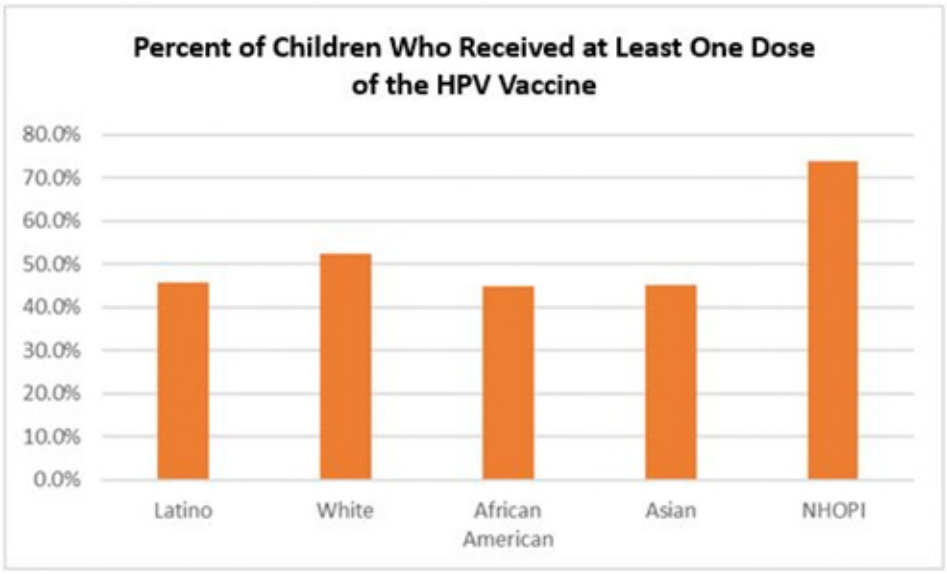


Source: L.A. County Department of Public Health, Patterns in Mortality and Life Expectancy, Los Angeles County (2010-2019). http://www.publichealth.lacounty.gov/epi/docs/2019_Mortality_Report_FINAL_052022.pdf

Human Papilloma Virus Vaccine

Human papillomavirus (HPV) infections and cervical precancers (abnormal cells on the cervix that can lead to cancer) have dropped since 2006 when the HPV vaccines were introduced. (CDC)
In Los Angeles County, 47.2% of children (ages 11 to 17 years) have received at least one dose of the HPV vaccine. When we look at this by gender, 41.2% of boys received at least one dose of the vaccine and 53.4% girls received at least one dose of the vaccine. Focusing on the immediate catchment area for City Of Hope, SPA 3, 47.1% of children (ages 11 to 17 years) received at least one dose of the HPV vaccine.

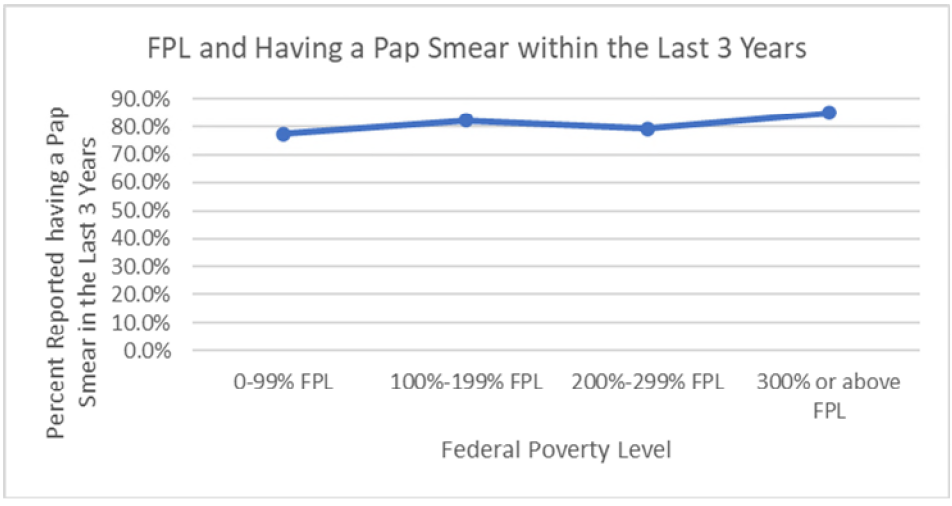
When we look at children that have received at least one dose of the HPV vaccine by ethnicity, Native Hawaiian and Other Pacific Islander (NHOPI) (73.7%) had the highest rates, followed by whites (52.5%, then Latinos (45.8%) and Asians (45.1%). African Americans had the lowest rates (44.8%). (Health Assessment Unit. 2018 LA County Health Survey - Topics & Data.; 2019. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm)



Source: Health Assessment Unit. 2018 LA County Health Survey - Topics & Data.; 2019.
http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Cervical Cancer

For Los Angeles County, 81.4% of women, ages 21 to 65 years, reported having a pap smear within the last three years. When we look at this by ethnicity, American Indian/Alaska Natives (90.2%) reported the highest rates, followed by Latinas (82.3%), whites (82.6%) and African Americans (82.4%), who reported similar rates. Asian women reported the lowest rates of a pap smear within the last three years at 73.6%. When we look at Federal Poverty Level (FPL), the lowest FPL (0-99%) FPL and (200-299%) had the lowest percentage of women that reported having a pap smear within the last three years.



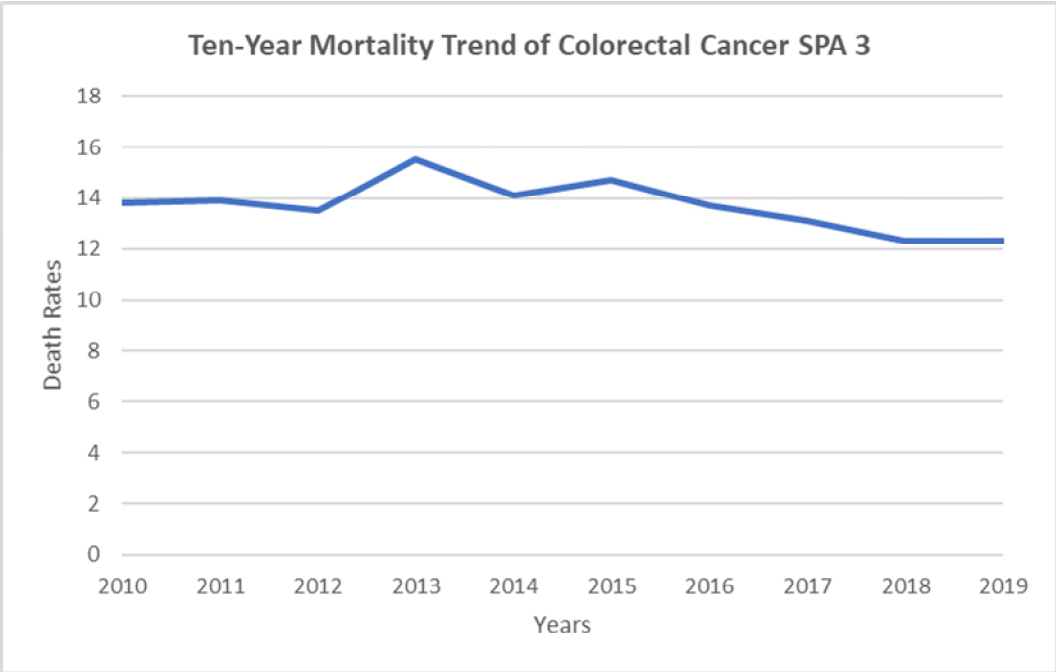
Source: Health Assessment Unit. 2018 LA County Health Survey - Topics & Data.; 2019.
http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

In SPA 3, women who reported having a pap smear within the last three years was 80.9% compared to the county that reported 81.4%.

Colorectal Cancer

Looking at the leading causes of premature death for Los Angeles County, colorectal cancer is the 10th cause of premature death (Mortality data 2019). However, when we look at ethnicity, colorectal cancer is the eighth cause of premature death for Asians and the leading cause of premature death for Latinos. For Blacks, whites, and Native Hawaiian and Pacific Islanders colorectal cancer is not in the top ten leading causes of premature death.

Focusing in at City of Hope's catchment area, specifically SPA 3, colorectal cancer is the tenth cause of premature death (2919 Mortality report acessed11_2022). Looking at the ten-year mortality trend of colorectal cancer for SPA 3, we see a downward trend.



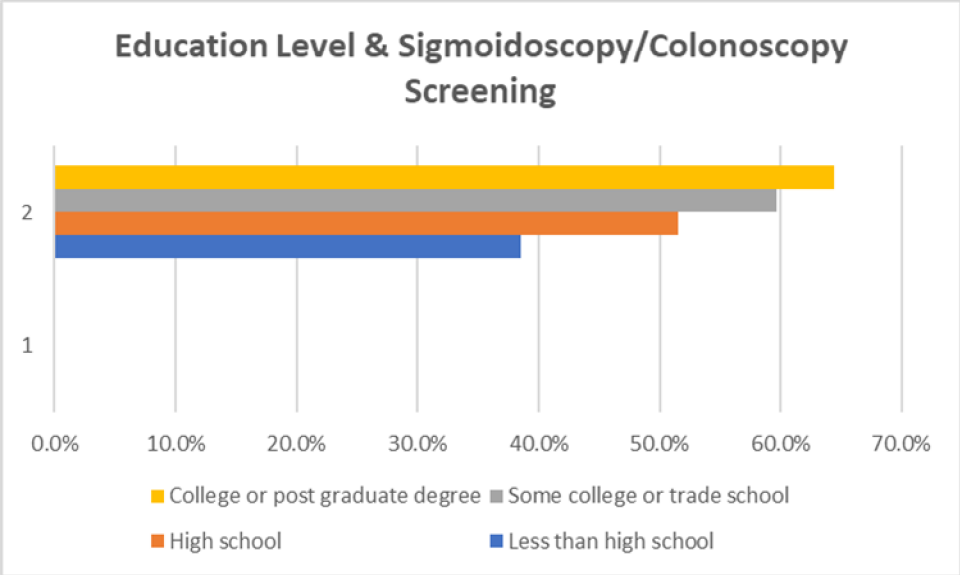
Source: L.A. County Department of Public Health, Patterns in Mortality and Life Expectancy, Los Angeles County (2010-2019). http://www.publichealth.lacounty.gov/epi/docs/2019_Mortality_Report_FINAL_052022.pdf

Screenings are a great way of preventing colorectal cancers. Screening may include blood stool tests and sigmoidoscopy or colonoscopy. In Los Angeles County, 20% of adults (ages 50 to 74 years) had a blood stool test within the past 12 months compared to 18.5% adults in SPA 3.

When reviewing sigmoidoscopy in the past five years or colonoscopy in the past 10 years looking at more people in SPA 3, 59.5% were tested (ages 50 to 70 years) compared to Los Angeles County at 54.6%. Looking at ethnicity, whites (64.4%) and Asians (62.2) had the highest screening rates, while African Americans (57.7%) and Latinos (42%) had the lowest screening rates.

Education and FPL levels both had linear relationships with screening rates. The lower the education and FPL level, the lower the screening rates. The higher the education and FPL level, the higher the screening rate.

