

# 2023 COMMUNITY HEALTH NEEDS ASSESSMENT

PRESENTED BY: MLK Community Healthcare

June 2023



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## Section 1. Letter from our Chief Executive Officer



This report represents our most comprehensive portrait yet of health and healthcare in South Los Angeles, a low-income and medically-underserved area of approximately 1.3 million residents located in the heart of one of the wealthiest regions of California and nation.

South LA continues to have some of the worst health indicators in the state. Diabetes prevalence is significantly higher than both the county and state average. Life expectancy is ten years shorter. Behavioral and physical healthcare needs are high. The funding to pay for services to address these needs, mostly drawn from Medi-Cal, the public insurance for low-income Californians, continues to pay providers lower rates than Medicare or commercial insurance.

This structural inequality in payment is at the heart of what ails places like South LA. It needs to change. Raising Medi-Cal rates to parity with Medicare and commercial insurance is critical to better health outcomes. So too are critical investments in healthcare infrastructure and in the policies and mindset that produce a flourishing, diverse workforce.

It's time to dismantle the separate and unequal health system perpetuated by Medicaid. All communities deserve access to a full continuum of healthcare that includes prevention, disease management, and behavioral health care.

That's what we're striving to build for our community, with impressive results. In 2022, MLK Community Hospital received a 5-star rating from the Centers for Medicare & Medicaid Services (CMS). Our maternity department has some of the best outcomes for mothers, especially for mothers of color, in the nation. We were certified by The Joint Commission as an advanced diabetes care hospital. Our workforce is 90% people of color.

Our goal is to create a high quality integrated system of health care that results in demonstrable improvements in the health of our community. In reports like this, and in collaboration with community partners and representatives and in the media, we make the case for this vision. For the health and safety of our beautiful, resilient, deserving and diverse population, we hope you will too.

**Dr. Elaine Batchlor, MD, MPH**

Chief Executive Officer

MLK Community Healthcare



## Section 2. Introduction

### About MLKCH and our Community

South Los Angeles is a community rich in history, diversity, and culture. Its importance as a center of advocacy for social justice cannot be understated. From its earliest agricultural roots to the Great Migration that brought Black Americans from the deep South to the more recent growth of Hispanic families, unique South Los Angeles voices and identities have emerged.

Today, over 1.3 million Angelenos call South Angeles home.<sup>1</sup> Despite its rich history, in South Los Angeles poverty, unemployment, and poor health exceed any other area in the County.



<sup>1</sup> Claritas Analytics, 2022.

### ABOUT MLK COMMUNITY HEALTHCARE

The new MLK Community Healthcare (MLKCH) opened in 2015 as a state-of-the-art, 131-bed acute care hospital located on the Martin Luther King, Jr. Medical Campus in the Willowbrook neighborhood of South Los Angeles. Since our opening, MLKCH has maintained a long-term vision of ensuring a lasting, coordinated solution for serving a historically underserved and distressed area and improving the overall health of South Los Angeles. To achieve this vision, we continue to increase access and build equity by expanding the MLK Community Medical Group. For example, we added doctor's offices in East Compton, Rosecrans, and Wilmington; opened a Wound Healing and Hyperbaric Center; introduced innovative approaches to care such as Integrated Behavioral Health and Street Medicine; and expanded our community health and education programs.

The challenges of health, equity, and social needs in South Los Angeles span generations, representing the long-standing consequences of the inequitable distribution of power, income, and resources in Los Angeles. From hospitals, clinics, and preventive care services to healthy foods, places to be physically active, safe housing, and adequate schools, South Los Angeles residents are forced to live with less every day. More than any other region of the County, South Los Angeles is disproportionately disadvantaged by inequities in the healthcare and physical resource environments, leaving a lasting imprint on the health, wellbeing, and quality of life for our community today and into the future.

“

*Of all the forms of inequality, injustice in health care is the most shocking and inhumane.*

*—Rev. Martin Luther King Jr,  
1966 Convention of the Medical Committee  
for Human Rights*

”

### **South Los Angeles stands out for its symbolism in the struggles for racial equality**

Structural racism is an undeniable part of the fabric of South Los Angeles. Policies that segregated Los Angeles and sorted opportunities and resources for health and wealth along racial lines date back to the 1920s, when an influx of Black Americans to Los Angeles threatened the perceived value of property for white homeowners. Soon after, racially restrictive covenants became widespread, concentrating Black people and other people of color in communities deemed to be less desirable — including South Los Angeles.



## UNDERSTANDING HOW HISTORY HAS SHAPED THE SOUTH LOS ANGELES OF TODAY<sup>2</sup>

- The National Housing Act of 1934 accelerated segregation efforts by legalizing redlining, the practice of outlining areas with sizable Black and low-income populations in red ink on maps, as a warning to mortgage lenders. South Los Angeles was an area redlined by government officials, effectively isolating Black people and other people of color in this area, thereby suffering from lower levels of investment compared to white counterparts.
- During the time when redlining was legal, the Federal Housing Administration also subsidized builders to produce entire subdivisions for whites — with the requirement that none of the homes be sold to Black residents.
- The planning and construction of major roadways such as the Santa Monica Freeway destroyed vibrant Black communities like Sugar Hill, while intentionally avoiding affluent white neighborhoods.

Redlining, lack of jobs, and transportation isolated the people of color living in South Los Angeles, creating a generational effect for the families that were born into these communities.

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<sup>2</sup> Perry, Andre M, & Harshbarger, David. "America's formerly redlined neighborhoods have changed and so must solutions to rectify them." Brookings. October 14, 2019. <https://www.brookings.edu/research/americas-formerly-redlines-areas-changed-so-must-solutions/>

## Addressing the health crisis in south Los Angeles

The COVID-19 pandemic laid bare how little progress has been made to right the wrongs of South Los Angeles' past. As the coronavirus spread, Black and Latino residents in South Los Angeles suffered disproportionately because of a lifelong and systemic lack of access to healthcare resources. Today, the healthcare crisis in South Los Angeles, driven by chronic conditions and a lack of access to care, is not just a question of life or death — it impacts quality of life for the 1.3 million Angelenos residing in our community.<sup>1</sup>



There are too few doctors in South Los Angeles to meet the needs of the community. The estimated shortage of 1,500 doctors across all specialties is a consequence of Medi-Cal's low provider payment rates.<sup>3</sup> Doctors are unable to sustain practices based on the community's primary payer source — Medi-Cal.

Lack of access to doctors and services exacerbates the inequitable distribution of hospital beds. South Los Angeles has the fewest hospital beds per 100,000 in Los Angeles County and the State.<sup>4</sup>



“

*Research has shown that the impact of race on health stems largely from differences in access to resources and opportunities that can hurt or enhance health. Additionally, researchers have found that racial and ethnic discrimination can negatively affect health across lifetimes and generations.*

—Robert Wood Johnson Foundation

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1 Claritas Analytics, 2022.

3 Guidehouse Proprietary Provider Demand Methodology; 2022 MLK Community Healthcare data.

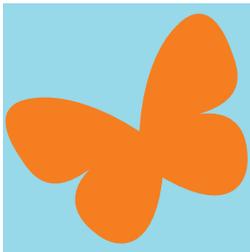
4 Department of Health Care Access and Information (HCAI). Hospital Annual Utilization Report & Pivot Tables, 2021. <https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report>; Los Angeles County Population Estimates, 2021. [http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population\\_Provisional.pdf](http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population_Provisional.pdf).

Long wait times for appointments and absent or geographically remote doctors contribute to the preventable progression of illness. South Los Angeles has disproportionately higher mortality rates for conditions such as coronary heart disease, diabetes, and cancer — conditions that are treatable when access to quality healthcare is available.



### A vision of hope and a need for change

Since opening in 2015, MLKCH has built a reputation for compassionate care, treating everyone who walks through our doors with sensitivity and high-quality care. As a result, trust in our services has grown, and with it demand. The result: MLKCH is seeing nearly triple the number of patients in its Emergency Department (ED) than were projected when the hospital first opened. Many patients come to the ED for basic primary care that they cannot access in the community. As a result, demand for ED services has reached a level that we cannot address without additional support.



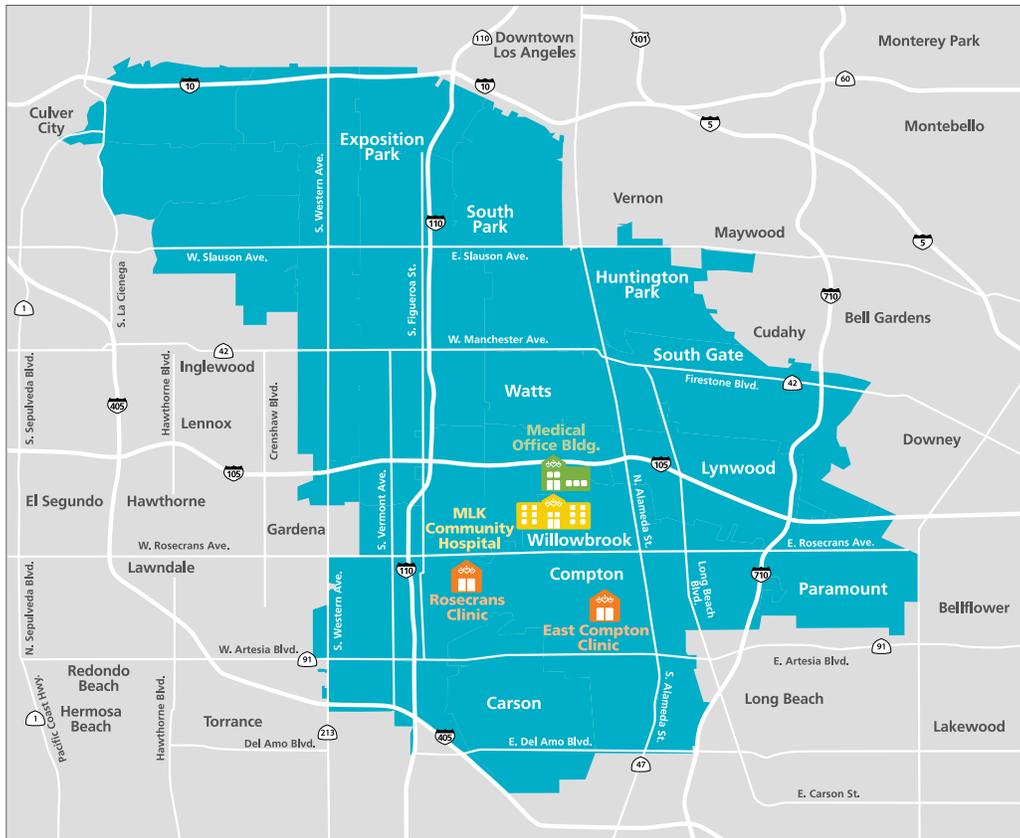
## Section 3. Defined community



There are over 1.3 million Angelenos living in the MLKCH service area.<sup>1</sup> The hospital's service area aligns with Los Angeles County's Service Planning Area 6, and includes those ZIP codes located within a three-mile radius.<sup>1</sup> Communities served range from Exposition Park in the north to Watts, Lynwood, Willowbrook, Compton, and Carson.

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<sup>1</sup> Claritas Analytics, 2022.



## Population

MLKCH’s service area represents 13.3% of Los Angeles County’s total population, with 1,332,750 residents.<sup>1</sup> Communities from South Central, Compton, and Willowbrook to Inglewood, South Gate, and Carson benefit from care offered by the hospital and medical group.<sup>1,5</sup>

“ We are proud of our culture and diversity in South Los Angeles. It’s what makes us different from any other community. But some things are not equal or fair. We have to fight harder for the basic necessities that help us live a healthy life. The people of South Los Angeles have been strong and resilient in the face of these challenges, but we deserve better, and change is needed. ”

—MLKCH doctor

<sup>1</sup> Claritas Analytics, 2022.

<sup>5</sup> California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>

## *Age and gender distribution*

Age and gender distribution are critical components for understanding and responding to the needs of our community. While children and young adults require more preventive services and health education, older patients are more likely to need access to a combination of primary care, chronic disease management, and specialty services.

- 48.9% of residents are male and 51.1% are female.<sup>1</sup>
- 87.7% of adults identify as straight or heterosexual and 2.3% identify as gay, lesbian, or homosexual.<sup>5</sup>
- Over 143,000 of residents (10.8%) are over the age of 65.<sup>1</sup>

## *Race and ethnicity*

South Los Angeles is over 90% Hispanic and African American. Hispanics and Black people have higher incidence rates of diabetes, heart disease, and obesity. This indicates increased need for medical specialties like cardiovascular, endocrinology, urology, podiatry, and orthopedics services in the community.



<sup>1</sup> Claritas Analytics, 2022.

<sup>5</sup> California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>

## Language

A person's primary language and language preference have long been known to affect access, use of healthcare services, and trust in the health system.

To ensure we provide culturally competent care, MLKCH offers bilingual healthcare providers. Medical information is offered in both Spanish and English, helping patients read and understand information that is central to improving their health (e.g., discharge instructions, treatment plans, and phone numbers for providers so that patients can ask follow-up questions).

## Education and health literacy

Health literacy is essential for everyone. Education is an important determinant of health status because it influences a person's ability to read and understand detailed health information.

- 16.7% of SPA 6 residents do not have a high school diploma, compared to 9.2% in Los Angeles County.<sup>5</sup>
- 21.0% of SPA 6 residents hold a bachelor's degree compared to 40.1% of Los Angeles County residents.<sup>5</sup>



<sup>5</sup> California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>.

