



COMMUNITY HEALTH IMPROVEMENT PLAN

FOR LOS ANGELES COUNTY

2015-2020



Community Health Improvement Plan (CHIP)

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Message from the Interim Director and Interim Health Officer of Los Angeles County Department of Public Health

Dear Colleagues,

We are pleased to present this Community Health Improvement Plan (CHIP) for Los Angeles County. This roadmap for improved health in our County was developed in partnership with a wide variety of organizations throughout Los Angeles County. The CHIP is meant to guide public and private activities, initiatives and investments with the aim to improve the health status of community members and the community conditions that foster health.

This plan includes a number of areas focused on traditional health issues like prevention of chronic diseases and controlling transmission of infectious diseases. However, the CHIP also moves beyond the realm of conventional public health to propose key solutions that address the many social conditions in our communities that significantly affect health, such as unaffordable or poor quality housing, barriers to educational attainment, exposure to violence, and availability of safe places for recreation.

To achieve the goals within the CHIP, the Department of Public Health (DPH) is committed to collaborating with our colleagues both within and outside the traditional "health" sector. We are eager to engage new partners with unique perspectives to create healthier and safer communities across Los Angeles County. Collectively, we will need to be innovative while also utilizing proven and promising practices. DPH cannot bring about the desired improvements for Los Angeles County alone; rather, only through partnerships will we create healthy communities with healthy people.

There are many critical pieces that will assist in transforming our collective efforts to improve health in Los Angeles County apart from the strategies listed in this CHIP. By codifying a small, but significant, group of priorities with action steps into this CHIP, we have taken an important first step towards collectively setting a course to improve health and the conditions that impact health.

We would like to thank the many people who contributed their ideas, expertise, energy and commitment to develop this plan.

We look forward to working with you to make a difference in the health of Los Angeles County.

Sincerely,



Cynthia A. Harding, MPH
INTERIM DIRECTOR
Los Angeles County
Department of Public Health



Jeffrey D. Gunzenhauser, MD, MPH
INTERIM HEALTH OFFICER
Los Angeles County
Department of Public Health

Community Health Improvement Plan for Los Angeles County Summary

PRIORITY AREA 1

Increase Prevention to Improve Health

Goal 1.1: Prevent and manage chronic disease

Goal 1.2: Increase access to care (medical, clinical preventive services, mental health, dental)

PRIORITY AREA 2

Create Healthy and Safe Communities

Goal 2.1: Prevent and reduce violence

Goal 2.2: Prevent and reduce traffic collisions

Goal 2.3: Reduce exposure to air pollution

Goal 2.4: Reduce transmission of infectious diseases

Goal 2.5: Prepare for emerging infections and other threats to public health

PRIORITY AREA 3

Achieve Equity and Community Stability

Goal 3.1: Increase the availability of safe, quality, affordable housing

Goal 3.2: Increase the number of youth who graduate high school and pursue higher education

Goal 3.3: Prevent and treat substance abuse

About this Community Health Improvement Plan

Introduction

The Community Health Improvement Plan (CHIP) for Los Angeles County is a strategic plan for the Department of Public Health (DPH) and community partners to improve the health of community members over the next five years. Good health is vital to a high quality of life, economic sustainability, and the competitiveness of the Los Angeles region. The purpose of the CHIP is to develop a health improvement agenda that partners from different sectors (e.g. health, education, housing, transportation) can use as a framework for collaboration.

The CHIP is informed by the *Community Health Assessment* (a report describing the health status of people in Los Angeles County and the neighborhood conditions that contribute to health) and also integrates significant input received from stakeholders at regional community meetings. This plan contains three priority areas for health improvement with measurable objectives and strategies to accomplish these objectives.

DPH alone cannot achieve the health and neighborhood improvements envisioned in this plan. The CHIP provides a common vision and shared approach for local partners as we work towards healthy and vibrant communities. Of particular importance, the CHIP serves as a foundation to spur strategic new partnerships that can collectively work towards a healthier Los Angeles County.

Lastly, it is important to note that the CHIP priorities are not the only priorities that DPH will pursue. While DPH's internal strategic plan contains key activities that DPH programs will implement to help achieve the CHIP goals, it also includes many other important projects that DPH will implement.

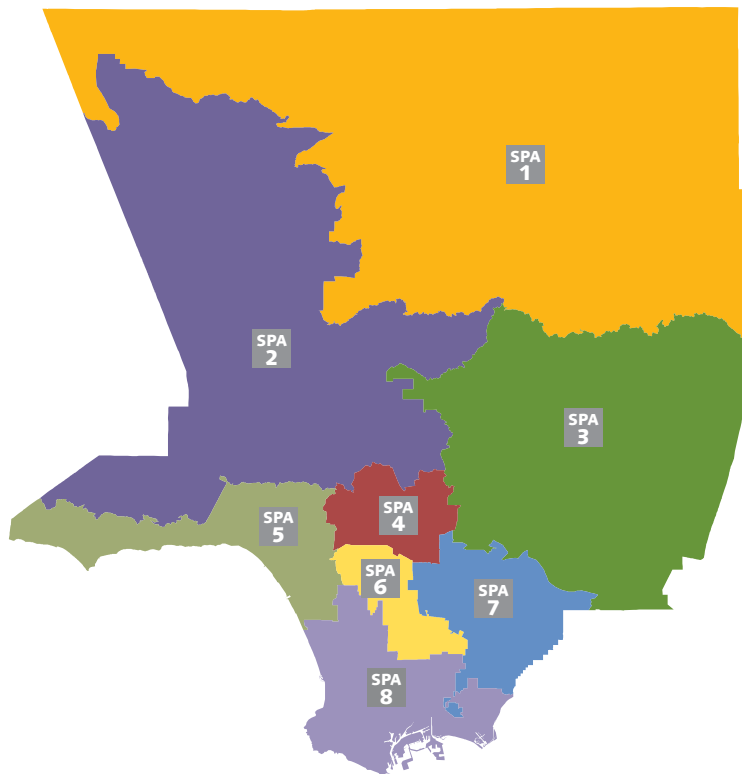
A Focus on Root Causes of Health

Parts of our community continue to experience significantly worse health than others. Narrowing the health disparities, and improving overall population health, requires solutions to address the root causes of poor health. Research has increasingly shown that social and economic conditions contribute to approximately 40% of our health status, followed by health behaviors (30%), clinical care (20%), and the physical environment (10%).^{1,2,3} Social and economic conditions encompass community safety, education, employment and income. Health behaviors include alcohol and drug use, diet and exercise, tobacco use, and sexual activity. Clinical care comprises access to health insurance and a usual source of quality care so that people can get their health needs met. Lastly, the physical environment covers housing, air quality, and transportation.² Many of these contributing factors are discussed in more detail in the sections of the CHIP that address the three priority areas. Given that the environments and conditions in which we live, work, study, and play all influence health, achieving healthy communities with healthy people will require the active engagement of many sectors, including government, business, health care, community-based organizations, and funders.

The Development of the Community Health Improvement Plan (CHIP) for Los Angeles County

This CHIP is the culmination of a community health improvement planning process that began with a Community Health Assessment (CHA), a comprehensive report of the state of health in Los Angeles County. The CHA examines the health status, health behaviors, and social and environmental conditions affecting the health of all community members.⁴ Los Angeles County is divided into Service Planning Areas (SPAs), which are eight geographic regions used by several County agencies in the planning and delivery of services (see Map 1). The analysis in the CHA compared findings between SPA regions as well as demographic groups. This plan was derived from CHA findings of the health needs, conditions, and disparities between populations and regions in Los Angeles County.

Map 1 | Los Angeles County Service Planning Areas (SPAs)



Map prepared by: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology.

