

# Community Health Needs Assessment

PRESENTED BY: The Martin Luther King, Jr. Community Hospital

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## Letter from Our Chief Executive Officer

Welcome to our 2017 Community Health Needs Assessment. This report is our first needs assessment since the hospital opened in mid-2015. It paints a picture of the health care landscape in our service area, and clearly identifies the health care challenges impacting our community. The social, economic and healthcare disparities across our community are daunting. Closing the gap between the health inequities of today and the health equity we aspire to achieve tomorrow is the work we have undertaken.

We take heart in the progress we are making. This year our hospital will treat more than 80,000 patients in our Emergency Department, making us among the busiest emergency departments in Los Angeles County. Many of those we treat have suffered for years without adequate access to medical care because of the severe shortage of physicians in our community, and they come to us with chronic diseases that have gone untreated, or even undiagnosed, for too long. To prevent these patients from being readmitted to the hospital, and to provide them with a permanent medical home, we have formed a non-profit medical group. The physicians in this practice provide post-discharge care to our patients to manage their diseases and prevent further hospitalizations. We're proud—and encouraged—that this unique hospital-physician partnership is already well underway.

*The findings in this community health needs assessment affirm our sense of urgency and join our current initiatives in informing next steps.*

We will develop an implementation plan that identifies the community health needs where we can have greatest impact, and describes specific programs and services we will provide to address them.

Our plan benefits from development during a time in which multiple projects are already underway to expand our reach and services. Our board of directors recently approved a lease for development of a new medical office building to house additional physicians on our campus. We are in the process of building out our facility's infrastructure to add an endoscopy suite, space for cardiac and interventional radiology procedures, and a second CT scanner.

Given the larger challenge of reducing health inequities in South Los Angeles, these may seem like small steps. Nonetheless, they are leaving permanent footprints on our landscape. With every patient we treat, we show our compassion, our commitment to equity, and our faith in our mission and vision. Martin Luther King, Jr. once said, "Human progress is neither automatic nor inevitable... Every step toward the goal of justice requires sacrifice, suffering, and struggle; the tireless exertions and passionate concern of dedicated individuals."

We look forward to our next steps, taken in partnership with many others, on behalf of health in South Los Angeles.

**Dr. Elaine Batchlor**, Chief Executive Officer

## Introduction

The new Martin Luther King, Jr. Community Hospital (“MLKCH” or the “Hospital”) opened in May, 2015 as a state-of-the-art, 131-bed acute care hospital located on the Martin Luther King, Jr. Medical Campus. We serve the South Los Angeles community residing in Service Planning Area (“SPA”) 6<sup>1</sup> by providing inpatient general acute care services, basic emergency services (24 hours), and health education and outreach services typical of a community hospital. SPA 6 is home to Los Angeles County’s (the “County”) most vulnerable population, with poverty rates, unemployment, and metrics of poor health all exceeding any other region of the County. This underserved population of 1.3 million individuals is 93% Hispanic or African American, and 45,000 are dual-eligible for both Medi-Cal and Medicare and have some of the most complex and costly healthcare needs in all of our community.<sup>2</sup> This area has some of the worst health outcomes in Los Angeles, with stroke and coronary heart disease mortality rates 30 percent higher than the County overall. With significant proportions of SPA 6 designated as a health provider shortage area, a medically underserved area or both, residents struggle to access and receive essential preventive, primary, and specialty care services, and utilize Emergency Departments (“ED”) in place of these critical services because access is so limited. Further, education opportunities and access to healthy, affordable food, quality housing, and green space is scarce.

The Hospital’s history in South Los Angeles is relevant to our current impact. The first hospital, MLK-Harbor, opened in 1972, and emerged out of the Watts Riots. It was an important and tangible response to the McCone Commission report, which cited lack of adequate medical facilities among the causes of the civil unrest. In 2007, after a long-standing history of quality and operational challenges, MLK-Harbor lost its accreditation and closed, leaving the surrounding communities once again without access to critical medical and surgical care.

In 2009 Los Angeles County, the University of California, and the state of California came together to form a public-partnership—the first of its kind in the state—to open a new, private hospital to serve as a safety net provider in South Los Angeles. With Los Angeles County building the facility, and the University of California ensuring medical quality through support in recruiting experienced physicians, a private nonprofit corporation, the Martin Luther King, Jr.-Los Angeles Healthcare Corporation (“MLK-LA”) was formed.

Since its opening in mid-2015, MLKCH has maintained a long-term vision of ensuring a lasting, coordinated solution for serving a historically underserved and distressed area, and improving the overall health of this population.

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<sup>1</sup> Defined by the County of Los Angeles Public Health Department as the communities of Athens, Compton, Crenshaw, Florence, Hyde Park, Lynwood, Paramount, and Watts. <http://publichealth.lacounty.gov/chs/SPA6/index.htm>

<sup>2</sup> Dual eligible defined by the Henry J. Kaiser Family Foundation. <http://www.kff.org/tag/dual-eligible/>



Hospital executive and volunteer leadership have developed MLKCH as a leading model of community healthcare, using technology, data and innovation to achieve this vision of improving our community's health.

***Definition: Health Equity is the attainment of the highest level of health for all people.(Healthy People 2020)***

Recognizing that economic opportunities, environmental factors, and social networks are key determinants of health, MLKCH is focused on reaching beyond the walls of the Hospital to fill the entire continuum of care needed to improve population health. This Community Health Needs Assessment ("CHNA") Report is our first report since MLKCH opened in mid-2015, and we are proud

to present our assessment to you. This analysis will serve as the critical foundation to build health equity with our community partners in an area that has been faced with health inequity and deserving for so long. We firmly believe that **everyone** deserves a fair chance to lead a healthy life, and nobody should be denied this chance because of who they are, where they live, or their socioeconomic status.

*“For many years, when the old King Drew Medical Center was closed, there was no access to a nearby hospital. If someone had an emergency, they had to go to St. Francis or Long Beach. People often did not have transportation or any means to get to hospitals and doctors. This changed with the opening of MLKCH. There is a lot of interest in getting healthcare, and the MLK campus has really bloomed with a wealth of opportunities for our community.”*

—Community Member

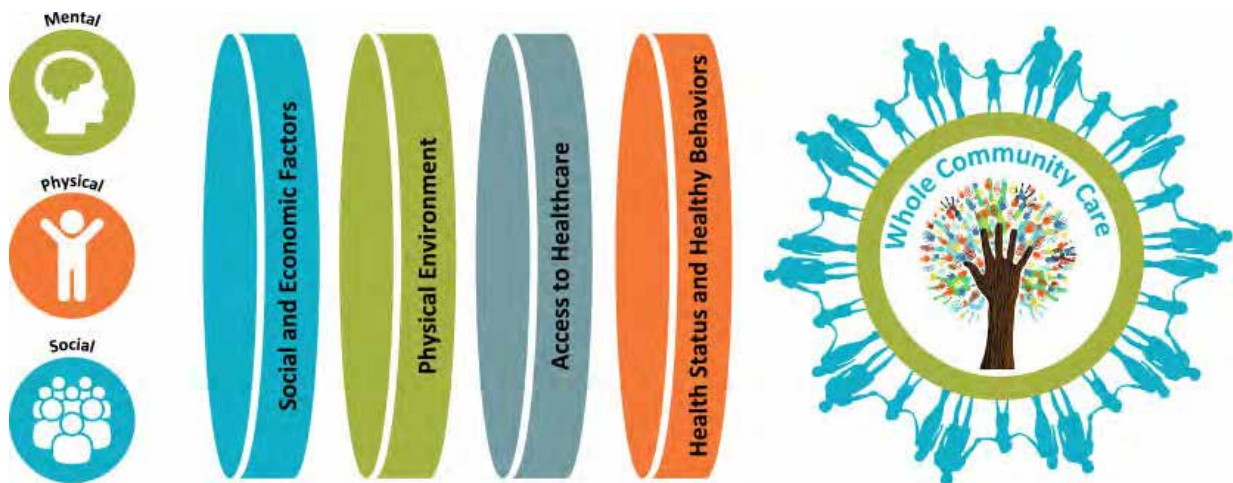




## Community Health Needs Assessment Overview

### Overview

The CHNA brings together partners to identify and prioritize health needs in the SPA 6 community. While it is widely known that many of the leading causes of death in the United States (e.g., heart disease) are caused by preventable factors such as poor diet and physical inactivity, there is growing awareness of the important link between how communities are structured and the opportunities for people to lead safe, active, and healthy lifestyles. The CHNA is conducted to not only to fulfill the requirement of California’s Community Benefit Legislation (SB 697), but also in response to the Hospital’s mission of providing compassionate, collaborative quality care and improving the health of our community. The CHNA also meets the requirements of the Patient Protection and Affordable Care Act of 2010 (H.R. 3590) for not-for-profit hospitals.



The CHNA process identifies top health needs, including social determinants of health, in the community, and analyzes a broad range of social, economic, environmental, behavioral, and clinical care factors that may act as contributing factors for each health need. In order to identify health needs, this CHNA reviewed quantitative data available from national, state, and local resources to better understand overall health in our community. These data elements were compared against benchmark data, such as county and statewide data, and Healthy People 2020 objectives, when available. In addition, primary issues that impact the health of the community, as well as existing resources and new ideas to address those needs, were collected from local stakeholders, including public health experts and representatives of medically underserved, low-income and minority populations.

## Consultants

The CHNA includes a comprehensive quantitative and qualitative assessment of the critical factors that affect overall health and wellness in our community. These assessments were conducted by the following consultants:

- **Premier, Inc.**, a nationally recognized healthcare consulting organization that specializes in advisory services and identifying community needs for underserved populations
- **Biel Consulting, Inc.**, an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations

## Quantitative Data

Data on key health indicators, morbidity, mortality, healthcare access, community demographics, and various social and economic determinants of health were collected. Sources of data include: California Department of Education, California Department of Public Health, California Employment Development Department, California Health Interview Survey, County Health Rankings, Los Angeles County Department of Public Health, Los Angeles Homeless Services Authority, U.S. Census American Community Survey, Uniform Data System, and other various local, state and federal databases. Analyses were conducted at the most local level possible for the service area, and are compared to Los Angeles County and the state of California, framing the scope of an issue as it relates to the broader community.

## Qualitative Data

Input was obtained from community members and leaders who represent the broad interests of SPA 6 through key informant interviews. Interviewees included public health experts; representatives of medically underserved, low-income, and minority populations; local healthcare providers; and local health and other departments or agencies that have current data relevant to the health needs of the community served by MLKCH. During the interviews participants were asked to identify major health issues in the community, and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. Interviewees shared their perspectives on these issues, identified challenges and barriers to improving community health, and discussed potential resources to address these health needs. A total of 28 informant interviews were conducted for this needs assessment. For a complete list of individuals who provided input via the stakeholder interviews, please refer to Appendix A. Additionally, MLKCH hosted a Community Convening to discuss healthcare inequity and disparities in our community, and obtain input on how to address these challenges.



## Data Limitations and Information Gaps

A number of data sources, including national, state, county, and local resources were examined as part of this CHNA. One limitation of this study is that some data sources were not available for geographic boundaries at these localized levels (e.g., SPA). Additionally, data was not always collected on an annual basis, meaning that some data estimates are several years old. In consideration of these limitations, the process of identifying health needs was based on both the quantitative and qualitative analyses.

The key informants were not chosen based on random sampling technique, but were instead invited because their comments represented the underserved, low income, minority, and chronically ill populations. Thus, themes identified during the interviews were likely subject to the experience of individuals selected to provide input, and MLKCH sought to receive input from a robust and diverse group of stakeholders to minimize this bias.

## Methodology

### Review of Quantitative and Qualitative Data

Preliminary health needs were identified based upon a review of published quantitative health status data specific to our community. Our assessment included consideration of the relative size of the issue (e.g., the portion of our community afflicted by this issue), and the overall seriousness of the issue (e.g., impact at individual, family, and community levels).

- To determine the size and seriousness of the issue, health need indicators identified in the quantitative data were compared to benchmark data (e.g., Los Angeles County, California overall, Healthy People 2020 Targets). Health needs were identified when our community demonstrated outcomes that did not achieve or exceed these benchmarks.

Interviewees were asked to provide input on the identified health needs (quantitative analyses), and share their perspectives on these issues. The stakeholder interviews were designed to validate our quantitative findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, and identify potential gaps in resources available today.

## Resources to Address Significant Needs

Potential community resources to address healthcare disparities were identified through market research, and input received from key stakeholders during interviews. A comprehensive listing of these resources is provided in Appendix B.

## Impact Evaluation

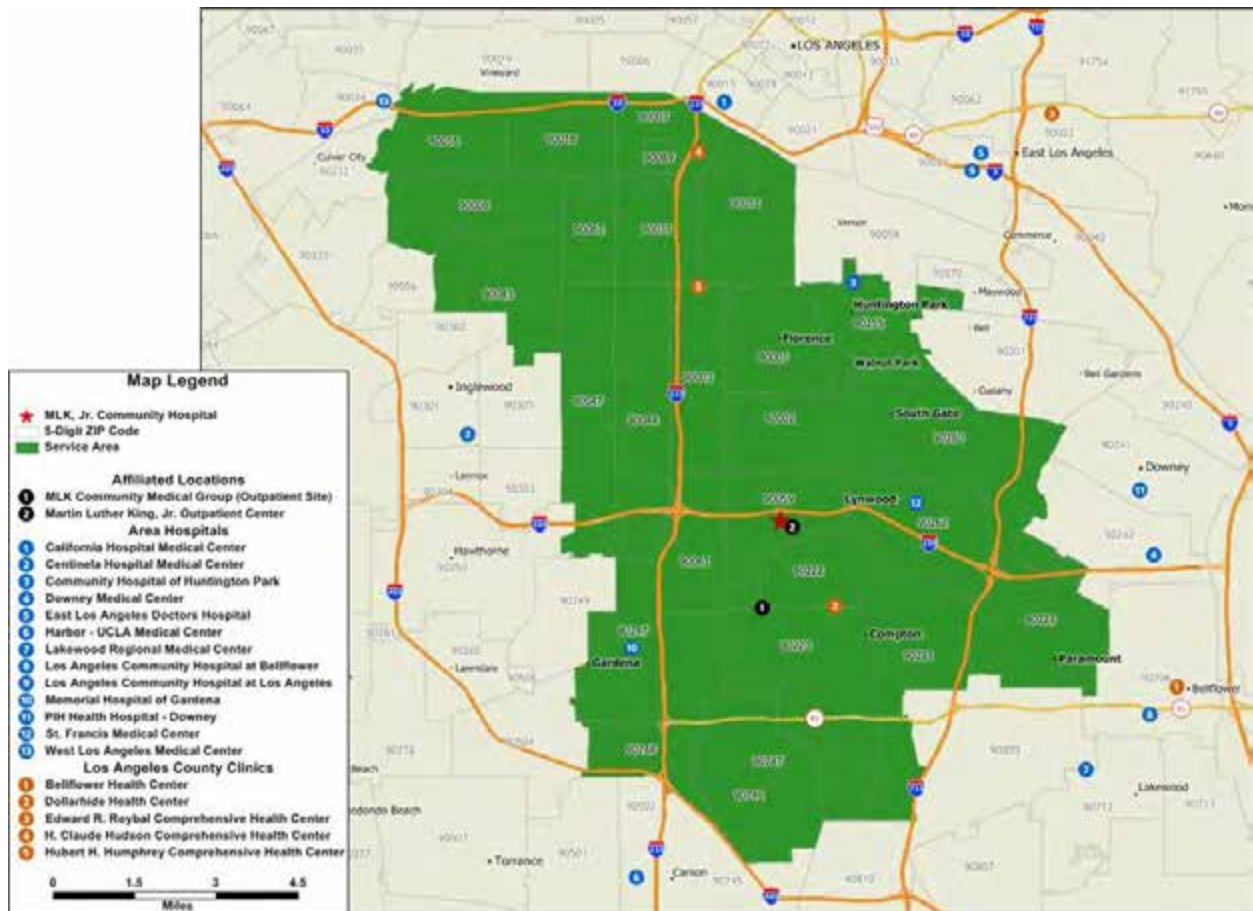
This is the first community health needs analysis that we have completed since MLKCH opened in mid-2015. Because this is our first report, we have not been able to evaluate our impact based on past actions.



## Community Profile

### Service Area Overview

MLKCH’s service area is defined as the geographic region consisting of Service Planning Area (“SPA”) 6, as well as those ZIP Codes located within a three-mile radius from the Hospital. The map and table provided below identify each of the communities included in the Hospital’s service area.



