



REGULAR MEETING AGENDA

CITY OF HUNTINGTON PARK HEALTH AND EDUCATION COMMISSION

**Tuesday, August 27, 2024, at 6:00 p.m.
Council Chambers
6550 Miles Avenue
Huntington Park, California 90255**

Any person who requires a disability-related modification or accommodation, including auxiliary aids or services, in order to participate in the public meeting may request such modification, accommodation, aid or service by contacting the City Clerk's Office either in person at 6550 Miles Avenue, Huntington Park, California or by telephone at (323) 584-6230. Notification in advance of the meeting will enable the City to make reasonable arrangements to ensure accessibility to this meeting.

NOTE: Any person who has a question concerning any agenda item may contact the Community Development Department at (323) 584-6210. Materials related to an item on this agenda are available for inspection in the office of the Community Development Department at 6550 Miles Avenue, Huntington Park, California during the hours of 7:00 a.m. to 5:30 p.m., Monday through Thursday.

Assembly Bill No. 2674 amended several provisions of the Ralph M. Brown Act (Section 54950 et seq. of the Government Code) effective January 1, 1987. This bill prohibits the legislative body from taking any action on any item, which did not appear on the agenda, which was posted 24 hours prior to the Commission meeting. If action is necessary on subject matter, which the public presents, the matter should be presented in writing to the Community Development Department for placement on the agenda by Thursday noon prior to the next Health and Education Commission meeting.

**PLEASE SILENCE ALL CELL PHONES AND OTHER ELECTRONIC EQUIPMENT WHILE THE COMMISSION
IS IN SESSION. THANK YOU.**

CALL TO ORDER

ROLL CALL

Chair Ebony Batiste
Vice Chair Iliana Baltazar
Commissioner Liselda Fabian
Commissioner Iris Delgado

PLEDGE OF ALLEGIANCE

PUBLIC COMMENT

For both open and closed sessions, each speaker will be limited to three minutes per Huntington Park Municipal Code Section 2-1.207. Time limits may not be shared with other speakers and may not accumulate from one period of public comment to another or from one meeting to another. This is the only opportunity for public input except for scheduled public hearing items.

CONSENT ITEMS

1. Health and Education Commission Special Meeting Minutes for March 21, 2024
2. Health and Education Commission Special Meeting Minutes for May 20, 2024
3. Health and Education Commission Regular Meeting Minutes for May 28, 2024
4. Health and Education Commission Regular Meeting Minutes for July 30, 2024

COMMUNICATIONS

REGULAR MEETING AGENDA

1. DISCUSSION ON THE MENTAL HEALTH AWARENESS MONTH EVENT

RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

- i. Discuss the vendor attendance for the event.

2. DISCUSSION ON THE ALZHEIMER'S AWARENESS PANEL EVENT

RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

- i. Discuss the Art Submission portion of the event, led by Commissioner Delgado.

3. DISCUSSION ON THE SECOND ANNUAL LGBTQ+ FAMILY RESOURCE FAIR 2025

RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

- i. Set the final date for the event.

4. DISCUSSION ON THE SPECIAL LEGACY PROJECT IMPLEMENTATION

RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

- i. Discuss the implementation of a spay and neuter legacy project in collaboration with Downtown Dog Rescue.

5. PRESENTATION AND DISCUSSION OF THE LOS ANGELES (LA) COUNTY DEPARTMENT OF PUBLIC HEALTH (DPH) COMMUNITY HEALTH PROFILES

RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

- i. Discuss the LA County DPH Community Health Profiles presentation provided by Commissioner Delgado.

6. DISCUSSION AND REQUEST FOR THE HALLOWEEN 2024 EVENT

RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

- i. Discuss the City of Huntington Park's request for a volunteer judge at the Halloween Costume Contest.
- ii. Discuss the City of Huntington Park's request for volunteers at the Commissioners Booth at the Halloween 2024 event.

DEPARTMENTAL REPORTS (INFORMATION ONLY)

COMMISSION COMMENTS

ADJOURNMENT

The City of Huntington Park Health and Education Commission will adjourn until the next Regular Meeting on Tuesday, September 24, 2024, at 6:00 p.m.

I, Steve Forster, hereby certify under penalty of perjury under the laws of the State of California that the foregoing notice and agenda were posted at the City of Huntington Park City Hall and made available at www.hpca.gov not less than 24 hours prior to the meeting.



Steve Forster
Community Development Director

CONSENT ITEM 1



MINUTES

**CITY OF HUNTINGTON PARK
SPECIAL HEALTH AND EDUCATION COMMISSION**

Tuesday, March 21th, 2024, at 6:00 P.M.

**Huntington Park City Hall
City Council Chambers
6550 Miles Avenue
Huntington Park, California 90255**

Chairperson Batiste called the meeting to order at 6:06 P.M.

PRESENT IN PERSON: Chair Ebony Batiste, Vice Chair Iliana Baltazar, and Commissioner Liselda Fabian.

ABSENT: Commissioner Ana Garsia.

STAFF PRESENT: Community Development Director, Steve Forster; Project Manager, Ishah Ahumada; Code Enforcement Manager, Paul Bollier;

PLEDGE OF ALLEGIANCE

Chair Ebony Batiste led the Pledge of Allegiance

PUBLIC COMMENT- None

PUBLIC APPEARANCE – None

STAFF RESPONSES – None

CONSENT ITEMS- Approve Health and Education Commission Meeting Minutes

1. Regular Health and Education Commission Meeting held on February 27th, 2024

MOTION: Vice Chair Iliana Baltazar moved to approve the Minutes and Commissioner Liselda Fabian seconded. Motion passed 3-0-0 by the following vote:

NOES: Commissioner (s): None

ABSTAINED: Commissioner (s): None

ABSENT: Commissioner (s): Commissioner Ana Garsia

REGULAR AGENDA

1. 100 Book Giveaway - June 8, 2024, from 10 AM- 12 PM

Flyer approval ensuring it fits, along with the Spanish flyer. Staff ensured commission the crayons and coloring pages are ready for the event. Staff requested all change of date requests to be submitted via email and the Chair secured a storyteller and author to read to the students during the event. Chair requested to promote the next event and place flyers in lobby and library and send to schools.

2. Mental Health Awareness Month – September 7, 2024, from 10 AM – 12 PM

Commissioner Fabian will create an invitation form to determine how many participants will be attending and the setup is pending. Community agencies PATH and GMOT will be invited to the event.

3. Alzheimer's Awareness Panel and Workshop –

November 16, 2024, from 10 AM – 12 PM

Chair Batiste confirmed event will be held at the Lounge in Salt Lake Park and community organization for Alzheimer's will participate. She requested to budget for water at the event.

4. The Second Annual LGBTQ+ Family Resource Fair 2025

Commission stated the event is scheduled for February or May 2025.

5. Budget update

Staff informed the commission that the \$200 budget has \$95.01 in expenditures and a remaining balance of \$104.99.

COMMUNICATIONS- None

DEPARTMENTAL REPORTS (INFORMATION ONLY)

Director Forster highlighted the opening of Raising Canes to have a soft opening on April 1st and the hard opening on April 2. Starbucks will open in November 2024.

HEALTH AND EDUCATION COMMISSION COMMENTS

1. Commissioner Liselda Fabian- commented that the 5K event went well and there was traffic at their booth with the crayons and coloring pages giveaway.
2. Vice Chair Baltazar reminded guests to be punctual for April 2 and noted fellow commissioner's absence.
3. Chair Batiste no comment.

ADJOURNMENT

At 6:28 P.M. the City of Huntington Park Health and Education Commission adjourned to a Special Meeting on Monday, May 20, 2024, at 6:00 P.M.

Respectfully Submitted,



Steve Forster
Community Development Director

CONSENT ITEM 2



MINUTES

CITY OF HUNTINGTON PARK SPECIAL HEALTH AND EDUCATION COMMISSION

Monday, May 20th, 2024, at 6:00 P.M.

Huntington Park City Hall
City Council Chambers
6550 Miles Avenue
Huntington Park, California 90255

Chairperson Batiste called the meeting to order at 6:01 P.M.

PRESENT IN PERSON: Chair Ebony Batiste, Vice Chair Iliana Baltazar, and Commissioner Liselda Fabian.

ABSENT: Commissioner Ana Garsia.

STAFF PRESENT: Community Development Director, Steve Forster; Project Manager, Ishah Ahumada; Code Enforcement Manager, Paul Bollier;

PLEDGE OF ALLEGIANCE

Chair Ebony Batiste led the Pledge of Allegiance

PUBLIC COMMENT - None

CONSENT ITEMS – None

REGULAR MEETING AGENDA –

1. 100 Book Giveaway - June 8, 2024 from 10 AM- 12 PM

Flyer approval ensuring it fits, along with the Spanish flyer. Staff ensured commission the crayons and coloring pages are ready for the event. Staff requested all change of date requests to be submitted via email and the Chair secured a storyteller and author to read to the students during the event. Chair requested to promote the next event and place flyers in lobby and library, and send to schools.

COMMUNICATIONS - None

DEPARTMENTAL REPORTS (INFORMATION ONLY) - None

HEALTH AND EDUCATION COMMISSION COMMENTS

1. Commissioner Liselda Fabian- none

2. Vice Chair Baltazar none.
3. Chair Batiste stated she will be at the City's Memorial Day event.

ADJOURNMENT

At 6:20 P.M. the City of Huntington Park Health and Education Commission adjourned to a Regular Meeting on Tuesday, May 28, 2024, at 6:00 P.M.

Respectfully Submitted,



Steve Forster
Community Development Director

CONSENT ITEM 3



MINUTES

CITY OF HUNTINGTON PARK REGULAR HEALTH AND EDUCATION COMMISSION

Tuesday, May 28th, 2024, at 6:00 P.M.

**Huntington Park City Hall
City Council Chambers
6550 Miles Avenue
Huntington Park, California 90255**

Chairperson Batiste called the meeting to order at 6:03 P.M.

PRESENT IN PERSON: Chair Ebony Batiste, Vice Chair Iliana Baltazar, and Commissioner Liselda Fabian.

STAFF PRESENT: Community Development Director, Steve Forster; Project Manager, Ishah Ahumada; Code Enforcement Manager, Paul Bollier.

PLEDGE OF ALLEGIANCE- Chair Ebony Batiste led the Pledge of Allegiance

PUBLIC COMMENT- None

STAFF RESPONSES – None

CONSENT ITEMS- None.

Chair Batiste asked if the previous meeting minutes were available, and staff assured her they would be included in the next regular meeting.

COMMUNICATIONS- None

REGULAR MEETING AGENDA

1. 100 Book Giveaway - June 8, 2024, from 10 AM- 12 PM

Chair Batiste requested the flyer on the bulletin board to be replaced. Staff emailed Commission regarding Mother's Nutrition email to support the event. Chair Batiste will contact them and drop off flyers at 2 locations. Chair confirmed set up is on Friday, set the expectation to have the chairs to be set up according to map, and will be providing dinner to the preppers. She stated Saturday from 9:30 – 10 am will be the final preparation and will be providing lunch.

2. Mental Health Awareness Month – September 7, 2024, from 10 AM – 12 PM

Commissioner Baltazar will be confirming vendor attendance.

3. Alzheimer's Awareness Panel and Workshop –

November 2, 2024, from 10 AM – 12 PM

Chair Batiste confirmed event will be held at the Lounge in Salt Lake Park and stated the Alzheimer's Presentation will include a panel, presentation and

PowerPoint. The Commission confirmed the event will be taking place on Saturday, November 2, from 10 AM – 12 PM. Chair Batiste will add the time to the flyer and email the set-up map. The set-up times will be Saturday, November 2 from 9 am – 10 am. She will create a registration link for the participants and will update the Participant Letter.

4. The Second Annual LGBTQ+ Family Resource Fair 2025

The Commission stated the event is scheduled for February 1st or 8th 2025 with the same set up as last time. They will confirm which dates they are available with preference for Saturday, February 1st. The set up for the event will be the Friday before the event from 6 pm – 8 pm. Chair Baltazar will send the floor plan to staff. Once the floor plan is received by staff the place will be requested.

5. Deliberate, nominate, and vote for a sitting commissioner to serve as Chair for a term of one year.

Commissioner Baltazar nominated Commissioner Batiste as Chair. The commission voted unanimously in approval.

6. Deliberate, nominate, and vote for a sitting commissioner to serve as Vice Chair for a term of one year.

Commissioner Batiste nominated Commissioner Baltazar as Vice Chair. The commission voted unanimously in approval.

DEPARTMENTAL REPORTS (INFORMATION ONLY) - None

HEALTH AND EDUCATION COMMISSION COMMENTS

1. Commissioner Liselda Fabian- no comment.
2. Vice Chair Baltazar stated she will be at the event at 5:30
3. Chair Batiste said she will be retiring next year and will also be retiring from all positions, including the Health and Education Commission. She hopes next year will be great and appreciates the nomination as Chair.

ADJOURNMENT

At 6:27 P.M. the City of Huntington Park Health and Education Commission adjourned to a Regular Meeting on Tuesday, June 25, 2024, at 6:00 P.M.

Respectfully Submitted,



Steve Forster
Community Development Director

CONSENT ITEM 4



MINUTES

CITY OF HUNTINGTON PARK REGULAR HEALTH AND EDUCATION COMMISSION

Tuesday, July 30th, 2024, at 6:00 P.M.

Huntington Park City Hall
City Council Chambers
6550 Miles Avenue
Huntington Park, California 90255

Chairperson Batiste called the meeting to order at 6:04 P.M.

PRESENT IN PERSON: Chair Ebony Batiste, Commissioner Liselda Fabian, and Commissioner Iris Delgado.

STAFF PRESENT: Community Development Director, Steve Forster; Project Manager, Ishah Ahumada; Code Enforcement Manager, Paul Bollier.

PLEDGE OF ALLEGIANCE- Chair Ebony Batiste led the Pledge of Allegiance

PUBLIC COMMENT- None

STAFF RESPONSES – None

CONSENT ITEMS- Items were moved to the next meeting due to a lack of quorum from members present at the commission's meeting. Chair Batiste moved the minutes to the next meeting and Commissioner Fabian seconded.

1. Health and Education Commission Special Meeting Minutes for March 21, 2024
2. Health and Education Commission Special Meeting Minutes for May 20, 2024
3. Health and Education Commission Regular Meeting Minutes for May 28, 2024

COMMUNICATIONS- None

REGULAR MEETING AGENDA

1. **Mental Health Awareness Month Event – September 7, 2024**

The event will take place from 10 AM – 12 PM. Chair Batiste confirmed 4 organizations will be present, including Laura Perez from UCLA. Staff will send the contact information for Inner City Visions. Commissioner Delgado inquired if there is a vendor confirmation deadline, Commissioner Fabian replied to refer any vendors that are interested. Chair Batiste is pending vendor confirmations.

2. **Alzheimer's Awareness Panel and Workshop – November 2, 2024**

Chair Batiste attended a USC Caregiver Event that included a bingo card to visit each vendor and then have a raffle for a \$20 gift card to Target. Chair Batiste provided the following schedule for the event:

10:30 AM – 11:00 AM	UCLA Presentation co-facilitated with Chair Batiste
11:15 AM – 11:45 AM	Alzheimer's/ Dementia Family or Staff Panel
11:45 AM – 12:00 PM	Questions and Answers / Vendor Visitation

The event will feature an interactive station and Chair Batiste hopes to reach younger people and teenagers. Commissioner Delgado suggested a call for submissions for art with multi-generational families with Alzheimer's/dementia. Commissioner Delgado provided an example of a California State of Los Angeles collaboration and shared her background in art. Commissioner Delgado will be spearheading the art submission portion of the event and Chair Batiste will send the flyer, participant letter and vendor registration link. The event will be on Saturday, November 2, from 10 AM – 12 PM. and the set-up times will be Saturday, November 2 from 9 AM – 10 AM.

3. The Second Annual LGBTQ+ Family Resource Fair 2025.

The Commission stated there will be an update at the next meeting.

4. Special Legacy Project

Chair Batiste asked staff to elaborate on the issue and Director Forster confirmed the Commission is tasked with guidelines and implementations for the mobile clinic. Commissioner Delgado asked how this is different from current spay and neuter programs. Director Forster responded and clarified the funds are with Downtown Dog Rescue. The Health and Education Commission will develop program implementation and guidelines. Commissioner Delgado asked if the Downtown Dog Rescue works with other Cities and commissions. Director Forster replied that the Downtown Dog Rescue is leading the cause in Huntington Park.

DEPARTMENTAL REPORTS (INFORMATION ONLY) - None

HEALTH AND EDUCATION COMMISSION COMMENTS

1. Commissioner Liselda Fabian will provide City staff with the addresses to mail out the previous LGBTQ+ event certificates.
2. Commissioner Delgado stated she lives in the City of Huntington Park and works as an epidemiologist with communicable diseases. She bridges all platforms into one and surveils the platform platforms to create different intervention protocols. The data is received in real time. Another project she is working on is community health profiles with 140 indicators in the City of Huntington Park. The Commissioner has a data set report for the City and is working on getting this on the next agenda to present the information. Additionally, she wants to address

that there are few parks in the City of Huntington Park with a high level of obesity the physical activity and nutrition is important, and she founded the Huntington Park Run Group. Commissioner Delgado invested in the community and wants young people to get involved. Commissioner Delgado stated that on August 1st community members will be at City Hall advocating for the bicycle safety she estimated there would be a couple dozens of people

3. Chair Batiste requested City staff to mail out the LGBTQ+ event certificates and an introduction from Commissioner Delgado.

ADJOURNMENT

At 6:42 P.M. the City of Huntington Park Health and Education Commission adjourned to a Regular Meeting on Tuesday, August 27, 2024, at 6:00 P.M.

Respectfully Submitted,



Steve Forster
Community Development Director

REGULAR AGENDA ITEM 1



CITY OF HUNTINGTON PARK

Community Development Department
Health and Education Commission Agenda Report

August 27, 2024

Honorable Members of the Health and Education Commission
City of Huntington Park
6550 Miles Avenue
Huntington Park, CA 90255

Honorable Health and Education Commission:

STAFF RECOMMENDS DISCUSSION AND REVIEW OF THE MENTAL HEALTH AWARENESS MONTH

IT IS RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

1. Discuss final vendor attendance list.

BACKGROUND

During the Health and Education Commission Meeting on July 30, 2024, 4 organizations were confirmed to attend the event. The follow up item was final confirmation of the vendor attendance list.

CONCLUSION

Upon the Health and Education Committee direction, staff will proceed with actions as directed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "SF".

STEVE FORSTER
Community Development Director

ATTACHMENT(S):

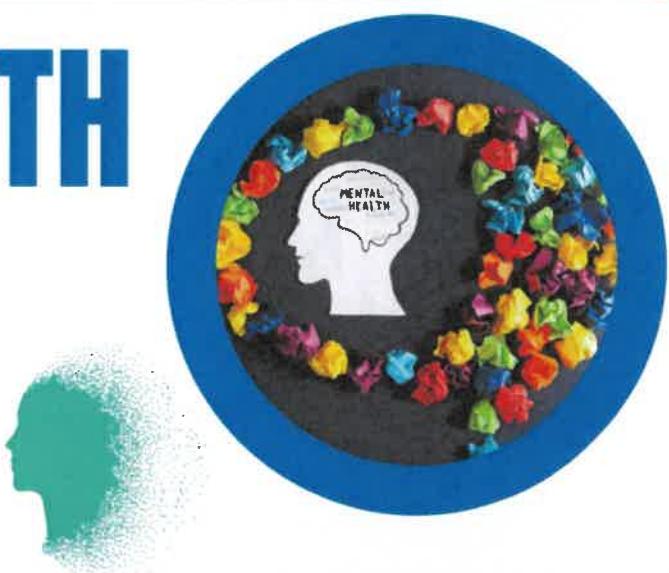
1. Draft Flyer for Mental Health Awareness event.



The City of Huntington Park's
Health & Education Commission
Presents...



MENTAL HEALTH RESOURCE FAIR



Saturday, September 7, 2024
10:00 to 12:00 PM

Salt Lake Park Recreation Center
3401 E. Florence Ave, Huntington Park, CA

A Free
Community
Event

FOR MORE INFORMATION OR TO
REGISTER CLICK THE LINK BELOW

Mental
health
matters

<https://forms.gle/6VhHgUUjg9gPWbYt9>

REGULAR AGENDA ITEM 2



CITY OF HUNTINGTON PARK

Community Development Department
Health and Education Commission Agenda Report

August 27, 2024

Honorable Members of the Health and Education Commission
City of Huntington Park
6550 Miles Avenue
Huntington Park, CA 90255

Honorable Health and Education Commission:

STAFF RECOMMENDS DISCUSSION AND REVIEW OF THE ALZHEIMER'S AWARENESS PANEL

IT IS RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

1. Discuss the art submission portion of the event, led by Commissioner Delgado.

BACKGROUND

During the Health and Education Commission Meeting on July 30, 2024, Commissioner Delgado suggested a call for art submissions with the topic of multi-generational families with Alzheimer's/ Dementia.

The event will be on November 2 at Salt Lake Park from 10 AM – 12 PM. The event set up time was set for November 2 from 9 AM – 10 AM. Chair Batiste is responsible to update the participant letter, provide the registration link for the participants, and update the flyer to include the time of the event.

CONCLUSION

Upon the Health and Education Committee direction, staff will proceed with actions as directed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "SF".

STEVE FORSTER
Community Development Director

REGULAR AGENDA ITEM 3



CITY OF HUNTINGTON PARK

Community Development Department
Health and Education Commission Agenda Report

August 27, 2024

Honorable Members of the Health and Education Commission
City of Huntington Park
6550 Miles Avenue
Huntington Park, CA 90255

Honorable Health and Education Commission:

**STAFF RECOMMENDS DISCUSSION AND REVIEW OF THE SECOND ANNUAL
LGBTQ+ FAMILY RESOURCE FAIR 2025**

IT IS RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

1. Set the date, time, and location for the event, and discuss fair participants/vendors.

BACKGROUND

The set-up for the event will be on the Friday before the event from 6 PM – 8 PM. Vice Chair Baltazar is responsible to send the floor plan to staff, upon staff receiving date, time, location, and the floor plan they will make the reservation with Parks and Recreation staff.

CONCLUSION

Upon the Health and Education Committee direction, staff will proceed with actions as directed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "SF".

STEVE FORSTER
Community Development Director

REGULAR AGENDA ITEM 4



CITY OF HUNTINGTON PARK

Community Development Department
Health and Education Commission Agenda Report

August 27, 2024

Honorable Members of the Health and Education Commission
City of Huntington Park
6550 Miles Avenue
Huntington Park, CA 90255

Honorable Health and Education Commission:

STAFF RECOMMENDS DISCUSSION OF THE SPECIAL LEGACY PROJECT

IT IS RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

1. Review and discuss the implementation of the spay and neuter legacy project.

BACKGROUND

The Special Legacy Project is providing \$25,000 in support of a spay and neuter program in collaboration with Downtown Dog Rescue. Lori Weise, the Founder and President of the Downtown Dog Rescue has been invited to attend the meeting for the discussion of the Special Legacy Project.

CONCLUSION

Upon the Health and Education Committee direction, staff will proceed with actions as directed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "SF".

STEVE FORSTER
Community Development Director

REGULAR AGENDA ITEM 5



CITY OF HUNTINGTON PARK

Community Development Department
Health and Education Commission Agenda Report

August 27, 2024

Honorable Members of the Health and Education Commission
City of Huntington Park
6550 Miles Avenue
Huntington Park, CA 90255

Honorable Health and Education Commission:

STAFF RECOMMENDS PRESENTATION AND DISCUSSION OF THE LOS ANGELES (LA) COUNTY DEPARTMENT OF PUBLIC HEALTH (DPH) COMMUNITY HEALTH PROFILES

IT IS RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

1. Discuss presentation provided by Commissioner Delgado.

BACKGROUND

During the Health and Education Commission Meeting on July 30, 2024, Commissioner Delgado requested to provide a LA DHP Community Health Profiles presentation.

CONCLUSION

Upon the Health and Education Committee direction, staff will proceed with actions as directed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "SF".

STEVE FORSTER
Community Development Director

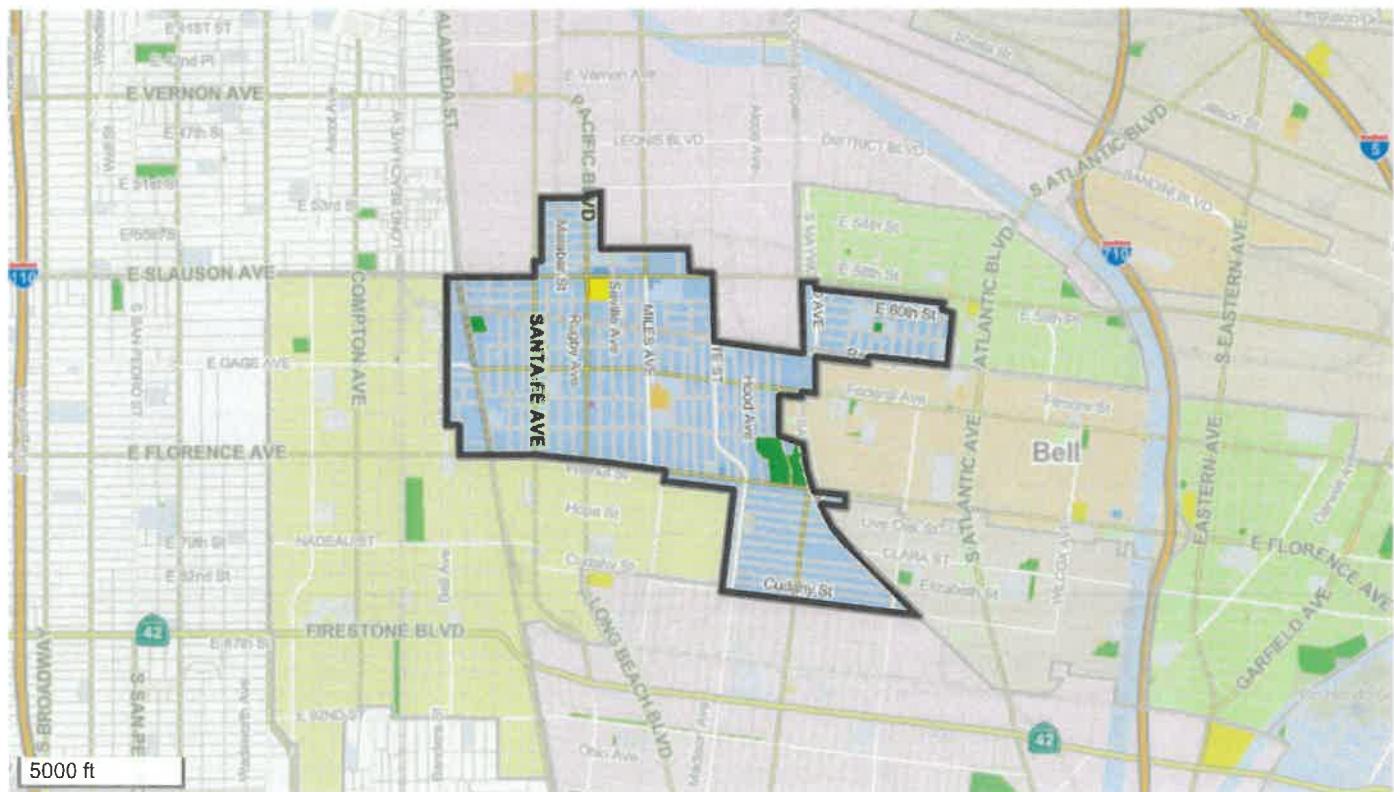
ATTACHMENT(S):

1. Community Health Profile – City of Huntington Park



Community Health Profiles Los Angeles County Department of Public Health

City of Huntington Park



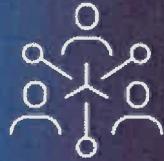
Report Generated: 7/8/2024

Interactive Report: <https://apps.gis.lacounty.gov/static/DPH/community-profiles/>

Geo ID=csa city huntington park

Community Health Profiles Home: <http://ph.lacounty.gov/community-health-profiles>

Demographics



Home to almost 10 million people, Los Angeles County is the most populous county in the United States. It is also one of the largest, spanning over 4,000 square miles, as well as one of the most diverse. This section provides basic demographic information for Los Angeles County communities and geographic areas.