In addition, community stakeholder input has been an integral part of the development of this CHIP. Given the number and diversity of communities in Los Angeles County, DPH engaged community stakeholders geographically by SPA to solicit their input. From September 2014 to March 2015, DPH held a total of 13 SPA-based community meetings. At the community meetings, stakeholders from a variety of sectors participated, including hospitals, community health centers, local cities, schools, universities, law enforcement agencies, foundations, faith-based organizations, and other community-based organizations. As part of the community health improvement planning process, stakeholders provided information on the strategies they currently implement to improve health, their perceptions of gaps in services and policies to improve health, and ideas for better coordination among stakeholders.

In SPAs 1 and 2, long-standing community health improvement planning coalitions with broad membership already exist.⁵ These coalitions had already undergone a prioritization process to identify top health issues. Therefore, to respect their efforts and avoid duplication, DPH, a member of these coalitions, incorporated the coalitions' primary goals and strategies into this plan.

At these SPA-based community meetings, DPH conducted the following activities:

- Discussion about what constitutes a healthy community
- Presentation and discussion of data on health status and community conditions broken down by SPA and race/ethnicity, as identified in the Community Health Assessment
- Group discussion about top health issues in the SPA
- Prioritization of health issues by stakeholders
- Group discussion about what strategies are currently being implemented to address prioritized issues, and what assets/resources are available
- Discussion of gaps among current strategies and how to better coordinate among stakeholders

After holding the community meetings, DPH developed draft goals, objectives and strategies, drawing from stakeholder input about the gaps in current work being conducted to address top health issues. Stakeholders also provided input on the targets during the public comment period and recommended alignment with national initiatives. Subject matter experts at DPH provided input into the draft strategies and targets for population measures over the five year period. Further, DPH reviewed Healthy People 2020, County Health Rankings, the Guide to Community Preventive Services, and Let's Get Healthy California, the community health improvement plan for the State of California, when establishing priority areas, strategies, and targets for population measures.

Aligning 2020 Targets in the CHIP with Local and National Initiatives

When setting the 2020 targets in this plan, DPH considered local and national initiatives that have set benchmarks for improvement on health measures. First, we examined the Healthy People 2020 goals. Several of the CHIP's 2020 targets align with Healthy People 2020 goals. For a few targets in this plan, Los Angeles County fares worse than the nation due to unique local circumstances. In these cases, the CHIP's targets do not coincide with Healthy People. For example, the Healthy People 2020 goal for adults with health insurance is 100%. Given the large number of undocumented immigrants in our County who do not qualify for free or subsidized coverage under the national Affordable Care Act (ACA), we set a lower target of 85% by 2020. Further, a few of the targets in the CHIP align with local and national initiatives in which Los Angeles County stakeholders are active partners, such as the "80% by 2018" initiative led by the American Cancer Society and the National Colorectal Cancer Roundtable which strives to have 80% of adults 50 and older screened regularly for colorectal cancer. In these cases, the CHIP targets align with the local/national initiatives benchmarks which are higher than Healthy People 2020.

Prioritizing Historically Underserved and Disproportionately Impacted Communities

While the CHIP objectives set measurable targets for Los Angeles County as a whole, it is critical that the CHIP strategies carried out by organizations countywide have a commitment to equity that will ultimately lead to a reduction of disparities. Historically underserved and disproportionately impacted communities should be prioritized when resource decisions are being made and when strategies are being designed. Disparity data are included for each population measure, when they are available, so that Los Angeles County can document its progress to decrease the vast differences in health status and neighborhood conditions. The disparity data presented in this plan illustrate the widest gaps among subgroups, whether these subgroups are geographic (SPA), racial/ethnic or age-related.

Breaking Down Data by Race and Ethnicity

When race/ethnicity categories are noted in this report, they are generally listed as: white, black, Latino and Asian/Native Hawaiian or Other Pacific Islanders (NHOPI). For several years, DPH has combined data for multiple Asian and NHOPI groups into one racial/ethnic category labeled, "Asian/Native Hawaiian or Other Pacific Islanders (NHOPI)." A significant limitation of this grouping is that the NHOPI communities' health status can be eclipsed by the more populous Asian group that often skews the data. When possible, data are presented in this report separating the "Asian" subgroup from the "NHOPI" subgroup. When this separation occurs, if the sample is too small to generate a reliable estimate for the NHOPI subgroup, the data are only shown for Asians.

Community Health Improvement Plan for Los Angeles County

VISION, MISSION AND VALUES

Vision & Mission

To achieve high quality of life and health for everyone in Los Angeles County through vibrant partnerships

Values

As partners in improving the health and well-being of everyone in Los Angeles County we value:

- **Inclusiveness:** Every person, organization, and sector, has a role in the stewardship of health and well-being;
- **Collaboration:** The talent and commitment of diverse partners is critical to improve public health;
- **Best Practices:** Our efforts will be inspired by science, evidence and innovation.



Priority Area 1: Increase Prevention to Improve Health

Goal 1.1: Prevent and manage chronic disease

Goal 1.2: Increase access to care (medical, clinical preventive services, mental health, dental)

Chronic diseases are largely preventable by addressing tobacco use, poor nutrition, physical inactivity, and/or obesity. The five leading causes of death, heart disease, stroke, lung cancer, emphysema/chronic obstructive lung disease (COPD), and Alzheimer's disease, all chronic diseases, account for 42% of all deaths in Los Angeles County.⁶ Further, chronic disease is a major cause of disability, which can jeopardize one's ability to work, add emotional and economic stress to family life, and significantly decrease quality of life.⁷ As our population ages and lives longer, prevention and management of chronic illnesses take on an even more vital role.

Fortunately, many chronic diseases and their longer-term consequences can be prevented or delayed. Health behaviors such as engaging in regular physical activity, eating healthy foods, and refraining from tobacco use, reduce the likelihood of developing a chronic disease. Access to health care coverage and a regular source of care, or medical home, are important for early detection and management of chronic diseases. Further, the communities in which people live can either encourage, or discourage, healthy behaviors. Neighborhoods can promote healthy lifestyles when they offer access to healthy and affordable foods and access to safe places for physical activity, such as local parks.

The Affordable Care Act (ACA) expands eligibility for health care coverage, requires insurers to cover preventive care, and promotes patient-centered "medical homes." Medical homes establish a regular source of care where patients have a continuous relationship with a primary care provider leading a care team that is the patient's first contact for medical care and which provides a comprehensive set of services including preventive screenings, disease management, and coordination of care for specialty services.⁸

At the heart of the ACA is the Triple Aim, a framework that guides organizations and communities to successfully transition from a focus on health care to optimizing health for individuals and populations.⁹ To achieve this shift in focus, change is required at three levels: improving the quality of medical care, improving the health of populations, and reducing the per capita cost of health care.

Quality medical care includes linking patients to necessary services that can improve their health, for example, smoking cessation support, lessons in healthy and economical meal preparation, and walking groups that provide social support for physical activity. Further, quality care adopts a "whole-person care" approach, which emphasizes better coordination among sectors so that patients are treated for all of their needs regardless of where they go for care.¹⁰ The Health Neighborhoods project in the County of Los Angeles' Strategic Plan seeks to integrate individual-level care among County-based and community-based providers of mental health, substance use treatment, and physical health through enhanced referral pathways in neighborhoods with high need.

Improving "population health" has largely been defined by the health care sector as improving disease management for patients within a healthcare system, such as ensuring that diabetic patients receive recommended testing and screening. However, population health is defined more broadly in the CHIP to capture the health of an entire community. Many of the public

health strategies in this section (and other sections) of the CHIP have the potential to impact the health of a community because of their broad reach. Examples include, city-level policies that limit exposure to tobacco smoke in all multi-unit housing and public parks, and school-district-wide policies that mandate opportunities for physical activity during the school day. These far-reaching policies often have the greatest potential to impact the health of populations.