Source: Martin Luther King, Jr. Community Hospital

ZIP Code	Community	ZIP Code	Community
90001	Los Angeles	90062	Los Angeles
90002	Los Angeles	90089	Los Angeles
90003	Los Angeles	90220	Compton
90007	Los Angeles	90221	Compton
90008	Los Angeles	90222	Compton
90011	Los Angeles	90247	Gardena
90016	Los Angeles	90248	Gardena
90018	Los Angeles	90255	Huntington Park
90037	Los Angeles	90262	Lynwood
90043	Los Angeles	90280	South Gate
90044	Los Angeles	90723	Paramount
90047	Los Angeles	90748	Carson
90059	Los Angeles	90747	Carson
90061	Los Angeles		

### Population

The total population within the MLKCH service area is estimated to be 1,314,330. The majority of the service area residents live in Los Angeles (60.6%), with the remaining 39.4% living in Compton and surrounding communities.

Estimated Population, CY 2014

Community Name	ZIP Code	Population	Percent of Total
Carson	90746	26,738	2.0%
Compton	90220	50,222	3.8%
Compton	90221	53,657	4.1%
Compton	90222	32,362	2.5%
Gardena	90247	47,374	3.6%
Gardena	90248	9,936	0.8%
Huntington Park	90255	76,206	5.8%
Los Angeles	90001	56,314	4.3%
Los Angeles	90002	50,098	3.8%
Los Angeles	90003	66,913	5.1%
Los Angeles	90007	43,779	3.3%
Los Angeles	90008	33,012	2.5%
Los Angeles	90011	102,926	7.8%
Los Angeles	90016	47,786	3.6%
Los Angeles	90018	48,852	3.7%
Los Angeles	90037	61,536	4.7%
Los Angeles	90043	43,118	3.3%
Los Angeles	90044	88,412	6.7%
Los Angeles	90047	46,999	3.6%
Los Angeles	90059	42,470	3.2%
Los Angeles	90061	28,641	2.2%
Los Angeles	90062	32,675	2.5%
Los Angeles	90089	3,326	0.3%
Lynwood	90262	70,650	5.4%
Paramount	90723	54,813	4.2%
South Gate	90280	95,515	7.3%
<b>MLKCH Service Area</b>		<b>1,314,330</b>	<b>100.0%</b>
<b>Los Angeles County</b>		<b>9,974,203</b>	

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05.<http://factfinder.census.gov>

## Age and Gender Distribution

Age and gender distribution are critical components of understanding our community's profile and provide elements in planning for needed health services. Younger populations require more prevention and health education while older populations are prone to certain chronic diseases and require health services in higher acuity settings. Specific to MLKCH's service area:

- 48.2% of the service area's population is male, and 51.8% is female.
- While the service area population is relatively younger compared to that of the County (30.6 years versus 35.3 years), 29.9 percent of the community is 45 years of age or greater. As the population ages, the community will likely continue to experience an increased demand for services such as internal medicine, cardiovascular services, endocrinology, gastroenterology, neurosciences, oncology, orthopedics, ophthalmology, physical medicine and rehabilitation, pulmonary medicine, rheumatology, and urology, and will likely have greater needs for chronic disease management.
- The age cohort 15 to 44 years overall represents 46.4% of the service area's overall population. This trend implies that the demand for elective sub-specialty care and obstetrics and gynecology will continue in MLKCH's service area.
- The population age cohort 0 to 14 years represents 23.7% of the total service area population, thereby implying that demand for pediatrics will continue to exist in the community.

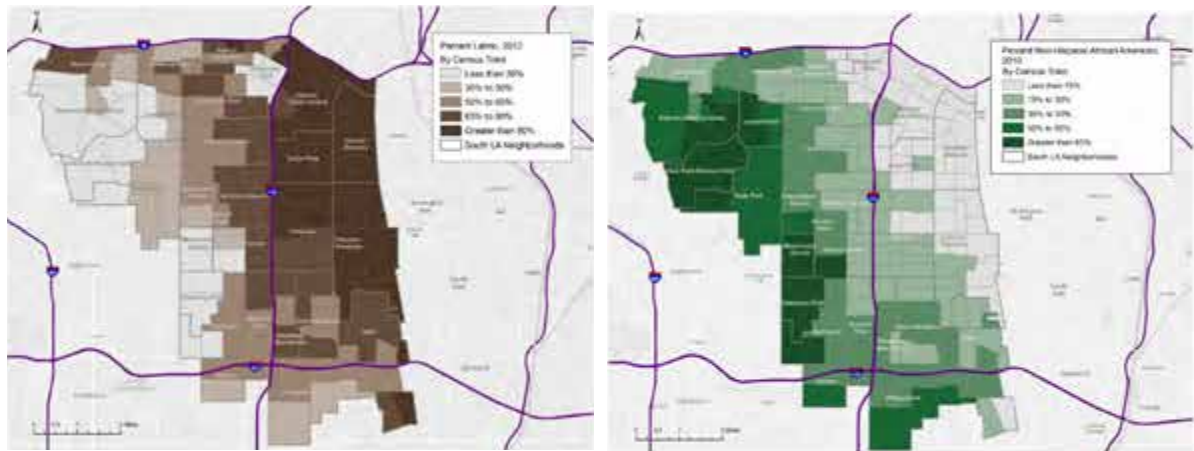
## Ethnicity

Overall, MLKCH's service area is primarily Hispanic/Latino (68.8%); 23.9% is African American; 2.9% of the residents are Asian; 2.7% are White; and Native Hawaiian/Pacific Islander, American Indian/Alaskan Native, and other race or multiple race/ethnicity combined represent 1.7% of the service area population.

Ethnic Cohort	MLKCH Service Area	Los Angeles County
Hispanic/Latino	68.8%	48.1%
African American	23.9%	8.0%
Asian	2.9%	13.8%
White	2.7%	27.2%
Other / Multiple	1.4%	2.4%
Native Hawaiian/Pacific Islander	0.2%	0.2%
American Indian/Alaska Native	0.1%	0.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05.<http://factfinder.census.gov>

Despite the fact that the Hispanic/Latino population represents the service area’s largest ethnic cohort, research published by USC Dornsife Center for the Study of Immigrant Integration indicates that this population tends to reside on the eastern portion of MLKCH’s service area. Conversely, the African American population tends to reside on the western portion of this geographic region. Based on this research, a higher density of African American reside in communities that directly surround MLKCH, versus Hispanics/Latinos who tend to live on the eastern portion of our service area.



Source: Pastor, Manuel and Pamela Stephens.  
*Roots/Raíces: Shared Futures in South Los Angeles. USC Dornsife Center for the Study of Immigrant Integration. April 6, 2017.*

The eastern portion of our service area overlaps with St. Francis Medical Center, a religious non-profit hospital that has traditionally served low-income residents, while Centinela Hospital Medical Center, a for-profit facility, serves mostly commercially insured patients residing in the western portion of this area.

## Language

Access and utilization of healthcare services have been shown to be affected by a person’s primary language. Those unable to communicate with physicians or healthcare providers in their language of choice are less likely to seek primary preventative care, have follow up visits, and adhere to healthcare treatment plans. Within our service area, nearly half of the community has identified Spanish as their primary language.

*“Our residents have low English proficiency and low health literacy.”*

*—Community Member*



### Language Used Most Often at Home

Language Cohort	SPA 6	Los Angeles County
Percent of Adults Who Mostly Speak English at Home	49.7%	62.9%
Percent of Adults Who Mostly Speak Spanish at Home	48.8%	26.6%
Percent of Adults Who Mostly Speak an Asian Language at Home	1.2%	8.5%
Percent of Adults Who Mostly Speak Some Other Language at Home	-	2.0%

Source: "Key Indicators of Health by Service Planning Area." Los Angeles County Department of Public Health. January 2017.

Based on this data, it is important that our healthcare providers offer written medical information in different languages, including Spanish, to ensure that patients can read and understand healthcare information that is central to improving their health (e.g., discharge instructions, treatment plans).



## Social Determinants of Health

### Overview

The World Health Organization defines the social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.” Given the diversity and complex challenges faced by residents of SPA 6, it is critical that we obtain a deep understanding of the conditions and circumstances that affect the mental and physical health of our community. Based upon the *County Health Rankings 2017 Report*, Los Angeles County was ranked 30<sup>th</sup> of 57 counties across the State based upon the following social and economic factors:

- Community safety
- Education
- Employment
- Family and social support
- Income

Social and economic factors are the largest single predictor of health outcomes, and also strongly influence healthy behaviors. The lower the social and economic position of a population or community, the more common are unhealthy behaviors and the more difficult it is to practice healthy ones. As such, the indicators described on the following pages describe the challenges our community faces on a daily basis, and the impact these factors have on health status. This will help us determine appropriate interventions for elevating the health status of our communities and population.

### Income, Poverty, and Unemployment

Within our service area, the median and average household incomes are lower than that of the County. Additionally, our community has a higher rate of poverty when compared to Los Angeles and the State overall, with almost a third (30.3%) of the population at or below 100% of the federal poverty level (18.4% and 16.4% for Los Angeles County and California, respectively). Further, each of the cities that comprise our service area have unemployment rates that exceed that for the County and State overall. These trends are indicative of a population that may be uninsured or underinsured, may not always receive adequate preventative healthcare, as well as higher rates of emergency department (“ED”) utilization.

*“People in our community are just trying to survive. People are living in poverty and trying to keep a roof over their head and food on the table, so maintaining good health may not always be a priority. Sometimes, they lack the will and energy to get up and seek the help they need.”*

—Community Member

#### Household Income

Indicator	MLKCH Service Area	Los Angeles County
Median Household Income	\$36,777	\$55,870
Average Household Income	\$48,260	\$82,109

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

#### Poverty Level

Indicator	MLKCH Service Area	Los Angeles County	California
<100% FPL	30.3%	18.4%	16.4%
<200% FPL	61.5%	40.9%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

#### Unemployment Rate, 2015 Average

Geographic Area	Percent
Carson	8.6%
Compton	10.4%
Gardena	6.7%
Huntington Park	8.8%
Los Angeles	7.1%
Lynwood	8.3%
Paramount	7.9%
South Gate	8.8%
Los Angeles County	6.7%
California	6.2%

Source: California Employment Development Department, Labor Market Information, 2015; Unemployment data is not tracked in all service area cities. [www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html](http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html)

*“Poverty and access to jobs are huge issues because anything that increases stress levels on an already stressed community makes a huge impact.”*

*—Community Member*

MLKCH has had a positive impact on our community’s socioeconomic status. Since MLKCH opened, the Hospital has created over 1,200 jobs directly, of which many are filled by our own local residents. Additionally, an economic impact study estimated that almost 600 more new jobs were added in the community (external to MLKCH) as a direct result of the Hospital opening. These positions include vendors, suppliers, and other professional services that are necessary to assure efficient, high quality care at our Hospital.

### Public Program Participation

A high proportion of the SPA 6 community qualifies for public assistance programs and income assistance when compared to Los Angeles County and the State overall. These trends are directly related to the disproportionately higher unemployment and poverty rates, and lower household incomes, found in our community. Specifically:

- 46.1% of SPA 6 residents with incomes below 200% of the FPL indicated that they could not afford food, and 26.6% utilize food stamps
- 67.1% of children who reside in SPA 6 receive Women, Infants and Children (“WIC”) benefits
- 8.2% of adults are currently receiving Supplemental Security Income (“SSI”), and 16% are TANF/CalWorks recipients

### Public Program Participation

Indicator	SPA 6	Los Angeles County	California
Not Able to Afford Food (<200%FPL)	46.1%	39.5%	41.7%
Food Stamp Recipients (<300% FPL)	26.6%	18.7%	18.1%
WIC (Women, Infants and Children) Usage Among Children, 6 Years & Under	67.1%	50.8%	44.6%
Currently receiving Supplemental Security Income (SSI)	8.2%	7.0%	6.1%
TANF/CalWorks Recipients	16.0%	7.4%	7.1%

Source: California Health Interview Survey, 2012-2015. <http://ask.chis.ucla.edu/>

## Free or Reduced Price Meals

Within each of the four public school districts that serve most of our service area, over three-quarters of the student population is eligible for the free or reduced price meal program, indicating a high level of low-income families. These rates are far higher than those reported for Los Angeles County and California overall.

### Free or Reduced Price Meals Eligibility

School District	Percent Eligible Students
Compton Unified School District	75.1%
Los Angeles Unified School District	75.6%
Lynwood Unified School District	96.3%
Paramount Unified School District	92.9%
Los Angeles County	66.5%
California	58.6%

Source: California Department of Education, 2014-2015. <http://data1.cde.ca.gov/dataquest/>

## Educational Attainment

Education is an important determinant of health status because it influences a person's ability to access and understand health information. 42.2% of our community's residents age 25 years or older do not have a high school diploma, compared to 23.2% for Los Angeles County overall. Further, only 7.2% of area residents have earned a bachelor's degree. These trends are indicative of a population with higher rates of illiteracy who may not be helped by written materials typically provided by healthcare professionals. Combined with the fact that nearly half of our community speaks Spanish only, it is critical that we identify alternative ways to communicate with our patients to ensure they understand their healthcare issues and treatment plans, and assure better health outcomes.

### Educational Attainment of Adults, 25 Years and Older

Degree of Education	MLKCH Service Area	Los Angeles County
Less than 9 <sup>th</sup> Grade	26.0%	13.6%
Some High School, No Diploma	16.2%	9.6%
High School Graduate	24.5%	20.5%
Some College, No Degree	18.1%	19.5%
Associate Degree	4.9%	6.8%
Bachelor Degree	7.2%	19.5%
Graduate or Professional Degree	3.0%	10.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

### Public Transportation

15.4% of our community’s households lack a motor vehicle, and nearly 12% of our residents age 16 years and older rely on public transportation to commute to work. This is almost double the average for Los Angeles County overall, and far exceeds state and national trends. This implies that our community, with limited transportation, does not always have the resources available to seek immediate medical care when necessary, and our residents likely rely on multiple transportation resources when they do receive treatment.

*“Transportation in the community is quite a challenge. If I had to think about how I get to a hospital and how to use public transportation and the traffic, it is a challenge.”*

*—Community Member*

Geographic Area	Percent of Population Using Public Transit for Commute to Work	Percentage of Households with No Motor Vehicle
MLKCH Service Area	11.8%	15.4%
Los Angeles County	6.8%	9.7%
California	5.2%	7.8%
United States	5.1%	9.1%

Sources: US Census Bureau, American Community Survey. 2011-2015; Community Commons, [www.communitycommons.org](http://www.communitycommons.org).



## Homelessness

The homeless population often relies on emergency rooms, clinics, and hospitals when they are able to obtain healthcare services. Homeless individuals are more susceptible to certain diseases, have greater difficulty getting healthcare, and are harder to treat – all because they don’t have a stable place to live. According to the Los Angeles Homeless Services Authority (“LAHSA”), the number of homeless individuals who were identified in our service area increased by 6.6% between calendar years 2013 and 2015, with 76.1% of this population unsheltered. Further, the number of homeless individuals with physical disabilities and/or domestic violence encounters increased during this time period. These trends are indicative of individuals who do not receive medical care when needed or are severely undertreated, and do not have a safe place to go to upon discharge when they do receive medical treatment, thereby making it very difficult to stabilize their medical problems and improve their health.

*“Poverty is a huge issue. We have many people living in poverty and high numbers of homeless.”*

*—Community Member*

**Homeless Population, 2013-2015 Homeless Count Comparison**

Homeless Cohort	SPA 6		Los Angeles County	
	2013	2015	2013	2015
<b>Total Homeless</b>	7,045	7,513	39,463	44,359
<b>Sheltered</b>	33.9%	23.9%	36.3%	30.1%
<b>Unsheltered</b>	66.1%	76.1%	63.7%	69.9%
<b>Individual Adults</b>	77.4%	77.5%	78.9%	81.1%
<b>Family Members</b>	21.5%	21.2%	18.8%	18.2%
<b>Unaccompanied Minors (&lt;18)</b>	1.1%	1.3%	2.3%	<1%

*Source: Los Angeles Homeless Service Authority, 2013 & 2015 Greater Los Angeles Homeless Count. [www.lahsa.org/homeless-count/results](http://www.lahsa.org/homeless-count/results)*

## Homelessness Subpopulations

Homeless Subpopulation	SPA 6		Los Angeles County	
	2013	2015	2013	2015
Chronically Homeless	25.9%	29.3%	24.5%	34.4%
Substance Abuse	30.6%	17.1%	31.2%	25.2%
Mental Illness	26.9%	25.2%	28.0%	29.8%
Veterans	10.7%	6.3%	11.3%	9.8%
Domestic Violence Experience	8.4%	16.6%	1.0%	21.4%
Physical Disability	16.8%	17.9%	8.9%	19.8%
Persons with HIV/AIDS	0.9%	1.3%	0.6%	0.2%

Source: Los Angeles Homeless Service Authority, 2013 & 2015 Greater Los Angeles Homeless Count.  
[www.lahsa.org/homelesscount\\_results](http://www.lahsa.org/homelesscount_results)

## Crime and Violence

*“There have been a lot of gangs here for multiple generations so there is a lot of violent crime and drive-by shootings. Residents live in a state of constant stress, PTSD, many people have experienced the murder of a loved one.”*

—Community Member

Within SPA 6, only 40.3% of adults perceive their neighborhoods to be safe, the lowest perceived neighborhood safety of all Service Planning Areas in Los Angeles County (84.0% for Los Angeles County overall). Additionally, portions of the service area also have higher rates of property and violent crime rates when compared to the County and State overall. High rates of property and violent crimes in a community compromise individuals’ physical safety, are detrimental to overall mental health, and deter residents from pursuing healthy behaviors (e.g., walking outdoors) from fear of harm.