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- [Total Population](#)

This indicator provides information about the total population count.

- [Population by Age](#)

This indicator provides information about the number and percentage of the population belonging to the following age groups: 0-17 years; 18-64 years; 65 years and older.

- [Population by Race and Ethnicity](#)

This indicator provides information about the number and percentage of the population belonging to the following racial and ethnic groups: American Indian or Alaska Native (single race, non-Hispanic); Asian (single race, non-Hispanic); Black (single race, non-Hispanic); Latino (any race, Hispanic); Native Hawaiian or Pacific Islander (single race, non-Hispanic); White (single race, non-Hispanic); Multiple Races (non-Hispanic); Some Other Race (single-race, non-Hispanic).

- [Foreign-Born Population](#)

This indicator provides information about the percentage of the population that was born outside of the US based on self-reported data.

- [Population with Limited English Proficiency](#)

This indicator provides information about the percentage of the population ages 5 years or older with limited English proficiency, which is defined as speaking English less than "very well" based on self-reported data.

Individuals with limited English proficiency can face significant language barriers, which can make it difficult for them to navigate various social systems, such as educational institutions, or access essential services, such as health insurance, healthcare, or food assistance programs.

- [Households with Limited English Proficiency](#)

This indicator provides information about the percentage of households with limited English proficiency. Households were identified as being limited English proficient if all members of the household ages 14 years and older spoke English less than "very well" based on self-reported data.

Individuals with limited English proficiency can face significant language barriers that can make it difficult for them to navigate various social systems, such as educational institutions, or access essential services, such as health insurance, healthcare, or food assistance programs.

- **Adults with a Disability**

This indicator provides information about the percentage of adults ages 18 years and older who were identified as having a disability based on self-reported data.

According to the [**Centers for Disease Control and Prevention**](#), disability describes "any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)."

People with disabilities have an increased risk for developing chronic health conditions, such as diabetes or heart disease. They also often spend more on healthcare costs and consequently may experience more financial hardship than those without a disability.

- **Children with Special Healthcare Needs**

This indicator provides information about the percentage of children ages 0-17 years who were identified as having a special healthcare need based on caregiver report. The [**Children with Special Health Care Needs \(CSHCN\) Screening Tool**](#) was developed through the Child and Adolescent Health Measurement Initiative led by The Foundation for Accountability. The CSHCN screener includes three "definitional domains." These are: (1) dependency on prescription medications; (2) service use above that considered usual or routine; and (3) functional limitations.

Children with special healthcare needs and their families or caregivers may be at increased risk for economic hardship due to higher healthcare costs and more time needed off from work or school to attend medical appointments. In particular, children who have a disability may also be at increased risk for experiencing lower levels of social and emotional wellbeing compared to their peers who do not have a disability.

Demographics Indicators

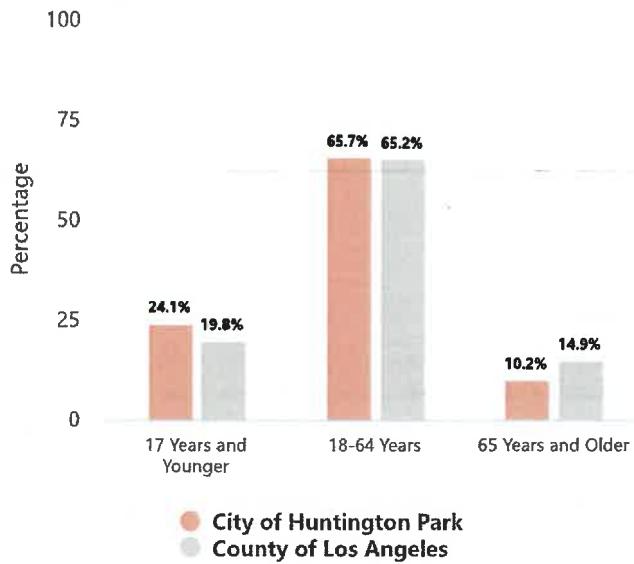
Total Population

53,394

0.5% of LA County

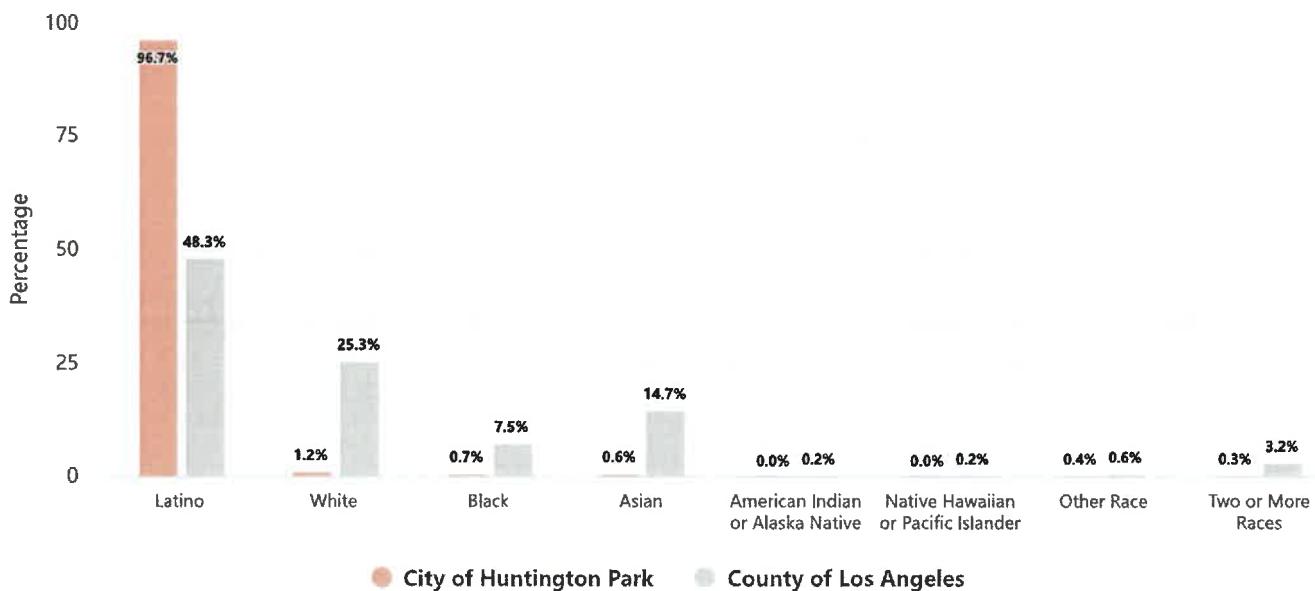
Population Estimates (Provisional), prepared by Hedderson Demographic Services for Los Angeles County, 2022.

Population by Age



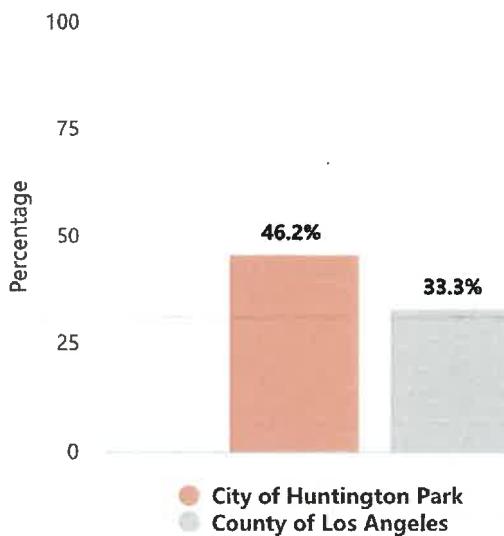
Population Estimates (Provisional), prepared by Hedderson Demographic Services for Los Angeles County, 2022.

Population by Race and Ethnicity



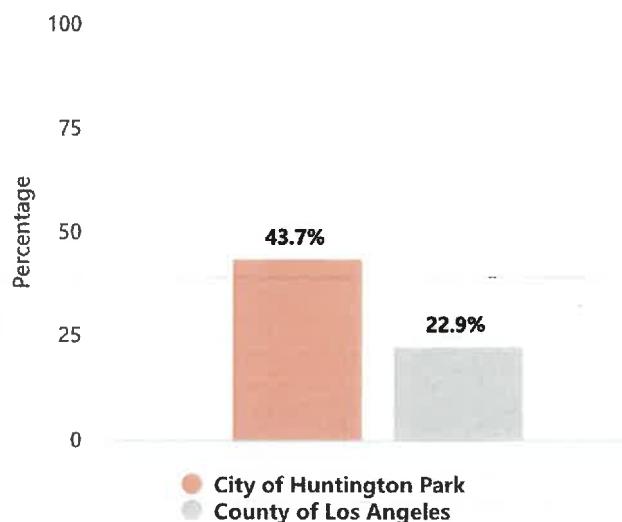
Population Estimates (Provisional), prepared by Hedderson Demographic Services for Los Angeles County, 2022.

Foreign-Born Population



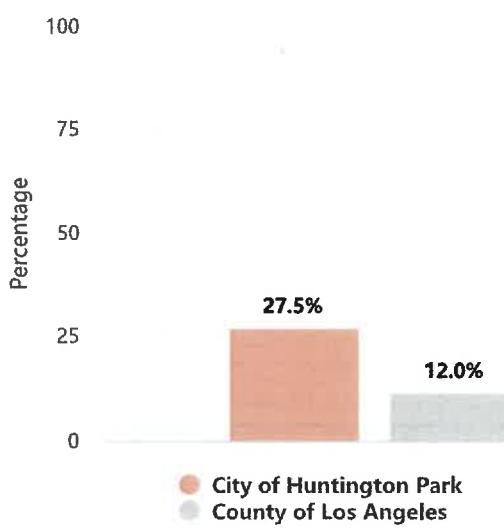
US Census Bureau, American Community Survey, ACS 5-Year Estimates 2018-2022, Table DP02: Selected Social Characteristics in the United States.

Population with Limited English Proficiency



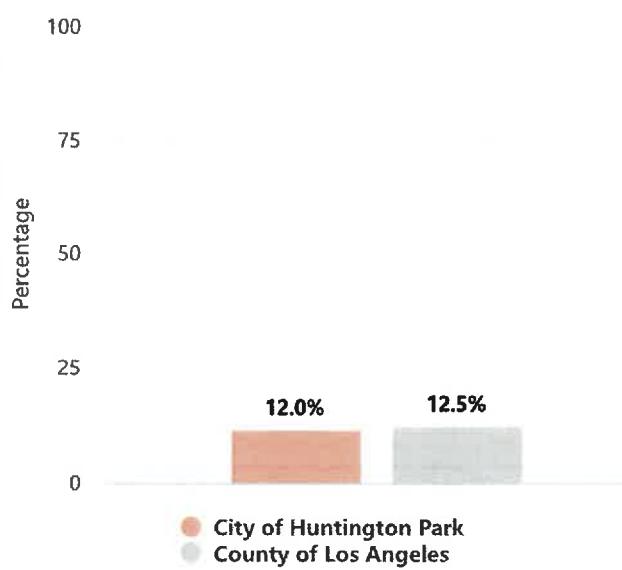
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Households with Limited English Proficiency



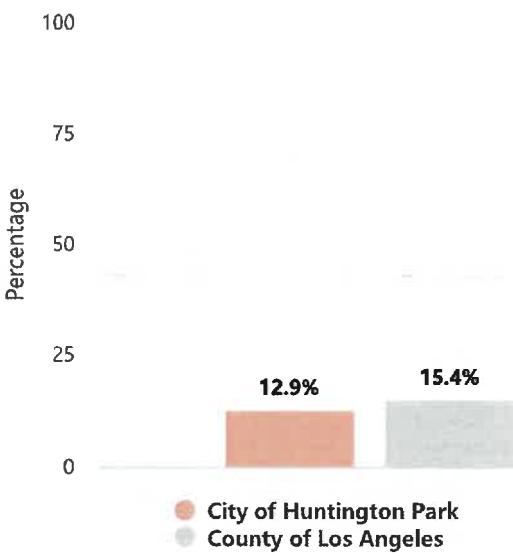
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Adults with a Disability



US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Children with Special Healthcare Needs



Los Angeles County Health Survey, 2023.

Social Determinants of Health



Substantial variation in health status and health outcomes is seen across Los Angeles County. Significant determinants of this variation are the levels of education, income, and employment in the population. Also important are the degrees to which residents are socially connected and supported and the adverse health impacts of the long legacy of racism and discrimination in our society that disadvantages communities of color and other marginalized groups. These factors are collectively referred to as the social determinants of health. They encompass the conditions in which people are born, live, learn, work, play, and age, and they are the fundamental drivers for nearly all health behaviors and outcomes.

The [Los Angeles County Department of Public Health](#) (Public Health) is committed to addressing the social determinants of health and ensuring the health and wellbeing of all people living in Los Angeles County. All of Public Health's various Programs and Divisions ensure that [health equity](#) remains a central focus of their work. In addition, Public Health established its [Center for Health Equity](#) in 2018 to provide coordinated leadership in the effort to advance racial, social, economic, and environmental justice in partnership with other Los Angeles County government departments, local organizations, and community members. To learn more, please visit the [Center for Health Equity's website](#). Public Health is also focused on meeting the social needs of families with young children. The [Division of Maternal, Child, and Adolescent Health](#) administers home visiting programs that serve families across Los Angeles County. In addition, the [Office for the Advancement of Early Child Care and Education](#) coordinates and supports the mixed network of early care and education providers across the County. To learn more, please visit the [Division of Maternal, Child, and Adolescent Health's website](#) and the [Office for the Advancement of Early Child Care and Education's website](#).

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- [Life Expectancy at Birth](#)

This indicator provides information about the life expectancy at birth in years. Life expectancy at birth is a statistical measure of lifespan and represents the average number of years that a baby born in a particular year would be expected to live based on the prevailing mortality patterns during that year.

The life expectancy of a population is one of the most basic and important measures of the health of a community. Life expectancy is heavily driven by the social determinants of health, including social, economic, and environmental conditions, with Black and low-income individuals experiencing much lower life expectancies compared to White and more affluent individuals.

- All-Cause Mortality

This indicator provides information about the mortality rate (deaths per 100,000 population) from all causes of death. Death rate has been age-adjusted to the 2000 US standard population.

All-cause mortality is an important measure of community health. All-cause mortality is heavily driven by the social determinants of health, with significant inequities observed by race and ethnicity and socioeconomic status. Black residents have consistently experienced the highest all-cause mortality rate compared to other racial and ethnic groups. During the COVID-19 pandemic, Latino residents also experienced a sharp increase in their all-cause mortality rate compared to White residents, demonstrating a reversal in the previously observed mortality advantage, in which Latino individuals historically had higher life expectancy and lower mortality than White individuals despite having lower socioeconomic status on average. The disproportionately high all-cause mortality rates observed among Black and Latino residents, especially since the onset of the COVID-19 pandemic, are due to differences in social and economic conditions and opportunities that unfairly place these groups at higher risk of developing and dying from a wide range of health conditions, including COVID-19.

- Cumulative COVID-19 Mortality

This indicator provides information about the cumulative mortality rate (deaths per 100,000 population) from COVID-19 for the period spanning from March 1, 2020 to December 31, 2023. Death rate has been age-adjusted to the 2000 US standard population. Deaths were determined to be COVID-associated if they met Public Health's surveillance definition at the time of death.

The cumulative COVID-19 mortality rate can be used to measure the most severe impacts of COVID-19 in a community. There have been documented inequities in COVID-19 mortality rates by demographic and geographic factors. Black and Brown residents, seniors, and those living in areas with higher rates of poverty have all been disproportionately impacted.

- Self-Rated Health Among Adults

This indicator provides information about the percentage of adults ages 18 years and older with fair or poor health based on self-reported data.

Self-rated health is associated with other more objective measures of health and is also a predictor for mortality. Self-rated health is also correlated with general wellbeing, an important population health outcome that integrates both mental and physical health. As is the case for nearly all health outcomes, self-rated health is heavily influenced by the social determinants of health.

- Median Household Income

This indicator provides information about median household income in dollars based on self-reported data. Median household income is defined as the amount that divides the household income distribution of a population into two equal groups; half of the population has a household income above that amount, whereas the other half has a household income below that amount.

Household income is an important driver of life expectancy and other health outcomes, as individuals with higher household incomes, on average, experience better health and live longer than individuals with lower household incomes. This is largely due to increased access to opportunities, resources, and healthier living conditions that higher income individuals experience compared to lower income individuals.

- [Population Living Below 100% of the Federal Poverty Level](#)

This indicator provides information about the percentage of the total population (including children and adults) who are living below 100% of the **Federal Poverty Level (FPL)**. FPL is a measure of poverty issued every year by the US Department of Health and Human Services and is used to determine eligibility for certain programs and benefits. The 2022 FPL thresholds for a family of four correspond to annual incomes of \$27,750 (100% FPL), \$55,500 (200% FPL), and \$83,250 (300% FPL).

Living in poverty has a profound impact on health and wellbeing. People living in poverty are at high risk for economic hardship, housing insecurity, food insecurity, chronic stress, and inadequate access to healthcare.

- [Population Living Below 200% of the Federal Poverty Level](#)

This indicator provides information about the percentage of the total population (including children and adults) who are living below 200% of the **Federal Poverty Level (FPL)**. FPL is a measure of poverty issued every year by the US Department of Health and Human Services and is used to determine eligibility for certain programs and benefits. The 2022 FPL thresholds for a family of four correspond to annual incomes of \$27,750 (100% FPL), \$55,500 (200% FPL), and \$83,250 (300% FPL).

Living in poverty has a profound impact on health and wellbeing. People living in poverty are at high risk for economic hardship, housing insecurity, food insecurity, chronic stress, and inadequate access to healthcare.

- [Children Living Below 100% of the Federal Poverty Level](#)

This indicator provides information about the percentage of children ages 0-17 years who are living below 100% of the **Federal Poverty Level (FPL)**. FPL is a measure of poverty issued every year by the US Department of Health and Human Services and is used to determine eligibility for certain programs and benefits. The 2022 FPL thresholds for a family of four correspond to annual incomes of \$27,750 (100% FPL), \$55,500 (200% FPL), and \$83,250 (300% FPL).

Across the US, including in Los Angeles County, children represent the largest age group of individuals experiencing poverty. While poverty exerts negative impacts across the lifespan, childhood poverty is of particular concern. Children living in poverty are not only at higher risk for developmental delays, chronic illness, lead exposure, and food and housing insecurity, but they are also more likely to experience poverty into adulthood, which perpetuates generational cycles of poverty.

- [Children Living Below 200% of the Federal Poverty Level](#)

This indicator provides information about the percentage of children ages 0-17 years who are living below 200% of the **Federal Poverty Level (FPL)**. FPL is a measure of poverty issued every year by the US Department of Health and Human Services and is used to determine eligibility for certain programs and benefits. The 2022 FPL thresholds for a family of four correspond to annual incomes of \$27,750 (100% FPL), \$55,500 (200% FPL), and \$83,250 (300% FPL).

Across the US, including in Los Angeles County, children represent the largest age group of individuals experiencing poverty. While poverty exerts negative impacts across the lifespan, childhood poverty is of particular concern. Children living in poverty are not only at higher risk for developmental delays, chronic illness, lead exposure, and food and housing insecurity, but they are also more likely to experience poverty into adulthood, which perpetuates generational cycles of poverty.

- **Population in Persistent Poverty**

This indicator provides information about the percentage of the population living in census tracts identified as having persistent poverty. A census tract is determined to have persistent poverty if it has had a poverty rate of 20% or greater for the past 30 years.

Areas of persistent poverty may have limited access to healthcare services, quality education, and healthy and affordable food. These communities may also face unique social and structural challenges that relate to poverty. Identifying areas of persistent poverty and the population living in these areas can help streamline resource allocation to communities that may benefit the most from additional investments and support.

- **Educational Attainment Among Adults**

This indicator provides information about the highest level of education attained among adults ages 25 years and older based on self-reported data. Reported categories include: less than a high school education; high school graduate; some college education; and bachelor's degree or higher.

Educational attainment is an important driver of life expectancy, as people with higher levels of education are more likely to obtain well-paying jobs, live in safer neighborhoods, have access to quality healthcare, and engage in healthier behaviors.

- **Children Enrolled in Preschool**

This indicator provides information about the percentage of children ages 3-4 years enrolled in preschool based on caregiver report.

Access to early childhood education (i.e., education before the age of 5 years) is associated with numerous health benefits later in life. For instance, young children who are enrolled in high quality preschool programs are more likely to graduate from high school, have higher paying jobs, own homes, and have improved cognitive function than children who are not enrolled. All these additional advantages can increase average life expectancy.

- **3rd Graders Meeting or Exceeding California Standards for English Language Arts and Literacy**

This indicator provides information about the percentage of public school 3rd graders who are meeting or exceeding [California Department of Education Standards for English Language Arts and Literacy](#). Note, information is based on location of the school, not students' communities of residence.

Third grade represents a key transition point for reading proficiency and literacy as children are expected to make the shift from learning-to-read to reading-to-learn. Children found to have low reading skills in the 3rd grade are at increased risk for poor academic outcomes, which can have profound consequences for future health and longevity.

- **3rd Graders Meeting or Exceeding California Standards for Math**

This indicator provides information about the percentage of public school 3rd graders who are meeting or exceeding [California Department of Education Standards for Math](#). Note, information is based on location of the school, not students' communities of residence.

Children found to have low math skills are at increased risk for poor academic outcomes, which can have profound consequences for future health and longevity.

- [Children Whose Caregivers Report Difficulty Finding Needed Childcare](#)

This indicator provides information about the percentage of children ages 0-5 years whose caregivers reported that it is somewhat or very difficult to get childcare on a regular basis when needed. Information is based on caregiver report.

Access to high-quality, affordable childcare can help provide employment stability and reduce financial hardship and parental stress. Quality childcare has also been shown to have both short- and long-term positive effects on children's cognitive, biological, and social development.

- [Voter Turnout in the 2020 General Election](#)

This indicator provides information about the percentage of registered voters who voted in the 2020 US general election.

Voter turnout is a measure of civic engagement. Consistent civic engagement can have a significant, positive impact on health outcomes and community health.

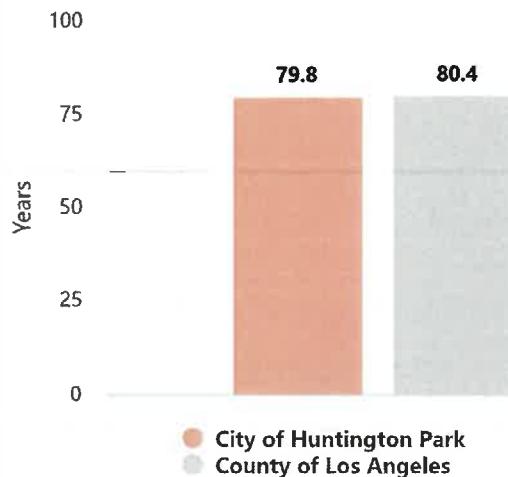
- [Adults Receiving the Social and Emotional Support They Need](#)

This indicator provides information about the percentage of adults ages 18 years and older who reported always or usually receiving the social and emotional support they need. Information is based on self-reported data.

Individuals who receive adequate social and emotional support often experience less loneliness (a risk factor for lower life expectancy) and report having a higher quality of life and better overall health.

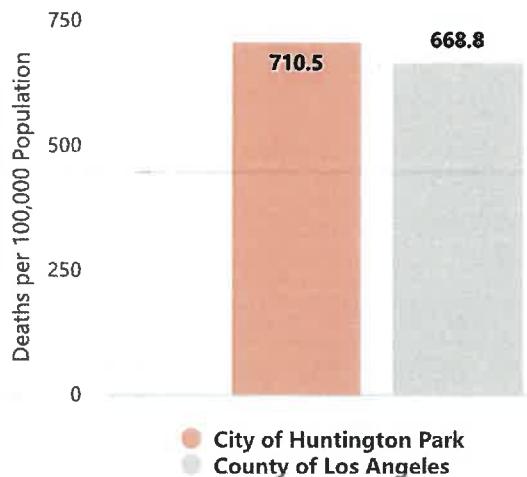
Social Determinants of Health Indicators

Life Expectancy at Birth



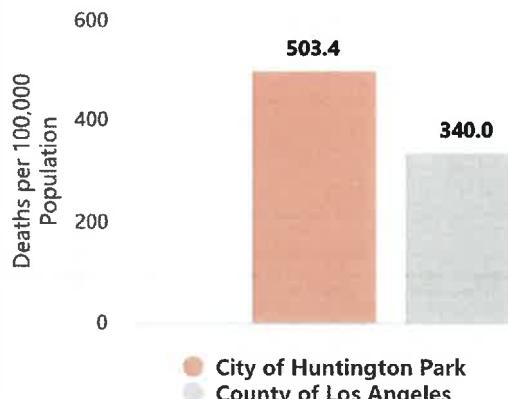
Los Angeles County Annual Death File 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates (Provisional), prepared by Hedderson Demographic Services for Los Angeles County, 2022.