Despite expanded health care coverage due to the ACA, there is still a need to address access to care, in particular, helping people obtain health care coverage, improving access to specific services like mental health and dental care, and increasing access to preventive health care services. Nearly a third of adults (over two million people) in Los Angeles County report having difficulty accessing medical care.¹¹ Findings from the Community Health Assessment and input from participants in community-based meetings (see 'The Development of the CHIP for Los Angeles County') reveal challenges accessing dental care, mental health care, and other specialty care, among the remaining uninsured and Medi-Cal populations. Barriers include a shortage of providers who will accept patients, a lack of culturally-competent care, and transportation to care. Further, many newly-insured individuals need education on how to use medical care appropriately, such as scheduling regular doctor visits for preventive care, rather than using higher cost emergency departments once a patient is already ill. In addition, 29%^{11a} of adults ages 18 to 64 in the County (1,731,000 individuals) have no medical insurance, with even higher percentages within certain racial/ethnic groups. In terms of access to dental care, 52% of adults and 22% of children have no dental insurance.¹¹

*For more information on the data related to the goals/objectives in this priority area, see the following sections of the **Community Health Assessment: Chronic Diseases, Health Behaviors, Access to Medical and Dental Care, Mental Health, and Preventive Care.***

Goal 1.1: Prevent and Manage Chronic Disease

Objective 1.1.a: By 2020, reduce adult obesity from 24% to 22% and childhood obesity from 22% to 20%.

Objective 1.1.b: By 2020, decrease the percentage of adults who smoke cigarettes from 13% to 10%.

Goal 1.1

Prevent and Manage Chronic Disease: 5 Year Improvement Targets

Population Measure	Disparity in Los Angeles County (lowest to highest presented)		
	Current LA County	2020 Target	
Percentage of adults who are obese¹¹	24%	22%*	Asian: 8%, White: 18% Black: 31%, Latino: 32% SPA 5: 10%, SPA 4: 20%, SPA 2: 21%, SPA 8: 23%, SPA 3: 24%, SPA 7: 30%, SPA 6: 33%, SPA 1: 35%
Percentage of children who are obese¹²	22%	20%**	Asian: 11%, White: 12% Black: 21%, American Indian/ Alaskan Native: 22% Latino: 27%, NHOPi ^c : 33% SPA 5: 15%, SPAs 1 & 2: 20%, SPAs 3 & 8: 21% SPA 7: 26%, SPA 4: 27%, SPA 6: 29%
Percentage of adults who smoke cigarettes¹¹	13%	10%+	Heterosexual: 13% Homosexual/Bisexual: 21% Asian: 9%, Latino: 12%, White: 15%, Black: 17% SPA 5:10%, SPA 3: 11%, SPAs 6 & 8: 13% SPAs 2 & 7: 14%, SPA 4: 15%, SPA 1: 16%

*Healthy People 2020 target for adults is 31%¹³
 **Healthy People 2020 target for children and adolescents is 14.6%¹³
^cNHOPi=Native Hawaiian or Other Pacific Islanders
 +Healthy People 2020 target is 12%¹³

Strategies:

Increase linkages between health care services and community-level prevention services

- Utilize case managers, community health workers, and/or "promotoras" (i.e. community members trained to provide health education to their peers) to educate people about healthy living and link people to healthy living community resources, for example walking clubs, community gardens, nutrition classes, etc.
- Create linkages between health systems and community resources so medical providers can refer patients to evidence-based health promotion programs that teach self-management and empowerment techniques for chronic disease management and prevention.
- Foster collaboration among non-profit hospital community benefit programs, foundations, and local health departments to increase financial investments to address the upstream determinants of health, such as access to healthy food at local grocery stores, quality educational systems that support youth to pursue higher education, and violence-free neighborhoods.

Increase access to healthy food

- Encourage local governments to provide healthy food options in concessions and vending machines, and to adopt healthy food procurement policies at government-run venues such as parks.
- Encourage local governments to support increased enrollment into available food programs, most importantly CalFresh and the Supplemental Food Program for Women, Infants, and Children (WIC); Promote use of CalFresh and WIC benefits at farmer's markets for purchasing fresh fruits and vegetables.

- Support the adoption of policies and practices in schools that encourage successful implementation of healthy school meals, ensure drinking water is accessible, and allow time for physical activity.
- Support the adoption of policies and practices that limit children's exposure to unhealthy food and beverage marketing within childcare, school, and community settings, including retailers and convenience stores.
- Promote improved nutrition and physical activity policies and practices in licensed preschools, childcare centers and family day care.
- Support policies that require or encourage hospitals to adopt "Baby Friendly" practices in order to increase the percentage of infants who are breastfed exclusively for the first 6 months of life.

Increase access to opportunities for physical activity

- Support policies that prioritize underserved neighborhoods for park investments. Encourage communities to use parks to their full potential by providing quality facilities (i.e. swimming pools, soccer fields), and infrastructure to support safety and maintenance, including proper lighting.
- Support the implementation of the Parks After Dark Strategic Plan, to expand the model to additional county and municipal parks, to improve safety and increase utilization of parks, and increase opportunities for physical activity and community building.
- Develop "joint-use" agreements among local governments, school districts, and community-based organizations that allow community use of school playgrounds after school hours and expanded use of city-owned recreational facilities (e.g. students' use of city pools); prioritize neighborhoods with high obesity rates.

Reduce smoking and exposure to second hand smoke

- Raise awareness among medical providers and the general public about FDA-approved tobacco cessation services, including the use of quit helpline services.
- Educate medical providers about tools such as "Ask, Advise, and Refer" that they can use to ask patients about tobacco use, advise them to quit and refer to FDA-approved cessation resources.
- Encourage policies to create tobacco-free environments in multi-unit housing, outdoor dining patios and parks.
- Encourage local jurisdictions to implement strong Tobacco Retail License programs and to reduce youth access to tobacco products, including nicotine delivery devices (e.g., electronic cigarettes, cigars, and hookahs).
- Encourage policies that increase the price of and prohibit discounting on tobacco products and educate the public about the impact of price on smoking prevalence particularly among price sensitive youth.

Goal 1.2: Increase Access to Care (medical, clinical preventive services, mental health, dental)

Objective 1.2.a: By 2020, increase the percentage of adults ages 18 to 64 who are insured from 72% to 85%.

Objective 1.2.b: By 2020, decrease the percentage of adults who report difficulty accessing medical care from 32% to 25%.

Objective 1.2.c: By 2020, decrease the percentage of adults who report difficulty accessing mental health care (among those who tried to access mental health care) from 37% to 30%.

Objective 1.2.d*: By 2020, increase the percentage of adults ages 50 to 75 who are current with their colorectal cancer screening from 65% to 80%.