*“Violence in a community is a symptom of deeper problems of poverty, discrimination, and a lack of access to services.”*

—Community Member

### Violent Crimes Rates and Property Crime Rates, per 100,000 Persons, 2012

Geographic Area	Property Crime Rates	Violent Crime Rates
Carson	2,905.6	557.7
Compton P.D.	2,446.5	1,242.1
Gardena P.D.	2,209.0	479.9
Huntington Park P.D.	3,244.8	631.4
Los Angeles P.D.	2,269.1	481.1
Lynwood	1,936.3	763.0
Paramount	2,792.9	443.7
South Gate P.D.	2,652.0	576.2
<b>Los Angeles County*</b>	<b>2,327.1</b>	<b>446.4</b>
<b>California</b>	<b>2,758.7</b>	<b>423.1</b>

Source: U.S. Department of Justice, FBI, Uniform Crime Reporting Statistics, 2012. [www.bjs.gov/ucrdata/index.cfm](http://www.bjs.gov/ucrdata/index.cfm)  
 = [www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/tables/6tabledatadecpdf](http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2012/crime-in-the-u.s.-2012/tables/6tabledatadecpdf)

Notes: Property crimes include burglary, larceny-theft, and motor vehicle theft. Violent crimes include homicide, rape, robbery, and assault.



## Our Physical Environment

### Overview

Land use and the urban environment play a key role in our health and well-being. Where our community lives determines how they live, and access to healthy food, green space, and activity resources often determine our long-term health. Our community has two of the most basic and entrenched barriers to health: extremely limited access to fresh, healthy foods and unsafe, polluted, vacant city land instead of green space. SPA 6 is located between the Harbor Freeway and Interstate 10, which are major freight routes heavily trafficked by smog producing trucks traveling between the Los Angeles Port to the south and industrial distribution centers to the north, causing major environmental problems in our community. Residents become victims to air pollutants that result in respiratory diseases such as chronic obstructive lung disease and lung cancer. With over 3,000 segments of alleys in South Los Angeles and an overwhelming lack of safe and accessible green space, our youth use these contaminated spaces to play because park access is so limited. Further, the high concentration of corner stores, liquor stores, and fast food chains that offer limited food options make it difficult for residents to make healthy choices. These factors alone make it difficult for our residents to lead healthy lifestyles and have overall good health.

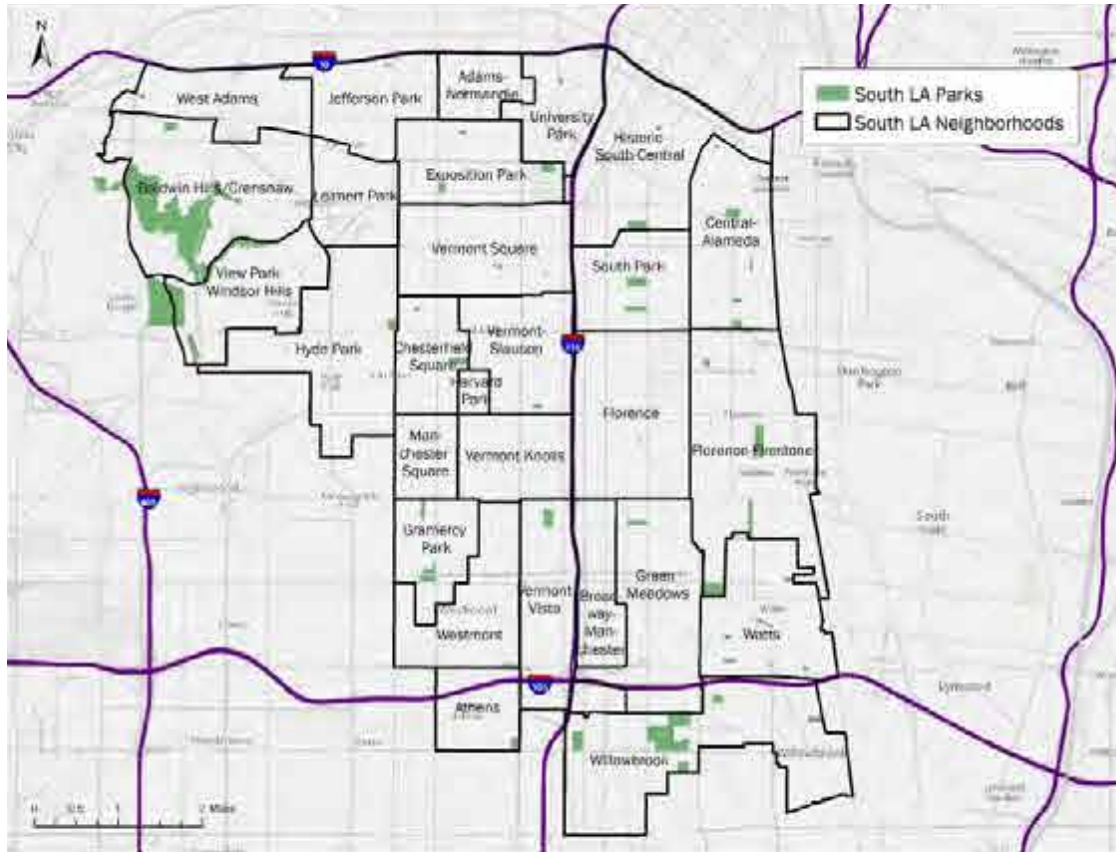
### Access to Green Space – Low Park Access

The degree to which parks are available in our community is directly associated with increased park usage, physical activity, and better overall health. Improving access to parks can increase the amount of time our community engages in exercise, decreases risk of chronic diseases, and improves overall health for adults and children alike. According to the Health Atlas for the City of Los Angeles, park level of service is defined as the acres of parkland per 1,000 residents; a minimum of 3 acres of parkland per 1,000 residents is often used to determine park level of service. SPA 6 is considered a park-poor neighborhood, with just 4 acres of park space per 100,000 residents. Our community is saturated with underutilized vacant lots and alleys that do not offer safe places for our children to play. According to LA Open Acres<sup>3</sup>, a project of Community Health Councils, there are over 100 vacant lots located in Los Angeles ZIP Code 90011<sup>3</sup>, the geographic area where the largest portion of our community resides.

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<sup>3</sup> LA Open Acres. [www.laopenacres.org](http://www.laopenacres.org). Website accessed on May 26, 2017.

## Overview of Park Locations in South Los Angeles



Source: Pastor, Manuel and Pamela Stephens. *Roots/Raíces: Shared Futures in South Los Angeles*. USC Dornsife Center for the Study of Immigrant Integration. April 6, 2017.

## Food Environment

The World Food Programme defines food security as “having availability and adequate access at all times to sufficient, safe, nutritious food to maintain a healthy and active life.”<sup>4</sup> Food insecurity can lead to undernourishment and malnutrition, which coincide with fatigue, stunted child development, and other health issues. Undernourished pregnant women are more likely to bear babies with low birth weight, and the babies are then more likely to experience developmental delays that can lead to learning problems. Hunger and food insecurity can also accelerate the development of disease or worsen existing diseases. Further, food insecurity and obesity co-exist in some households where people eat foods that are inexpensive while high in fat and sugar, but low in nutritional quality. Households that lack “food security” are typically low-income households and these households can obtain supplemental assistance from government programs, such as the CalFresh program and

<sup>4</sup> World Food Programme. [www.wfp.org](http://www.wfp.org)



the WIC program. In 2012, approximately 7% of households in Los Angeles were CalFresh recipients, compared to an estimated 16% in South Los Angeles.<sup>5</sup>

Our residents do not have widespread opportunities to make healthy food choices compared to other areas of the County, and this has an adverse effect on our community’s overall health. Portions of our community are characterized as “food deserts,” meaning that opportunities to procure fresh, affordable, healthy foods are limited and residents have relatively easier access to unhealthy food. When compared to other service planning areas and Los Angeles County overall, our community had the lowest percent of adults who consume five or more servings of fruit and vegetables a day (9.6% versus 14.7%, respectively), and the highest percentage of adults (41.9%) and children (51.6%) who drink at least one soda or sweetened drink per day.<sup>6</sup> Further, only 60.2% of our adults reported that they “always or usually find affordable fresh produce in their neighborhood,” compared to 75.7% for adults in Los Angeles County, and 78.2% in California overall.<sup>7</sup>

### Overview of Food Deserts Located in Service Planning Area 6



Sources: US Department of Agriculture, Economic Research Service, USDA-Food Access Research Atlas. 2015; Community Commons, [www.communitycommons.org](http://www.communitycommons.org).

Additionally, our community has greater access to fast food restaurants and liquor stores, within increasingly limited access to grocery stores, when compared to state and national trends.

<sup>5</sup> Health Atlas for the City of Los Angeles. June 2013.

<http://planning.lacity.org/cwd/framwk/healthwellness/text/HealthAtlas.pdf>

<sup>6</sup> “Key Indicators of Health by Service Planning Area.” Los Angeles County Department of Public Health. January 2017.

<sup>7</sup> California Health Interview Survey, 2015. <http://ask.chis.ucla.edu/>



Geographic Area	Grocery Stores	Fast Food Restaurants	Liquor Stores
MLKCH Service Area	20.9	82.5	11.8
Los Angeles County	20.9	82.6	11.9
California	21.8	78.7	10.6
United States	21.2	74.6	10.8

Sources: US Census Bureau, *County Business Patterns*, 2015; Community Commons, [www.communitycommons.org](http://www.communitycommons.org).

Note: Metrics reflects rate per 100,000 population.

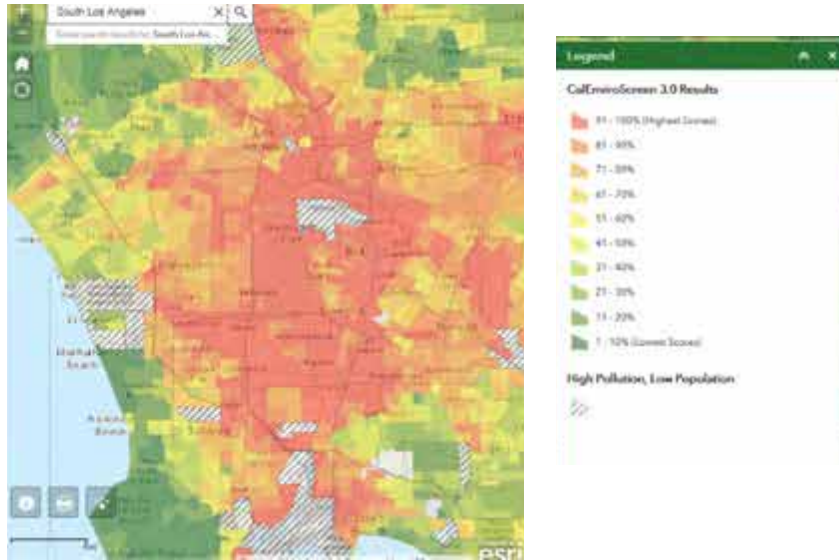
## Pollution

South Los Angeles is disproportionately burdened by multiple sources of pollution. For decades, our community has been plagued with high exposure to poor air and drinking water quality, large concentrations of diesel emissions, pesticide use, hazardous waste, frequent groundwater threats and impaired water bodies, and high traffic density. The California Office of Environmental Health Hazard Assessment (“OEHHA”) conducts a risk assessment to evaluate the degree to which environmental pollutants and other toxins exist in communities throughout the state. Based upon the OEHHA’s CalEnviroScreen 3.0 findings, our community displayed the highest risks for pollutants when compared to other portions of Los Angeles County.

*“We have toxic dumps and landfills and dumping and drilling that is causing health consequences that are not being adequately addressed.”*

*—Community Member*

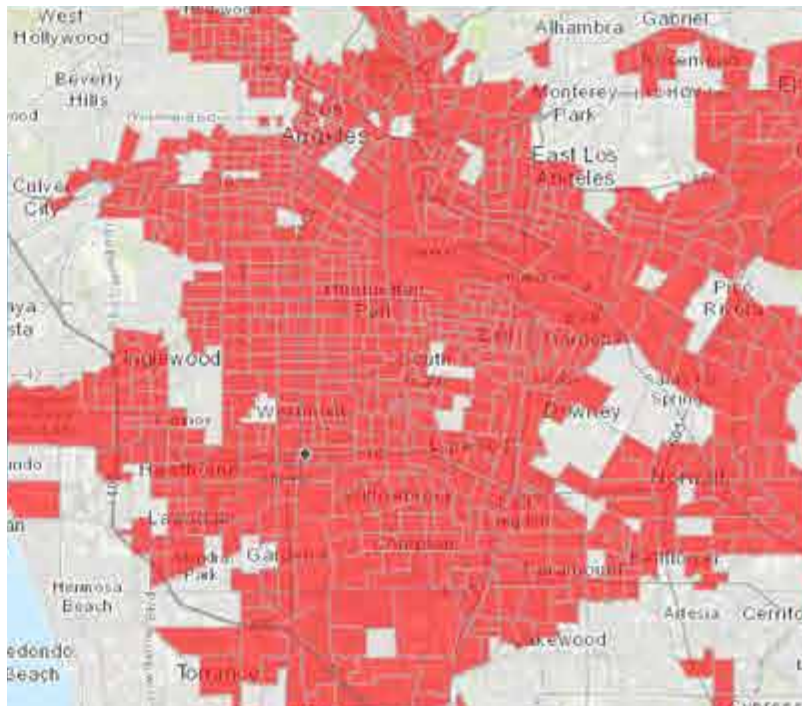
### CalEnviroScreen Overview



Source: OEHHA. CalEnviroScreen 3.0 Results for South Los Angeles. Accessed on May 26, 2017.

Additionally, almost all of South Los Angeles has been designated as a “SB 535 Disadvantaged Community,” which means that our community was ranked in the highest scoring 25% of census tracts (higher scores are worse) based upon the OEHHA’s CalEnviroScreen assessment.

### SB 535 Disadvantages Communities as of February, 2017



Source: OEHHA. SB 535 Disadvantaged Communities. Accessed on May 26, 2017.

## Access to Healthcare in Our Community

### Overview

Los Angeles County is home to the “ultra-rich,” as well as some of the poorest residents in our nation. It is not uncommon to see large disparities where areas of enormous wealth and first-class healthcare providers are located next to neighborhoods where low-income residents suffer from preventable conditions and lack basic access to healthcare. The “Key Indicators of Health by Service Planning Area (2017)” report published by the Los Angeles County Department of Public Health found that residents of SPA 6 are vastly underserved, and experience greater challenges trying to access healthcare services when compared to other parts of the County. Major disparities and healthcare inequity exist across the care continuum in our community today, making it nearly impossible for our local healthcare providers to collectively achieve the objectives of the Institute for Healthcare Improvements Triple Aim™ Initiative of better health outcomes, improved patient experiences, and lower costs of healthcare. The healthcare disparities faced by our community are substantial and include:

- An overall lack of comprehensive healthcare services available in the community across the care continuum
- Large shortage of physicians across almost all specialties, resulting in little to no access to critical preventive, primary, and specialty care services
- Limited number of healthcare providers that: 1) accept Medi-Cal; and 2) are culturally competent and match the rich diversity that exists in our community today
- Inadequate levels of health insurance coverage among our residents. For those that are insured, many report incomes below the federal poverty level and do not have the financial resources required for co-payments or co-insurance for high-deductible health plans
- Absence of comprehensive, multi-disciplinary healthcare, treatment planning, and care coordination

*“We want investment for the people who are here now.”*

*—Community Member*

### Patient Access Points Are Needed Across the Care Continuum

Wellness/ Preventative Care Dental Care	Screenings/ Diagnostics	Specialty Care	Mental Health and Substance Abuse Services	Hospital Care	Urgent Care and Emergency Services	Therapies	Other Services (Dialysis Durable Medical Equipment)	Home Health Care	Skilled Nursing Facilities	Palliative/ End-of-Life Care
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Key factors that support these findings, and impact our community's ability to access needed healthcare services, are described below and on the following pages.