## LANGUAGE<sup>5</sup>

The majority of community members speak English, Spanish, or both.

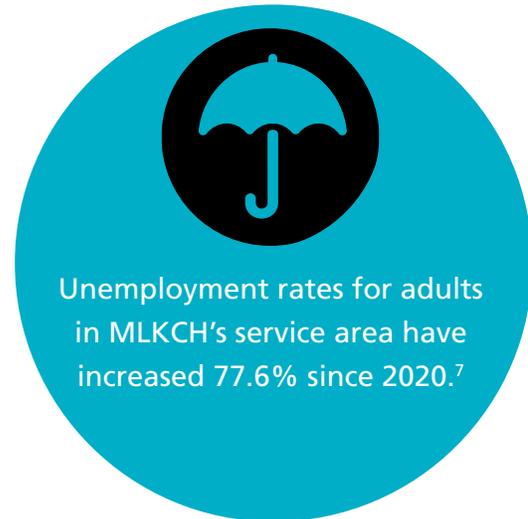
- 30.6% English Only
- 19.9% Spanish
- 45.4% English and Spanish

MLKCH staff go through annual cultural sensitivity training that covers unconscious bias, customer service and patient experience. Educational materials are written at a reading level that is accessible to the general public. In addition, MLKCH brings health experts to do education sessions at community outreach events, such as health fairs, barbershops, and churches, which cover health topics of high need in the community.

## *Employment*

Unemployment rates for adults within MLKCH's service area have increased from 5.1% to 9.1% since 2020.<sup>7</sup> A research study conducted by the USC Price Center for Social Innovation found that nearly half of residents in South Los Angeles worked in the three industries that reported the most COVID cases in Los Angeles County: retail, manufacturing, and transportation/warehousing. That number made South Los Angeles' workforce uniquely vulnerable to the health and economic impact of the COVID-19 pandemic.<sup>8</sup>

Nearly 70% of employed individuals residing in South Los Angeles work in the six industries with the highest incidence of unemployment claims filed during the pandemic, compared to only 34% for Los Angeles County: accommodation and food services, retail trade, healthcare and social assistance, administrative support and waste management, manufacturing, technical services, and construction. The pandemic's impact was amplified by the fact that 72% of South Los Angeles' migrant workforce consists of non-naturalized individuals who may lack the documentation necessary to receive unemployment benefits.<sup>9</sup> Given the demographics and diversity, South Los Angeles workers were disproportionately impacted by the closures and layoffs that occurred during the pandemic.



<sup>7</sup> U.S. Census Bureau, American Community Survey, 2021 Estimates.

<sup>8</sup> Contreras, Zuelma, et. al. "Industry Sectors Highly Affected by Worksite Outbreaks of Coronavirus Disease, Los Angeles County, California, USA, March 19-September 30, 2020. Centers for Disease Control and Prevention.

<sup>9</sup> Bell, Alex, Hedin, Thomas J., Schnorr, Geoffrey, and Wachter, Till Von. "An Analysis of Unemployment Insurance Claims in California During the COVID-19 Pandemic." California Policy Lab. December 21, 2020.



### *Health insurance*

Structural racism and discrimination have shaped the community's mix of insurance coverage, resulting in an underfunded and inadequate system that does not meet the healthcare needs of South Los Angeles.

- Most residents rely on government-assisted coverage (Medicare or Medi-Cal) for health insurance, a disproportionately higher amount compared to Los Angeles County. Specifically, 71.8% of residents in South Los Angeles are covered by Medi-Cal, Medicare, or both.<sup>5</sup>
- Adults in South Los Angeles are almost two times more likely than adults in other communities to have their insurance not accepted by a doctor, a frequent trend attributed to the poor funding structure associated with Medi-Cal, the community's primary source of health insurance.<sup>5</sup>
- Although 39.6% of the community has employer-based coverage,<sup>5</sup> the majority have significant coverage gaps. Many employees are covered by high-deductible plans, resulting in an inability to afford necessary services. .

Since we opened in 2015, MLKCH has emerged as a trusted source of healthcare. Lack of adequate coverage, however, means that our hospital serves a disproportionately higher number of patients with public insurance or no insurance. In 2022, nearly 96% of patients were covered by Medi-Cal (76%), Medicare (10%), or were uninsured (9%).<sup>10</sup> This payer mix does not allow MLKCH to advance its mission of providing compassionate, collaborative, quality care, and improving the health of our community. Supplemental funding, though invaluable, does not bridge the gap.

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<sup>5</sup> California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>

<sup>10</sup> MLK Community Healthcare data.

## Section 4. Where we are today: The 2023 CHNA

### How this report was created

This report builds upon our 2020 community health needs assessment (CHNA), bringing together quantitative and qualitative data from interviews, focus groups, and a survey to identify health needs in the South Los Angeles community.

Additionally, we collected and analyzed data from multiple sources including the California Health Interview Survey (CHIS), the California Department of Health Care Access and Information, the Los Angeles Department of Public Health, and the U.S. Census Bureau. Collecting and analyzing this information, along with collaborating with various organizations, community leaders, and healthcare providers, allows MLK Community Healthcare to paint a full picture of our community's needs thereby facilitating a comprehensive and tailored approach to meeting needs.





Statistics do not tell the whole story. To further understand the health of the community, we invited people to share their stories. We interviewed, surveyed, and facilitated focus groups with 100+ leaders and members within the community and at MLK Community Healthcare to obtain information about South Los Angeles, its health needs, available services, and issues with accessing these services. Approximately 65 community organizations provided feedback, including non-governmental organizations, the LA County Public Health Department, and community members of medically underserved, low-income, and minority populations. Additional information on the participating organizations can be found in [Appendix D](#). “We engaged Guidehouse Inc., to partner with MLKCH to complete the CHNA using a transparent and collaborative approach.”

Although this report is evidence-based and contains many statistics, we acknowledge that there are limitations with the data we collect. Community input is limited to the number of people who participated in the interviews, focus groups, and survey and may not be fully comprehensive of what challenges are faced by the community. Additional information on these limitations and can be found in [Appendix B](#).

The 2023 CHNA is focused on health equity and advocacy. Through this assessment, we hope to partner with the community together to make a difference and improve our community's health and wellbeing. This CHNA can be found on the MLKCH website at <https://www.mlkch.org/community-reports>. We welcome feedback on this report; please send any written comments to or request more information on this 2023 CHNA at [lespy@mlkch.org](mailto:lespy@mlkch.org).

## Community participation

MLKCH leaders, staff, doctors, and community members provided their input through interviews, surveys, focus groups, or meetings.

### *Interviews*

MLKCH facilitated 32 informational interviews with MLKCH leaders, including staff members, doctors, and volunteers, to discuss the community and its health needs, issues with accessing health services, and available services and current initiatives underway in the community.

### *Focus Groups*

MLKCH hosted three focus groups with 15 participants each, ranging from business executives to registered nurses to community leaders. Discussions were focused on the general health and wellness of the community, daily life, healthcare, and potential improvement activities.

### *Survey*

MLKCH distributed a survey to 250+ community members. The survey focused on health issues in the community, barriers to care, healthcare use and preferences, and health communication preferences. The survey was offered in English and Spanish and consisted of 16 questions. Responses came from 54 respondents and 45 different community organizations.

### *Written comments received from the prior CHNA*

MLKCH published the prior CHNA report online and monitored an email address for community feedback specific to its 2020-2022 CHNA and Implementation Plan. MLKCH has not received written comments regarding its 2020-2022 CHNA nor its Implementation Plan.





### **Prioritization of significant health needs**

Recognizing that economic opportunities, environmental factors, healthcare infrastructure, and social networks are all key determinants of health, MLKCH is focused on reaching beyond the walls of the hospital to address healthcare disparities and build health equity in the community.

Through this CHNA, we analyzed data and obtained input from our community members and leaders to identify major issue areas. From these issue areas, we identified significant health needs for the community. Our assessment included consideration of the relative size of the issue (magnitude), how important an issue was to the community (agreement), and how much of an opportunity there was for making an impact (impact).

## 2023 CHNA priorities

The following significant health needs and goals for improving those needs were identified:

**1**

**ACCESS TO PREVENTIVE, PRIMARY, AND SPECIALTY CARE**

Expand access to preventive, primary, and specialty care.

**2**

**MANAGEMENT OF CHRONIC HEALTH CONDITIONS**

Reduce complications and disabilities through enhanced management of chronic diseases and improved access to health resources.

**3**

**BEHAVIORAL HEALTH**

Increase availability of and access to resources to improve behavioral health conditions.

**4**

**HOMELESS HEALTH**

Support the health and wellness of persons experiencing homelessness by improving access to healthcare, housing, and other social services.

**5**

**CULTURAL ALIGNMENT OF CARE**

Embed culturally competent care throughout our health system.

**6**

**SOCIAL DETERMINANTS OF HEALTH**

Break down social barriers to support individuals accessing healthcare, social services, food, and housing so they can live a healthy life.



### **Access to preventive, primary, and specialty care**

South Los Angeles is a region of diverse heritage and culture. It is also a community deeply impacted by decades of structural racism. South LA is a healthcare desert, an area with significant shortages of doctors and little access to basic healthcare services. The 1.3 million Angelenos that reside here struggle with inadequate resources to live a healthy and prosperous life. Unsurprisingly, health outcomes data indicates that residents of South Los Angeles are vastly underserved and experience greater challenges accessing healthcare services compared to any other part of the County.

*Research suggests that Black and Latino people receive lower quality care compared to white people, even adjusted for insurance coverage and income. For example, compared to white patients, minority patients are less likely to receive evidence-based cardiovascular care, kidney transplants when indicated, age-appropriate diagnostic screening for breast and colon cancer, timely treatment related to cancer and stroke, appropriate mental health treatment, and adequate treatment when suffering from pain.<sup>11</sup>*

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11 Ndugga N, Artiga S. Disparities in health and healthcare: 5 key questions and answers [Internet]. San Francisco (CA): Henry J. Kaiser Family Foundation; 2021 May 11 [cited 2021 Dec 10]. Available from: <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/> Google Scholar

Healthcare disparities faced by South Los Angeles are substantial. They include:

- A lack of comprehensive healthcare services available in the community across the care continuum.
- Large shortages of doctors across all specialties, resulting in inadequate access to preventive, primary, and specialty care.
- A paucity of healthcare providers who resemble the diverse population and can care for residents in their preferred language and through the lens of their culture.
- Inadequate levels of health insurance coverage. For those who are insured, many lack the financial resources required for high-deductible health plans.
- Absence of quality, comprehensive, multi-disciplinary healthcare, treatment planning, and care coordination.

Key factors that support these findings and impact South LA's ability to access needed healthcare services are described on the following pages.

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*MLKCH is like oxygen or water or clothes on your back for the community. The community relies so much on MLKCH for their services. People choose MLKCH for our healthcare because we trust MLKCH and we know they will listen and take care of our needs. If MLKCH wasn't here, it would be a devastating loss for the community.*

—Community Member

”

### *Health professional shortage areas and medically underserved areas*

Given South Los Angeles' history, it is no surprise that the federal government has designated most of South Los Angeles as a Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA), or both, indicating insufficient access to primary care services in the community.<sup>12</sup>

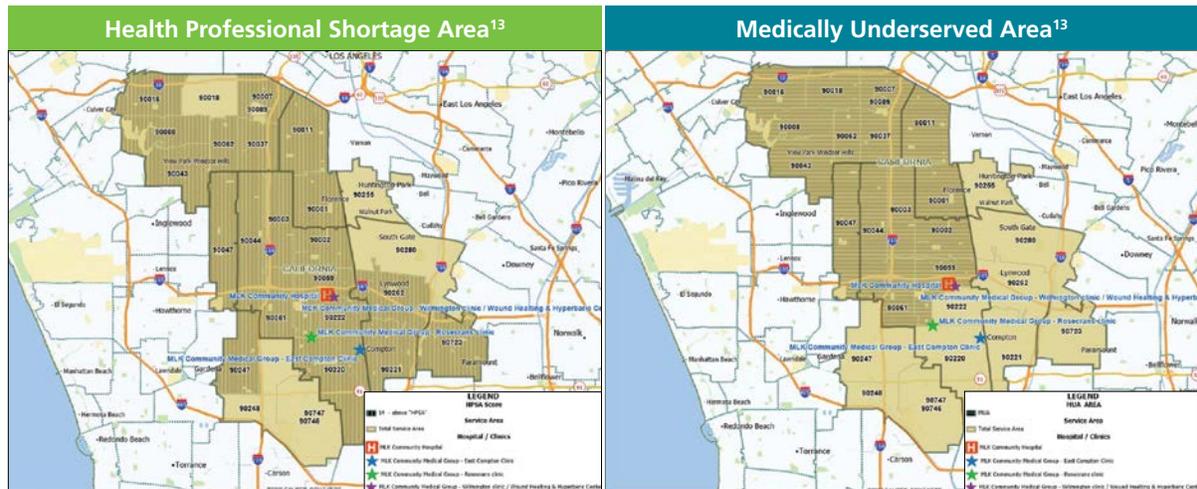
- A HPSA is an area, facility, or population group with a shortage of primary care doctors as defined by a population-to-primary care physician ratio greater than 3,500:1.<sup>12</sup> For purposes of this CHNA, the federal government defines primary care as the following specialties: family

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<sup>12</sup> Health Resources and Services Administration, 2022.

practice, geriatrics, internal medicine, pediatrics, and psychiatry. Other factors taken into consideration include the poverty rate, infant mortality rate, fertility rate, and indicators of insufficient capacity to meet area need.