** This objective was designed to align with the American Cancer Society's National Colorectal Cancer Roundtable initiative that is working toward the goal of 80% of adults aged 50 and older being regularly screened for colorectal cancer by 2018.*

Goal 1.2	Increase Access to Care (medical, clinical preventive services, mental health, dental): 5 Year Improvement Targets
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Population Measure	Disparity in Los Angeles County (lowest to highest presented)			
	Current LA County	2020 Target		
Percentage of adults (ages 18-64) who are insured ^{11a}	72%	85% ^o	Latino: 57%, Asian/NHOPI ^{**} : 82%, Black: 84%, White: 86%	SPA 6: 62%, SPA 4: 64%, SPA 7: 68%, SPA 2, 3, & 8: 73%, SPA 1: 80%, SPA 5: 87%
Percentage of adults who report difficulty accessing medical care ¹¹	32%	25%	White: 14%, Black: 27% Asian: 31%, Latino: 46%	SPA 5: 17%, SPA 1: 27% SPAs 2 & 8: 29%, SPA 3: 32% SPA 7: 35%, SPA 4: 38%, SPA 6: 45%
Percentage of adults reporting difficulty accessing mental health care (among those who tried to access mental health care*) ¹¹	37%	30%	White: 26%, Black: 33% Asian/NHOPI ^{**} : 47% Latino: 51%	SPA 5: 16%+, SPAs 3 & 6: 36% SPAs 2, 4, & 8+: 37%, SPA 1: 45%+ SPA 7: 58%
Percentage of adults who are current with colorectal cancer screening ¹⁴	65%	80% [^]	Latino: 55%, Asian: 65% White: 70%, Black: 79%	SPA 7: 57%, SPA 6: 58%, SPAs 2 & 4: 65%, SPA 3: 66%, SPA 8: 70%, SPA 1: 71%, SPA 5: 72%

^oHealthy People 2020 target is 100% insured¹³

^{*}8% of adults (18+ years old) reported they tried to get mental health care in the last year

^{**}NHOPI=Native Hawaiian or Other Pacific Islanders

⁺Data are statistically unstable

[^]Healthy People 2020 target is 70.5%¹³

Strategies:

Increase access to medical care, including clinical preventive services

- Continue targeted outreach, enrollment, and retention efforts to increase access to health care coverage, particularly among communities of color and immigrant populations, where the disparities in both access to care and health care coverage are greatest.
- Reduce barriers to access to care by providing language interpretation, transportation, and other supportive services.
- Provide training for medical providers on the provision of culturally competent care to diverse populations; provide culturally and linguistically competent outreach and education services.
- Develop solutions that address the health care needs of people who do not qualify for low-cost or no-cost health insurance, including but not limited to undocumented individuals.
- Engage both providers and patients in efforts to increase and improve preventive care.
- Provide education to people recently enrolled in health insurance on the patient-centered medical home concept and access to clinical preventive services with no additional cost.

Increase access to mental health care

- Train health care providers in the use of various screening tools to identify mental health needs, and about community-based mental health services where they can refer patients.
- Develop models of co-location and integrated services between primary care and mental health providers.
- Educate schools and youth development organizations about mental health, including suicide prevention.
- Strengthen referral networks among physical health, mental health, and substance abuse providers; support the Department of Mental Health's (DMH) Health Neighborhoods initiative to coordinate service delivery among DMH, DPH and the Department of Health Services (DHS), as well as community-based providers.
- Promote positive mental health by supporting community-based initiatives that: foster connection to one's neighbors and participation in local activities; create access to safe, local public spaces where people can congregate.
- Support prevention, screening and treatment of perinatal depression by raising awareness of the needs of women suffering from perinatal mood disorders, training health professionals and other care providers, and advocate for policies on a county and statewide level.
- Encourage the practice of regular physical activity to prevent or limit depression and anxiety.

Increase access to dental care

- Advocate for expansion of Denti-Cal's provider network including addressing low reimbursement rates and developing incentives for more community clinics to be able to offer dental services.

Priority Area 2: Create Healthy and Safe Communities

Goal 2.1: Prevent and reduce violence

Goal 2.2: Prevent and reduce traffic collisions

Goal 2.3: Reduce exposure to air pollution

Goal 2.4: Reduce transmission of infectious diseases

Goal 2.5: Prepare for emerging infections and other threats to public health

Healthy and safe communities must be free from violence and environmental threats to health, and must offer people options for safe transportation and recreation. Working towards healthy communities requires violence prevention activities, streets designed for safe walking, biking and driving, and reductions in exposure to pollution and infectious diseases.

Violence not only contributes to death and disability, it exacerbates various chronic diseases by inducing chronic stress and fear.¹⁵ Los Angeles County lost 3,696 community members as a result of homicides from 2007 to 2011.¹⁶ The majority (76%) involved firearms.¹⁶ In addition, more than half a million women (533,000) in Los Angeles County (17% of all women) report that they have experienced physical or sexual violence, as an adult, by an intimate partner.¹⁴

The causes of violence are complex. Research has shown that people with certain risk factors are more likely to become victims or perpetrators of violence. These risk factors contribute to violence but may not be direct causes: economic hardship, an inability to support one's family because monthly earnings do not cover monthly expenses; blighted neighborhoods including living in socially disorganized environments where there are low levels of community participation; exposure to violence and family conflict including domestic violence and child abuse; depression or significant mood swings that have never been diagnosed or treated; use and abuse of alcohol or drugs that have never been diagnosed or treated; and access to guns or other weapons. This list is not comprehensive and it is important to keep in mind that no single risk factor or combination of factors can predict violence. However, understanding risk factors can help identify vulnerable populations in order to better target interventions.

Preventing violence requires a multi-faceted approach. The strategies listed in the "violence prevention" section below cannot be implemented in a vacuum. Making improvements in other sectors is necessary, as well. For example, the strategies for increasing the high school graduation rate and providing safe, quality, and affordable housing (see Goals 3.2 and 3.1) are also critical to prevent violence. Moreover, violence prevention efforts must be connected to a comprehensive set of violence reduction strategies led by partners across sectors, including community agencies and law enforcement.

In addition to the presence of physical violence, community design affects a neighborhood's safety. Streets designed to safely accommodate walking and bicycling can reduce pedestrian and bicyclist injuries from motor vehicle collisions (motor vehicle collisions are the fourth leading cause of premature death in Los Angeles County⁶). Streetscape improvements that increase safety include pedestrian-oriented sidewalks, crosswalks, bicycle lanes and bikeways separated from the flow of automobile traffic. Further, configuring streets to intentionally slow automobile traffic decreases motor vehicle-related injuries and fatalities. An additional benefit of designing streets for safe walking and bicycling is that pedestrian- and bicycle-friendly streets increase the number of people walking and bicycling, which reduces risks for heart disease, stroke, diabetes, depression, and some forms of cancer.

Further, our community safety is also affected by air quality. Despite significant reductions in air pollution in Los Angeles County since the 1980s, air quality remains an important public health issue. Community design can both increase and decrease the risk of health problems caused by air pollution. For example, building bicycle and pedestrian improvements that provide safe and welcoming alternatives for car travel can help decrease overall air pollution in a community. Conversely, building housing near major sources of air pollution can increase the risk of respiratory illnesses for the people who live there.¹⁷ Low-income and minority neighborhoods are disproportionately situated near freeways and stationary sources of pollution such as industrial facilities, exposing communities to toxic emissions.¹⁸ Research in Los Angeles County and California has found that children who live or attend school close to a freeway are at a greater risk of developing cardio-respiratory illnesses such as asthma.¹⁷

Finally, ensuring the capacity to protect Los Angeles County from infectious diseases is a critical component of community safety. Many sexually transmitted diseases are on the rise; testing and treatment for at-risk sexually active youth and adults is a priority. Further, as an international destination, Los Angeles County needs to have the capacity to respond to emerging diseases coming from global sources as we have already seen with multi-drug resistant tuberculosis, Middle East Respiratory Syndrome, and Ebola. Meanwhile, historic public health gains cannot be taken for granted. Deviations from evidence-based practices like immunizations have recently resulted in the re-emergence of infectious diseases, like measles and pertussis.

*For more information on the data related to the goals/objectives in this priority area, see the following sections of the **Community Health Assessment**: Community Safety, Livable Communities, Preventive Services, Communicable Diseases and Community Cohesion and Emergency Preparedness.*

Goal 2.1: Prevent and Reduce Violence

Objective 2.1.a: By 2020, decrease the homicide rate from 5.8 deaths per 100,000 to 5.5 per 100,000.

Objective 2.1.b: By 2020, decrease the annual number of firearm-related deaths from 715 to 644 and decrease rates from 7.0 per 100,000 to 6.3 per 100,000.