All-Cause Mortality



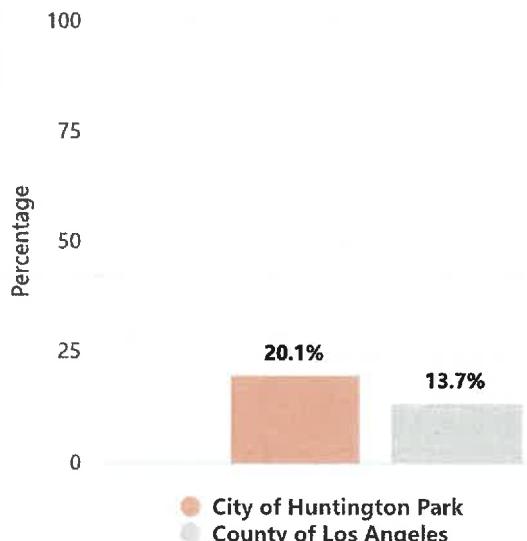
Los Angeles County Annual Death File 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates (Provisional), prepared by Hedderson Demographic Services for Los Angeles County, 2022.

Cumulative COVID-19 Mortality



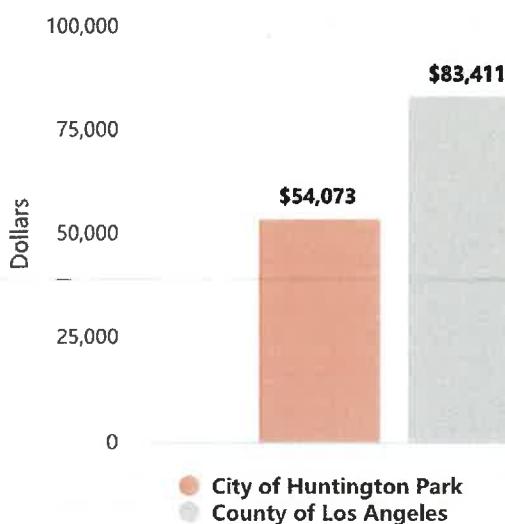
[1] Los Angeles County Department of Public Health Acute Communicable Disease Control Program, COVID-19 Surveillance Data, March 1, 2020 to December 31, 2023;[2] 2018 Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County Internal Services Department.

Self-Rated Health Among Adults



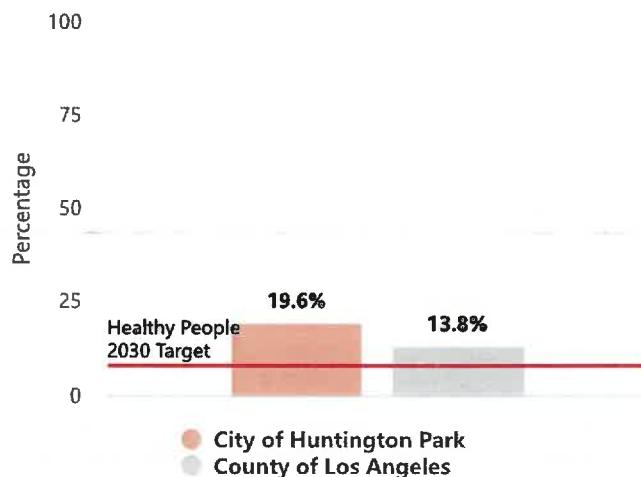
Los Angeles County Health Survey, 2023.

Median Household Income



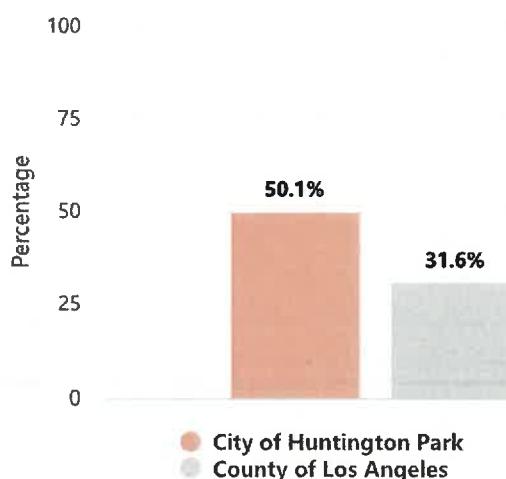
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Population Living Below 100% of the Federal Poverty Level



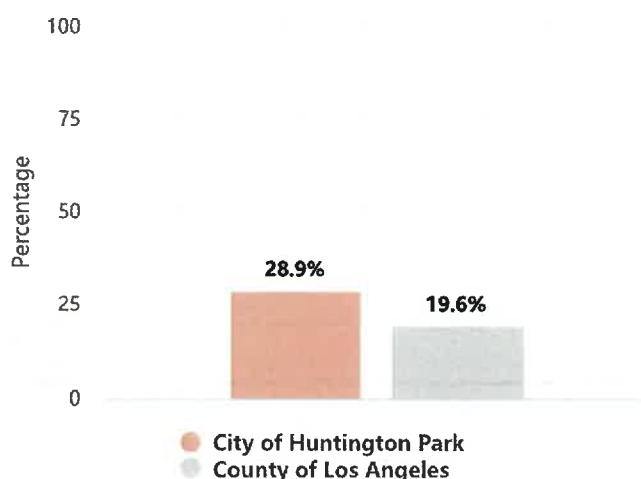
Poverty Estimates (Provisional), prepared by Hedderson Demographic Services for Los Angeles County, 2022.

Population Living Below 200% of the Federal Poverty Level



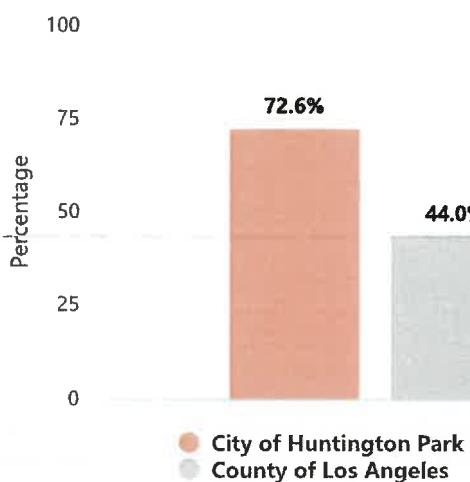
Poverty Estimates (Provisional), prepared by Hedderson Demographic Services for Los Angeles County, 2022.

Children Living Below 100% of the Federal Poverty Level



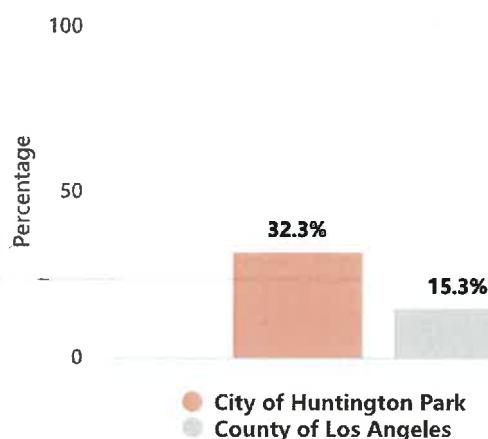
Poverty Estimates (Provisional), prepared by Hedderson Demographic Services for Los Angeles County, 2022.

Children Living Below 200% of the Federal Poverty Level



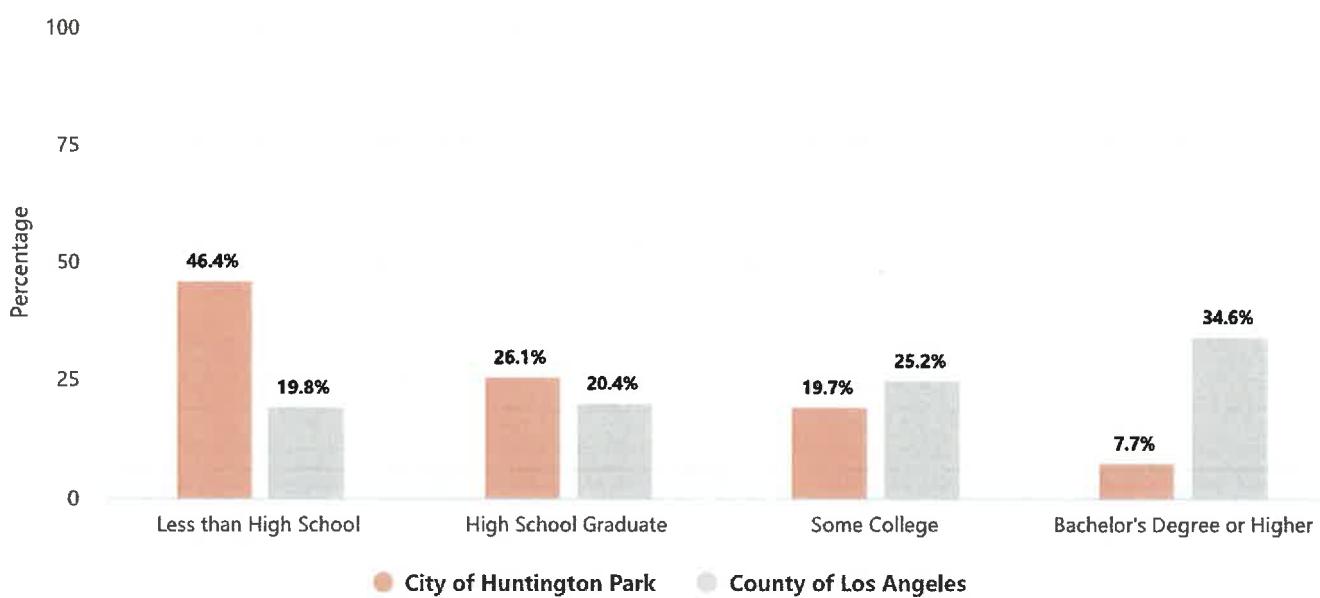
Poverty Estimates (Provisional), prepared by Hedderon Demographic Services for Los Angeles County, 2022.

Population in Persistent Poverty



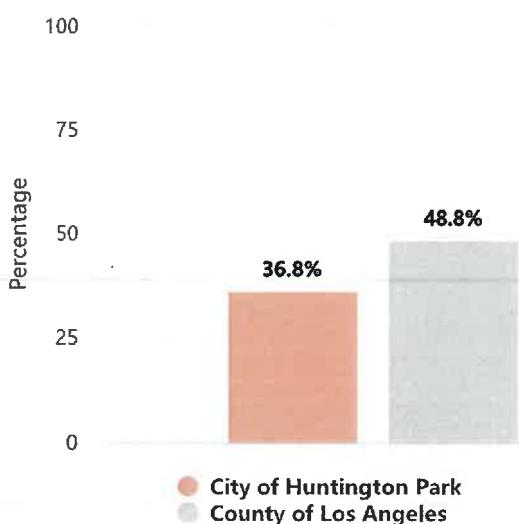
US Census Bureau, Decennial Census, 1990 and 2000; US Census Bureau, American Community Survey 5-Year Estimates, 2005-2009 and 2015-2019; Population Estimates (Provisional), prepared by Hedderon Demographic Services for Los Angeles County, 2022.

Educational Attainment Among Adults



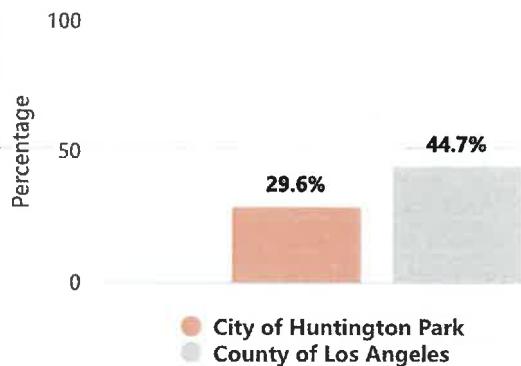
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Children Enrolled in Preschool



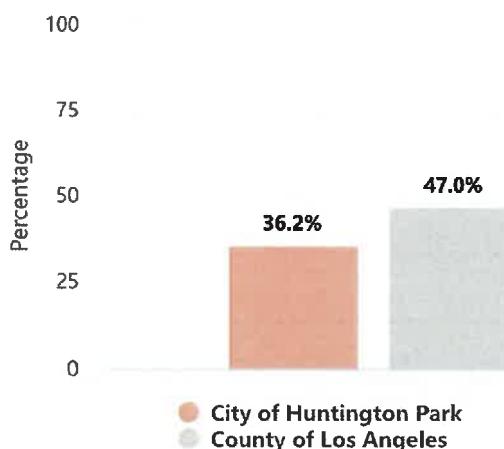
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

3rd Graders Meeting or Exceeding California Standards for English Language Arts and Literacy



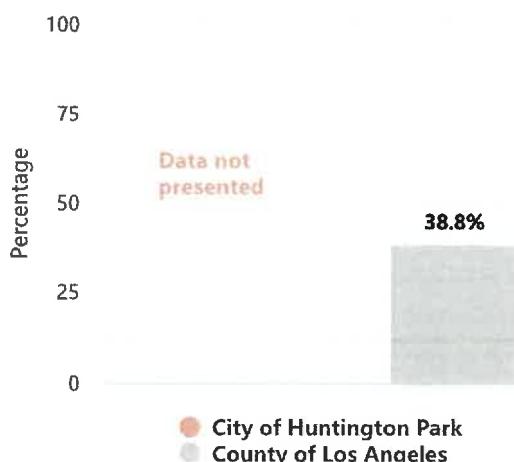
California Department of Education, California Assessment of Student Performance and Progress System, Smarter Balanced Summative Assessments, 2022-2023.

3rd Graders Meeting or Exceeding California Standards for Math



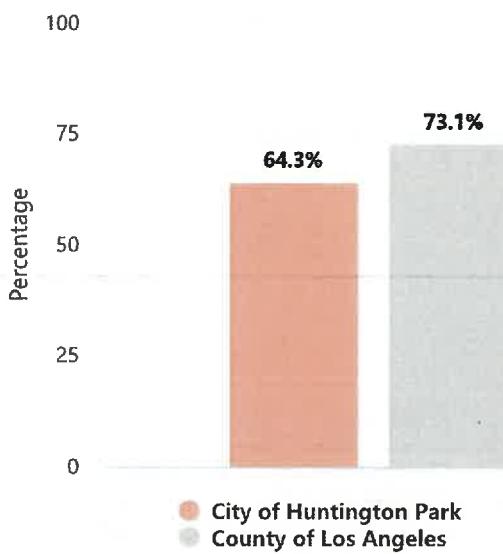
California Department of Education, California Assessment of Student Performance and Progress System, Smarter Balanced Summative Assessments, 2022-2023.

Children Whose Caregivers Report Difficulty Finding Needed Childcare



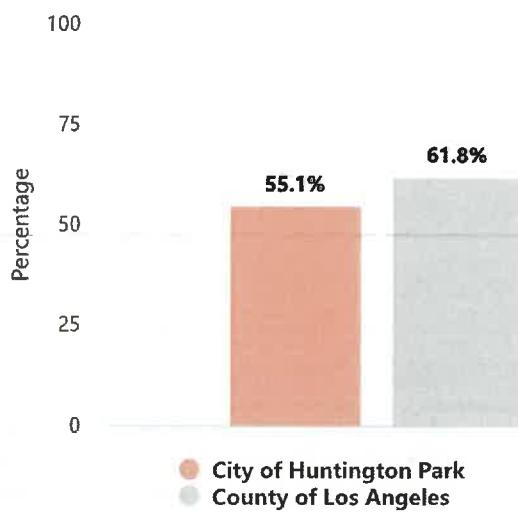
Los Angeles County Health Survey, 2023.

Voter Turnout in the 2020 General Election



University of California, Berkeley, Statewide Database, 2020.

Adults Receiving the Social and Emotional Support They Need



Los Angeles County Health Survey, 2023.

Physical Activity and Nutrition



Increasing physical activity and improving diets are two important ways to better the health of community residents. Physical inactivity and poor diet have contributed to our current obesity epidemic and are major risk factors for heart disease, diabetes, cancer, and many other chronic health conditions. Being physically active and eating healthy are often considered lifestyle choices that are under individual control, but in reality, these "choices" are strongly influenced by community environments. For example, it is difficult for people to be physically active if their communities do not have available and safe places for recreation. Likewise, it is very challenging for people to have a healthy diet if they have limited access to nutritious and affordable food options. Cities and communities can organize to create environments that promote active living and healthy eating. For example, they can implement community-wide campaigns with calls to action and community supports, such as park prescription programs or after-school physical activity programs. They can also make streets more accommodating for walking and biking, and they can create incentives for healthy food retail.

The Los Angeles County Department of Public Health's [Nutrition and Physical Activity Program](#) and [Cardiovascular and School Health Program](#) lead a variety of initiatives, in collaboration with community partners and stakeholders, to promote environments that support healthy eating and physical activity in the County. To learn more, please visit the [Nutrition and Physical Activity Program's website](#) and the [Cardiovascular and School Health Program's website](#).

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- [Recreational Spaces](#)

This indicator provides information about the geographic locations of publicly available recreational spaces.

Publicly available recreational spaces play an important role in communities, often conferring myriad health benefits. Access to places for physical activity, such as parks, trails, playgrounds, and community centers with recreational facilities, has been shown to prevent heart disease, stroke, diabetes, depression, and many types of cancer.

Community recreational spaces also provide opportunities for park-related interventions that may reduce violent crime; serve as locations for outreach to increase access to and enrollment in health and social services; and provide space for community gardens and farmers' markets, thereby increasing community access to fresh produce. Moreover, parks and other green spaces have environmental benefits that can protect community health through improved air quality and reduced impacts from the [urban heat island effect](#).

- Recreational Space per Capita

This indicator provides information about publicly available recreational space per capita (acres per 1,000 population).

Publicly available recreational spaces play an important role in communities, often conferring myriad health benefits. Access to places for physical activity, such as parks, trails, playgrounds, and community centers with recreational facilities, has been shown to prevent heart disease, stroke, diabetes, depression, and many types of cancer.

Community recreational spaces also provide opportunities for park-related interventions that may reduce violent crime; serve as locations for outreach to increase access to and enrollment in health and social services; and provide space for community gardens and farmers' markets, thereby increasing community access to fresh produce. Moreover, parks and other green spaces have environmental benefits that can protect community health through improved air quality and reduced impacts from the [urban heat island effect](#).

- Population Within 10-Minute Walk of a Recreational Space

This indicator provides information about the percentage of the total population that is within a 10-minute walk of a publicly available recreational space.

In well-designed communities, homes, stores, schools, and recreational spaces are connected by safe walking routes, providing an opportunity for all community members to enjoy the outdoors and experience physical and mental health benefits. The closer a person lives to a park, the more likely they are to walk or bike to that park and to use it for exercise. Living within a half mile of a park is associated with higher levels of moderate-to-vigorous physical activity among community members.

- Adults Meeting the Recommended Guidelines for Physical Activity

This indicator provides information about the percentage of adults ages 18 years and older who are meeting the [recommended guidelines for physical activity](#) based on self-reported data. To meet physical activity guidelines overall, adults must meet at least one of three criteria for aerobic physical activity AND the criterion for muscle-strengthening physical activity:

Aerobic Physical Activity Criteria:

- 1) Vigorous activity for at least 75 minutes a week
- 2) Moderate activity for at least 150 minutes a week
- 3) Combination of vigorous and moderate activity for at least 150 minutes a week

Muscle-Strengthening Physical Activity Criterion:

Exercise all major muscle groups on 2 or more days a week

Physical inactivity contributes to our current obesity epidemic and is a major risk factor for heart disease, diabetes, cancer, and many other chronic health conditions. It can be difficult for people to be physically active if their communities do not have available and safe places for recreation.

- Adults Meeting the Recommended Guidelines for Fruit and Vegetable Intake

This indicator provides information about the percentage of adults ages 18 years and older who are meeting the [recommended guidelines for fruit and vegetable intake](#) based on self-reported data. The current guidelines recommend that adults consume five or more servings of fruit or vegetables per day.

It can be very challenging for people to have a healthy diet if community access to nutritious and affordable food options is limited.

- [Children with Daily Sugar-Sweetened Beverage Consumption](#)

This indicator provides information about the percentage of children ages 0-17 years who drink at least one sugar-sweetened beverage daily. Information is based on caregiver report. Sugar-sweetened beverages include sodas, such as Coke, Pepsi, Dr. Pepper, or Sprite, or sweetened drinks, such as Gatorade, Red Bull, or Sunny Delight. Drinks NOT included are diet sodas, sugar-free drinks, or 100% fruit juice.

Sugar-sweetened beverages or sugary drinks are leading sources of added sugars in the American diet. Frequently drinking sugar-sweetened beverages is associated with weight gain, obesity, type 2 diabetes, heart disease, and kidney diseases, among other conditions. Cities and communities can take an active role in limiting sugar-sweetened beverage consumption by promoting health education and awareness, adopting policies such as additional taxes on sugar-sweetened beverage purchases, and by supporting healthy food retail.

- [Adults with Daily Sugar-Sweetened Beverage Consumption](#)

This indicator provides information about the percentage of adults ages 18 years and older who drink at least one sugar-sweetened beverage daily based on self-reported data. Sugar-sweetened beverages include sodas, such as Coke, Pepsi, Dr. Pepper, or Sprite, or sweetened drinks, such as Gatorade, Red Bull, or Sunny Delight. Drinks NOT included are diet sodas, sugar-free drinks, or 100% fruit juice.

Sugar-sweetened beverages or sugary drinks are leading sources of added sugars in the American diet. Frequently drinking sugar-sweetened beverages is associated with weight gain, obesity, type 2 diabetes, heart disease, and kidney diseases, among other conditions. Cities and communities can take an active role in limiting sugar-sweetened beverage consumption by promoting health education and awareness, adopting policies such as additional taxes on sugar-sweetened beverage purchases, and by supporting healthy food retail.

- [Children with Good or Excellent Community Access to Fresh Fruits and Vegetables](#)

This indicator provides information about the percentage of children ages 0-17 years with good or excellent community access to fresh fruits and vegetables based on caregiver report.

Easy community access to fresh fruits and vegetables is fundamental to promoting a healthy food environment.

- [Children with Weekly Fast Food Consumption](#)

This indicator provides information about the percentage of children ages 6 months-17 years who consume fast food on a weekly basis based on caregiver report. A child is considered to have weekly fast food consumption if they eat any food, including meals and snacks, from a fast food restaurant, such as McDonald's, Taco Bell, KFC, or another similar type of establishment at least one time per week.

Fast food consumption is associated with increased intake of calories, fat, and sodium, as well as with poor diet quality in children and adolescents. Poor diet has contributed to our current obesity epidemic and is a major risk factor for heart disease, diabetes, cancer, and many other chronic health conditions.

- [Population in Close Proximity to a Supermarket or Grocery Store](#)

This indicator provides information about the percentage of the population living in close proximity to a supermarket or grocery store, defined as living within a half mile for urban populations and within ten miles for rural populations.

Living near a grocery store or supermarket can directly impact food security, be cost-effective, and lead to a healthier diet. Poor diet has contributed to our current obesity epidemic and is a major risk factor for heart disease, diabetes, cancer, and many other chronic health conditions. It can be very challenging for people to have a healthy diet if they have limited access to nutritious and affordable food options.

- **Farmers' Markets**

This indicator provides information about the geographic locations for farmers' markets.

Farmers' markets are valuable community resources that can promote healthy eating by making fresh and in-season fruits and vegetables readily available to residents. Many farmers' markets are also able to process payments through the **Electronic Benefit Transfer (EBT)** system from food assistance programs, such as CalFresh or the Special Supplemental Nutrition Program for Women, Infants, and Children (better known as **WIC**).

- **Charitable Food Distribution Sites**

This indicator provides information about the geographic locations for charitable food distribution sites, such as food banks or food pantries. These sites provide free or low-cost groceries.

Charitable food distribution sites serve as vital community resources for households struggling with food insecurity.

- **Population in Households with Food Insecurity**

This indicator provides information about the percentage of the population living in households experiencing food insecurity based on self-reported data. Households experiencing food insecurity are defined as those with **low or very low food security** in the last 12 months.

Food insecurity, or the inability to reliably afford or access sufficient quantities of healthy food, affects hundreds of thousands of low-income households in Los Angeles County. Increasing enrollment in food assistance programs, such as the Supplemental Nutrition Assistance Program (known as **CalFresh** in California) or the Special Supplemental Nutrition Program for Women, Infants, and Children (better known as **WIC**) is an important measure that cities and communities can take to combat food insecurity.

- **Adults in Households with Food Insecurity**

This indicator provides information about the percentage of adults ages 18 years and older living in households experiencing food insecurity based on self-reported data. Households experiencing food insecurity are defined as those with **low or very low food security** in the last 12 months.

Food insecurity, or the inability to reliably afford or access sufficient quantities of healthy food, affects hundreds of thousands of low-income households in Los Angeles County. Food insecure adults are at increased risk for poor dietary intake and developing chronic conditions, such as type 2 diabetes, hypertension, hyperlipidemia, obesity, and psychological distress or depression. Increasing enrollment in food assistance programs, such as the Supplemental Nutrition Assistance Program (known as **CalFresh** in California) or the Special Supplemental Nutrition Program for Women, Infants, and Children (better known as **WIC**) is an important measure that cities and communities can take to combat food insecurity.

- **Children in Households with Food Insecurity**

This indicator provides information about the percentage of children ages 0-17 years living in households experiencing food insecurity based on caregiver report. Households experiencing food insecurity are defined as those with **low or very low food security** in the last 12 months.

Food insecurity, or the inability to reliably afford or access sufficient quantities of healthy food, affects hundreds of thousands of low-income households in Los Angeles County. Food insecurity during childhood is associated with delayed development, inability to concentrate in school, diminished academic performance, anxiety, depression, and early-onset obesity. Increasing enrollment in food assistance programs, such as the Supplemental Nutrition Assistance Program (known as **CalFresh** in California) or the Special Supplemental Nutrition Program for Women, Infants, and Children (better known as **WIC**) is an important measure that cities and communities can take to combat food insecurity.

- **Adults in Households with Nutrition Insecurity**

This indicator provides information about the percentage of adults ages 18 years and older who live in households experiencing nutrition insecurity based on self-reported data. Households were identified as experiencing nutrition insecurity if they reported that it was somewhat hard, hard, or very hard to regularly eat healthy foods in the last 12 months.

Nutrition insecurity encompasses the lack of consistent or equitable access to healthy, safe, and affordable foods that support health and wellbeing. Poor nutrition is linked to increased risk of obesity, diabetes, and heart disease, as well as higher healthcare costs and decreased productivity. Both food and nutrition insecurity are driven by social determinants of health, such as low income or unemployment, lack of affordable housing, and lack of access to healthcare. Structural racism has also influenced the prevalence of nutrition insecurity among historically underserved populations. Increasing enrollment in food assistance programs, such as the Supplemental Nutrition Assistance Program (known as [CalFresh](#) in California) or the Special Supplemental Nutrition Program for Women, Infants, and Children (better known as [WIC](#)) is an important measure that cities and communities can take to combat nutrition insecurity.

- **Adults with Obesity**

This indicator provides information about the percentage of adults ages 18 years and older with obesity based on their calculated Body Mass Index (BMI), which was derived from self-reported height and weight information. BMI is calculated by dividing a person's weight in kilograms by the square of their height in meters. Individuals with a BMI ≥ 30 are considered to have obesity. Note, while BMI can be helpful in screening for individuals with obesity or overweight, it does not measure how much body fat an individual has or provide any diagnostic information about their overall health.

