



Community Health
Needs Assessment
2019

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Executive Summary

Beverly Hospital is a 202-bed nonprofit acute care facility located in Montebello, CA. As required by state and federal law, Beverly Hospital has undertaken a Community Health Needs Assessment (CHNA). California's Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years. The purpose of this Community Health Needs Assessment is to identify and prioritize the significant health needs of the community served by Beverly Hospital. The health needs identified in this report help to guide the hospital's community benefit activities.

Service Area

Beverly Hospital is located at 309 West Beverly Boulevard in Montebello, CA 90640. The hospital service area includes 14 ZIP Codes in 11 cities. The service area is comprised of portions of Service Planning Areas (SPAs) 3, 4 and 7 in Los Angeles County. The service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Whenever possible, ZIP Code level data or city data were used to most accurately describe the service area. However, some data indicators are only available by Service Planning Area (SPA). It is important to note the SPA-level data represent a larger geographic area than the hospital's service area.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through four focus groups with community members and interviews with 14 key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of

such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

Significant Health Needs

The community stakeholders were asked to prioritize the significant health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided and resulted in an overall average for each health need. Access to health care, violence/community safety and mental health, were ranked as the top three priority needs in the service area. The significant health needs are listed below in priority order:

1. Access to health care
2. Violence/community safety
3. Mental health
4. Chronic diseases
5. Overweight and obesity
6. Preventive practices
7. Dental care
8. Substance use and misuse
9. Economic insecurity

Report Adoption, Availability and Comments

This CHNA report was adopted by the Beverly Hospital Board of Directors in October 2019.

This report is widely available to the public on the hospital's web site, <https://www.beverly.org/about-us/in-the-community/>. Written comments on this report can be submitted to Veronica Ramirez at VRamirez@beverly.org.

Introduction

Background and Purpose

Founded in 1949, Beverly Hospital is a 202-bed nonprofit acute care facility. Beverly Hospital offers a full range of services with the latest technology, diagnostic and treatment options. A medical staff of over 300 physicians, representing a wide spectrum of specialties, is supported by experienced and dedicated employees and volunteers, who strive to deliver high-tech, high-touch services, preventive education and patient care. The hospital's mission is to provide compassionate and quality health care.

Beverly Hospital (Beverly) has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California's Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

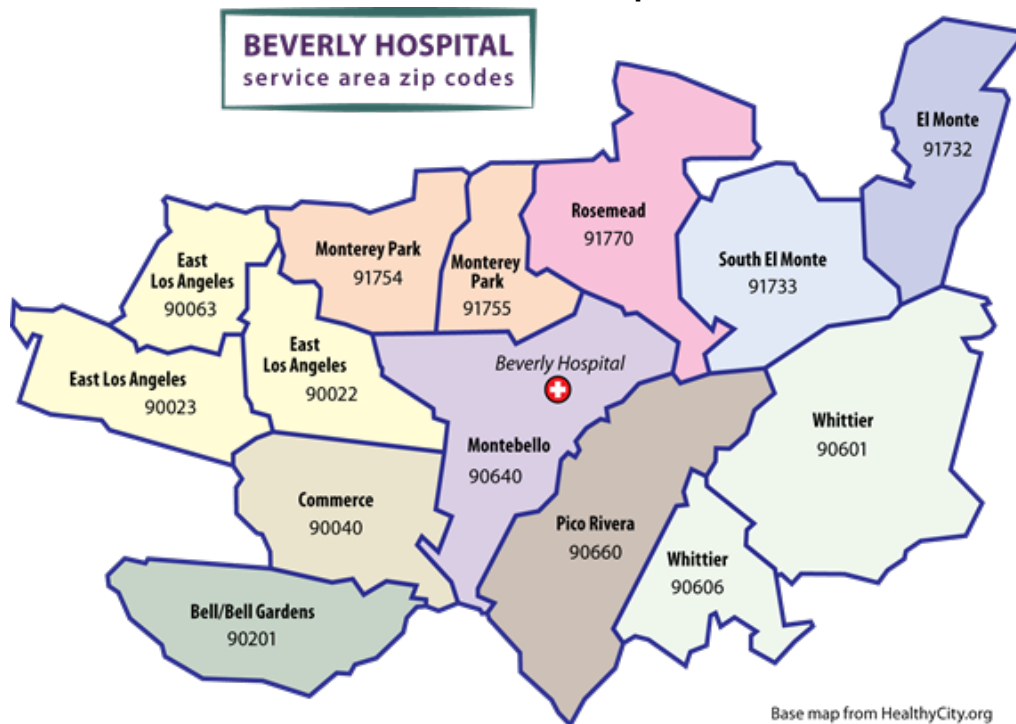
Service Area

Beverly Hospital is located at 309 West Beverly Boulevard in Montebello, CA 90640. The hospital service area includes 14 ZIP Codes in 11 cities. The service area is comprised of portions of Service Planning Areas (SPAs) 3, 4 and 7 in Los Angeles County. Given the small portion of SPA 4 included in the service area, only data from SPA 3 and SPA 7 are reported in this assessment. The hospital service area is detailed below by community and ZIP Code, and was determined from the ZIP Codes that reflect a majority of patient admissions.

Beverly Hospital Service Area

Geographic Area	ZIP Code	Service Planning Area
Bell/Bell Gardens	90201	SPA 7
Commerce	90040	SPA 7
East Los Angeles	90022, 90023, 90063	SPA 4/SPA 7
El Monte	91732	SPA 3
Montebello	90640	SPA 7
Monterey Park	91754, 91755	SPA 3
Pico Rivera	90660	SPA 7
Rosemead	91770	SPA 3
South El Monte	91733	SPA 3
Whittier	90601, 90606	SPA 7

Service Area Map



Project Oversight

The Community Health Needs Assessment process was overseen by:
Veronica Ramirez, MCM, CLE
Director, Marketing & Community Outreach

Deb DuRoff, MPA, FACHE
Administrative Director, Planning & Development

Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. has over 25 years' experience conducting hospital Community Health Needs Assessments and working with hospitals to develop, implement, and evaluate community benefit programs. Dr. Melissa Biel conducted the Beverly Hospital Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. www.bielconsulting.com

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Los Angeles County and California to help frame the scope of an issue as it relates to the broader community.

Sources of data include: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Los Angeles County Department of Public Health, Think Health LA, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Whenever possible, ZIP Code level data or city data were used to most accurately describe the service area. However, some data indicators are only available by Service Planning Area (SPA) or county. It is important to note the SPA-level data represent a larger geographic area than the hospital's service area.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2020 objectives, where appropriate. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

Interviews and focus groups were used to gather information and opinions from persons who represent the interests of the community served by the hospital. Interview and focus group participant comments are included in the CHNA report. A list of the community respondents engaged in the primary data collection can be found in Attachment 2.

Interviews

Fourteen (14) interviews were completed from June through August 2019. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the Los Angeles County Department of Public Health.

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

Interview questions focused on the following topics:

- Major health issues in the community
- Socioeconomic, behavioral, or environmental factors that impact health in the community
- Who is most affected by the significant needs
- Issues, challenges and barriers experienced in the community
- Potential resources to address the identified health needs, such as services, programs and/or community efforts
- Additional comments and concerns

Focus Groups

Community focus groups were held in June, July and August, 2019 and engaged 48 persons.

Focus group questions focused on the following topics:

- Biggest health needs in the community
- Challenges and barriers faced in addressing health needs
- Prioritization of health needs
- Additional comments.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community

Health Needs Assessment was made widely available to the public on the website <https://www.beverly.org/about-us/in-the-community/>. No public comments have been received.

Identification and Prioritization of Significant Health Needs

Review of Primary and Secondary Data

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs, which performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant health needs were determined:

- Access to health care
- Chronic disease (asthma, cancer, diabetes, heart disease, liver disease, kidney disease)
- Dental care
- Economic insecurity
- Mental health
- Overweight and obesity
- Preventive practices (vaccines and screenings)
- Substance use and misuse
- Violence/community safety

Priority Health Needs

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. Community stakeholders were used to gather input and prioritize the significant health needs.

The stakeholder interviewees and focus group participants were asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided.

Among the interviewees, access to health care violence/community safety and mental health were ranked as the top three priority needs in the service area. Calculations from

community stakeholders resulted in the following prioritization of the significant health needs.

Significant Health Needs in Priority Order	Rank Order Score (Total Possible Score of 4)
Access to health care	3.96
Violence/community safety	3.78
Mental health	3.76
Chronic diseases	3.64
Overweight and obesity	3.64
Preventive practices	3.64
Dental care	3.48
Substance use and misuse	3.46
Economic insecurity	3.35

Resources to Address Significant Health Needs

Through the interview process, community stakeholders identified resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

Review of Progress

In 2016, Beverly Hospital conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital’s 2016-2019 Implementation Strategy addressed access to care, chronic diseases, mental health, overweight and obesity, and preventive practices. A review of the impact of the actions to address these significant health needs can be found in Attachment 4.

Community Demographics

Population

The population of the Beverly Hospital (Beverly) service area is 711,482. From 2012 to 2017, the population increased by 1.3%, which is lower than the 2.7% increase in population countywide, during the same time period.

Total Population and Change in Population, 2012-2017

	Beverly Service Area	Los Angeles County	California
Total population	711,482	10,105,722	38,982,847
Change in population, 2012-2017	1.3%	2.7%	4.4%

Source: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05. <http://factfinder.census.gov>

Of the area population, 49.5% are male and 50.5% are female.

Population by Gender

	Beverly Service Area	Los Angeles County
Male	49.5%	49.3%
Female	50.5%	50.7%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Children and youth, ages 0-17, make up 24.4% of the population, 63.0% of the population are adults, ages 18-64, and 12.6% of the population are seniors, ages 65 and over. The service area has a higher percentage of children and youth, ages 0 to 24, and elderly, 75 and up, than the county.

Population by Age

	Beverly Service Area	Los Angeles County	California
0 – 4	6.5%	6.3%	6.4%
5 – 9	6.7%	6.1%	6.5%
10 – 14	6.6%	6.2%	6.5%
15 – 17	4.7%	3.9%	4.0%
18 – 20	4.2%	4.2%	4.2%
21 – 24	6.3%	6.0%	5.8%
25 – 34	14.9%	15.8%	14.9%
35 – 44	13.7%	13.8%	13.3%
45 – 54	12.8%	13.7%	13.3%
55 – 64	11.1%	11.5%	11.8%
65 – 74	6.7%	7.0%	7.6%
75 – 84	4.0%	3.7%	3.9%
85+	1.9%	1.8%	1.8%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

In the service area, Bell/Bell Gardens (ZIP Code 90201) has the largest percentage of youth, ages 0-17 (31.3%), and the smallest percentage of seniors 65 and older (7.1%).

Monterey Park 91754 has the highest percentage of residents ages 65 and older (21.9%).

Population by Youth, Ages 0-17, and Seniors, Ages 65+

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Bell/Bell Gardens	90201	102,878	31.3%	7.1%
Commerce	90040	12,925	25.0%	14.4%
East Los Angeles	90022	67,446	26.9%	10.7%
East Los Angeles	90023	47,229	28.1%	8.7%
East Los Angeles	90063	53,556	26.8%	10.5%
El Monte	91732	63,557	23.8%	11.4%
Montebello	90640	63,547	22.3%	14.7%
Monterey Park	91754	33,114	17.6%	21.9%
Monterey Park	91755	27,942	14.7%	19.8%
Pico Rivera	90660	63,694	23.3%	14.0%
Rosemead	91770	63,981	19.2%	16.6%
South El Monte	91733	44,989	25.3%	12.4%
Whittier	90601	34,025	22.2%	14.8%
Whittier	90606	32,599	22.1%	12.9%
Beverly Service Area		711,482	24.4%	12.6%
Los Angeles County		10,105,722	22.5%	12.5%
California		38,982,847	23.4%	13.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Race/Ethnicity

In the hospital service area, 76.4% of the population is Hispanic/Latino, 17.4% are Asian, 4.8% are White, and 0.6% are Black/African American. The remaining 0.9% are American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, and other or multiple races. There is a higher percentage of Latinos and Asians, and a lower percentage of Whites and Blacks/African Americans in the hospital service area than found in the county.

Race/Ethnicity

	Beverly Service Area	Los Angeles County
Hispanic/Latino	76.4%	48.4%
Asian	17.4%	14.3%
White	4.8%	26.5%
Other/Multiple	0.6%	2.5%
Black/African American	0.6%	7.9%
American Indian/Alaska Native	0.2%	0.2%
Native Hawaiian/Pacific Islander	0.1%	0.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Among service area cities, East Los Angeles (ZIP Codes 90022, 90023 and 90063) has the highest percentage of Hispanic or Latino residents (95.9% to 96.8%). Monterey Park (ZIP Codes 91754 and 91755) has a high percentage of Asian residents (61% and

73.6%, respectively). Commerce has the highest percentage of Black or African Americans (1.4%) in the service area. Whittier 90601 has the highest percentage of Whites (18.7%) in the service area.

Population by Race and Ethnicity and ZIP Code

	ZIP Code	Asian	Black	Latino	White
Bell/Bell Gardens	90201	0.8%	0.8%	94.4%	3.6%
Commerce	90040	0.9%	1.4%	94.9%	1.4%
East Los Angeles	90022	1.3%	0.2%	95.9%	2.1%
East Los Angeles	90023	0.8%	0.6%	96.8%	1.7%
East Los Angeles	90063	1.2%	0.3%	96.1%	1.9%
El Monte	91732	29.5%	0.5%	64.7%	4.4%
Montebello	90640	12.8%	1.2%	77.7%	7.3%
Monterey Park	91754	61.0%	0.4%	30.9%	4.7%
Monterey Park	91755	73.6%	0.2%	21.1%	3.1%
Pico Rivera	90660	3.0%	0.7%	89.5%	5.9%
Rosemead	91770	60.3%	0.2%	34.4%	4.2%
South El Monte	91733	21.7%	0.1%	74.0%	3.1%
Whittier	90601	6.3%	1.1%	72.4%	18.7%
Whittier	90606	2.0%	0.9%	87.2%	8.4%
Beverly Service Area		17.4%	0.6%	76.4%	4.8%
Los Angeles County		14.3%	7.9%	48.4%	26.5%
California		13.9%	5.5%	38.8%	37.9%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05. <http://factfinder.census.gov>

Language

In the service area, Spanish is spoken in the home among 63.5% of the population. English is spoken in the home among 20.3% of the population, 15.3% of the population speaks an Asian language, and 0.7% of the population speaks an Indo-European language.

Language Spoken at Home, Population 5 Years and Older

	Beverly Service Area	Los Angeles County
Speaks only English	20.3%	43.4%
Speaks Spanish	63.5%	39.3%
Speaks Asian/Pacific Islander language	15.3%	10.9%
Speak Indo-European language	0.7%	5.3%
Speaks other language	0.2%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. <http://factfinder.census.gov>

The highest percentage of Spanish speakers among area cities are found in East Los Angeles (86.5% to 90.8%) and Bell/Bell Gardens (89%). Monterey Park (49.4% to

65.3%) and Rosemead (54.1%) have high percentages of Asian language speakers. Montebello (3.4%) has the highest percentage of Indo-European languages spoken at home in the service area.