Goal 2.1		Prevent and Reduce Violence: 5 Year Improvement Targets		
Population Measure		Disparity in Los Angeles County (lowest to highest presented)		
	Current LA County	2020 Target		
Homicide rate¹⁹	5.8 per 100,000 population	5.5 per 100,000 population*	Asian/NHOPI+: 1.4, White: 2.3, Latino: 5.8, Black: 23.2 Race/ethnicity is missing for 2 deaths. (Rates per 100,000 population)	SPA 5: 1.5°, SPA 3: 3.3, SPA 2: 3.4, SPA 1: 4.2° SPA 7: 5.4, SPA 4: 5.7, SPA 8: 7.2, SPA 6: 16.8 SPA is missing for 5 deaths. (Rates per 100,000 population)
Firearm-related deaths¹⁹	715/year (7.0 per 100,000 population)	644/year (6.3 per 100,000 population) [^]	Asian/NHOPI+: 1.9, Latino: 5.5, White: 6.9, Black: 19.3 Race/ethnicity is missing for 2 deaths. (Rates per 100,000 population)	SPA 5: 4.5, SPAs 3 & 4: 5.1, SPA 7: 5.2, SPA 2: 6.2, SPA 1: 8.1, SPA 8: 9.2, SPA 6: 12.9 SPA is missing for 4 deaths. (Rates per 100,000 population)

*Healthy People 2020 Target is 5.5 homicides per 100,000 population¹³

⁺NHOPI=Native Hawaiian or Other Pacific Islanders

[°]Rate is based on a small number of deaths and may be unstable

[^]Healthy People 2020 Target is 9.3 deaths per 100,000 population¹³

Strategies:

Reduce violence

- Coordinate with local police departments, County and community stakeholders to implement a comprehensive place-based violence reduction strategy.²⁰
- Advocate for policies that promote proper storage of firearms and ammunition to prevent unintended injuries and raise public awareness about safe firearm storage.
- Build a sustainable infrastructure to maintain Los Angeles County's participation in the California Electronic Violent Death Reporting System (CalEVDRS), and track timely data regarding the circumstances of violent deaths to support the development and evaluation of violence reduction strategies countywide.

Prevent violence

- Encourage the adoption of evidence-based and promising youth development programs, including mentoring programs that focus on keeping youth positively engaged in school and the community.²
- Support programs to prevent sexual and dating violence, e.g. teaching teens and young adults about healthy relationships.
- Support policies and programs that: increase diversion from incarceration for low-level offenses among youth and adults, particularly those that result from substance abuse or mental health needs; and that improve the delivery of services for youth and adults returning to the community from incarceration.

Goal 2.2: Prevent and Reduce Traffic Collisions

Objective 2.2a*: By 2020, reduce the number of annual deaths from 628 to 502 and annual severe injuries resulting from traffic collisions from 2,573 to 2,058.

* This objective was designed to reflect the City of Los Angeles' Vision Zero initiative, which aims to reduce deaths from traffic collisions to 0 by the year 2025

Goal 2.2 Prevent and Reduce Traffic Collisions: 5 Year Improvement Targets			
Population Measure	Disparity in Los Angeles County		
	Current LA County	2020 Target	
Number of deaths from traffic collisions ²¹	628	502	0-14 years: 19, 15-24 years: 111 25-64 years: 376, 65+ years: 107 Data is missing for 15 fatalities
Number of severe injuries from traffic collisions ²¹	2,573	2,058	0-14 years: 160, 15-24 years: 659 25-64 years: 1,507, 65+years: 216 Data is missing for 31 severe injuries.

Prevent and reduce traffic collisions

- Adopt and implement transportation policies and practices at the local level (e.g. bicycle and pedestrian master plans, Safe Routes to School initiatives) that promote safe and convenient access to community destinations for people of all ages, whether walking, driving, bicycling, or taking public transportation.
- Implement policies and programs that aim to reduce the number of deaths and severe injuries resulting from traffic collisions (e.g. Vision Zero policies that work to eliminate all traffic deaths, traffic calming measures that slow motorist speeds on busy streets, protected bicycle lanes, and adequate signal timing to allow people walking to safely cross intersections).^{2, 22}

Goal 2.3: Reduce Exposure to Air Pollution

Objective 2.3.a: By 2020, increase toxic emitters' compliance with local, state and federal emissions regulations in the most highly burdened census tracts from 50% to 80% of emitters, and mitigate or resolve the 25 most significant toxic emitters.

Objective 2.3.b: By 2020, decrease the percent of children ages 0-17 years with current asthma whose physical activity is limited from 41% to 39%, decrease the percent who miss school/daycare from 52% to 49%, and decrease the percent who go to the ER or urgent care due to asthma from 35% to 18%.

Goal 2.3	Reduce Exposure to Air Pollution: 5 Year Improvement Targets
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Population Measure	Disparity in Los Angeles County		
	Current LA County	2020 Target	
Percentage of toxic emitters that are in compliance, within the most highly burdened census tracts*	50% of toxic emitters in compliance with local, state, and federal toxic emissions regulations	80% in compliance with local, state, and federal toxic emissions regulations	Zip code 90077 (Bel Air) Facilities with Air Quality Management District (AQMD) permits: 20; Zip code 90001 (Florence-Graham, City of Los Angeles): AQMD permitted facilities: 654 (very high and very low income zip codes are shown as illustrative examples of the disparity between cities)
Number of significant toxic emitters that are mitigated or resolved*	0 mitigated/resolved	25 mitigated/resolved	Zip code 90077 (Bel Air) Facilities with Air Quality Management District (AQMD) permits: 20; Zip code 90001 (Florence-Graham, City of Los Angeles): AQMD permitted facilities: 654 (very high and very low income zip codes are shown as illustrative examples of the disparity between cities)
Percentage of children ages 0-17 years with current asthma whose physical activity is limited, who miss school/daycare, and who go to the ER or urgent care due to asthma^{11,23}	Activity Limitation: 41%; Miss School/Daycare: 52%; Go to ER/Urgent Care: 35%	Activity Limitation: 39%; Miss School/Daycare: 49%; Go to ER/Urgent Care: 18%	Activity Limitation: <100% FPL ²⁴ : 63%, 100-199% FPL: 39%, 200-299% FPL: 26%+, 300% FPL or above: 17% Miss School/Daycare: Black: 65%, Latino: 53%, White: 30%,* Asian/NHOPI ^{**} : 50%+ Go to ER/Urgent Care: <100% FPL: 46%, 100-199% FPL: 41%, 200-299% FPL: 20%+ 300% FPL or above: 19%

*The Population Measures included for Goal 2.3 are the best available at the time of the publication of the CHIP. It is anticipated that better measures may become available in the near future and will replace those that are provided here.

²⁴FPL=Federal Poverty Level

⁺Data are statistically unstable

^{**}NHOPI=Native Hawaiian or Other Pacific Islanders

Strategies:

Reduce Toxic Emissions

- Identify and target communities highly burdened by air pollution and toxic emissions in order to reduce cumulative pollution burden.
- Promote policies that reduce emissions of pollutants from stationary and mobile sources such as industrial facilities, cars, trucks, trains, and ships, including from the Ports of Long Beach and Los Angeles.
- Encourage active monitoring and enforcement of air quality standards to protect public health. Bring industrial facilities into compliance with toxic emissions regulations.
- Collaborate across sectors on policies and programs to reduce air pollution.²⁵

Design communities that reduce exposure to air pollution

- Encourage local jurisdictions to design healthy and sustainable communities, including transportation and land use systems that make it easier to walk, bicycle, and use public transportation to meet every day needs. Promote policies that encourage carpooling, using public transportation, telecommuting, and walking and biking.²⁵
- Encourage jurisdictions to consider proximity to major sources of air pollution as part of land use planning, for example to consider siting new housing, schools and other sensitive land uses away from sources of pollution.
- Collaborate across sectors to support policies that reduce greenhouse gas emissions and protect the public from the repercussions of climate change.²⁵

Goal 2.4: Reduce Transmission of Infectious Diseases

Objective 2.4.a: By 2020, reduce the rate of new gonorrhea cases from 154 per 100,000 population to 123[^] per 100,000 population.