Obesity is associated with increased risk for heart disease, diabetes, and cancer. Cities and communities can help curb the current obesity epidemic by adopting policies that support healthy food retail and physical activity and improve access to preventive care services.

- **Adults with Diagnosed Diabetes**

This indicator provides information about the percentage of adults ages 18 years and older with diagnosed diabetes (type 1 or 2) based on self-reported data.

Diabetes is associated with decreased life expectancy, heart disease and stroke, lower limb amputations, kidney disease, and blindness. It is also closely linked with obesity. Cities and communities can help prevent diabetes by adopting policies that support healthy food retail and physical activity and improve access to preventive care services.

- **Adults with Diagnosed Hypertension**

This indicator provides information about the percentage of adults ages 18 years and older with diagnosed hypertension based on self-reported data.

Uncontrolled hypertension, or high blood pressure, increases an individual's risk for heart attack, stroke, and kidney disease, and it can also impair brain function and vision. Lifestyle factors such as unhealthy diets, physical inactivity, smoking, and excessive alcohol use contribute greatly to this condition. Cities and communities can play an essential role in mitigating hypertension risk factors by improving local food environments and encouraging physical activity by making communities safer and more walkable.

- [Coronary Heart Disease Mortality](#)

This indicator provides information about the five-year aggregated mortality rate (deaths per 100,000 population) from coronary heart disease. Death rate has been age-adjusted to the 2000 US standard population.

Coronary heart disease is a type of heart disease in which the arteries of the heart cannot deliver enough oxygen-rich blood to the heart muscles. Over time, this can weaken the heart muscle and may lead to heart attack or heart failure. It is the most common type of heart disease in the US and has been the leading cause of death in Los Angeles County for the last two decades. Poor diet, sedentary lifestyle, tobacco exposure, and chronic stress are all important risk factors for coronary heart disease. Cities and communities can mitigate these risks by improving local food environments and encouraging physical activity by making communities safer and more walkable.

- [Colorectal Cancer Mortality](#)

This indicator provides information about the five-year aggregated mortality rate (deaths per 100,000 population) from colorectal cancer. Death rate has been age-adjusted to the 2000 US standard population.

Being physically active and eating a diet that is rich in fruits, vegetables, lean meats, and fiber can reduce the risk of colorectal cancer. Promoting healthy food retail and access to preventive care services are important measures that cities and communities can take to prevent colorectal cancer.

- [Breast Cancer Mortality](#)

This indicator provides information about the five-year aggregated mortality rate (deaths per 100,000 female population) from breast cancer. Death rate has been age-adjusted to the 2000 US standard population.

Obesity can increase an individual's lifetime risk of breast cancer. Promoting healthy food retail and physical activity and improving access to preventive care services are important measures that cities and communities can take to prevent breast cancer.

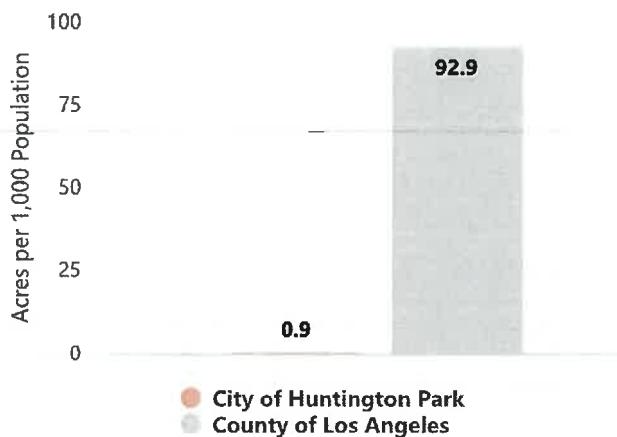
Physical Activity and Nutrition Indicators

Recreational Spaces



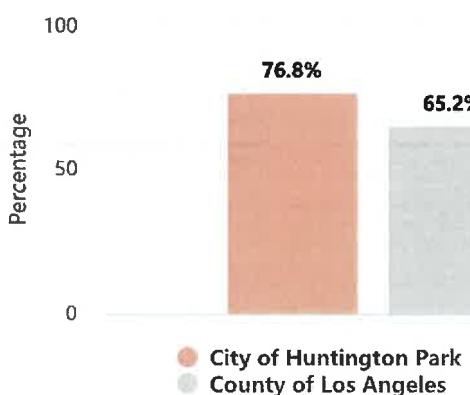
GreenInfo Network, California Protected Areas Database, 2023; County of Los Angeles, Countywide Parks and Open Space Dataset, 2023; Trust for Public Land, ParkServe® Dataset, 2023.

Recreational Space per Capita



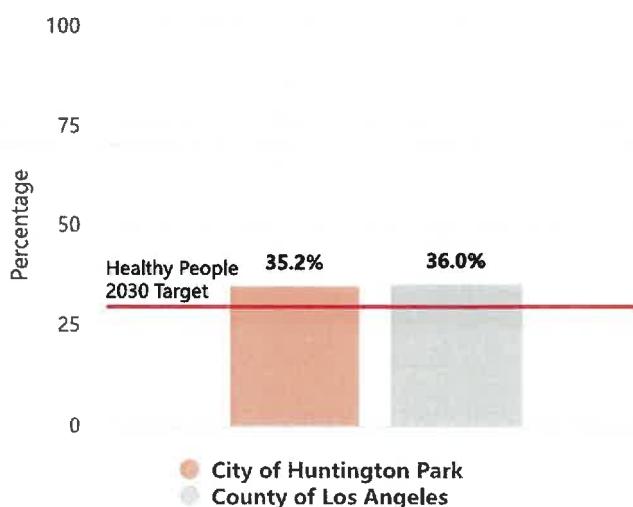
GreenInfo Network, California Protected Areas Database, 2023; County of Los Angeles, Countywide Parks and Open Space Dataset, 2023; Trust for Public Land, ParkServe® Dataset, 2023; Population Estimates (Provisional), prepared by Hederson Demographic Service

Population Within 10-Minute Walk of a Recreational Space



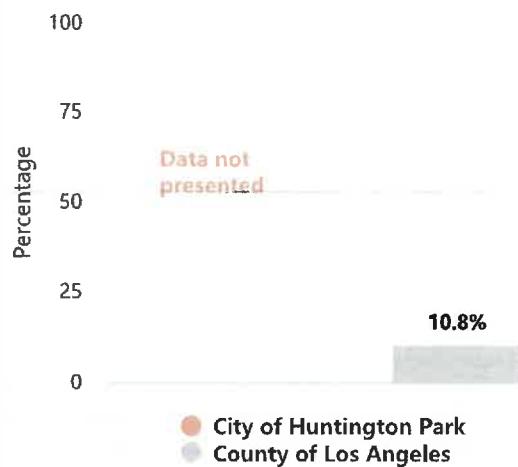
GreenInfo Network, California Protected Areas Database, 2023; County of Los Angeles, Countywide Parks and Open Space Dataset, 2023; Trust for Public Land, ParkServe® Dataset, 2023; Population Estimates (Provisional), prepared by Hederson Demographic Service

Adults Meeting the Recommended Guidelines for Physical Activity



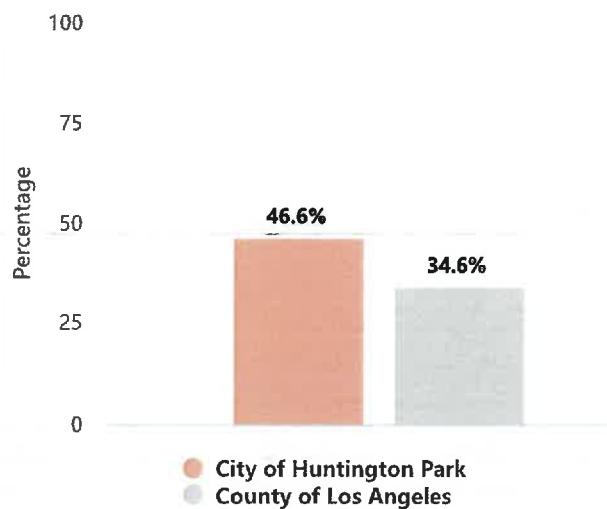
Los Angeles County Health Survey, 2023.

Adults Meeting the Recommended Guidelines for Fruit and Vegetable Intake



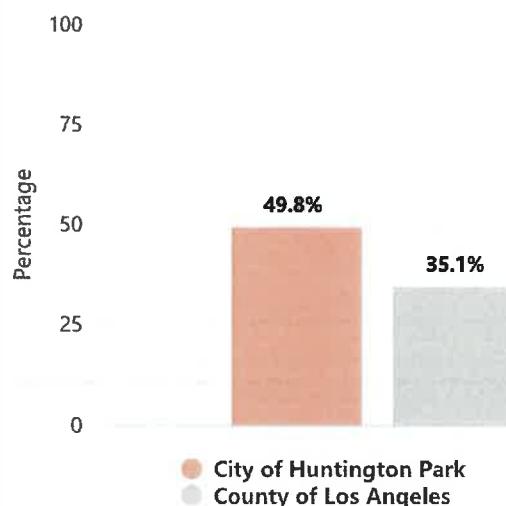
Los Angeles County Health Survey, 2023.

Children with Daily Sugar-Sweetened Beverage Consumption



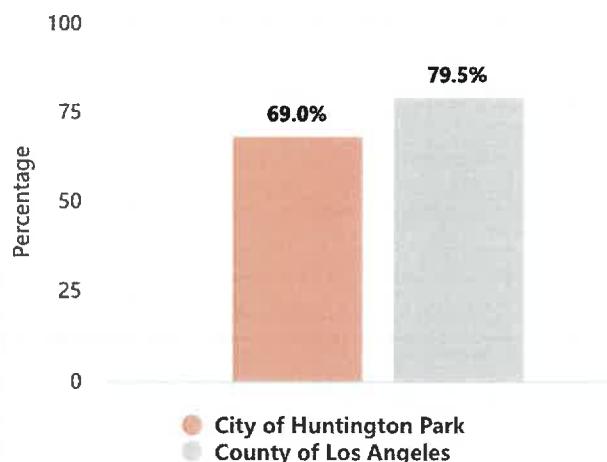
Los Angeles County Health Survey, 2023.

Adults with Daily Sugar-Sweetened Beverage Consumption



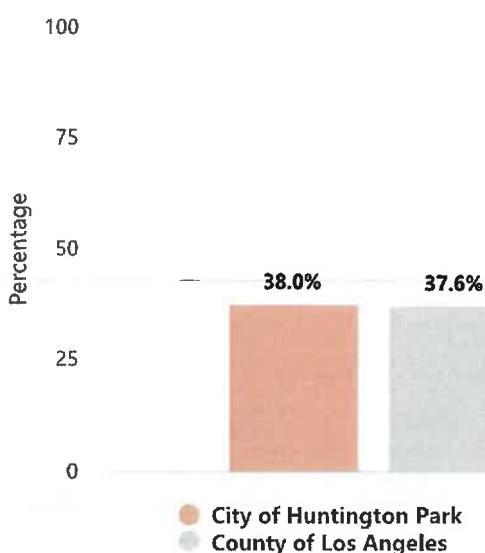
Los Angeles County Health Survey, 2023.

Children with Good or Excellent Community Access to Fresh Fruits and Vegetables



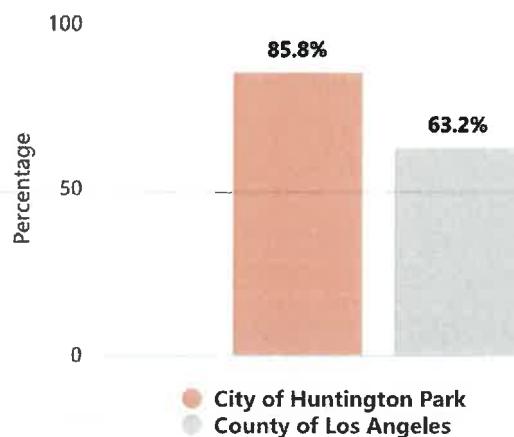
Los Angeles County Health Survey, 2023.

Children with Weekly Fast Food Consumption



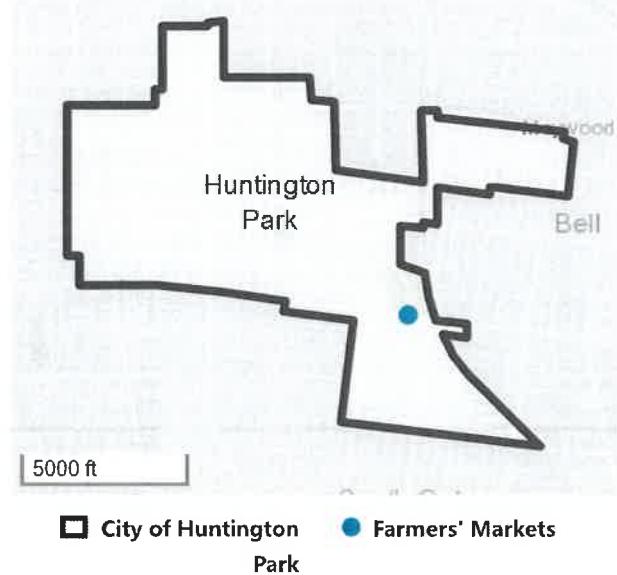
Los Angeles County Health Survey, 2023.

Population in Close Proximity to a Supermarket or Grocery Store



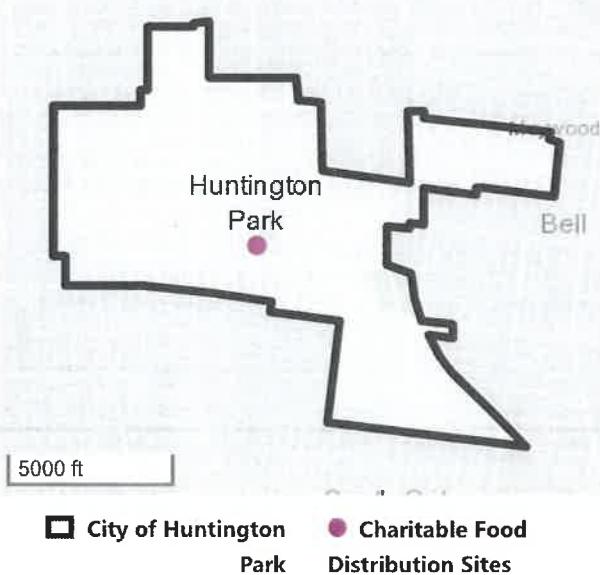
US Department of Agriculture, Food Access Research Atlas, 2019; US Census Bureau, Decennial Census, 2010.

Farmers' Markets



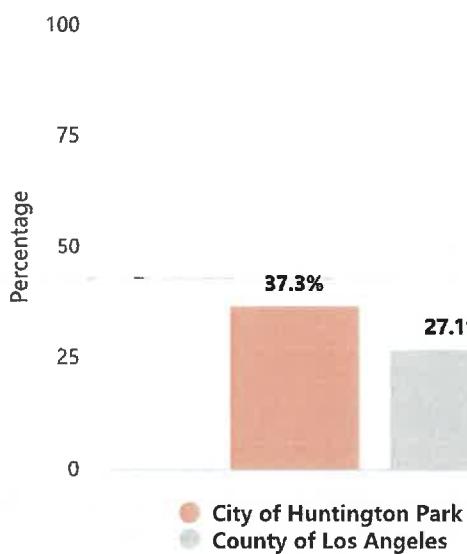
211LA Food Resources, prepared by the Los Angeles County Department of Public Health Nutrition and Physical Activity Program, May 2023; US Department of Agriculture, Food and Nutrition Service, Farmers Markets Accepting SNAP Benefits, December 2022.

Charitable Food Distribution Sites



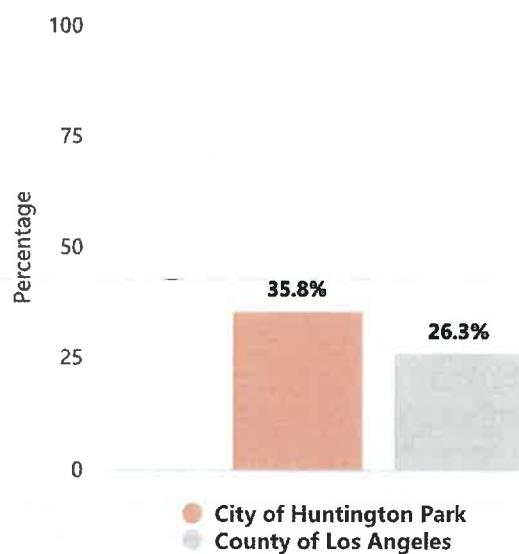
211LA Food Resources, prepared by the Los Angeles County Department of Public Health Nutrition and Physical Activity Program, May 2023.

Population in Households with Food Insecurity



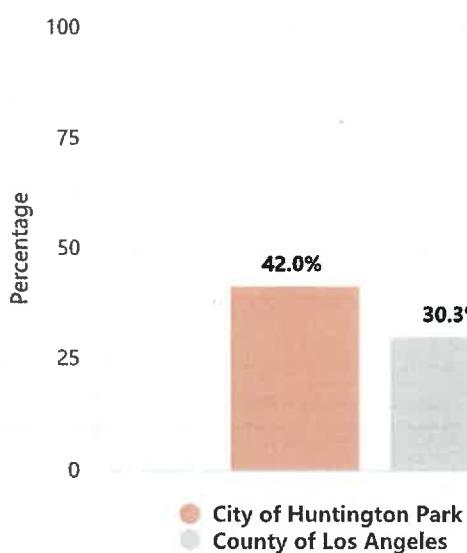
Los Angeles County Health Survey, 2023.

Adults in Households with Food Insecurity



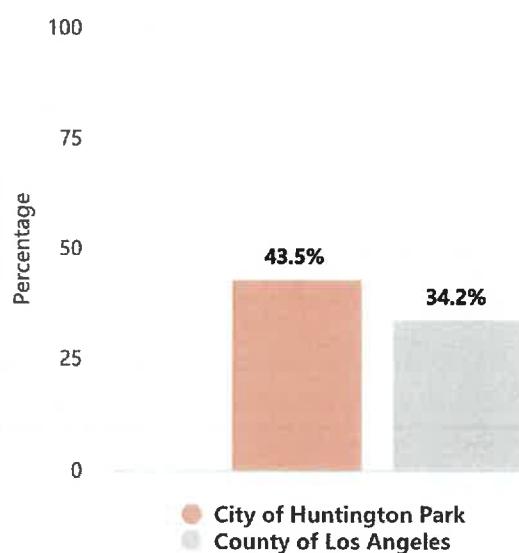
Los Angeles County Health Survey, 2023.

Children in Households with Food Insecurity



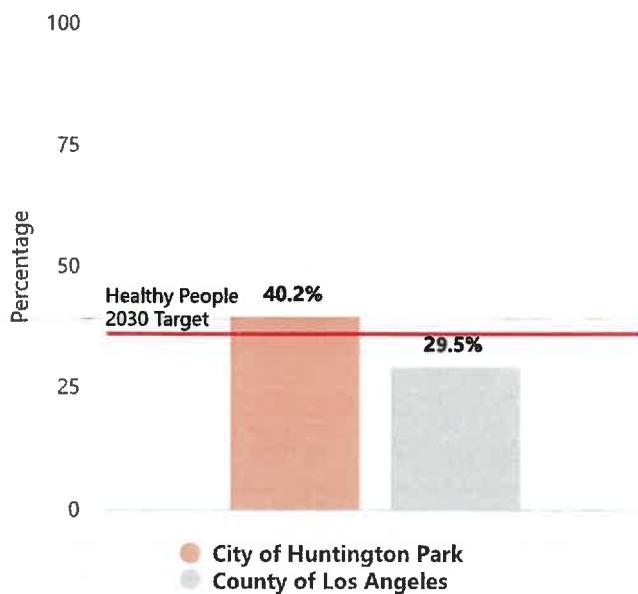
Los Angeles County Health Survey, 2023.

Adults in Households with Nutrition Insecurity



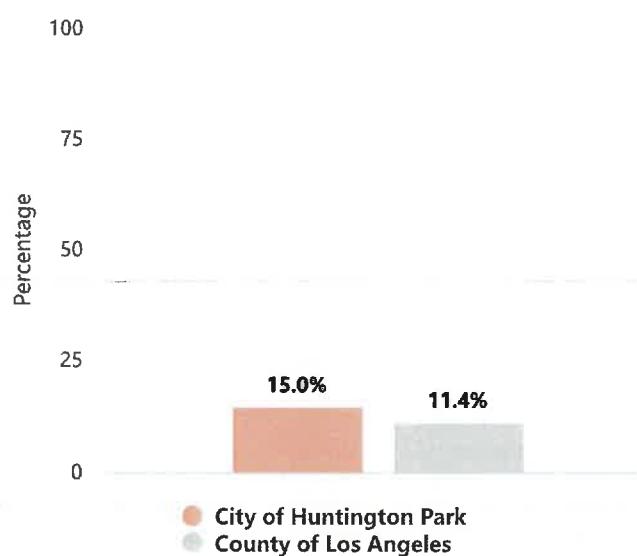
Los Angeles County Health Survey, 2023.

Adults with Obesity



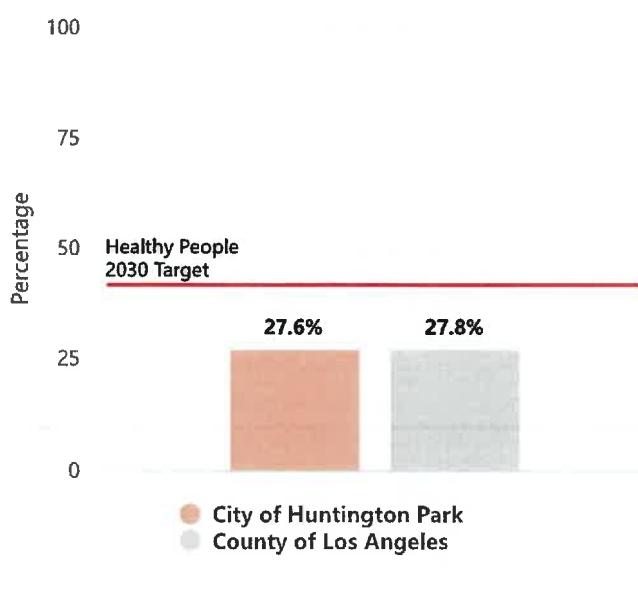
Los Angeles County Health Survey, 2023.

Adults with Diagnosed Diabetes



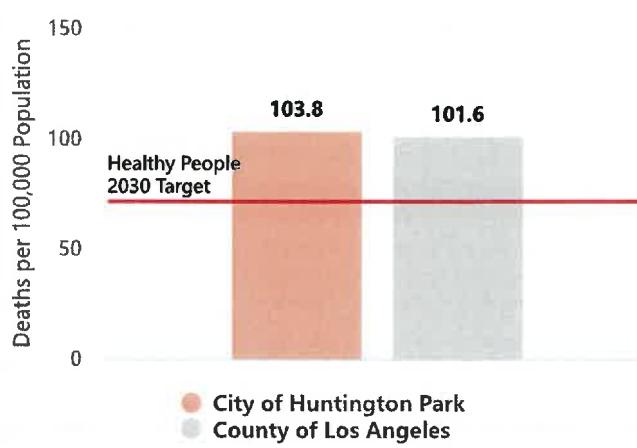
Los Angeles County Health Survey, 2023.

Adults with Diagnosed Hypertension



Los Angeles County Health Survey, 2023.

Coronary Heart Disease Mortality



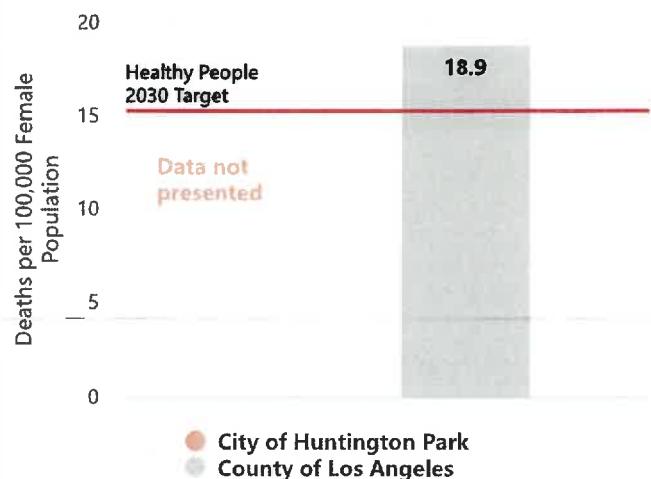
Los Angeles County Annual Death Files 2018-2021 and 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates, prepared by Hedderon Demographic Services for Los Angeles County, 2020.

Colorectal Cancer Mortality



Los Angeles County Annual Death Files 2018-2021 and 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County, 2020.

Breast Cancer Mortality



Los Angeles County Annual Death Files 2018-2021 and 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County, 2020.

Tobacco Use



Despite great progress in reducing tobacco use over the past generation, almost one million adults and adolescents in Los Angeles County continue to smoke. Tobacco use is a leading preventable cause of premature death and disability. Some communities and populations in the County have much higher rates of tobacco use than others, fueled in part by the marketing tactics of the tobacco industry that target certain communities, including communities of color and the lesbian, gay, bisexual, transgender, and queer communities. Cities and communities can play a vital role in supporting public health efforts to reduce the toll of smoking and other forms of tobacco use. Many cities and all unincorporated communities in Los Angeles County already prohibit smoking in public spaces, such as parks, beaches, and outdoor dining areas. In addition, many cities prohibit smoking in multi-unit housing complexes, such as apartment buildings, to reduce exposure to secondhand smoke. Cities and communities can take additional action to reduce youth access to tobacco products by promoting zoning and licensing restrictions to regulate the location and density of tobacco retailers and vape shops, particularly in youth-sensitive areas and vulnerable neighborhoods.

The Los Angeles County Department of Public Health's [**Tobacco Control and Prevention Program**](#) leads local efforts to increase access to smoking cessation services, reduce youth access to tobacco products, and reduce exposure to secondhand smoke across the County. To learn more, please visit the [**Tobacco Control and Prevention Program's website**](#).

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- [**Adults Who Smoke Cigarettes**](#)

This indicator provides information about the percentage of adults ages 18 years and older who currently smoke cigarettes based on self-reported data. Current smokers are defined as adults who smoked at least 100 cigarettes in their lifetime AND currently smoke.

Tobacco use is a leading preventable cause of premature death and disability. Cities and communities can curb tobacco use by adopting policies to regulate tobacco retail and reduce exposure to secondhand smoke in outdoor public spaces, such as parks, restaurants, or in multi-unit housing.

- [Adults Who Use Electronic Cigarettes](#)

This indicator provides information about the percentage of adults ages 18 years and older who reported using electronic cigarettes in the past month. Information is based on self-reported data.