Language Spoken at Home by ZIP Code

	ZIP Code	Spanish	English	Asian/Pacific Islander	Other Indo European
Bell/Bell Gardens	90201	89.0%	9.2%	0.7%	0.1%
Commerce	90040	74.2%	24.5%	0.5%	0.1%
East Los Angeles	90022	86.5%	12.5%	0.8%	0.2%
East Los Angeles	90023	90.8%	8.3%	0.7%	0.1%
East Los Angeles	90063	88.2%	10.7%	0.8%	0.1%
El Monte	91732	54.6%	17.7%	27.1%	0.5%
Montebello	90640	57.7%	28.9%	9.8%	3.4%
Monterey Park	91754	21.4%	28.2%	49.4%	0.7%
Monterey Park	91755	14.4%	19.4%	65.3%	0.7%
Pico Rivera	90660	66.9%	30.0%	2.5%	0.6%
Rosemead	91770	26.8%	18.4%	54.1%	0.6%
South El Monte	91733	62.0%	16.1%	21.7%	0.1%
Whittier	90601	40.2%	54.8%	3.6%	1.0%
Whittier	90606	61.2%	36.8%	1.0%	0.9%
Beverly Service Area		63.5%	20.3%	15.3%	0.7%
Los Angeles County		39.3%	43.4%	10.9%	5.3%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. <http://factfinder.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings examines social and economic indicators as a contributor to the health of a county's residents. California's 58 counties are ranked according to social and economic factors with a 1 for the best ranked to 58 for the poorest ranked counties. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and other factors. Los Angeles County is ranked as 29, at the midpoint of all California counties, according to social and economic factors. The LA County ranking was 42 two years ago.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	29

Source: County Health Rankings, 2018. www.countyhealthrankings.org

The 2019 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States, are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value. East Los Angeles, Bell/Bell Gardens, South El Monte, Commerce, El Monte and Rosemead all have rankings of 5, the highest Index Value (highest socioeconomic need). Whittier 90601 has a SocioNeeds ranking of 2.

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
East Los Angeles	90023	98.8	5
Bell/Bell Gardens	90201	98.6	5
East Los Angeles	90063	98.2	5
East Los Angeles	90022	97.8	5
South El Monte	91733	96.4	5
Commerce	90040	96.1	5
El Monte	91732	95.0	5
Rosemead	91770	90.7	5
Pico Rivera	90660	80.8	4
Montebello	90640	80.5	4
Monterey Park	91755	79.1	4
Whittier	90606	74.2	4
Monterey Park	91754	63.1	3
Whittier	90601	35.8	2

Source: 2019 SocioNeeds Index, <http://www.thinkhealthla.org>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2017, the Federal Poverty Level (FPL) was set at an annual income of \$12,488 for one person and \$24,858 for a family of four.

The service area has a slightly higher rate of poverty (19.3%) than found in the county (17%). Community poverty rates are highest among residents in Bell/Bell Gardens (28.1%), followed by East Los Angeles 90023 (26.2%). Levels of low-income (defined as earning less than 200% of the FPL) are 48.5% service-area-wide, which is higher than the county and state rates, and are highest in Bell/Bell Gardens (62.7%) and East Los Angeles 90023 (60.7%).

Ratio of Income to Poverty Level, by ZIP Code (<100% FPL and <200% FPL)

	ZIP Code	<100% FPL	<200% FPL
Bell/Bell Gardens	90201	28.1%	62.7%
Commerce	90040	16.3%	44.6%
East Los Angeles	90022	22.9%	56.2%
East Los Angeles	90023	26.2%	60.7%
East Los Angeles	90063	22.5%	54.8%
El Monte	91732	21.2%	52.5%
Montebello	90640	13.7%	41.4%
Monterey Park	91754	14.6%	35.3%
Monterey Park	91755	17.3%	41.2%
Pico Rivera	90660	10.7%	33.8%
Rosemead	91770	17.2%	44.5%
South El Monte	91733	22.3%	57.8%
Whittier	90601	10.5%	28.5%
Whittier	90606	9.5%	31.0%
Beverly Service Area		19.3%	48.5%
Los Angeles County		17.0%	38.3%
California		15.1%	33.9%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1701. <http://factfinder.census.gov>

29.1% of service area children, under 18 years old, are living in poverty, which is higher than county and state rates. The rate is highest in East Los Angeles 90023 (39.8%) and Bell/Bell Gardens (38.9%). Among service area seniors, 15.5% are living in poverty compared to 13.4% for Los Angeles County. The highest rates are found in East Los Angeles 90023 (23.5%) and Bell/Bell Gardens (22.3%). Among Females who are Head of Household (HoH) with children, under 18 years old, 39.1% in the service area are in poverty. The highest rate is found in Bell/Bell Gardens (49.8%), followed by East Los Angeles 90023 (48.5%).

Poverty Levels of Children, Seniors, and Female Head of Household with Children

	ZIP Code	Children Under 18 Years Old	Seniors	Female HoH with Children*
Bell/Bell Gardens	90201	38.9%	22.3%	49.8%
Commerce	90040	19.3%	19.4%	47.3%
East Los Angeles	90022	33.2%	19.3%	46.3%
East Los Angeles	90023	39.8%	23.5%	48.5%
East Los Angeles	90063	31.3%	20.2%	40.8%
El Monte	91732	33.1%	14.2%	35.3%
Montebello	90640	20.1%	11.7%	29.8%
Monterey Park	91754	20.7%	14.9%	29.5%
Monterey Park	91755	23.6%	16.2%	36.8%
Pico Rivera	90660	14.3%	12.9%	26.5%
Rosemead	91770	27.3%	11.9%	42.2%
South El Monte	91733	35.3%	16.4%	42.0%
Whittier	90601	12.8%	11.9%	16.5%
Whittier	90606	13.9%	10.0%	25.4%
Beverly Service Area		29.1%	15.5%	39.1%
Los Angeles County		24.0%	13.4%	36.9%
California		20.8%	10.2%	36.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1701 & *S1702. <http://factfinder.census.gov>

Family income has been shown to affect children's wellbeing. Compared to their peers, children in poverty are more likely to have physical health problems and are more likely to have behavioral and emotional problems. A view of children in poverty by SPA indicates that 25.7% of children in SPA 3 and 31.5% of children in SPA 7 live below the poverty level. In SPA 3, 45% of children are categorized as poverty-level or low-income ($\leq 200\%$ FPL), 54.6% of children in SPA 7 are living in poverty or are low-income.

Children in Poverty, Ages 0-17

	SPA 3	SPA 7	Los Angeles County	California
0-99% FPL	25.7%	31.5%	28.5%	24.2%
100-199% FPL	19.3%	23.1%	22.4%	22.3%
200-299% FPL	13.1%	16.1%	12.4%	13.0%
300% FPL and above	41.8%	29.2%	36.7%	40.6%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/>

Unemployment

The unemployment rate in East Los Angeles is 7.5%, which is the highest unemployment rate among service area cities. The other service area cities that have unemployment rates above county (4.7%) and state (4.8%) unemployment rates are Bell (6.1%), Commerce (6.1%), Bell Gardens (5.6%) and El Monte (4.8%).

Unemployment Rate, 2017 Average

	Percent
Bell	6.1%
Bell Gardens	5.6%
Commerce	6.1%
East Los Angeles	7.5%
El Monte	4.8%
Montebello	4.3%
Monterey Park	3.9%
Pico Rivera	4.5%
Rosemead	4.3%
South El Monte	3.7%
Whittier	3.5%
Los Angeles County	4.7%
California	4.8%

Source: California Employment Development Department, Labor Market Information;
<http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>
 Data available by city, therefore, ZIP Code-only areas in the service area are not listed.

Free and Reduced Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranges from 40% of students in the Lowell Joint School District to 92.1% in the El Monte City School District and 91.4% of students in Mountain View School District eligible for the program.

Free and Reduced Price Meals Eligibility

	Percent Eligible Students
Alhambra Unified School District	67.2%
East Whittier City Elementary School District	53.4%
El Monte City School District	92.1%
El Monte Union High School District	88.2%
El Rancho Unified School District	71.7%
Fullerton Joint Union High School District	49.8%
Garvey Elementary School District	81.8%
Los Angeles Unified School District (LAUSD)	81.1%
Lowell Joint School District	40.0%
Montebello Unified School District	81.4%
Mountain View School District	91.4%
Rosemead Elementary School District	79.7%
Valle Lindo Elementary School District	85.2%
Whittier City Elementary School District	75.0%
Whittier Union High School District	71.7%
Los Angeles County	69.3%
California	60.1%

Source: California Department of Education, 2017-2018. <http://data1.cde.ca.gov/dataquest/>

Public Program Participation

In SPA 3, 38.1% of adults, below 200% of the FPL, cannot afford food and 18.4% utilize food stamps. In SPA 7, 41.4% of residents, below 200% FPL, cannot afford food and 23.6% utilize food stamps. These rates indicate a considerable percentage of residents who may qualify for food stamps, but do not access this resource. WIC benefits are more readily accessed. Among children in SPA 3, 71% access WIC benefits and 55.1% in SPA 7 access WIC benefits. Among SPA 3 residents, 10.4% are TANF/CalWorks recipients, and 14.6% of SPA 7 residents are TANF/CalWorks recipients.

Public Program Participation

	SPA 3	SPA 7	Los Angeles County	California
Not able to afford food (<200%FPL)	38.1%	41.4%	42.6%	42.0%
Food stamp recipients	18.4%	23.6%	20.6%	20.7%
WIC usage among children, 6 years and under	71.0%	55.1%	54.1%	44.3%
TANF/CalWorks recipients	10.4%	14.6%	10.5%	9.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Community Input – Economic Insecurity

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to economic insecurity.

- Parents are struggling to keep the electricity on and pay the rent and get food on the table.
- One of the things is that it is hard to find jobs. There are a lot of poor people in our area in East LA and Montebello. They just don't have enough resources. For people who qualify for Section 8 housing, it will take years for them to get their housing. So, people live with other people or they rent a room out of someone's house.
- There is a lot of economic insecurity. Rents go up but Social Security doesn't increase, or it doesn't increase enough to cover the increases in rent, food and utilities.
- Area residents suffer from higher rates of poverty and fewer opportunities for quality education, fewer employment opportunities, limited infrastructure for job development and youth development programs. There is a lot of pollution in the neighborhood
- There is a housing crisis. Many families who spend a high percent of their income on housing often live in crowded housing conditions and poor housing and that contributes to adverse health outcomes.
- A lot of families are in the low-income sector and have issues with citizenship. People may forgo going to the clinic or seeking medical attention because of their immigration status.

- Housing is one of the major ones. Also access to quality childcare. That is an issue in the community. Many times, the children we serve have behavioral problems and child care providers are not equipped to deal with that. If parents have to leave work to pick them up, they lose their job and they can't pay their rent, and they become homeless, and it becomes a ripple effect.
- Some undocumented people will not apply to receive food stamps because it will impact their residency applications.
- Our clients use the WIC program a lot. They will access that more than they do CalFresh.
- The cost of housing is an issue. And there is a wait list for senior housing. Seniors who cannot afford to live alone live with roommates, family or friends.
- Some people have problems getting jobs and they cannot afford to buy groceries. They rely on food pantries for free food.
- Transportation is an issue. Some families are completely dependent on public transportation.
- Economic stability will have a positive impact on a broad range of health outcomes.
- We are seeing high rates of food insecurity, which has risen in the last 10 years. It is going up due to the higher cost of living and greater economic insecurity, housing instability, it all contributes to food insecurity.
- People who live South of Whittier Boulevard are struggling profoundly. They are predominately the new American population who largely don't have those college degrees and have aspirations for their family and kids.
- More than anything else, what stands out as an issue in this community is homelessness.
- A lot of the seniors are on a limited income. The majority of them are on a fixed income.
- Economic insecurity is evident in so many different areas and it impacts nutrition, housing, and childcare. We are definitely seeing a lot more families facing homelessness. We are seeing more families living in housing conditions that are substandard, and multiple families living in single homes/apartments.

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. The percent of households in the Beverly Hospital service area, with incomes less than 300% of the Federal Poverty Level, that are food insecure is 30.9%; this is slightly higher than the county rate of 29.2%.

Food Insecure Households, <300% FPL

	Beverly Service Area	Los Angeles County
Food insecure households, <300% FPL	30.9%	29.2%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Farmers Markets

Electronic Benefits Transfer (EBT) is how CalFresh (the California food stamp program), CalWORKs and other food and cash aid benefits are accessed in California. WIC stands for the Special Supplemental Nutrition Program for Women, Infants and Children, a federal assistance program. There are few Farmers Markets in the area, though the existing Farmers Markets accept public benefit programs (EBT or WIC).

Farmers Markets Accepting EBT or WIC

	Farmers Markets	Accepting EBT or WIC
Bell/Bell Gardens	0	0
East Los Angeles	1	1
El Monte	0	0
Montebello	0	0
Monterey Park	1	1
Pico Rivera	1	1
Rosemead	1	1
Whittier	1	1

Source: Los Angeles Department of Public Health, City and Community Health Profiles, from the Ecology Center's Farmers' Market Finder, June 2018. <http://publichealth.lacounty.gov/ohae/cchp/index.htm>. No data for Commerce and South El Monte.

Parks, Playgrounds and Open Spaces

The built environment influences an individual's level of activity and ultimately their health. Youth who live in close proximity to safe parks, playgrounds, and open spaces are more physically active than those who do not live near those facilities. 87.3% of Beverly Hospital service area children, ages 1-17 years, were reported to have easy access to a park, playground or other safe place to play; this was higher than the county rate (86.8%). 51.7% of service area adults utilized walking paths, parks, playgrounds or sports fields in their neighborhood, which is higher than the county rate (47.5%).

Access to and Utilization of Parks, Playgrounds and Open Space

	Beverly Service Area	Los Angeles County
Can easily get to a park, playground, or other safe place to play, ages 1 to 17	87.3%	86.8%
Adults who use walking paths, parks, playgrounds or sports fields in their neighborhood	51.7%	47.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

The LA County Department of Public Health has published a report showing the park space per capita in 120 cities, communities and LA City Council Districts. The report includes data on premature mortality from cardiovascular disease and diabetes, rates of childhood obesity, and an index of economic hardship. The report shows an inverse correlation between premature mortality, childhood obesity, and the amount of park space per capita.

Among area cities, Commerce has the highest amount of park space: 2.4 acres per 1,000 residents, which is 36 out of 120 ranked areas/cities in Los Angeles County. In comparison, Bell has only 0.2 acres of park space per 1,000 residents, 114 out of 120 ranked areas. El Monte also has very little park space, with 0.4 acres per 1,000 persons, and a ranking of 105 out of 120.

Park Space per Capita

	Acres per 1,000 Persons	Rank out of 120 Cities or Communities
Commerce	2.4	36
Bell Gardens	1.7	47
Monterey Park	1.5	54
Montebello	1.3	58
Pico Rivera	1.3	60
South El Monte	1.1	65
Rosemead	1.1	69
Whittier	1.0	73
East Los Angeles	0.7	85
El Monte	0.4	105
Bell	0.2	114

Source: *Parks and Public Health in Los Angeles County, A Cities and Communities Report*, May 2016.
http://publichealth.lacounty.gov/chronic/docs/Parks%20Report%202016-rev_051816.pdf

Transportation

Los Angeles County workers spend, on average, 30.4 minutes a day commuting to work. 73.3% of workers drive alone to work and 47.1% of solo drivers have a long commute. Few workers commute by public transportation (6.5%) or walk to work (2.8%).

Transportation/Commute to Work

	Los Angeles County	California
Mean travel time to work (in minutes)	30.4	28.4
Solo drivers with a long commute	47.1%	39.3%
Workers commuting by public transportation	6.5%	5.2%
Workers who drive alone	73.3%	73.5%
Workers who walk to work	2.8%	2.7%

Source: U.S. Census Bureau, American Community Survey, 2013-2017. Conduent Healthy Communities, www.thinkhealthla.org

Households

In the hospital service area, there are 191,411 households and 200,975 housing units. Over the last five years, the population grew by 1.3%, the number of households grew at a rate of 4.2%, housing units grew at a rate of 3.8%, and vacant units increased by 4.3%. Owner-occupied housing increased by 2.7% and renters increased by 5.5%.