- A MUA is defined as an area, facility, or population group with an Index of Medical Underservice (IMU) less than or equal to 62 out of 100.<sup>12</sup> The IMU is calculated by taking into consideration the ratio of primary medical care doctors per 1,000 population, infant mortality rate, percentage of the population with an income below the Federal Poverty Level, and the percentage of people age 65 or older.<sup>12</sup> These factors are converted to weighted values and then summed to obtain an IMU score for a particular area.



### Sources of care

The 1.3 million Angelenos residing in our community struggle to obtain consistent access to coordinated healthcare when considering the limited sources of care available today. The UCLA Community Health Interview survey found that:

- 22.2% of South Los Angeles residents do not have a usual source of care — the highest rate across all Service Planning Areas in Los Angeles County.<sup>5</sup>
- Approximately 33% of adults in South Los Angeles delayed or had forgone needed medical care due to the inability to access healthcare services and providers, compared to 23.3% across Los Angeles County overall.<sup>5</sup>
- Community or government clinics and hospitals were the most frequently identified source of care (37.7% compared to 22.3% in Los Angeles County) in our service area.<sup>5</sup>

<sup>5</sup> California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>

<sup>12</sup> Health Resources and Services Administration, 2022.

<sup>13</sup> Department of Health Care Access and Information (HCAI), Primary Care Clinic Annual Utilization, 2021. <https://data.chhs.ca.gov/dataset/primary-care-clinic-annual-utilization-data>

When access through a usual source of care is examined by race/ethnicity, Hispanic people are the least likely to have a usual source of care.<sup>5</sup> A usual source of care is defined as a provider or place an individual can go to when sick or in need of medical advice.<sup>5</sup> This is a key factor since this ethnic cohort represents 73.2% of our community's population.<sup>1</sup>

### *Supply of doctors*

There are too few doctors in South Los Angeles to meet the needs of the community — a challenge that has existed for decades. The estimated shortage of nearly 1,500 doctors across all specialties reflects the impact of Medi-Cal's low provider payment rates.<sup>3</sup> Notably, the largest shortages are in the primary care specialties of family practice, internal medicine, and pediatrics, specialties that are critical for effective care coordination and managing the health and wellness of the community.



**Access to primary care doctors:** 10% of adults in SPA 6 reported having difficulty finding a primary care doctor, representing a 35.6% increase since 2019.<sup>5</sup> The gap of primary care doctors in South Los Angeles is expected to grow 18.4% by 2025 — representing a shortage of approximately 565 doctors.<sup>3</sup>

1 Claritas Analytics, 2022.

3 Guidehouse Proprietary Provider Demand Methodology; 2022 MLK Community Healthcare data.

5 California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>.

**Access to specialty care doctors:** Nearly 20% of adults in SPA 6 reported having difficulty finding a specialty care doctor.<sup>5</sup> The gap in specialty care doctors is significant. Based on our most recent findings, there is a shortage of 807 specialty care doctors in South Los Angeles, with the largest shortages among those trained in obstetrics and gynecology (116 doctor full-time equivalents, or FTEs), orthopedics (94 doctor FTEs), ophthalmology (73 doctor FTEs), gynecology surgery (72 doctor FTEs), and otolaryngology (50 doctor FTEs).<sup>3</sup>

The COVID-19 pandemic widened the health equity gap in South Los Angeles decreasing the community's physician base. Physician burnout and the financial challenges of delayed care combined with low Medicaid payments further threatened the capacity and sustainability of physician practices. These factors resulted in a large departure of physicians.

### Attracting providers

MLKCH launched a 3-year graduate medical education residency program in internal medicine to increase recruitment and retention of highly qualified and diverse doctors to South Los Angeles. The program supplies a new cohort of 5 physicians each year and offers a strong emphasis on health equity and social medicine.

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<sup>3</sup> Guidehouse Proprietary Provider Demand Methodology; 2022 MLK Community Healthcare data.

<sup>5</sup> California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>.

## Community care

South Los Angeles has 41 primary care clinics, of which 30 are designated as Federally-Qualified Health Centers (FQHCs).<sup>13</sup> Traditionally, community clinics provide basic primary care and preventive services to medically-underserved, low-income people. In 2021, 38% of South Los Angeles adults reported that they rely on clinics as their usual source of care compared to 22% of adults in Los Angeles.<sup>5</sup> Community clinics face challenges, including:

- Lack of specialty care and other elements of an integrated continuum of care.
- Insufficient capacity.
- Wait times and delays in care.

The average number of patients served per clinic in the area (6,298) represents an 8.5% increase from 2018.<sup>13</sup> This reinforces reported data indicating that clinics serve as a common source of care for the community,<sup>13</sup> despite the limited services that are provided at these healthcare sites



- Clinics in our community reported higher average patient visits per site (20,850), a 4% increase from 2018.<sup>13</sup> Again, this is related to the fact that over one-third of the population uses clinics as their usual source of care.<sup>5</sup> As a result, capacity at these clinics is limited. This often results in long wait times for appointments and specialty referrals. These delays in care can lead to higher overall treatment costs and worse health outcomes, particularly for community members with chronic or acute conditions.

<sup>5</sup> California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>.

<sup>13</sup> Department of Health Care Access and Information (HCAI), Primary Care Clinic Annual Utilization, 2021. <https://data.chhs.ca.gov/dataset/primary-care-clinic-annual-utilization-data>

Since 2018, 20 community clinics have closed in South Los Angeles — representing a 33% decrease,<sup>13</sup> further limiting access for residents to critical primary and preventive services. Similar to doctors, community clinics do not receive supplemental funding payments to subsidize care for Medi-Cal and uninsured patients.

Since 2018, 20 community clinics have closed in South Los Angeles  
– representing a 33% decrease<sup>13</sup>

### *Inpatient hospital care*

There are approximately 93 general acute care hospitals in Los Angeles County.<sup>14</sup> Only four are located in South Los Angeles: MLKCH, St. Francis Medical Center, Community Hospital of Huntington Park, and Memorial Hospital of Gardena. Collectively, these four hospitals represent 768 inpatient licensed beds.<sup>14</sup>



SPA 6 had the lowest number of licensed hospital beds per 100,000 population in all of the County.<sup>14</sup> In comparison, SPA 4 (Metro LA), an area with fewer people, had over seven times more licensed beds.<sup>14</sup> Even after MLKCH opened in 2015, many of our community's patients have to leave the community for inpatient care largely due to lack of specialty services, including:

- Cardiac Services: cardiac surgery, cardiac catheterizations, pacemakers, and electrophysiology procedures
- Gastroenterology: endoscopic retrograde cholangiopancreatography (ERCP), and outpatient colonoscopies and endoscopies

<sup>13</sup> Department of Health Care Access and Information (HCAI), Primary Care Clinic Annual Utilization, 2021. <https://data.chhs.ca.gov/dataset/primary-care-clinic-annual-utilization-data>

<sup>14</sup> Department of Health Care Access and Information (HCAI). Hospital Annual Utilization Report & Pivot Tables, 2021. <https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report>; Los Angeles County Population Estimates, 2021. [http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population\\_Provisional.pdf](http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population_Provisional.pdf)

- Interventional Radiology: uterine artery embolization, peripheral vascular disease, permanent dialysis access, and abscess drainage
- Pulmonology: interstitial lung disease, lung cancer, and pulmonary vascular disease
- Urology and uro-gynecology procedures

*Total licensed hospital beds per 100,000 population, Calendar Year (CY) 2021<sup>14</sup>*

Hospital Service Planning Area (SPA)	Licensed acute beds per 100,000 population, CY 2021
SPA 1: Antelope Valley	138
SPA 2: San Fernando Valley	194
SPA 3: San Gabriel Valley	203
SPA 4: Metro LA	456
SPA 5: West	247
SPA 6: South	62
SPA 7: East	198
SPA 8: South Bay	233
<b>Total</b>	<b>219</b>

“  
*Our community sees sicker patients with higher needs. We don't have enough healthcare services available, and many people have to leave the community for higher levels of care.*  
 —Community doctor  
 ”

*Community inpatient hospitalization rates*

Inadequate access to care in the community results in delays in care and higher use of hospital care. The table provided below compares all inpatient hospital admissions for residents across South Los Angeles and Los Angeles County overall. Inpatient admission rates and emergency department admission rates per 100,000 in our community are significantly higher when compared to the County.<sup>15</sup>

<sup>14</sup> Department of Health Care Access and Information (HCAI). Hospital Annual Utilization Report & Pivot Tables, 2021 <https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report>; Los Angeles County Population Estimates, 2021. [http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population\\_Provisional.pdf](http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population_Provisional.pdf)

<sup>15</sup> SpeedTrack, California Universal Patient information Discovery (CUPID), 2021; MLK Community Healthcare data..

## Inpatient hospitalization rates by primary diagnosis, CY 2021<sup>15</sup>

Rate per 100,000 Population	South Los Angeles	Los Angeles County
<b>Inpatient Admissions Rate</b>	11,878	8,611
<b>ED Admissions Rate</b>	37,466	23,668
<b>1. Psychiatric (MS-DRG 880-887)</b>	686	516
<b>2. Heart Failure and Shock or Heart Disease (MS-DRG 291-293)</b>	380	228
<b>3. Diabetes (MS-DRG 637-639)</b>	196	103
<b>4. Cerebral Infarction or Stroke (MS-DRG 61-68)</b>	192	146
<b>5. Acute Myocardial Infarction (MS-DRG 280-282)</b>	186	115
<b>6. Alcohol Drug Abuse (MS-DRG 894-897)</b>	123	119
<b>7. Seizures (MS-DRG 100-101)</b>	113	70
<b>8. Cardiac Arrhythmia (MS-DRG 308-310)</b>	86	82
<b>9. Chronic Obstructive Pulmonary Disease (MS-DRG 190-199)</b>	84	46
<b>10. Cirrhosis and Alcoholic Hepatitis (MS-DRG 432-434)</b>	81	53
<b>Cancer (Oncology Service Line)</b>	182	164
<b>Falls (ICD-10 Z91.81)</b>	144	132
<b>Asthma (MS-DRG 202-203)</b>	86	43
<b>High Blood Pressure (MS-DRG 304-305)</b>	61	33

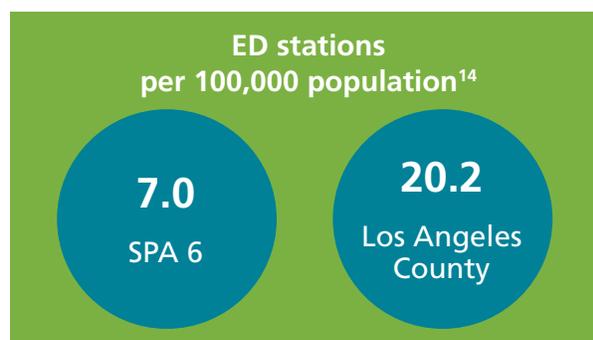
Worse than Total Population of Los Angeles County

Better than Total Population of Los Angeles County

## Emergency departments

In addition to inpatient licensed beds, SPA 6 also has the lowest number of emergency department treatment stations per 100,000 population.<sup>14</sup> Specific considerations to note:

- Higher acuity emergency department visits overall compared to Los Angeles County overall.<sup>14</sup>
- Adults 65+ years old in SPA 6 used the emergency department two times more frequently than adults 65+ across Los Angeles County.<sup>5</sup>



<sup>5</sup> California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>

<sup>14</sup> Department of Health Care Access and Information (HCAI). Hospital Annual Utilization Report & Pivot Tables, 2021 <https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report>; Los Angeles County Population Estimates, 2021. [http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population\\_Provisional.pdf](http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population_Provisional.pdf)

<sup>15</sup> SpeedTrack, California Universal Patient information Discovery (CUPID), 2021; MLK Community Healthcare data.

Emergency departments are often overcrowded, and patients experience long wait times before they are treated. In 2022, MLKCH's emergency department treated 102,713 patients at 29 licensed treatment stations (3,542 visits per station).<sup>16</sup> This volume is nearly double that of industry performance standards (1,800–2,000 visits per station).<sup>16</sup>

Inadequate access to community-based care makes hospital emergency care – including MLKCH specifically – the provider of first and last resort.

### Telehealth

MLKCH began a telehealth program to expand access to care outside of the hospital. To date, we have provided over 16,000 video and telephone visits through this program. These efforts saved patients an average of 45 minutes of driving time (one way) and about 23 miles saved per patient, while also helping keep patients out of the emergency department.

### *Post-acute providers*

South Los Angeles lacks access to quality skilled nursing providers. Currently, our community has 225 SNF beds per 100,000 compared to 367 beds in Los Angeles County and 297 bed in California.<sup>17</sup> This creates barriers to care following a hospitalization.

Medicare pays more for skilled nursing care, leaving fewer beds available for lower-paying Medi-Cal patients.

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<sup>16</sup> Martin Luther King, Jr. Community Hospital Annual Utilization Report, 2022. California Department of Health Care Access and Information.

In addition, patients with behavioral difficulties (e.g., mental illness, traumatic brain injuries, dementia, substance users) are often covered by Medi-Cal and are difficult to place and manage in a SNF.