## Health Insurance Coverage

Health insurance coverage is a key component to accessing health care including primary care, specialty care, and other health services that contribute to one's health status. The Patient Protection and Affordable Care Act ("ACA") has been very important to our community. In 2015, 88.0% of our residents had some form of health insurance – up from 73.6% in 2009, the year before the ACA was signed into law. Despite this positive trend, health insurance alone does not guarantee access to high quality, affordable healthcare services, and our community is still challenged with a significant shortage of healthcare providers. Additionally, the Healthy People 2020 Objective is for 100% of the population to have insurance coverage, and our community is below this target, as well as rates for the County (89.6%) and State overall (91.6%).<sup>8</sup>

Of those with insurance coverage in SPA 6, 56.3% have Medi-Cal coverage, and 24.3% have employment-based insurance. When insurance coverage for SPA 6 is examined by age groups, adults, ages 18-64, had the highest rate of uninsured. Coverage for children was primarily through Medi-Cal (76.8%). Seniors have high rates of Medi-Cal/Medicare (e.g., dual-eligible) coverage (45.4%).<sup>9</sup>

## Sources of Care

### Inpatient Hospital Beds and Emergency Department Stations

According to the Office of Statewide Health Planning and Development ("OSHDP"), there are approximately 123 hospitals in Los Angeles County, and only four are located in SPA 6: MLKCH, St. Francis Medical Center, Community Hospital of Huntington Park, and Memorial Hospital of Gardena. In 2012, SPA 6 had the lowest number of licensed hospital beds per 100,000 population in all of the County, compared to SPA 3 (San Gabriel Valley), with nearly double the population and over 12 times more licensed beds. Even after MLKCH opened in 2015, OHPD records show that almost 84% of our service area's patients had to leave the community for inpatient care – largely because our community does not have the inpatient capacity and resources to adequately provide many of the specialty care programs that are critically needed by our patients. These specialty services include:

- Interventional Cardiology: Cardiac catheterizations, pacemakers, and electrophysiology procedures
- Gastroenterology: Endoscopic retrograde cholangiopancreatography ("ERCP"), and outpatient colonoscopies and endoscopies

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<sup>8</sup> California Health Interview Survey, 2015. <http://ask.chis.ucla.edu/>

<sup>9</sup> California Health Interview Survey, 2015. <http://ask.chis.ucla.edu/>

- Interventional Radiology: Uterine artery embolization, peripheral vascular disease, permanent dialysis access, and abscess drainage
- Urology and uro-gynecology procedures
- Outpatient surgical services

In addition to inpatient licensed beds, SPA 6 also has the lowest number of emergency department treatment stations per 100,000 population, and higher utilization rates when compared to the County and State overall.

- Specifically, 24.3% of residents in SPA 6 visited an ER within a 12-month time period, which was higher than the state and county levels (18%)

### Use of Emergency Room

Characteristic	SPA 6	Los Angeles County	California
Visited ER in Last 12 Months	24.3%	18.0%	18.0%
0-17 Years Old	16.8%	21.4%	19.5%
18-64 Years Old	28.5%	16.6%	17.3%
65 and Older	20.5%	18.5%	18.9%
<100% of Poverty Level	20.5%	19.2%	21.7%
<200% of Poverty Level	22.0%	18.9%	20.0%

Source: California Health Interview Survey, 2013-2014. <http://ask.chis.ucla.edu/>

These trends are due to the fact that there is a shortage of healthcare providers in our community, access to primary care is frequently sought on an episodic or emergent basis, emergency departments are often overcrowded, and patients experience long wait times before they are able to be treated. During our first year of operations, MLKCH's ED treated nearly 50 percent more patients per ED station (2,800 visits per station) when compared to industry performance standards (1,800 – 2,000 visits per station), and we know there are patients that are still not receiving the care they need and deserve.

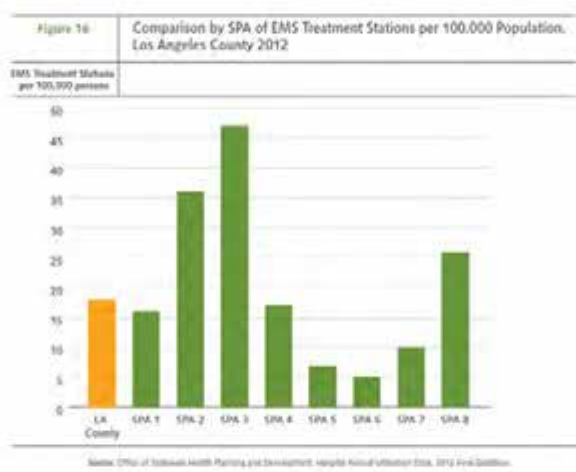
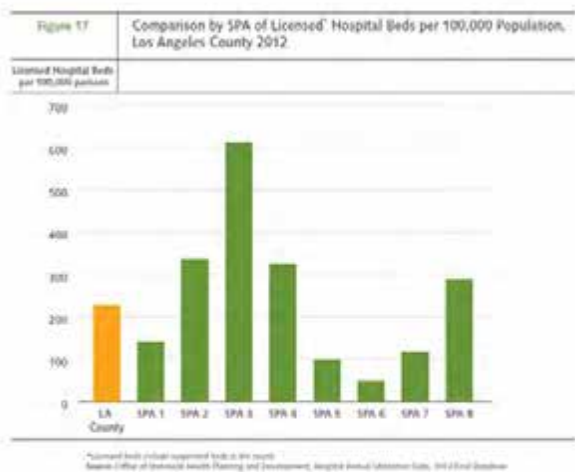
*“There is still a population in South LA that lacks access to care (specialty care and primary care). We need to shift the culture of health reform from a pursuit of healthcare as episodic to one of being proactive and obtaining health education and preventative services.”*

*—Community Member*





Our community has a disproportionate share of crime and violence. St. Francis Medical Center is the only trauma center located in SPA 6, serving a large portion of our community’s patients requiring this level of care. . However, when the old King-Drew Medical Center closed, a new trauma center was opened at California Hospital Medical Center to help address our community’s needs, and the trauma catchment areas were re-drawn to maintain short travel times for residents. Additional trauma centers located adjacent to our SPA include California Hospital Medical Center, Harbor-UCLA Medical Center, Long Beach Memorial Medical Center, and Los Angeles County-USC Medical Center. Our local Emergency Medical Services teams work closely with these facilities to ensure timely transport of our trauma patients, and MLKCH maintains transfer agreements with each of these hospitals.



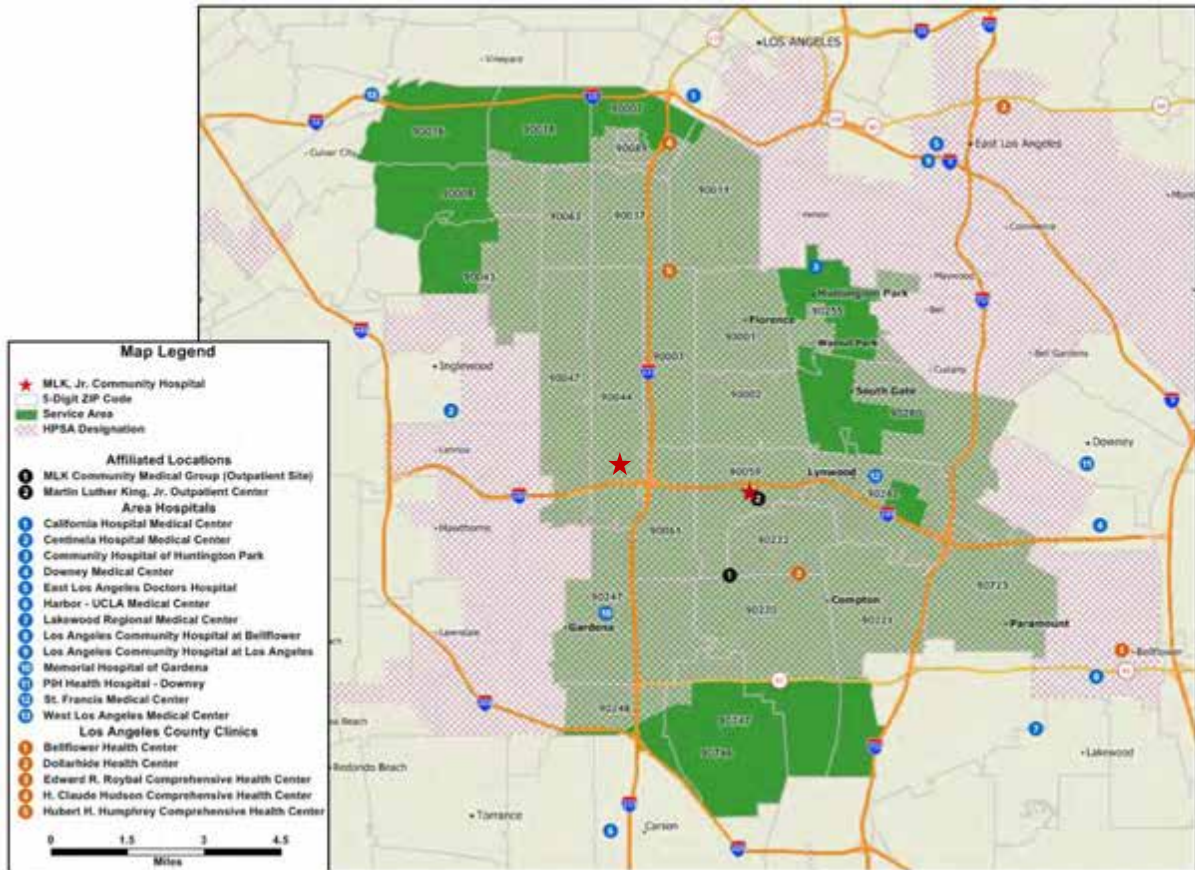
## Health Professional Shortage Areas and Medically Underserved Areas

The Federal Government defines a Health Professional Shortage Area (“HPSA”) as an area, facility, or population group with a shortage of primary care physicians as defined by a population-to-primary care physician ratio greater than 3,500:1. For purposes of this CHNA, the Federal Government defines primary care as the following specialties: family practice, geriatrics, internal medicine, pediatrics, and psychiatry. Other factors taken into consideration include the poverty rate, infant mortality rate, fertility rate, and indicators of insufficient capacity to meet area need.

A Medically Underserved Area (“MUA”) is defined as an area, facility, or population group with an Index of Medical Underservice (“IMU”) less than or equal to 62 out of 100. The IMU is calculated by taking into consideration the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with an income below the poverty level, and the percentage of people age 65 or older. These factors are converted to weighted values and then summed to obtain an IMU score for a particular area.

Sections of our service area are designated as either a HPSA, MUA, or both, indicating an insufficient number of primary care providers in the area. Maps illustrating this fact can be found below and on the following page.

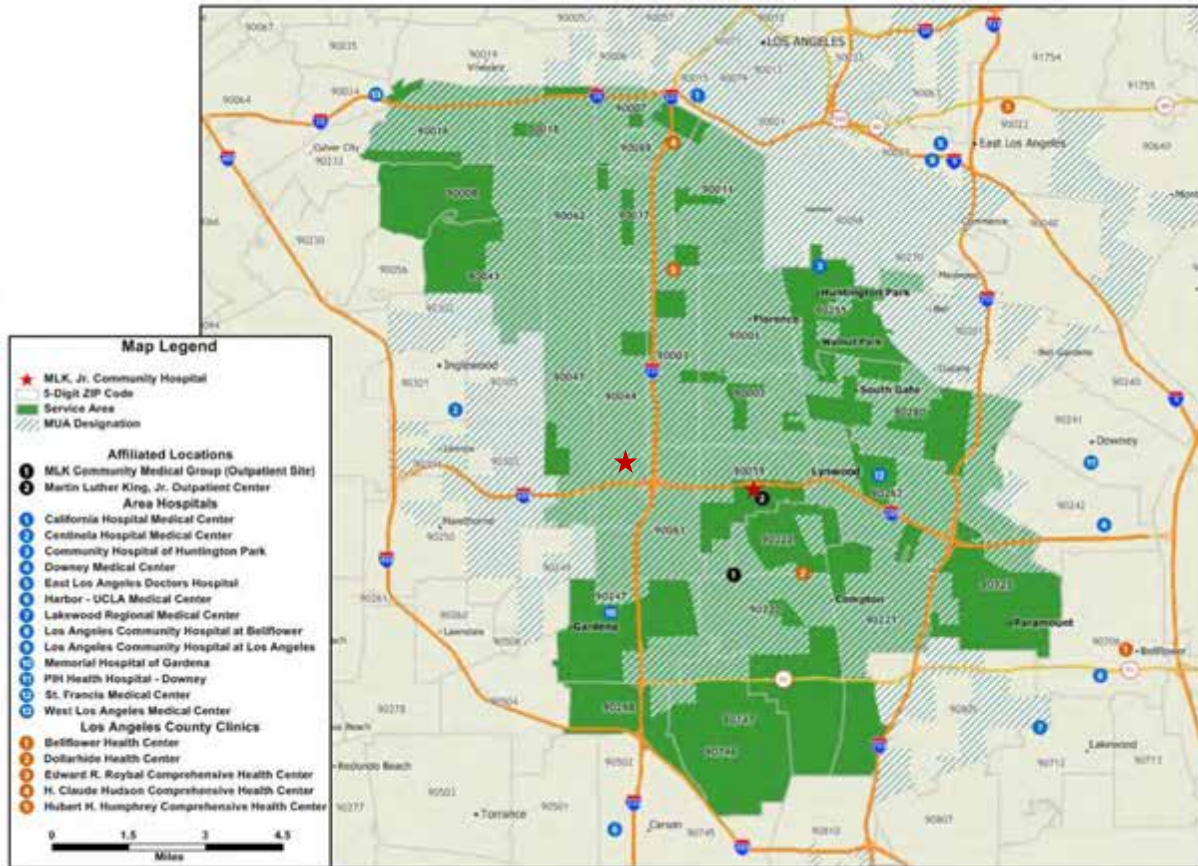
# Health Professional Shortage Area



Source: Martin Luther King, Jr. Community Hospital, Definitive Healthcare, HRSA, Mapitude

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## Medically Underserved Area



## Service Area Physicians

When MLK - Harbor closed in 2007, an exodus of primary and specialty care providers followed. MLKCH recently conducted a study to identify physician need in SPA 6 and substantiate an investment in physician workforce recruitment across multiple specialties. Not surprisingly, this analysis revealed a severe shortage in almost all specialties studied. In 2017, the study showed a shortage of over 1,200 full-time equivalent (“FTE”) physicians trained in primary, and medical and surgical specialties, combined. Findings from this analysis are provided below.

### Primary Care Physician Supply and Need, 2017

Specialty	Total Existing FTE Supply	Estimated Area Physician Need	Estimated Net (Need)/Supply
Family Practice	172.7	374.7	(202.0)
Internal Medicine	132.6	428.2	(295.6)
Obstetrics and Gynecology	63.1	137.3	(74.3)
Pediatrics	95.0	215.8	(120.8)

Source: Premier, Inc., AMI Physician Database, Claritas, Inc., 2017

### Medical Specialty Care Physician Supply and Need, 2017

Specialty	Total Existing FTE Supply	Estimated Area Physician Need	Estimated Net (Need)/Supply
Allergy and Immunology	1.0	11.5	(10.5)
Cardiology	10.2	47.0	(36.8)
Dermatology	6.7	39.6	(32.9)
Endocrinology	3.8	12.0	(8.3)
Gastroenterology	9.0	38.5	(29.5)
Hematology and Oncology	39.0	50.9	(11.9)
Infectious Disease	7.8	12.8	(5.1)
Neonatology	2.0	7.4	(5.4)
Nephrology	19.6	15.6	4.0
Neurology	9.0	32.5	(23.5)
Physical Medicine and Rehab	3.0	22.9	(19.9)
Pulmonary Disease	10.3	21.3	(11.0)
Radiation Oncology	8.0	15.2	(7.2)
Rheumatology	2.8	9.7	(7.0)

Source: Premier, Inc., AMI Physician Database, Claritas, Inc., 2017

### Surgical Specialty Care Physician Supply and Need, 2017

Specialty	Total Existing FTE Supply	Estimated Area Physician Need	Estimated Net (Need)/Supply
Cardiovascular Surgery	6.0	12.0	(6.0)
General Surgery	36.0	137.3	(101.3)
Neurosurgery	4.0	14.0	(10.0)
Ophthalmology	18.3	65.4	(47.1)
Orthopedics	15.9	89.4	(73.5)
Otolaryngology	13.5	45.8	(32.3)
Oral and Maxillofacial Surgery	0.0	15.3	(15.3)
Plastic Surgery	0.0	15.3	(15.3)
Urology	11.2	47.9	(36.7)

Source: Premier, Inc., AMI Physician Database, Claritas, Inc., 2017

Given the fact that Los Angeles County’s overall primary and specialty physician supply is within the Council of Graduate Education’s recommended guidelines, it is clear that there is wide maldistribution of physicians, and access to these providers is not equitable in our service area.