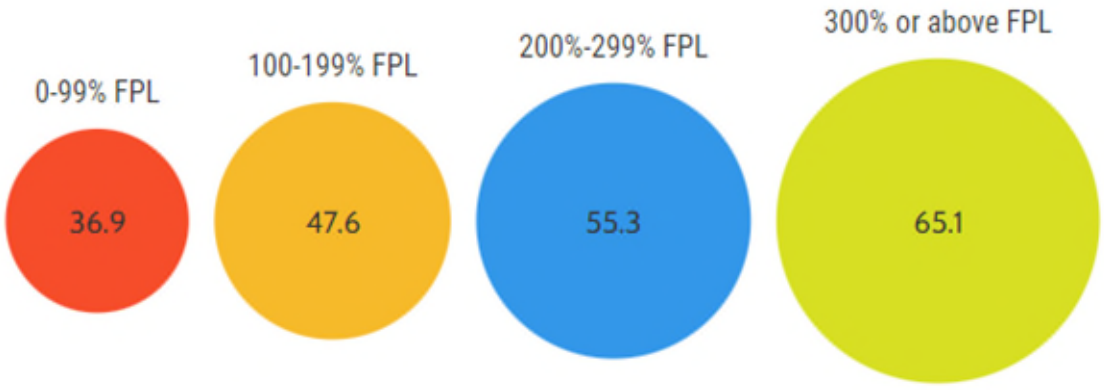
Intersection Between Educational Level and Screening Behavior



Source: Health Assessment Unit. 2018 L.A. County Health Survey - Topics & Data.; 2019. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

The same relationship is seen with FPL and sigmoidoscopy or colonoscopy screening rates. Those at the lowest FPL (0-99% FPL) had the lowest screening rates (36.9%), and those at the highest FPL level (300% FPL) had the highest screening rates (65.1). When looking at the figure below, keep in mind that the lower the FPL, the poorer a person is.

Intersection Between Income and Sigmoidoscopy and Colonoscopy Screening Behavior



Source: Health Assessment Unit. 2018 LA County Health Survey - Topics & Data.; 2019. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm

Lung Cancer

When examining the leading causes of premature death for Los Angeles County, lung cancer is no longer in the top 10 causes of premature death (Mortality data 2019). However, with a closer look at lung cancer by ethnicity, we find it is the fourth cause of premature death for Asians, the sixth cause of premature death for whites and the 10th cause of premature death for Blacks. For Latinos and Native Hawaiian and Pacific Islanders, lung cancer is not in the top 10 leading causes of premature death.

Focusing in City of Hope's catchment area, specifically SPA 3, lung cancer is not in the top 10 leading causes of premature death (2019 Mortality report accessed 11_2022). Mortality rates over the past ten years for both Los Angeles County and SPA 3 has seen a steady decrease in lung cancer rates.

Prostate Cancer

As demonstrated in the table below, a man's risk of dying from prostate cancer increases with age. Black men have the highest mortality rate ratio of 51.9%, while Hawaiian/Samoan men have the second at 46%.

Age-Adjusted Mortality Rate Ratio for Prostate Cancer by Age and Race/Ethnicity, Los Angeles County, 2000-2017[42]

	Mortality Rate	Mortality Rate Ratio		Mortality Rate	Mortality Rate Ratio
Overall	21.9		**Hispanic**	20.0	0.92
Age			**Asian/Pacific Islander**	10.0	0.46
0-49	0.1	0.02	**Asian/Pacific Islander Ethnicity**		
50-59 (Reference)	5.3	1.00	Chinese	8.0	0.37
60-64	21.9	4.09	Japanese	11.6	0.53
65-69	43.6	8.16	Filipino	15.7	0.72
70-74	82.4	15.44	Korean	6.7	0.31
≥75	269.2	50.42	Vietnamese	4.3	0.20
Race/Ethnicity			South Asian	7.0	0.32

[42] Hamilton AS, Hwang AE, Tsai KY, Huynh J, Liu L, Cacciamani G, Gill I, Deapen D. Cancer in Los Angeles County: Prostate Cancer Incidence, Mortality and Survival 2000-2017. Los Angeles Cancer Surveillance Program, Norris Comprehensive Cancer Center, University of Southern California, 2021.

Non-Hispanic White (Reference)	21.7	1.00	Thai/Hmong/Cambodian/Laotian	13.1	0.60
Non-Hispanic Black	**51.9**	**2.39**	Hawaiian/Samoan	**46.0**	**2.12**

Cancer Mortality Rates

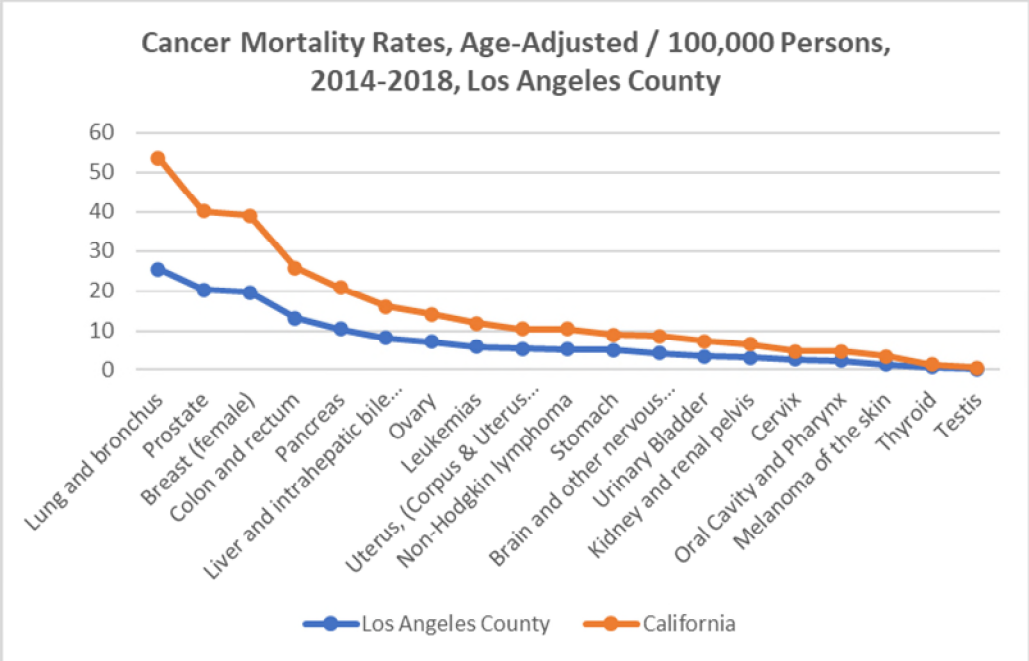
The National Cancer Institute mortality rates for specific types of cancer are available at the county level. In Los Angeles County, the rates of death from prostate cancer (20.2 per 100,000 men), female breast cancer (19.6 per 100,000 women), colorectal cancer (13.2 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), ovarian cancer (7.2 per 100,000 women), uterine cancers (5.4 per 100,000 women), stomach cancer (5.1 per 100,000 persons), cervical cancer (2.6 per 100,000 women) and thyroid cancer (0.7 per 100,000 persons) all exceed the state rates of death.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons, 2014-2018, Los Angeles County

	Los Angeles County	**California**
Lung and bronchus	25.5	28.1
Prostate	20.2	19.9
Breast (female)	19.6	19.4
Colon and rectum	13.2	12.5
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.8
Ovary	7.2	6.9
Leukemias	5.9	5.9
Uterus, (Corpus & Uterus NOS)	5.4	5.0
Non-Hodgkin lymphoma	5.2	5.2
Stomach	5.1	3.9
Brain and other nervous system	4.2	4.4
Urinary Bladder	3.5	3.9
Kidney and renal pelvis	3.1	3.4
Cervix	2.6	2.2
Oral Cavity and Pharynx	2.3	2.5
Melanoma of the skin	1.4	2.1
Thyroid	0.7	0.6
Testis	0.3	0.3

Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz

Cancer Mortality Rates, Age-Adjusted/100,000 Persons, 2014-2018, Los Angeles County



Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz

Mortality to Incidence Ratio

The Mortality to Incidence Ratio (MIR) examines the percentage of persons who die from their diagnosed cancer. Examining mortality rates versus incidence rates by race show variations. Overall cancer incidence rates (diagnoses) were highest among white residents, while the mortality rate from cancer was highest among Black residents. Similarly, while the incidence rate of breast cancer was highest among white women, the mortality rate was highest among Black women.

Cancer Mortality and Incidence Rates, Age-Adjusted, per 100,000 Persons, by Race, Los Angeles County

	Latino		White		Asian/PI		Black		All	
	Mor.	Inc.	Mor.	Inc.	Mor.	Inc.	Mor.	Inc.	Mor.	Inc.
Cancer all sites	**120.1**	**309.9**	**148.0**	**437.3**	**110.3**	**296.3**	**185.2**	**408.0**	**136.9**	**373.5**
Lung and bronchus	15.6	21.1	30.4	43.8	22.9	33.6	40.0	51.2	25.4	35.6
Prostate (males)	17.9	76.5	20.9	94.7	9.5	46.3	46.7	136.0	20.1	90.6
Breast (female)	14.7	87.7	22.4	148.3	14.9	108.9	31.3	126.8	19.5	117.9
Colon and rectum	11.4	31.9	13.3	37.6	12.2	34.1	19.0	39.9	13.1	35.6
Pancreas	9.4	10.4	10.9	12.4	8.9	9.9	12.9	15.0	10.3	11.6
Liver and bile duct	10.6	11.8	5.7	6.2	9.5	11.4	8.5	9.5	8.2	9.3
Cervical and uterine* (female)	8.0	34.7	7.3	34.9	6.1	30.0	13.2	36.6	8.0	35.2
Ovary (female)	6.7	11.1	8.1	13.0	5.7	10.4	7.2	9.5	7.2	11.7

	Latino		White		Asian/PI		Black		All	
	Mor.	Inc.	Mor.	Inc.	Mor.	Inc.	Mor.	Inc.	Mor.	Inc.
Leukemia	5.0	9.8	6.9	14.7	4.1	7.7	5.4	11.2	5.9	11.9
Non-Hodgkin lymphoma	5.2	16.6	5.6	20.6	4.3	12.9	4.5	14.6	5.2	17.7
Stomach	6.4	10.9	3.2	6.1	6.1	10.5	5.2	8.7	5.1	8.9
Brain and other nervous system	3.6	4.7	5.6	7.8	2.4	3.4	3.1	3.9	4.1	5.4
Urinary bladder	2.4	5.0	4.8	12.0	1.8	4.9	3.8	7.2	3.4	8.2
Kidney and renal pelvis	3.8	15.7	2.9	14.2	2.0	8.8	3.6	15.9	3.1	14.1
Myeloma	2.7	5.5	2.9	5.5	1.4	3.0	5.8	12.3	2.8	5.8
Esophagus	2.1	2.3	3.2	3.5	1.5	1.6	2.3	2.4	2.5	2.7
Melanoma of the skin	0.7	3.8	2.8	29.7	0.3	1.1	N/A	0.9	1.4	13.9

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 https://explorer.ccrcal.org/application.html
*Cervix Uteri, Corpus Uteri and Uterus, NOS. Rates are age-adjusted to the 2000 U.S. Standard Population. N/A means data is not available due to low number of incidences.