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

Finally, there is the issue of quality. Over 50% of SNFs in South Los Angeles have a 2 or below quality rating and 20.6% of facilities have been cited for patient abuse.<sup>17</sup>



<sup>17</sup> Department of Health Care Access and Information (HCAI), 2021. California Annual Long-Term Care Facilities Utilization Database. <https://data.chhs.ca.gov/dataset/long-term-care-facilities-annual-utilization-data>



*Skilled nursing facilities in the community<sup>17</sup>*



These trends have put further pressure on the acute system (e.g., delayed discharges) and impact outcomes for patients that do not receive the post-acute care they need.

<sup>17</sup> Department of Health Care Access and Information (HCAI), 2021. California Annual Long-Term Care Facilities Utilization Database. <https://data.chhs.ca.gov/dataset/long-term-care-facilities-annual-utilization-data>

## Maternal and Child Health

A mother's access to care during pregnancy can have a direct and long-lasting impact on the health and well-being of both mother and child. Racial disparities in risk factors in pregnancy, such as hypertension, anemia, and gestational diabetes are often further exacerbated by inequalities in the U.S. healthcare system and inadequate access to prenatal care, particularly for Black women. According to a report published by the Kaiser Family Foundation:<sup>18</sup>

- Black women have higher rates of pregnancy-related death compared to white women. Pregnancy-related mortality rates among Black women are over three times higher compared to the rate for white women (41.4 versus 13.7 per 100,000).
- Black women have higher rates of preterm births, low birthweight births, or births for which they received late or no prenatal care compared to white women.
- Infants born to Black women have higher mortality rates than those born to white women. Research indicates outcomes improve when infants born to Black women are cared for by Black doctors.<sup>19</sup>

Maternal and infant health disparities are directly related to the underlying social and economic inequities that exist in our community. In 2021, South Los Angeles had 11.2 births per 1,000 (14,938 live births) compared to 9.6 births per 1,000 population in Los Angeles County.<sup>20</sup> Our community experienced almost double the rate of infant deaths per 1,000 compared to Los Angeles County during that same year.<sup>21</sup>

### Culturally competent care matters<sup>19</sup>

Black newborns in-hospital death rate was one-third lower when they were cared for by Black physicians rather than White physicians

### Infant death rate per 1,000 live births<sup>21</sup>



18 Hill, Latoya, Artiga, Samantha, and Usha Ranji. Racial Disparities in Maternal AND Infant Health: Current Status and Efforts to Address Them. Kaiser Family Foundation. November 1, 2022.

19 Greenwood, B. N., Hardeman, R. R., Huang, L., & Sojourner, A. (2020). Physician–patient racial concordance and disparities in birthing mortality for newborns. *Proceedings of the National Academy of Sciences of the United States of America*, 117(35), 21194–21200. <https://doi.org/10.1073/pnas.1913405117>

20 California Department of Public Health, Live Birth Profiles by Zip, 2021. [https://data.chhs.ca.gov/dataset/cdph\\_live-birth-by-zip-code](https://data.chhs.ca.gov/dataset/cdph_live-birth-by-zip-code)

21 California Department of Public Health, County Health Status Profiles, Published 2021; Los Angeles County Department of Public Health, 2019. [https://data.chhs.ca.gov/dataset/8ceba47b6357-4946-9fb9-cbe8c02ca9ad/resource/3781a514-d658-4779-abb5-3c71e15c1944/download/chsp\\_2021\\_odp\\_2021-04-08.csv](https://data.chhs.ca.gov/dataset/8ceba47b6357-4946-9fb9-cbe8c02ca9ad/resource/3781a514-d658-4779-abb5-3c71e15c1944/download/chsp_2021_odp_2021-04-08.csv)

SPA 6 had the lowest number of licensed perinatal, intensive care newborn, and pediatric inpatient hospital beds per 100,000 population compared to Los Angeles County and the State.<sup>14</sup> Further, the shortage of OB/GYN physicians (-116.0)<sup>3</sup> and pediatricians (-125.7)<sup>3</sup> and shrinking footprint of primary care clinics in South Los Angeles create major barriers for women seeking access to prenatal care and services for children post-birth.

### *Inpatient licensed beds per 100,000 population, 2021<sup>14</sup>*

Licensed bed classification	SPA 6	Los Angeles County	California
Perinatal (excludes nursery)	6.7	17.9	16.3
Intensive Care Newborn Nursery	2.2	12.0	10.2
Pediatric Acute	1.1	10.7	7.4

Worse than Total Population of Los Angeles County      Better than Total Population of Los Angeles County

### Model maternity program

To improve access to education for mothers and to extend maternal best practices, our perinatal team continues to operate two community programs for new and expectant mothers: the First 48 Hours (after birth) class and the Mommy Support Group. MLKCH also has a delivery model which includes a 24/7 labor and delivery team of affiliated nurse midwives and doctors who work together to ensure a healthy childbirth. Recently we opened a community lactation clinic, which provides maternal and infant care resources for moms in the community.

<sup>3</sup> Guidehouse Proprietary Provider Demand Methodology; 2022 MLK Community Healthcare data.

<sup>14</sup> Department of Health Care Access and Information (HCAI). Hospital Annual Utilization Report & Pivot Tables, 2021 <https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report>; Los Angeles County Population Estimates, 2021. [http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population\\_Provisional.pdf](http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population_Provisional.pdf)

## Management of chronic health conditions

Chronic diseases are the leading cause of death and disability in the United States and are a significant driver of the nation's \$4.3 trillion in annual healthcare costs.<sup>22</sup> The Center for Disease Control and Prevention (CDC) estimates that 6 in 10 adults in the United States have at least one chronic disease and 4 in 10 have two or more chronic conditions.<sup>23</sup> These chronic conditions can be disabling and reduce a person's quality of life, especially if left undiagnosed or unmanaged. Fortunately, many chronic diseases can be prevented or minimized through lifestyle changes and adequate access to healthcare services. The CDC has identified four lifestyle risk factors that increase risk for chronic conditions:

- Tobacco use
- Poor nutrition
- Lack of physical activity
- Excessive alcohol use

South Los Angeles has a higher prevalence of chronic diseases. Prevalence of asthma, cancer, coronary heart disease, diabetes, high blood pressure, and obesity exceed rates for Los Angeles County. Disparities are exacerbated by environmental and behavioral factors including exposure to environmental toxins, lack of healthy food options, an absence of green space for physical activity, and a disproportionate number of liquor and fast food outlets. Further, racial and ethnic minority populations often receive poorer quality of care and face more barriers in seeking care, including preventive care and chronic disease management, than do whites. These disparities lead to poor health outcomes, higher healthcare costs, increased pressure on limited community resources, and higher mortality rates from preventable conditions.

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22 The Center for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/chronicdisease/about/index.htm>

23 The Center for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>

### Prevalence of chronic conditions, CY 2019-2021<sup>5</sup>

Indicator	Percent of population		Percent change	
	SPA 6 (%)	Los Angeles County (%)	SPA 6 (%)	Los Angeles County (%)
Children ages 0-17 years that currently have asthma	59.4	65.0	Not Available	0.6
Adults diagnosed with asthma	55.7	50.7	-7.6	-13.6
Adults with diabetes	16.6	12.1	43.1	17.5
Adults with heart disease	5.0	6.2	-33.3	-11.4
Adults with high blood pressure	32.1	26.6	9.9	2.7
Adults who have an obese Body Mass Index (BMI)	39.3	29.3	24.0	1.0

Health Indicator Got Worse Since 2019
Health Indicator Got Better Since 2019

### Mortality rates per 100,000 population, CY 2018-2020<sup>25</sup>

Indicator	Percent of population		Percent change	
	SPA 6 (%)	Los Angeles County (%)	SPA 6 (%)	Los Angeles County (%)
Alzheimer's disease	42.1	43.5	30.7	12.4
Cancer (All)	Not Reported	127.8	Not Available	-1.8
Coronary heart disease	133.9	105.7	5.1	2.7
Diabetes	55.9	31.0	27.9	25.5
Liver disease	22.4	8.2	1.1	-34.4
Stroke	49.5	8.2	1.1	-34.4
COPD	30.2	24.6	-5.6	-10.9

Health Indicator Got Worse Since 2019
Health Indicator Got Better Since 2019

<sup>5</sup> California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>.

<sup>25</sup> MLK Community Healthcare Top Emergency Department/Observation and Inpatient Discharge Diagnosis Reports, 2022.

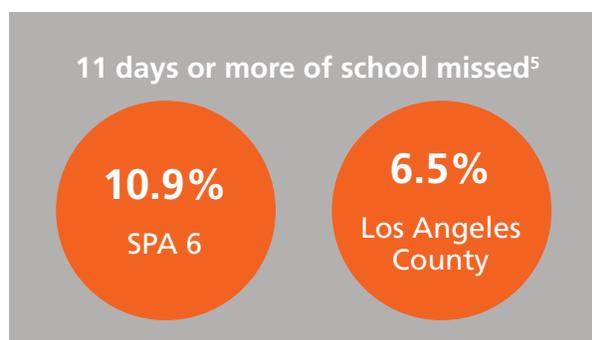
## MLKCH top diagnoses, CY 2022<sup>25</sup>

ED visits	Inpatient hospitalizations
1. Essential (Primary) Hypertension	1. Type 2 Diabetes Mellitus
2. Nicotine Dependence	2. Essential (Primary) Hypertension
3. Abdominal and Pelvic Pain	3. Heart Failure
4. Type 2 Diabetes Mellitus	4. Acute Kidney Failure
5. Asthma	5. Nicotine Dependence
6. Pain in Throat and Chest	6. Chronic Kidney Disease (CKD)

## Disease-specific findings

### Asthma

More people in South Los Angeles are affected by asthma and more people use medication to treat asthma compared to Los Angeles County overall. Over half of adults and children living in South Los Angeles currently have asthma. Of this population, 64.3% take daily medication compared to 42.7% in Los Angeles County.<sup>5</sup>



In addition to more residents taking medication to control their asthma, children are missing more school days due to asthma complications. Severity and complications from asthma are worsened by poor air quality in Los Angeles and limited access to specialists.

- Los Angeles has one of the highest rates of air pollution in the United States<sup>26</sup> and received a “fail” grade for their annual particle pollution from the American Lung Association State of Air report.<sup>27</sup>
- The 2022 physician needs analysis found that large shortages of doctors trained in primary care (477.4), allergy and immunology (10.8), and pulmonology (26.0) exist in South Los Angeles.<sup>3</sup>

3 Guidehouse Proprietary Provider Demand Methodology; 2022 MLK Community Healthcare data.

5 California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>.

25 MLK Community Healthcare Top Emergency Department/Observation and Inpatient Discharge Diagnosis Reports, 2022.

26 IQAir. Los Angeles Air Quality Index (AQI) and California Air Pollution; [www.iqair.com](http://www.iqair.com).

27 American Lung Association, State of the Air Report, 2020. Los Angeles - State of the Air | American Lung Association.

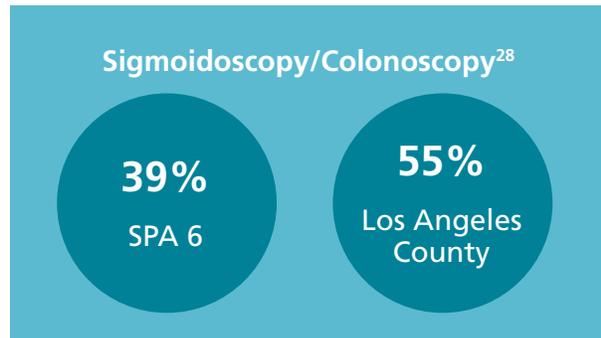
**PEOPLE OF COLOR ARE 3.6 TIMES MORE LIKELY THAN WHITE PEOPLE TO LIVE IN A COUNTY WITH 3 FAILING GRADES FOR POLLUTION.<sup>27</sup>**

## Cancer

South Los Angeles has high mortality rates for breast, colorectal, and lung cancers compared to Los Angeles County and the State. This is largely attributed to:

- Lower rates of screening for breast and colorectal cancers<sup>28</sup> driven by limited access to primary and preventive services in the community.
- Limited access to specialty providers and cancer treatment centers.

Within South Los Angeles there are large shortages of hematologists and oncologists, radiation oncologists, and surgeons with tumor-site specific expertise. Additionally, South Los Angeles does not have a comprehensive cancer center that offers preventive screening and diagnostics, specialty consultations, chemotherapy, and radiation oncology treatment. Services are fragmented and lack coordination, making it difficult for patients to navigate care across long distances. This results in delays in care, with many of our residents not receiving the care they need at all. According to the National Cancer Institute, the cancer death rate for Black people is 25% higher than whites, and Latinos are more likely to be diagnosed with cancer at a later stage of the disease.<sup>29</sup> This is directly correlated to the lack of access to preventive, diagnostic screening, and specialty care available in low-income communities, including South Los Angeles.



<sup>27</sup> American Lung Association, State of the Air Report, 2020. Los Angeles - State of the Air | American Lung Association.