Households and Housing Units, and Percent Change, 2012-2017

	Beverly Service Area			Los Angeles County		
	2012	2017	Percent Change	2012	2017	Percent Change
Households	183,656	191,411	4.2%	3,218,511	3,295,198	2.4%
Housing units	193,692	200,975	3.8%	3,441,416	3,506,903	1.9%
Owner occ.	83,132	85,340	2.7%	1,523,331	1,512,364	(-0.7%)
Renter occ.	100,524	106,071	5.5%	1,695,180	1,782,834	5.2%
Vacant	9,166	9,564	4.3%	222,905	211,705	(-5.0%)

Source: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP04. <http://factfinder.census.gov>

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” Half (50%) of owner and renter occupied households in the service area spend 30% or more of their income on housing. This percent is higher than the county rate of 48.6%, and the state rate of 43.1%. The communities where the highest percentage of households spend 30% or more of their income on housing are Bell/Bell Gardens (59.4%), East Los Angeles 90023 (54.6%), South El Monte (53.2%) and El Monte (53.1%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Bell/Bell Gardens	90201	59.4%
Commerce	90040	46.5%
East Los Angeles	90022	51.9%
East Los Angeles	90023	54.6%
East Los Angeles	90063	49.5%
El Monte	91732	53.1%
Montebello	90640	48.6%
Monterey Park	91754	45.9%
Monterey Park	91755	51.6%
Pico Rivera	90660	42.6%
Rosemead	91770	48.8%
South El Monte	91733	53.2%
Whittier	90601	41.8%
Whittier	90606	40.3%
Beverly Service Area		50.0%
Los Angeles County		48.6%
California		43.1%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates DP04. <http://factfinder.census.gov>

Median Household Income

Household income is defined as the sum of money received in a year by all household members, 16 years and older. Median household income reflects the relative affluence and prosperity of an area. The weighted average of the median household incomes in the service area is \$49,736. Median household income in the service area ranges from \$39,498 in Bell/Bell Gardens to \$69,740 in Whittier 90601.

Median Household Income

	ZIP Code	Median Household Income
Bell/Bell Gardens	90201	\$39,498
Commerce	90040	\$43,585
East Los Angeles	90022	\$41,276
East Los Angeles	90023	\$40,225
East Los Angeles	90063	\$44,121
El Monte	91732	\$48,254
Montebello	90640	\$50,326
Monterey Park	91754	\$58,056
Monterey Park	91755	\$49,755
Pico Rivera	90660	\$61,524
Rosemead	91770	\$51,383
South El Monte	91733	\$42,758
Whittier	90601	\$69,740
Whittier	90606	\$66,566
Beverly Service Area*		\$49,736
Los Angeles County		\$61,015
California		\$67,169

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP03. <http://factfinder.census.gov> *Weighted mean of the medians.

Homelessness

Since 2005, the Los Angeles Homeless Services Authority (LAHSA) had conducted the annual Greater Los Angeles Homeless Count to determine how many individuals and families are homeless on a given day. Data from this survey show a large increase in homelessness from 2015 to 2018. In SPA 3, 87.2% of the homeless are single adults and 16.9% are families. In SPA 7, 85.2% of the homeless are single adults and 19.5% are families. From 2015 through 2018, the percent of sheltered homeless in SPA 3 and SPA 7 has decreased. Shelter includes cars, RVs, tents and temporary structures (e.g. cardboard), in addition to official homeless shelters. The percentage of homeless families and unaccompanied minors has decreased from 2015 to 2018.

Homeless Population*, 2015-2018 Comparison

	SPA 3		SPA 7		Los Angeles County	
	2015	2018	2015	2018	2015	2018
Total homeless	3,093	3,605	3,571	4,569	41,174	49,955
Sheltered	43.9%	22.6%	25.4%	23.2%	29.7%	24.8%
Unsheltered	56.1%	77.4%	74.6%	76.8%	70.3%	75.2%
Individual adults	81.0%	87.2%	79.3%	85.2%	81.1%	84.1%
Families/family members	24.2%	16.9%	26.8%	19.5%	18.2%	15.8%
Unaccompanied minors (<18)	0.4%	0%	0.4%	0.02%	0.7%	0.1%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count.

<https://www.lahsa.org/homeless-count/>

*These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

Among the homeless population, 33.6% in SPA 3 and 18.7% in SPA 7 are chronically homeless. Rates of serious mental illness have increased in SPA 3 and decreased in SPA 7. From 2015 to 2018, there has been an increase in the homeless population with chronic illness in SPAs 3 and 7. SPA 3 has seen an increase in homeless persons with a domestic violence experience. Substance abuse rates among the homeless have decreased across the service area SPAs from 2015 to 2018. The rates of homeless veterans have also decreased as a percentage of total homelessness in service area SPAs.

Homeless Subpopulations*

	SPA 3		SPA 7		Los Angeles County	
	2015	2018	2015	2018	2015	2018
Chronically homeless individuals	29.2%	33.6%	29.4%	18.7%	30.0%	25.7%
Chronically homeless family members	3.2%	0.2%	4.7%	8.0%	4.9%	0.9%
Brain injury	0.9%	3.9%	0.4%	2.2%	5.0%	3.5%
Chronic illness	7.3%	22.7%	0.4%	20.0%	6.7%	23.2%
Domestic violence experience	18.6%	35.0%	25.8%	25.3%	21.5%	26.8%
Persons with HIV/AIDS	8.7%	0.6%	0.2%	0.5%	1.9%	1.4%
Physical disability	18.5%	13.5%	20.7%	11.1%	19.5%	13.5%
Serious mental illness	20.3%	30.2%	30.3%	17.3%	29.6%	24.2%
Substance abuse disorder	23.9%	20.0%	43.8%	8.3%	25.2%	13.5%
Veterans	7.9%	6.4%	8.0%	6.6%	10.6%	7.1%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 Greater Los Angeles Homeless Count.

<https://www.lahsa.org/homeless-count/>

*These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.

Educational Attainment

In the service area, 38% of the adult population has less than a high school education. This rate is higher than the county (22.3%) and the state (17.9%). 42% of the population are high school graduates and 20% have a college degree; this is a lower percentage of

college degrees than seen at the county (38.2%) or state (40.4%) level.

Educational Attainment

	Beverly Service Area	Los Angeles County	California
Population age 25 and over	462,916	6,801,851	25,950,818
Less than 9th grade	23.6%	12.9%	9.7%
9th to 12 th grade, no diploma	14.4%	9.0%	7.8%
High school graduate	26.0%	20.7%	20.6%
Some college, no degree	16.0%	19.3%	21.5%
Associate degree	5.8%	6.9%	7.8%
Bachelor's degree	10.5%	20.4%	20.4%
Graduate or professional degree	3.8%	10.9%	12.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02. <http://factfinder.census.gov>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshman enrolled four years earlier. The high school graduation rates for the area high school districts range from 76.7% in the Los Angeles Unified School District (LAUSD) to 94.6% in the Alhambra Unified School District. Three of the seven area districts with high schools do not meet the Healthy People 2020 objective of an 87% high school graduation rate: LAUSD (76.7%), Montebello Unified (84%) and El Monte Union High (85.1%).

High School Graduation Rates, 2017-2018

	Graduation Rate
Alhambra Unified School District	94.6%
El Monte Union High School District	85.1%
El Rancho Unified School District	92.6%
Fullerton Joint Union High School District	93.4%
Los Angeles Unified School District (LAUSD)	76.7%
Montebello Unified School District	84.0%
Whittier Union High School District	90.2%
Los Angeles County	85.3%
California	87.3%

Source: California Department of Education, 2017-2018. <https://data1.cde.ca.gov/dataquest/>

Preschool Enrollment

47% of 3 and 4-year-olds are enrolled in preschool in the hospital service area, which is lower than state (48.6%) and county (54%) rates. However, the rates range from 31.4% enrolled in El Monte and 32.5% in South El Monte, to 62% enrolled in Whittier 90606 and 61.5% enrolled in Commerce.

Children, 3 and 4 Years of Age, Enrolled in Preschool

	ZIP Code	Number	Percentage
Bell/Bell Gardens	90201	3,869	48.1%
Commerce	90040	506	61.5%
East Los Angeles	90022	1,903	42.6%
East Los Angeles	90023	1,422	55.8%
East Los Angeles	90063	1,663	54.1%
El Monte	91732	1,800	31.4%
Montebello	90640	1,638	45.7%
Monterey Park	91754	646	58.4%
Monterey Park	91755	459	49.2%
Pico Rivera	90660	1,672	44.9%
Rosemead	91770	1,525	54.6%
South El Monte	91733	1,299	32.5%
Whittier	90601	867	43.7%
Whittier	90606	550	62.0%
Beverly Service Area		19,819	47.0%
Los Angeles County		262,258	54.0%
California		1,035,277	48.7%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1401. <http://factfinder.census.gov>

Reading to Children

Adults with children in their care, ages 0 to 5, were asked whether the children were read to daily by family members, in a typical week. 50.9% of adults interviewed in the hospital service area responded “yes” to this question.

Children Who Were Read to Daily by a Parent or Family Member

	Beverly Service Area	Los Angeles County
Children read to daily by parent	50.9%	56.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Crime

Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. 84.4% of adults in the service area perceived their neighborhoods to be safe from crime.

Perceived Neighborhood Safe from Crime

	Beverly Service Area	Los Angeles County
Perceived neighborhood safe from crime	84.4%	84.0%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Violent crime rates increased from 2014 to

2017 in Los Angeles County and all area cities listed, with the exceptions of Bell Gardens and Pico Rivera; the rates of violent crimes reported were high in Commerce and Los Angeles. Property crime rates also increased from 2014 to 2017 in the county and area cities, with the exception of Bell; the rate of reported property crimes is high in Commerce.

Violent Crimes Rates and Property Crime Rates, per 100,000 Persons, 2014 and 2017

	Property Crimes				Violent Crimes			
	Number		Rate		Number		Rate	
	2014	2017	2014	2017*	2014	2017	2014	2017*
Bell	718	652	1,991.2	1,808.1	217	228	601.8	632.3
Bell Gardens	710	749	1,647.8	1,738.3	108	100	250.6	232.1
Commerce	965	1,174	7,404.3	9,007.9	77	106	590.8	813.3
Los Angeles (East L.A. N/A)	83,139	101,618	2,128.1	2,601.1	19,171	30,507	490.7	780.9
El Monte	2,213	2,816	1,904.1	2,423.0	333	451	286.5	388.1
Montebello	1,449	1,644	2,273.4	2,579.3	134	203	210.2	318.5
Monterey Park	1,039	1,613	1,695.4	2,632.0	91	112	148.5	182.8
Pico Rivera	1,360	1,432	2,126.0	2,238.5	275	236	429.9	368.9
Rosemead	1,186	1,327	2,166.3	2,423.8	147	173	268.5	316.0
South El Monte	647	684	3,161.5	3,342.3	120	121	586.4	591.3
Whittier	2,247	2,507	2,584.2	2,883.2	239	300	274.9	345.0
Los Angeles County*	217,493	248,714	2,163.1	2,473.6	42,725	59,924	424.9	595.9
California*	946,682	1,001,380	2,459.0	2,544.5	151,425	174,701	393.3	443.9

Source: CA Department of Justice, Office of the Attorney General, 2018. <https://oag.ca.gov/crime>

Source for 2014 city data (number and rate): US Bureau of Justice Statistics <https://www.bjs.gov/ucrdata/Search/Crime/Crime.cfm>

*State rates were provided by the CA DOJ; rates for the county were calculated based on historical population totals provided by CA Department of Finance and all 2017 rates for cities were calculated based on 2014 population coverage from bjs.gov data and are, therefore, only estimates.

Intimate Partner Violence

5.5% of male adults and 11.7% of female adults in SPA 3 reported experiencing physical (hit, slapped, pushed, kicked, etc.) violence. Rates were somewhat higher in SPA 7, with 7.3% of males and 16.9% of females reporting physical violence. 1.6% of adult males and 6.8% of adult females in SPA 3 experienced sexual violence (unwanted sex) by an intimate partner. Rates were again higher in SPA 7, with 2.4% of males and 13.2% of females reporting sexual violence.

Intimate Partner Violence

	SPA 3	SPA 7	Los Angeles County
Women have experienced physical violence	11.7%	16.9%	16.0%
Women have experienced sexual violence	6.8%	13.2%	10.1%
Men have experienced physical violence	5.5%	7.3%	11.8%
Men have experienced sexual violence	1.6%*	2.4%*	3.3%

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2018; *Statistically unstable due to small sample size. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Domestic violence calls are categorized as “with” or “without a weapon.” Weapons include firearms, knives, other weapons, and fists or other parts of the body that inflict great-bodily harm. 97.2% of domestic violence calls in Whittier included a weapon while 8% of domestic violence in Bell Gardens involved a weapon.

Domestic Violence Calls

	Total	Without Weapon	With Weapon	Percent With Weapon
Bell	113	70	43	38.1%
Bell Gardens	212	195	17	8.0%
Commerce	53	11	42	79.2%
Los Angeles (East L.A. N/A)	23,197	5,876	17,321	74.7%
El Monte	146	90	56	38.4%
Montebello	178	13	165	92.7%
Monterey Park	107	95	12	11.2%
Pico Rivera	223	69	154	69.1%
Rosemead	160	73	87	54.4%
South El Monte	128	43	85	66.4%
Whittier	251	7	244	97.2%
Los Angeles County	42,702	14,535	28,167	66.0%
California	169,362	94,260	75,102	44.3%

Source: California Department of Justice, Office of the Attorney General, 2017. <https://oag.ca.gov/crime> Data available by city.

Community Input – Violence/Community Safety

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to violence and community safety.

- I don't know what is happening in Montebello. But we have a lot of questionable people hanging out in the alleys, hanging out in the streets, and the bars. I see it and I don't like it.
- We should have more security for our schools. There is violence in the schools.
- Seniors are concerned with safety in the community.
- This is a very high priority, even more than unintentional injury. We've seen great improvement and declines in violent homicide. Violence has many forms, with gangs and homicide, we've seen a dramatic decline because of better policing and law

enforcement, community organizations with violence prevention, and youth development programs to help keep kids from joining gangs.

- We see far too much child abuse and elder abuse. We have a taskforce on human trafficking, it's a problem in LA.
- California is a leader in regulating firearms, but it is not enough.
- Violence is a dark secret that stays hidden and is not brought out to light unless it gets out of control.
- In the communities we work in, families are scared to report what is happening. They don't want to get involved for fear of retaliation. If they are living someplace where rent is affordable, they are willing to sacrifice safety for housing.
- There are not enough opportunities for youth to participate in other activities. They have too much time on their hands and sometimes they find destructive ways of passing time.

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. Barriers to care can result in unmet health needs, delays in provision of appropriate treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2020 objective is 100% insurance coverage for all population groups. Among service area children, ages 0 to 17, 94.8% are insured. 85.7% of adults in the service area have health insurance.