Objective 2.4.b: By 2020, reduce the rate of new HIV* cases from 18 cases per 100,000 population to 13 per 100,000 population.

Objective 2.4.c: By 2020, reduce the rate of new tuberculosis cases from 6.2 per 100,000 population to 3 cases per 100,000 population.

Objective 2.4.d: By 2020, increase the number of children in kindergarten who receive all vaccines required for school entry from 86% to 90%.

**Human immunodeficiency virus (HIV) is a virus that causes HIV infection and acquired immunodeficiency syndrome (AIDS).*

[^]This is a revised rate.

Goal 2.4 Reduce Transmission of Infectious Diseases: 5 Year Improvement Targets

Population Measure	Disparity in Los Angeles County (lowest to highest presented)		
	Current LA County	2020 Target	
Rate of gonorrhea cases ²⁶	154 per 100,000 population	123 [^] per 100,000 population	Black women aged 15-24: 1,859 per 100,000 vs. White women aged 15-24: 136 per 100,000 Asian: 33, Latino: 113, White: 123, Native Hawaiian/Pacific Islander: 173, American Indian/Alaskan Native: 195: Black: 568 (Rates per 100,000 population)
Rate of new HIV cases ²⁷	18 per 100,000 population	13 per 100,000 population	Asian/NHOPI+: 5, White: 15, Latino: 17, American Indian/Alaskan Native: 36, Black: 52 (Rates per 100,000 population)
Rate of tuberculosis cases ²⁸	6.2 per 100,000 population	3 per 100,000 population*	Foreign born 14.0, Homeless: 96.3 (Rates per 100,000 population)
Percentage of children in kindergarten who received all vaccines required for kindergarten entry ²⁹	86%	90%	SPAs 4 & 5: 75%, SPA 6: 78%, SPA 8: 81%, SPA 7: 90%, SPA 2: 91%, SPA 1: 93%, SPA 3: 95%

Current LA County case rates for gonorrhea, HIV and TB exclude those in cities of Long Beach and Pasadena.

[^]NHOPI=Native Hawaiian or Other Pacific Islander

*Healthy People 2020 Target is 1 new case per 100,000 population.¹³

[^]This is a revised rate.

Strategies:

Reduce the rate of new gonorrhea & HIV cases

- Promote and encourage HIV/STD education, condom use, abstinence, and HIV/STD testing and treatment for patients and their partner(s).
- Promote partner notification of exposure, partner testing and treatment and prevention/risk reduction counseling.
- Increase linkage to, re-engagement in and retention in HIV care by providing medical care coordination and linkage services to HIV positive persons who are not, or not consistently, in medical care.
- Expand access to Pre-exposure prophylaxis (PrEP) by increasing availability in both public and private clinics by 2020, and providing consumer and provider education. PrEP is medication that people take before they are exposed to HIV to help prevent infection, if they are at risk of exposure.

Reduce the rate of new tuberculosis (TB) cases

- Provide education and training to public and private medical providers on best practices in TB case detection, screening/evaluation, diagnostics, and treatment.
- Improve TB infection treatment completion in high risk populations (homeless, foreign born, HIV, diabetes, substance abuse, smokers.)

Increase the number of kindergarteners who receive all vaccines required for school entry

- Broaden educational efforts for parents about the importance of following the CDC's childhood immunization schedule and the consequences of skipping or delaying recommended vaccine doses.
- Promote provider use of evidence-based strategies for increasing immunization rates, including reporting all vaccines given to both children and adults in the California Immunization Registry.³⁰
- Track immunization status of students, encourage adherence to school immunization mandates, and follow-up to ensure that students receive missing vaccines or are excluded from attendance, if needed.

Goal 2.5: Prepare for Emerging Infections and Other Threats to Public Health

Objective 2.5.a: By 2020, ensure the readiness of community sectors to respond to and recover from emerging infections and other threats by conducting at least one exercise per year.

Population Measure	Disparity in Los Angeles County		
	Current LA County	2020 Target	
Number of practice exercises conducted per year to prepare Los Angeles County for executing readiness, response and recovery plans for the top 20 prioritized public health hazards	0	1 exercise per year	N/A

Strategies:

- Conduct “whole community”³¹ planning to engage all sectors of the community (business, community organizations, educational, healthcare, and government) in developing plans that save lives, meet human needs, restore essential services and community functionality, protect the environment, and transition to recovery.
- Conduct hazard-specific exercises with “whole of community” partners to ensure stakeholders know and can perform their roles in an actual emergency.

Priority Area 3: Achieve Equity and Community Stability

Goal 3.1: Increase the availability of safe, quality, affordable housing

Goal 3.2: Increase the number of youth who graduate high school and pursue higher education

Goal 3.3: Prevent and treat substance abuse

Equitable and stable communities provide individuals and families safe and affordable housing, access to quality education and the supports needed to prevent substance abuse.

Los Angeles County has a high cost of living, driven in great part by a high cost of housing. Safe and affordable housing in Los Angeles County has become increasingly scarce as wages have failed to keep up with rising costs of rental housing and mortgages.³² Because of high housing costs, after paying rent, many low-income families may not have enough money to cover all their essential needs, foregoing healthy food or medical care, which can adversely affect health.³³ Furthermore, the high cost of housing can push families into substandard and overcrowded housing with mold, pest infestations and other conditions that can have deleterious impacts on health, such as exacerbating asthma. Given that approximately 1.8 million people in Los Angeles County live in poverty, with insufficient income to pay market-rate rents, the availability of quality, affordable housing is a public health concern.

People with higher educational attainment and income levels have lower rates of many chronic diseases and generally live longer compared to people with lower income. In Los Angeles County, adults who report the poorest health typically earn less money and have a high school degree or lower (44% of Los Angeles County adults have a high school diploma or less³⁴). Education provides a pathway to employment and often results in increased earning power for high school and college graduates. Higher income, in turn, creates opportunities for people to live in neighborhoods that facilitate a healthy lifestyle. For example, a neighborhood with safe walkable streets, parks nearby for physical activity, and local full service grocery stores offering fresh and healthy food options.

Living with the stress of unstable housing and economic insecurity can put people at a greater risk for substance abuse (alcohol and other drugs). While individual and familial risk factors for substance abuse are important to consider, community conditions such as poverty, violence and a lack of economic opportunity also contribute to people's risk for substance abuse.³⁵

In Los Angeles County, 3% of adults report needing or wanting treatment for an alcohol or drug problem during the past five years.¹¹ In addition, drug overdose is the sixth leading cause of premature death (death before age 75).⁶ Substance use disorders affect individuals, families and communities in a variety of ways. Individuals with substance use disorders can suffer from permanent health and social consequences as a result of dependence or abuse. However, the impact of this disease extends far beyond individuals and their families by imposing enormous costs on local communities and society at large. For example, in 2011, over 3,100 people in the County were killed or injured due to automobile crashes in which a driver was under the influence of alcohol (DUI) or alcohol was determined to be the primary cause.³⁶ Although substance use disorders are both preventable and treatable, the vast majority of those with this chronic condition go untreated.

*For more information on the data related to the goals/objectives in this priority area, see the following sections of the **Community Health Assessment: Housing and Homelessness, Education, and Health Behaviors.***

Goal 3.1: Increase the Availability of Safe, Quality, Affordable Housing

Objective 3.1.a: By 2020, decrease the percentage of households paying 30% or more of their income on monthly housing costs from 52% to 48%.

Objective 3.1.b: By 2020, decrease the percentage of adults reporting being homeless or not having their own place to live or sleep in the past 5 years from 5% to 4%.