According to the MIR, higher percentages of the population in Los Angeles County die from cancer of the esophagus, pancreas, liver and bile duct, brain and nervous system, and lung and bronchus. Among the races examined, Black residents tend to have poorer outcomes (higher MIR ratios) for many of the cancers, but particularly when diagnosed with reproductive organ cancers (ovary, cervix, uterus, prostate), and urinary bladder and colorectal cancers. MIR rates for all cancers tend to be lowest among Asians and whites. Latinos have a higher-than-average MIR for urinary bladder cancers. Whites have higher mortality ratios for myeloma and liver and bile duct cancers.

Ratio of Cancer Mortality to Incidence Rates, Age-Adjusted, per 100,000 Persons, by Race/Ethnicity, Los Angeles County

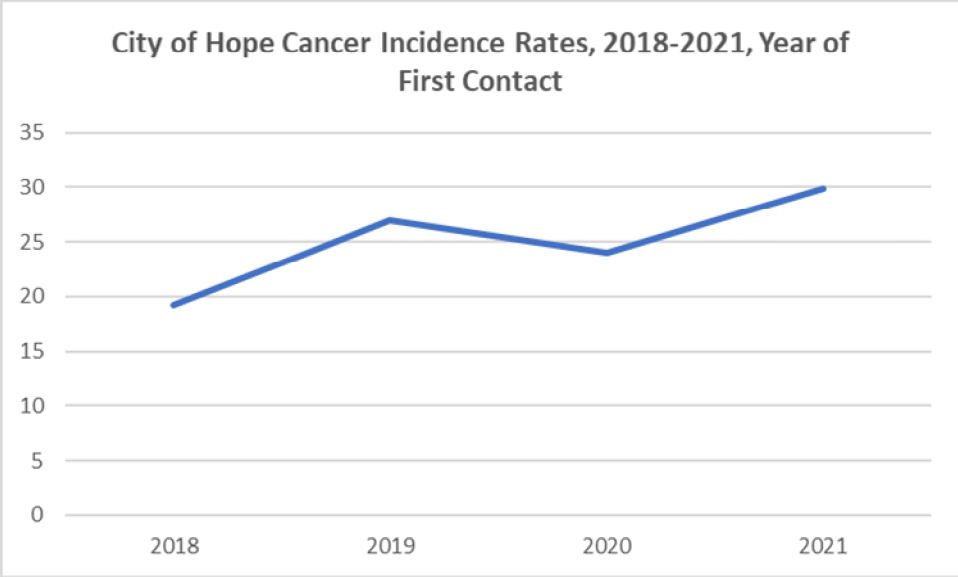
	Latino	White	Asian/PI	Black	All
Cancer all sites	**39%**	**34%**	**37%**	**45%**	**37%**
Esophagus	91%	91%	94%	96%	93%
Pancreas	90%	88%	90%	86%	89%
Liver and bile duct	90%	92%	83%	89%	88%
Brain and other nervous system	77%	72%	71%	79%	76%
Lung and bronchus	74%	69%	68%	78%	71%
Ovary (female)	60%	62%	55%	76%	62%
Stomach	59%	52%	58%	60%	57%
Leukemia	51%	47%	53%	48%	50%
Myeloma	49%	53%	47%	47%	48%
Urinary bladder	48%	40%	37%	53%	41%
Colon and rectum	36%	35%	36%	48%	37%
Non-Hodgkin lymphoma	31%	27%	33%	31%	29%
Cervical and uterine* (female)	23%	21%	20%	36%	23%
Prostate (males)	23%	22%	21%	34%	22%

Kidney and renal pelvis	24%	20%	23%	23%	22%
Breast (female)	17%	15%	14%	25%	17%

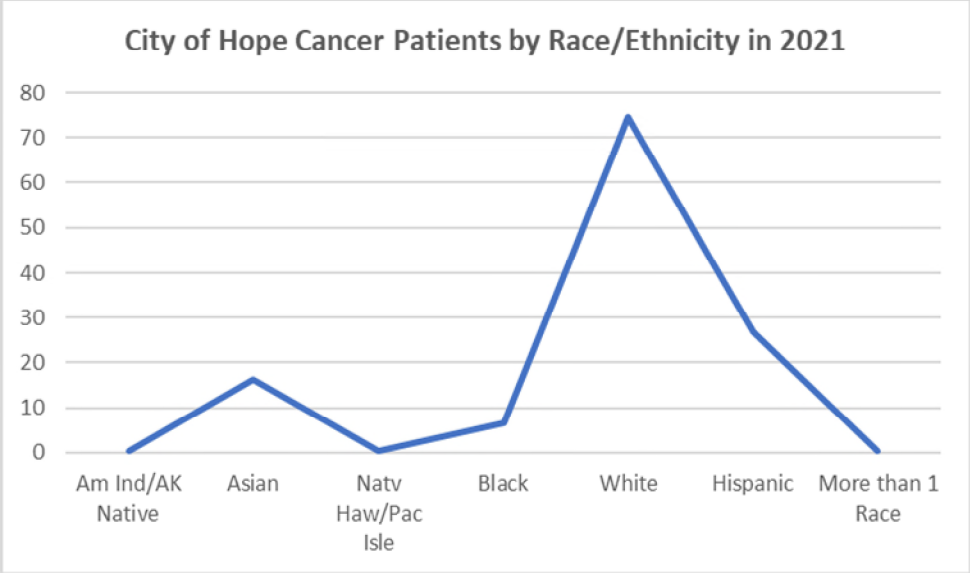
Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 https://explorer.ccrcal.org/application.html *Cervix Uteri, Corpus Uteri and Uterus, NOS. Rates are age-adjusted to the 2000 U.S. Standard Population. N/A means data is not available due to low number of incidences.

City of Hope Cancer Registry Data

Focusing on the population we saw at City of Hope in 2021, our incidence percentages have gradually trended up from 2018 to 2021.



Source: City of Hope; 2022



Source: City of Hope, 2022

The race/ethnicity of our patients is predominately white (74.34%), followed by Hispanics (26.76%). Asians are the third predominate group (16.37%) followed by Blacks (6.51%). American Indian/Alaska Native (0.34%), Native Hawaiian/Pacific Islanders (0.3%) and populations with more than one race (0.26%) were the ethnicities we saw the least. It would be important not to draw any conclusions across population racial and ethnic groups based on this data. City of Hope's data is for our patients only and, given that people in the community have choices for oncology care, our numbers

reflect those who have the insurance to come to City of Hope, where distance may or may not make a difference, and simply choose to receive their care here.

Cancer Incidence by Race/Ethnicity by County for City of Hope Patients

When breaking out the City of Hope racial and ethnic data by county we can have a better picture of where our diverse patients are coming from. At a quick glance you will see that the majority of American Indian/Alaska Natives are coming to City of Hope from outside the service area as are the Native Hawaiian/Pacific Islander patients. Black patients are coming to City of Hope from San Bernardino, Riverside and Los Angeles counties. Hispanic patients make up the second largest patient group and the hail from across Los Angeles, Riverside, San Bernardino and Venture in high numbers. White patients are coming to City of Hope across all neighboring counties and non-service area counties too.

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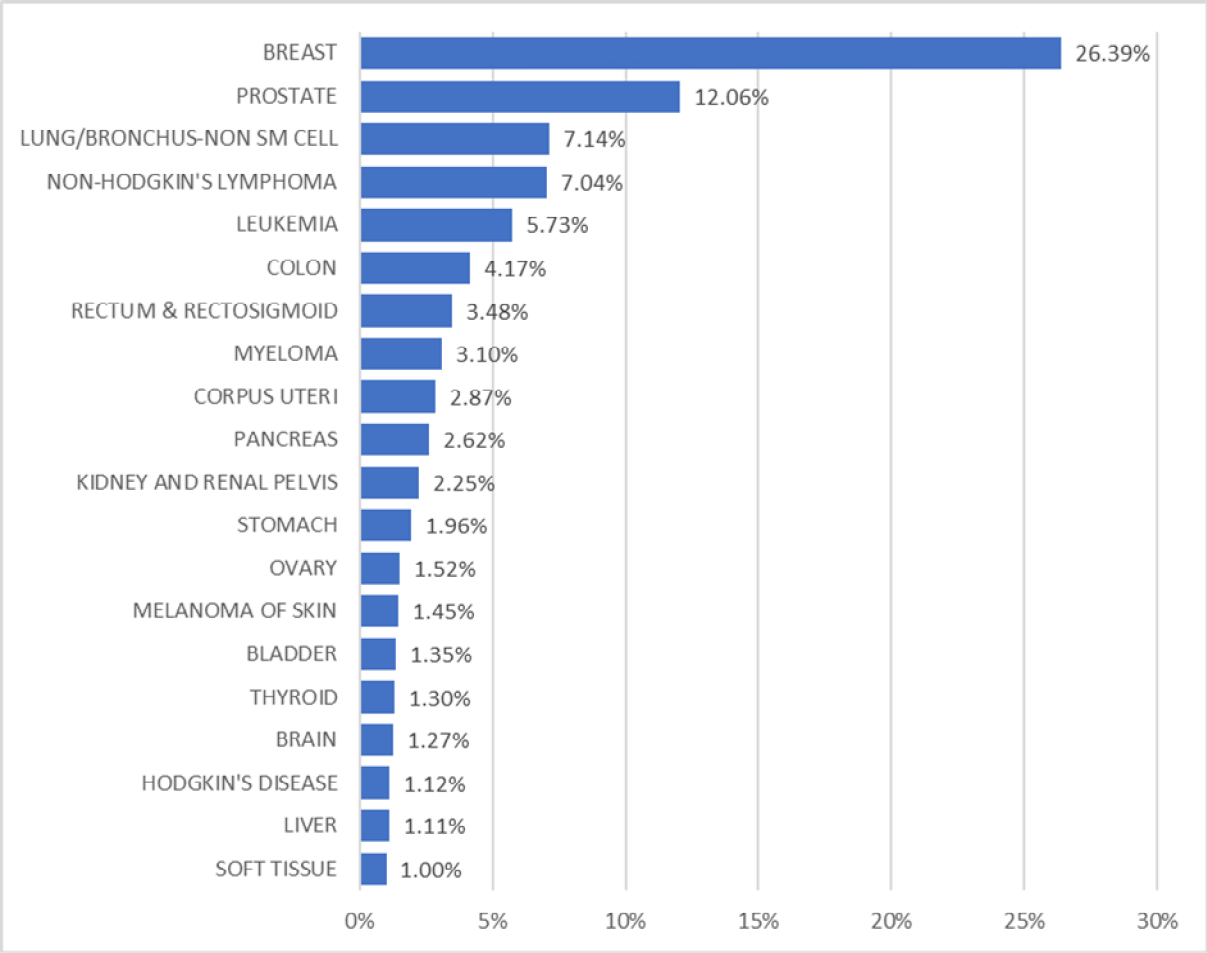
Race/Ethnicity by County for City of Hope Patients

	Non-Service Area	Los Angeles	Orange	Riverside	San Bernardino	Ventura
American Indian / Alaska Native	1.14	0.21	0	0.33	0.68	0.55
Asian	8.57	19.26	21.23	9.14	13.61	9.64
Native Hawaiian/Pacific Islander	0.71	0.25	0.1	0.33	0.51	0
Black	4	7.25	2.04	8.15	8.59	1.1
Hispanic	16.29	29.35	10.13	29.08	35.46	21.21
White	83.29	70.71	74.59	80.64	74.83	85.4
More than 1 Ethnicity	0.86	0.21	0.49	0	0.26	0