Electronic cigarettes, also called e-cigarettes, e-hookahs, mods, vape pens, and electronic nicotine delivery systems (ENDS), have been sold in the US for about a decade and are the most commonly used tobacco product among youth. Most e-cigarettes contain nicotine and can emit a number of potentially toxic substances. They can also cause unintended injuries such as fires, explosions, and acute nicotine exposure. Though not all long-term health consequences of e-cigarette use are currently known, e-cigarette usage has been found to impair the function of the body's blood vessels, which can increase the risk for cardiovascular and lung disease.

- [Lung Cancer Mortality](#)

This indicator provides information about the five-year aggregated mortality rate (deaths per 100,000 population) from lung cancer. Death rate has been age-adjusted to the 2000 US standard population.

Lung cancer is a leading cause of cancer-related death in the US. People who smoke have the greatest risk of lung cancer, though lung cancer can also occur in people who have never smoked. Most cases are due to long-term tobacco smoking or exposure to secondhand tobacco smoke. Cities and communities can take an active role in curbing tobacco use and reducing lung cancer by adopting policies to regulate tobacco retail; reducing exposure to secondhand smoke in outdoor public spaces, such as parks, restaurants, or in multi-unit housing; and improving access to tobacco cessation programs and other preventive services.

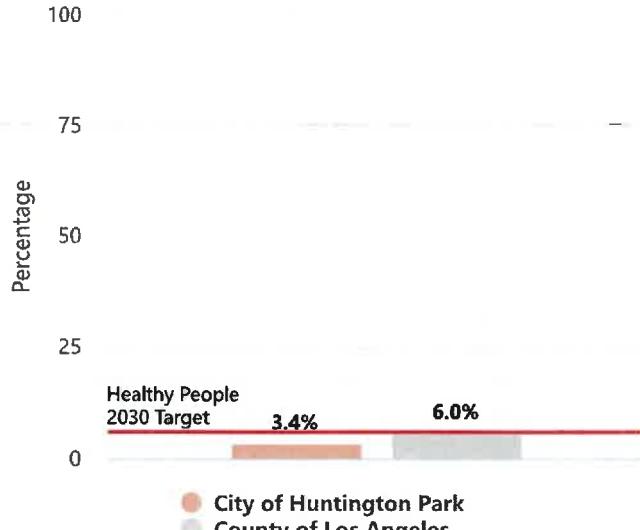
- [Chronic Obstructive Pulmonary Disease Mortality](#)

This indicator provides information about the five-year aggregated mortality rate (deaths per 100,000 population) from chronic obstructive pulmonary disease (COPD). Death rate has been age-adjusted to the 2000 US standard population.

COPD refers to a group of diseases, including emphysema and chronic bronchitis, that create airflow blockages in the lungs. Exposure to tobacco smoke is an important risk factor for COPD. Cities and communities can take an active role in curbing tobacco use and reducing COPD by adopting policies to regulate tobacco retail; reducing exposure to secondhand smoke in outdoor public spaces, such as parks, restaurants, or in multi-unit housing; and improving access to tobacco cessation programs and other preventive services.

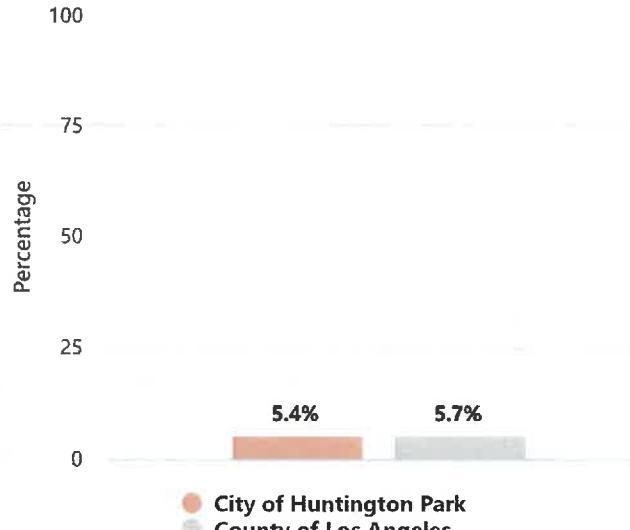
Tobacco Use Indicators

Adults Who Smoke Cigarettes



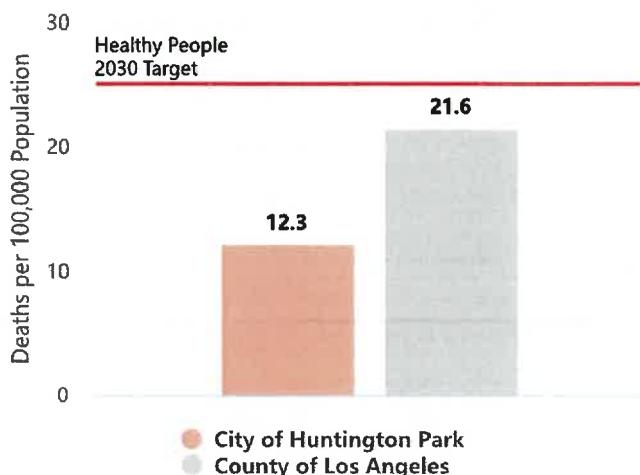
Los Angeles County Health Survey, 2023.

Adults Who Use Electronic Cigarettes



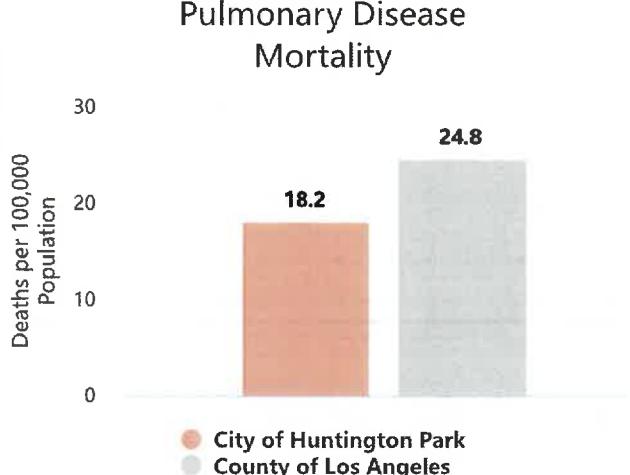
Los Angeles County Health Survey, 2023.

Lung Cancer Mortality



Los Angeles County Annual Death Files 2018-2021 and 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County, 2020.

Chronic Obstructive Pulmonary Disease Mortality



Los Angeles County Annual Death Files 2018-2021 and 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County, 2020.

Housing and Health



Housing affordability is a major concern for many Los Angeles County residents. Housing constitutes the single largest monthly expense for most people, and among homeowners, their homes are often their largest financial assets. Given the high cost of housing in Los Angeles County, many residents spend a sizable portion of their incomes on housing every month and are susceptible to significant housing burden, which is defined as housing expenses totaling 30% or more of monthly income. Housing burden disproportionately affects low-income individuals, renters, and communities of color, many of whom experience severe housing burden, meaning that their housing costs total 50% or more of their monthly incomes. Housing burden can negatively impact health by causing significant stress and limiting the amount of money people have available to spend on other life necessities, such as food or healthcare. Housing burden can increase the risk for homelessness as well. The high cost of housing can also affect health by prohibiting access to high-quality housing, which can often be too expensive. Living in poor-quality housing can increase exposure to environmental hazards, such as lead, molds, and cockroaches. Lead exposure during childhood is a particular concern as it can adversely impact brain development. In addition, exposure to molds and cockroaches can worsen underlying respiratory conditions, such as asthma in children.

In response to the local homelessness crisis, the [**Los Angeles County Board of Supervisors**](#) launched the [**Homeless Initiative**](#) in 2015. The initiative includes 47 strategies that address the root causes of homelessness and are implemented in partnership with numerous agencies, including the [**Department of Public Health**](#) (Public Health). To learn more, please visit the [**Homeless Initiative's website**](#).

In addition, Public Health's [**Environmental Health Division**](#) ensures the safety and habitability of the County's residential housing and is responsible for routinely inspecting rental properties that include five or more units and investigating complaints involving any housing site. To learn more, please visit the [**Environmental Health Division's website**](#).

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- [Households with Housing Burden](#)

This indicator provides information about the percentage of households experiencing housing burden based on self-reported data. Housing burden is defined as housing expenses totaling 30% or more of monthly household income.

Given the high cost of housing in Los Angeles County, many residents spend a sizable portion of their incomes on housing every month and are therefore susceptible to significant housing burden. Housing burden disproportionately affects low-income individuals, renters, and communities of color. Housing burden can negatively impact health by forcing individuals and families into low quality or unsafe housing, by causing significant stress, and by limiting the amount of money people have available to spend on other life necessities, such as food or healthcare. It is also an important risk factor for homelessness.

- [Households with Severe Housing Burden](#)

This indicator provides information about the percentage of households experiencing severe housing burden based on self-reported data. Severe housing burden is defined as housing expenses totaling 50% or more of monthly household income.

Given the high cost of housing in Los Angeles County, many residents spend a sizable portion of their incomes on housing every month. Severe housing burden disproportionately affects low-income individuals, renters, and communities of color. Severe housing burden can negatively impact health by forcing individuals and families into low quality or unsafe housing, by causing significant stress, and by limiting the amount of money people have available to spend on other life necessities, such as food or healthcare. It is also an important risk factor for homelessness.

- [Overcrowded Housing Units](#)

This indicator provides information about the percentage of occupied housing units that are overcrowded based on self-reported data. Housing units are considered overcrowded if they have more than one person per room, excluding bathrooms, kitchens, and half-rooms.

Overcrowded housing is a marker for affordable housing availability, and it remains a significant challenge throughout Los Angeles County. Living in overcrowded housing units is associated with a wide array of negative health outcomes, including poor mental health and stress, developmental delays in children, and increased risk of communicable disease transmission. Low-income and immigrant communities are often disproportionately impacted by overcrowded housing. Cities and communities can mitigate overcrowded housing by adopting policies that permit the expansion of affordable housing stock and provide assistance to low-income individuals and families in securing safe housing.

- [Severely Overcrowded Housing Units](#)

This indicator provides information about the percentage of occupied housing units that are severely overcrowded based on self-reported data. Housing units are considered overcrowded if they have more than 1.5 persons per room, excluding bathrooms, kitchens, and half-rooms.

Overcrowded and severely overcrowded housing are markers for affordable housing availability, and they remain a significant challenge throughout Los Angeles County. Living in overcrowded or severely overcrowded housing units is associated with a wide array of negative health outcomes, including poor mental health and stress, developmental delays in children, and increased risk of communicable disease transmission. Low-income and immigrant communities are often disproportionately impacted by overcrowded and severely overcrowded housing. Cities and communities can mitigate overcrowded housing by adopting policies that permit the expansion of affordable housing stock and provide assistance to low-income individuals and families in securing safe housing.

- [Persons Experiencing Homelessness](#)

This indicator provides information about the number of persons experiencing homelessness. As defined by the [US Department of Housing and Urban Development](#), homelessness includes individuals and families who lack a fixed, regular, and adequate nighttime residence. A homeless count provides a "snapshot in time" to quantify the size of the homeless population at a specific point during the year. Counts include persons experiencing unsheltered and sheltered homelessness.

Housing affordability is a major concern for many Los Angeles County residents. Housing burden can increase the risk for homelessness. Individuals experiencing homelessness experience disproportionately higher rates of certain health conditions, such as tuberculosis, HIV infection, alcohol and drug abuse, and mental illness. Barriers to accessing care and limited access to resources contribute greatly to these observed disparities.

- [Households That Own Their Homes](#)

This indicator provides information about the percentage of households that own their homes based on self-reported data.

Housing affordability is a major concern for many Los Angeles County residents. Housing constitutes the single largest monthly expense for most people. Among homeowners, their homes are often their largest financial assets. Home ownership can also offer many benefits, including the opportunity to increase financial security and build wealth.

- [Households That Rent Their Homes](#)

This indicator provides information about the percentage of households that rent their homes based on self-reported data.

Housing affordability is a major concern for many Los Angeles County residents. Housing constitutes the single largest monthly expense for most people. Renters are more susceptible than homeowners to high housing costs, especially if they live in a community without rent control or other tenant protection policies. Compared to homeowners, renters are also more likely to experience housing burden or housing instability and have a higher risk for homelessness.

- [Housing with Potential Lead Risk](#)

This indicator provides information about the percentage of housing stock at risk for containing lead for census tracts in Los Angeles County based on self-reported data. Using [methods implemented by New York University for the City Health Dashboard](#), housing units were categorized as follows: pre-1940, 1940-1959, 1960-1979, 1980-1999, and 2000-2023, with each category weighted according to the level of risk.

Even though lead-based paint was banned in 1978, approximately 29 million housing units in the US still have lead paint hazards, including deteriorated paint and lead-contaminated dust. Studies show that the proportion of children with elevated blood lead levels declines with housing age, and housing age is widely considered the most established risk factor for lead poisoning.

- [Lead Exposure Risk Index](#)

This indicator provides information about lead exposure risk for census tracts in Los Angeles County based on self-reported housing and poverty data. Using [methods implemented by New York University for the City Health Dashboard](#), a lead risk index score ranging from 1 to 10 was assigned to each census tract with available data, with a score of 1 indicating the lowest risk and a score of 10 indicating the highest risk for lead exposure.

Lead is a heavy metal that has negative impacts on nearly every system in the body, particularly the brain, kidneys, and blood. Although lead paint was phased out in the 1970s, legacy lead paint and dust remain primary sources of lead exposure in the US. Literature on lead poisoning consistently finds two factors to be correlated with lead exposure risk: the age of houses (which predicts the likelihood of lead paint) and poverty. While all people can be affected by lead, young children and pregnant persons are the most vulnerable. Irreversible neurodevelopment effects, including decreased IQ, shortened attention span, and reduced fine motor skills, occur at even low levels of lead exposure. At high levels, anemia, high blood pressure, seizures, and death can occur. There is no known safe level of lead exposure for children.

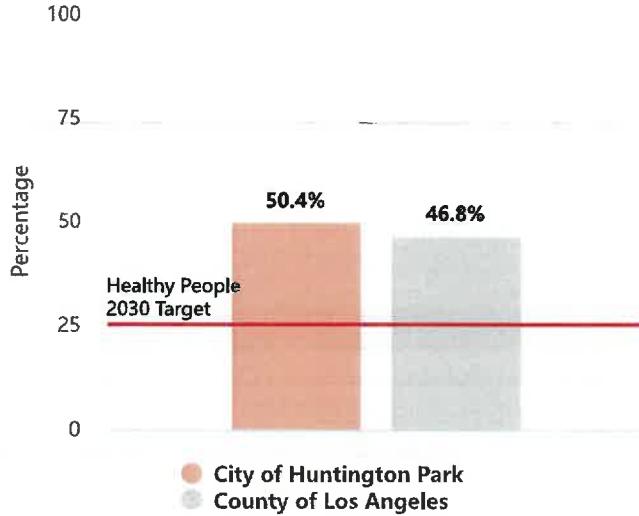
- [Children Ever Diagnosed with Asthma](#)

This indicator provides information about the percentage of children ages 0-17 years who have ever been diagnosed with asthma based on caregiver report.

Living in poor quality housing can increase exposure to environmental hazards, such as lead, molds, and cockroaches. Exposure to molds and cockroaches can worsen underlying respiratory conditions such as asthma in children.

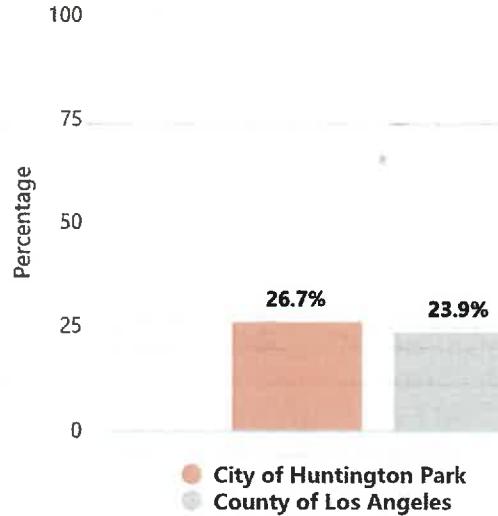
Housing and Health Indicators

Households with Housing Burden



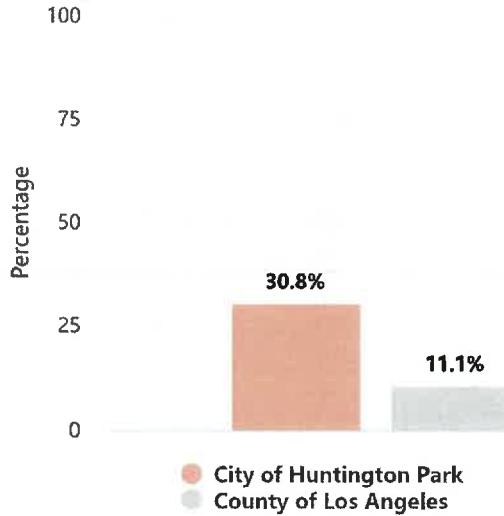
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Households with Severe Housing Burden



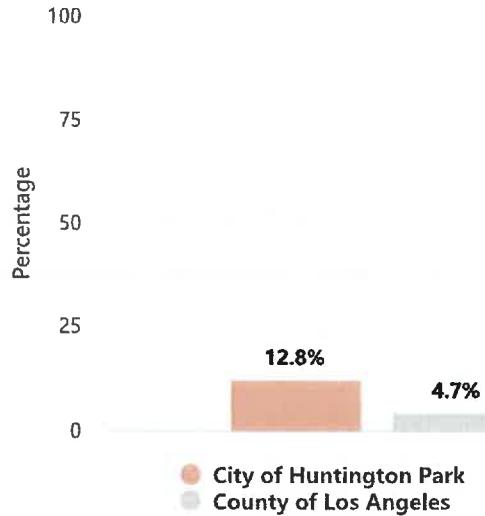
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Overcrowded Housing Units



US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Severely Overcrowded Housing Units



US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

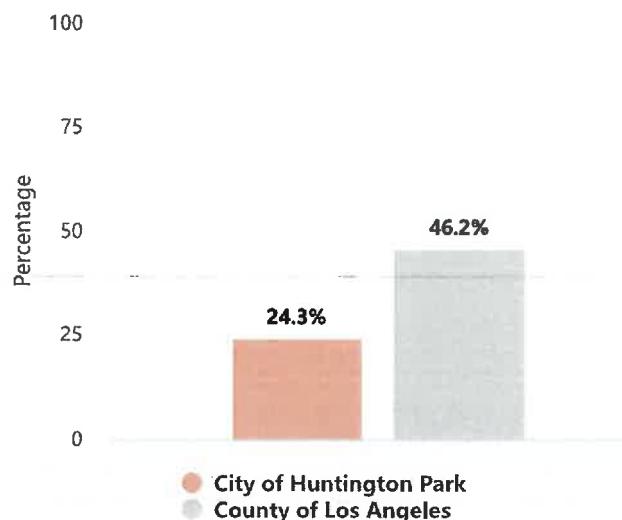
Persons Experiencing Homelessness

86

0.1% of all persons experiencing homelessness in LA County

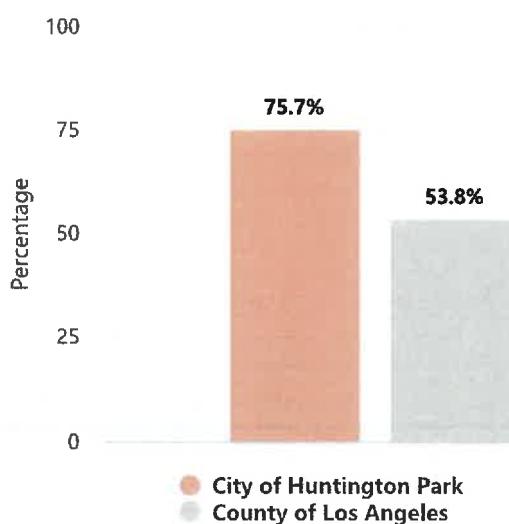
[1] Los Angeles Homeless Services Authority (LAHSA), 2022 Greater Los Angeles Homeless Count; [2] City of Glendale, 2022 Homeless Count; [3] City of Long Beach, 2022 Homeless Point in Time Count; [4] City of Pasadena, 2022 Pasadena Homeless Count.

Households That Own Their Homes



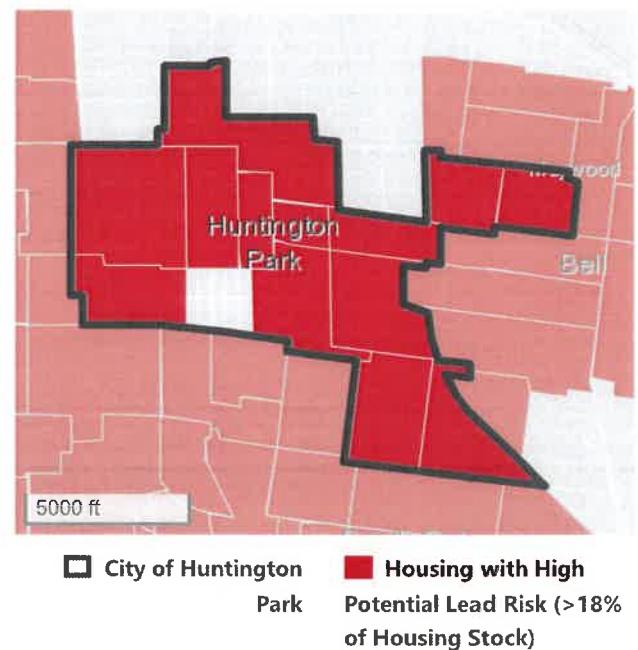
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Households That Rent Their Homes



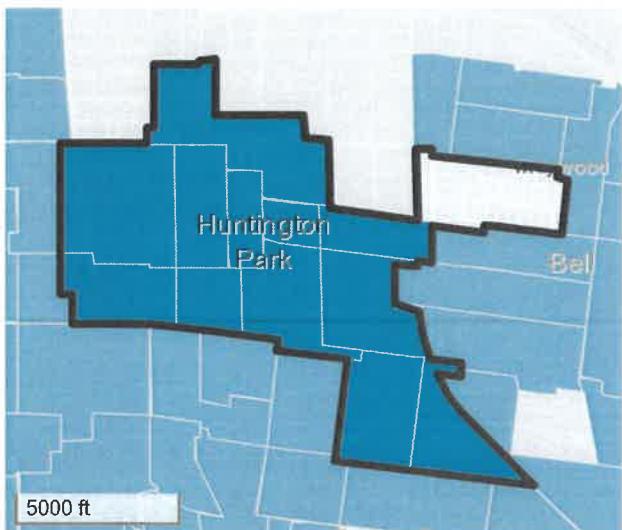
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Housing with Potential Lead Risk



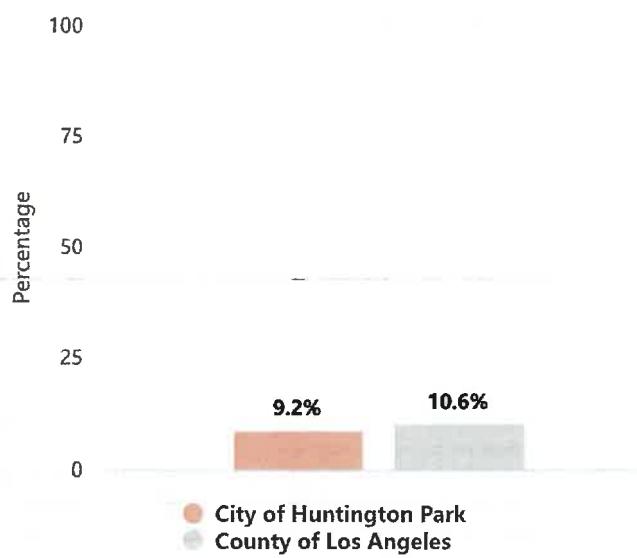
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Lead Exposure Risk Index



US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Children Ever Diagnosed with Asthma



Los Angeles County Health Survey, 2023.

Community Safety



Neighborhood violence and crime can harm all members of a community, and when firearms are involved in a violent incident, the risk of death or severe injury increases. Living in communities with high rates of violence and crime not only exposes residents to a greater personal risk of injury or death, but it can also render individuals more susceptible to many adverse health outcomes.

People who are regularly exposed to violence and crime are more likely to suffer from chronic stress, depression, anxiety, and other mental health conditions. They are also less likely to be able to use their parks and neighborhoods for recreation and physical activity. In Los Angeles County, communities of color and low-income neighborhoods are disproportionately impacted by neighborhood violence and crime. Due to historical oppression, racism, and discrimination, people of color are often not provided the same opportunities and resources needed for individuals, including youth and families, to thrive.

Everyone has a role in promoting community safety. Community safety is more than just law enforcement: it involves everyone working together to create conditions for all people to feel a sense of belonging and to access the resources they need. Cities and communities can partner with community-based organizations to hire local peacemakers to calm neighborhood tensions, provide safe passages to schools and parks, and invest in mental health services and arts, culture, and recreational programs to promote healing and wellbeing. They can also connect to the Los Angeles County Department of Public Health's (Public Health's) [Gun Violence Prevention Platform](#) to support common sense policies and tools to improve local firearm safety.

The [Los Angeles County Office of Violence Prevention](#), housed within [Public Health](#), works to promote community safety by strengthening coordination, capacity, and partnerships to address the root causes of violence in the county; advancing policies and practices rooted in health equity to prevent all forms of violence; and facilitating healing within communities impacted by violence. To learn more, please visit the [Office of Violence Prevention's website](#). Through their website, you can also access in-depth [surveillance and prevention data](#) on [firearm deaths](#), homicides, and [suicides](#). For customized requests for data on community safety, please contact ovpdata@ph.lacounty.gov.

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- [Adults Reporting Their Neighborhood is Safe from Crime](#)

This indicator provides information about the percentage of adults ages 18 years and older who reported that their neighborhood is safe from crime. Information is based on self-reported data.

Living in communities with high rates of violence and crime not only exposes residents to a greater personal risk of injury or death, but it can also render individuals more susceptible to many adverse health outcomes. People who are regularly exposed to violence and crime are more likely to suffer from chronic stress, depression, anxiety, and other mental health conditions. They are also less likely to be able to use their parks and neighborhoods for recreation and physical activity.

- [Children with Easy Access to a Safe Place to Play](#)

This indicator provides information about the percentage of children ages 1-17 years with easy access to a safe place to play. Information is based on caregiver report.

Parks, playgrounds, and other safe places are vital community assets that provide spaces where children can engage in physical activity and build critical cognitive, social, and emotional skills through peer interactions and play. They also serve as spaces where all members of a community can gather and socialize, thereby promoting community cohesion.