### Medical Home

Having a medical home and a usual source of care is an important contributor to health and well-being, since these resources can enhance access to primary preventative care, alleviate health issues during a medical event, and improve overall continuity of care. Specific to SPA 6,

- 19.2% of adults age 18-64 years reported no regular source of care, either for preventive primary care, or to address medical concerns during a specific event and/or period of time
- The percentage of people who reported access to a usual source of care in SPA 6 was lower than Los Angeles County overall, and did not meet the Healthy People 2020 Objective for children, adults, and seniors (95.0% for each age cohort).



### Access to a Usual Source of Care

	Ages 0-17		Ages 18-64		Ages 65+	
	SPA 6	Los Angeles County	SPA 6	Los Angeles County	SPA 6	Los Angeles County
<b>Usual Source of Care</b>	93.8%	90.6%	80.8%	80.6%	87.4%	94.7%

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

When access through a usual source of care is examined by race/ethnicity, African Americans are the least likely to have a usual source of care, followed by Asians, then Hispanics; Whites are the most-likely to have a usual source of care. This is a key factor, as a higher density of African Americans reside in communities that directly surround MLKCH, versus Hispanics/Latinos who tend to live on the eastern portion of our service area.

*“We find that patients come for services and have a primary care provider that they’ve never seen or communicated with, and they don’t even know they have insurance.”*

—Community Healthcare Provider

### Access to a Usual Source of Care by Race/Ethnicity

Ethnic Cohort	SPA 6	Los Angeles County	California
<b>African American</b>	81.1%	85.6%	86.2%
<b>Asian*</b>	83.2%	81.8%	85.0%
<b>Latino</b>	84.1%	80.8%	81.7%
<b>White*</b>	99.9%	90.7%	91.0%

Source: California Health Interview Survey, 2012-2014. <http://ask.chis.ucla.edu/>

\* = statistically unstable due to small sample size

### Sources of Care

In SPA 6, community or government clinics or hospitals were the most frequently identified source of care (41.5%). Further, there is still a sizable portion of residents who don’t have a usual source of care in our community at all.



## Sources of Care

Source of Care	SPA 6	Los Angeles County	California
Dr. Office/HMO/Kaiser	38.9%	57.6%	60.7%
Community Clinic/Government Clinic/ Community Hospital	41.5%	23.6%	23.0%
ER/Urgent Care	6.2%	1.7%	1.4%
Other	N/A	0.9%	0.7%
No Source of Care	13.5%	16.2%	14.2%

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

## Access to Community Health Centers

Despite the fact that there are numerous community health centers that include Federally Qualified Health Centers (“FQHCs”) and FQHC Look-Alikes in our service area, there are still a large number of low-income residents who do not seek care at these facilities. Based upon data reported by the Uniform Data System (“UDS”), FQHCs and Look-Alikes treated 217,482 patients in the service area, which equates to 27.3% penetration among low-income patients and 16.5% penetration among the total population. From 2012-2014 the clinic providers added 28,517 patients; a 15.1% increase in patients served by Community Health Centers. However, there remain 578,597 low-income residents, approximately 72.7% of the population at or below 200% FPL, that are not served by a Community Health Center. Additionally, the Community Association of Los Angeles (“CCALAC”) published a study that found that SPA 6 had the lowest health center penetration in Los Angeles County, and the highest number of low-income residents unserved by a FQHC.<sup>10</sup>

### 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
796,079	217,482	27.3%	16.5%	578,597	72.7%

Source: UDS Mapper, 2014. <http://www.udsmapper.org>

These community health centers are typically staffed by a limited number of primary care physicians, advanced practice clinicians, and allied health professions. These facilities rarely offer access to specialty care, and do not have resources to manage chronic conditions.

<sup>10</sup> Unchartered Territory: Mapping the Unmet Needs of LA’s Underserved. Community Clinic Association of Los Angeles. March 2012.

## Post-Acute Care Providers

Accessing high quality, post-acute care services, including skilled nursing, home health, rehabilitation services, and sub-acute care services, is a challenge in our community. Medicare is the primary payer for the four traditional post-acute care settings: long-term acute-care hospitals, inpatient rehabilitation facilities, skilled nursing facilities (“SNFs”), and home health agencies. This payer cohort also represents a smaller portion of our community and the patients treated at MLKCH – approximately 25% of the Hospital’s patients are covered by Medicare, with a much larger portion covered by Medi-Cal. Consequently, Medi-Cal, the payer with the largest number of enrollees in our community, pays some of the lowest rates for post-acute care services. As a result,

- Low Medi-Cal reimbursement rates for short- and long-term SNF care and sub-acute care limit skilled nursing options for our Medi-Cal beneficiaries
- Higher reimbursement for short-term Medicare patients has shifted SNF practice toward short-term patients with Medicare, further limiting the number of placement options for Medi-Cal patients
- Patients with behavioral difficulties (e.g., mental illness, traumatic brain injuries, dementia, substance users) are often covered by Medi-Cal, and are very difficult to place and manage in a SNF<sup>11</sup>

As a result, our patients often return to their home with little to no post-acute care, and rely on their social and familial support systems for assistance.

## Care Coordination

Our community health providers noted the absence of formal care coordination activities among healthcare providers in South Los Angeles (e.g., community health centers, hospitals) that could circumvent the inappropriate utilization of hospital-based care, and better manage chronic conditions. Much of the time, primary care providers in our community are unaware of patient visits to the emergency department or hospital admissions, and only learn of them when a patient returns for a visit and informs their provider. Additionally, primary care providers rarely received any communication about the outcome of a patient’s visit to a hospital such as instructions for follow-up care, new medications or changes to prescriptions, treatment provided, or lab and diagnostic test results, all factors that are critical as we seek to ensure quality, coordinated care.

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<sup>11</sup> “Framing San Francisco’s Post-Acute Care Challenge.” 2016. [https://www.sfdph.org/dph/files/hc/HCAgen/HCAgen2016/Feb%202016/Post-Acute%20Care%20Project%20Report\\_02.10.16.pdf](https://www.sfdph.org/dph/files/hc/HCAgen/HCAgen2016/Feb%202016/Post-Acute%20Care%20Project%20Report_02.10.16.pdf)

## Barriers to Care

Compared to the County, a greater percentage of adults in SPA 6 reported barriers in accessing dental care, medical care, mental health care, and prescription medications due to cost. Additionally, 32.5% of adults in SPA 6 reported difficulty accessing medical care when needed. These trends are indicative of the socioeconomic challenges faced by our community – lower average incomes, and higher rates of poverty and unemployment.

### Barriers to Access

Barrier	SPA 6	Los Angeles County
Adults Unable to Afford Dental Care in the Past Year	35.0%	30.3%
Adults Unable to Afford Medical Care in the Past Year	18.7%	16.0%
Adults Unable to Afford Mental Health Care in the Past Year	6.8%	6.1%
Adults Unable to Afford Prescription Medication in Past Year	18.8%	15.4%
Adults Who Reported Difficulty Accessing Medical Care *	32.5%	23.6%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2011. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm>

\* = <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Additional research indicates that in medically underserved communities, enhanced patient education and a stronger health service delivery infrastructure are necessary to ensure that services are available and patients understand how to utilize them.<sup>12</sup>

*“People aren’t educated about the importance of primary health care and seeking out a doctor and getting an annual physical. They aren’t getting that education in the schools. It hasn’t become a community norm to automatically go to the Primary Care Provider and know their health status. There needs to be more education at elementary and secondary schools so norms and values around maintaining good health can be incorporated into the curriculum.”*

*—Community Member*

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<sup>12</sup> Molina, Melanie F. and Medell Briggs-Malonson, MD. “The Patient Perspective: Receiving Care in the Post – ACA Era”.  
Journal of Health Disparities Research and Practice. Volume 10, Issue 1, Spring 2017, p. 238-249.

## Delayed Care

Over half of SPA 6 residents (55.5%) delayed medical care when needed due to cost or lack of insurance. This rate far exceeds the Healthy People 2020 Objective of reducing the proportion of people who were unable to obtain or delayed medical care to 4.2%, and those who were unable or delayed obtaining necessary prescription medicines to 2.8%.

### Delayed Care

Trend	SPA 6	Los Angeles County	California
Delayed or Didn't Get Medical Care In Past 12 Months	10.7%	11.7%	11.3%
Delayed Care Due to Cost or Lack of Insurance	55.5%	44.8%	51.3%
Delayed / Didn't Get Prescription Meds In Past 12 Months	8.8%	7.9%	8.7%

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



## Our Community's Health Status and Healthy Behaviors

Given our community's ethnic composition and a longstanding history of being underserved, with limited access to healthcare providers and widespread social and environmental challenges, it is not surprising that great opportunity exists to build health equity and improve the overall health status of our community. In comparison to County, State, and national trends, our community's health, and the degree to which our residents engage in healthy behaviors, is rated far worse for almost all key metrics. Even our community recognizes their own health challenges - 21.6% of our residents themselves have rated their health as either fair or poor.<sup>13</sup> Our mission to improve the health of our community combined with our desire to collaborate with community partners will allow us to address the healthcare disparities experienced by our community, and improve overall health outcomes.

*“There is still a population in South Los Angeles that lacks access to care. We need to shift the culture of health from a pursuit of healthcare as episodic to one of being proactive and obtaining health education and preventive services.”*

—Community Member

## Health Status and Health Outcomes

### Chronic Disease

Chronic diseases are the leading cause of death and disability in the United States. The Center for Disease Control and Prevention (“CDC”) estimates that almost 50% of the United States population has at least one chronic disease. These conditions can be disabling and reduce a person's quality of life, especially if left undiagnosed or untreated. Further, many chronic diseases can be prevented, delayed, or alleviated through simple lifestyle changes. The CDC estimates that eliminating three risk factors – poor diet, inactivity, and smoking – would prevent:

- 80% of heart disease and stroke;
- 80% of type 2 diabetes; and
- 40% of cancer

Additionally, research completed by the CDC's Racial and Ethnic Approaches to Community Health (“REACH”) has concluded the following:

- Chronic diseases and their risk factors can be more common and severe for racial and ethnic minority groups than for non-Hispanic whites. These health disparities are caused by complex factors such as differences in income, education, community conditions, and access to health care

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<sup>13</sup> Source: California Health Interview Survey, 2015. <http://ask.chis.ucla.edu/>

- Specific to chronic conditions:
  - Non-Hispanic African Americans are 40% more likely than non-Hispanic whites to have high blood pressure, and they are less likely to have this condition under control
  - The rate of diagnosed diabetes is 77% higher among non-Hispanic African Americans, 66% higher among Hispanics, and 18% higher among Asians than among non-Hispanic whites
  - Hispanics are more likely to develop asthma, cervical cancer, end-stage renal disease, HIV, liver disease, and tuberculosis when compared to non-Hispanic whites. Additionally, when compared to non-Hispanic white children, Latino children are more likely to suffer from infant mortality, asthma, obesity, and depression<sup>14</sup>
  - American Indians and Alaska Natives are 60% more likely to be obese than non-Hispanic whites
  - Life expectancy for non-Hispanic African Americans is 75.1 years, compared to 78.9 years for non-Hispanic whites

Racial and ethnic minority populations often receive poorer quality of care and face more barriers in seeking care, including preventive care and chronic disease management, than do non-Hispanic whites. These disparities can lead to poor health outcomes and higher health care costs. Our community consistently has higher prevalence of chronic diseases, as described in the table provided below. These trends are largely driven by environmental and behavioral factors prevalent in our community – including exposure to environmental toxins, lack of healthy food options, an absence of green space for physical activity, and an abundance of opportunities to consume unhealthy food and alcohol.

Metric	SPA 6	Los Angeles County	California
Percent Diagnosed with Asthma, Total Population	11.3%	12.1%	14.1%
Percent of Adults Diagnosed with Diabetes	14.7%	10.0%	8.9%
Percent of Adults Diagnosed with Heart Disease	5.3%	5.3%	5.9%
Percent of Adults Diagnosed with High Cholesterol	22.2%	25.2%	
Percent of Adults Diagnosed with High Blood Pressure	35.7%	27.3%	28.5%

Source: California Health Interview Survey, 2012-2014. <http://ask.chis.ucla.edu/>; "Key Indicators of Health by Service Planning Area." Los Angeles County Department of Public Health. January 2017.

<sup>14</sup> Latino Health Disparities Compared to Non-Hispanic Whites. Families USA. July 2014. <http://familiesusa.org/product/latino-health-disparities-compared-non-hispanic-whites>



## Mortality and Leading Causes of Death

SPA 6 has the second highest age-adjusted mortality rate across the eight service planning areas in Los Angeles County, with 726.6 deaths per 100,000 residents. This rate is 22.4% higher than the average for Los Angeles County (593.5), and 50.3% higher than West Los Angeles (SPA 5), which had the lowest reported mortality rate of the eight SPAs (483.3).<sup>15</sup> Additionally, our service area has higher mortality rates for almost all leading causes of death when compared to Los Angeles County and California overall, demonstrating our community's need for access to high quality preventative and specialty healthcare services.

### Leading Causes of Death, Age-Adjusted Mortality Rate per 100,000 Persons, 2013

Cause of Death	SPA 6	Los Angeles County	California
Heart Disease	209.6	159.0	151.8
Cancer	159.0	140.1	147.0
Cerebrovascular Diseases	40.4	32.8	34.9
Diabetes	37.6	21.9	20.6
Chronic Lower Respiratory Diseases	33.0	30.2	35.3
Pneumonia and Flu	31.1	22.4	16.6
Accidents	23.9	20.9	29.2
Alzheimer's Disease	22.0	25.1	30.0
Hypertension/ Hypertensive Renal Disease	13.5	11.9	11.2*
Nephritis/ Nephrotic Syndrome/ Nephrosis	15.9	9.3	7.2

Sources:

Center for Disease Control and Prevention National Center for Healthcare Statistics. California Leading Causes of Death Database. <https://www.cdc.gov/nchs/pressroom/states/california/california.htm>

"Key Indicators of Health by Service Planning Area." Los Angeles County Department of Public Health. January 2017.

[http://publichealth.lacounty.gov/ha/docs/2015LACHS/KeyIndicator/PH-KIH\\_2017-sec%20UPDATED.pdf](http://publichealth.lacounty.gov/ha/docs/2015LACHS/KeyIndicator/PH-KIH_2017-sec%20UPDATED.pdf)

Los Angeles County Department of Public Health Mortality Dataset. <https://dqs.publichealth.lacounty.gov/query.aspx?d=62>

\*Data reported reflects 2014 calendar year. 2013 comparable data was not available.

<sup>15</sup> "Key Indicators of Health by Service Planning Area." Los Angeles County Department of Public Health. January 2017.

Emergency Department	Inpatient Discharge Diagnosis
1. Abdominal and pelvic pain	1. Primary hypertension
2. Chest pain	2. Type 2 diabetes mellitus
3. Headache	3. Congestive heart failure
4. Bilious vomiting	4. Acidosis
5. Cervicalgia	5. Chest pain

Source: Martin Luther King, Jr. Community Hospital

## Maternal and Child Health

Our community's maternal and child health status outcomes are indicative of the challenges faced by women in our service area.

- Given the fact that our patients experience limited access to providers, it is not surprising that a lower portion of our pregnant mothers receive timely prenatal care. This results in a higher rate of premature babies, of which a portion will experience developmental delays throughout childhood.
- High rates of obesity exist in our service area, a trend fueled by our community's social and environmental challenges. Obese pregnant women are at a higher risk to develop pre-eclampsia, hypertension, and gestational diabetes, and they are more likely to need cesarean sections with higher rates of complications from the surgery, including infections, hernias, and internal bleeding. Further, obese mothers tend to have larger babies (e.g., nine pounds or greater), and these babies have higher rates of birth complications, including:
  - Neural tube defects such as spina bifida
  - Cardiovascular defects
  - Cleft lip and cleft palates
  - Hydrocephaly
  - Limb reduction abnormalities
  - Shoulder dystocia, which can lead to permanent fetal injury during birth, neurological disorders, and even death

Metric	MLKCH Service Area	Los Angeles County	California
Percent of Births to Teenage Mothers (Under the Age of 20 Years Old)	11.6%	6.3%	6.2%
Percent of Mothers with On-Time Entry into Prenatal Care	77.5%	84.9%	83.6%
Percent of Births Resulting in Low Birth Weight Babies (<2,500 g)	7.7%	7.0%	6.8%
Infant Mortality Rate	6.1	4.3	4.7
Breastfeeding Initiated	88.2%	93.1%	Not Available
Breastfeeding Exclusively for Six Months	44.7%	49.7%	Not Available
Breastfeeding Exclusively for Twelve Months	31.7%	27.6%	Not Available

Sources: California Department of Public Health, Vital Statistics Query System, 2013  
<http://informaticsportal.cdph.ca.gov/chsi/vsqs/>; California Health and Human Services Data Portal, 2013  
<https://chhs.data.ca.gov/browse?category=Demographics>; Los Angeles County Health Survey, 2017.  
[www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm](http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm)

\* Infant Mortality Rate for the Hospital Service Area is approximate.