Goal 3.1	Increase the Availability of Safe, Quality, Affordable Housing: 5 Year Improvement Targets		
Population Measure		Disparity in Los Angeles County (lowest to highest presented)	
	Current LA County	2020 Target	
Percentage of households paying 30% or more of their income on monthly housing costs³⁴	52%	48%	SPAs 3 & 5: 48%, SPA 8: 49%, SPA 7: 50%, SPA 1: 52%, SPA 2: 54%, SPA 4: 56%, SPA 6: 64%
Percentage of adults who have been homeless or not having their own place to live in the past 5 years^{1b}	5%	4%	Asian: 1.3%*, White: 4%, Latino: 5%, Black: 15%

*Data are statistically unstable

Strategies:

Objectives 3.1.a and 3.1.b will be achieved through strategies listed below that counter displacement pressures and increase access to quality, affordable housing.

Increase the availability of affordable housing

- Support plans and policies in Los Angeles County jurisdictions that expand the supply of affordable housing for low-income families and individuals, and protect existing affordable housing that is at risk of conversion to unaffordable market-rate housing.³⁷
- Develop data-driven analyses (i.e. Health Impact Assessments) on the potential impact of housing policies on public health and the availability of affordable, safe, quality housing for low-income community members.
- Increase federal, state and County resources for affordable housing or access to housing for very low-income and extremely low-income people.³⁷

Prevent displacement and homelessness

- Support housing, land use, and economic development policies that prioritize anti-displacement as new investment enters an area. This includes, but is not limited to, preserving or replacing affordable housing for low-income community members in all neighborhoods and areas undergoing new development.³⁷
- Advocate for sufficient funding to meet annual public housing operating and capital costs.³⁷
- Support policies that increase economic security for individuals and families by expanding opportunities for employment and increasing workers' incomes, including but not limited to earned income tax credits and increasing the minimum wage.^{37,38}
- Expand efforts to increase access to permanent housing with supportive services for homeless individuals and families to help them maintain stability and self-sufficiency.³⁹

Improve the quality of housing

- Implement new approaches to inspect multi-family properties that detect code violations and enforce needed remediation, in partnership with community-based organizations. Remediation should include encouraging low-toxic treatments for vermin control, such as Integrated Pest Management (IPM).
- Develop and implement a plan, in partnership with community organizations, local cities, and other County departments, to remove or remediate lead paint from homes built before 1978 across Los Angeles County.
- Educate community members on tenants' rights and legal resources to address poor housing conditions.
- Increase state and federal resources for housing education, inspections, and enforcement at the county and city level.³⁷

Goal 3.2: Increase the Number of Youth Who Graduate High School and Pursue Higher Education

Objective 3.2.a*: By 2020, increase the percentage of high school students who graduate in four years from 78% to 85%.

**This objective was designed to reflect the United Way of Greater Los Angeles' Creating Pathways out of Poverty which combats poverty at its roots, including lack of education. The goal is to increase the graduation rate to a minimum of 85%.*

Goal 3.2 Increase the Number of Youth Who Graduate High School and Pursue Higher Education: 5 Year Improvement Targets			
	Population Measure		Disparity in Los Angeles County (lowest to highest presented)
	Current LA County	2020 Target	
Percentage of high school students who graduate in four years ⁴⁰	78%	85% ^{41*}	American Indian or Alaska Native: 65% Black: 68%, Latino: 75%, Pacific Islander: 81%, White: 87%, Filipino: 92%, Asian: 93%

*Healthy People 2020 Target is 82.4%¹³

Strategies:

Improve the number of students who graduate high school and pursue higher education

- Support local initiatives to increase high school graduation rates, prioritizing low-performing schools with high rates of students eligible for free and reduce lunch and foster care youth.
- Encourage efforts to boost attendance, graduation and college readiness rates at the lowest-performing schools by providing more support services for low-income students, including increased wraparound services that comprehensively meet the needs of students and their families, including tutoring, and afterschool programs.
- Provide internships, career-track entry-level jobs, and vocational training for youth to encourage them to find careers that pay a wage that allows for self-sufficiency, and/or pursue higher education.
- Prevent girls from dropping out of high school due to pregnancy, by building strong relationships among schools, community-based organizations and County departments. Encourage young girls and young boys to aim high and set goals for their future that include higher education. Increase awareness of and access to family planning services for teens.

Goal 3.3: Prevent and Treat Substance Abuse

Objective 3.3.a: By 2020, decrease the percentage of drug-related deaths from prescription or over-the-counter drugs from 61% to 55%.

Goal 3.3		Prevent and Treat Substance Abuse: 5 Year Improvement Targets			
Population Measure			Disparity in Los Angeles County (lowest to highest presented)		
	Current LA County	2020 Target			
Percentage of drug-related deaths from prescription or over-the-counter drugs ⁴²	61%	55%	Black: 10%, Latino: 25%, White: 62% 3% are other races/ethnicities	Ages 0-17: 1%, Ages 18-24: 5%, Ages 25-34: 15%, Ages 34-44: 29% Ages 45-54: 34%, Ages 55+:16%	

Strategies:

Prevent and treat substance abuse

- Support prevention efforts to increase community awareness and educate youth and adults about the dangers of sharing prescription drugs with other people, securing their prescription medications, proper procedures for the safe disposal of unused medications, unintentional poisoning and drug overdoses, and about the 24-hour helpline number for the California Poison Control System.
- Support efforts to increase the availability and use of extended producer responsibility (EPR) programs also known as medication take-back programs, in order to reduce the availability of unused and expired prescription drugs in the community.
- Enhance access to high quality substance abuse treatment including medication-assisted treatments to decrease the burden of addiction and promote resiliency and recovery.
- Promote the utilization of prescription drug monitoring programs, such as the California Prescription Drug Monitoring Program (PDMP)/Controlled Substance Utilization Review and Evaluation System (CURES), to monitor the prescribing and dispensing of controlled prescription drugs to patients, and to help safeguard against overprescribing.

Next Steps: Implementing and Tracking Progress of this Plan

To oversee the CHIP's implementation process, the Los Angeles County Department of Public Health will develop an implementation plan. The plan will be developed in partnership with community groups and will outline both strategies and a timeline for DPH and its partners to accomplish the goals in the CHIP. As needed, the implementation plan will be reviewed and updated over the course of the five years.

To assist in developing the implementation plan, DPH will establish an Advisory Committee comprised of diverse community stakeholders. The role of the Advisory Committee will be to assist DPH and its partners to prioritize strategies for each of the goals, track and evaluate progress made implementing the strategies, periodically review the plan and propose changes when greater impact can be achieved by modifying approaches, help form strategic new partnerships to carry out the CHIP, and create connections between this plan and other key plans and initiatives in Los Angeles County that have similar goals.

When needed and as recommended by the Advisory Committee, Task Forces focusing on particular goals will be established to complete more in-depth planning and to ensure successful implementation of strategies. For example, a Task Force might be established to focus on violence prevention or housing. Task Force members will have significant expertise on a specific issue and will include a mix of community partners and DPH staff. DPH staff will provide support to the Advisory Committee and the Task Forces for planning and convening meetings.

The strategies listed in this CHIP are offered as potential strategies for Los Angeles County. As explained previously, to develop the CHIP, DPH's community engagement process involved working with community stakeholders to prioritize top issues and to identify strategies that will fill in the gaps of existing health improvement efforts in Los Angeles County. A key initial step in the implementation plan will be to review and prioritize the strategies in the CHIP and identify partners with whom to collaborate in each of the plan's priority areas.

While participating in the CHIP's development, current and new partners demonstrated a great deal of enthusiasm for engaging with the Department of Public Health. This enthusiasm relates not only to the important goals outlined in the CHIP, but also to the spirit of partnership that is required to work together across sectors to improve the health and well-being of Los Angeles County community members. The Department of Public Health acknowledges that we cannot begin to do this work alone and we invite you to join us.