- [Violent Crime Rate](#)

This indicator provides information about the number of violent crimes per 100,000 population. Information is based on location of residence. Violent crimes included are murders, nonnegligent homicides, rapes, robberies, and aggravated assaults.

Neighborhood violence and crime can have a harmful impact on all members of a community. Living in communities with high rates of violence and crime not only exposes residents to a greater personal risk of injury or death, but it can also render individuals more susceptible to many adverse health outcomes. People who are regularly exposed to violence and crime are more likely to suffer from chronic stress, depression, anxiety, and other mental health conditions. They are also less likely to be able to use their parks and neighborhoods for recreation and physical activity.

- [Homicide Rate](#)

This indicator provides information about the five-year aggregated mortality rate (deaths per 100,000 population) from homicides. Mortality rate is based on location of residence and has been age-adjusted to the 2000 US standard population.

Violence is a public health crisis in the US, with gun violence being a major driver. Almost three quarters of homicides involve firearms. In the US, the age-adjusted homicide rate from firearms is more than 20 times higher than in the European Union or in Australia. Significant disparities by age, sex, and race and ethnicity exist, with young adults ages 15-34 years, males, and Black individuals most disproportionately impacted. Comprehensive prevention strategies should work to address the underlying physical, social, economic, and structural conditions known to increase risk.

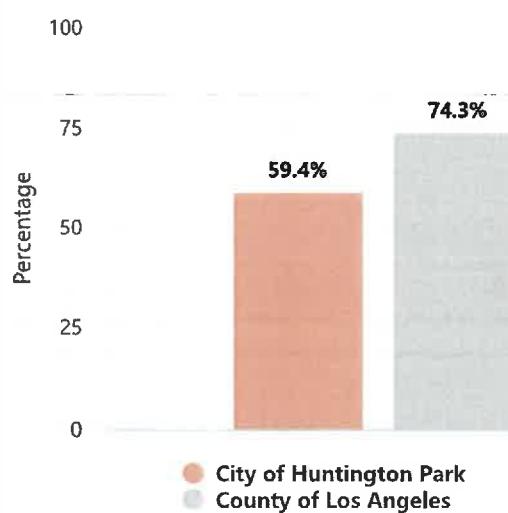
- Firearm Mortality

This indicator provides information about the five-year aggregated mortality rate (deaths per 100,000 population) from firearms and includes homicides, suicides, accidental deaths, deaths by law enforcement, and deaths for which intent was undetermined. Mortality rate is based on the location of residence and has been age-adjusted to the 2000 US standard population.

Violence is a public health crisis in the US, with gun violence being a major driver. In the US, the age-adjusted homicide rate from firearms is more than 20 times higher than in the European Union or in Australia. Significant disparities by age, sex, and race and ethnicity exist, with young adults (ages 15- 34 years), males, and Black individuals most disproportionately impacted. Firearm-related suicides disproportionately impact older, White men. Comprehensive prevention strategies should work to address underlying physical, social, economic, and structural conditions known to increase risk.

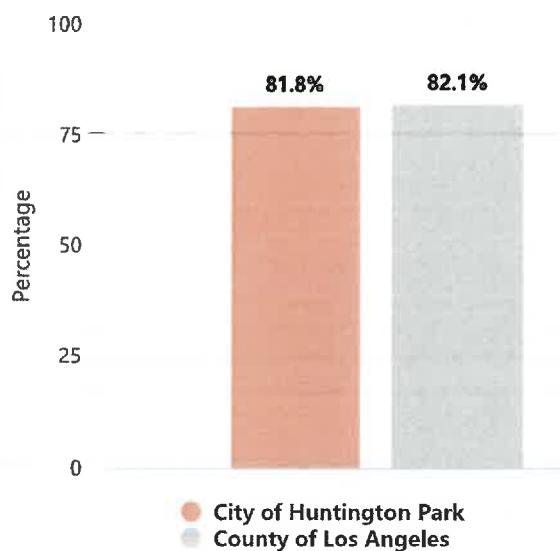
Community Safety Indicators

Adults Reporting Their Neighborhood is Safe from Crime



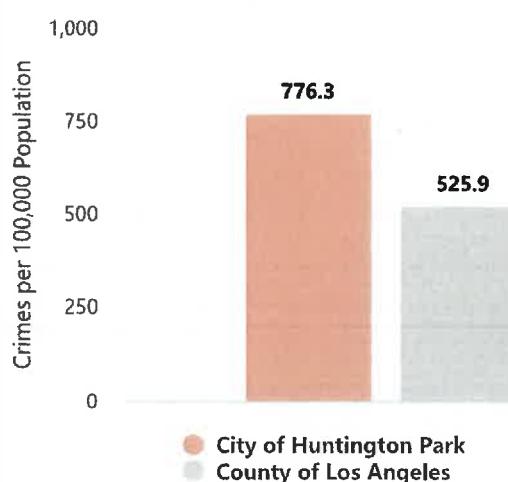
Los Angeles County Health Survey, 2023.

Children with Easy Access to a Safe Place to Play



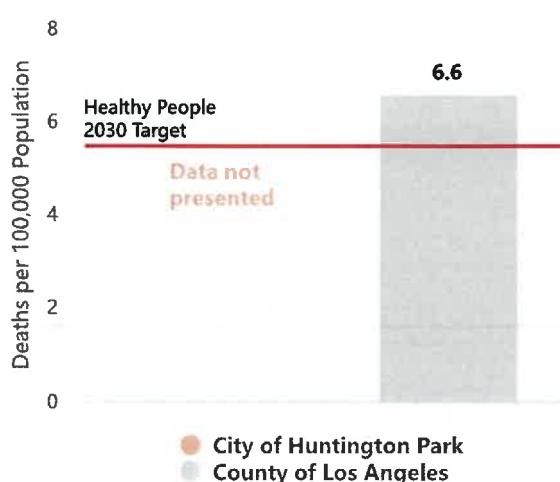
Los Angeles County Health Survey, 2023.

Violent Crime Rate



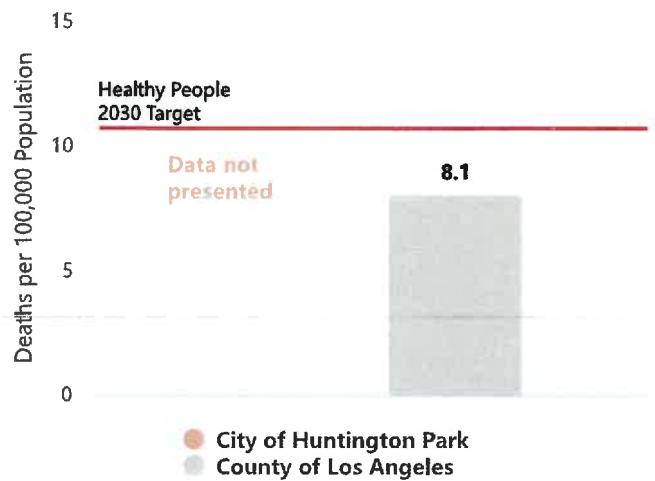
California Attorney General, Crimes and Clearances, 2018-2022; Los Angeles Police Department, Crime Data from 2010-2019 and 2020-Present, 2018-2022; Los Angeles County Sheriff's Department, Historical Crime Data, 2018-2022; Population Estimates, prepared by Hedderson Demog

Homicide Rate



Los Angeles County Annual Death Files 2018-2021 and 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County, 2020.

Firearm Mortality



Los Angeles County Annual Death Files 2018-2021 and 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates, prepared by Hedderon Demographic Services for Los Angeles County, 2020.

Environmental Justice



Environmental justice is a critical issue locally in Los Angeles County, which is home to some of the most polluted communities in California. Environmental justice describes a movement that recognizes that many low-income communities and communities of color are disproportionately and unfairly exposed to environmental pollutants and various health hazards. These inequities stem from decades of unfair policies, regulations, and land-usage decisions that have shaped local built environments and have consequently led to significant health disparities. People living in or near neighborhoods with high levels of pollution are at an increased risk for developing respiratory diseases, such as asthma, and cardiovascular diseases, such as stroke. Pregnant women living in highly polluted neighborhoods are also at an increased risk for experiencing poor birth outcomes, such as preterm birth. Climate change poses additional environmental justice challenges locally in Los Angeles County. While no community is immune to climate change-related events or disasters, such as severe heatwaves, droughts, storms, and wildfires, low-income and historically marginalized communities are often disproportionately impacted. Environmental justice seeks to address these inequities by raising awareness of hazardous exposures among residents living in polluted communities and by fostering collaboration between communities and policy makers to increase the focus of regulatory decision-making on health protection. It also seeks to equitably promote climate resiliency so that all communities can be equipped with the information and resources needed to address and mitigate the impacts of climate change.

The Los Angeles County Department of Public Health's [Office of Environmental Justice and Climate Health](#) collaborates with communities across the County to address local environmental justice concerns. It also supports the [Los Angeles County Chief Sustainability Office](#) in building climate resiliency across the County. To learn more, please visit the [Office of Environmental Justice and Climate Health's website](#) and the [Los Angeles County Chief Sustainability Office's website](#).

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- **Oil and Gas Wells**

This indicator provides information about the geographic locations of oil and gas wells.

Oil and gas wells are located throughout Los Angeles County, including in residential areas. Living or working near oil and gas wells can lead to negative health effects. Additionally, oil and gas well activity can generate significant noise and vibrations in a community. Although Los Angeles County has approved a ban on all new oil and gas wells, with plans to phase out drilling over the next 20 years, potential hazards may remain. Regulation of existing oil and gas wells (both active and inactive) is critical to protecting public safety and the environment.

- **Petroleum Refineries**

This indicator provides information about the geographic locations of petroleum refineries and includes oil refineries and oil terminals overseen by the California Energy Commission in Los Angeles County.

Living near an oil refinery can pose health risks due to emissions and pollutants released into the air and water. Understanding the health risks related to oil refineries is important so that individuals and policymakers can advocate for cleaner and safer living environments for nearby communities.

- **Underground Gas Storage Sites**

This indicator provides information about the geographic locations of natural gas storage sites. Both active and inactive sites have been included.

Gas storage sites are important for the supply and distribution of natural gas. Although gas storage sites have been designed to minimize risks and ensure the safety of the community, persons living or working nearby should be aware of the potential for gas leaks, fire and explosion hazards, or groundwater contamination. Nearby communities should be aware of the facility, understand the potential risk, and be prepared in case of emergency. If not properly managed, plugged gas storage sites can still have significant environmental and health impacts.

- **National Priorities List Sites**

This indicator provides information about the geographic locations of **National Priorities List (NPL)** sites. NPL sites are hazardous waste sites that are eligible for long-term investigation and cleanup under the federal Comprehensive Environmental Response, Compensation and Liability Act, also known as **Superfund**.

Sites listed on the NPL are among the most contaminated in the US. By addressing the environmental and health risks, site cleanup reduces exposure to harmful substances and promotes the wellbeing of the community.

- **Toxics Release Inventory Sites**

This indicator provides information about the geographic locations of sites that submitted a report to the federal **Toxics Release Inventory (TRI) Program**, which is administered by the Environmental Protection Agency (EPA). The EPA requires that all facilities using toxic chemicals above established levels submit an annual report. The information is made available to the public through the TRI.

Living or working near facilities releasing toxic chemicals has been attributed to both short-term and long-term human health and environmental effects. Some examples of this include cancer risk, respiratory problems, and skin and eye irritation. The information provided by the TRI helps inform the community about the potential health risks posed by living or working near a TRI facility. With this information, communities can reduce their risk and prepare for an emergency.

- [Tree Canopy Coverage](#)

This indicator provides information about the percentage of land with tree canopy coverage, weighted by population size.

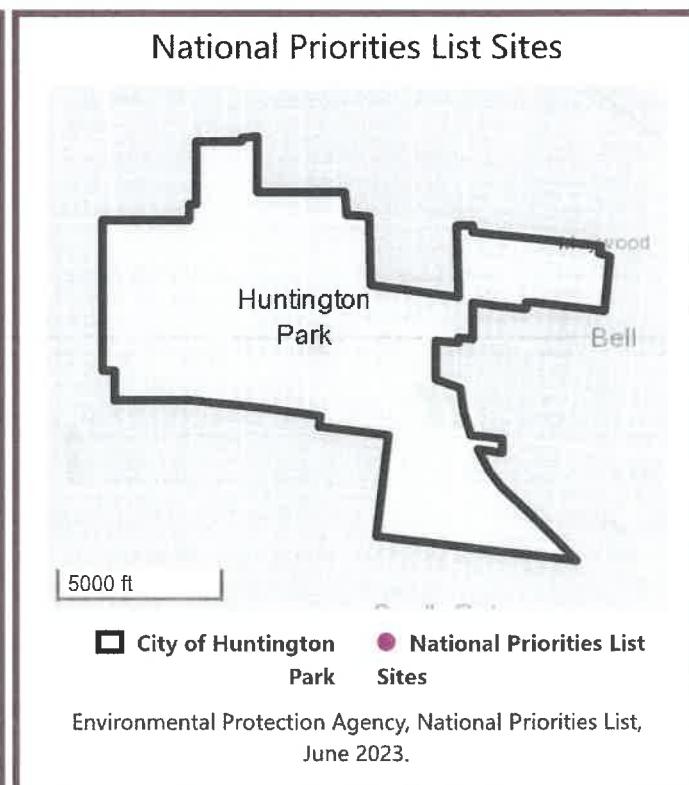
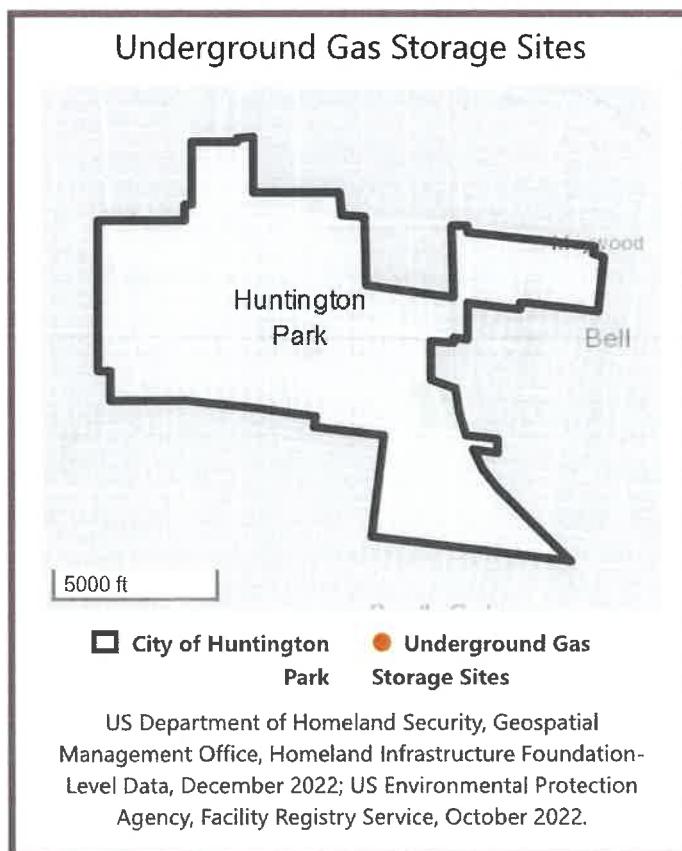
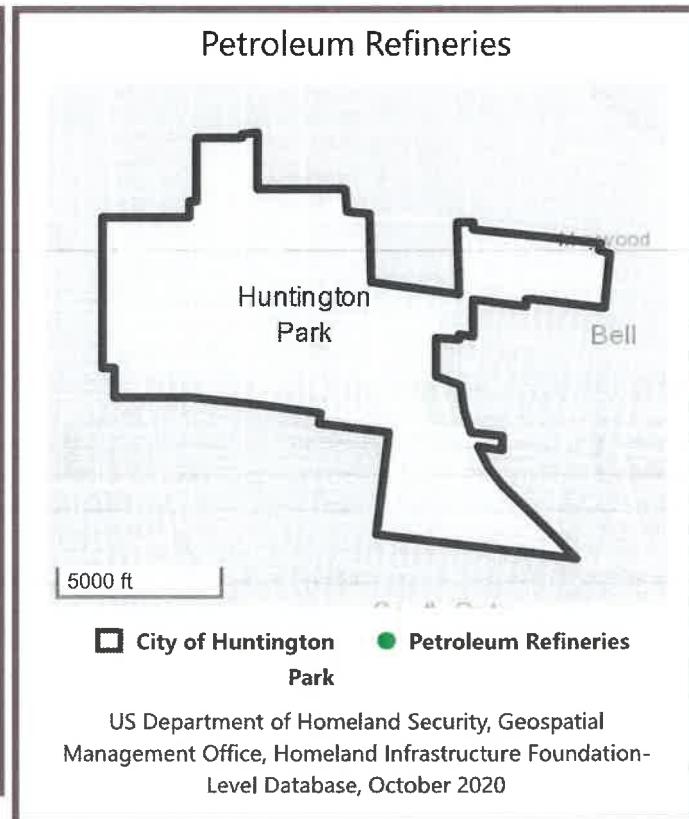
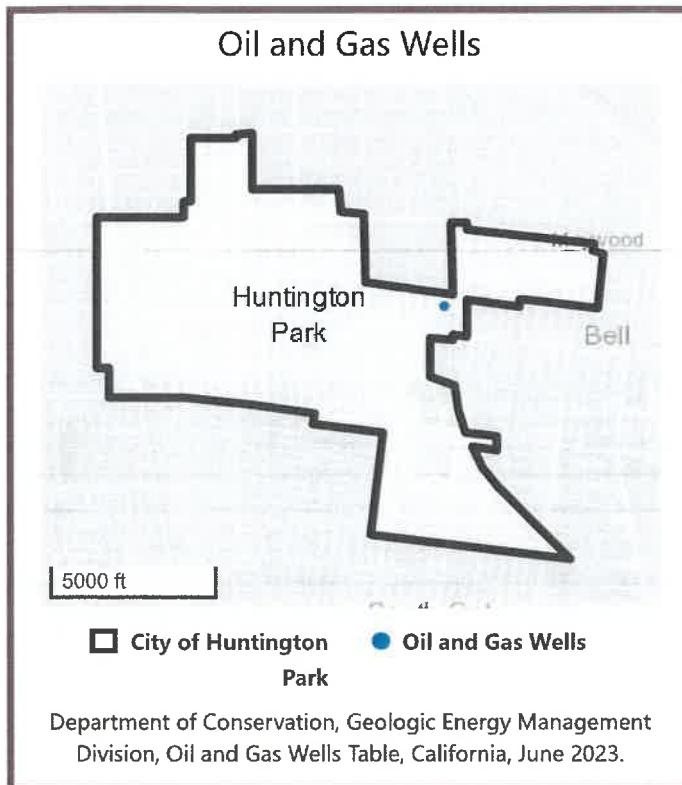
Trees are essential for mitigating the effects of climate change, including extreme heat waves, because they provide shade and cooling to surrounding areas. Trees also provide mental and physical health benefits to residents living in the communities. Communities in which a large proportion of trees or natural land have been replaced by pavement and buildings are especially vulnerable to the [urban heat island effect](#), in which heat becomes trapped and leads to warmer temperatures relative to other surrounding areas that have retained trees or natural land. In Los Angeles County, low-income communities are more likely to experience the urban heat island effect and are consequently at higher risk for negative outcomes associated with excess heat, including air pollution and heat-related illnesses. Increasing tree canopy coverage in areas with low tree density is one strategy that cities and communities can implement to mitigate the urban heat island effect and promote local climate resiliency.

- [Motor Vehicle Crash Mortality](#)

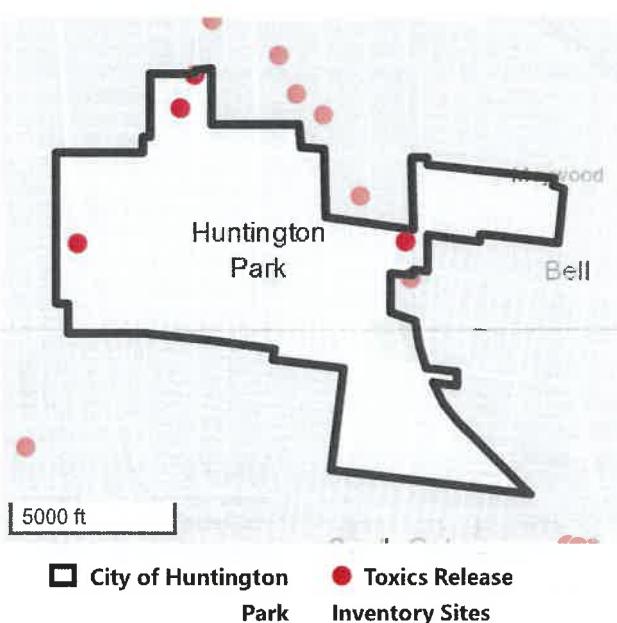
This indicator provides information about the five-year aggregated mortality rate (deaths per 100,000 population) from motor vehicle crashes and traffic-related injuries, including among pedestrians. Mortality rate has been age-adjusted to the 2000 US standard population.

Motor vehicle crashes are a leading cause of death from unintentional injury both in Los Angeles County and in the US. While many factors contribute to motor vehicle crash mortality, the built environment plays a critical role. Communities that are exposed to heavy traffic or that lack adequate walking infrastructure for pedestrians have higher rates of motor vehicle crash-related injuries and deaths. They are also more impacted by traffic-related environmental hazards, such as vehicle emissions and air pollution. In Los Angeles County, many of these communities are also home to a large number of low-income residents. Thus, motor vehicle crash mortality can be viewed as an environmental justice issue.

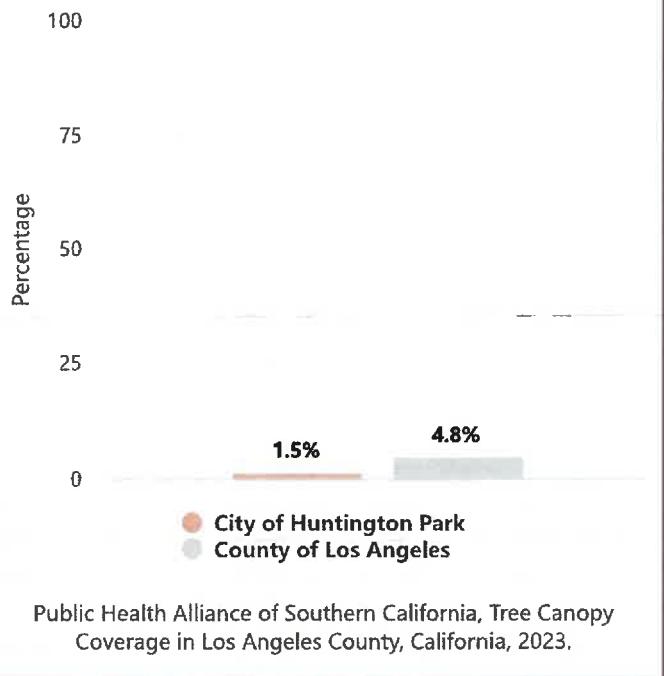
Environmental Justice Indicators



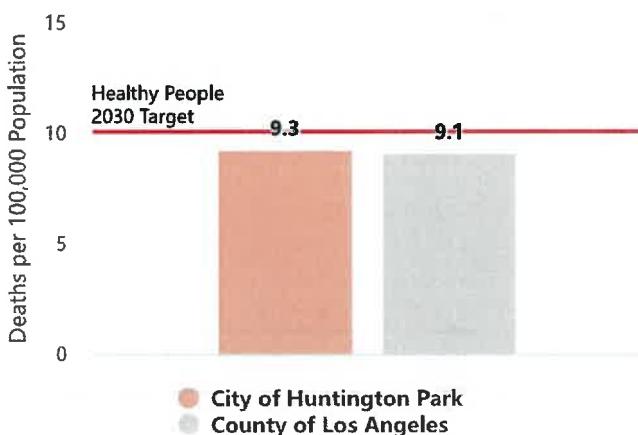
Toxics Release Inventory Sites



Tree Canopy Coverage



Motor Vehicle Crash Mortality



Los Angeles County Annual Death Files 2018-2021 and 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates, prepared by Hedderon Demographic Services for Los Angeles County, 2020.

Perinatal and Infant Health



Perinatal and infant health outcomes, including preterm birth, low birthweight births, infant deaths, and maternal mortality, are among the most important measures of the health of a community. Babies born preterm or at a low birthweight are at markedly increased risk for a range of medical complications that can impair their development and reduce their prospects for a long and healthy life. Infant and maternal deaths are among the most tragic health events in a community, and sadly, they occur at a much greater frequency in some communities than in others. For example, Black babies in Los Angeles County die at more than three times the rate of White or Asian babies. Black pregnant and postpartum people are also at three times the risk of death when compared to their White counterparts. This racial inequity is not entirely explained by differences in access to prenatal care or levels of education and income. Research suggests that chronic stress associated with both historical and ongoing racism are important contributing factors. Cities and communities can play an important role in addressing these inequities in perinatal and infant health outcomes by examining their policies and practices with a racial equity lens, thereby ensuring that all groups have the opportunities and resources needed to achieve optimal health.

The Los Angeles County Department of Public Health's [**Division of Maternal Child and Adolescent Health \(MCAH\)**](#) implements and evaluates a variety of programs and initiatives to support perinatal and infant health in Los Angeles County, with a focus on birth equity. Notably, MCAH is an active coalition member in the countywide [**African American Infant and Maternal Mortality Prevention Initiative**](#). To learn more, please visit [**MCAH's website**](#) and the [**Black Infants and Families Los Angeles's website**](#). To access in-depth data related to perinatal and infant health outcomes, including data disaggregated by race and ethnicity, please visit MCAH's [**Data Resource Center**](#).

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- [**First Trimester Prenatal Care Initiation**](#)

This indicator provides information about the percentage of live births for which prenatal care was initiated in the first trimester, defined as the first 3 months of pregnancy. Information from pregnant persons whose pregnancies did not result in live births was not included.

Early initiation of prenatal care is an important factor in preventing poor maternal and newborn outcomes.

- [Preterm Births](#)

This indicator provides information about the five-year aggregated percentage of live births that were preterm, defined as live births occurring between 17 and 36 weeks gestational age.

Infants born before 37 weeks of gestation have a higher risk of infections, developmental problems, breathing problems, and even death. Preterm births are more common in certain racial and ethnic groups, with Black pregnant persons experiencing preterm births more frequently than Whites. Chronic stress associated with both historical and ongoing racism are important contributing factors. Strategies to reduce preterm births include promoting adequate birth spacing, helping pregnant people quit smoking, and providing high-quality medical care during pregnancy.

- [Low Birthweight Births](#)

This indicator provides information about the five-year aggregated percentage of live births for which babies were born with low birthweight, defined as weighing less than 2,500 grams (5 pounds, 8 ounces) at birth.

Babies born at a low birth weight are at markedly increased risk for a range of medical complications that can impair their development and reduce their prospects for a long and healthy life.