Source: City of Hope, 2022

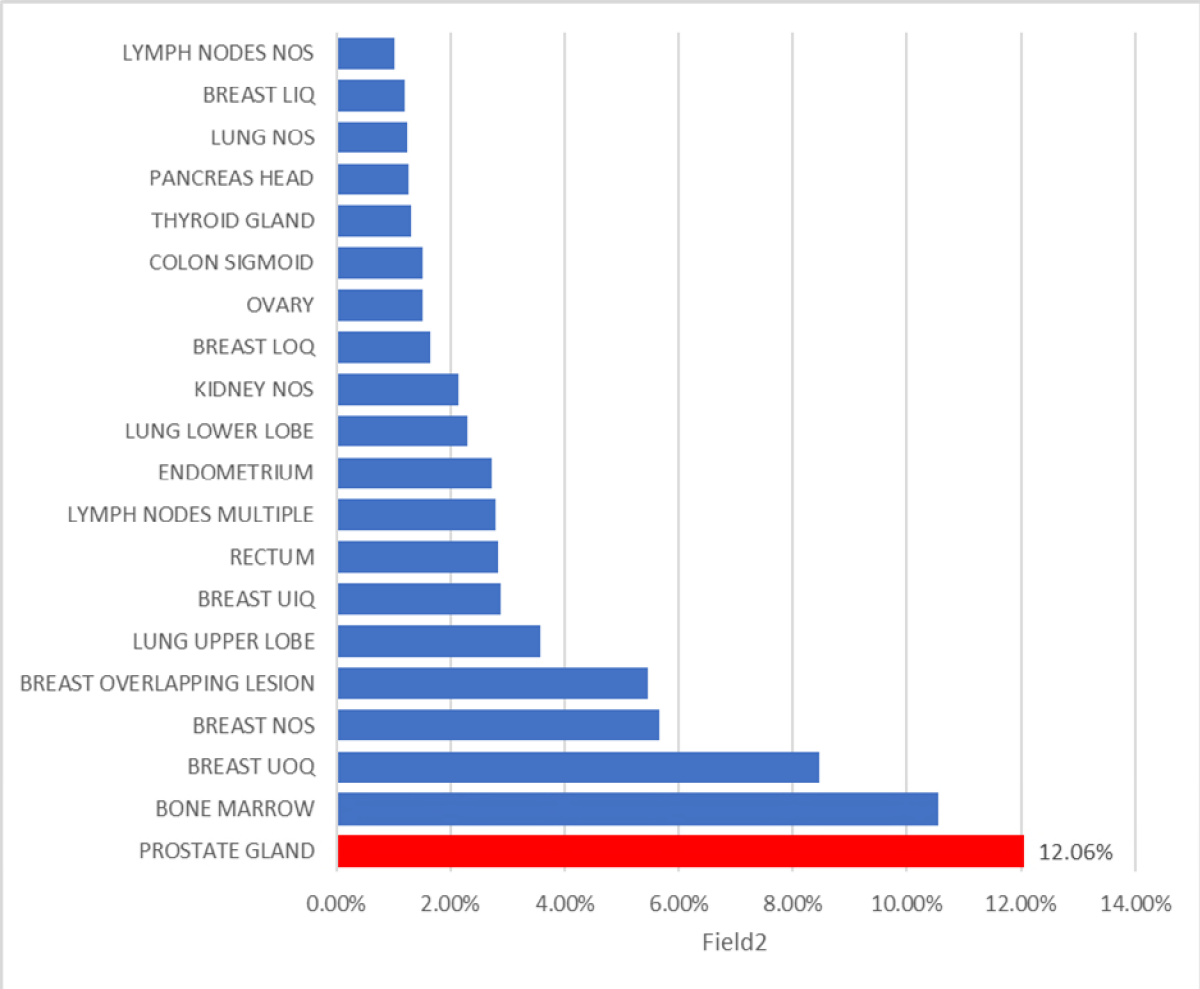
City of Hope Patient Top Cancer Site Groups

The top cancer sites groups for which patients seek service at City of Hope are predominantly breast (26.39%) and prostate (12.06%). Together, they constitute near two-fifths of all cancer incident cases at City of Hope



Source: City of Hope, 2022

City of Hope Patient Top Primary Cancer Sites

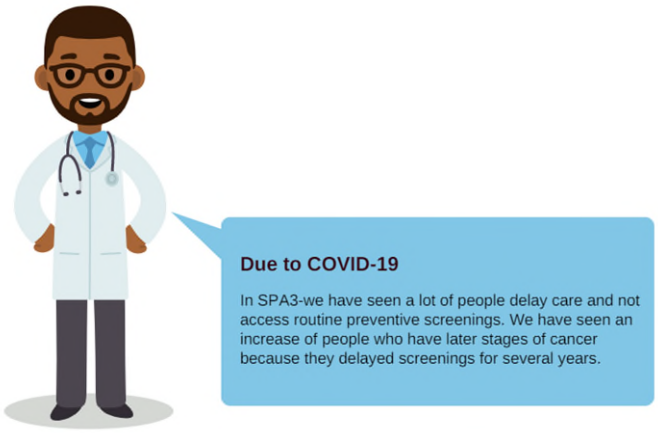


Source: City of Hope, 2022

The most frequent cancer sites with site groups are the prostate gland, bone marrow and various breast tissue sites.

Community Input

Community members and leaders shared that cancer was a concern for them. Residents shared concerns about delayed screenings and care due to COVID-19, and the lack of social support for patients and families. One service provider shared, “In SPA 3,



we've seen a lot of people delay care and not access routine preventive screenings. We've seen an increase of people who have later stages of cancer because they delayed screenings for several years."

Community members and leaders stated some of the challenges with cancer prevention include the delay of screenings, delay of medical care, lack of social support, general stress on the body, and unhealthy patterns and behaviors that increased during COVID-19 lockdowns.

Health Status and Mortality

How to Use This Section

Learning about mortality and the leading cause of death is crucial to understand what is needed to create a healthier community and how to support people at increased risk of death. Understanding the many different causes of death in a community can help us see patterns and even illuminate issues that might put people at increased risk of disease. Use this section to understand the health concerns in City of Hope's service area and what health solutions those communities need.

Self-Reported Health Status

Self-reports of fair or poor health status ranged from 8.5% in Ventura County to 14.4% in San Bernardino County.

Health Status, by County

Report Area	Fair or Poor Health 2020	Fair or Poor Health 2017	Rate of Change
Los Angeles County	14.1%	19.3%	-5.2%
SPA 3	13.2%	15.7%	-2.5%
Orange County	10.3%	14.6%	-4.3%
Riverside County	13.4%	19.0%	-5.6%
San Bernardino County	14.4%	22.1%	-7.7%
Ventura County	8.5%	16.0%	-7.5%
California	12.2%	16.6%	-4.4%

Source: California Health Interview Survey, 2020

Premature Death

The County Health Rankings examines the years of potential life lost (YPL) before age 75 per 100,000 persons. California's 58 counties are ranked from one (lowest loss of potential life) to 58 (highest loss of potential life) based on the National Center of Health Statistics mortality files. There is a significant variance in YPL across the service area.

Out of the 58 counties in California, Orange County is fifth, in the lowest 10% of counties in California at 4,400 YPL. This is in comparison to San Bernardino County, ranked 39 with a rate of 7,700 and in the bottom third of counties across the state. Between 2019 and 2020, San Bernardino County reduced in the rankings from 31 to 39. Los Angeles County also declined in the rankings from 15 in 2019 to 21 in 2020.

Years of Potential Life Lost Before Age 75 per 100,000 Population, Age Adjusted

Report Area	Years of Potential Life Lost Rate[43]	2020 Ranking (Out of 58 counties)	2019 Ranking (Out of 58 counties)	2015 Ranking (Out of 58 counties)
Los Angeles County	5,000	21	15	19
Orange County	4,200	5	5	5
Riverside County	5,800	22	24	23
San Bernardino County	6,800	39	31	30
Ventura County	4,700	9	13	6

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

Mortality Rates

The leading causes of death are cancer and coronary heart disease. San Bernardino County has the highest age-adjusted mortality rates for cancer, coronary heart disease, chronic lower respiratory disease, stroke, Alzheimer's disease, diabetes and chronic liver disease or cirrhosis. Riverside County has the highest mortality rates for accidents and drug-induced death, while Los Angeles County has the highest mortality rates for influenza and pneumonia deaths.

Since the 2019 CHNA study, Los Angeles County saw fewer deaths from cancers, heart disease, stroke, chronic lower respiratory disease, Alzheimer's, and influenza and pneumonia. Accidents, diabetes and drug-induced death increased, while chronic liver disease or cirrhosis remained consistent. Notably, deaths attributed to chronic respiratory disease were highest in Riverside and San Bernardino counties. It is important to note that these causes were documented preCOVID-19.

Causes of Death, by County, Age-Adjusted Rates per 100,000 Persons

Causes of Death	LA	OC	Riverside	SB	Ventura	CA
All Cancers	127.8	125.1	134.2	150.2	129.7	131.4
Coronary Heart Disease	95.0	71.9	99.5	102.0	78.3	80.6
Stroke	32.4	36.5	32.7	41.2	35.6	35.9
Chronic Lower Respiratory Disease	26.3	25.4	36.6	49.1	27.9	29.7
Alzheimer's Disease	35.2	36.8	33.6	40.2	39.7	35.2
Accidents	25.3	27.4	40.2	38.5	36.3	34.1
Diabetes	24.2	13.8	17.8	34.8	19.4	21.3

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

Causes of Death	LA	OC	Riverside	SB	Ventura	CA
Influenza and Pneumonia	17.0	14.1	12.0	14.5	8.0	13.7
Chronic Liver Disease or Cirrhosis	13.2	10.7	13.4	16.6	11.7	12.1
Drug-induced Death	10.4	12.5	19.0	13.8	16.8	14.3

Source: County Health Status Profiles 2021

Leading Causes of Death in Riverside County

COMMUNITY SPOTLIGHT- RIVERSIDE

The leading causes of death in Riverside County are cancer, coronary heart disease, accidents, chronic lower respiratory disease, Alzheimer's, stroke, drug-induced deaths, diabetes, chronic liver disease and cirrhosis, and influenza and pneumonia.

Accidents are the third leading cause in Riverside County, two spots higher than it is ranked in California. The third leading cause of death in California is stroke, while that is ranked sixth in Riverside County.