<sup>28</sup> 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

<sup>29</sup> Cancer Health Disparities Definitions and Examples. National Cancer Institute. <https://www.cancer.gov/about-nci/organization/crchd/about-health-disparities/definitions>

## Cancer mortality rates per 100,000 population, CY 2019-2020<sup>30</sup>

Cancer indicators	SPA 6	Los Angeles County	California
<b>Breast Cancer (among females)</b>	22.5	20.1	18.5
<b>Colorectal Cancer</b>	16.3	11.4	11.9
<b>Lung Cancer</b>	26.0	26.8	23.5
<b>Prostate Cancer (among males)</b>	Not Reported	19.8	19.0
<b>Skin Cancer / Melanoma</b>	Not Reported	0.9	1.1
<b>All Cancers</b>	Not Reported	140.0	137.4

Worse than Total Population of the State of California      Better than Total Population of the State of California

### Coronary heart disease

Black people are 30% more likely to die from heart disease than white people.<sup>31</sup> In South Los Angeles, coronary heart disease diagnoses decreased by 33.3% between 2019 and 2021.<sup>5</sup> Despite this decrease in diagnoses, mortality rates increased for coronary heart disease during the same period. Given the large shortage of doctors trained in primary care (477.4 primary care doctor FTEs) and cardiology (48.1 cardiology doctor FTEs),<sup>3</sup> it is possible that these diagnoses are understated, as many residents likely received either delayed or no care at all during the COVID-19 pandemic.



<sup>3</sup> Guidehouse Proprietary Provider Demand Methodology; 2022 MLK Community Healthcare data.

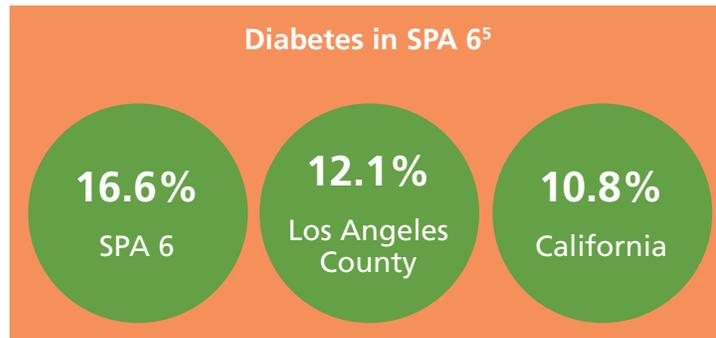
<sup>5</sup> California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>.

<sup>30</sup> Los Angeles County Department of Public Health; California Cancer Registry; California Department of Public Health; 2018 Los Angeles County Health Survey.

<sup>31</sup> Heart Disease and African Americans. U.S. Department of Health and Human Services Office of Minority Health.

## Diabetes

Decades of research has shown that diabetes affects racial and ethnic minority and low-income adult populations disproportionately. This includes a higher risk for developing diabetes, complications, and mortality rates.<sup>32</sup> More adults in South Los Angeles are diagnosed with and die from diabetes



compared to Los Angeles County and California overall. Further, South Los Angeles experienced a 43% increase in the number of residents diagnosed with diabetes since 2019.<sup>5</sup> A shortage of doctors trained in primary care (477.4 primary care doctor FTEs) and endocrinology (21.4 endocrinologist FTEs) as well as the COVID-19 pandemic exacerbated disparities.

Diabetes is a disease that can be effectively managed. High diabetes complication rates in South LA reflect environmental risks and lack of access to appropriate specialty care that can mitigate the worst outcomes of diabetes, including vascular disease and amputation.

- In California, Black people and Latinos are more than twice as likely to undergo amputations related to diabetes compared to white people.<sup>33</sup>
- A UCLA study found that people with diabetes in poorer neighborhoods in Los Angeles County were twice as likely to have a foot or leg amputated compared to wealthier communities.<sup>33</sup>

<sup>3</sup> Guidehouse Proprietary Provider Demand Methodology; 2022 MLK Community Healthcare data.

<sup>5</sup> California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>.

<sup>32</sup> Felicia Hill-Briggs, Nancy E. Adler, Seth A. Berkowitz, Marshall H. Chin, Tiffany L. Gary-Webb, Ana Navas-Acien, Pamela L. Thornton, Debra Haire-Joshu; Social Determinants of Health and Diabetes: A Scientific Review. *Diabetes Care* 1 January 2021; 44 (1): 258–279. <https://doi.org/10.2337/dci20-0053>

<sup>33</sup> Diabetic Amputations A 'Shameful Metric' Of Inadequate Care, KFF Health News. May 1, 2019. <https://kffhealthnews.org/news/diabetic-amputations-a-shameful-metric-of-inadequate-care/>



Amputations are one of the most common surgical procedures performed at MLKCH. Over the last three years, MLKCH has seen 21,064 patients with diabetes, of which 864 (4.1%) have had an amputation.<sup>11</sup>

### Diabetes Center of Excellence

MLKCH developed a Diabetes Management Center of Excellence to respond to the high prevalence of diabetes and diabetes complications in the community.

The vision of our Diabetes Management Center of Excellence is to provide a comprehensive set of high-quality services and resources that help patients living with diabetes to manage their health and, over time, prevent and mitigate diabetes-related complications. The goals of this Center of Excellence are to:

- Engage and support patients with diabetes in lifestyle change and self-care.
- Increase the number of patients with diabetes who are well controlled.
- Decrease hospital admissions and emergency department visits among patients with diabetes.
- Prevent complications of diabetes over time.

<sup>11</sup> MLK Community Healthcare data.

## High blood pressure

A greater proportion of residents in South Los Angeles have high blood pressure compared to Los Angeles County overall. Specifically, 32.1% of adults in South Los Angeles have high blood pressure, compared to 26.6% of adults in Los Angeles County.<sup>5</sup>

- Racial disparities in the prevalence of high blood pressure has been recognized for decades. Black people have greater risks compared to white counterparts. Blood pressure levels are consistently higher for Black people, including an earlier onset of hypertension. The higher blood pressure levels for Blacks are associated with higher rates of stroke, end-stage renal disease, and congestive heart failure.<sup>34</sup>

## Obesity

Obesity in adults, teens, and children living in South Los Angeles has increased since 2019 with 79.3% of Black people and 74.9% of Hispanics considered overweight or obese.<sup>5</sup> Limited access to parks, healthy foods, and physical activity (including a walkable built environment) contribute to the prevalence of obesity in South LA – all factors directly tied to a history of underinvestment.

**35.6%** Adults that are overweight<sup>5</sup>

**39.3%** Adults that are obese<sup>5</sup>

**35.4%** Teens that are obese<sup>5</sup>

**16.1%** Children that are overweight<sup>5</sup>



<sup>5</sup> California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>.

<sup>34</sup> Racial Differences in Hypertension: Implications for High Blood Pressure Management. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4108512/>



## Behavioral Health

Even before the COVID-19 pandemic, Black people and Latinos were dealing with more poverty, addiction, unemployment, chronic disease, homelessness, disability, and childhood and adult trauma. In South Los Angeles, many behavioral health disorders go untreated.

Under the Affordable Care Act, Medi-Cal began covering care for mild to moderate mental health conditions in 2013, but access to care has remained limited in low-income areas of color. The city of Compton has just five licensed psychologists. Santa Monica, slightly smaller in population, has 361.<sup>35</sup> Further, a 2022 physician needs analysis estimated a shortage of nearly 70 psychiatrists across South Los Angeles.<sup>3</sup>

The system is skewed heavily toward those in wealthier communities who can pay out of pocket and is vastly inadequate for the 1.3 million Angelenos residing in South Los Angeles. The system is inadequate, underfunded, and fragmented. There is no coordination of care across the few doctors, counselors, clinics, and hospitals that exist in South Los Angeles today, making it nearly impossible for patients to receive the care they need and get well. Even more importantly, there is a greater need for outreach to the Black and Latino communities to remove the stigma around mental health—and build acceptance for care.

<sup>3</sup> Guidehouse Proprietary Provider Demand Methodology; 2022 MLK Community Healthcare data.

<sup>35</sup> Mozingo, Joe. "In South L.A., the battle to stay ahead of the mental health turnstile never ends." Los Angeles Times. December 27, 2021. <https://www.latimes.com/california/story/2021-12-27/mental-health-care-in-south-la>

In 2022, MLKCH's patients suffered from higher rates of behavioral health hospitalizations compared to California. Within MLKCH:<sup>36</sup>



Over 12,000 patients (11% of total patients) came to MLKCH for mental health conditions.



MLKCH has 2.8x the number of hospitalizations for substance use compared to California.



48% of transfer patients are to a psychiatric facility.



## *Mental health*

The prevalence of adults with serious psychological distress in South Los Angeles increased 67.3% from 2019 to 2021.<sup>5</sup> During this same period, adults who have taken a daily prescription for emotional and personal problems increased by 21.7%.<sup>5</sup> These trends are largely driven by the following:

- Inadequate access to acute psychiatric beds; SPA 6 has 8.4 beds per 100,000 population compared to 24.5 and 17.4 beds in Los Angeles County and California, respectively.<sup>14</sup>
- Lack of access and a substantial shortage of mental health professionals that practice in our community, with a shortage of nearly 70 psychiatrists alone in South Los Angeles.<sup>3</sup>

<sup>3</sup> Guidehouse Proprietary Provider Demand Methodology; 2022 MLK Community Healthcare data.

<sup>5</sup> California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>.

<sup>14</sup> Department of Health Care Access and Information (HCAI). Hospital Annual Utilization Report & Pivot Tables, 2021 <https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report>; Los Angeles County Population Estimates, 2021. [http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population\\_Provisional.pdf](http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population_Provisional.pdf)

<sup>36</sup> MLK Community Healthcare data, 2022 Patient Profile.

- Cost of care, which can be expensive for short-term services and unaffordable for long-term services.
- Low perceived need in which our residents feel as though they can handle the problem without treatment.
- A feeling of shame or sense that mental health service use would have a negative effect on relationships and employment.

These rising trends have been further fueled by the impact of the COVID-19 pandemic, where the South Los Angeles community was disproportionately impacted by closures and unemployment.

“*There is a social stigma related to accessing mental healthcare in our community. Multigenerational trauma from oppression and institutional racism has profoundly impacted us, and we need help.*”  
 —Community Leader

### *Substance use disorders*

Three decades ago, when opioids and cocaine were devastating Black communities, the national response was “The War on Drugs.” This resulted in widespread incarceration of drug users and disruption of primarily Black families and communities. This population was criminalized for drug-related offenses at much higher rates than white people, leaving an impact that is prevalent today.

- Black persons and other persons of color are doubly stigmatized by their minority status and their Substance Use Disorders (SUDs). Negative images of Blacks and other minorities with SUDs contribute to mistreatment, discrimination, and punishment instead of treatment and recovery services.
- Broad substance prevention and treatment campaigns have limited impact in diverse communities like South Los Angeles due to historical mistrust. These broad messages are deeply intertwined with our history of disinvestment, mass incarceration, and over-policing. Any framing of messaging and outreach must align with our community’s culture and history and must come from a trusted source.

Unequal SUD treatment is common in many diverse, low-income communities like South Los Angeles, where access to treatment options is more dependent on race, income, geography, and insurance status rather than individual preferences or medical or psychiatric indicators. Studies highlight the impact of racial discrimination in medicine, noting that minority patients

are less likely to have their pain levels taken seriously by their provider and are less likely to be prescribed pain medication compared to white patients.<sup>37</sup>

According to the California Department of Healthcare Access and Information (HCAI), there are no licensed chemical dependency beds in SPA 6. In comparison, Los Angeles County and the State have 1.7 and 1.4 licensed chemical dependency beds per 100,000 population, respectively.<sup>14</sup> While the area has similar rates of smoking, binge drinking, and illegal drug use compared to other communities in Los Angeles County, South LA residents do not have access to hospital-based substance use recovery and rehabilitation programs or the financial resources for private programs. These populations rely heavily on support from non-drug using family and friends, and they need access to employment, the faith community, and education to reduce and overcome substance use.

### *Substance use disorders, 2021<sup>5</sup>*

Indicator	SPA 6 (%)	Los Angeles County (%)	SPA 6 2021 Percent Change from 2019 (%)
Adults who currently smoke cigarettes	6.4	5.1	-19.0
Adults who have ever used a prescription pain killer in the past 12 months	1.1	1.5	-78.8
Adults who have used marijuana/hashish in the past year	52.6	52.0	-9.3
Prostate Cancer (among males)	21.2	17.8	Not Reported

Health Indicator Got Worse Since 2019
Health Indicator Got Better Since 2019

## Integrated behavioral health

MLKCH expanded recruitment efforts including psychiatrists, addiction medicine specialists, and specialists related to the treatment of diabetes, heart, and respiratory diseases. In addition, MLKCH has an Integrated Behavioral Health Program that offers assessment at the first point of patient contact, establishing potential links between a chronic medical condition and a behavioral health concern. Our behavioral health team connects patients, post-discharge, to long-term treatment and support.

<sup>5</sup> California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>.

<sup>14</sup> Department of Health Care Access and Information (HCAI). Hospital Annual Utilization Report & Pivot Tables, 2021 <https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report>; Los Angeles County Population Estimates, 2021. [http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population\\_Provisional.pdf](http://www.publichealth.lacounty.gov/epi/docs/2021-LAC-Population_Provisional.pdf)

<sup>37</sup> Morden, MD, Nancy E, Chyn, Deanna, Wood, Andrew, and Meara, Ellen. Racial Inequality In Prescription Opioid Receipt – Role of Individualized Health Systems. *N Engl J Med* 2021; 385:342-351

## Homeless health

On January 10, 2023, the Los Angeles County Board of Supervisors declared a state of emergency in regards to the County's homeless crisis. The declaration focused on accelerating the creation of critical resources such as licensed beds and interim and permanent housing for our community's most vulnerable population. While this state of emergency covering all of Los Angeles County is new, homelessness is a longstanding issue in our community, influenced by decades-old policies that targeted Black people and minority populations. These policies, including housing discrimination, redlining and exclusionary zoning, along with the intentional destruction of our most affluent Black communities through construction of the Santa Monica Freeway, prevented Black people and other minorities from owning property and accumulating generational wealth.