- [Infant Mortality](#)

This indicator provides information about the five-year aggregated infant mortality rate (infant deaths per 1,000 live births). Infant death is defined as death occurring within the first year of life.

Infant deaths are among the most tragic health events in a community, and sadly, they occur at a much greater frequency in some communities than in others. Chronic stress associated with both historical and ongoing racism are important contributing factors. Cities and communities can play an important role in addressing these inequities in reproductive health outcomes by examining their policies and practices with a racial equity lens, ensuring that all groups have the opportunities and resources needed to achieve optimal health.

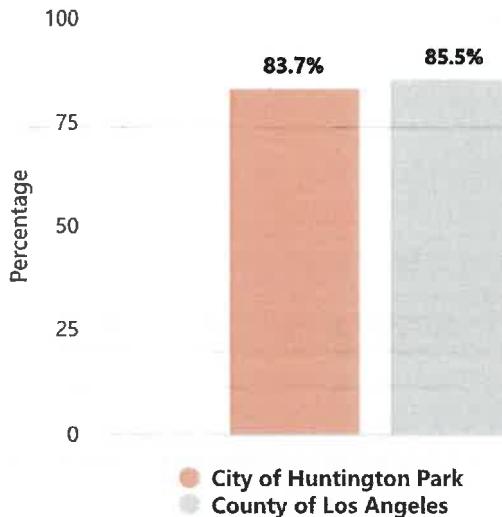
- [Maternal Mortality](#)

This indicator provides information about the five-year aggregated maternal mortality ratio (maternal deaths per 100,000 live births).

Compared to other high-income countries, women in the US are more likely to die from childbirth or problems related to pregnancy. In addition, there are persistent disparities by race and ethnicity, with Black pregnant persons experiencing a much higher rate of maternal mortality compared to White pregnant persons. Improving the quality of medical care for pregnant individuals before, during, and after pregnancy can help reduce maternal deaths.

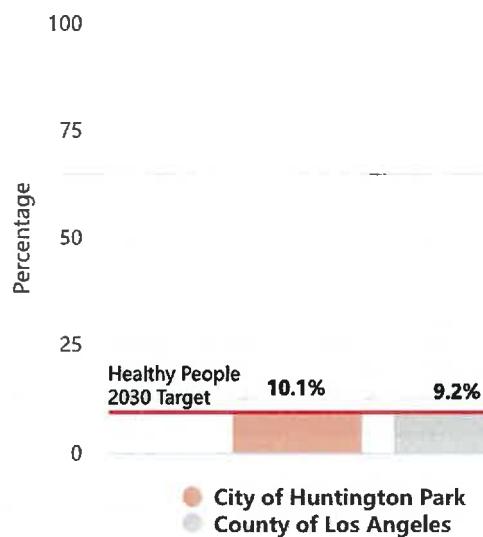
Perinatal and Infant Health Indicators

First Trimester Prenatal Care Initiation



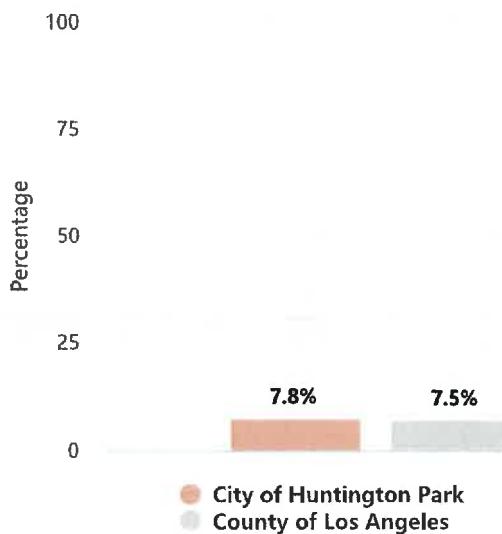
Los Angeles County Annual Birth File 2022, assembled from California Department of Public Health Vital Records Data.

Preterm Births



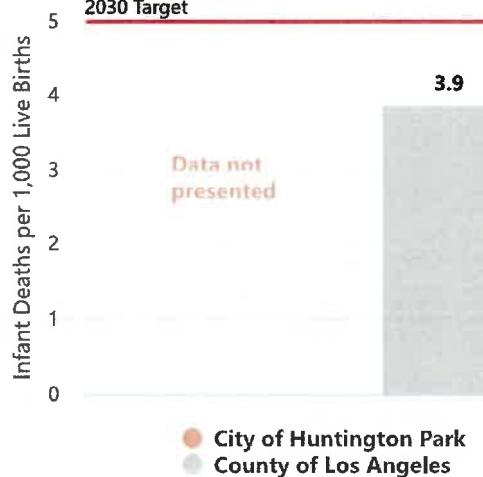
Los Angeles County Annual Birth Files 2018-2022, assembled from California Department of Public Health Vital Records Data.

Low Birthweight Births



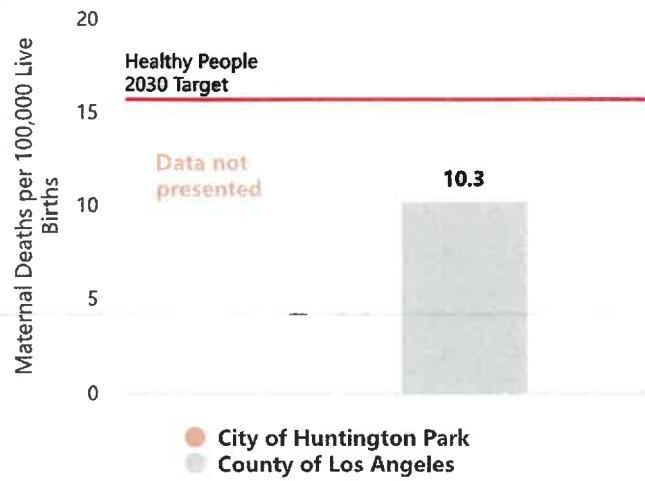
Los Angeles County Annual Birth Files 2018-2022, assembled from California Department of Public Health Vital Records Data.

Infant Mortality



Los Angeles County Annual Birth and Death Files 2022 (Provisional for 2022 Death File), assembled from California Department of Public Health Vital Records Data, Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, 2022.

Maternal Mortality



Los Angeles County Annual Birth and Death Files 2018-2022
(Provisional for 2022 Death File), assembled from California
Department of Public Health Vital Records Data, Office of
Health Assessment & Epidemiology, Los Angeles County
Department of Public Health.

Behavioral Health



When people experience emotional, psychological, and social wellbeing, they are better positioned to thrive and reach their full potential. Unfortunately, many people face chronic stress and significant life challenges related to financial insecurity, work and family pressures, job instability, unsafe living environments, social isolation, and discrimination. These factors can increase the risk for developing substance use disorders and/or mental health conditions, such as depression, anxiety, or post-traumatic stress disorder. Having a behavioral health condition, including both mental health conditions and substance use disorders, not only affects an individual's overall wellbeing but also raises the risk of suicide or fatal drug overdoses.

While ensuring access to timely and affordable evidence-based interventions and services is important for effectively treating behavioral health conditions, promoting wellbeing at the community level can help prevent these conditions from developing in the first place. Cities and communities can take an active role in fostering behavioral health and overall wellbeing by ensuring community safety, promoting employment opportunities and economic security, expanding affordable housing, engaging with community members around the issues that matter to them most, reducing the stigma associated with mental illness and substance use disorder, and providing support services, particularly for seniors and other vulnerable community members.

The [Los Angeles County Department of Public Health](#) (Public Health) has established six Wellness Communities across the County:

[Antelope Valley Wellness Community](#)

[Pomona Wellness Community](#)

[Hollywood-Wilshire Wellness Community](#)

[Martin Luther King, Jr. Healing Center](#)

[Whittier Wellness Community](#)

[Curtis Tucker Center for Community Wellness](#) (Inglewood)

Each Wellness Community offers places for community members to gather, find resources, and participate in wellness activities. Available support includes counseling and linkage to services for mental health and substance use as well as health resources. All activities are free and open to the community. For more information about locations, available resources, and calendar of activities, please visit the website for each Wellness Community.

In addition, Public Health's [**Bureau of Substance Abuse Prevention and Control**](#) leads and facilitates the delivery of a full spectrum of prevention, treatment, harm reduction, and recovery services to reduce the impact of substance use and abuse in Los Angeles County. To learn more or to view in-depth data related to substance abuse surveillance, treatment, and prevention, please visit the [**Bureau of Substance Abuse Prevention and Control's website**](#). For in-depth data about suicides in Los Angeles County and to learn more about Public Health's suicide prevention efforts, please visit the [**Los Angeles County Office of Violence Prevention's website**](#).

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- [**On-Premises Alcohol Outlet Density**](#)

This indicator provides information about on-premises alcohol outlet density (outlets per 10,000 population). On-premises outlets include establishments where alcohol is served to be consumed on site, such as bars and restaurants.

In general, consumption of alcohol tends to be higher in communities where the alcohol outlet density is also high. Communities with higher alcohol outlet density have been found to experience higher rates of violence and crime.

- [**Off-Premises Alcohol Outlet Density**](#)

This indicator provides information about off-premises alcohol outlet density (outlets per 10,000 population). Off-premises outlets include establishments, such as liquor stores, convenience stores, or grocery stores, where alcohol is sold in original, sealed containers to be consumed off site.

In general, consumption of alcohol tends to be higher in communities where the alcohol outlet density is also high. Communities with higher alcohol outlet density have been found to experience higher rates of violence and crime.

- [**Marijuana Storefront Retailer Density**](#)

This indicator provides information about marijuana storefront retailer density (marijuana storefront retailers per 10,000 population). This indicator includes unique dispensaries that are both licensed and unlicensed storefronts and excludes delivery-only establishments.

Prior to the legalization of recreational marijuana use in 2018, California had a loosely regulated medicinal cannabis market with many unlicensed dispensaries operating. The ready availability of marijuana dispensaries, not all of which are compliant with State safety requirements, has facilitated widespread marijuana use, which in turn is associated with a number of adverse health outcomes, including higher risk for lung infections and mental health conditions such as depression and anxiety. Cities and communities should take an active role in educating residents, particularly youth, pregnant persons, and other vulnerable groups, about the potential risks of marijuana use and adopting policies that regulate and ensure safe marijuana retail activity.

- [Adults Who Use Alcohol](#)

This indicator provides information about the percentage of adults ages 18 years and older who currently use alcohol, defined as having at least one drink of any alcoholic beverage (such as beer, wine, or liquor) in the past month. Information is based on self-reported data.

In the US, alcohol use is legal for those ages 21 years and older and should be avoided or used in moderation (defined as consuming two or less drinks per day for men or one or less drinks per day for women). Excessive alcohol use includes binge drinking, heavy drinking, any underage alcohol use, and any alcohol use by pregnant persons. Alcohol use is associated with numerous health, safety, and social problems, including chronic diseases, unintentional injuries, interpersonal violence, fetal alcohol spectrum disorders, alcohol use disorders, and weakened interpersonal relationships and ability to function at work, school, or home. In general, people with higher socioeconomic status (SES) report drinking more frequently and more heavily than those with lower SES; however, people with lower SES are on average more negatively affected by alcohol-related harms. It is important for cities and communities to build strategies that create environments that reduce excessive alcohol use and prevent underage drinking.

- [Adults Who Binge Drink](#)

This indicator provides information about the percentage of adults ages 18 years and older who reported binge drinking in the past month, defined as consuming four or more alcoholic drinks for females or five or more alcoholic drinks for males in one sitting. Information is based on self-reported data.

Binge drinking is a serious but preventable public health issue. It is the most common and costly pattern of excessive alcohol use in the US. Excessive alcohol use is associated with numerous health, safety, and social problems, including chronic diseases, such as liver cirrhosis, hypertension, and certain cancers; unintentional injuries, such as motor-vehicle traffic crashes, falls, drowning, burns, or firearm injuries; interpersonal violence, such as child maltreatment, homicide, and suicide; fetal alcohol spectrum disorders; alcohol use disorders; and weakened interpersonal relationships and ability to function at work, school, or home. In general, people with higher socioeconomic status (SES) report drinking more frequently and more heavily than those with lower SES; however, people with lower SES are on average more negatively affected by alcohol-related harms. It is important for cities and communities to build strategies that create environments that reduce excessive alcohol use and prevent underage drinking.

- [Adults Who Use Marijuana](#)

This indicator provides information about the percentage of adults ages 18 years and older who currently use marijuana, defined as using any form of marijuana at least one time in the past month. Information is based on self-reported data.

Among federally prohibited drugs and substances, marijuana is the most commonly used. In early 2018, marijuana became legal for recreational sale and consumption in California. Using marijuana at any age can lead to negative health consequences, which include psychological conditions such as depression or anxiety; brain damage affecting memory, attention, and learning ability; lung and cardiovascular system damage; harm to developing fetuses or infants; and increased risk for motor vehicle crashes. Marijuana use has long been associated with the use of other substances, including alcohol, tobacco, and prescription and illicit narcotics. Cities and communities should take an active role in educating residents, particularly youth, pregnant persons, and other vulnerable groups, about the potential risks of marijuana use and adopt policies that regulate and ensure safe marijuana retail activity.

- [Adults with Diagnosed Depression](#)

This indicator provides information about the percentage of adults ages 18 years and older with diagnosed depression, defined as ever being diagnosed with depression AND either currently being treated for depression or currently having symptoms of depression. Information is based on self-reported data.

There is growing recognition that mental health is as essential to overall wellbeing as physical health. Individuals who are exposed to chronic stress from financial worry, work and family demands, job insecurity, unsafe living environments, social isolation, or discrimination are at a greater risk for developing mental health conditions, such as depression, anxiety, or post-traumatic stress disorder. Cities and communities can take an active role in fostering mental health by ensuring community safety, promoting equitable employment opportunities and economic security, expanding affordable housing, creating varied opportunities for residents to engage in community issues, reducing the stigma associated with mental health, and providing support services, particularly for seniors and other vulnerable community members.

- [Drug Overdose Mortality](#)

This indicator provides information about the aggregated five-year mortality rate (deaths per 100,000 population) from drug overdose and includes unintentional overdoses, homicides, and suicides. Death rate has been age-adjusted to the 2000 US standard population.

Drug overdose deaths have increased dramatically in the US over the past two decades. The first wave of deaths in the 1990s largely involved prescription opioids and was a consequence of increased prescribing of these drugs by medical providers. In the second wave that began in 2010, there was a rapid increase in the number of deaths involving heroin and, in the current wave that started in 2013, there has been a rise in the number of overdose deaths involving synthetic opioids, particularly illicitly manufactured fentanyl, which can be found in combination with heroin, counterfeit pills, cocaine, and other drugs. In Los Angeles County in recent years, the vast majority of all drug overdose deaths have involved fentanyl. Important inequities have been noted by sociodemographic characteristics, with low-income and Black individuals found to have the highest overdose death rates. Cities and communities can take an active role in preventing overdose deaths by promoting primary prevention and supporting evidence-based harm reduction and treatment strategies.

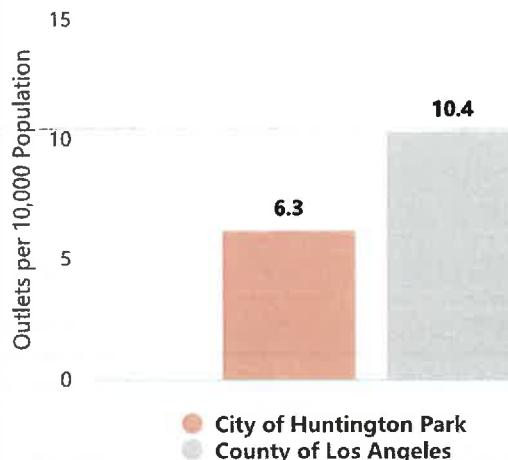
- [Suicide Rate](#)

This indicator provides information about the five-year aggregated mortality rate (deaths per 100,000 population) from suicides. Mortality rate has been age-adjusted to the 2000 US standard population.

Suicide is a leading cause of preventable death in Los Angeles County, affecting individuals of all ages and races and ethnicities. While there is a strong association between suicide and health conditions, such as mood and anxiety disorders or substance use disorders, suicide is rarely caused by a single circumstance and is more often due to a combination of individual, relational, and environmental factors. Individual factors can include history of mental illness, previous suicide attempts, adverse childhood events, or financial hardship. Relational factors include experiences of bullying, loss of relationships, or social isolation. Environmental factors include lack of access to healthcare, community violence, or social stigma associated with seeking help for a mental illness.

Behavioral Health Indicators

On-Premises Alcohol Outlet Density



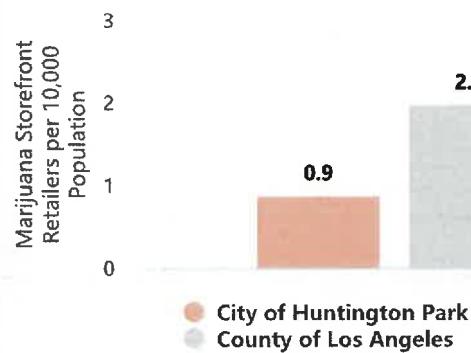
California Department of Alcoholic Beverage Control, Active alcoholic beverage licenses for FY21-22, June 2022; Population Estimates (Provisional), prepared by Hederson Demographic Services for Los Angeles County, 2022.

Off-Premises Alcohol Outlet Density



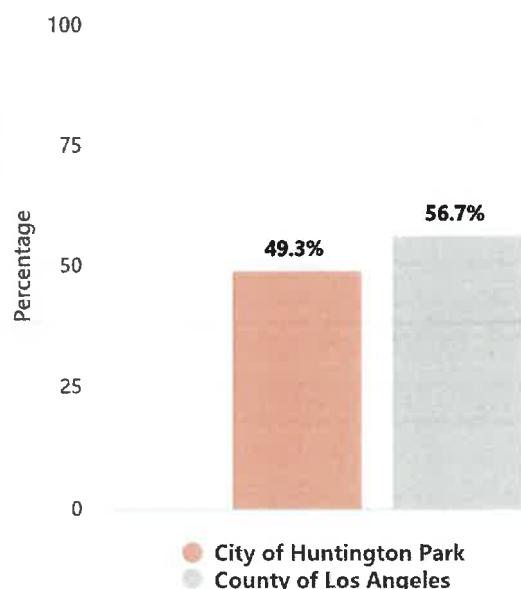
California Department of Alcoholic Beverage Control, Active alcoholic beverage licenses for FY21-22, June 2022; Population Estimates (Provisional), prepared by Hederson Demographic Services for Los Angeles County, 2022.

Marijuana Storefront Retailer Density



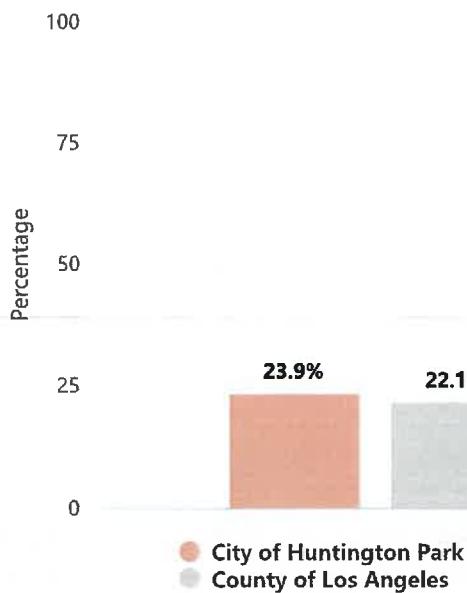
California Department of Cannabis Control, September 2023 (for data on licensed storefronts); Weedmaps, May 2023 (for data on unlicensed storefronts); Leafly, May 2023 (for data on unlicensed storefronts); Los Angeles County Office of Cannabis Management, May 2023 (for data on unlicensed storefronts); Population Estimates (Provisional), prepared by Hederson Demographic Services for Los Angeles County, 2022..

Adults Who Use Alcohol



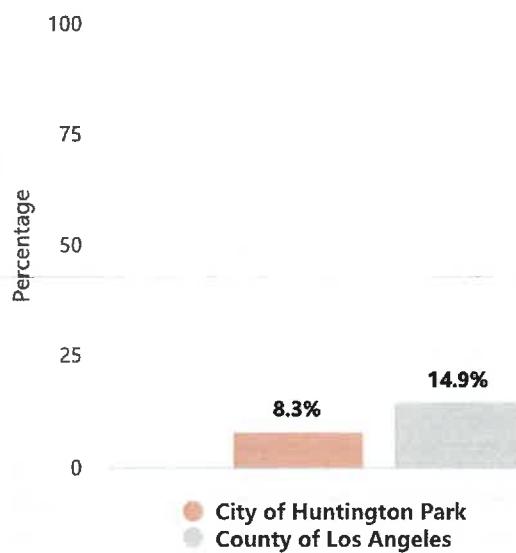
Los Angeles County Health Survey, 2023.

Adults Who Binge Drink



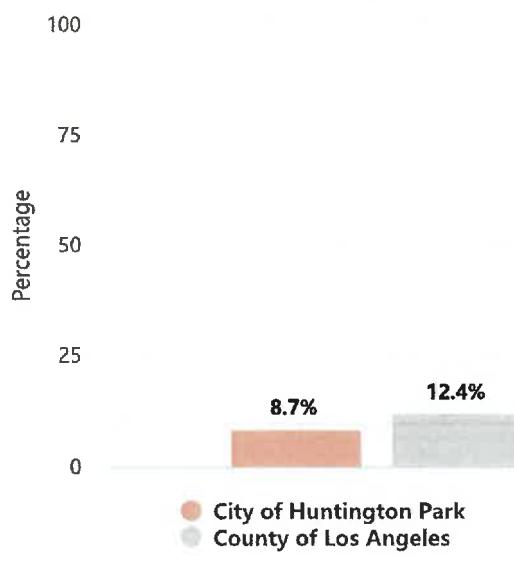
Los Angeles County Health Survey, 2023.

Adults Who Use Marijuana



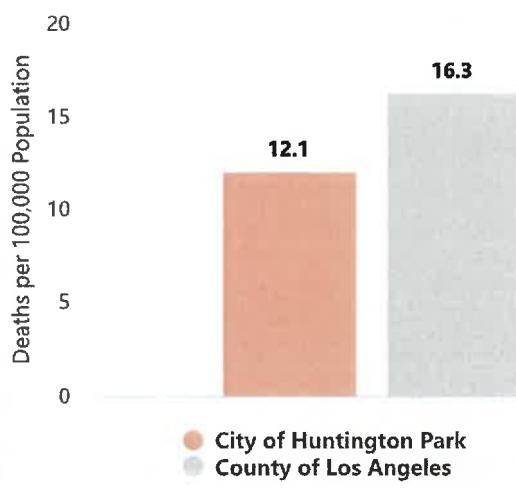
Los Angeles County Health Survey, 2023.

Adults with Diagnosed Depression



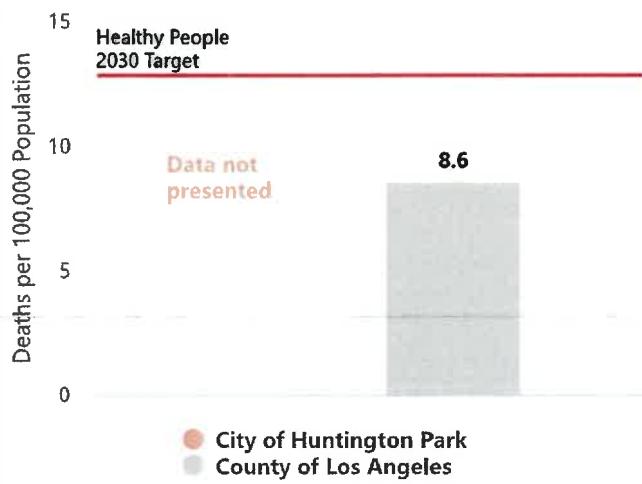
Los Angeles County Health Survey, 2023.

Drug Overdose Mortality



Los Angeles County Annual Death Files 2018-2021 and 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates, prepared by Hedderon Demographic Services for Los Angeles County, 2020.

Suicide Rate



Los Angeles County Annual Death Files 2018-2021 and 2022 (Provisional), assembled from California Department of Public Health Vital Records Data; Population Estimates, prepared by Hedderon Demographic Services for Los Angeles County, 2020.

HIV and Other Sexually Transmitted Infections



Over the past decade, Los Angeles County has witnessed a persistent surge in rates of sexually transmitted infections (STIs) such as syphilis, gonorrhea, and chlamydia—a concerning trend mirrored on a national scale. These infections disproportionately impact specific communities, notably low-income groups, communities of color, and gay, bisexual, and transgender communities. In addition to these STIs, human immunodeficiency virus (HIV) transmission remains a critical concern among Latinx and African American individuals, cis-women, men who have sex with men (MSM), and transgender individuals, further exacerbating the health disparities faced by these groups. Efforts to address and mitigate the spread of HIV, alongside other STIs, are crucial in safeguarding the health and well-being of these communities. Cities, faith-based institutions, and businesses play an important role in combating these infections. They can contribute significantly by implementing sexual health education sessions or campaigns, becoming condom distribution sites, and actively working to dismantle the stigma and discrimination faced by individuals and communities at elevated risk for HIV and STIs. Local community agencies and providers can provide and facilitate access to prevention programs, testing, and treatment services, and support partner services (e.g., partner elicitation and notification) for populations at elevated risk for HIV and STIs.

The Los Angeles County Department of Public Health's [**Division of HIV and STD Programs**](#) works in collaboration with community partners to prevent and control the spread of HIV and other STIs through epidemiological surveillance, implementation of evidence-based programs, coordination of prevention, care, and treatment services, and the creation of policies that promote health. To learn more and to access in-depth HIV and STI surveillance and prevention data, including [**HIV and Epidemiologic Profiles by Health District**](#), please visit the [**Division of HIV and STD Programs's website**](#).

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- [Early Syphilis Rate](#)

This indicator provides information about the early syphilis incidence rate (cases per 100,000 population). Early syphilis includes cases staged as primary, secondary, or early non-primary non-secondary (previously referred to as early latent). These are infections that have occurred within the past 12 months and represent new infections.

In recent years, Los Angeles County has experienced a steady increase in the rates of sexually transmitted infections (STIs), including syphilis, a trend that has also been seen nationally. Untreated syphilis infection can cause damage to the heart, brain, eyes, ears, and other organs in the body, leading to serious illness or even death. As with other STIs, syphilis rates are much higher in some communities than in others, with low-income communities, communities of color, and gay, bisexual, and transgender communities most severely impacted. Cities, community organizations, faith-based institutions, and businesses can play an important role in supporting efforts to prevent these infections. For example, they can help promote sexual health education campaigns, support condom distribution programs, and foster efforts to reduce stigmatization of and discrimination against groups most at risk of these infections. In addition, community providers can help by assisting at-risk groups in accessing prevention programs, testing, and treatment services, including partner notification and treatment.