	Riverside	California
1	All Cancers	All Cancers
2	Coronary Heart Disease	Coronary Heart Disease
3	Accidents	Stroke
4	Chronic Lower Respiratory Disease	Alzheimer's Disease
5	Alzheimer's Disease	Accidents
6	Stroke	Chronic Lower Respiratory Disease
7	Drug-induced Death	Diabetes
8	Diabetes	Drug-induced Death
9	Chronic Liver Disease or Cirrhosis	Influenza and Pneumonia
10	Influenza and Pneumonia	Chronic Liver Disease or Cirrhosis

Appendix

Appendix A: SPA 3 Data Tables by City

Population of SPA 3 Cities

Report Area	Total Population
Alhambra	82,868
Altadena	42,846
Arcadia	56,681
Azusa	50,000
Baldwin Park	72,176
Bradbury	921
Citrus	10,243
Claremont	37,266
Covina	51,268
Diamond Bar	55,072
Duarte	21,727
El Monte	109,450
Glendora	52,558
Hacienda Heights	54,191
Industry	264
Irwindale	1,472
La Puente	38,062
La Verne	31,334
Monrovia	37,931
Monterey Park	61,096
Pasadena	138,699
Pomona	151,713
Rosemead	51,185
Rowland Heights	48,231
San Dimas	34,924
San Gabriel	39,568
San Marino	12,513
Sierra Madre	11,268
South El Monte	19,567
South Pasadena	26,943
Temple City	36,494
Valinda	22,437
Walnut	28,430
West Covina	109,501
Total	**1,598,899**

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

Population by Age in SPA 3 Cities, Number

SPA 3	0-4	5-19	20-24	25-44	45-64	65+
Alhambra	4,291	11,660	5,306	24,663	22,901	15,718
Altadena	2,219	6,755	2,605	10,143	13,180	8,627
Arcadia	2,989	10,657	2,642	13,446	16,372	10,947
Azusa	3,210	9,804	7,098	13,709	10,296	5,467
Baldwin Park	4,554	14,818	5,635	22,686	18,383	9,583
Bradbury	49	102	28	170	316	160
Citrus	489	1,976	1,106	2,782	2,703	1,049
Claremont	1,565	7,173	3,194	7,589	9,089	7,000
Covina	2,603	9,223	3,294	14,099	12,109	6,459
Diamond Bar	3,203	9,184	2,843	14,078	17.060	9,502
Duarte	995	3,139	1,521	5,951	5,608	4,185
El Monte	7,044	21,857	9,307	32,519	28,045	15,145
Glendora	2,789	9,808	2,534	13,578	14,139	8,239
Hacienda Heights	2,927	8,784	3,512	14,274	15,094	10,795
Industry	31	67	11	64	53	38
Irwindale	102	287	104	366	284	222
La Puente	2,171	7,937	3,200	10,963	10,517	4,992
La Verne	1,545	5,684	2,194	6,558	9,677	6,658
Monrovia	1,851	7,023	2,202	10,790	10,598	5,172
Monterey Park	2,795	8,993	3,259	16,228	16,168	13,154
Pasadena	9,131	19,010	7,813	47,607	35,302	23,154
Pomona	10,551	32,102	14,075	41,701	35,338	17,357
Rosemead	3,405	8,487	3,395	13,923	15,129	9,511
Rowland Heights	3,605	7,067	2,785	12,993	13,573	9,891
San Dimas	1,664	6,023	1,789	8,233	9,605	6,498
San Gabriel	2,118	5,726	2,125	10,744	12,354	7,041
San Marino	626	2,656	387	2,740	4,074	2,537
Sierra Madre	664	1,552	305	2,438	3,699	2,171
South El Monte	1,505	4,101	1,768	5,410	5,340	2,667
South Pasadena	1,342	4,962	841	7,992	7,072	3,269
Temple City	1,897	6,641	1,823	8,428	10,566	6,334
Valinda	1,213	4,192	1,977	6,517	5,883	2,883
Walnut	1,215	4,743	1,748	6,768	9,013	6,277
West Covina	5,862	18,361	7,408	29,170	28,136	16,871
Total	**92,220**	**280,554**	**109,834**	**439,320**	**427,676**	**259,573**

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

Population by Age of SPA 3 Cities, Percent

SPA 3	0-4	5-19	20-24	25-44	45-64	65+
Alhambra	5.1%	13.9%	6.3%	29.2%	27.1%	16.7%
Altadena	5.2%	17.8%	5.3%	23.7%	30.5%	17.2%
Arcadia	5.7%	18.6%	4.6%	23.6%	28.7%	19.2%
Azusa	6.5%	19.7%	14.3%	27.7%	20.8%	11.0%
Baldwin Park	6.0%	19.7%	7.4%	29.9%	24.2%	12.7%
Bradbury	5.9%	12.4%	3.4%	20.5%	38.3%	19.4%
Citrus	4.8%	19.6%	10.9%	27.4%	26.8%	10.4%
Claremont	4.4%	20.1%	9.0%	21.3%	25.5%	19.7%
Covina	5.4%	19.3%	6.9%	29.6%	25.4%	13.5%
Diamond Bar	5.7%	16.4%	5.1%	25.1%	30.6%	17.0%
Duarte	4.6%	14.7%	7.1%	27.8%	26.2%	19.6%
El Monte	6.2%	19.2%	8.2%	28.6%	24.7%	13.3%
Glendora	5.5%	19.2%	5.0%	26.6%	27.7%	16.1%
Hacienda Heights	5.3%	15.9%	6.3%	25.8%	27.2%	19.5%
Industry	11.7%	25.4%	4.2%	24.3%	20.1%	14.4%
Irwindale	7.5%	21.1%	7.6%	26.8%	20.8%	16.3%
La Puente	5.5%	19.9%	8.0%	27.5%	26.4%	12.5%
La Verne	4.8%	17.6%	6.8%	20.3%	29.9%	20.7%
Monrovia	4.9%	18.7%	6.0%	28.7%	28.1%	13.7%
Monterey Park	4.6%	14.8%	5.4%	26.7%	26.7%	21.7%
Pasadena	6.4%	13.4%	5.5%	33.6%	24.8%	16.3%
Pomona	7.0%	21.3%	9.3%	27.5%	23.3%	11.5%
Rosemead	6.3%	15.7%	6.3%	25.9%	28.1%	17.7%
Rowland Heights	7.2%	14.2%	5.6%	26.0%	27.1%	19.8%
San Dimas	4.9%	17.8%	5.3%	24.3%	28.4%	19.2%
San Gabriel	5.3%	14.3%	5.3%	26.8%	30.8%	17.6%
San Marino	4.8%	20.4%	3.0%	21.1%	31.3%	19.5%
Sierra Madre	6.1%	14.3%	2.8%	22.5%	34.1%	20.0%
South El Monte	7.2%	19.8%	8.5%	26.0%	25.6%	12.8%
South Pasadena	5.3%	19.4%	3.3%	31.4%	27.7%	12.8%
Temple City	5.3%	18.7%	5.1%	23.6%	29.7%	17.8%
Valinda	5.4%	18.5%	8.7%	28.8%	26.0%	12.7%
Walnut	4.1%	15.9%	7.4%	22.6%	30.3%	21.1%
West Covina	5.5%	17.4%	7.0%	27.4%	26.6%	15.9%

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

Race/Ethnicity in SPA 3 Cities, Number

SPA 3	Latino	White	Asian	Black or African American	Native HI/PI	American Indian/AK Native	Other or Multiple
Alhambra	29,910	6,942	42,552	1,345	70	137	1,606
Altadena	12,171	17,900	2,919	7,136	47	46	2,334
Arcadia	7,401	9,968	36,608	868	40	53	1,504
Azusa	32,020	7,751	7,187	1,589	65	113	1,041
Baldwin Park	53,683	2,391	14,590	609	44	92	501
Bradbury	184	335	350	17	0	1	30
Citrus	7,806	1,183	818	169	6	36	160
Claremont	9,416	17,628	5,809	1,783	49	90	2,219
Covina	30,108	10,051	7,571	1,748	87	156	1,279
Diamond Bar	10,803	8,117	32,626	1,717	79	56	1,495
Duarte	10,436	4,892	4,507	1,126	15	59	591
El Monte	70,819	3,667	32,940	745	34	146	743
Glendora	19,017	23,384	6,656	1,021	24	120	2,062
Hacienda Heights	24,354	5,830	22,287	530	59	95	864
Industry	130	82	33	8	0	0	9
Irwindale	1,336	53	50	15	0	1	15
La Puente	31,080	1,257	4,846	386	46	44	270
La Verne	11,185	14,373	3,379	906	47	81	1,180
Monrovia	14,987	12,903	6,210	1,955	30	66	1,553
Monterey Park	16,768	2,384	40,353	358	45	64	950
Pasadena	45,742	50,858	24,149	10,795	130	201	5,989
Pomona	108,044	15,669	15,853	8,116	235	386	2,713
Rosemead	15,906	1,664	32,758	221	20	42	444
Rowland Heights	13,515	3,467	29,583	655	53	45	769
San Dimas	12,945	14,275	4,868	1,200	26	89	1,325
San Gabriel	9,878	3,381	25,068	355	16	42	728
San Marino	888	3,469	7,581	58	7	4	484
Sierra Madre	1,923	7,046	1,408	153	10	20	641
South El Monte	15,585	448	3,348	51	0	23	90
South Pasadena	5,584	9,692	9,135	638	9	28	1,685
Temple City	7,107	4,896	23,187	260	13	55	821
Valinda	16,847	1,117	3,815	281	44	47	201
Walnut	5,324	2,589	19,063	676	17	10	639
West Covina	58,102	11,793	33,097	3,713	149	217	1,889
Total	**711,004**	**281,455**	**505,204**	**51,203**	**1,516**	**2,665**	**38,824**

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

Race/Ethnicity in SPA 3 Cities, Percent

SPA 3	Latino	White	Asian	Black or African American	Native HI/PI	American Indian/AK Native	Other or Multiple
Alhambra	36.1%	8.4%	51.3%	1.6%	0.1%	0.2%	1.9%
Altadena	28.4%	41.8%	6.8%	16.7%	0.1%	0.1%	5.4%
Arcadia	13.1%	17.6%	64.6%	1.5%	0.1%	0.1%	2.7%
Azusa	64.0%	15.5%	14.4%	3.2%	0.1%	0.2%	2.1%
Baldwin Park	74.4%	3.3%	20.2%	0.8%	0.1%	0.1%	0.7%
Bradbury	20.0%	36.4%	38.0%	1.8%	0.0%	0.1%	3.3%
Citrus	76.2%	11.5%	8.0%	1.6%	0.1%	0.4%	1.6%
Claremont	25.3%	47.3%	15.6%	4.8%	0.1%	0.2%	6.0%
Covina	58.7%	19.6%	14.8%	3.4%	0.2%	0.3%	2.5%
Diamond Bar	19.6%	14.7%	59.2%	3.1%	0.1%	0.1%	2.7%
Duarte	48.0%	22.5%	20.7%	5.2%	0.1%	0.3%	2.7%
El Monte	64.7%	3.4%	30.1%	0.7%	0.0%	0.1%	0.7%
Glendora	36.2%	44.5%	12.7%	1.9%	0.0%	0.2%	3.9%
Hacienda Heights	44.9%	10.8%	41.1%	1.0%	0.1%	0.2%	1.6%
Industry	49.2%	31.1%	12.5%	3.0%	0.0%	0.0%	3.4%
Irwindale	90.8%	3.6%	3.4%	1.0%	0.0%	0.1%	1.0%
La Puente	81.7%	3.3%	12.7%	1.0%	0.1%	0.1%	0.7%
La Verne	35.7%	45.9%	10.8%	2.9%	0.1%	0.3%	3.8%
Monrovia	39.5%	34.0%	16.4%	5.2%	0.1%	0.2%	4.1%
Monterey Park	27.4%	3.9%	66.0%	0.6%	0.1%	0.1%	1.6%
Pasadena	33.0%	36.7%	17.4%	7.8%	0.1%	0.1%	4.3%
Pomona	71.2%	10.3%	10.4%	5.3%	0.2%	0.3%	1.8%
Rosemead	31.1%	3.3%	64.0%	0.4%	0.0%	0.1%	0.9%
Rowland Heights	28.0%	7.2%	61.3%	1.4%	0.1%	0.1%	1.6%
San Dimas	37.1%	40.9%	13.9%	3.4%	0.1%	0.3%	3.8%
San Gabriel	25.0%	8.5%	63.4%	0.9%	0.0%	0.1%	1.8%
San Marino	7.1%	27.7%	60.6%	0.5%	0.1%	0.0%	3.9%
Sierra Madre	17.1%	62.5%	12.5%	1.4%	0.1%	0.2%	5.7%
South El Monte	79.6%	2.3%	17.1%	0.3%	0.0%	0.1%	0.5%
South Pasadena	20.7%	36.0%	33.9%	2.4%	0.0%	0.1%	6.3%
Temple City	19.5%	13.4%	63.5%	0.7%	0.0%	0.2%	2.2%
Valinda	75.1%	5.0%	17.0%	1.3%	0.2%	0.2%	0.9%
Walnut	18.7%	9.1%	67.1%	2.4%	0.1%	0.0%	2.2%
West Covina	53.1%	10.8%	30.2%	3.4%	0.1%	0.2%	1.7%