Health Insurance Coverage

	Beverly Service Area	Los Angeles County
Insured children, ages 0-17 years	94.8%	96.6%
Insured adults, ages 18-64 years	85.7%	88.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

In the service area, 82.8% of the population has health insurance. Whittier 90601 has the highest rate of health insurance coverage (90.9%) and South El Monte has the lowest rate of health insurance coverage (77.8%) in the service area. Health care coverage is higher among children, under 19 years of age, (93.7%). East Los Angeles 90063 has the lowest rate of health insurance coverage for children (90%) in the service area. 75.4% of adults, ages 19-64, in the service area have health insurance coverage.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 18 Years	19 to 64 Years
Bell/Bell Gardens	90201	79.0%	92.9%	69.4%
Commerce	90040	82.7%	92.4%	74.6%
East Los Angeles	90022	79.5%	92.9%	70.5%
East Los Angeles	90023	78.5%	93.2%	68.9%
East Los Angeles	90063	79.6%	90.0%	71.5%
El Monte	91732	80.3%	95.5%	71.4%
Montebello	90640	83.5%	94.8%	75.7%
Monterey Park	91754	89.5%	92.8%	85.2%
Monterey Park	91755	90.4%	96.9%	86.5%
Pico Rivera	90660	86.0%	94.5%	80.1%
Rosemead	91770	88.3%	96.2%	82.9%
South El Monte	91733	77.8%	94.6%	67.0%
Whittier	90601	90.9%	94.1%	87.8%
Whittier	90606	85.8%	92.6%	81.3%
Beverly Service Area		82.8%	93.7%	75.4%
Los Angeles County		86.7%	94.5%	81.5%
California		89.5%	95.3%	85.2%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, S2701. <http://factfinder.census.gov>

When the type of insurance coverage was examined for the service area, 26.3% of the population in SPA 3 and 29.4% of SPA 7 residents had Medi-Cal coverage. In SPA 3, 43.5% had employment-based insurance and in SPA 7, 38.5% had employment-based insurance.

Insurance Coverage by Type

	SPA 3	SPA 7	Los Angeles County	California
Medi-Cal	26.3%	29.4%	28.8%	25.8%
Medicare only	1.4%*	1.2%*	1.2%	1.4%
Medi-Cal/Medicare	4.4%	5.0%	4.8%	3.9%
Medicare and others	8.5%	7.0%	7.5%	8.9%
Other public	0.9%*	1.6%*	1.2%	1.3%
Employment based	43.5%	38.5%	39.8%	43.6%
Private purchase	5.6%	5.7%	6.5%	6.3%
No insurance	9.3%	11.7%	10.2%	8.8%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 96.6% of children in the Beverly Hospital service area have a regular source of health care. Adults are less likely to have a regular source of health care (77.7%).

Regular Source of Health Care

	Beverly Service Area	Los Angeles County
Children, ages 0-17, with a regular source of health care	96.6%	94.3%
Adults, ages 18-64, with a regular source of health care	77.7%	77.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

In SPA 3, 60.2% of adults access care at a doctor's office, HMO or Kaiser, and 22.9% access care at a clinic or community hospital. 55.9% of adults in SPA 7 access care at a doctor's office, HMO or Kaiser and 25% access care at a clinic or community hospital.

Sources of Care

	SPA 3	SPA 7	Los Angeles County	California
Dr. office/HMO/Kaiser	60.2%	55.9%	56.1%	59.3%
Community clinic/government clinic/ community hospital	22.9%	25.0%	25.2%	24.2%
ER/Urgent Care	1.7%*	2.2%*	2.2%	1.7%
Other	0.6%*	1.2%*	0.8%	0.8%
No source of care	14.5%	15.7%	15.6%	14.0%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. When access to care through a usual source of care is examined by race/ethnicity, Latinos are the least likely to have a usual source of care in SPA 3 (81.8%) and Asians are least likely to have a usual source of care in SPA 7 (81.2%).

Usual Source of Care by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
African American	87.8%*	93.6%*	89.5%	89.4%
Asian	83.7%	81.2%*	82.6%	84.2%
Latino	81.8%	83.1%*	80.1%	80.8%
White	94.9%*	93.4%*	91.2%	91.1%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

19.5% of the population in SPA 3 and 24.1% of the population in SPA 7 visited an ER in the past 12 months. In SPA 3, children, 0 to 17 years old, visited the ER at the highest rates (21.6%). In SPA 7, seniors visited the ER at the highest rates (24.4%). Low-income residents tend to visit the ER at higher rates than the total population, and those living in poverty visit at the highest rates.

Use of the Emergency Room

	SPA 3	SPA 7	Los Angeles County	California
Visited ER in last 12 months	19.5%	24.1%	22.0%	21.3%
0-17 years old	21.6%	24.2%	18.3%	18.9%
18-64 years old	18.4%	23.9%	22.9%	21.6%
65 years and older	20.8%	24.4%	24.6%	23.6%
<100% of poverty level	24.0%	29.0%	24.1%	26.3%
<200% of poverty level	22.0%	27.2%	23.6%	24.7%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the hospital service area and information from the Uniform Data System (UDS)¹, 50.4% of the population in the service area is categorized as low-income (200% or less than the Federal Poverty Level) and 20.5% of the population are living in poverty.

There are 14 Section 330 funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area, including: AltaMed Health Services Corp., Asian Pacific Health Care Venture, Central City Community Health Center, Inc., Chinatown Service Center, Clinica Monsenor Oscar A. Romero, Community Health Alliance of Pasadena, Complete Care Community Health Center, Inc., Family Health Care Centers of Greater Los Angeles, Inc., Friends of Family Health Center, Garfield Health Center, Herald Christian Health Center, JWCH Institute, Inc., Latino Kids Health, Los Angeles Christian Health Centers, Northeast Community Clinic, Inc., Queenscare Health Centers, Southern California Medical Center, Inc., and Via Care Community Health Center, Inc.

Even with Community Health Centers serving the area, there are a significant number of low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes have a total of 111,420 patients in the service area, which equates to 31.4% coverage among low-income patients and 15.7% coverage among the total population. From 2015-2017, clinic providers added 11,955 patients for a 12.0% increase in patients served by Community Health Centers. However, there remain 243,651 low-income residents, approximately 68.6% of the population at or below 200% FPL, who are not served by a Community Health Center.

Low-Income Patients Served and Not Served by FQHCs and Look-Alikes

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
355,071	111,420	31.4%	15.7%	243,651	68.6%

Source: UDS Mapper, 2017. <http://www.udsmapper.org>

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

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

Delayed or Forgone Care

Individuals who receive services in a timely manner have greater opportunity to prevent or detect disease during earlier, treatable stages. A delay of necessary care can lead to an increased risk of complications. Residents in SPA 3 delayed or did not get medical care (10.7%) when needed at higher rates than in SPA 7 (10.4%). 6.2% of residents in SPA 3 ultimately went without needed medical care. In SPA 7 6.6% ended up having to forgo needed care. Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues; 55.6% of SPA 3 residents and 39.9% of SPA 7 residents who delayed or went without care listed “cost/insurance Issues” as a barrier. SPA 7 residents were more likely to delay or forego prescriptions (8.5%) than were SPA 3 residents (6.3%).

Delayed Care in Past 12 Months, All Ages

	SPA 3	SPA 7	Los Angeles County	California
Delayed or did not get medical care	10.7%	10.4%	10.9%	10.5%
Had to forgo needed medical care	6.2%	6.6%	6.5%	6.2%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	55.6%	39.9%	46.5%	45.8%
Delayed or did not get prescription meds	6.3%	8.5%	8.6%	9.0%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

Lack of Care Due to Cost

4.6% of children in SPA 3 and 7.6% in SPA 7 were unable to afford a checkup or physical exam within the prior 12 months. 5.4% of children in SPA 3 and 5.8% in SPA 7 were unable to see a doctor in cases of illness. 5.5% of children in SPA 3 and 7.0% in SPA 7 were unable to afford prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year for Children, Under 18 Years

	SPA 3	SPA 7	Los Angeles County
Child unable to afford medical checkup or physical exam	4.6%	7.6%	5.5%
Child unable to afford to see doctor for illness or other health problem	5.4%	5.8%	5.2%
Child unable to afford prescription medication	5.5%	7.0%	5.8%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2018; <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Community Input – Access to health care

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to access to health care.

- The immigrant community and undocumented individuals are fearful about

accessing health care services.

- Language barriers interfere with health care access.
- Many people don't know what resources are available to them. They don't understand the rules for accessing Medi-Cal or Medicare.
- It is difficult for the homeless to seek out resources.
- We have a lot of families that are in the process of legalizing and they don't want to access any services they think will put them in a category of public charge.
- We have mothers who are not returning for their postpartum care visit and we haven't really figured out why. They will take their babies to their well child visits but they won't go to their own. Overall, they tend to not use preventive care and resort to ED care. They are not comfortable accessing care; they do not have a clinic or they do not have insurance.
- The more we work they cannot get away to take care of themselves.
- In this political climate, even if there is free health care and it doesn't matter about documentation, people are scared right now, so that is a barrier.
- Time is a big barrier. Also, safety and transportation to facilities. It is hard to navigate and get an appointment. Some insurance carriers have moved to an all online system, and no one is available on the phone. And once a person gets an appointment, an issue that has come up is the cultural competency of doctors.
- a lot of our seniors feel overwhelmed by the system and having to answer questions and provide information. Lack of transportation limits their ability to get to appointments.
- If people are not working or don't have Medi-Cal, they are accessing health care. If they do need care, they have to wait for hours to be seen.
- For those who are undocumented, there are problems getting specialty care and mental health care services.
- The availability of appointments is an issue. I know sometimes our staff try to arrange appointments and the next available appointment isn't for a month or two and by then, their symptoms have subsided and the next time it comes up, they are using the ED versus doctor visits.

Dental Care

Oral health is essential to a person's overall health and wellbeing. 50.3% of adults in the service area did not visit a dentist in the past year, and 12.5% of children in the service area did not obtain dental care in the past year because they could not afford it.

Delay of Dental Care

	Beverly Service Area	Los Angeles County
Adults who did not see a dentist or go to a dental clinic in the past year	50.3%	40.7%
Children, ages 3-17, who did not obtain dental care (including check-ups) in the past year because they could not afford it	12.5%	11.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

16.7% of children in SPA 3 and 19.3% in SPA 7 had never been to a dentist; these are higher rates than seen in LA County (15.4%) and the state (15.5%). There were no teens in SPA 3 or SPA 7 who had not been to the dentist.

Delay of Dental Care among Children and Teens

	SPA 3	SPA 7	Los Angeles County	California
Children never been to the dentist	16.7%	19.3%	15.4%	15.5%
Children been to dentist less than 6 months to 2 years	80.8%*	80.1%*	83.4%*	83.7%
Teens never been to the dentist	0.0%*	0.0%*	2.8%*	1.8%
Teens been to dentist less than 6 months to 2 years	94.5%*	90.6%*	95.6%*	95.8%

Source: California Health Interview Survey, Children 2013-2017, Teens 2013, 2014 & 2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

Community Input – Dental Care

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to dental care.

- A lot of employers cover medical insurance but not dental insurance. I know so many people who have never gone to a dentist. USC Dental School has a wait list of 100 people a day when they have programs in the community. That is a testament to the need.
- The cost of dental care is a real issue.
- Parents put their babies to bed with a bottle and it causes dental decay. Also, the high intake of sugary drinks causes dental disease.
- There are not enough use of sealants and fluoride.
- Big concern in kids is tooth decay and poor oral health. It's relatively prevalent and a source of discomfort that can get in the way if learning in school and can adversely impact quality of life.
- With adults there are big deficits in the percent of those that get the dental care they need. They are not getting preventive care. They just get care when they absolutely need it, and even then, they are not sure where to go.

- Dental insurance isn't as comprehensive as health insurance and out of pocket, people can't afford it, so there are financial barriers.
- People are afraid to go to the dentist; afraid that it might be painful.

Birth Characteristics

Births

From 2014 to 2015, there were 9,887 births, or an average of 4,944 births per year in the hospital service area.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 700.5 per 1,000 live births, which is higher than county (553.4 per 1,000 live births) or state (502.6 per 1,000 live births) rates.

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

	Beverly Service Area	Los Angeles County	California
Delivery paid by public insurance or self-pay	70.1%	55.3%	50.3%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001.

Prenatal Care

Pregnant women in the service area entered prenatal care in the first trimester at a rate of 88%. This is higher than the county and state rates, and exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

Mother Received On-Time (1st Trimester) Prenatal Care

	Beverly Service Area	Los Angeles County	California
On-time prenatal care	88.0%	85.1%	83.4%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001.

Teen Birth Rate

Teen births occurred at a rate of 63.5 (6.4%) per 1,000 live births in the service area. This rate is higher than the teen birth rate in the county (51.5 per 1,000 live births) and state (52.1 per 1,000 live births).

Births to Teenage Mothers (Under Age 20), 2014-2015, Percentage of Live Births

	Beverly Service Area	Los Angeles County	California
Births to teen mothers	6.4%	5.2%	5.2%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001.

Premature Birth

The rate of premature births (occurring before the start of the 38th week of gestation) in the service area, is 8.3% (83.1 per 1,000 live births). This rate of premature births is lower than the county (8.6%) and state (8.4%) rates of premature births.

Premature Birth, before Start of 38th Week

	Beverly Service Area	Los Angeles County	California
Premature birth	8.3%	8.6%	8.4%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001.

Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possible death. The service area rate of low birth weight babies is 6.5% (65.2 per 1,000 live births). This is lower than county (7.1%) and state (6.8%) rates. The service area rate meets the Healthy People 2020 objective of 7.8% low birth weight births.

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

	Beverly Service Area	Los Angeles County	California
Low birth weight	6.5%	7.1%	6.8%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001.

Mother Smoked Regularly During Pregnancy

The service area rate of mothers who smoked regularly during pregnancy was 0.2% (2.3 per 1,000 live births), which is lower than the county rate (0.7%) and state rate (1.8%).

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

	Beverly Service Area	Los Angeles County	California
Mothers smoked	0.2%	0.7%	1.8%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001.

Infant Mortality

The infant (less than one year of age) mortality rate in the service area is 3.8 deaths per 1,000 live births, which is lower than the county rate of 4.1 deaths per 1,000 live births and the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births, 5-Year Averaged

	Beverly Service Area	Los Angeles County
Infant death rate	3.8	4.1

Source: California Department of Public Health: 2012-2016 Birth & Death Statistical File; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Program April 2019

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. Breastfeeding data are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Beverly Hospital indicated 89.6% of new

mothers were breastfeeding and 35.4% were exclusively breastfeeding. These rates of breastfeeding were lower than the breastfeeding rates at hospitals in the county and state.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Beverly Hospital	623	89.6%	246	35.4%
Los Angeles County	101,802	93.9%	67,939	62.6%
California	384,637	93.9%	285,146	69.6%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There are ethnic/racial differences noted in breastfeeding rates of mothers who delivered at Beverly Hospital. Among White mothers, 93.8% initiated breastfeeding. Among Asian mothers, 90.7% initiated breastfeeding and 24.7% breastfed exclusively. 89.1% of Latina mothers chose to breastfeed and 38.2% breastfed exclusively. There were only 5 births in 2017 at Beverly Hospital to mothers of African-American heritage and those who listed as multiple races, so no data were available on their breastfeeding choices.

In-Hospital Breastfeeding, Beverly Hospital, by Race/Ethnicity

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
White	15	93.8%	<10 cases	D/S
Asian	147	90.7%	40	24.7%
Latino/Hispanic	441	89.1%	189	38.2%
African American	D/S	D/S	D/S	D/S
Multiple races	D/S	D/S	D/S	D/S
Beverly Hospital	623	89.6%	246	35.4%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017. D/S = data suppressed due to fewer than 10 births.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in hospital service area cities ranged from 81.8 years in Whittier to a 86.3 years in Monterey Park.

Life Expectancy at Birth

	Years of Life Expected
Bell	85.1
Bell Gardens	82.0
East Los Angeles	82.7
El Monte	83.7
Montebello	83.0
Monterey Park	86.3
Pico Rivera	82.3
Rosemead	85.1
Whittier	81.8
Los Angeles County	82.3

Source: Los Angeles Department of Public Health, City and Community Health Profiles, 2016.