- [Congenital Syphilis Rate](#)

This indicator provides information about the congenital syphilis infection rate (cases per 100,000 live births).

In recent years, Los Angeles County has experienced a steady increase in the rates of sexually transmitted infections (STIs), including congenital syphilis, a trend that has also been seen nationally. Congenital syphilis is a serious and often life-threatening condition that can develop in infants whose mothers are not fully treated for syphilis. As with other STIs, congenital syphilis rates are much higher in some communities than in others, with low-income communities and communities of color most severely impacted. Cities, community organizations, faith-based institutions, and businesses can play an important role in supporting efforts to prevent these infections. For example, they can help promote sexual health education campaigns, support condom distribution programs, and foster efforts to reduce stigmatization of and discrimination against groups most at risk of these infections. In addition, community providers can help by assisting at-risk groups in accessing prevention programs, testing, and treatment services, including partner notification and treatment.

- [Gonorrhea Rate](#)

This indicator provides information about the gonorrhea infection rate (cases per 100,000 population).

In recent years, Los Angeles County has experienced a steady increase in the rates of sexually transmitted infections (STIs), including gonorrhea, a trend that has also been seen nationally. A common STI, gonorrhea can cause permanent damage to the reproductive system of childbearing people and can even cause potentially fatal ectopic pregnancy. Untreated gonorrhea infection can also increase the risk of acquiring or transmitting HIV. As with other STIs, gonorrhea rates are much higher in some communities than in others, with low-income communities, communities of color, and gay, bisexual, and transgender communities most severely impacted. Cities, community organizations, faith-based institutions, and businesses can play an important role in supporting efforts to prevent these infections. For example, they can help promote sexual health education campaigns, support condom distribution programs, and foster efforts to reduce stigmatization of and discrimination against groups most at risk of these infections. In addition, community providers can help by assisting at-risk groups in accessing prevention programs, testing, and treatment services, including partner notification and treatment.

- [Chlamydia Rate](#)

This indicator provides information about the chlamydia infection rate (cases per 100,000 population). Note, beginning in 2019, California medical providers are no longer mandated to report chlamydia cases to local public health departments, although the requirement still exists for laboratories. Given this change in reporting requirements, it is possible that the rates presented are an underestimate of the true burden of chlamydia infection.

In recent years, Los Angeles County has experienced a steady increase in the rates of sexually transmitted infections (STIs), including chlamydia, a trend that has also been seen nationally. A common STI, chlamydia can cause permanent damage to the reproductive system of childbearing people and can even cause potentially fatal ectopic pregnancy. Untreated chlamydia infection can also increase the risk of acquiring or transmitting HIV. As with other STIs, chlamydia rates are much higher in some communities than in others, with low-income communities, communities of color, and gay, bisexual, and transgender communities most severely impacted. Cities, community organizations, faith-based institutions, and businesses can play an important role in supporting efforts to prevent these infections. For example, they can help promote sexual health education campaigns, support condom distribution programs, and foster efforts to reduce stigmatization of and discrimination against groups most at risk of these infections. In addition, community providers can help by assisting at-risk groups in accessing prevention programs, testing, and treatment services, including partner notification and treatment.

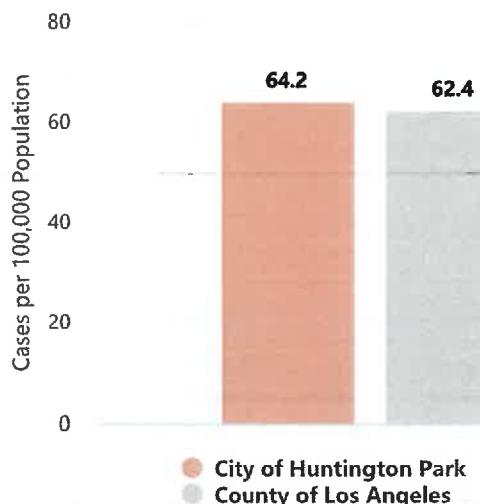
- [Persons Living with Diagnosed HIV](#)

This indicator provides information about the rate of persons living with diagnosed HIV (persons per 100,000 population).

Human immunodeficiency virus (HIV) infection remains a significant public health concern, with more than 59,000 Los Angeles County residents estimated to be currently living with HIV. Certain communities, such as low-income communities, communities of color, and sexual and gender minority communities, bear a disproportionate burden of this epidemic. The [Ending the HIV Epidemic](#) national initiative strives to eliminate the US HIV epidemic by 2030, focusing on four key strategies: Diagnose, Treat, Prevent, and Respond. Achieving this goal requires a collaborative effort involving cities, community organizations, faith-based institutions, healthcare professionals, and businesses. Together, they can create an environment that promotes prevention, reduces stigma, and empowers individuals to safeguard themselves and their partners from HIV. Stakeholders can advance health equity by focusing on the most affected communities and sub-populations.

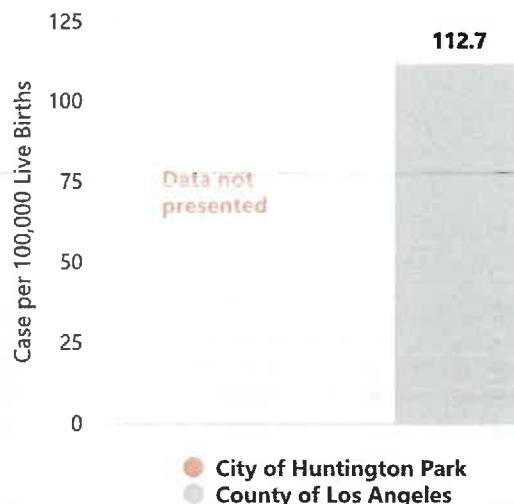
HIV and Other Sexually Transmitted Infections Indicators

Early Syphilis Rate



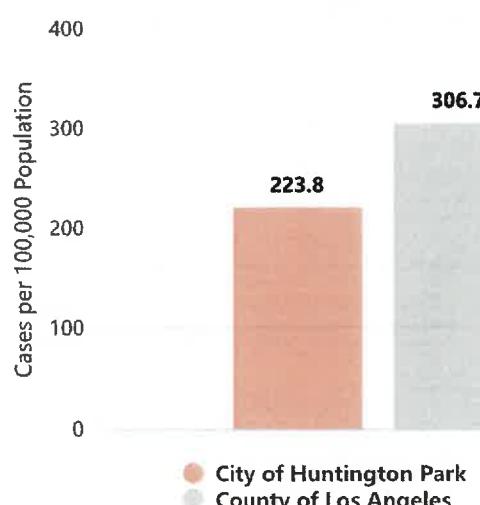
Los Angeles County Department of Public Health, Sexually Transmitted Disease Surveillance System, 2021; Population Estimates (Provisional), prepared by Hederson Demographic Services for Los Angeles County, 2021.

Congenital Syphilis Rate



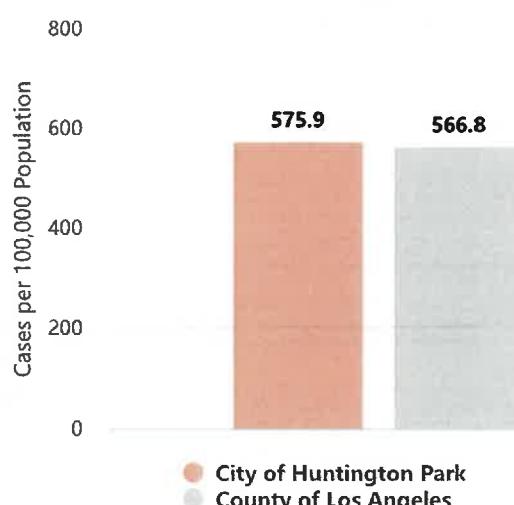
Los Angeles County Department of Public Health, Sexually Transmitted Disease Surveillance System, 2019-2021; Los Angeles County Annual Birth Files 2019-2021, assembled from California Department of Public Health Vital Records Data.

Gonorrhea Rate



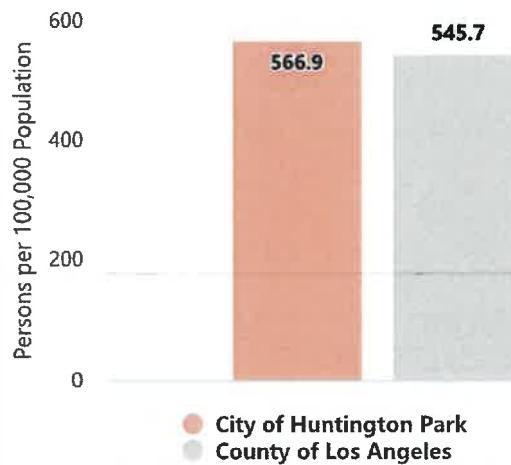
Los Angeles County Department of Public Health, Sexually Transmitted Disease Surveillance System, 2021; Population Estimates (Provisional), prepared by Hederson Demographic Services for Los Angeles County, 2021.

Chlamydia Rate



Los Angeles County Department of Public Health, Sexually Transmitted Disease Surveillance System, 2021; Population Estimates (Provisional), prepared by Hederson Demographic Services for Los Angeles County, 2021.

Persons Living with Diagnosed HIV



Los Angeles County Department of Public Health, HIV
Surveillance System, 2022; Population Estimates (Provisional),
prepared by Hedderson Demographic Services for Los
Angeles County, 2022.

Healthcare Access



The vast majority of adults and children in Los Angeles County have health insurance, in large part due to outreach efforts and local insurance availability for children and the expansion of insurance coverage following the passage of the federal Affordable Care Act in 2012. Despite this progress, rates of uninsured remain high in some communities, particularly among low-income Latinos. Even among people who have health insurance, many continue to experience difficulty obtaining needed healthcare. In addition, many adults and children do not have access to essential dental or mental health services. Cities and community organizations can play an important role in advocating for needed services and in providing information on free or low-cost services in their communities. Hospitals can also provide medical, dental, and mental health services through their community benefit programs and other community services.

While the [**Los Angeles County Department of Public Health**](#) (Public Health) is not primarily responsible for providing direct healthcare services, it remains an important safety-net provider for immunizations as well as testing and treatment for tuberculosis and sexually transmitted infections. These services are administered through Public Health's 14 [**Public Health Centers**](#), which are located throughout Los Angeles County. For more information, please visit the [**Public Health Centers' website**](#).

[**Public Health**](#) also collaborates with the [**Department of Healthcare Services**](#) and the [**Department of Mental Health**](#) as well as with non-profit hospitals and health insurance plans in Los Angeles County on various initiatives to improve the health and wellbeing of county residents. For more information, please visit the [**Department of Healthcare Services's website**](#) and the [**Department of Mental Health's website**](#).

Indicators included in this section:

(Click Indicator Name to visit Open Data item)

- [Uninsured Children](#)

This indicator provides information about the percentage of children ages 0-18 years who are uninsured based on caregiver report.

The vast majority of adults and children in Los Angeles County have health insurance, in large part due to outreach efforts and local insurance availability for children and the expansion of insurance coverage following the passage of the federal Affordable Care Act in 2012. Despite this progress, rates of uninsured remain high in some communities. Cities and community organizations can play an important role in advocating for needed services and in providing information on free or low-cost services in their communities. Hospitals can also provide medical and dental services through their community benefit programs and other community services.

- [Uninsured Adults](#)

This indicator provides information about the percentage of adults ages 19-64 years who are uninsured based on self-reported data.

The vast majority of adults and children in Los Angeles County have health insurance, in large part due to outreach efforts and local insurance availability for children and the expansion of insurance coverage following the passage of the federal Affordable Care Act in 2012. Despite this progress, rates of uninsured remain high in some communities. Cities and community organizations can play an important role in advocating for needed services and in providing information on free or low-cost services in their communities. Hospitals can also provide medical and dental services through their community benefit programs and other community services.

- [Adults with Difficulty Obtaining Needed Medical Care](#)

This indicator provides information about the percentage of adults ages 18 years and older who reported that it is somewhat or very difficult to obtain needed medical care. Information is based on self-reported data.

The vast majority of adults and children in Los Angeles County have health insurance, in large part due to outreach efforts and local insurance availability for children and the expansion of insurance coverage following the passage of the federal Affordable Care Act in 2012. Despite this progress, rates of uninsured remain high in some communities. Even among people who have health insurance, many continue to experience difficulties accessing needed healthcare. Cities and community organizations can play an important role in advocating for needed services and in providing information on free or low-cost services in their communities. Hospitals can also provide medical and dental services through their community benefit programs and other community services.

- [Children with Medi-Cal](#)

This indicator provides information about the percentage of children ages 0-18 years with [Medi-Cal health insurance](#).

Medi-Cal is California's Medicaid health insurance program. It is an important program that provides health insurance coverage for qualifying low-income individuals, families with children, seniors, persons with disabilities, pregnant persons, and low-income people with specific health conditions (e.g., tuberculosis, breast cancer, or HIV/AIDS). It is supported by federal and state taxes.

- [Adults with Medi-Cal](#)

This indicator provides information about the percentage of adults ages 19-64 years with [Medi-Cal health insurance](#).

Medi-Cal is California's Medicaid health insurance program. It is an important program that provides health insurance coverage for qualifying low-income individuals, families with children, seniors, persons with disabilities, pregnant persons, and low-income people with specific health conditions (e.g., tuberculosis, breast cancer, or HIV/AIDS). It is supported by federal and state taxes.

- [Medically Underserved Areas/Populations](#)

This indicator provides information about [medically underserved areas and/or populations \(MUA/Ps\)](#), as determined by the federal Health Resources and Services Administration (HRSA). Each designated area includes multiple census tracts.

State Primary Care Offices submit applications to HRSA to designate specific areas within counties as MUA/Ps. The MUA/P designation is made using the Index of Medical Underservice (IMU) score, which ranges from 0-100. Lower scores indicate higher needs. An IMU score of 62 or below qualifies for designation as an MUA/P. MUA/P designations help establish health maintenance organizations or community health centers in high-need areas. Note: if an area is not designated as an MUA/P, it does not mean it is not underserved, only that an application has not been filed for the area and that official designation has not been given.

- [Health Professional Shortage Area: Primary Care](#)

This indicator provides information about [health professional shortage areas \(HPSAs\)](#) for primary care services as determined by the federal Health Resources and Services Administration (HRSA). Each designated area includes multiple census tracts.

State Primary Care Offices submit applications to HRSA to designate certain areas within counties as HPSAs for primary care, dental, and mental health services. HRSA's [National Health Service Corps](#) calculates HPSA scores to determine priorities for assignment of clinicians. The scores range from 0 to 25 for primary care, where higher scores indicate greater priority. HPSA designations help distribute participating health care providers and resources to high-need communities. Note: if an area is not designated as an HPSA, it does not mean it is not underserved, only that an application has not been filed for the area and that an official designation has not been given.

- [Health Professional Shortage Area: Dental Health](#)

This indicator provides information about [health professional shortage areas \(HPSAs\)](#) for dental health services as determined by the federal Health Resources and Services Administration (HRSA). Each designated area includes multiple census tracts.

State Primary Care Offices submit applications to HRSA to designate certain areas within counties as HPSAs for primary care, dental, and mental health services. HRSA's [National Health Service Corps](#) calculates HPSA scores to determine priorities for assignment of clinicians. The scores range from 0 to 26 for dental health, where higher scores indicate greater priority. HPSA designations help distribute participating health care providers and resources to high-need communities. Note: if an area is not designated as an HPSA, it does not mean it is not underserved, only that an application has not been filed for the area and that an official designation has not been given.

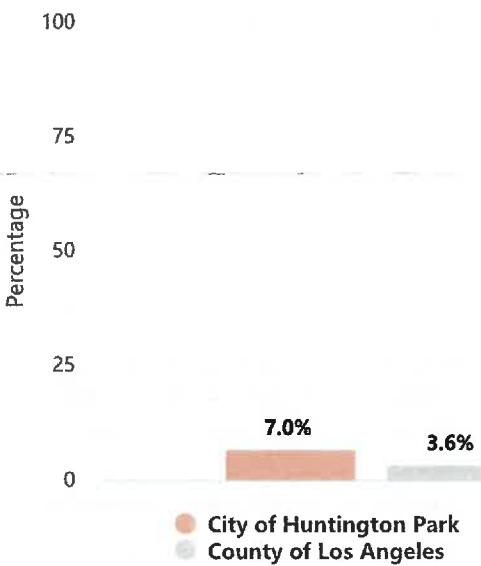
- [Health Professional Shortage Area: Mental Health](#)

This indicator provides information about [health professional shortage areas \(HPSAs\)](#) for mental health services as determined by the federal Health Resources and Services Administration (HRSA). Each designated area includes multiple census tracts.

State Primary Care Offices submit applications to HRSA to designate certain areas within counties as HPSAs for primary care, dental, and mental health services. HRSA's [National Health Service Corps](#) calculates HPSA scores to determine priorities for assignment of clinicians. The scores range from 0 to 25 for mental health, where higher scores indicate greater priority. HPSA designations help distribute participating health care providers and resources to high-need communities. Note: if an area is not designated as an HPSA, it does not mean it is not underserved, only that an application has not been filed for the area and that an official designation has not been given.

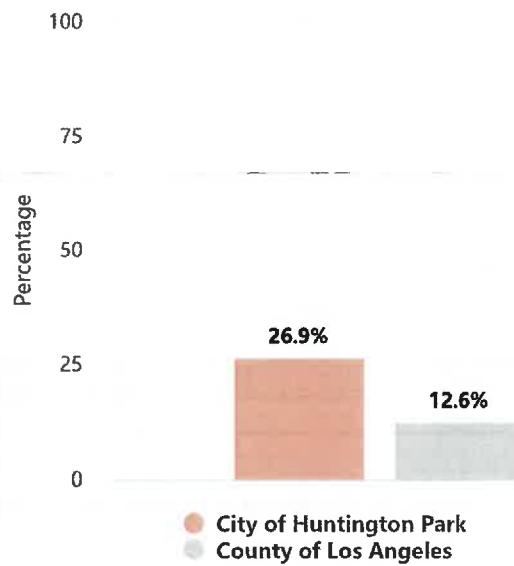
Healthcare Access Indicators

Uninsured Children



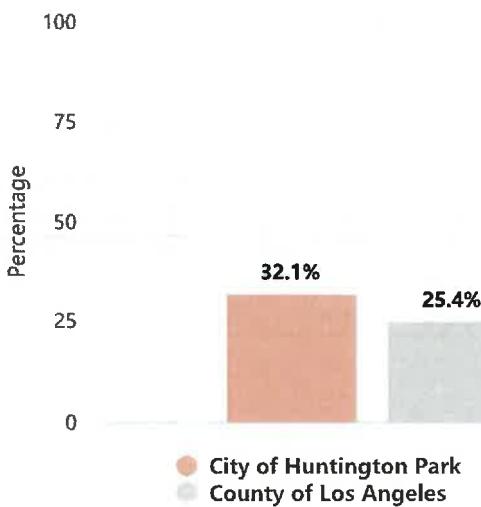
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Uninsured Adults



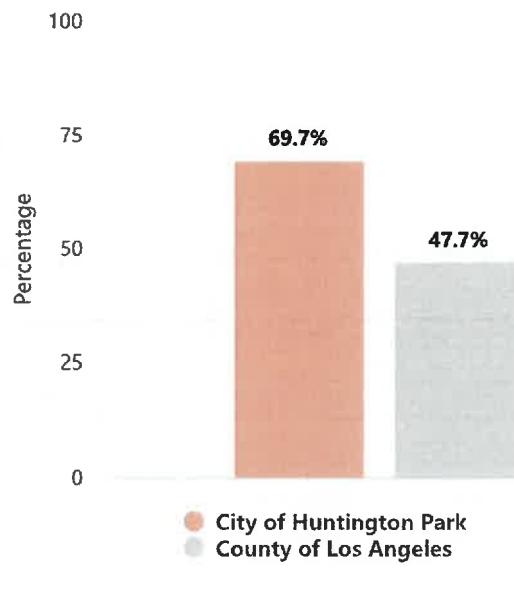
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Adults with Difficulty Obtaining Needed Medical Care



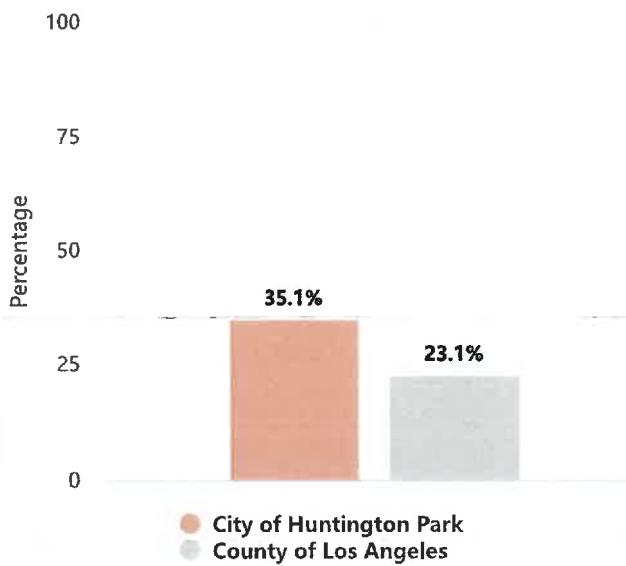
Los Angeles County Health Survey, 2023.

Children with Medi-Cal



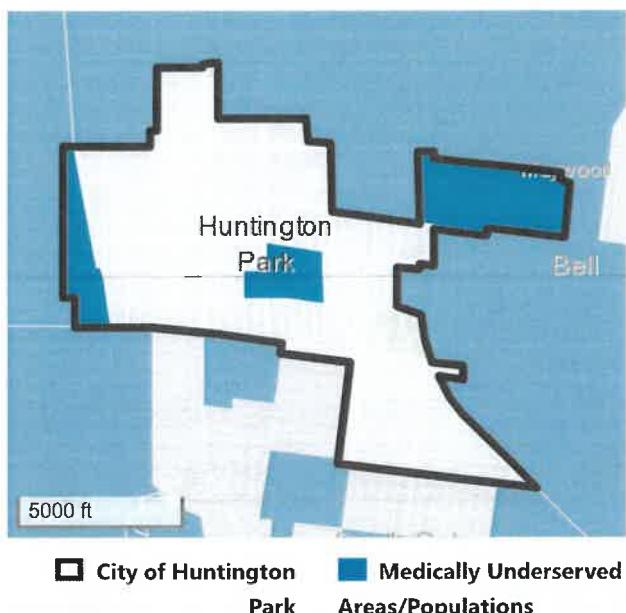
US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Adults with Medi-Cal



US Census Bureau, American Community Survey 5-Year Estimates, 2018-2022.

Medically Underserved Areas/Populations



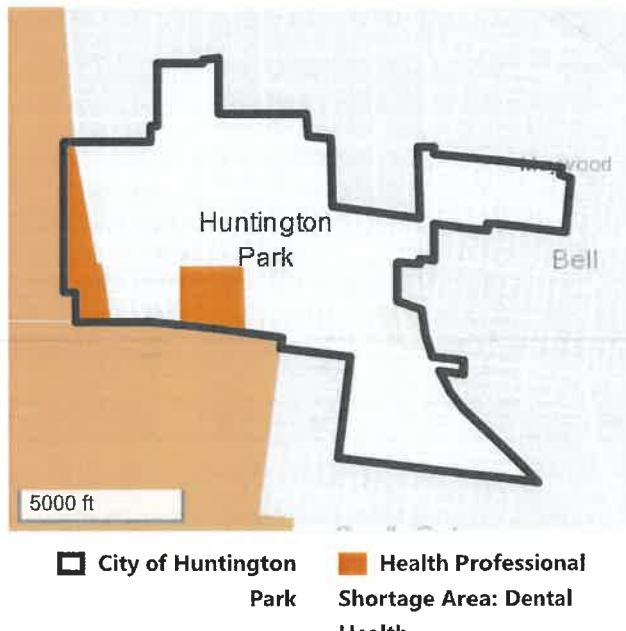
Health Resources and Services Administration, Medically Underserved Areas/Populations, April 2023.

Health Professional Shortage Area: Primary Care



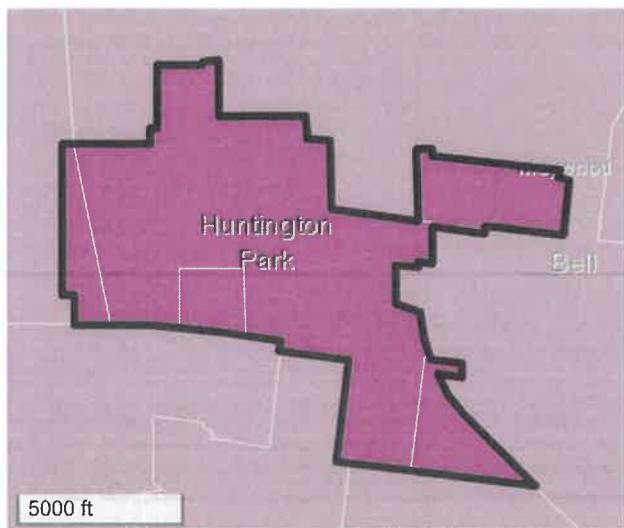
Health Resources and Services Administration, Health Professional Shortage Area: Primary Care, April 2023.

Health Professional Shortage Area: Dental Health



Health Resources and Services Administration, Health Professional Shortage Area: Dental Health, April 2023.

Health Professional Shortage Area: Mental Health



 **City of Huntington Park**  **Health Professional Shortage Area: Mental Health**

Health Resources and Services Administration, Health Professional Shortage Area: Mental Health, April 2023.



313 N. Figueroa St., Los Angeles, CA 90012

[Twitter](#) | [Facebook](#) | [Instagram](#) | [YouTube](#)

REGULAR AGENDA ITEM 6



CITY OF HUNTINGTON PARK

Community Development Department
Health and Education Commission Agenda Report

August 27, 2024

Honorable Members of the Health and Education Commission
City of Huntington Park
6550 Miles Avenue
Huntington Park, CA 90255

Honorable Health and Education Commission:

STAFF RECOMMENDS DISCUSSION AND REQUEST FOR THE HALLOWEEN 2024 EVENT

IT IS RECOMMENDED THAT THE HEALTH AND EDUCATION COMMISSION:

1. Review and discuss the City of Huntington Park's request for a volunteer judge at Halloween Costume Contest.
2. Review and discuss the City of Huntington Park's request for volunteers judge at the Commissioners Booth at the Halloween 2024 event.

BACKGROUND

The Halloween 2024 event is underway and City Staff is requesting a volunteer judge from the Health and Education Commission on Thursday, October 31 from 5 PM – 7 PM to judge costumes and booth volunteers from 4 PM – 8 PM.

CONCLUSION

Upon the Health and Education Committee direction, staff will proceed with actions as directed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "SF".

STEVE FORSTER
Community Development Director