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

Language Spoken at Home in SPA 3 Cities

SPA 3	English Only	Spanish	Other Indo-European	Asian/PI	Other
Alhambra	29.5%	24.6%	1.7%	43.9%	0.3%
Altadena	64.7%	22.6%	9.3%	2.4%	1.0%
Arcadia	40.6%	6.6%	5.0%	47.7%	0.5%
Azusa	46.6%	41.9%	2.0%	9.1%	0.4%
Baldwin Park	18.6%	61.8%	0.1%	19.4%	0.1%
Bradbury	52.3%	4.1%	7.3%	29.5%	6.7%
Citrus	36.7%	56.5%	2.0%	4.7%	0.1%
Claremont	74.8%	10.5%	3.5%	9.9%	1.2%
Covina	50.8%	36.6%	0.8%	10.8%	1.0%
Diamond Bar	39.70%	10.0%	4.2%	45.2%	0.8%
Duarte	43.0%	39.2%	3.9%	12.3%	1.5%
El Monte	17.0%	54.0%	0.8%	28.0%	0.3%
Glendora	70.7%	15.4%	2.8%	8.2%	2.9%
Hacienda Heights	35.8%	29.5%	1.4%	33.0%	0.3%
Industry	58.4%	36.1%	0.9%	4.7%	0.0%
Irwindale	42.4%	56.9%	0.0%	0.7%	0.0%
La Puente	22.9%	65.6%	0.2%	11.1%	0.2%
La Verne	77.2%	12.1%	2.2%	7.0%	1.5%
Monrovia	56.4%	29.1%	3.2%	10.7%	0.6%
Monterey Park	26.0%	18.1%	1.6%	53.9%	0.4%
Pasadena	55.5%	26.6%	6.0%	11.0%	1.0%
Pomona	35.0%	54.6%	1.5%	8.2%	0.6%
Rosemead	17.7%	23.5%	0.3%	58.4%	0.1%
Rowland Heights	22.1%	18.2%	2.0%	57.4%	0.3%
San Dimas	69.6%	15.2%	2.9%	10.5%	1.8%
San Gabriel	27.7%	14.3%	0.7%	56.6%	0.6%
San Marino	46.8%	4.9%	2.9%	45.0%	0.4%
Sierra Madre	80.8%	5.1%	2.6%	10.0%	1.4%
South El Monte	19.7%	66.3%	0.1%	13.8%	0.1%
South Pasadena	65.1%	11.6%	3.1%	19.9%	0.3%
Temple City	33.8%	12.6%	1.8%	51.6%	0.2%
Valinda	25.3%	56.6%	0.3%	17.3%	0.6%
Walnut	34.1%	10.0%	2.7%	52.4%	0.8%
West Covina	42.2%	32.7%	1.2%	23.2%	0.7%

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

Population Below Poverty Level, by County

SPA 3	<100 % Poverty Level
Alhambra	12.1%
Altadena	7.6%
Arcadia	8.8%
Azusa	14.3%
Baldwin Park	12.6%
Bradbury	5.5%
Citrus	11.7%
Claremont	4.8%
Covina	9.1%
Diamond Bar	6.5%
Duarte	9.4%
El Monte	17.4%
Glendora	7.3%
Hacienda Heights	8.4%
Industry	8.2%
Irwindale	8.5%
La Puente	12.9%
La Verne	8.4%
Monrovia	9.1%
Monterey Park	12.0%
Pasadena	14.0%
Pomona	17.3%
Rosemead	13.5%
Rowland Heights	10.2%
San Dimas	8.8%
San Gabriel	12.0%
San Marino	7.1%
Sierra Madre	6.2%
South El Monte	21.1%
South Pasadena	6.8%
Temple City	10.1%
Valinda	10.2%
Walnut	6.6%
West Covina	8.9%
California	12.6%

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

Educational Attainment Ages 25 Years and Older in SPA 3 Cities

SPA 3	No High School	Some High School	High School Diploma	Some college, No degree	Associate Degree	Bachelor's Degree	Graduate Degree
Alhambra	10.1%	7.0%	21.8%	16.9%	7.8%	24.3%	12.1%
Altadena	7.0%	3.5%	15.4%	19.6%	8.6%	22.5%	23.5%
Arcadia	4.2%	3.2%	14.7%	12.4%	8.6%	36.3%	20.7%
Azusa	11.8%	7.8%	25.2%	19.9%	8.0%	17.2%	10.1%
Baldwin Park	21.4%	12.4%	29.5%	18.6%	4.9%	11.2%	2.0%
Bradbury	4.6%	3.3%	8.4%	16.6%	16.4%	28.8%	22.0%
Citrus	15.2%	10.7%	29.7%	23.9%	6.7%	9.4%	4.5%
Claremont	2.4%	2.1%	11.7%	19.0%	8.5%	26.4%	30.0%
Covina	5.7%	7.0%	25.2%	28.4%	7.8%	18.5%	7.5%
Diamond Bar	3.6%	2.8%	14.5%	17.3%	7.8%	35.4%	18.6%
Duarte	8.9%	7.0%	21.0%	22.3%	8.2%	21.0%	11.5%
El Monte	24.5%	13.8%	27.7%	15.7%	4.9%	11.1%	2.3%
Glendora	3.1%	4.5%	19.8%	23.1%	10.7%	24.4%	14.2%
Hacienda Heights	6.1%	6.7%	23.4%	19.9%	9.8%	23.4%	10.6%
Industry	4.5%	13.5%	34.8%	23.2%	1.3%	17.4%	5.2%
Irwindale	8.9%	11.6%	29.5%	24.9%	8.3%	14.2%	2.6%
La Puente	21.3%	13.0%	30.6%	18.3%	5.3%	9.1%	2.4%
La Verne	3.0%	3.6%	18.8%	24.8%	10.6%	24.0%	15.1%
Monrovia	5.7%	4.6%	19.8%	21.3%	8.1%	25.7%	14.8%
Monterey Park	13.7%	7.0%	23.6%	15.6%	7.0%	23.0%	10.1%
Pasadena	7.1%	4.1%	13.8%	15.5%	6.5%	27.9%	25.2%
Pomona	15.6%	13.0%	24.7%	22.1%	7.1%	12.5%	5.0%
Rosemead	23.3%	10.3%	25.6%	13.3%	6.4%	16.9%	4.2%
Rowland Heights	7.7%	6.3%	22.5%	14.6%	8.9%	30.5%	9.5%
San Dimas	2.1%	4.1%	18.9%	25.3%	11.5%	23.2%	14.9%
San Gabriel	16.1%	7.8%	23.0%	12.1%	7.8%	24.1%	9.0%
San Marino	1.7%	1.4%	5.5%	10.3%	3.1%	40.1%	38.0%
Sierra Madre	0.6%	1.0%	8.7%	15.1%	11.7%	33.0%	29.9%
South El Monte	29.1%	13.7%	27.3%	16.1%	3.7%	7.7%	2.4%
South Pasadena	1.4%	1.4%	6.2%	12.9%	7.5%	34.9%	35.6%
Temple City	7.8%	5.2%	21.2%	16.2%	8.2%	28.3%	13.1%
Valinda	16.0%	11.8%	30.4%	18.3%	7.5%	12.6%	3.3%
Walnut	5.0%	2.5%	13.2%	16.0%	8.4%	38.4%	16.5%
West Covina	7.3%	5.8%	27.4%	20.2%	8.9%	21.6%	8.7%
California	8.9%	7.2%	20.4%	20.9%	8.0%	21.6%	13.1%

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

Appendix B: Interview Participants

Organization	Name	Title
Alhambra Police Department	Eric Lozick	Marketing and Community Engagement
American Heart Association	Nancy Song	Community Impact Director
Asian Youth Center	Michelle Freridge, M.P.A., JD	Executive Director
Azusa Pacific University	Sally Mansour, M.S., LMFT	Director, Community Counseling Center Administrative Faculty, Department of Graduate Psychology
Azusa Senior Center	Angie Jaime, M.S.W.	Case Manager
ChapCare Medical and Dental Health Center	Steven Abramson	Chief Operations Officer
City of Azusa	Miki Carpenter	Director of Community Resources
City of Pasadena Housing Department	Diane Trejo, M.P.H.	Housing Assistance Officer
City of Pasadena Outreach Response Team	Tony Zee	Firefighter
City of Pasadena, Public Health Department	Judith Dunaway	Division Manager, Health Promotion & Policy Development
City of Pasadena, Public Health Department	Shatisha Mann	Program Coordinator, GEM Link
City of Pasadena, Public Health Department	Whitney Harrison, M.P.A.	Division Manager, Social and Mental Health
City of Pasadena, Public Health Department	Ying-Ying Goh, M.D.	Director and Health Officer
Claremont Hillel	Hannah Elkin	Rabbi/Hillel Director
Foothill Unity Center, Inc.	Tashera Taylor	Chief Executive Officer
Friends in Deed	Rabbi Joshua Levine Grater, M.Rb.	Executive Director
Health Consortium of Greater San Gabriel Valley	Deborah Silver	Director/Consultant
Herald Christian Health Center	Carolin Eng	Chief Operating Officer
Los Angeles County Department of Health Services, San Gabriel Valley Health Center Group	Ernest P. Espinoza	Director for the San Gabriel Valley Health Center Group
Los Angeles County Department of Public Health	Jocelyn Estiandan	Integration Unit Manager
Majestic Realty	Fran Inman	Senior Vice President
Pacific Clinics	Nina Paddock, M.P.H., RD	Comprehensive Service Manager
PALS for Health	Mireya Munoz	Project Manager
Pasadena Job Center, National Day Laborer Organizing Network	Julieta Aragon	Minimum Wage Coordinator