<http://publichealth.lacounty.gov/ohae/cchp/index.htm> Data not available for Commerce or South El Monte.

Leading Causes of Death

Heart disease, cancer, and stroke are the top three causes of death in the service area. Diabetes is the fourth leading cause of death and Alzheimer's disease is the fifth leading cause of death. These causes of death are reported as age-adjusted death rates. Age-adjusting eliminates the bias of age in the makeup of the populations that are compared. When comparing across geographic areas, age-adjusting is used to control the influence that population age distributions might have on health event rates.

Leading Causes of Death, Age-Adjusted Rate per 100,000 Persons, 3-Year, 2014-2015

	Beverly Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	964	128.7	149.8	143.9	No Objective
Ischemic heart disease	703	93.9	106.8	130.2	103.4
Cancer	929	127.0	138.6	143.4	161.4
Stroke	244	32.3	33.1	35.1	34.8
Diabetes	213	29.0	22.6	20.8	Not Comparable
Alzheimer's disease	167	21.5	31.4	33.3	No Objective
Chronic Lower Respiratory Disease	160	21.4	28.3	32.6	Not Comparable

	Beverly Service Area		Los Angeles County	California	Healthy People 2020 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Pneumonia and influenza	157	20.9	20.3	14.8	No Objective
Liver disease	144	19.6	13.3	12.3	8.2
Unintentional injuries	129	17.3	21.4	29.9	36.4
Kidney disease	80	10.9	10.7	8.2	Not Comparable
Homicide	45	6.2	5.6	4.8	5.5
Suicide	33	4.5	7.7	10.4	10.2
HIV	11	1.6	2.4	1.8	3.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2000 U.S. standard million.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease (a sub-category of heart disease) was lower in the service area (93.9 deaths per 100,000 persons) than in the county (106.8 deaths per 100,000 persons) and the state (130.2 deaths per 100,000 persons). The rate of ischemic heart disease death in the service area meets the Healthy People 2020 objective of 103.4 heart disease deaths per 100,000 persons. The age-adjusted rate of death from stroke was lower in the service area (32.3 deaths per 100,000 persons) than in the county (33.1 deaths per 100,000 persons) and the state (35.1 deaths per 100,000 persons). It meets the Healthy People 2020 objective of 34.8 stroke deaths per 100,000 persons.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Heart disease death rate	964	128.7	149.8	143.9
Ischemic heart disease death rate	703	93.9	106.8	130.2
Stroke death rate	244	32.3	33.1	35.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2000 U.S. standard million.

Cancer

In the service area, the age-adjusted cancer mortality rate was 127.0 per 100,000 persons. This was lower than the county rate of 138.6 per 100,000 persons and the state rate of 143.4 cancer deaths per 100,000 persons. The cancer death rate in the service area meets the Healthy People 2020 objective of 161.4 cancer deaths per 100,000 persons.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Cancer death rate	929	127.0	138.6	143.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2000 U.S. standard million.

For Los Angeles County, cancer mortality rates are slightly lower, overall, than state rates. In the county, the rates of death from female breast cancer (20.5 per 100,000 women), colorectal cancer (13.8 per 100,000 persons), pancreatic cancer (10.4 per 100,000 persons), liver and bile duct cancers (8.2 per 100,000 persons), Non-Hodgkin Lymphoma (5.5 per 100,000 persons), stomach cancer (5.2 per 100,000 persons), and uterine cancers (4.8 per 100,000 women), exceed the state rates of death.

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

	Los Angeles County	California
Cancer all sites	142.1	146.6
Lung and bronchus	28.4	32.0
Breast (female)	20.5	20.1
Prostate (males)	19.1	19.6
Colon and rectum	13.8	13.2
Pancreas	10.4	10.3
Liver and intrahepatic bile duct	8.2	7.6
Ovary (females)	7.0	7.1
Leukemia*	6.1	6.3
Non-Hodgkin lymphoma	5.5	5.4
Stomach	5.2	4.0
Uterine** (females)	4.8	4.5
Urinary bladder	3.5	3.9
Kidney and renal pelvis	3.2	3.5

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> *Myeloid and Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

Diabetes

Diabetes is a leading cause of death and disproportionately affects minority populations and the elderly. Its incidence is likely to increase as minority populations grow and the population ages. In the service area, the diabetes death rate was 29.0 per 100,000 persons, which was higher than county and state rates.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Diabetes death rate	213	29.0	22.6	20.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2000 U.S. standard million.

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia, accounting for 50% to 80% of dementia cases. In the service area, the Alzheimer's disease death rate was 21.5 per 100,000 persons. This was lower than county and state rates.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	167	21.5	31.4	33.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2000 U.S. standard million.

Chronic Lower Respiratory Disease (CLRD)

Chronic Lower Respiratory Disease refers to a group of diseases that cause airflow blockage and breathing-related problems. This includes COPD (Chronic Obstructive Pulmonary Disease), chronic bronchitis and emphysema. In the service area, the CLRD death rate was 21.4 per 100,000 persons. This was lower than county and state rates.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
CLRD death rate	160	21.4	28.3	32.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2000 U.S. standard million.

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 20.9 per 100,000 persons, which was higher than the county and state rates.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	157	20.9	20.3	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2000 U.S. standard million.

Liver Disease

In the service area, the liver disease death rate was 19.6 per 100,000 persons. This rate was higher than county and state rates of death from liver disease.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Liver disease death rate	144	19.6	13.3	12.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2000 U.S. standard million.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the service area was 17.3 per 100,000 persons. The death rate from unintentional injuries easily meets the Healthy People 2020 objective of 36.4 deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	129	17.3	21.4	29.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2000 U.S. standard million.

Kidney Disease

In the service area, the kidney disease death rate was 10.9 per 100,000 persons. This rate was higher than county and state rates of death from kidney disease.

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	80	10.9	10.7	8.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2000 U.S. standard million.

Homicide

In the service area, the age-adjusted death rate from homicides was 6.2 per 100,000 persons. This rate was higher than the county and state rates for homicides, and the Healthy People 2020 objective for homicide (5.5 per 100,000 persons).

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Homicide	5	6.2	5.6	4.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2000 U.S. standard million.

Suicide

In the service area, the age-adjusted death rate due to suicide was 4.5 per 100,000 persons, which is below county and state rates. The Healthy People 2020 objective for suicide is fewer than 10.2 per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
Suicide	33	4.5	7.7	10.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2000 U.S. standard million

Drug Use Deaths

The age-adjusted death rate from opioid overdoses ranged from 0 deaths per 100,000 persons in Commerce and Monterey Park 91754 to 7.9 deaths per 100,000 persons in East Los Angeles 90063. The county rate was 4.1 deaths per 100,000 persons, which was lower than the state rate of 5.2 deaths per 100,000 persons. Whittier 90601 (5.2 deaths per 100,000 persons), Monterey Park 91755 (4.5 deaths per 100,000 persons) and Pico Rivera (4.2 deaths per 100,000 persons) were above the county rate.

Opioid Drug Overdose Deaths, Age-Adjusted, per 100,000 Persons

	ZIP Code	Rate
Bell/Bell Gardens	90201	3.0
Commerce	90040	0
East Los Angeles	90022	3.6
East Los Angeles	90023	2.6
East Los Angeles	90063	7.9
El Monte	91732	1.2
Montebello	90640	1.0
Monterey Park	91754	0
Monterey Park	91755	4.5
Pico Rivera	90660	4.2
Rosemead	91770	1.8
South El Monte	91733	2.6
Whittier	90601	5.2
Whittier	90606	2.6
Los Angeles County		4.1
California		5.2

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

HIV

In the service area, the death rate from HIV was 1.6 per 100,000 persons. This rate was lower than the county HIV death rate (2.4 per 100,000 persons) and the state rate of HIV death (1.8 per 100,000 persons).

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

	Beverly Service Area		Los Angeles County	California
	Number	Rate	Rate	Rate
HIV death rate	11	1.6	2.4	1.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2000 U.S. standard million.

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

At Beverly Hospital, the top five primary diagnoses resulting in hospitalization were disorders of the digestive, circulatory and respiratory systems, infections, and pregnancies, not including births (which were the sixth most-common reason for hospitalization at Beverly Hospital).

Hospitalization Rates by Principal Diagnosis, Top Ten Causes

	Beverly Hospital
Digestive system	14.2%
Circulatory system	12.5%
Respiratory system	8.8%
Infections	8.5%
All pregnancies	8.4%
Births	7.3%
Injuries/poisonings	6.6%
Genitourinary system	5.8%
Endocrine diseases	5.3%
Musculoskeletal system	4.1%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Rates by Diagnoses

At Beverly Hospital, the top five primary diagnoses seen in the Emergency Room were injuries/poisonings, respiratory system, musculoskeletal system, genitourinary system, and nervous system (including eye and ear disorders) diagnoses.

Emergency Room Rates by Principal Diagnosis, Top Ten Causes

	Beverly Hospital
Injuries/poisonings	17.7%
Respiratory system	9.5%
Musculoskeletal system	9.2%
Genitourinary system	5.8%
Nervous system (including eye and ear disorders)	5.3%
Digestive system	4.9%
Mental disorders	4.1%
Skin disorders	3.6%
All pregnancies	2.0%
Circulatory system	1.7%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Diabetes

Among adults in SPA 3, 14.5% have been diagnosed as pre-diabetic and 9.8% have been diagnosed with diabetes. 16.1% of adults in SPA 7 reported they have been diagnosed as pre-diabetics and 13.3% have been diagnosed with diabetes. For adults

with diabetes, 58.2% in SPA 3 felt very confident that they could control their diabetes and 51.9% of adults with diabetes in SPA 7 felt very confident that they could control their diabetes.

Adult Diabetes

	SPA 3	SPA 7	Los Angeles County	California
Diagnosed pre-diabetic	14.5%	16.1%	13.7%	13.3%
Diagnosed with diabetes	9.8%	13.3%	10.3%	9.6%
Very confident to control diabetes	58.2%	51.9%	56.5%	58.7%
Somewhat confident	28.8%	39.9%	33.0%	32.9%
Not confident	13.0%*	8.2%*	10.5%	8.4%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Among Latino adults, 12.8% in SPA 3 and 14.3% in SPA 7 have been diagnosed with diabetes. The percent of Whites with diabetes in SPA 3 (9%) and SPA 7 (12.4%) exceed the county (7.2%) and state (7.9%) rates of Whites diagnosed with diabetes. Latinos and Asians in SPA 7 exceed both county and state rates.

Adult Diabetes by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
Latino	12.8%	14.3%	12.4%	11.6%
African American	11.6%*	8.5%*	15.3%	12.8%
Asian	5.1%	9.0%*	8.2%	8.8%
White	9.0%	12.4%	7.2%	7.9%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Diabetes is an Ambulatory Care Sensitive (ACS) condition defined by the Agency for Healthcare Research and Quality as a condition resulting in hospital admissions that with improved high-quality outpatient care could have been avoided, and result in lower cost to the hospital and better quality of life for the patient. In California, diabetes-related hospitalizations occur at a rate of 17.2 per 10,000 adults, and in Los Angeles County at a rate of 19.3. Of the service area cities, Monterey Park and Rosemead had rates lower than the county and state. East Los Angeles 90023 (38.8 diabetes hospitalizations per 10,000 adults) and South El Monte (34.8 diabetes hospitalizations per 10,000 adults) had the highest rates.

Diabetes Hospitalization Rate, per 10,000 Adults, 18+

	ZIP Code	Rate
East Los Angeles	90023	38.8
South El Monte	91733	34.8
East Los Angeles	90022	30.8
East Los Angeles	90063	30.8
Whittier	90606	29.2
El Monte	91732	28.6
Bell/Bell Gardens	90201	28.1
Pico Rivera	90660	27.3
Commerce	90040	23.2
Montebello	90640	22.5
Whittier	90601	19.2
Rosemead	91770	14.4
Monterey Park	91754	14.1
Monterey Park	91755	12.3
Los Angeles County		19.3
California		17.2

Source: California Office of Statewide Health Planning and Development, 2013-2015, by Conduent Healthy Communities Institute via thinkhealthla.org.

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). 23.6% of service area adults said that they have been diagnosed with hypertension. This meets the Healthy People 2020 objective to reduce the proportion of adults with high blood pressure to 26.9%.

Adults Diagnosed with Hypertension

	Beverly Service Area	Los Angeles County
Hypertension	23.6%	23.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Among adults in SPA 3, 38.1% of African Americans and 36.9% of Whites indicated they have high blood pressure. In SPA 7, 43.8% of Whites and 28.1% of Latinos reported high blood pressure.

Adult High Blood Pressure by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
African American	38.1%	27.0%*	43.3%	40.7%
Asian	20.8%	22.4%*	24.3%	23.1%
Latino	27.0%	28.1%	26.4%	25.3%
White	36.9%	43.8%	30.3%	31.5%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

Hypertension is an Ambulatory Care Sensitive (ACS) condition defined by the Agency for Healthcare Research and Quality as a condition resulting in hospital admissions that with improved high-quality outpatient care could have been avoided, and result in lower cost to the hospital and better quality of life for the patient. The rate of hypertension-related hospital admissions in Los Angeles County was 4.7 per 10,000 adults, which was higher than the state rate of 3.3 per 10,000 adults. In the service area, the cities with the highest rates were: Commerce (6.8 per 10,000 adults), South El Monte (6.7 per 10,000 adults) and Bell/Bell Gardens (6.0 per 10,000 adults).

Hypertension Hospitalization Rate, per 10,000 Adults, 18+

	ZIP Code	Rate
Commerce	90040	6.8
South El Monte	91733	6.7
Bell/Bell Gardens	90201	6.0
East Los Angeles	90023	5.4
East Los Angeles	90022	5.2
Montebello	90640	4.6
Pico Rivera	90660	4.6
Whittier	90606	4.4
East Los Angeles	90063	4.1
El Monte	91732	3.8
Rosemead	91770	2.8
Whittier	90601	2.7
Monterey Park	91754	2.3
Monterey Park	91755	2.0
Los Angeles County		4.7
California		3.3

Source: California Office of Statewide Health Planning and Development, 2013-2015, by Conduent Healthy Communities Institute via thinkhealthla.org.

Heart Disease

For adults in SPA 3, 6.2% reported they have been diagnosed with heart disease and 5.3% of SPA 7 adults reported a heart disease diagnosis. Among adults diagnosed with heart disease, 62.2% in SPA 3 were given a management care plan and 61.8% in SPA 7 were given a management care plan by a health care provider.

Adult Heart Disease

	SPA 3	SPA 7	Los Angeles County	California
Diagnosed with heart disease	6.2%	5.3%*	5.8%	6.4%
Has a management care plan	62.2%	61.8%	69.1%	72.1%

Source: California Health Interview Survey, 2014-2017 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

SPA 3 has higher rates of heart disease among Whites (10.6%) and Latinos (5.4%) than were reported in the county or the state. The rate of heart disease among SPA 7 Whites (10.2%) exceeds the county and state rate of heart disease among Whites.

Adult Heart Disease by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
African American	2.2%	No Data	6.7%	5.9%
Asian	4.3%*	2.9%*	4.4%	4.7%
Latino	5.4%*	4.6%*	4.6%	4.3%
White	10.6%	10.2%	8.2%	8.7%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Asthma

In SPA 3, 13% of the population has been diagnosed with asthma. 12.4% of persons in SPA 7 have been diagnosed with asthma. Among those with asthma, 32.8% in SPA 3 and 37.8% in SPA 7 take daily medication to control their symptoms.

Asthma

	SPA 3	SPA 7	Los Angeles County
Ever diagnosed with asthma, total population	13.0%	12.4%	13.1%
Takes daily medication to control asthma, total asthmatic population	32.8%	37.8%	43.7%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/>

In the service area, 8% of children, 17 years old or younger, have been diagnosed with asthma and currently have asthma and/or had an attack within the past year.