## Disability

Almost 40% of our adult community has reported at least one disability. Combined with aging of the baby boomer population, our community is faced with unique challenges related to aging and disability. A higher portion of older adults with disabilities implies a greater demand for long-term care services.

### Population with a Disability

Characteristic	SPA 6	Los Angeles County	California
Adults with a Disability	39.4%	28.6%	28.9%
Disabled Persons with Health Insurance	35.0%	84.6%	87.8%

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

## HIV/AIDS

Despite a declining rate of HIV/AIDS diagnoses in our community, SPA 6 still has a higher incidence of these cases when compared to Los Angeles County overall.

- Rates of new diagnoses are highest among males, young adults ages 20 to 29 years, and African Americans.
- 83% of the new cases were reportedly via male-to-male sexual contact, 10% via heterosexual sex, and 7% were cases where IV drug use was implicated.

### HIV/AIDS Diagnoses, Number and Rate per 100,000 Persons, 2011 – 2013

Geographic Area	2011		2012		2013	
	Number	Rate	Number	Rate	Number	Rate
SPA 6	279	28	233	23	244	24
Los Angeles County	1,997	20	2,012	20	1,820	18

Source: County of Los Angeles, Public Health, 2014 Annual HIV / STD Surveillance Report  
<http://publichealth.lacounty.gov/dhsp/Reports/HIV-STDsurveillanceReport2014.pdf>

### Sexually Transmitted Infections

SPA 6 has the highest rate of chlamydia and the second-highest rate of gonorrhea and early syphilis among all other Service Planning Areas in Los Angeles County.

- Females ages 20 to 24 years have the highest rates of chlamydia, males ages 20 to 29 years have the highest rates of gonorrhea, and males ages 25 to 34 years have the highest syphilis rates
- African Americans have the highest rates of the listed sexually transmitted infections

### STI Cases, Rate per 100,000 Persons, 2014

Sexually Transmitted Infection	SPA 6	Los Angeles County
Chlamydia	993	551
Gonorrhea	305	154
Early Syphilis (Primary/ Secondary or Early Latent)	15	26

Source: County of Los Angeles, Public Health, 2014 Annual HIV / STD Surveillance Report  
<http://publichealth.lacounty.gov/dhsp/Reports/HIV-STDsurveillanceReport2014.pdf>

### Dental Care

12.7% of children in SPA 6 were reported as having never been to a dentist. 43.1% of adults in SPA 6 had been to the dentist in the past year, compared to 59.3% of adults in the County who had been to the dentist during this same time period. Historically, Medi-Cal, which covers the largest portion of our population, has not offered rich benefits for dental services, and the State will periodically limit benefits and even exclude adults from this coverage due to budget limitations. Research published by the Mayo Clinic shows that poor oral health impacts physical health by contributing to the following diseases and conditions:

- Endocarditis
- Cardiovascular disease
- Hypertension
- Premature births during pregnancy, and low birth weight babies

*“Dental care is fragmented. There is a lack of education of the importance of dental care and the impact it has on physical care. There is a lack of resources for how patients can access clinics and Denti-Cal. Patients are presenting late and have advanced disease and limited resources.”*

*—MLKCH Patient and Community Member*

#### Delay of Dental Care Among Children and Teens, 2013-2014

Trend	SPA 6	Los Angeles County	California
Children Never Been to the Dentist	12.7%	18.1%	17.7%
Children Been to Dentist Less Than 6 Months to 2 Years	86.9%	80.9%	81.2%
Teens Never Been to the Dentist	0.0%	2.6%	2.1%
Teens Been to Dentist Less Than 6 Months to 2 Years	98.4%	94.9%	94.8%

Source: California Health Interview Survey, 2013-2014. <http://ask.chis.ucla.edu/>

\* = statistically unstable due to sample size

#### Adult Dental Care

Trend	SPA 6	Los Angeles County
Adults Who Have Dental Insurance that Pays for Some or All of Their Routine Dental Care	37.1%	48.2%
Adults Unable to Obtain Dental Care Because They Could Not Afford It	44.5%	30.3%
Adults Who Reported Their Last Visit to a Dentist Was Less Than 12 Months Ago *	43.1%	59.3%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011 and \*2015. [www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm](http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm)

## Preventive Practices

### Flu and Pneumonia Vaccine

Given the challenges our community experiences accessing much needed medical and dental care, it is not surprising that many of our residents go without primary preventive care. Specifically, our community has lower rates of receiving flu and pneumonia vaccinations when compared to Los Angeles County and California. For some, our rates are less than half of the Healthy People 2020 Target. This results in higher rates of inpatient hospitalizations, pneumococcal infections, and even death if infections are untreated or if medical care is delayed.

Characteristic	SPA 6	Los Angeles County	California	Healthy People 2020 Target
Received Flu Vaccine, 65+ Years Old	58.5%	69.7%	72.7%	90.0%
Received Flu Vaccine, 18-64	34.5%	32.5%	37.4%	70.0%
Received Flu Vaccine, 6 Months-17 Years Old	57.4%	47.8%	53.7%	70.0%
Adults 65+, Had a Pneumonia Vaccine	51.1%	62.0%	Not Reported	90.0%

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

Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

## Immunization of Children

Four school districts support our community – Compton Unified School District, Los Angeles Unified School District, Lynwood Unified School District, and Paramount Unified School District. Of the four, the Los Angeles Unified School District had the lowest student immunization compliance at 85.6% of children entering kindergarten; this rate is below both County and State averages. The Compton school district stands out as a high performer.



## Up-to-Date Immunization Rates of Children Entering Kindergarten, 2015-2016

School District	Immunization Percent
Compton Unified School District	95.3%
Los Angeles Unified School District	85.6%
Lynwood Unified School District	92.8%
Paramount Unified School District	91.2%
<b>Los Angeles County</b>	<b>91.4%</b>
<b>California</b>	<b>92.9%</b>

Source: California Department of Public Health, Immunization Branch, 2015-2016.  
<https://www.cdph.ca.gov/programs/immunize/Pages/ImmunizationLevels.aspx>

## Mammograms and Pap Smears

When compared to the Health People 2020 Targets, not nearly enough women in our community are seeking preventative healthcare services based upon recommended clinical guidelines, specifically for mammograms and pap smears.

### Percentage of Women Receiving Mammograms and Pap Smears

Metric	SPA 6	Los Angeles County	Healthy People 2020 Target
Women 50-74 Years, Had a Mammogram in Past Two Years	77.6%	77.3%	81.1%
Women 21-65; Pap Smear in Past Three Years	84.2%	84.4%	93.0%

Source: Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Factors that contribute to this trend in our community include:

- Low income, or worry about cost
- Lack of access to care (or lack of a local (or easy to get to) mammography center or lack of transportation to such a center
- Lack of awareness of breast or cervical cancer risks and screening methods
- Lack of child care
- Lack of sick leave or inability to miss work
- Cultural and language differences

According to research conducted by the American Cancer Society, Hispanic/Latina women age 40 years and older are the least likely to have had a mammogram in the past two years.<sup>16</sup>

## Healthy Behaviors

The CDC found that more than one-third of our nation's adults are obese, and the associated medical costs for them are roughly \$1,429 higher than for those who are at what is considered a healthy weight. While millions of Americans struggle with weight issues, they are also at risk for - or are already suffering from - associated chronic diseases such as type 2 diabetes, heart disease, cancer or stroke.<sup>17</sup> Socioeconomic issues are tied to obesity and healthy behaviors. Studies have found that communities with the highest obesity rates and unhealthy behaviors are those that are socioeconomically disadvantaged, often lacking in basic resources such as access to healthy food, safe places to exercise, and the overall standard of care that they need to get healthy. Research has also proven that obesity and chronic disease is especially widespread among Americans with the low levels of education and those with the highest poverty rates – all challenges that we have found to exist on a large scale throughout our community. Based upon the *County Health Rankings 2017 Report*, Los Angeles County was ranked 21<sup>st</sup> of 57 counties across the State based upon four major health indicators: adult smoking, obesity and physical inactivity, excessive drinking, and sexually transmitted infections. For some metrics, we are far below County and State averages, with great opportunity to positively affect change in the overall health of our community and the way they live each day.

*“A serious problem in our community stems from lack of quality food, and quality at an affordable price, systemic problems of lacking good jobs and economic empowerment. If you don't make a lot of money, your definition of a quality meal is Ramen Noodles or Cup-a-Soup or a low-quality piece of meat and bread and pasta. We are more of a reactive community than a preventative community. We find out we have diabetes, then the solution is to take diabetes medicine every day and not create a healthier lifestyle.”*

*—Community Member*

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<sup>16</sup> American Cancer Society. Cancer Prevention & Early Detection Facts & Figures, 2015-2016.

<sup>17</sup> Centers for Disease Control and Prevention. Data and Statistics, 2015. <https://www.cdc.gov/obesity/data/index.html>

## Overweight and Obesity Prevalence

High rates of overweight and obesity exist in our community. Further, SPA 6 is not meeting the Healthy People 2020 Target for obesity – 30.5% for adults age 20 years and older, and 16.1% for teens.

### Overweight and Obesity

Population Cohort	SPA 6	Los Angeles County	California
<b>Overweight:</b>			
Adult (18+ Years)	37.6%	35.2%	35.4%
Teen (Ages 12-17)	14.3%	19.2%	17.2%
Child (Under 12)	16.8%	12.7%	12.5%
<b>Obesity:</b>			
Adult (Ages 20+ Years)	38.7%	25.9%	25.8%
Teen (Ages 12-17 Years)	19.7%	14.9%	14.9%

Source: California Health Interview Survey, 2011-2014. <http://ask.chis.ucla.edu/>

African Americans and Hispanics/Latinos, which represent 93% of our service area population, have the highest rates of overweight and obese adults.

### Adults, 20+ Years of Age, Overweight and Obesity by Race / Ethnicity

Ethnic Cohort	SPA 6	Los Angeles County	California
African American	79.1%	75.8%	74.2%
Asian	43.1%	39.3%	40.6%
Hispanic/Latino	76.6%	72.0%	73.5%
White	55.6%	55.2%	58.1%

Source: California Health Interview Survey, 2011-2014. <http://ask.chis.ucla.edu/>

## Physical Fitness

The physical fitness test (PFT) for students in California schools is the FitnessGram®, of which body composition is one of the components measured. Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement or at health risk (overweight/obese).

- In Compton Unified School District, over half of all 5th (55.8%) and 9th graders (51.6%) tested as needing improvement or at health risk.
- In LAUSD and Lynwood Unified School District, almost half of the 5th graders (49.8% and 49.5% respectively) tested as needing improvement or at health risk. Among 9th graders the rates were improved but showed a higher rate of unhealthy body composition than County and State rates.

### 5<sup>th</sup> and 9<sup>th</sup> Graders, Body Composition, Needs Improvement + Health Risk

School District	Fifth Grade	Ninth Grade
Compton Unified School District	55.8%	51.6%
Los Angeles Unified School District	49.8%	45.6%
Lynwood Unified School District	49.5%	41.3%
Paramount Unified School District	N/A	38.9%
<b>Los Angeles County</b>	<b>44.0%</b>	<b>39.0%</b>
<b>California</b>	<b>40.3%</b>	<b>36.0%</b>

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2014-2015.  
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

## Physical Activity

As mentioned earlier in this report, SPA 6 has fewer parks and green space available when compared to Los Angeles County. Given this trend, our community actually performs slightly better for combined child and teen sedentary rates when compared to the County and State. However, when evaluating teens exclusively, this age group demonstrated higher sedentary rates and less time spent in parks and other open spaces.

### Physical Activity

Characteristic	SPA 6	Los Angeles County	California
5+ Hours Spent on Sedentary Activities After School On a Typical Weekday - Children and Teens	9.9%	11.2%	11.4%
8+ Hours Spent on Sedentary Activities On a Typical Weekend Day - Children and Teens	11.3%	25.2%	22.8%

<b>Teens No Physical Activity in a Typical Week</b>	14.5%	9.4%	8.6%
<b>Teens Visited Park/Playground/Open Space in Past Month</b>	65.9%	69.9%	71.9%

Source: California Health Interview Survey, 2013-2014; <http://ask.chis.ucla.edu/>

Further, only 39.4% of our adults indicated that they use community walking paths, parks, and playgrounds. This trend is also attributed to the limited green space available in our community, as well as the fact that only 40% of our adults perceive their neighborhoods to be safe.

### Adults Use of Walking Paths, Playgrounds or Sports Fields in Their Neighborhoods

Characteristic	SPA 6	Los Angeles County
<b>Yes, Use Walking Path, Parks and Playgrounds</b>	39.4%	47.5%
<b>No, Do Not Use</b>	38.9%	37.2%
<b>Neighborhood Does Not Have</b>	21.7%	15.2%

Source: Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

### Eating Habits

SPA 6 has higher rates of fast food and soda consumption among adults and children when compared to the County and State. This trend is directly related to the fact that portions of our community are identified as food deserts, with limited access to healthy, fresh, and affordable food and an overabundance of fast food available throughout our service area, resulting in high rates of overweight and obesity across our population.

*“A large portion of our population is obese or overweight so it’s a huge problem because prevalence is so high. A lack of fresh fruits and vegetables and exercise, it’s just so part of our culture.”*

*—Community Member*

## Eating Habits

Metric	SPA 6	Los Angeles County	California
Adult, Aged 18-64, Fast Food Consumption	30.7%	26.8%	23.9%
Children and Youth, 0-17 Years of Age, Fast Food Consumption	20.6%	16.4%	14.9%
Adult Soda Consumption	16.8%	10.2%	10.1%
Drank 1 or More Glasses of Soda the Previous Day, Children Ages 0 – 11 Years	18.6%	15.6%	15.4%
Drank 1 or More Glasses of Soda the Previous Day, Teens, Ages 12 – 17 Years	49.0%	37.6%	34.5%
Consumption of Fruit, 2 or More Servings a Day, Children Ages 0 – 11 Years	76.6%	67.6%	69.8%
Consumption of Fruit, 2 or More Servings a Day, Teens Ages 12 – 17 Years	47.9%	54.9%	56.0%

Source: California Health Interview Survey, 2011-2014; <http://ask.chis.ucla.edu/>

## Mental Health and Substance Abuse

A recent report from the CDC revealed the urgent state of mental health across our nation: from 1999 to 2014, the age-adjusted suicide rate in the U.S. jumped by 24 percent. Suicides rose for both men and women across all ages 10 to 74 years old.<sup>18</sup> Our country as a whole is facing serious challenges addressing mental health, and these challenges are further compounded in underserved communities where individuals are faced with social, emotional, environmental, and physical disparities. Unfortunately, SPA 6 is not unique and our residents experience increasing barriers to mental healthcare access, including:

- Lack of access and a substantial shortage of mental health professionals that practice in our community
- Cost of care
- Low perceived need in which our residents feel as though they can handle the problem without treatment
- A feeling of shame or sense that mental health service use would have a negative effect on relationships and employment

<sup>18</sup> Centers for Disease Control and Prevention. Data and Statistics, 2015. <https://www.cdc.gov/obesity/data/index.html>

<sup>19</sup> Pittalwala, Iqbal. "Study points to how low-income, resource-poor communities can reduce substance abuse." ScienceDaily. April 21, 2016. <https://www.sciencedaily.com/releases/2016/04/160421171353.htm>



Within the past year, almost half of the adults in SPA 6 (45.6%) who needed help for an emotional or mental health problem did not receive treatment, and our community consistently demonstrates high rates of psychological distress across our adult and teen populations.