Organization	Name	Title
(NDLON)		
Pasadena National Association for the Advancement of Colored People (NAACP)	Allen Edson	President
Pasadena Outreach Response Team	Isaac Arreola	Union Station Homeless Services Representative
Pasadena Outreach Response Team	Nathan Press	Social Worker
Pasadena Unified School District	Ana “Ria” Apodaca, M.Ed.	Director of Health Programs
Planned Parenthood Pasadena and San Gabriel Valley	Christian Port, M.P.A.	Senior Manager of Business Development
Planned Parenthood Pasadena San Gabriel Valley	Lidia Carlton	Director of Community Education
Rose City High School, Pasadena Unified School District	Kathy Watson	Substance Abuse Intervention Specialist
San Gabriel Valley Dental Society	Lee Adishian, B.S., RDH	Executive Director
SPIRITT Family Services	Elvia Torres	Executive Director
Union Station Homeless Services and Pasadena Police Department, Homeless Outreach Psychiatric Evaluation (HOPE) Team	Erin Butler, A.S.W.	HOPE Team Street Outreach and Service Liaison
Vietnamese American Cancer Foundation	Becky Nguyen	Executive Director
Walter Lee Wilmore Foundation	Statice Wilmore	Chief Executive Officer
Young and Health Tiny Teeth Program	Mary Donnelly-Crocker, M.A.	Executive Director
YWCA of San Gabriel Valley	Debra M. Ward, M.P.H.	Chief Executive Officer

Appendix C: Focus Group Participants

Organization	Participants	Number of Participants
Azusa Senior Center	Community Members. Two groups: English speakers and Spanish speakers	18
Emanate Health	First 5 LA, Welcome Baby Home Visitation Program Staff	6
Emanate Health	Get Enrollment Moving (GEM) Program Staff:	6
Herald Christian Health Center	Community Members	7

Appendix D: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to:
Los Angeles County — www.211la.org
Orange County — www.unitedwayoc.org/how-we-are-doing-more/get-help-211/
Riverside County and San Bernardino County — inlandsocaluw.org/211
Ventura County — 211ventura.org/

Significant Health Needs	Community Resources
Access to Care	• 211 • Greater SGV Hospital Collaborative • Health Consortium of San Gabriel Valley • Lions Clubs International • Pregnancy Health Center of San Gabriel Valley • Pasadena/Altadena Coalition of Transformative Leaders PACTL • Pasadena Partnership Healthcare Committee • Pomona Wellness Community • San Bernardino Free Clinic • Community Health Alliance of Pasadena (ChapCare) • Set for Life hosts health expos with health screenings. • Senior Advocacy Program, a county program for seniors primarily in nursing homes • CVS and Rite Aid offer flu shots and screenings. • Foothill Transit offers bus service from Duarte to Pasadena. • YWCA of SGV Senior Services — Duarte Senior Center • City of Hope Health Fair • Planned Parenthood Pasadena and San Gabriel Valley • Hear Center • Community Health Alliance of Pasadena • Herald Christian Health Center • Tzu Chi Foundation • Good Samaritan Hospital • Parish Nurses offer screenings with referrals for more services. • El Monte School District • AltaMed • Western University provides dental services at two dental clinics at schools. • Duarte School District's Health Services Center focuses on getting kids access to health insurance. • Foothill Unity Center food bank • Department of Health Services clinic in El Monte • Latinos for Hope (City of Hope group) go out into the community and inform/educate about what's available. • El Proyecto del Barrio Certified Enrollment Counselors help patients understand

Significant Health Needs	Community Resources
	eligibility and enrollment, and keep them on their programs to maintain their benefits. • East Valley Community Health Center • Garfield Health Center • San Gabriel Japanese Community Center • Asian Pacific Resource Center • Asian Youth Center • Chinese Culture Development Center • Kaiser Permanente • Huntington Hospital • City of Pasadena Public Health Department • Chinatown Service Center • Wesley Health Centers • Crisis Pregnancy Center of Monrovia • A Women's Care Center • Center for Integrated Family and Health Services
Cancer	• Clínica Médica Familiár (Family Medical Clinic) has clinics twice a year. • City of Hope offers cancer screenings at health fairs. • UCLA Health Alhambra Cancer Care • Covina Cancer Care Medical Center • Huntington Cancer Center • Set for Life offers mammograms. • Children's Hospital Los Angeles • Southern California Health Conference at Pasadena Civic Center • El Monte Comprehensive Health Center • East Valley Community Health Centers • American Cancer Society has resources that can help with transportation and navigation assistance. • My Health LA patients provides emergency Medi-Cal for women 40+ with breast cancer, and for women of any age with cervical cancer through the Every Woman Counts program. • MEMAH (Men Educating Men About Health) annual conference • Garfield Health Center provides mammograms and colorectal cancer screening. • Covering with Care • East SGV Health Neighborhood • Herald Cancer Association offers support, consultation, written information and links to websites, and answers questions. • Alzheimer's Association
Chronic Disease	• Save the Heartbeat • ChapCare • Day One • American Heart Association • Pasadena Partnership Healthcare • Curbside CPR classes offered by the Fire Department.

Significant Health Needs	Community Resources
	• Pasadena/Altadena Coalition of Transformative Leaders PACTL Children's Hospital Los Angeles • Los Angeles County Department of Public Health Service • City of Azusa has a Wellness Center • Young & Healthy • El Proyecto Del Barrio does medication management and assistance. • Clinic pharmacy dispensary provides some additional medications. • Los Angeles County Department of Health Services, Healthy Choice the Easy Choice work to make healthier options more accessible, including exercise breaks in meetings, etc. • Foothill Unity Center offers a walking program and checks blood pressure. • Pomona Wellness Community • Pasadena Partnership Healthcare • Health plans provide educational materials about foods to eat and foods to avoid. Some have been translated by health plans.
COVID-19	• Los Angeles County Public Health Department • East San Gabriel Valley Health Center • Community Health Alliance of Pasadena • Wesley Health Centers • Barrios Action Youth and Family Center • CHIRLA The Coalition for Human Immigrant Rights • First African Methodist Episcopal Church • Pasadena Partnership Healthcare Committee • Pasadena Tournament of Roses • QueensCare • Seventh Day Adventist Church in Altadena • Young & Healthy • El Sol Neighborhood Educational Center
Economic Insecurity, Housing Insecurity and Homelessness	• Pasadena Continuum of Care Network • California Department of Social Services • San Bernardino County Cash Assistance Program for Immigrants • Sahaba Initiative • Time for Change Foundation • Southern California Edison — Energy Assistance Fund • Los Angeles County Development of Public Social Services • Teamster Union Local 63 • Community Action Partnership of San Bernardino County • Village HOPE • Legal Aid Foundation Los Angeles — Government Benefits Unit • Community Health Alliance Pasadena • Pasadena Senior Center • St. Louise Resource Services • Youth Moving On • Union Station Homeless Services

Significant Health Needs	Community Resources
	• Inland Valley Hope Partners • Project Roomkey • Lutheran Social Services of Southern California • Our Saviour Center • Bienestar provides assistance to Persons Living with HIV/AIDS (PLWH) who are homeless. • Salvation Army • Glenkirk Church offers Open Arms Program to serve those who are currently experiencing homelessness. • Door of Hope • Hope of the Valley • City of Hope Navigator Program • Friends in Deed • Our Savior Center — Our Homeless Family Motel Voucher Program • Ft Knox Supportive Housing for the Homeless Veterans • East San Gabriel Valley Coalition for the Homeless • D&R Turning Point • Jackie Robinson Community Center • Los Angeles Homeless Services Authority • Elizabeth House • Family Promise of San Gabriel Valley • A Meaningful Goal Housing Shelter • Foothill Family Shelter • mRelief
Food Insecurity	• Shepherd's Pantry • Seeds of Hope • Project Angel Food • SN Gabriel Valley Food Recovery Program • Catholic Charities of Los Angeles • Tzu Chi Foundation • La Casa De San Gabriel Valley Community Center • Mission San Gabriel Arc Angel • Foothill Unity Center • Centro Maravilla Service Center • Tabernacle Faith Church • Eastmont Community Center • Our Saviour Center • Elim Community Food Pantry • Second Baptist Church of Monrovia • Dream Center • Community Resource Center Pomona • God’s Pantry Covina • New Song Church • Sowing Seeds for Life

Significant Health Needs	Community Resources
Mental Health	• San Gabriel Valley Grief Resource and Training Center • No Mind Left Behind • NAMI Pomona Valley • Universal Stress Free Zones • Comforting Hearts • Supportlink, promoting independent living for persons with disabilities • Olive Tree Children's Counseling Home • Beyond Spectrum Supportive Services • Alma Family Services • SPIRITT Family Services • Enki Mental Health Center • Foothill Unity Center provides referrals and services for families and the homeless. • National Association for the Mentally Ill • Tri-Cities Mental Health serves Pomona, La Verne and Claremont • Los Angeles County Department of Mental Health • Foothill Family Service offers some group services. • Whittier Hospital Medical Center has a lot of free classes. • School districts. Duarte School District has partnerships with providers (Foothill Family Services and D'Veal) to come into the schools and provide services. • Pacific Clinics/Asian Pacific Family Center • Foothill Family Services • D'Veal Family & Youth Services • Each Mind Matters, the California Mental Health movement • Mental Health Services Act • Asian Youth Center hosts a mental health day. • Health Consortium of Greater San Gabriel Valley is looking to build more connections between physical and behavioral health providers. • Healthy Neighborhoods initiative from Department of Mental Health site in El Monte • Santa Anita Family Services • Foothill Family Services • Arcadia Mental Heath • Aurora Clinic • Pacific Clinics • Asian Pacific Health Care Venture has Chinese language mental health services.
Overweight and Obesity	• Chapcare Medical and Dental Health Center • Families Forward Learning Center • San Gabriel Valley Service Centers • Women, Infant and Children offers nutrition classes. • Community centers offer exercise programs, such as Zumba and walking. • Senior centers, such as the Azusa Senior Center and Duarte Senior Center, offers referrals and some free services, including a hiking club. • Pomona Wellness Community • Each city has some exercise programs.

Significant Health Needs	Community Resources
	• Swim programs for school-age children • Some nonprofits organize physical education and/or nutrition education/healthy snacks, such as Boys & Girls Clubs. • City of Duarte hosts a Biggest Loser contest and sponsors city walks.

Appendix E: Report of Progress

City of Hope developed and approved an Implementation Strategy to address significant health needs identified in the 2019 CHNA. The hospital addressed:

- Access to health care
- Cancer
- Chronic disease
- Economic and housing insecurity
- Mental health

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the programs, which addressed the priority health needs from the 2019 CHNA.

Healthy Living Grants
During FY 2020, the Healthy Living Community Grant Program dispensed $40,000 to eight organizations that demonstrated a creative, yet sustainable, approach to promoting healthy living through good nutrition, physical activity, cancer or diabetes prevention, or smoking cessation. Their programs are described below:

The Foundation for Living Beauty's **New Ways to Support Women with Cancer**, provided much-needed support for women with cancer. Living Beauty will transform programs so that they can be held online. They will hold five online day retreats that will focus on meditation, yoga, pain management and nutrition. The Foundation for Living Beauty's focus is to aid in a woman's healing during her cancer journey, from all aspects of her life, while providing tools to continue the healing on her own.