“

While homelessness impacts people of various backgrounds, Black people are disproportionately affected. Black Americans make up nearly 34% of those experiencing homelessness in Los Angeles County, despite being only 8% of the population.<sup>38</sup>

”

### *Key drivers of homelessness*

Severe shortages of affordable housing, particularly for those with the lowest incomes, is the primary driver of our community's homelessness crisis. Because affordable housing is so limited, many renters with low incomes must pay more than they can afford for housing, so that even a minor financial emergency can cause them to face the risk of eviction and homelessness.

Other factors have also contributed to our community's homelessness crisis, including the decades-long trend of stagnant wages for lower-wage workers and past failure to fund adequate mental and behavioral health services to meet community needs.

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<sup>38</sup> Los Angeles Homeless Service Authority, 2022. <https://www.lahsa.org/documents?id=4585-2020-greater-los-angeles-homeless-count-los-angeles-continuum-of-care-coc-.pdf>

## *Unhoused population profile in South Los Angeles*

During the pandemic, one-time federal assistance and local economic policies like eviction moratoriums and rental assistance helped keep people in their homes. Many of those policies and funding sources are now ending. Based on data collected in 2022, there were approximately 65,111 individuals experiencing homelessness living in Los Angeles County,<sup>38</sup> of which 22.4% or 14,598 people live in South Los Angeles.<sup>39</sup> This represents a 12.2% increase from 2020.<sup>39</sup> According to the Los Angeles Homeless Services Authority (LAHSA) 2022 Greater Los Angeles Homeless Counts:<sup>39</sup>

- **Gender:** 61% identify as male, while 39% are female.
- **Age:** 50% are between the ages of 25 and 54 years old.
- **Ethnicity:** In South Los Angeles, Hispanic people represent 47% of the population who are unhoused, followed by Black people (42%).
- **Veterans:** 3% of the population who are unhoused are veterans.

Today, the population of those without a home residing in South Los Angeles faces significant structural barriers that impact the physical, emotional, and social factors that drive health. Examples of these structural barriers are described on the following page.

### **STRUCTURAL BARRIERS FACED BY OUR UNHOUSED COMMUNITY**

1. Inadequate resources
2. Lack of affordable housing
3. Employment challenges and financial difficulties
4. Difficulty accessing quality healthcare due to a lack of health insurance
5. Competing financial priorities (i.e., health or food, health or housing)
6. Experiences with discrimination from providers

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<sup>38</sup> Los Angeles Homeless Service Authority, 2022. <https://www.lahsa.org/documents?id=4585-2020-greater-los-angeles-homeless-count-los-angeles-continuum-of-care-coc-.pdf>

<sup>39</sup> Los Angeles Homeless Service Authority, 2019-2022. <https://www.lahsa.org/documents?id=6511-spa-6-hc2022-data-summary>

Additionally, one in three individuals experiencing homelessness in South Los Angeles are chronically homeless.<sup>39</sup> According to the National Alliance to End Homelessness, chronic homelessness describes people who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability.<sup>40</sup> In South Los Angeles, this represents nearly 5,000 unhoused individuals who have complex social and medical needs.

### *Homeless health*

The homeless population often relies on emergency rooms, clinics, and hospitals to obtain healthcare services. Individuals experiencing homelessness are more susceptible to certain diseases, have lower life expectancies,<sup>41</sup> experience greater difficulty getting healthcare, and are difficult to care for and treat due to unstable housing.



<sup>39</sup> Los Angeles Homeless Service Authority, 2019-2022. <https://www.lahsa.org/documents?id=6511-spa-6-hc2022-data-summary>

<sup>40</sup> National Alliance to End Homelessness, Chronic Homelessness. Updated March 2021. <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/chronically-homeless/>

<sup>41</sup> Downtown Women's Center – Every Woman housed. (n.d.), 2019. <https://downtownwomenscenter.org/wp-content/uploads/2020/07/DWC-2019-Los-Angeles-Womens-Needs-Assessment.pdf>

For example, coronary heart disease has been the second leading cause of death among individuals without a home in Los Angeles County since 2017.<sup>42</sup> Individuals living on the streets in Los Angeles County were almost four times more likely to die of coronary heart disease than people in the general Los Angeles County population.<sup>42</sup>

**60% of total social work consults (6,802) for mental health at MLKCH were related to homelessness in 2022.<sup>10</sup>**

### *Physical and developmental disabilities*

People with physical or developmental disabilities experience discrimination and social barriers when seeking housing, employment, and healthcare. Consequently, persons with physical and developmental disabilities are disproportionately likely to experience homelessness. Of the unhoused in South Los Angeles:<sup>39</sup>

- 1 in 10 have a physical disability
- 1 in 25 have a developmental disability

The number of individuals experiencing homelessness with a developmental disability doubled from 2019 to 2022.<sup>39</sup> Federal and local policies and other social factors create barriers for persons who are unhoused with physical and developmental disabilities. Many shelters are inaccessible for people with disabilities and staff are not trained to serve their needs.

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<sup>10</sup> MLK Community Healthcare data.

<sup>39</sup> Los Angeles Homeless Service Authority, 2019-2022. <https://www.lahsa.org/documents?id=6511-spa-6-hc2022-data-summary>

<sup>42</sup> Los Angeles County Department of Public Health, Recent Trends in Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County. January 2021. [http://publichealth.lacounty.gov/chie/reports/HomelessMortality2020\\_CHIEBrief\\_Final.pdf](http://publichealth.lacounty.gov/chie/reports/HomelessMortality2020_CHIEBrief_Final.pdf)



## *Mental health*

Homelessness amplifies poor mental health. The stress of experiencing homelessness may exacerbate previous mental illness and encourage anxiety, fear, depression, sleeplessness, and substance use.

- 12.8% of the population living on the streets in South Los Angeles reported having serious mental health issues and 14.7% reported having substance use issues.<sup>44</sup>
- Substance use issues among those experiencing homelessness in South Los Angeles have increased 41.7% since 2019, highlighting the need for mental health intervention and access for substance use disorder providers and services.<sup>39</sup>

Community-based mental health services play an important role in addressing the needs of our unhoused population but are limited throughout South Los Angeles. Necessary resources include access to licensed counselors, physicians, and stable supportive housing.

## **Street medicine**

In 2022, MLKCH launched Street Medicine offering direct and ongoing care for those experiencing homelessness in a street setting. Integrated health teams offer care to individuals living on the streets, including help accessing social needs resources, housing assistance and more.

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<sup>39</sup> Los Angeles Homeless Service Authority, 2019-2022. <https://www.lahsa.org/documents?id=6511-spa-6-hc2022-data-summary>

<sup>44</sup> California Policy Lab. *Serious Mental Illness among People Who Are Unsheltered in Los Angeles*. May 2022. <https://www.capolicylab.org/wp-content/uploads/2022/05/Serious-Mental-Illness-Among-People-who-are-Unsheltered-in-Los-Angeles.pdf>.

## Cultural Alignment of Care

The American Hospital Association defines a culturally competent healthcare system as one that “acknowledges the importance of culture, incorporates the assessment of cross-cultural relations, recognizes the potential impact of cultural differences, expands cultural knowledge, and adapts services to meet culturally unique needs.” The goal of cultural competence in healthcare settings is to reduce racial, economic, ethnic, and social disparities when meeting a community’s healthcare needs by understanding how cultural differences can impact healthcare delivery. For example, race, socioeconomics, language, religion, gender and sexuality, health literacy, and other factors can influence:

- How patients perceive symptoms and health conditions
- When and how patients seek care
- Readmission rates
- Patients’ expectations of care
- Patients’ preferences regarding procedures or treatments
- Patients’ willingness to follow doctor recommendations or treatment plans
- Who patients believe should participate in making healthcare decisions



Cultural competence significantly benefits healthcare organizations and patients alike. It results in more patient participation and engagement, fostering respect and improved understanding, which can lead to:

- Improved patient outcomes and experiences
- Increased patient safety
- Reduced inefficiencies
- Reduced care disparities
- Decreased costs



### *Building culturally competent care*

Culturally-appropriate care can result in better engagement, trust and outcomes between providers and patients. Data published by the California Health Interview Survey (2021) indicates that opportunities still exist to improve the health of our community in this regard:

Indicators <sup>5</sup>	Black persons in SPA 6 (%)	Hispanic persons in SPA 6 (%)	SPA 6 Overall (%)
Adults who experienced unfair treatment getting medical care due to race/ethnicity	20.4	11.1	13.1
Adults treated unfairly because of race and ethnicity due to the COVID-19 pandemic	6.3	4.2	5.0

Worse than Total Population of South Los Angeles
Better than Total Population of South Los Angeles

<sup>5</sup> California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>.



### **Building a culturally competent workforce**

MLK Community Healthcare engages in a number of initiatives to attract a diverse and culturally-competent staff. Nurse residency and fellowships, as well as MLKCH's Internal Medicine Residency Program, train staff on social medicine, social determinants within South LA, and culturally-competent care. The COPE Health Scholar and Care Navigator Program offers undergraduate and graduate students hands-on experience in the healthcare setting. The MLKCH Career Fellows Program offers a summer internship to introduce local high school students to a range of healthcare careers.

## Social Determinants of Health

The World Health Organization defines the social determinants of health (SDoH) as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.” Social and economic factors are the largest single predictor of health outcomes and strongly influence health behaviors. Unhealthy behaviors are more common among lower social and economic levels of a community due to the absence of information and resources.

Research has shown that social determinants of health can influence health outcomes, a fact underscored by outcomes of the COVID-19 pandemic. A recent study published in the *Journal of the American Medical Association (JAMA)* found that adverse social determinants of health are the strongest predictor of high COVID-19 mortality rates.<sup>45</sup> Social determinants were key causes of high mortality and case rates due to COVID-19.

“

Health goes far beyond physical health — it requires multiple things. Physical, mental, emotional, and financial are all components of health. People often discount the importance of being able to pay your bills.

— Community leader.

”



<sup>45</sup> Magesh S, John D, Li WT, et al. Disparities in COVID-19 Outcomes by Race, Ethnicity, and Socioeconomic Status: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2021;4(11):e2134147. doi:10.1001/jamanetworkopen.2021.34147

## Income and poverty

MLKCH is an anchor economic institution in South Los Angeles. During the past year, we employed approximately 1,798 staff members, a significant number of whom are diverse and local. In addition, MLKCH purchased services from 754 contractors, many of whom are also local.<sup>10</sup>

- The median household income in our community is \$49,948, an increase of 8% from our last CHNA report.<sup>1</sup> Despite this improvement, median household incomes are still 53% lower than Los Angeles County overall, and South LA has higher rates of unemployment and families in poverty. Additionally, these numbers are temporarily inflated due to COVID-19 stimulus payments received during this period.
- Over half of our community's residents spend more than 30% of their monthly income on rent and housing, a trend consistent across our nation.<sup>46</sup> However, residents in South Los Angeles tend to have lower incomes, leaving less discretionary income available for basic essential items including food and healthcare.

## Income and poverty indicators, CY 2021<sup>7</sup>

Indicator	SPA 6	Los Angeles County
Median Household Income <sup>1</sup>	\$49,948	\$76,367
% Families <100% Federal Poverty Level (FPL)	20.1%	10.7%
% Families with Children < 100% FPL	25.9%	15.6%
% Households (Owner/Renter-occupied) Who Spend > 30% of Their Income on Housing	53.5%	46.1%
% Families with Single Parent – Father	10.9%	7.5%
% Families with Single Parent – Mother	25.2%	14.8%

Worse than Total Population of Los Angeles County      Better than Total Population of Los Angeles County

<sup>1</sup> Claritas Analytics, 2022.

<sup>7</sup> U.S. Census Bureau, American Community Survey, 2021 Estimates.

<sup>10</sup> MLK Community Healthcare data.

<sup>46</sup> Schaeffer, Katherine. "Key Facts About Housing Affordability in the U.S." Pew Research Center. March 23, 2022. <https://www.pewresearch.org/fact-tank/2022/03/23/key-facts-about-housing-affordability-in-the-u-s/>

## Food security

A high proportion of the MLKCH community qualifies for public assistance programs and income assistance compared to Los Angeles County. These statistics are related to the disproportionately higher unemployment and poverty rates found in our community. Specifically:

- Approximately 38.7% of South LA residents use food stamps.<sup>5</sup>
- 49.1% of adults are receiving Women, Infants and Children (WIC) benefits.<sup>5</sup>
- 19% of adults are currently receiving Supplemental Security Income (SSI).<sup>5</sup>
- 14.2% are recipients of the Temporary Assistance for Needy Families (TANF)/ California Work Opportunities and Responsibility to Kids (CalWORKS) programs.<sup>5</sup>



## Food security indicators, CY 2021<sup>5</sup>

Indicator	SPA 6 (%)	Los Angeles County (%)
Adults with inability to afford food	44.5	40.9
Currently receiving food stamps < 200% FPL	38.7	31.2
Adults currently on WIC < 200% FPL	49.1	43.5
Adults currently receiving SSI < 200% FPL	18.9	10.9
Currently receiving TANF or CalWORKS < 200% FPL	14.2	9.2

Worse than Total Population of Los Angeles County      Better than Total Population of Los Angeles County

Given the prevalence of poverty in SPA 6, residents struggle to afford necessities including healthy food. With food deserts in many of our communities, a large portion of our population relies on food pantries and other public sources to help close the gap to meet their basic dietary needs.