Asthma, Children, Ages 0 to 17

	Beverly Service Area	Los Angeles County
Diagnosed with and currently has asthma and/or had an attack in past year, 0-17 years old	8.0%	7.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Of the children in SPA 3 who were diagnosed with and still had asthma, 35.5% had visited an ER or Urgent Care in the past year due to asthma. 34.2% of children in SPA 7 had visited an ER or Urgent Care in the past year due to asthma.

Asthma ER Visit, Children, Ages 0-17

	SPA 3	SPA 7	Los Angeles County
ER or Urgent Care visit in past year due to asthma, 0-17 years old**	35.5%*	34.2%*	38.7%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Pediatric asthma is an Ambulatory Care Sensitive (ACS) condition defined by the Agency for Healthcare Research and Quality as a condition resulting in hospital admissions that with improved high-quality outpatient care could have been avoided, and result in lower cost to the hospital and better quality of life for the patient. The rate of hospital admissions in Los Angeles County for pediatric asthma was 10.9 per 10,000 children, which was higher than in the state (9.8 hospitalizations per 10,000 children). In the service area, the cities with the highest rates were: El Monte (47.0 per 10,000 children) and South El Monte (42.2 per 10,000 children).

Pediatric Asthma Hospital Admissions, per 10,000 Children

	ZIP Code	Rate
El Monte	91732	47.0
South El Monte	91733	42.2
Montebello	90640	26.9
East Los Angeles	90023	20.7
Pico Rivera	90660	19.4
Whittier	90601	17.9
East Los Angeles	90022	17.1
Commerce	90040	16.0
East Los Angeles	90063	14.8
Whittier	90606	11.3
Rosemead	91770	11.0
Monterey Park	91754	10.9
Bell/Bell Gardens	90201	7.9
Monterey Park	91755	N/A
Los Angeles County		10.9
California		9.8

Source: California Office of Statewide Health Planning and Development, 2013-2015, by Conduent Healthy Communities Institute via thinkhealthla.org. N/A = Data not available

Cancer

Cancer incidence rates are available at the county level. In Los Angeles County, cancer rates are lower overall than at the state level. However, the rates of colorectal cancer (36.3 per 100,000 persons), uterine cancers, (25.9 per 100,000), thyroid cancer (13.6 per 100,000 persons), and ovarian cancer (12.0 per 100,000) exceed the state rates.

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

	Los Angeles County	California
Cancer all sites	375.5	395.2
Breast (female)	115.0	120.6
Prostate (males)	95.2	97.1
Lung and bronchus	36.7	42.2
Colon and rectum	36.3	35.5
In situ breast (female)	26.1	28.2
Uterine** (females)	25.9	24.9
Non-Hodgkin lymphoma	17.8	18.2
Urinary bladder	15.1	16.8
Thyroid	13.6	12.8
Melanoma of the skin	13.3	21.6
Kidney and renal pelvis	13.2	13.9
Ovary (females)	12.0	11.6
Leukemia*	11.6	12.3

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> *Myeloid & Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

The rate of newly diagnosed breast cancer in service area cities ranged from 83.4 per 100,000 females in Bell to 152.2 per 100,000 females in Whittier.

Newly Diagnosed Breast Cancer Cases, per 100,000 Females

	Rate
Whittier	152.2
Pico Rivera	130.2
Montebello	116.6
Monterey Park	111.8
East Los Angeles	107.0
Bell Gardens	97.4
Rosemead	97.1
El Monte	96.2
Bell	83.4
Los Angeles County	140.5

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm> *Data not available for Commerce and South El Monte.

The rate of newly-diagnosed colon cancer in service area cities ranged from 35.6 per 100,000 persons in East Los Angeles to 44.3 cases per 100,000 persons in Pico Rivera.

Newly Diagnosed Colon Cancer Cases, per 100,000 Persons

	Rate
Pico Rivera	44.3
Montebello	43.9
Rosemead	42.7
Monterey Park	42.0
El Monte	40.2
Whittier	39.3
East Los Angeles	35.6
Bell	N/A
Bell Gardens	N/A
Los Angeles County	37.9

Source: Los Angeles Department of Public Health, City and Community Health Profiles, data from University of Southern California's Cancer Surveillance Program, 2011-2015. <http://publichealth.lacounty.gov/ohae/cchp/index.htm> Data not available for Commerce and South El Monte. N/A = data suppressed for Bell and Bell Gardens due to privacy or statistical-validity concerns.

HIV

In the service area, the incidence of HIV (annual new cases) was 16.8 cases per 100,000 persons. This rate was less than the county rate of new HIV cases (23.3 per 100,000 persons).

Incidence of HIV (Annual New Cases), Ages 13+ per 100,000 Persons

	Beverly Service Area	Los Angeles County
HIV incidence	16.8	23.3

Source: Los Angeles County Department of Public Health, Division of HIV and STD programs, HIV Surveillance System: New HIV diagnoses in 2016 as reported to the Health Department through March 2019. The numerator for the catchment area is based on provided ZIP Codes. The rate for the catchment area is based on U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates by ZCTAs. The rate for Los Angeles County is based on the July 1, 2016 Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County ISD.

Community Input – Chronic Diseases

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to chronic diseases.

- Some seniors cannot afford to pay for their medications.
- A lot of people are in denial and just do not want to know if they have a chronic disease like diabetes, cancer or heart disease. They don't want to be defined by the disease or have to take medicine for the rest of their lives.
- We are seeing a rise in diabetes. A large portion of the population is pre-diabetic and many don't know this. Diabetes is strongly linked with obesity. We have a toxic food environment where we are absolutely inundated with high calorie, low nutrient food that is inexpensive, that is marketed aggressively.
- Seniors have high blood pressure and high cholesterol and diabetes and they are at risk for falls and some have pre-dementia and Alzheimer's disease.
- Diabetes is such a costly disease, and so many awful complications, major cause of heart attack and stroke, limb amputation, etc.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings measures healthy behaviors and ranks counties according to health behavior data. California's 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 11 puts Los Angeles County in the top 20% of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	11

Source: County Health Rankings, 2018. www.countyhealthrankings.org

Health Status

Among the residents in the service area, 29.1% rate themselves as being in fair or poor health.

Adult Health status, Fair or Poor Health

	Beverly Service Area	Los Angeles County
Fair or poor health status, adults	29.1%	21.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Limited Activity Due to Poor Health

Adults in the service area limited their activities due to poor mental or physical health on average of 2.4 days in the previous month.

Activities Limited from Poor Mental/Physical Health, Average Days in Past Month

	Beverly Service Area	Los Angeles County
Days of limited activities from poor health	2.4	2.3

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Disability

22.8% of adults in SPA 3 and 20.4% of adults in SPA 7 reported they had a physical, mental or emotional disability. The rate of disability in the county was 24.6%.

Adults with a Disability

	SPA 3	SPA 7	Los Angeles County
Adults with a disability	22.8%	20.4%	24.6%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2018

<http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Children with Special Health Care Needs

In the Beverly Hospital service area, 11.3% of children were reported by their caretakers to meet the criteria of having a special health care need. This rate was lower than the county level (14.5% of children).

Children with Special Health Care Needs

	Beverly Service Area	Los Angeles County
Children, 0-17, with special needs	11.3%	14.5%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Sexually Transmitted Infections

The rates of sexually transmitted infections (STIs) are lower in the service area than in the county. The rate of chlamydia was 470 per 100,000 persons in the service area, compared to 572.4 cases per 100,000 persons for the county. The rate of gonorrhea was 131 per 100,000 persons in the service area, and the rate of primary and secondary syphilis was 10 per 100,000 persons.

STI Incidence, Annual New Cases, per 100,000 Persons

	Beverly Service Area	Los Angeles County
Chlamydia	470.0	572.4
Gonorrhea	131.0	215.8
Primary and secondary syphilis	10.0	17.7

Source: 2016 STD Surveillance Database; Division of HIV and STD programs, Los Angeles County Department of Public Health

Teen Sexual History

In SPA 3, 93.7% of teens, ages of 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex. 95.2% of teens in SPA 7 reported they had never had sex. SPA 3 and SPA 7 had a higher rate of abstinence than seen at the county (88.1%) or state (82.9%) level.

Teen Sexual History, 14 to 17 Years Old

	SPA 3	SPA 7	Los Angeles County	California
Teen never had sex	93.7%*	95.2%*	88.1%*	82.9%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Overweight and Obesity

12.1% of children in SPA 3 and 10.4% in SPA 7 are overweight. This was lower than the county rate of overweight children (13.7%). 19.2% of teens in SPA 3 and 22.5% in SPA 7 were overweight. This was higher than the county rate of overweight teens (18.8%). 34.9% of adults in SPA 3 and 32.7% of adults in SPA 7 were overweight. The rate of overweight adults in SPA 3 was higher than the county rate (33.7%).

Overweight For Age

	SPA 3	SPA 7	Los Angeles County	California
Adults, ages 18+	34.9%	32.7%	33.7%	34.5%
Teens, ages 12-17	19.2%*	22.5%*	18.8%	16.9%
Children, ages under 12	12.1%*	10.4%*	13.7%	15.3%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

24.3% of adults in SPA 3 were obese, with a Body Mass Index of 30.0 or above. This was lower than the rate of obesity in the county (28.7%) and state (27.4%). The Healthy People 2020 objective for adult obesity is 30.5%. In SPA 7, 35.7% of adults have a BMI of 30.0 or above.

Adult Obesity

	SPA 3	SPA 7	Los Angeles County	California
Adults, ages 20+	24.3%	35.7%	28.7%	27.4%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

The Healthy People 2020 objective for teen obesity is 16.1%. 21.5% of teens in SPA 3 and 9.3% of teens in SPA 7 were obese.

Teen Obesity

	SPA 3	SPA 7	Los Angeles County	California
Teens, ages 12-17	21.5%*	9.3%*	14.3%	18.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In SPA 3, 79.2% of African Americans and 71.7% of Latinos are overweight and obese. In SPA 7, 70.8% of African Americans and 72.5% of Latinos are overweight and obese. Rates of overweight/obesity among Whites in SPA 3 and SPA 7 exceed county and state rates. Asians have the lowest rates of overweight/obesity in SPA 3 and SPA 7.

Adults, Overweight and Obese by Race/Ethnicity

	SPA 3	SPA 7	Los Angeles County	California
African American	79.2%	70.8%	74.9%	71.9%
Asian	34.1%	40.2%*	40.2%	42.2%
Latino	71.7%	72.5%	72.4%	72.6%
White	62.7%	67.4%	56.1%	58.4%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

The physical fitness test (PFT) for students in California schools is the FitnessGram®.

One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone (HFZ)” criteria for body composition are categorized as “needing improvement” (overweight) or “at health risk” (obese).

The area school districts with the highest percentage of 5th graders needing improvement or at health risk were Valle Lindo (55.1%) and Mountain View (53.6%). The school districts with the highest percentage of 7th graders needing improvement or at health risk were Mountain View (52.7%) and Montebello Unified (48.2%). The school districts with the highest percentage of 9th grade students not in the Healthy Fitness Zone were El Monte Union (49.7%) and Los Angeles Unified (47.2%).

5th, 7th and 9th Graders; Body Composition, ‘Needs Improvement’ and ‘Health Risk’

School Districts	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
East Whittier City Elementary	21.3%	23.5%	19.3%	24.3%	N/A	N/A
El Monte City School District	19.3%	29.8%	18.7%	24.7%	N/A	N/A
Garvey Elementary	14.1%	23.2%	16.5%	15.9%	N/A	N/A
Lowell Joint	21.0%	24.0%	15.9%	18.2%	N/A	N/A
Whittier City Elementary	20.5%	28.9%	20.5%	25.0%	N/A	N/A
Mountain View	21.5%	32.1%	22.0%	30.7%	N/A	N/A
Rosemead Elementary	17.4%	20.3%	17.1%	19.3%	N/A	N/A
Valle Lindo Elementary	26.1%	29.0%	21.0%	23.0%	N/A	N/A
Garvey School District	14.1%	23.2%	16.5%	15.9%	N/A	N/A
Alhambra Unified	23.8%	16.8%	19.8%	15.4%	15.0%	14.6%
Los Angeles Unified	20.5%	29.9%	21.0%	26.7%	21.5%	25.7%
El Rancho Unified	20.4%	29.5%	20.5%	26.6%	19.6%	23.8%
Montebello Unified	26.5%	20.7%	30.9%	17.3%	27.3%	19.4%
El Monte Union High	N/A	N/A	N/A	N/A	26.8%	22.9%
Fullerton Joint Union High	N/A	N/A	N/A	N/A	16.9%	16.5%
Whittier Union High	N/A	N/A	N/A	N/A	17.8%	23.8%
Los Angeles County	20.1%	24.9%	19.9%	22.7%	19.9%	20.7%
California	19.2%	21.3%	19.2%	19.8%	18.9%	18.4%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2017-2018.
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Community Input – Overweight and Obesity

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to overweight and obesity.

- We have a lot of obesity in the community. It is an issue tied in with depression and

a lack of transportation. A lot of people eat a lot of junk food and they do not get much exercise.

- In so many parts of our community, the sidewalks and lights are broken. Even if you want to go out, they can't. Look at the built environment and ask, does it support a healthy lifestyle?
- The availability of junk food is high in our neighborhoods. There are not a lot of healthy food choice options.
- Obesity discriminates against the poor, undereducated and new American populations.
- We have a food bank that comes here once a month but it doesn't give a lot of fresh foods. It provides dry milk and cereal, not vegetables, nothing healthy.
- It is cheaper to buy fast food versus cooking healthy food.
- Parents are working and have kids to care for and less time to cook for themselves.
- Maybe it is cultural thing, generation after generation is used to carb heavy food and has focused less on fruits and vegetables.
- People know they should eat better, but they may not know how.
- We do see obesity, even among very young children. Part of the problem is the availability of fast food and the misperceptions that healthy food is expensive. Sometimes there is the lack of healthy options in the community.

Fast Food

Adults in SPA 3, ages 18-64, consume fast food at higher rates than children or seniors. In SPA 3, 31.1% of adults, 22.4% of children and 16.5% of seniors consume fast food three or more times per week. 18.1% of adults, 21% of children and 11.7% of seniors in SPA 7 consume fast food three or more times per week. SPA 3 fast food consumption exceeds the LA County rate.

Fast Food Consumption, Three or More Times a Week

	SPA 3	SPA 7	Los Angeles County	California
Adult, ages 18-64	31.1%	18.1%	29.6%	26.5%
Children, ages 0-17	22.4%*	21.0%*	20.7%	20.2%
Seniors, ages 65+	16.5%	11.7%*	13.4%	11.6%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Soda/Sugar-Sweetened Beverage (SSB) Consumption

41.3% of children in the service area drank at least one soda or sweetened drink a day. This was higher than the county rate of 39.2% of children who consumed a SSB daily.

Children Who Consume Soda or Sweetened Beverages Daily

	Beverly Service Area	Los Angeles County
Daily soda/SSB consumption, children	41.3%	39.2%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Adequate Fruit and Vegetable Consumption

13.6% of adults in the hospital service area consumed five or more servings of fruits and vegetables a day. This was a lower rate of daily fruit and vegetable consumption than found in the county (14.7%).

Adults Who Consume Five or More Servings of Fruits and Vegetables, Daily

	Beverly Service Area	Los Angeles County
Adults who consume 5+ servings of fruits and vegetables a day	13.6%	14.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

71.6% of parents/guardians of children in the service area have excellent or good access to fresh fruits and vegetables in their community. The rate is lower than the county, where 75% of parents/guardians of children say they have excellent or good access to fresh fruits and vegetables in their community.