BREATHE LA conducted three one-hour **Adult Lung Health Workshops** with a lung screening for up to 50 people. Workshop attendees will be able to determine their chronic obstructive pulmonary disease (COPD) risk, and all who score in a high-risk range will receive a referral to their primary care physician to share test results. While there is no cure for chronic lung disease, the Adult Lung Health Workshops will provide education, awareness, and empowerment in support of early detection and identification of COPD among individuals in high-risk, high-need areas within the Greater San Gabriel Valley.

Antelope Valley Partners in Health **Diabetes Education Empowerment Program (AV-DEEP)** is designed to help people with prediabetes, diabetes, relatives, and caregivers to gain a better understanding of diabetes self-care. Eight unique learning modules on improving eating habits, increasing physical activity, self-care strategies, preventing diabetes-related complications and utilizing resources were given during a six-week program. DEEP classes will be held on-site and at their local Community Wellness Homes. They will look toward ways to adapt to the COVID-19-safe physical distancing guidelines.

Pasadena Educational Foundation **Power Kids Diabetes Prevention Program**, in partnership with Huntington Hospital, addressed diabetes prevention in children and youth through a seven-week program of nutrition, education and physical activity, focusing on those who are overweight or are at increased risk for later obesity and type 2 diabetes. This nonjudgmental family model program is designed to avoid making children and youth feel ashamed of their weight.

Eco Urban Gardens **Rosemead High School Best of Thymes Farm Stand** offered afternoon/evening and weekend gardening workshops that will transform the school lot into a community garden. Throughout the year, students hosted a farm stand at the school and the local farmer's market. Students learned entrepreneurial skills like hosting a farm stand, understanding seasonal organic produce, nutritional density value, differentiating between organically grown produce and industrially farmed food, and marketing.

Pomona Environmental Advocate for Community Health (PEACH) **Urban Farming and Socio-Ecological Resilience** conducted key informant interviews with community garden managers and participants to better understand how the community garden has contributed to their resilience during the COVID-19 crisis. They will develop and implement online urban farming classes to help vulnerable residents in Pomona.

Happy50Plus **Enriching the Life of Older Chinese/Asian American Pacific Islanders (AAPI) through Innovation** used a creative approach to reach underserved, older, monolingual Chinese Americans. Through their multifaceted components and life-enhancing in-person events, older Chinese Americans will take part in interactive, informative and fun events meant to reduce social isolation and increase physical and mental health among older Chinese/AAPI adults.

Circle of Hope **Cancer Wellness Programs** are targeted toward underserved cancer patients and survivors in their community. Focused on physical activity, good nutrition and mental health of cancer survivors. Classes were offered in group, individual and virtual settings through Zoom, Facebook Live and other social platforms. They believe with all their hearts that no one should fight cancer alone and envision a time where every hand was held and every fear addressed.

During FY 2021, the Healthy Living Community Grant Program dispensed $40,000 to eight organizations that demonstrated a creative, yet sustainable, approach to promoting healthy living through good nutrition, physical activity, cancer or diabetes prevention, or smoking cessation. The 2021 Healthy Living Cohort included a diverse slate of awardees that spanned the Greater Los Angeles and Orange County regions.

Rainbow Labs **Summer Mentoring Program for LGBTQ+ Youth** acting on the power of mentors to address mental health. They launched a nine-week pilot program starting June 2021. 50 LGBTQ+ youth pair with 10 mentors for a summer-long afterschool program. Youth met weekly with their peers and a mentor for formal activities, such as utilizing their storytelling power and an accelerator program offering opportunities for youth to engage with LGBTQ+ professionals. Mentors offered informal time

for one-on-one support to the unique needs of their mentees. All of those selected to mentor undergo extensive, trauma-informed, youth development, and LGBTQ+ affirming training.

Glendale Unified School District **GUSD Student Wellness Services** focused on increasing the emotional and physical well-being of GUSD students and their families through the implementation of supportive mental health and wellness topics/counseling via remote programming. Recognizing the intersections between hunger and mental health, GUSD School Wellness Services provided food and food resources to the students who entered their program.

Orange County Buddhist Church **Project Kokoro Senior Crafts Class** addressed issues that are prevalent in the Japanese American senior community, such as isolation, decreased stimulation, and a decrease in personal interaction outside of their homes. Through the craft classes, they encouraged hand/eye coordination, problem-solving, creative expression, and project completion. Additionally, they provided discussions on topics of concern to the seniors, as well as current issues that will increase socialization and sharing of stories. To stay active, physically, they offered gentle exercise and movement activities. Ultimately, this will result in reduced social isolation, increased interpersonal interaction, and the promotion of critical thinking skills.

El Monte Union High School District **Burger Swap** encouraged students to change their burger-eating habits by providing a plant-based burger choice in the cafeteria. Students participated in the awareness by developing a social media campaign, via PSAs, to will convince teens that plant-based burger options are an easy swap for their favorite beef patty meals. Students will also showcase the benefits of meatless burgers or capitalize on some students' interests in healthy eating, environmental sustainability and humane treatment of animals.

National Coalition of 100 Black Women — Los Angeles Chapter **Cancer Health Disparities Against Black Women** recognizes that access to cancer treatment and prevention programs has not been equal for African Americans living in urban areas. This program reached out to Black women living in LA District 10, provided them with educational materials, programming and support needed to inform and empower while on, and after, their cancer journey.

Promotors for Better Health **HPV + COVID-19 Vaccine Program** used a combination of a promotora model and the co-designed process to create health education materials that to increase HPV and COVID-19 vaccination rates in the Latino communities in Los Angeles and the Inland Empire. The promotora model utilizes lay community health workers to target often hard-to-reach populations, traditionally excluded racial/ethnic groups and other medically underserved communities. The co-design process stresses the importance of community input and review, and aims to draw on diverse perspectives by actively engaging people with lived experience in program design.

Orange County Buddhist Church **Tomodachi Bento Project** addressed food insecurity, mental health and healthy living of socially isolated/homebound Japanese senior citizens residing in Orange County. To address food insecurity, meal packages that require only microwaving or boiling water were delivered

with each bento lunch. The meal packages can provide four to five additional meals for approximately 70 seniors. The social isolation that often leads to loneliness, anxiety and depression among seniors will be mitigated through the 10-to-20-minute weekly in-person visits and monthly check-in calls. Participants will also be invited to participate in a weekly senior program called Stretch and Munch, giving them an opportunity to engage with others and to take part in a gentle exercise program.

Global Federation of Chinese Businesswomen — Greater LA Chapter **Recovery, Resilience and Reconnection for Hope** focused on increasing prioritization of cancer health awareness to empower and support communities during and after the pandemic through an Asian symposium and youth conference. An array of creative approaches will be used to reach their targeted community, which will include: simulcast translation in Chinese, Korean and Vietnamese, youth cancer health ambassadors who will provide first-hand accounts regarding their cancer journeys and conferences broadcast via Zoom, YouTube and Facebook. ACS Youth Cancer Health Ambassadors will lead the efforts to create social media public health and engagement campaigns, and care team navigators will connect participants with needed community health resources and classes.

Savoring Hope Cooking Classes

Savoring Hope cooking classes are led by City of Hope's Executive Chef Christian Eggerling and Susan Nyanzi, Dr.P.H., MCHES®, our nutrition educator. During FY2 020, 500 community members participated in 11 different online cooking demonstration classes. During FY 2021, 1,556 community members participated in 18 different online cooking demonstration classes.

Healthy Lifestyles

Nutrition for Healthy Lifestyles specifically targets persons living with chronic diseases to help manage their conditions, including cancer prevention strategies. These participants require ongoing support for improved physical and mental health. Six community organizations were trained in FY2020 to deliver Healthy Lifestyles' program curriculum. The intent has been for each trained leader to implement the program in their respective communities with the proper cultural context and languages. During FY 2021, the program was delivered virtually by the Montclair Clinic and Set for Life Inc. Montclair Clinic services a monolingual, Spanish-speaking clientele. Set for Life Inc. is a nonprofit connected to the largest and oldest African American church in Monrovia. Between Oct. 1, 2020, and Sept. 30, 2021, 20 community members completed the six-week educational program.

Roots of Hope

Through their partnership with Seeds of Hope, a ministry of the Episcopal Diocese of Los Angeles, Roots of Hope educates church members with prediabetes and those at risk for type 2 diabetes on what they can do to lower their risk. Evidence suggests that people with diabetes have significantly higher risk for many forms of cancer, with type 2 diabetes and cancer sharing many risk factors, including poor diet and lack of exercise. Roots of Hope's national Centers for Disease Control and Prevention-certified Diabetes Prevention Program (DPP) encourages participants to adopt sustainable behavior modifications that include healthy eating and physical activity. This past year, they transitioned to delivering much of the program virtually, expanding from 15 participants across two sites to 212 participants across seven sites

by March 2021. This past year, they established a new partnership with Claremont Graduate University to build a regional approach and secular branch of the program. This collaboration will increase the number of lifestyle coaches and locations for the DPP grocery shopping field trip. CGU covers the Inland Empire, Riverside and San Bernardino.

The Greater San Gabriel Valley Food for All Initiative

The Greater San Gabriel Valley Hospital Collaborative (Hospital Collaborative) is planning a coordinated regional project, the *Greater San Gabriel Valley Food for All Initiative,* to reduce food insecurity among economically and medically vulnerable hospital patients at participant hospitals. Primary project participants include five of the six Hospital Collaborative members: Huntington Hospital, Methodist Hospital, City of Hope, Kaiser Permanente Baldwin Park and Emanate Health. These partners currently engage in food insecurity work at different levels, and this initiative would facilitate each to progress accordingly. Initiative components include:

1. Food Insecurity Screening and Tracking: Each hospital will incorporate a food insecurity screening component to the admission or discharge process using a validated screening tool. Results will be tracked electronically via the Unite Us/Coordinated Community Network referral platform, which will provide both hospital and regional data on changes and improvements over time.
2. Partnerships With Local Community Based Organizations (CBOs): All patients identified as food insecure will be linked with Seeds of Hope for emergency food services and/or to Project Angelfood for delivery of MTMs, both selected due to their expertise and services. SOH cultivates community wellness through food justice and food pantries and has adopted use of the Tangelo App to facilitate home-delivered access to fresh food for low-income and other vulnerable individuals. PAF's mission is to prepare and deliver healthy meals to feed people impacted by serious illness and can accommodate 39 different MTM plans.
3. Sustainability of Food Security Support: Hospitals will explore strategies for long-term sustainability of food security resources for their patients and the community-based organizations partners, such as:
    - Institutionalizing commitments to addressing food security through internal policies that identify comprehensive strategies and hospital leadership
    - Planning for alignment with potential reimbursement opportunities
    - Ongoing financial contributions to the CBOs

Community Education and Support Groups

We hosted 399 community education and support group events across this institution and in the vulnerable communities City of Hope serves. Critical cancer prevention awareness information that is both culturally and linguistically appropriate is provided in our most underrepresented communities regardless of where they receive care. The Populations Sciences: Eat, Move, Live program adapted programming to include a simulcast translation into Mandarin. Our Multiethnic Marketing Department contributed to a significant number of programs that were held in our communities of color. These transitions took place with a lens focused on the social determinants of health that allowed our teams to move forward and provide much needed programs and services to our communities in need.

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