#### Mental Health Indicators, Adults

Characteristic	SPA 6	Los Angeles County	California
Adults who had Serious Psychological Distress During Past Year	8.2%	9.6%	7.7%
Adults who Needed Help for Emotional-Mental and/or Alcohol-Drug Issues in Past Year	15.0%	18.0%	15.9%
Adults who Saw a Health Care Provider for Emotional/Mental Health and/or Alcohol-Drug Issues in Past Year	10.9%	13.0%	12.0%
Has Taken Prescription Medicine for Emotional/Mental Health Issue in Past Year	8.0%	9.2%	10.1%
Sought/Needed Help but Did Not Receive Treatment	45.6%	43.2%	43.4%

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

#### Mental Health Indicators, Teens

Characteristic	SPA 6	Los Angeles County	California
Teens Who Needed Help for Emotional or Mental Health Problems in Past Year	13.8%	19.1%	19.8%
Teens Who Had Serious Psychological Distress During the Past Month	4.8%	4.9%	4.2%

Source: California Health Interview Survey, 2011-2014. <http://ask.chis.ucla.edu/>

#### Adult Social and Emotional Support

Characteristic	SPA 6	Los Angeles County
Adults Who Report Receiving the Social and Emotional Support They Need, Usually or Always	55.7%	64.0%

Source: Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

## Adults with Depression

Characteristic	SPA 6	Los Angeles County
At Risk for Major Depression	16.8%	11.8%
Ever Diagnosed with Depression	11.9%	13.0%
Current Depression and Currently Being Treated or Having Symptoms of Depression	8.4%	8.6%

Source: Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDATATopics2015.htm>

## Tobacco/Alcohol/Drug Use

Our community has similar rates of smoking and binge drinking when compared to Los Angeles County overall. Additionally, almost 30% of our teens reported illegal drug use – a rate that is nearly double when compared to the County and State overall. Research conducted by the University of California-Riverside between 2010 and 2012 found that illegal drug use (e.g, cocaine) among African Americans and other minority populations has increased substantially in some of the most underserved areas of the United States<sup>19</sup> and those afflicted do not have the financial resources for formal substance abuse recovery and rehabilitation programs. These populations rely heavily on support from non-drug using family and friends, and need access to employment, the faith community, and education to reduce and overcome substance abuse.

Metric	SPA 6	Los Angeles County	California
Percent of Adults Who Smoke Cigarettes	13.0%	13.3%	11.6%
Percent of Adults who Report Binge Drinking During the Past Year	31.9%	31.5%	32.6%
Percent of Teens who Report Ever Having an Alcoholic Drink	27.9%	27.3%	26.4%
Percent of Teens Who Report Ever Trying Illegal Drugs, Including Marijuana, Cocaine, Sniffing Glue Or Others*	28.5%	15.2%	13.2%
Percent of Teens who Report Using Marijuana in Past Year*	7.7%	10.2%	9.2%
Percent of Adults who Report Using Any Form of Marijuana in the Past Year	11.9%	11.6%	Not Reported
Percent of Adults Who Report Misusing Any Form of Prescription Drugs in the Past Year	6.8%	5.5%	Not Reported

Sources: California Department of Public Health; California Health Interview Survey, 2011-2014, <http://ask.chis.ucla.edu>; Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDATATopics2015.htm>

<sup>19</sup> Pittalwala, Iqbal. "Study points to how low-income, resource-poor communities can reduce substance abuse." ScienceDaily. April 21, 2016. <https://www.sciencedaily.com/releases/2016/04/160421171353.htm>

## Conclusions

Our community, while rich in diversity and culture, represents one of Los Angeles County’s most vulnerable and underserved populations, with poverty rates, unemployment, and metrics of poor health and unhealthy behaviors exceeding other regions in Los Angeles County. Our 1.3 million residents are 93% Hispanic or African American, and 45,000 are dual-eligible for both Medi-Cal and Medicare and have some of the most complex and costly healthcare needs in all of our community. Major disparities and inequity exist in our local healthcare system today – we have the lowest rate of inpatient licensed beds and ED stations in all of Los Angeles County, and access to any provider – including primary and specialty providers in both the ambulatory and inpatient care settings, as well as post-acute providers, is very limited. Many of our patients are transferred or referred out of the area for care because our community does not have the capacity and infrastructure for common specialty care programs, such as interventional cardiology, outpatient colonoscopies and endoscopies, interventional radiology for vascular diseases, urology and uro-gynecology procedures, and many ambulatory surgery procedures. Once these patients are transferred out, there is little to no care coordination or follow-up care locally to manage these conditions. Further, education opportunities and access to healthy, affordable food, quality housing, and green space is scarce, and our community has high rates of crime, drug use, and fast food consumption, and an overabundance of liquor stores. Given these challenges, it is not surprising that our community has higher rates of chronic diseases, mortality, and obesity, a culture of unhealthy behaviors, and delayed receipt of critical healthcare services.



Recognizing that economic opportunities, environmental factors, health care infrastructure, and social networks are key determinants of health, MLKCH is focused on reaching beyond the walls of the Hospital to address these healthcare disparities and build health equity in our community. Through this process, we have analyzed data and obtained input from our community stakeholders to identify significant health needs in our community.



### Significant Health Needs in Our Community

Primary and Preventative Care Access	Specialty Care Access	Care Coordination	Chronic Disease Management
Dental Care	Local Healthcare Infrastructure and Capacity	Healthy and Safe Environment	Maternal and Infant Health
Mental Health	Overweight and Obesity	Sexually Transmitted Infections	Substance Abuse

As we move forward, these priority areas will be used to guide the development of a Community Benefit Plan, with initiatives designed to address these issues, such as:

- Expanding access to primary and specialty outpatient care services to promote prevention (immunizations and screenings), and manage chronic conditions
- Offering more women’s health care services to address the need for prenatal care, other reproductive health care, and access to preventative screening services such as mammograms and pap smears
- Providing more health education and support so that residents understand the healthcare services that are available to them locally, as well as to provide them with the right information, in language they understand, so they can live healthier lifestyles and better manage their own chronic conditions
- Addressing the need for more resources to: 1) help people struggling with mental health conditions and substance abuse; and 2) house and stabilize people who are homeless or at risk of becoming homeless
- Collaborating with our community partners to promote an environment and lifestyle of health and wellness that includes: access to healthy, fresh, affordable food through farmers markets, grocery stores, and healthier restaurants; expansion of safe, green space throughout our neighborhoods; and a reduction in the number of liquor stores dispersed throughout our community.

Building a healthy community requires multiple stakeholders working together with a common purpose. We look forward to using this CHNA as our foundation to collaborate with our partners as we seek to fulfill our mission of “improving the health of our community” and building healthy equity in an area that has been deserving for so long.

## Appendix A: Community Stakeholder Interviews Completed

Community input was obtained from academic research experts, public health professionals, representatives from organizations that represent medically underserved, low-income, or minority populations, and community residents.

Name	Title	Organization
John Baackes	Chief Executive Officer	LA Care Health Plan
Danny Bakewell, Jr.	Editor	Los Angeles Sentinel
Dr. Medell Briggs	Senior Medical Director of Quality	Martin Luther King, Jr. Community Hospital
Cynthia Davis	Assistant Professor	Charles Drew University
Dr. Helen Duplessis	Chief Medical Officer	St. John's Well Child and Family Center
Dr. John Fisher	Chief Medical Officer	Martin Luther King, Jr. Community Hospital
Dr. Stan Frencher	Urologist, Director of Surgical Outcomes and Quality	Martin Luther King, Jr. Community Hospital
Kennetha Gaines	Director of Maternal Child Health	Martin Luther King, Jr. Community Hospital
Dr. Marianne Gausche-Hill	Medical Director	Los Angeles County Emergency Medical Services Agency
Ozie Gonzaque	Community Leader	Gonzaque Village Public Housing
Sweet Alice Harris	Parents of Watts	Community Leader and Organizer
Dr. Damien Kessler	Principal	George Washington Carver Elementary School
Dr. Jan King	Area Health Officer, West and South Los Angeles	Los Angeles County Department of Public Health
Dr. Nathana Lurvey	Chair of Women and Children Services	Martin Luther King, Jr. Community Hospital
Louise McCarthy, MPP	President and Chief Executive Officer	Community Clinic Association of Los Angeles
Dr. Vynette Moore	Program Manager	Shields for Families/Welcome Baby
Yesenia Mounsour	Public Affairs and Brand Communication	Kaiser Permanente
Cynthia Oliver	Chief Executive Officer, Outpatient Center	Martin Luther King, Jr. Outpatient Center
Gary Painter, Ph.D.	Director of Social Policy	USC Sol Price Center for Social Innovation
Reginald Pope	Reverend	Bethel Missionary Baptist Church



Name	Title	Organization
Alberto Retana	Chief Executive Officer	Community Coalition South Los Angeles
Jan Robinson-Flint	President	Black Women for Wellness
Dr. Ellen Rothman	Chief Medical Officer	Martin Luther King, Jr. Outpatient Center
Barbara Stanton	Watts Theater	Community Leader
Nina Vaccaro, MPH	Chief Operating Officer	Community Clinic Association of Los Angeles
Yolanda Vera	Senior Deputy	Health Advocacy and Chief Counsel, Los Angeles County Supervisor Mark Ridley-Thomas
Gloria Walton	President	SCOPE/AGENDA
Tim Watkins	President and CEO	Watts Labor Community Action Committee

## Appendix B: Healthcare Resources Available In Our Community

Community resources to potentially address the identified significant health needs are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to Think Health LA at [www.thinkhealthla.org](http://www.thinkhealthla.org) and 211 LA County at <https://www.211la.org/>.

Significant Health Needs	Community Resources
<b>Access to care</b>	<ul style="list-style-type: none"> <li>● Black Women for Wellness</li> <li>● Community Coalition South Los Angeles</li> <li>● Community Health Centers</li> <li>● Healthy Way LA</li> <li>● Los Angeles County Department of Public Health</li> <li>● South Los Angeles Health Councils</li> </ul>
<b>Community safety</b>	<ul style="list-style-type: none"> <li>● Community Coalition South Los Angeles</li> <li>● Elevate Your G.A.M.E.</li> <li>● Faith community</li> <li>● Neighborhood Watch</li> <li>● Parents of Watts</li> <li>● Parks after Dark</li> <li>● Schools and school districts</li> <li>● Summer Night Lights</li> <li>● Watts Library Program</li> </ul>
<b>Dental care</b>	<ul style="list-style-type: none"> <li>● Community Health Centers</li> <li>● Healthy Smiles</li> <li>● USC School of Dentistry, mobile dental clinic</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>● American Diabetes Association</li> <li>● Community Health Centers</li> <li>● Promotoras</li> <li>● Schools and school districts</li> </ul>

Significant Health Needs	Community Resources
<b>Heart Disease</b>	<ul style="list-style-type: none"> <li>● American Heart Association</li> <li>● Choose Health LA</li> <li>● Community Health Centers</li> <li>● Los Angeles County Office of Education</li> <li>● Parks and Recreation programs</li> </ul>
<b>Maternal and Infant Health</b>	<ul style="list-style-type: none"> <li>● Best Start</li> <li>● Child Care Alliance of Los Angeles</li> <li>● First 5 LA</li> <li>● Los Angeles County Department of Public Health</li> <li>● Los Angeles Unified School District</li> <li>● Planned Parenthood</li> <li>● SHIELDS for Families</li> <li>● Welcome Baby</li> <li>● WIC (Women, Infants and Children)</li> </ul>
<b>Mental health</b>	<ul style="list-style-type: none"> <li>● Caring Connections</li> <li>● Community Family Guidance Center</li> <li>● Community Health Centers</li> <li>● Exodus Recovery</li> <li>● Los Angeles County Department of Mental Health</li> <li>● NAMI</li> <li>● Schools and school districts</li> <li>● Watts Counseling and Learning Center</li> </ul>
<b>Overweight and obesity</b>	<ul style="list-style-type: none"> <li>● Community Health Centers</li> <li>● Farmer’s Markets</li> <li>● Los Angeles Food Policy Council</li> </ul>

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> <li>• Playful City USA</li> <li>• WIC (Women, Infants and Children)</li> </ul>
<b>Sexually Transmitted Infections</b>	<ul style="list-style-type: none"> <li>• AIDS Project Los Angeles Health &amp; Wellness</li> <li>• BIENESTAR</li> <li>• Black Women for Wellness</li> <li>• Community Health Centers</li> <li>• Los Angeles County Department of Public Health</li> <li>• Planned Parenthood</li> </ul>
<b>Substance abuse</b>	<ul style="list-style-type: none"> <li>• Alcoholics Anonymous</li> <li>• Faith community</li> <li>• LA CADA</li> <li>• LA County Sheriff's Department</li> <li>• Narcotics Anonymous</li> <li>• SHIELDS for Families</li> <li>• UCLA Addiction Center</li> </ul>

An inventory of additional health providers and resources available in our community are provided below and on the following pages.

### Community Clinics

Facility Name	Street Address	City	ZIP Code
<b>Aghaby Comprehensive Community Health Center</b>	349 W. Compton Boulevard	Compton	90220
<b>All Care One Community Health Center</b>	7300 Santa Fe Avenue	Huntington Park	90255
<b>Altamed Medical Group – Huntington Park</b>	1900 E. Slauson Avenue	Huntington Park	90255
<b>Altamed Pace – Huntington Park</b>	1900 E. Slauson Avenue, Suite B	Huntington Park	90255

Facility Name	Street Address	City	ZIP Code
Altamed Pace South Los Angeles	1776 E. Century Boulevard	Los Angeles	90002
Altamed Senior BuenaCare Lynwood	3820 Martin Luther King, Jr. Boulevard	Lynwood	90262
APLA Dental Services – S. Mark Taper Center	1741 E. 120th Street	Los Angeles	90059
APLA Health & Wellness Center – Baldwin Hills	3743 S. La Brea Avenue	Los Angeles	90016
BAART Lynwood Clinic	11315 Atlantic Avenue	Lynwood	90262
BAART Southeast Clinic	4920 Avalon Boulevard	Los Angeles	90011
BANJ Family Medical Clinic	3620 Martin Luther King, Jr. Boulevard	Lynwood	90262
Benevolence Health Center	611 E. Imperial Highway, Suite 107	Los Angeles	90059
Benevolence Health Center	920 N. Long Beach Boulevard, Suite 1	Compton	90221
BSNJ Health Center, Inc.	201 N. Central Avenue	Compton	90220
Central City Community Health Center	5970 S. Central Avenue	Los Angeles	90001
Central City Community Health Center – Mobile Unit	5968 S. Central Avenue	Los Angeles	90001
Central Neighborhood Health Foundation	2707 S. Central Avenue	Los Angeles	90007
Central Neighborhood Health Foundation	2614 S. Grand Avenue	Los Angeles	90011
Clinica Para La Mujer	3624 Martin Luther King, Jr. Boulevard	Lynwood	90262
Community Medicine, Inc.	8540 Alondra Boulevard, Suite B-2	Paramount	90723
Community Outreach Medical Services	4300 Crenshaw Boulevard	Los Angeles	90008
Complete Care Health Center – South Gate	5831 Firestone Boulevard, Suite E	South Gate	90280
Crenshaw Community Clinic	3631 Crenshaw Boulevard, Suite 109	Los Angeles	90016
Crenshaw Community Health Center	3756 Santa Rosalia Drive, Suite 400	Los Angeles	90008
Eisner Pediatric & Family Medical Center at Lynwood	3680 E. Imperial Highway	Lynwood	90262
Elizabeth Health Center – NECC	2822 E. Florence Avenue	Huntington Park	90255
Engemann Student Health Center	1031 W. 34th Street	Los Angeles	90089
Florence Medical Center	1039 W. Florence Avenue	Los Angeles	90044
Foshay Clinic	3751 S. Harvard Boulevard	Los Angeles	90018
Fremont Wellness Center	7821 Avalon Boulevard	Los Angeles	90003

Facility Name	Street Address	City	ZIP Code
Health Care Integrated Services	2600 N. Central Avenue, Suite B1	Compton	90222
Hill Street Medical and Mental Health Services	3130 S. Hill Street	Los Angeles	90007
Huntington Park Family Health Center	2680 Saturn Avenue	Huntington Park	90255
Jordan Wellness Center	10110 Juniper Street	Los Angeles	90002
Kedren Community Care Clinic	4211 Avalon Boulevard, Suite A	Los Angeles	90011
Locke Wellness Center	316 E. 111th Street	Los Angeles	90061
NECC Gage Health Center	2975 Zoe Avenue	Huntington Park	90255
Orthopaedic Institute for Children	403 W. Adams Boulevard	Los Angeles	90007
Planned Parenthood Basics, Baldwin Hills/Crenshaw	3637 S. La Brea Avenue	Los Angeles	90016
Planned Parenthood Los Angeles – Dorothy Hecht Center	8520 S. Broadway	Los Angeles	90003
Planned Parenthood of Los Angeles – S. Mark Taper for Medical Training Center	400 W. 30th Street	Los Angeles	90007
Planned Parenthood Los Angeles Stoller Filer Health Center	11722 Wilmington Avenue	Los Angeles	90059
R.O.A.D.S. Community Care Clinic	121 S. Long Beach Boulevard	Compton	90221
Salud Digna	5900 Pacific Boulevard, Suite 101	Huntington Park	90255
South Bay Family Health Care Center	742 W. Gardena Boulevard	Gardena	90247
South Central Family Health Center	4425 S. Central Avenue	Los Angeles	90011
South Gate Community Clinic	5720 Imperial Highway, Suite N-O	South Gate	90280
St. Anthony Medical Center/ Imperial Clinic	6368 Hollywood Boulevard	Los Angeles	90044
St. John’s Well Child and Family Center	326 W. 23rd Street	Los Angeles	90007
St. John’s Well Child and Family Center	1910 Magnolia Avenue	Los Angeles	90007
St. John’s Well Child and Family Center	5701 S. Hoover Street	Los Angeles	90037
St. John’s Well Child and Family Center	808 W. 58th Street	Los Angeles	90037
St. John’s Well Child and Family Center	4085 S. Vermont Avenue	Los Angeles	90037
St. John’s Well Child and Family Center	6505 8th Avenue	Los Angeles	90043
St. John’s Well Child and Family Center	1555 W. 110th Street	Los Angeles	90047
St. John’s Well Child Center/ Compton	2115 N. Wilmington Avenue	Compton	90222
St. John’s Well Child and Family Center	3628 E. Imperial Highway, Suite 301	Lynwood	90262
T.H.E Clinic at Ruth Temple Health Center	3834 S. Western Avenue	Los Angeles	90062