Children with Excellent or Good Access to Fruits and Vegetables

	Beverly Service Area	Los Angeles County
Children with access to fruits and vegetables	71.6%	75.0%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Physical Activity

27.9% of adults in the service area obtained the recommended amount of aerobic (75 minutes of vigorous aerobic activity or 150 minutes of moderate) and muscle-strengthening exercise (on at least two days) each week. 16.2% of children, ages 6-17, in the service area obtained the weekly recommended amount of aerobic exercise of 60 or more minutes daily and muscle-strengthening at least two days a week.

Adults and Children Meeting Aerobic Activity and Muscle Strengthening Guidelines

	Beverly Service Area	Los Angeles County
Adult physical activity	27.9%	34.1%
Child, ages 6 to 17, physical activity	16.2%	17.7%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

17.3% of SPA 3 children and teens, and 15% in SPA 7, spend five hours or more in sedentary activities after school on a typical weekday. 15.6% of children and teens in SPA 3 spend 8 hours or more a day on sedentary activities on weekend days. A larger

percentage of SPA 3 teens (9%) were reported to spend no days during the week being physically active for at least one hour than were reported in SPA 7 (4.2%).

Sedentary Children and Teens

	SPA 3	SPA 7	Los Angeles County
5+ hours spent on sedentary activities after school on a typical weekday, children and teens	17.3%*	15.0%*	13.0%
8+ hours spent on sedentary activities on a typical weekend day, children and teens	15.6%*	1.8%*	8.3%
Teens, no physical activity in a typical week**	9.0%*	4.2%*	11.6%

Source: California Health Interview Survey, 2014-2017 or **2014-2016; <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

Mental Health

Mental Health, Adults

8.8% of adults in SPA 3 and 9.1% of adults in SPA 7 have seriously thought about committing suicide. 8.6% of SPA 3 adults and 10.8% of adults in SPA 7 had experienced serious psychological distress in the past year. 7.1% of adults in SPA 3 and 7% in SPA 7 had taken a prescription medication for an emotional/mental health problem during the past year.

Mental Health Indicators, Adults

	SPA 3	SPA 7	Los Angeles County	California
Ever seriously thought about committing suicide	8.8%	9.1%	8.5%	10.4%
Adults who had serious psychological distress during past year	8.6%	10.8%	8.8%	9.0%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	7.1%	7.0%	8.6%	10.7%

Source: California Health Interview Survey, 2016-2017. <http://ask.chis.ucla.edu/>

11.2% of adults in the Beverly Hospital service area are at risk for major depression, which is lower than the county rate (11.8%).

Depression, Adults

	Beverly Service Area	Los Angeles County
Adults at risk for major depression	11.2%	11.8%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Mental Health Care Access, Adults

26.2% of residents in SPA 3 and 44.5% in SPA 7 reported receiving care for mental and emotional issues from primary care physicians and mental health professionals in the past year.

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

	SPA 3	SPA 7	Los Angeles County	California
Primary care physician only	23.0%	28.8%	22.6%	23.6%
Mental health professional only	50.8%	26.7%	44.1%	42.5%
Both	26.2%	44.5%	33.3%	33.9%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/>

7.6% of residents in SPA 3 and 6.2% of SPA 7 residents had visited a professional more than three times in the past year for mental health/drug/alcohol issues.

Visits to a Professional for Mental/Drug/Alcohol Issues in Past Year

	SPA 3	SPA 7	Los Angeles County	California
0 visits	88.3%	90.6%	87.4%	87.3%
1 – 3 visits	4.1%	3.2%*	4.2%	4.8%
4 – 6 visits	2.0%	1.9%*	2.6%	2.6%
7+ visits	5.6%	4.3%	5.8%	5.2%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Mental Health Care Access

Among adults, 15.3% in SPA 3 and 17.1% in SPA 7 needed help for an emotional/mental health problem or alcohol/drug use. Among those who needed help, 42% in SPA 3 and 47.1% in SPA 7 did not receive emotional/mental health and/or alcohol/drug use in the past year. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment (27.7% who do not receive treatment).

Among teens in SPA 3, 22.6% needed help for an emotional/mental health problem and 20.6% received counseling. In SPA 7, 20.1% of teens needed help for an emotional/mental health problem.

Access to Mental Health Care in the Past Year

	SPA 3	SPA 7	Los Angeles County	California
Adults, needed help for emotional/mental health problem or alcohol/drug use	15.3%	17.1%	17.1%	17.1%
Adults, needed help but did not receive treatment for emotional/mental health problem or alcohol/drug use	42.0%	47.1%	41.9%	40.5%
Adults, saw any health care provider for emotional/mental health problem or alcohol/drug use	12.7%	10.5%	13.6%	13.7%
Teens, needed help for emotional/mental health problem	22.6%*	20.1%*	20.9%	20.1%
Teens, received psychological/emotional counseling in past year	20.6%*	No Data	15.2%	12.5%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Community Input – Mental Health

Stakeholder interviews and focus groups identified the following issues, challenges and

barriers related to mental health.

- We need mental health people at the schools in the district. If not full time, then at least a couple of times a week to provide us with information about what is available in the community. We don't know where to send children and their parents for mental health care.
- One of the biggest challenges is our patients won't go for mental health care; they don't think there is anything wrong, they don't want help.
- The biggest issue is the stigma. The people who need help the most don't show up. People feel like they are broken and because of their cultures they don't believe in acknowledging mental illness.
- Substance use and mental health are tied together. And these are prominent issues with the homeless.
- There are not enough services out there for the growing population distressed mentally and emotionally.
- There is still a lot of stigma to receive mental health help and one of the solutions is to increase the use of lay people for issues like depression and anxiety.
- Depression is widespread, underrecognized, under diagnosed and the treatment service system is fragmented. There is poor coordination with medical services, especially with people who don't have great access to services already, that safety net.
- Those with mental health suffer broadly disproportionate adverse health outcomes, like living shorter lives, suffer higher rates of chronic diseases (heart disease, diabetes, cancer, stroke), have higher levels of violence and higher levels of substance use.
- One of the biggest challenges is the stigma around asking for mental health services, especially for young children. Parents fear their children will be labeled.
- There is a high turn around in mental health, so many times clients go through multiple therapists and it is hard to see progress when you are having to start over in treatment. But the population is changing and sometimes our resources and skills aren't up to date with the reality of what clients are walking in with.
- There is a societal shift in mental health issues. In general, families are isolated. Maybe there isn't as strong a sense of community, and the resilience factor for families is missing.
- We are social beings and when we are isolated in a house or apartment and do not have communication with other people, depression can kick in and caring for a young child can be very stressful. It is important that families aren't isolated.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. 17.4% of adults in the Beverly Hospital service area smoke cigarettes.

Adults who Smoke

	Beverly Service Area	Los Angeles County
Adults who smoke	17.4%	13.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Alcohol

Binge drinking is defined as consuming a certain amount of alcohol within a set period. For males, this is five or more drinks per occasion and for females, it is four or more drinks per occasion. In the service area, 15.2% of adults reported binge drinking in the past 30 days.

Adults who Binge Drink

	Beverly Service Area	Los Angeles County
Adults who binge drink	15.2%	15.9%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

13.3% of SPA 3 teens and 16.3% of SPA 7 teens reported ever having an alcoholic drink. These were lower than county (19.8%) and state rates (22.5%).

Teen Alcohol Experience

	SPA 3	SPA 7	Los Angeles County	California
Teen ever had an alcoholic drink	13.3*	16.3%*	19.8%	22.5%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample

Marijuana

In SPA 3, 54% of the population has tried marijuana, and 14% of the population used marijuana an average of 13.3 days in the past 30 days. In SPA 7, 41% of the population has tried marijuana, and 10% of the population used marijuana an average of 14.5 days in the past month. The average age to initiate marijuana use was 17.1 years old in SPA 3 and 17.2 years old in SPA 7.

Marijuana Use

	SPA 3	SPA 7	Los Angeles County
Ever tried marijuana, total population	54%	41%	48%
Ever tried marijuana, 12-17 years old	18%	30%	
Ever tried marijuana, 18-24 years old	59%	48%	
Ever tried marijuana, 25+	62%	38%	
Used marijuana past 30 days, total population	14%	10%	14%
Used marijuana past 30 days, 12-17	9%	13%	
Used marijuana past 30 days, 18-24	20%	20%	
Used marijuana past 30 days, 25+	15%	8%	
Avg. days used, past 30, total population	13.3	14.5	14.0
Avg. days used, past 30, users 12-17	8.9	7.9	
Avg. days used, past 30, users 18-24	11.4	11.7	
Avg. days used, past 30, users 25+	14.6	15.8	
Avg. age at initiation of use, total population	17.1	17.2	17.3
Avg. age at initiation of use, users 12-17	13.8	13.3	
Avg. age at initiation of use, users 18-24	15.9	15.3	
Avg. age at initiation of use, users 25+	17.2	17.3	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Prescription Drug Misuse

In SPA 3, 19% of residents and 16% of SPA 7 residents had misused prescription drugs. In SPA 3, 3% of the population misused prescription drugs on an average of 8.4 days in the past 30 days. In SPA 7, 1% of the population misused prescription drugs on an average of 11.3 days in the past 30 days. The average age to initiate drug misuse was 20.7 years old in SPA 3 and 20.4 years old in SPA 7.

Prescription Drug Misuse

	SPA 3	SPA 7	Los Angeles County
Ever misused Rx meds, total population	19.0%	16%	19%
Ever misused Rx meds, 12-17 years old	10%	14%	
Ever misused Rx meds, 18-24 years old	26%	18%	
Ever misused Rx meds, 25+	23%	16%	
Misused Rx meds past 30 days, total population	3%	1%	3%
Misused Rx meds past 30 days, 12-17	5%	5%	
Misused Rx meds past 30 days, 18-24	4%	2%	
Misused Rx meds past 30 days, 25+	3%	1%	
Avg. days misused, past 30, total population	8.4	11.3	9.1
Avg. days misused, past 30, users 12-17	8.7	7.2	
Avg. days misused, past 30, users 18-24	10.7	5.5	
Avg. days misused, past 30, users 25+	10.4	15.0	

	SPA 3	SPA 7	Los Angeles County
Avg. age at initiation of misuse, total population	20.7	20.4	21.4
Avg. age at initiation of misuse, users 12-17	14.3	15.3	
Avg. age at initiation of misuse, users 18-24	16.2	14.8	
Avg. age at initiation of misuse, users 25+	20.7	21.6	

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

For those who had misused prescription drugs, 54% of users in SPA 3, and 52% in SPA 7 misused sedatives. Vicodin was the most likely to be misused in SPA 3 (61%).

Type of Prescription Drug Misuse

	SPA 3	SPA 7	Los Angeles County
Sedatives/sleeping pills	54%	52%	52%
Vicodin/vikings	61%	46%	49%
OxyConti/percs	36%	26%	33%
Adderall/skippy	31%	25%	25%
Don't know	5%	12%	9%

Source: County of Los Angeles Public Health, Substance Abuse Prevention and Control, Community Needs Assessment, 2017

Opioid Use

The rate of hospitalizations due to an opioid overdose was 5.6 per 100,000 persons in Los Angeles County. This is lower than the state rate (8.5 per 100,000 persons). Opioid overdose deaths in Los Angeles County were 3.2 per 100,000 persons, which was a lower death rate than found in the state (4.5 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 388.2 per 1,000 persons. This rate is lower than the state rate of opioid prescribing (507.6 per 1,000 persons).

Opioid Use

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	5.6	8.5
Age-adjusted opioid overdose deaths, per 100,000 persons	3.2	4.5
Opioid prescriptions, per 1,000 persons	388.2	507.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use and Misuse

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to substance use and misuse.

- Middle school youth are taking Oxy and Adderall. Kids with insurance get prescriptions for medications filled and then sell those drugs at school.

- Substance use is not concentrated with low-income, less advantaged communities, it is also prevalent among persons with middle- and upper-class incomes who overuse and abuse prescription opiates. People are really hooked on pain medications.
- I have clients whose parents sold them in exchange for heroin; these are bad stories.
- There is a need for more detox centers. There are not enough services to deal with the growth in the problem.
- Legalization of recreational marijuana sends a message in the community that it is acceptable.
- In our community, there is a lot of meth and we are starting to see more heroin and definitely alcohol.
- A lot of the flavors for vaping target a younger population. There are so many edibles now that try to imitate candy, so it is attracting a younger population. Kids may start with experimenting but they end up with a substance use problem.
- One barrier is many sheriff stations that used to regularly provide safe drug take backs are now only doing them sporadically throughout year. It was costing them too much time and money. Maybe hospitals could get involved in this until new policies go into effect.

Preventive Practices

Immunization of Children

Complete vaccinations for Kindergarten students in the 2017-2018 school year ranged from 95.2% in Los Angeles Unified School District (LAUSD) to 98.7% in the Montebello Unified School District.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2017-2018

School District	Immunization Rate
Alhambra Unified	96.8%
East Whittier City Elementary	97.7%
El Monte City School District	96.9%
El Rancho Unified	97.9%
Garvey Elementary	97.4%
Los Angeles Unified (LAUSD)	95.2%
Lowell Joint	95.5%
Montebello Unified	98.7%
Mountain View	97.6%
Rosemead Elementary	98.6%
Valle Lindo Elementary	97.9%
Whittier City Elementary	98.1%
Los Angeles County*	94.7%
California*	94.9%

Source: California Department of Public Health, Immunization Branch, 2017-2018. *For those schools where data were not suppressed due to privacy concerns over small numbers.

<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Vaccines

In the Beverly Hospital service area, 66.6% of children, 6 months to 17 years, had been vaccinated for influenza. Vaccination rates among adults were lower, with 38.2% of service area adults having been vaccinated. The Healthy People 2020 objective is for 70% of the population to receive a flu shot. In the service area, only SPA 3 seniors have met this goal.

Flu Vaccination

	Beverly Service Area	Los Angeles County
Children, ages 6 months – 17 years	66.6%	55.2%
Adults, ages 18+, including seniors	38.2%	40.1%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 76.5% of seniors in SPA 3, and 71.5% of SPA 7 seniors received a pneumonia vaccine.

Pneumonia Vaccine, Adults 65+

	SPA 3	SPA 7	Los Angeles County
Adults, 65+, had a pneumonia vaccine	76.5%	71.5%	72.3%

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2018; <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Senior Falls

Among seniors, 16.2% in the service area reported having fallen in the past year.

Adults, 65+ Years, Who Have Fallen in the Past Year

	Beverly Service Area	Los Angeles County
Seniors who have fallen	16.2%	27.1%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Among seniors who fell, 9.1% of SPA 3 seniors and 13.1% of SPA 7 seniors were injured in a fall in the previous year.

Seniors, Injured from Falls, Previous Year

	SPA 3	SPA 7	Los Angeles County
Seniors injured due to a fall	9.1%	13.1%	11.1%

Source: County of Los Angeles Public Health Department, LA County Health Survey, 2018; <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

Mammograms

The Healthy People 2020 objective for mammograms is 81.1% of women, ages 50-74 years, have a mammogram in the past two years. In the service area, 78.4% of women had a mammogram in the past two years.

Women, 50 to 74 Years of Age, Who Had a Mammogram in Past 2 Years

	Beverly Service Area	Los Angeles County
Mammogram	78.4%	77.3%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Pap Smears

The Healthy People 2020 objective for Pap smears is 93% of women, ages 21-65 years, be screened in the past three years. In the service area, 90.8% of women had a Pap smear in the prior 3 years.