## Healthy diet

MLK Community Healthcare's Recipe for Health program supplies fresh fruits and vegetables weekly, as well as tools and tips for healthy eating, to individuals and families that do not have access to healthy foods. The goal of this program is to offer access to healthy foods and resources while also working to improve the health of the individual.

<sup>5</sup> California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>.



## *Housing*

Like many communities across Los Angeles and the State, South Los Angeles struggles to provide affordable housing for our residents. In 2013, Los Angeles' Great Recession and foreclosure crisis resulted in 143,000 households losing their homes, while leaving others owing more than they could afford or more than the property value.<sup>47</sup> Homes were often bought by corporate investors and turned into rental properties. This crisis led to more vacancies and rentals in distressed communities, including South Los Angeles.

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<sup>47</sup> Ong, Paul M., Pech, Chandra, and Deirdre Pfeiffer. The Foreclosure Crisis in Los Angeles. UCLA. [https://luskin.ucla.edu/sites/default/files/ong\\_foreclosure.pdf](https://luskin.ucla.edu/sites/default/files/ong_foreclosure.pdf)

From 2010 to 2019, Los Angeles lost 111,000 homes that were considered affordable for low-income households, while only 13,000 new affordable homes were built.<sup>48</sup> Our city leaders receive minimal funding from government subsidies to finance affordable housing projects for lower-income residents. The lack of affordable housing has pushed many of our low-income residents to live in crowded conditions.

## South Los Angeles

**42.9%** Owner-Occupied Households<sup>7</sup>

**57.1%** Renter-Occupied Households<sup>7</sup>

## Los Angeles County

**46.5%** Owner-Occupied Households<sup>7</sup>

**53.5%** Renter-Occupied Households<sup>7</sup>

In 2021, 57.1% of households in South Los Angeles were renter-occupied compared to 53.5% in Los Angeles County.<sup>7</sup>



### Average household size, 2021<sup>7</sup>

Household Type	SPA 6	Los Angeles County
<b>Total</b>	3.61	2.98
<b>Owner-Occupied</b>	3.85	3.16
<b>Renter-Occupied</b>	3.45	2.81

The housing crisis in South Los Angeles has been further compounded by the impact of the COVID-19 pandemic. Many in South Los Angeles are faced with the challenge of choosing which basic necessity they can pay for – food or shelter. Healthcare is often the lowest priority.

<sup>7</sup> U.S. Census Bureau, American Community Survey, 2021 Estimates.

<sup>48</sup> Rohrlich, Ted. LA Loses Much More Affordable Housing Than It Gains. LAist. October 20, 2022. <https://laist.com/news/politics/la-loses-much-more-affordable-housing-than-it-gains>



### *Neighborhood and built environment*

Land use and the urban environment play a key role in our health and well-being. Unfortunately, the physical environment is among the community issues that may be the most difficult to change.

South Los Angeles has two of the most basic barriers to health: extremely limited access to fresh, healthy foods and unsafe, polluted, vacant city land instead of green space. SPA 6 is located between the Harbor Freeway and Interstate 10, which are major freight routes heavily trafficked by smog producing trucks traveling to and from the Los Angeles Port. Air pollutants result in respiratory diseases such as asthma, chronic lung disease, and lung cancer. The high concentration of corner stores, liquor stores, and fast-food chains that offer limited healthy food options make it challenging for residents to make healthy choices.

## Access to green space and growing needs for parks and recreation resources

The degree to which parks are available in our community is directly associated with increased park use, physical activity, and better overall health. According to the Los Angeles County Department of Parks and Recreation, park level of service is defined as the acres of parkland per 1,000 residents; a minimum of 3 acres of parkland per 1,000 residents is often used to determine park level of service.<sup>50</sup> Substantial portions of the community are considered park-poor neighborhoods, with most communities having less than half of the recommended minimum park acreage.



### Green space, CY 2020<sup>50</sup>

City	Park need	Park acres per 1,000 population	2020 percent change of park acres per 1,000 population from 2016 (%)
Carson	High	0.55	-63.3
Compton	High	0.67	11.7
Gardena	Very High	0.18	-77.5
Huntington Park	Very High	0.13	-81.4
Los Angeles	High	1.88	17.5
Lynwood	Moderate	3.42	90.0
Paramount	Very High	0.0	-100.0
South Gate	Very High	0.3	-72.7
Watts	High	0.71	-52.7
<b>Los Angeles</b>	Moderate	6.67	102.1

Park Acres Decreased Since 2016
Park Acres Increased since 2016

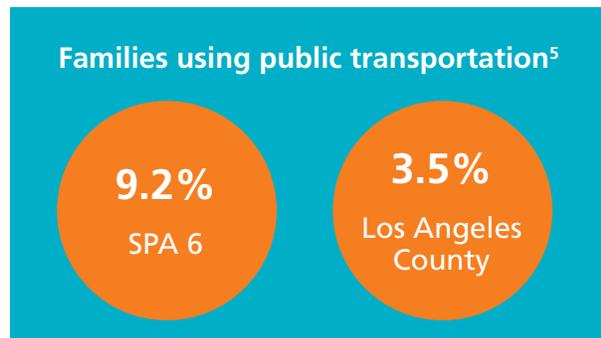
5 California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>

50 The Countywide Parks and Recreation Needs Assessment, 2016. Los Angeles County Department of Parks and Recreation <https://lacountyparkneeds.org/final-report/>; *The California Protected Areas Database (CPAD), 2020 data, published in 2022.*



## Transportation

Research indicates that 9.2% of our residents aged 16 years and older rely on public transportation as their primary source of transportation. Lack of transportation options has an impact on the community's ability to access healthcare.



<sup>5</sup> California Health Interview Survey, 2021. <http://ask.chis.ucla.edu/>

## Connection to care

MLKCH offers affordable transportation for patients and their families to go to the doctor. In addition, the MLKCH Home Paramedicine program offers home visits by program staff for treatment follow-ups, resource referrals, and information sharing back to their doctors.

## In conclusion

We are honored to serve the South Los Angeles community. Our vision is to build health equity and expand access to affordable, high-quality care. Additional information about MLKCH's CHNA can be referenced in the appendices below.



# Appendix A. MLKCH's 2020 CHNA initiatives: Progress update

The 2020 MLKCH CHNA shed light on the most pressing health and social issues of the South Los Angeles community. Despite the pandemic, MLKCH acted on six identified priorities, initiating programs, offering quality care, and collaborating with community partners to improve health and build health equity in South Los Angeles.

1. Access to preventive, primary, and specialty care
2. Behavioral health
3. Management of chronic health conditions
4. Education and screenings
5. Homeless health
6. Social determinants of health

At that time, MLKCH prepared an associated Implementation Plan, which defined the specific interventions and activities MLKCH would execute to improve the community between 2020-2023. The following section outlines the goals, proposed impact, and details the program and strategies implemented over the last three years.



## 1. Access to preventive, primary, and specialty care

<b>Priority health need:</b>	<b>Large portions of our community are designated as health provider shortage areas, medically underserved areas, or both, and many residents are unable to consistently receive essential preventive, primary, and specialty care services.</b>
<b>Goal:</b>	Increase access to preventive, primary, specialty, dental, and maternal and infant healthcare for medically underserved residents.
<b>Impact:</b>	<ul style="list-style-type: none"> <li>• Enhance ability of residents to receive convenient, culturally appropriate care to maintain and manage their health.</li> <li>• Improve birth outcomes and infant health by increasing access to medical specialists for maternal and infant health.</li> </ul>

Access to specialty care is critical to managing conditions prevalent in our community like diabetes and heart disease. From 2020-2023 MLKCH expanded telehealth services and added 16 specialties, from internal medicine and cardiology to infectious disease, pediatrics, and psychiatry. Increased access and services has helped our patients to maintain their health and manage their chronic diseases more effectively.

Financial assistance continues to comprise more than half of the community benefit contribution each year. Over the past three years, MLKCH helped enroll over 9,000 patients who did not have health insurance.

To continue addressing the needs of mothers in our community and to provide access to maternal and infant care resources, MLKCH launched a community lactation clinic in 2022. The clinic is free for all mothers in the community, regardless of their status as an MLKCH patient. It offers services such as mommy support groups, help with breastfeeding challenges, nutrition for mom and baby, breast pump support, and social resources.

During this period, MLKCH created an innovative Home Paramedicine Program to further expand access and services. The goal of the program is to provide patients with a safe and timely hospital discharge accompanied by medical monitoring at home. Skilled, culturally-aligned medical support ensures early intervention if a problem should arise, preventing unnecessary returns to the emergency department or hospital and identifying conditions in need of medical attention before they progress to crisis stage. Originally designed to aid in the recovery of COVID-19 patients, Home Paramedicine now benefits patients with chronic conditions like heart failure or diabetes. The program offers support during the vulnerable period of an acute illness, ensuring patients' ongoing recovery and reducing unnecessary hospital stays.

## 2. Behavioral health

<b>Priority health need:</b>	<b>Many factors leading to mental distress and/or substance abuse are common in our community (inequity, poor physical health, unemployment, high cost of living, legal issues). Stigma related to behavioral health in a highly minority community affects residents' willingness to seek help.</b>
<b>Goal:</b>	Increase availability of resources to stabilize and improve behavioral health conditions.
<b>Impact:</b>	<ul style="list-style-type: none"> <li>• Increase the number of qualified behavioral health providers and support teams serving the South Los Angeles community.</li> <li>• Increase referrals to mental health and substance use services for community residents.</li> </ul>

A significant number of MLKCH patients experience behavioral health challenges, often in combination with chronic health conditions. MLKCH established an integrated set of services to care for patients with behavioral health problems. These services integrate inpatient and outpatient care, treating physical health, mental health, and substance use disorders with a team of clinical and allied health professionals from counselors and social workers to psychiatrists and psychologists. This approach allows us to integrate behavioral health specialists, linking hospital, emergency department, and outpatient practice sites, and providing patients with long-term support. During 2020-2023, this approach improved access to behavioral health specialists — 3,800 patients received consults for mental health services and 8,300 patients were referred to mental health doctors and treatment programs.

## 3. Management of chronic health conditions

<b>Priority health need:</b>	<b>Our community has higher rates of chronic diseases, mortality, obesity, a culture of unhealthy behaviors, and delayed receipt of critical healthcare services.</b>
<b>Goal:</b>	Stabilize and improve management of chronic diseases and encourage residents to maintain healthy weights and lifestyles to reduce future complications and disabilities.
<b>Impact:</b>	<ul style="list-style-type: none"> <li>• Increase screening, prevention, and referrals to treatment for chronic diseases.</li> <li>• Increase choices for healthy food in the community.</li> </ul>

MLKCH expanded primary and specialty care, created outpatient education programs, and was recognized by The Joint Commission as a Diabetes Management Center of Excellence. MLKCH's work on diabetes has helped to decrease hospitalization rates by 14% for our patients living with diabetes.

## 4. Education and screenings

<b>Priority health need:</b>	<b>While MLKCH has worked to provide diverse, generational, and culturally appropriate tools to the community to support self-care and health literacy, more work lies ahead. There are multiple languages spoken in SPA 6, and challenges exist due to the cost of care, lack of insurance, and difficulty navigating the health system.</b>
<b>Goal:</b>	Promote a healthier community through community screenings, classes, immunization resources, and education for preventive health.
<b>Impact:</b>	<ul style="list-style-type: none"> <li>• Reduce vaccine-preventable influenza by providing immunizations.</li> <li>• Increase health screenings and education among populations less likely to seek care.</li> <li>• Increase access to culturally sensitive and population-tailored healthcare education (for pregnant women, school-aged youth, adult males, etc.).</li> </ul>

Resources to promote a healthier community became an even higher priority during the pandemic period of the 2020 CHNA implementation plan. When people could gather, Know Your Basics, MLKCH’s signature community health program, offered screenings, health education, resource referrals, health insurance education and peer support to residents throughout South Los Angeles. In addition, MLKCH offered ManUp! — a program to reach men within the community through education and health screenings in barbershops, reaching 2,500 South Los Angeles residents annually.

COVID-19 caused MLKCH to quickly mobilize teams of clinical workers to staff mobile vaccination clinics. Education and vaccines were provided by MLKCH in sites throughout South LA, from grocery store parking lots and housing projects to churches and community centers. Over 5,000 vaccinations were delivered during this period, saving lives and reaching families who might otherwise lack access to this critical resource.

Related video resource: “Mobile clinics bring vaccines to South LA” <https://www.youtube.com/watch?v=htIHWM9Giz4>

## 5. Homeless health

<b>Priority health need:</b>	<b>Homelessness itself is a substantial issue, but indicators show this population has a 19% prevalence of mental illness, 10% prevalence of substance use, and a 23% prevalence of chronic conditions for which clinical and behavioral healthcare are severely needed.</b>
<b>Goal:</b>	Improve access to healthcare, housing, and other social services for persons experiencing homelessness so they can better manage and stabilize their health.
<b>Impact:</b>	<ul style="list-style-type: none"> <li>• Increased access to care for people experiencing homelessness will result in improved self-management and enhanced quality of life.</li> <li>• Establish expert Street Medicine consultation, and direct street healthcare, to patients experiencing homelessness.</li> <li>• Increase assistance to patients who are homeless to navigate social services and basic needs.</li> </ul>

MLKCH invested over \$4.5 million in funding and launched an innovative Street Medicine program, creating specialized services to help unhoused patients get the direct and ongoing care in a street setting. Street Medicine provide medical care, social services, behavioral health, and connectedness that help those on a path to recovery.