Facility Name	Street Address	City	ZIP Code
T.H.E Health and Wellness Center at La Brea	3721 S. La Brea Avenue	Los Angeles	90016
The Oasis Medical Clinic, Inc.	2635 Walnut Street	Huntington Park	90255
UMMA Community Clinic	711 W. Florence Avenue	Los Angeles	90044
Vermont Community Clinic	5320 S. Vermont Avenue	Los Angeles	90037
Watts Health Center	10300 Compton Avenue	Los Angeles	90002
Wesley Health Center	3580 E. Imperial Highway	Lynwood	90262
Wesley Health Center	3591 E. Imperial Highway	Lynwood	90262
Wellness Center at Jefferson High School	3410 Hooper Avenue	Los Angeles	90011

#### Community Health Centers and Other Outpatient Specialty Care Centers

Facility Name	Street Address	City	ZIP Code
Martin Luther King, Jr. Outpatient Center	1670 E. 120th Street	Los Angeles	90059
Martin Luther King, Jr. Center for Public Health	11833 S. Wilmington Avenue	Los Angeles	90059
Ruth Temple Health Center	3834 S. Western Avenue	Los Angeles	90062

## Dialysis Centers

Facility Name	Street Address	City	ZIP Code
Avalon Dialysis	5807 Avalon Blvd.	Los Angeles	90011
Beach Cities Dialysis - Gardena, IDS	1045 W Redondo Beach Blvd.	Gardena	90247
BMA Carson Community Dialysis	20710 Leapwood Ave.	Carson	90746
CA Imperial Care Dialysis, Davita	4345 E Imperial Hwy.	Lynwood	90262
Carson Avalon Dialysis, IDS	930 E Dominquez St.	Carson	90746
Compton Community Hemodialysis Center	801 W Compton Blvd.	Compton	90220
Florence Dialysis Center	351 W Florence Ave.	Los Angeles	90003
Gateway Plaza, Davita	1580 W Rosecrans Ave.	Compton	90222
Greater L A University Park Dialysis, Davita	3986 S Figueroa St.	Los Angeles	90037
Huntington Park Dialysis	5942 Rugby Ave.	Huntington Park	90255
Kenneth Hahn Plaza Dialysis Center	11854 Wilmington Ave.	Los Angeles	90059
Kidney Dialysis Care Unit	3600 Martin Luther King Jr Blvd.	Lynwood	90262
Kidney Dialysis Center Of Baldwin Hills, LLC.	3705 S La Brea Ave.	Los Angeles	90016
Los Angeles Dialysis Center	3901 S Western Ave.	Los Angeles	90062
Los Angeles Downtown Dialysis, Davita	2021 S Flower St.	Los Angeles	90007
Paramount Dialysis Center, Davita	8319 Alondra Blvd.	Paramount	90723
RAI Care Center Compton Los Angeles Dialysis Clinic	11859 Compton Ave.	Los Angeles	90059
Satellite Dialysis Of South Gate	8716 Garfield Ave.	Southgate	90280
U.S. Renal Care Carson-Avalon Dialysis	930 E Dominguez St.	Carson	90746
U.S. Renal Care Gardena Dialysis	1045 W Redondo Beach Blvd.	Gardena	90247
U.S. Renal Care Pacific Gateway Dialysis	1149 W 190th St.	Gardena	90248
University Park Dialysis Center	3986 S Figueroa St.	Los Angeles	90037
Vantage Medical Supply	427 N. Long Beach	Compton	90221

## Durable Medical Equipment

Facility Name	Street Address	City	ZIP Code
Broadway Medical Supply	8512 Broadway	Los Angeles	90003

## Home Health Agencies

Facility Name	Street Address	City	ZIP Code
Avalon Villa Care Center	12029 Avalon Boulevard	Los Angeles	90061
California Post-Acute Care	3615 East Imperial Highway	Lynwood	90262
Clear View Convalescent Center	15823 South Western Avenue	Gardena	90247
Country Villa East Nursing Center	2415 South Western Avenue	Los Angeles	90018
Country Villa University Park	230 E Adams Blvd.	Los Angeles	90011
Crenshaw Nursing Home	1900 South Longwood Avenue	Los Angeles	90016
All Care Enterprises, Inc.	1225 W 190th St.	Gardena	90248
Apex Home Health Services	3919 W Slauson Ave.	Los Angeles	90043
Bright Horizons Home Health Services, Inc.	10511 S Western Ave.	Los Angeles	90047
Carepointe Home Health Services, Inc.	454 E Carson Plaza Dr.	Carson	90746
Caringminds Services, Inc.	454 E Carson Plaza Dr.	Carson	90746
Charity Home Health Services	500 E Carson Plaza Dr.	Carson	90746
Forever Caring Home Health Services, Inc.	3756 Santa Rosalia Dr.	Los Angeles	90008
Gentle Care, Inc.	3701 Stocker St.	Los Angeles	90008
Independence Home Healthcare, Inc.	135 W Walnut St.	Gardena	90248
Light Home Health Agency	23601 Avalon Blvd.	Carson	90745
Maxim Healthcare Services, Inc.	1515 W 190th St.	Gardena	90248
Optimum Home Health Care Services, Inc.	9426 S Western Ave.	Los Angeles	90047
Reliance Home Health Services	16660 Paramount Blvd.	Paramount	90723
Salcare Home Health Services	15607 Lakewood Blvd.	Paramount	90723
Sanity Home Health Services, Inc.	10501 S Western Ave.	Los Angeles	90047
Supreme Visiting Nurses, Inc.	550 E Carson Plaza Dr.	Carson	90746
Vantage Home Health Care Services, Inc.	20620 Leapwood Ave.	Carson	90746
Welcome Baby LA - MLK Jr. Community Hospital	1680 E. 120Th Street	Los Angeles	90059
Wisdom Healthcare Services, Inc.	16921 S Western Ave.	Gardena	90247
All Care Enterprises, Inc.	1225 W 190th St.	Gardena	90248
Apex Home Health Services	3919 W Slauson Ave.	Los Angeles	90043

## Hospice

Facility Name	Street Address	City	ZIP Code
24/7 Alpha Hospice and Palliative Care	11900 Avalon Blvd.	Los Angeles	90061
A Spirit Of Support, Inc.	2013 W 48th St.	Los Angeles	90062
All Seasons Hospice	16660 Paramount Blvd.	Paramount	90723
Amanacer Community Counseling Services	1200 Wilshire Blvd.	Los Angeles	90017
Charity Hospice Care, Inc.	500 E Carson Plaza Dr.	Carson	90746
Evergreen Home Care & Hospice, Inc.	3756 Santa Rosalia Dr.	Los Angeles	90008

## Psychiatric Health Facilities

Facility Name	Street Address	City	ZIP Code
Gateways Hospital And Mental Health Center	216 S Lake St.	Los Angeles	90057
Joseph H Rodd, M.D., Inc.	20710 Leapwood Ave. B	Carson	90746
Kedren Community Health Center, Inc.	4211 Avalon Blvd.	Los Angeles	90011
Southern California Health & Rehabilitation Program	2610 Industry Way	Lynwood	90262
The Roads Foundation, Inc.	121 S Long Beach Blvd.	Compton	90221

## Physical Therapy Services

Facility Name	Street Address	City	ZIP Code
Community Physical Therapy Center, Inc.	725 S Long Beach Blvd.	Compton	90221
Gardena Physical Therapy	1045 W Redondo Beach Blvd.	Gardena	90247
Maum Wellness Physical Therapy, Inc.	1607 W Redondo Beach Blvd.	Gardena	90247

## Podiatry Services

Facility Name	Street Address	City	ZIP Code
Alfred Glover, DPM	1910 S Magnolia Ave.	Los Angeles	90007
Allen B. Prager DPM, PC	3771 S Western Ave.	Los Angeles	90018
Arnold G. Roxas DPM, Inc.	1000 E Dominguez St.	Carson	90746
East West Baruch Medical Group, Inc.	7024 Seville Ave. D	Huntington Park	90255

Facility Name	Street Address	City	ZIP Code
Kenneth Wilkins, DPM	3756 Santa Rosalia Dr., #220	Los Angeles	90008
Lawrence I. Rubin, DPM Inc.	1045 W Redondo Beach Blvd.	Gardena	90247
Nathan Javari, DPM	231 W Vernon Ave.	Los Angeles	90037
Oliver Foster, DPM	3756 Santa Rosalia Dr., Ste 302	Los Angeles	90008
Olufunmilayo Olanipekun, DPM	3756 Santa Rosalia Dr., Ste 302	Los Angeles	90008
Rabin Beral DPM, A Podiatry Corporation	1141 W Redondo Beach Blvd.	Gardena	90247
Richard J. Sarte, DPM	3984 S Figueroa St.	Los Angeles	90037
Salis Shrestha, DPM	874 W Martin Luther King Jr Blvd.	Los Angeles	90037

### Psychology Clinics

Facility Name	Street Address	City	ZIP Code
1736 Family Crisis Center Los Angeles	2116 Arlington Ave.	Los Angeles	90018
Augustus Hawkins Mental Health Center	1720 E 120th St.	Los Angeles	90059
Exodus Recovery Inc	8401 S Vermont Ave.	Los Angeles	90044
HOPICS	5715 S. Broadway	Los Angeles	90037
Kedren Community Health Center	4211 S. Avalon Blvd.	Los Angeles	90011
Matrix Institute	5220 W. Washington Blvd.	Los Angeles	90016
Sabath & Associates	1225 W 190th St.	Gardena	90248
Shields For Families	11705 Deputy Yamamoto Pl.	Lynwood	90262

### Skilled Nursing Facilities

Facility Name	Street Address	City	ZIP Code
Avalon Villa Care Center	12029 Avalon Boulevard	Los Angeles	90061
California Post-Acute Care	3615 East Imperial Highway	Lynwood	90262
Clear View Convalescent Center	15823 South Western Avenue	Gardena	90247
Country Villa East Nursing Center	2415 South Western Avenue	Los Angeles	90018
Country Villa University Park	230 E Adams Blvd.	Los Angeles	90011
Crenshaw Nursing Home	1900 South Longwood Avenue	Los Angeles	90016
Desirable Congregate Living Home - View Park	3654 W. 60th Street	Los Angeles	90043
Gardena Convalescent Center	14819 South Vermont Avenue	Gardena	90247
Greenfield Care Center Of Gardena	16530 South Broadway	Gardena	90248
Greenfield Care Center Of South Gate	8455 State Street	South Gate	90280
Hancock Park Nursing	505 N. La Brea Avenue	Los Angeles	90036
Huntington Park Nursing Center	6425 Miles Avenue	Huntington Park	90255
Hyde Park Convalescent Hospital	6520 West Boulevard	Los Angeles	90043
KEI-AI South Bay Healthcare Center	15115 South Vermont Avenue	Gardena	90247
La Paz Geropsychiatric Center	8835 Vans St.	Paramount	90723
Lighthouse Healthcare Center	2222 Santa Ana Blvd.	Los Angeles	90059
Longwood Manor Convalescent Hospital	4853 West Washington Boulevard	Los Angeles	90016
Lotus Care Center	6011 West Boulevard	Los Angeles	90043
Lynwood Healthcare Center	3611 E Imperial Highway	Lynwood	90262
Manchester Manor Convalescent Hospital	837 West Manchester Avenue	Los Angeles	90044
Maple Healthcare Center	2526 Maple Avenue	Los Angeles	90011
Paramount Convalescent Hospital	8558 Rosecrans Avenue	Paramount	90723
Paramount Meadows Nursing Center	7039 Alondra Boulevard	Paramount	90723
Rosecrans Care Center	1140 W. Rosecrans Avenue	Gardena	90247
Royal Oaks Care Center	3565 East Imperial Highway	Lynwood	90262
Santa Fe Heights Healthcare Center	2309 North Santa Fe Avenue	Compton	90222
St. Andrews Healthcare	2300 West Washington Boulevard	Los Angeles	90018
St. John Of God Retirement And Care Center	2468 S. St Andrews Place	Los Angeles	90018



Facility Name	Street Address	City	ZIP Code
Sunnyview Care Center	2000 West Washington Boulevard	Los Angeles	90018
University Park Healthcare Center	230 East Adams Blvd.	Los Angeles	90011
Vernon Healthcare Center	1037 West Vernon Avenue	Los Angeles	90037
View Heights Convalescent Hospital	12619 Avalon Boulevard	Los Angeles	90061
View Park Convalescent Center	3737 Don Felipe Drive	Los Angeles	90008
Western Convalescent Hospital	2190 West Adams Boulevard	Los Angeles	90018

### Urgent Care

Facility Name	Street Address	City	ZIP Code
Dusk To Dawn Urgent Care - Lynwood	3680 E Imperial Hwy, #410	Lynwood	90262
Dusk To Dawn Urgent Care - Paramount	15745 Paramount Blvd.	Paramount	90723
JSE Emergency Medical Group	2623 E Slauson Ave.	Huntington Park	90255
Redondo Emergency Physicians, Inc.	1145 W Redondo Beach Blvd.	Gardena	90247
VEP MLK Emergency Medical Group	1680 E 120th St.	Los Angeles	90059

### Wound Care

Facility Name	Street Address	City	ZIP Code
Dynamic Medical Systems	2811 E Ana St.	Compton	90221
Integrated Specialty Medical Associates IPA, Inc.	1515 W 190th St.	Gardena	90248

## Non-discrimination Policy

Martin Luther King, Jr. Community Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Martin Luther King, Jr. Community Hospital does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Martin Luther King, Jr. Community Hospital:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Jerry Stockstill, Patient Experience Manager, at (424) 338-8583.

If you believe that Martin Luther King, Jr. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Quality and Risk, 1680 E. 120<sup>th</sup> Street, Los Angeles, CA 90059, (424) 338-8713, 1-800-735-2929 (TTY/VCO/HCO), [info@mlkch.org](mailto:info@mlkch.org).

You can file a grievance in person or by mail. If you need help filing a grievance, Department of Quality and Risk, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/cp/wizard\\_cp.jsf](https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf), or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

#### Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電  
1-800-854-7784 (TTY: 1-800-735-2929)。

#### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-854-7784 (TTY: 1-800-735-2929).

#### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-854-7784 (TTY: 1-800-735-2929)

#### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-854-7784 (TTY: 1-800-735-2929)번으로 전화해 주십시오.

#### Armenian

ՈՒՇԱՂՈՒԻԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-800-854-7784 (TTY (հեռատիպ)՝ 1-800-735-2929)

#### Persian

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصترو اریگان بیار شما فمهار می باشد. با 1-800-854-7784 (TTY: 1-800-735-2929) تماس بگیرید.

#### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-854-7784 (телетайп: 1-800-735-2929).

#### Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-854-7784 (TTY: 1-800-735-2929) まで、お電話にてご連絡ください。

#### Arabic

ملحوظة: إذا كنت تتحدث ذاكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-854-7784 (رقم هاتف الصم أو بكم: 1-800-735-2929)

#### Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।  
1-800-854-7784 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।



# Martin Luther King, Jr. Community Hospital

## Mon-Khmer, Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, យោងខ្មែរឬភាសា យោងមិនគឺជាភាសា អង់គ្លេសស្របច្បាប់ អ្នកអាចទទួលបានសេវាបំប្រែភាសា ឬ ទូរស័ព្ទ  
1-800-854-7784 (TTY: 1-800-735-2929)។

## Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-854-7784 (TTY: 1-800-735-2929).

## Hindi

ध्यान दें : यदि आप हदी बोलते हैं तो आपके िलए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-854-7784 (TTY: 1-800-735-2929) पर कॉल करें ।

## Thai

टीชมน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-854-7784 (TTY: 1-800-735-2929).