Women, 21 to 65 Years of Age, Who Had a Pap Smear in Past 3 Years

	Beverly Service Area	Los Angeles County
Pap smear	90.8%	84.4%

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health

Community Input – Preventive Practices

Stakeholder interviews and focus groups identified the following issues, challenges and barriers related to preventive practices.

- We do see people utilizing preventive practices.
- People's perceptions are that vaccines can cause illness. For a time, we did have challenges with parents not wanting to immunize their kids but there are a lot of public health campaigns and as a result, we've seen a big increase in parents immunizing their children.
- We need more widespread use of vaccines. Specifically, for pneumonia and flu.
- We need to a better job on screening for tobacco use. There are resources available in multiple languages to stop smoking.
- Blood pressure screenings are very important. This is a very significant problem that can be treated and the risk of stroke and heart disease can be greatly reduced with effective treatment.
- It is important for adolescents to get the HPV vaccine. This will prevent infections that predispose people to cervical cancer.
- All preventive services get done more effectively if you have a regular medical provide or medical home. And we have seen a dramatic reduction in the number of people uninsured but we are not seeing more people with a regular source of care. This means people are getting insured but they are not given the information needed to use their insurance correctly and they are less likely to get the services that are so important.
- We need more emphasis on prevention, we know how to treat someone, but it is late to treat someone after they have been diagnosed.

Attachment 1. Benchmark Comparisons

Where data were available, Beverly Hospital's health and social indicators were compared to the Healthy People 2020 objectives. The **bolded items** are Healthy People 2020 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2020 Objectives
High school graduation rate	76.7% - 94.6%	87%
Child health insurance rate	93.7%	100%
Adult health insurance rate	75.4%	100%
Unable to obtain medical care	6.2% - 6.6%	4.2%
Ischemic heart disease deaths	93.9 per 100,000	103.4 per 100,000
Cancer deaths	127.0 per 100,000	161.4 per 100,000
Stroke deaths	32.3 per 100,000	34.8 per 100,000
Unintentional injury deaths	17.3 per 100,000	36.4 per 100,000
Liver disease deaths	19.6 per 100,000	8.2 per 100,000
Homicides	6.2 per 100,000	5.5 per 100,000
Suicides	4.5 per 100,000	10.2 per 100,000
On-time (1 st Trimester) prenatal care	88.0%	78%
Low birth weight infants	6.5% of live births	7.8% of live births
Infant death rate	3.8 per 1,000 live births	6.0 per 1,000 live births
Adult obese, ages 20+	24.3% - 35.7%	30.5%
Teens obese, ages 12-17	9.3% - 21.5%	16.1%
Received needed mental health care	52.9% - 58.0%	72.3%
Adults engaging in binge drinking	15.2%	24.2%
Cigarette smoking by adults	17.4%	12%
Pap smears, ages 21-65, screened in the past 3 years	90.8%	93%
Mammograms, ages 50-74, screened in the past 2 years	78.4%	81.1%
Adults, 65+, ever receiving pneumonia vaccine	59.5% - 60.9%	90%
Annual adult influenza vaccination	38.2%	70%

Attachment 2. Community Interviewees and Focus Groups

Stakeholder Interviewees

Name	Title	Organization
Julian Balderas	Director	Pico Rivera Chamber of Commerce
Maria Cerdas	Director	Potero Community Center
Susan Chan	Director	WIC Commerce
Catalina Flores	Coordinator	AltaMed Commerce
Sophie Tan Ki Hung, MPH, RDN, CLE	Supervisor	PHFE WIC Beverly
Crystal Jaimez	Community Services Coordinator	City of Montebello Recreation and Community Services Senior Center
Ann Naragry	Manager	Montebello Senior Villas
Rochio Parra, LCSW	Director of Birth to 5 Program	The Whole Child
Paul S. Parzik	Executive Director	Montebello-Commerce YMCA
Silvia Prieto, MD, MPH	Area Health Officer, Service Planning Area 7	Los Angeles County Department of Public Health
Kathy Salazar	Executive Director	MELA Counseling Services
Benjamin SaoReyes	Resident Service Coordinator	Beverly Towers
Paul Simon, MD, MPH	Chief Science Officer	Los Angeles County Department of Public Health
Christie Zamani	Executive Director	Go Day One

Focus Groups

	Focus Group Date	Participants
BeverlyCare Center, clinic patients and family members	8/21/19	15
Community members	7/20/19	15
Montebello-Commerce YMCA, women's exercise class	6/28/19	7
Senior group	7/17/19	11

Attachment 3. Resources to Address Needs

Community stakeholders and residents identified community resources potentially available to address the identified health needs. This is not a comprehensive list of all available resources. For additional resources refer to Think Health LA at www.thinkhealthla.org and 211 Los Angeles County at www.211la.org/.

Health Need	Community Resources
Access to care	Access LA Alma Family Services AltaMed CareMore Centro Maravilla Service Center LA Care Health Plan Los Angeles County Department of Public Health Lotus Blossom Therapy Center Mexican American Opportunity Fund Monrovia Health Center Montebello Senior Citizens Center
Chronic diseases	Alzheimer's Association American Cancer Society American Diabetes Association American Lung Association LA Breath Mobile Program LA Care Health Plan Los Angeles County Department of Public Health The Asthma Coalition of Los Angeles County
Dental care	AltaMed Dental Group Arroyo Vista Family Health Center Clinica Romero Denti-Cal Eisner Health First 5 LA Los Angeles Christian Health Centers Mark Taper Foundation Dental Clinic T.H.E. Clinic, Inc. USC Dental School
Economic insecurity	CalFresh California Lifeline Catholic Charities Dial-a-Ride District Office of Transition Services Los Angeles Unified GoodRx Hearts of Compassion LA Regional Food Bank Salvation Army Whittier First Day Coalition WIC
Mental health	Alma Family Services Enki Health and Research System

	<p>Los Angeles Christian Health Centers Los Angeles Department of Mental Health NAMI</p>
Overweight and obesity	<p>Boy & Girls Club Department of Children and Family Services Los Angeles County Department of Public Health Schools and school districts TOPS Weight Watchers YMCA</p>
Preventive practices	<p>Los Angeles County Department of Public Health Los Angeles Unified School District Office of Environmental Health and Safety Potrero Heights Park Community & Senior Center</p>
Substance use and misuse	<p>A New Way of Life Re-entry Project Al-Anon Alcoholics Anonymous Dare You to Care Outreach Ministries First to Serve Inc. Homeless Healthcare Los Angeles LA CADA Medi Cure Health Services Inc. Salvation Army Hope Harbor Adult Rehab Center The Hills Treatment Center</p>
Violence and community safety	<p>Adult Protective Services LA County Office of Violence Prevention Sectors Acting for Equity (SAFE) Urban Peace Institute Youth Policy Institute</p>

Attachment 4. Review of Progress

In 2016, Beverly Hospital conducted its previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy, associated with the 2016 CHNA, Beverly chose to address access to care, chronic diseases, mental health, overweight and obesity, and preventive practices.

Access to Care and Preventive Practices

Insurance Enrollment – In partnership with South Bay Health and Insurance Services (SBHIS) and the Los Angeles County Department of Public Health, Beverly Hospital provides enrollment assistance to patients for no cost or low-cost health insurance coverage programs. The hospital assisted over 500 persons with enrollment and information for Medi-Cal.

Resource Center – In 2017, the Beverly Resource Center was established to create a single space where patients and community members can have access to various health resources. Services include Medi-Cal and Medicare enrollment, immunizations for children and referrals to other community partners.

Patient Transportation – Beverly Hospital offers transportation in an effort to support access to care. Patients from various hospital clinics and partnering AltaMed Clinics are eligible for transportation within a 15 mile radius of the hospital. In 2017, the hospital transportation van carried 4,487 passengers and 2,792 taxi vouchers were distributed. In 2018, the hospital transportation van provided 2,148 rides. Additionally, 4,543 taxi vouchers with a total value of \$105,970 were distributed. In November 2018, the hospital began to cover Uber ride costs as another travel option for patients. \$3,618 in Uber fees were covered by Beverly Hospital.

Hospital-Based Clinics – Beverly Hospital's Women's Care and Family Care Centers are staffed with Board Certified Obstetrics and Family Medicine physicians. The clinics provide medical services to low income and uninsured patients. Publicly sponsored programs are offered to teenagers, pregnant mothers, adults, and seniors. Services included family planning, chronic disease management, prenatal care, adult immunizations, and general medical treatment. During 2017, both clinics combined received 6,538 patient visits. From January 1, 2018 to September 30, 2018, both clinics served 1,800 patients. On October 1, 2018, the centers merged and became BeverlyCare Center-a separate entity from Beverly Hospital.

Breast and Cervical Cancer Screenings – Beverly Hospital offers breast and cervical cancer screenings at low and no-cost through the Family PACT and Every Woman Counts programs. In 2017, 175 women received these services at the Women’s Care and Family Care Centers. Other services offered include prenatal care, comprehensive perinatal services, STD screenings, family planning, and primary care. A total of 6,538 pregnant mothers, teenagers and seniors were served through these additional services. In 2018, the hospital provided 1,886 screening mammograms and 558 diagnostics mammograms. From January 1st to September 30th, the Women’s Care and Family Care Centers provided 141 cervical cancer screenings.

Preventive Screenings – The hospital presents free blood pressure and glucose screenings along with basic health education at various community sites. Some sites include: Montebello Senior Center, Pico Rivera Senior Center, Montebello Senior Villas, Potrero Heights Community Center, and St. Alphonsus Church. In 2018, 1,285 blood pressure and 213 glucose screenings for a total of 1,498 screenings were provided.

Exercise Classes for Seniors – Beverly Hospital offers specialized fitness classes for seniors led by certified training instructors. All classes are offered at no cost to participants. In 2017, 58 sessions reached 961 participants. In 2018, 63 sessions of Balance and Agility, Rock and Roll Muscles, Chair Aerobics and Zumba served 896 participants.

Community Health Fairs – Annually, the hospital participated in 12 community health fairs and provided health education, screenings and information about services. Partnerships for the health fairs include: El Rancho Unified School District, Pico Rivera Senior Center Wellness Day, APC Diabetes Health Fair, Potrero Heights Senior Health Fair, Montebello Senior Center Health Fair, Pico Rivera Expo, YMCA Senior Health Fair, Superior Markets, Montebello Expo, and others. Over 4,550 individuals were reached at the health fairs.

Breastfeeding – As part of the Baby-Friendly Hospital Initiative (BFHI), Beverly is designated as a Baby Friendly hospital. BFHI is a global program sponsored by the World Health Organization to encourage hospitals to promote breastfeeding as a best practice for newborn nutrition. The hospital has an ongoing training program that includes lactation consultants, nurse training, patient education, and support groups. In addition to providing education and support to every new mom delivering at Beverly’s Hensel Maternity center, Beverly hosted 43 breastfeeding education classes and breastfeeding support groups that reached 253 breastfeeding moms.

Preventive Screenings – The hospital provides free blood pressure and glucose screenings along with basic health education at various community sites. Some sites include: Montebello Senior Center, Pico Rivera Senior Center, Montebello Senior Villas, Potrero Heights Community Center, and St. Alphonsus Church. In 2017, 1,891 screenings (1,562 blood pressure screenings and 329 blood glucose screenings) were offered at these locations. In 2018, 1,285 blood pressure and 213 glucose screenings for a total of 1,498 screenings were provided.

Influenza Immunizations – Beverly Hospital hosted flu vaccine clinics for members of the community, ages 6 months and older. In 2018, Beverly administered vaccines at local schools and at the Pico Rivera Business Expo. A total of 115 people received the flu vaccine.

Childhood Immunizations – As a Vaccine For Children (VFC) Provider, Beverly Hospital hosts monthly community vaccine clinics for infants and youth, up to age 18. SB 277 requires that children be immunized in order to enroll into public school. As a result of SB 277 and to improve overall community wellness, Beverly increased efforts to assist school aged children in becoming vaccinated. In 2017, 142 children received immunizations and in 2018, 319 immunizations were provided through these efforts.

Chronic Diseases

Diabetes Education Programs – Accredited by the American Association of Diabetes Educators, Beverly Hospital provides education on prevention, management and treatment of diabetes to the community. Through the Sweet Success Program, the center offers counseling to mothers who have developed gestational diabetes during their pregnancies. Diabetes Counseling is offered in English and Spanish. Additionally, monthly lectures are conducted during the Diabetes Wellness Hour, which teaches participants how to live a healthy lifestyle after being diagnosed with the disease. In 2017 and 2018, 242 people received information, health education, and support through these services.

Community CPR (Cardiopulmonary Resuscitation) and First Aid – CPR and First Aid classes were offered in partnership with Whittier Unified School District, Montebello School District, the Boy Scouts of Montebello, and Ramona High School in Alhambra. In June, Beverly Hospital offered “Sidewalk CPR Training” in support of National CPR Day. As a result, 730 people received CPR and/or first aid training.

Wound Care Education – The Wound Care Center provides education for wound prevention and treatment. Due to the high prevalence of diabetes in the community, physicians and staff provided community lectures and set up booths at local sites or

health fairs. At these sites or fairs, education on daily care and free foot screenings were provided to individuals living with diabetes.

Smoking Cessation – In 2017, Beverly Hospital launched a 7-week Smoking Cessation Program designed to help participants lead a smoke-free life. The program offered a logical approach to “break the chain and kick the habit” that included: effective ways to stop nicotine addiction; emphasis on changing behavior; and strategies to maintain a smoke free environment. Three sessions were held that reached 24 participants.

Preventive Health and Community Lectures – Beverly Hospital partners with its team of experts to provide monthly health and community lectures each year. In 2017, nine lectures reached 217 persons. In 2018, 17 lectures were conducted, which served 440 members of the community. Topics focused on prevention and treatment of chronic diseases.

Mental Health

Support Groups – The hospital offers support groups for bereavement and family caregivers of patients with long-term illnesses. The bereavement support group is in collaboration with VITAS Healthcare. One support group offers special emphasis on the care of family members with Alzheimer’s/ Dementia. In 2017, over 637 visits were made to support groups and in FY18, 495 visits were made to monthly support groups.

NAMI Family-to-Family Education – As defined by the National Alliance on Mental Illness, (NAMI) Family-to-Family is a 12-session educational program for family, significant others, and friends of people living with mental illness. The program is designed to improve the coping and problem-solving abilities of the people closest to an individual living with a mental health condition. In 2017, Beverly Hospital hosted two 12-week sessions with 20 participants. In 2018, Beverly Hospital hosted 3 English speaking and 2 Spanish speaking 12-week sessions. There were 69 Spanish speaking participants and 203 English speaking participants for an overall 272 participants.

Mental Health Services – In partnership with BHC Alhambra Hospital, Beverly Hospital covers care for patients requiring additional mental health services. In 2017, Beverly covered the costs of necessary services for 206 patients and in FY18 for 197 patients not covered by Medicare or Medi-Cal.

Tele-Psychiatric Services – In June 2017, Beverly Hospital established a Tele-Psychiatry Program for patients requiring a psychiatric consult. It allows for timely access to care and decreases length of stay for many patients. In 2017, the service was used for approximately 10 patients a month. In 2018, the service was utilized 427 times.

Overweight and Obesity

KidsFit & TeensFit Program – The 9-week family-focused program provides children, teens, and their parents develop good nutrition and exercise habits. It is conducted in partnership with the Montebello-Commerce YMCA and is used as a resource by the Montebello Unified School District, Los Angeles County Department of Public Health and local pediatricians. The program is geared toward two age groups: kids ages 7 to 11; and adolescents ages 12 to 18. A parent or caregiver is required to attend the nutrition sessions and youth are led by a certified YMCA instructor in physical activity at the gym. In 2017, 41 children and 51 parents participated in the program. In 2018, 428 children and parents participated in the program.