Related video resource: “The Dream Show 2022: Street Medicine” <https://www.youtube.com/watch?v=LyHsR0oKMul>

## 6. Social determinants of health

<b>Priority health need:</b>	<b>There are many economic disparities and factors (situations into which people are born, live, work, and age) that affect the mental and physical health. These must be addressed to improve the health of our community.</b>
<b>Goal:</b>	Help individuals in the community access social services, food, and housing so they can have healthier living environments and improved health status.
<b>Impact:</b>	Improve self-management and quality of life by increasing access and connections to social needs and healthcare services.

All MLKCH patient care services integrated ways to address barriers associated with social determinants of health during 2020-2023. This targeted initiative grew particularly valuable during this period as the pandemic isolated people in their homes.

Supporting our patients who experience chronic health conditions and food insecurity, MLKCH's Recipe for Health offered participants a weekly supply of fresh fruits and vegetables, along with virtual cooking and nutrition classes. More than 700 adults and 60 youth received 5,000 food packages. Improved health outcomes, from hemoglobin A1C levels (a measure for diabetes), body mass index, and blood pressure, were seen in over 65% of Recipe for Health participants.

## Appendix B. Data limitations and gaps

A number of data sources, including national, state, county, and local resources, were examined as part of this Community Health Needs Assessment. One limitation of this study is that some data sources were not consistently available for geographic boundaries at local levels, specifically for the MLKCH defined community and in some cases SPA 6. Additionally, data was not always publicly published on an annual basis, meaning that some data estimates are several years old.

Further, due to the impact of the COVID-19 pandemic, sample sizes for selected data metrics were not statistically significant. A selection of indicators (e.g., mental health and substance use) are limited due to privacy requirements creating challenges for assessing disparities. Self-reported statistics are estimated to be underreported due to the stigma of these health issues. In consideration of these limitations, the process of identifying health needs was based on both quantitative and qualitative analyses.

Community input participants were not chosen based on random sampling; instead, they were invited because their comments represented the underserved, low-income, minority, and chronically ill populations. Themes identified during the interviews were likely subject to the experience of individuals selected. MLKCH sought to receive input from a comprehensive and diverse (topically and geographically) group of stakeholders to minimize bias.



## Appendix C. List of data sources

We collected data on critical health indicators including overall health status, access to healthcare, morbidity, mortality, chronic health diseases, and social determinants of health. Footnotes are included throughout the report detailing data sources. Analytics targeted MLKCH's service planning area, Los Angeles' SPA 6 geography, and Los Angeles County. Below we summarize a comprehensive list of data sources used in the report.

- Agency for Healthcare Research and Quality (AHRQ)
- American Hospital Association
- California Cancer Registry
- California Department of Education
- California Department of Public Health
- California Health Interview Survey (CHIS), UCLA Center for Health Policy Research
- California Policy Lab
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Claritas Analytics
- County Health Rankings and Roadmaps
- End Homelessness
- Felicia Hill-Briggs, Nancy E. Adler, Seth A. Berkowitz, Marshall H. Chin, Tiffany L. Gary-Webb, Ana Navas-Acien, Pamela L. Thornton, Debra Haire-Joshu
- Health Resources and Services Administration (HRSA)
- Henry J. Kaiser Family Foundation
- Los Angeles Air Quality Index (AQI)
- Los Angeles Almanac
- Los Angeles County Department of Parks and Recreation
- Los Angeles County Department of Public Health
- Los Angeles County Health Survey
- Los Angeles Homeless Service Authority
- Los Angeles Times
- Maptitude
- MLK Community Healthcare Data
- National Association of County and City Health Officials (NACCHO)
- Parks for California
- Robert Wood Johnson Foundation
- SpeedTrack, California Universal Patient information Discovery (CUPID)
- University of California, Los Angeles
- U.S. Census Bureau, American Community Survey, 2021 Estimates
- U.S. Department of Justice

## Appendix D. Community input

Below summarizes a list of organizations that provided their input through interviews, surveys, focus groups, or meetings.

- Alain LeRoy Locke College Preparatory Academy
- Alzheimer’s Association California Southland
- Alzheimer’s Los Angeles
- AMPLIFY! Cessation Support
- APLA Health Center
- Basic Management Consulting
- Be Social Productions, The Latin Link
- Behavioral Health Services Inc.
- Bethel Missionary Baptist Church of South LA
- BHC Health
- Black Women for Wellness
- Blink Fitness
- Boys & Girls Clubs of Metro Los Angeles - Watts
- California Black Women’s Health Project
- Charles R. Drew University
- Charles R. Drew University of Medicine and Science
- City of Los Angeles
- Claris Health LA
- Community Healing and Trauma Prevention Center, MLK Center for Public Health
- Community Health Liaisons (CHL)
- Core Contributors Group, INC.
- County of Los Angeles - Office of Immigrant Affairs
- DHS MLK Jr. Outpatient Center
- El Nido
- Faith Inspirational Missionary Baptist Church (and LA County Sheriff’s Dept)
- Girls Club of Los Angeles
- HCA Healthcare
- Housing Authority of the City of Los Angeles (HACLA)
- Inner City Youth Orchestra of LA
- Insight Center for Community Economic Development / Dept. of Aging
- JAR Insurance
- Kedren Community Health Center
- Kedren Health
- King/Drew Magnet High School of Medicine and Science
- LA County District Attorney’s
- LA Sentinel
- LA South Chamber
- Los Angeles County Department of Public Health
- Los Angeles County Fire Department
- Los Angeles LGBTQ Center



- Los Angeles Sentinel/Kappa Alpha Psi Western Region Province
- Los Angeles Unified School District
- MLK Outpatient Clinic, Urgent Care
- MLKCH
- National Coalition of 100 Black Women Los Angeles Chapter
- Offices of Sweet Alice and Parents of Watts
- Partners in Care Foundation
- Southside Coalition of Community Health Centers
- St. Anne's Family Services
- St. Louise Resource Center
- T.H.E. (To Help Everyone) Health and Wellness Centers
- The California Endowment
- The Positive Results Corp / Trauma and Violence Prevention
- To Help Everyone Health and Wellness Centers
- Wade & Associates Group LLC
- Watts Healthcare Corporation
- Watts Labor Community Action Committee (WLCAC)
- Wayfinder Family Services
- Wendy's Enterprises Consulting
- West Alondra Pharmacy
- West Angeles Church
- Willowbrook Inclusion Network
- Workforce Development Aging & Community Services
- Young Women's Christian Association (YWCA)

## Appendix E. Existing healthcare facilities and resources within the community

The list below summarizes a comprehensive list of existing healthcare facilities and resources available in LA County SPA 6, noting this list may not be exhaustive. For additional information, please refer to: 1) 211 LA County at [www.211la.org](http://www.211la.org) or 2) the MLK Community Medical Group at [www.mlkcmg.org/community-resources](http://www.mlkcmg.org/community-resources).

### ACCESS TO PREVENTIVE, PRIMARY AND SPECIALTY CARE

- Angels for Sight
- Black Women for Wellness
- Community Coalition South Los Angeles
- Community Health Centers
- County of Los Angeles Department of Social Services
- Dollarhide Health Center
- Federally Qualified Health Centers
- Healthy Way LA
- Jordan Wellness Center
- Los Angeles County Department of Health Services - MLK Outpatient Center
- Los Angeles County, First 5 LA - Welcome Baby Program
- Los Angeles County Department of Public Health
- Los Angeles County, Department of Public Health - Doula Program
- Martin Luther King Outpatient Center
- Martin Luther King Jr. Public Health Center
- Millers Children's and Women's Hospital
- MLK Community Medical Group (MLK CMG)
- Molina Health Center - Compton College Students
- National University Nurse Managed Clinic
- R.O.A.D.S. Community Care
- South Los Angeles Health Councils
- St John's Well Child and Family Center
- T.H.E Clinic
- Watts Healthcare Corporation
- Whole Person Care - Los Angeles
- World Impact Clinic

## MANAGEMENT OF CHRONIC HEALTH CONDITIONS

- American Diabetes Association
- American Heart Association - Check. Change. Control. Cholesterol Program
- American Heart Association - Diabetes Initiative
- American Heart Association - Target Blood Pressure Initiative
- Choose Health LA
- Community Health Centers
- Los Angeles County Office of Education
- MLK Community Medical Group (CMG) - Diabetes Disease Management Program
- MLK CMG - HHP - Health Homes Program
- National Health Foundation
- Parks and Recreation programs
- Playful City USA
- Promotoras
- Schools and school districts
- YMCA Diabetes Prevention Program

## EDUCATION AND SCREENINGS

- Boys and Girls Clubs of Metro Los Angeles
- CARE 1st Health Plan - Cholesterol, Diabetes, High Blood Pressure
- Cedars-Sinai Medical Center (including Coach for Kids Program and Healthy Habits Program)
- Community school partners (including Los Angeles Unified School District and Compton Unified School District)
- Jefferson Community Adult School
- LA Care Lynwood Family Resource Center
- LA Care Inglewood Family Resource Center
- Los Angeles County, MLK Center for Public Health
- Los Angeles County Department of Public Health
- MLK Community Medical Group (CMG) - Community Lactation Clinic
- MLK CMG - Guide For Cardiac Heart Failure and Diabetes
- Partners in Care
- St. John's Well Child and Family Center
- To Help Everyone Health and Wellness Centers
- World Health Organization UNICEF (Baby Friendly Hospital Initiative)

## UNHOUSED AND HOUSING INSECURE POPULATION HEALTH

- Harbor UCLA Medical Center
- Homeless Access Center and Shelter Plus Care Program
- Homeless Healthcare Los Angeles
- Homeless Safe Parking Program
- Homeless Showers Program
- LA - HOP - Homeless Outreach Portal
- Lestonnac Free Clinic - Dental
- MLK Community Healthcare (including Street Medicine Program)
- National University Nurse-Managed Clinic
- SPA 6 Homeless Coalition
- Street Medicine Program of USC Keck School of Medicine
- Temporary housing and post-acute care providers

## BEHAVIORAL HEALTH – MENTAL HEALTH

- 1736 Family Crisis Center
- Amanecer Community Counseling Center Referral
- APLA - AIDS Project LA Referral Services
- Caring Connections
- Children' s Institute
- Coalition of Mental Health Professionals
- Community Family Guidance Center
- Community Health Centers
- Compton Mental Health Center
- Dignity Health Human Trafficking Response Program
- Exodus Recovery at MLKCH
- Los Angeles Mental Health Crisis Response Teams
- Los Angeles County Department of Mental Health
- Mental Health Association
- MLKCH Integrated Behavioral Health Program
- National Alliance of Mental Illness (NAMI) Greater Los Angeles County
- Psychiatric Urgent Care Centers
- Schools and School Districts
- South LA Health Project Program
- Watts Counseling and Learning Center

## BEHAVIORAL HEALTH – SUBSTANCE USE

- Asian American Drug Abuse Program (AADAP)
- Aegis Medical Systems Inc.
- Alcoholics Anonymous
- Augustus Hawkins – Mental Health Center
- BAART Programs
- Bridges, Inc.
- Canon Human Services
- Castle Program
- Coalition of Mental Health Professionals
- Community Healing and Prevention Center
- Compton Family Mental Health Clinic
- El Nido Family Center
- Eula’s House
- Exodus Recovery at MLK
- Faith community
- Kendren Community Health Center
- LA CADA
- Los Angeles County Sheriff’s Department
- Matric Institute
- Narcotics Anonymous
- SAMHSA - Substance Abuse and Mental Health Services Administration
- SHIELDS for Families
- South LA LGBTQ Center
- Southern CA Alcohol and Drugs Inc (various locations)
- Special Service for Groups – Integrated Care System
- Stars Behavioral Health Group
- UCLA Addiction Center
- Watts Healthcare Corporation – Preventive Health
- Women for Sobriety

## SOCIAL DETERMINANTS OF HEALTH

- Access Services
- All People Christian Center
- CalFresh - Nutrition Assistance Program (Los Angeles County Department of Public Social Services)
- Community Gardens
- Compton Youth Development Program
- Farmer's Markets
- Food Pantries
- Good Seed Shelter
- Home at Last
- Homeless Outreach Program Integrated Care System (HOPICS)
- Housing Authority of the City of Los Angeles
- Housing Rights Center
- Hurting and Hungry
- Local Bus
- Los Angeles County, SEE-LA (Sustainable Economic Enterprises of Los Angeles)
- Los Angeles Food Policy Council
- Los Angeles Homeless Services Authority (LAHSA)
- Los Angeles Metro
- My Friend's Place - Health and Well-being Program (WLCAC)
- Neighborhood Housing Services of Los Angeles County (NHS)
- Paramount Care Foundation
- People for Community
- SHIELDS for Families
- South Central Los Angeles Regional Center
- Taxi
- Uber Health
- Watts Labor Community Action Committee FSC
- Whole Person Care – Los Angeles (WPC-LA)
- WIC (Women, Infants and Children)