Implementation of the CHIP strategies and activities will commence in the first year of the plan with a kick-off event to include the inclusion of as many community stakeholders as possible. We invite you to visit the Los Angeles County Public Health Department website at <http://publichealth.lacounty.gov/plan> to view information about the Community Health Improvement Process. If you would like to be added to our list of CHIP partners to receive information about CHIP convenings and periodic updates, please send an email to DPHPlanning@ph.lacounty.gov.

Acknowledgments

Over 400 people representing a wide variety of organizations attended the SPA-based community meetings to develop the CHIP. Other organizations submitted important feedback on the draft plan when we posted it for public comment. We list these organizations here to show our appreciation for your participation. Thank you for sharing your expertise and commitment with DPH to shape this plan. We look forward to partnering with you to achieve the plan's goals of healthy people and healthy communities.

ORGANIZATIONS THAT CONTRIBUTED TO THE CHIP

ABC Unified School District	California State University Dominguez Hills
AARP, Inc	Cal-Poly Pomona
Activate Whittier	Caring Connections
Advancement Project/Healthy City	Casa Colina, Inc.
AIDS Project Los Angeles	Catholic Charities
Alma Family Services	Clinica Monsenor Romero
AltaMed Health Services	Cedars-Sinai Medical Center
Alzheimer's Association California Southland Chapter	Center for Non Profit Management
American Cancer Society	Central City Neighborhood Partners
American Heart Association	Cerritos College
American Red Cross	Cerritos College Foundation
Amigos de los Rios	ChapCare
Antelope Valley Partners for Health	Charles Drew University
Asian American Drug Abuse Program (AADAP)	Children's Dental Health Clinic
Asian and Pacific Islander Obesity Prevention Alliance	Children's Hospital Los Angeles
Asian Youth Center	Children's Institute, Inc.
Avanza Healthcare Strategies	Chinatown Service Center
Azusa Pacific Seminary	Chrysalis
Azusa Pacific University	Citrus Valley Health Partners
Barrio Action Youth and Family Center	City of Artesia
Beach Cities Health District	City of Bell Gardens
Behavioral Health Services/ National Council on Drug Dependence (NCADD)	City of Beverly Hills
Bellflower Unified School District	City of Carson
Best Start- Southeast Los Angeles	City of Carson Parks and Recreation Department
Biel Consulting, Inc.	City of Cerritos
Bike San Gabriel Valley	City of Commerce
Boys & Girls Club of Whittier	City of Culver City
Breathe LA	City of Downey
Buddhist Tzu Chi Medical Foundation	City of Duarte
Building Healthy Community	City of El Monte
California Black Women's Health Project	City of Hawthorne
California Center for Public Health Advocacy	City of Hope
California Community Foundation	City of Huntington Park
California Family Health Council	City of Inglewood
California Highway Patrol	City of LaVerne

City of Long Beach Department of Health and Human Services
 City of Los Angeles
 City of Los Angeles Council District 5
 City of Malibu
 City of Pasadena
 City of Redondo Beach
 City of Santa Monica
 City of Signal Hill
 City of South Gate
 City of Vernon
 Coachman Moore & Associates
 Community Centered Emergency Room Project
 Community Development Commission of the County of Los Angeles
 Community Family Guidance Center
 Community Health Councils
 Community Resource Center
 Connect to Protect Los Angeles
 Connecting Mental Health & Education, Inc.
 Counseling4Kids
 Culver City Police Department
 Dairy Council of California
 Didi Hirsh
 Downey Family YMCA
 Downey Unified School District
 Duarte Unified School District
 East LA Community Corporation
 East Valley Community Health Center
 El Rancho Unified School District
 EMH Creative Group
 Empowering Pacific Islander Communities (EPIC)
 Esperanza Community Housing Corporation
 Fair Housing Foundation
 Faith Responders
 FAME Corporations
 Families in Good health
 Family Health Care Centers of Greater Los Angeles
 First 5 LA
 First 5 LA-Best Start Wilmington
 Fit-Play, Inc.
 Foothill Unity Center, Inc.
 From Lot to Spot
 Gardens Regional Hospital and Medical Center
 Garvey School District
 Glendale Healthier Community Coalition
 Greater Los Angeles County Vector Control District
 Harbor Community Clinic
 Harbor Interfaith Services
 Harbor Regional Center
 Hawthorne School District
 Hawthorne Senior Center
 HCF Glendale Adventist Medical Center
 Health Net, Inc.
 Help me Help You
 Helpline Youth Counseling
 Herald Cancer Association
 Homeless Innovations Project
 Human Services Association
 Illumination Foundation Recuperative Corp.
 Inglewood Unified School District
 Intercommunity Counseling Center
 John Wesley Community Health (JWCH)
 Kaiser Permanente Southern California: Downey, South Bay, West Los Angeles
 Kingdom Causes Bellflower
 LA Community Action Network
 LA Care Health Plan
 LA Christian Health Centers
 LA Community Health Project
 LA Human Right to Housing Collective
 LA's Promise
 Latino Equality Alliance
 LA Universal Preschool (LAUP)
 Lawndale Elementary School District
 Los Angeles Chamber of Commerce
 Los Angeles County Department of Children and Family Services
 Los Angeles County Department of Health Services
 Los Angeles County Department of Mental Health
 Los Angeles County Department of Public Social Services
 Los Angeles County District Attorney Victim-Witness Assistance Program
 Los Angeles County Fire Department
 Los Angeles County Housing Authority
 Los Angeles County Office of Education

Los Angeles County Parks and Recreation
 Los Angeles Neighborhood Land Trust (LANLT)
 Los Angeles Police Department (city)
 Los Angeles Unified School District
 Los Angeles Urban League
 Los Nietos School District
 Masada Homes
 Meals on Wheels West
 Miller Children's Hospital
 Montebello Unified School District
 Mountain View School District
 Native Hawaiian and other Pacific Islanders (NHOPI)
 Round Table Collaborative
 National Council of Jewish Women/LA Women
 Helping Women
 New Directions for Veterans
 Norwalk-LaMirada Unified School District
 Occidental College, Urban &
 Environmental Policy Institute
 Office of Assemblymember Cristina Garcia
 Office of Assemblymember Sebastian Ridley-Thomas
 Office of City of LA Councilmember Jose Huizar
 Office of Congressmember Karen Bass
 Office of Congressmember Ted Lieu
 Office of Congressmember Linda T. Sánchez
 Office of Samoan Affairs
 Office of Senator Ricardo Lara
 Office of Supervisor Mark Ridley-Thomas
 Old Timers Foundation
 Onsite Health Solutions
 Ocean Park Community Center (OPCC)
 Pacific Asian Counseling Services
 Pacific Clinics
 Palms Emergency Preparedness Coalition
 Para Los Ninos
 Pasadena Public Health Department
 Public Health Foundation WIC Program
 PIH Health
 Planned Parenthood Los Angeles
 Pomona Community Health Center
 Pomona Unified School District
 Prevention Institute
 Providence Center for Community Health Improvement
 Providence Little Company of Mary Medical Centers
 Providence St. John's Health Center
 Providence St. Joseph Medical Center
 RAND
 Redeemer Community Partnership
 Robert F. Kennedy Institute
 Rosemead School District
 Rowland Unified School District
 Saint Margaret's Center
 Salvation Army Westwood Transitional
 Samoan National Nurses Association
 San Gabriel Library (county)
 San Gabriel Pomona Regional Center
 San Gabriel Unified School District
 San Gabriel Valley Conservation Corps
 San Gabriel Valley Consortium on Homelessness
 San Gabriel Valley Medical Center
 Santa Monica College Public Policy Institute
 Silver Consulting Services
 Smokefree Air For Everyone
 Social Model Recovery Systems, Inc.
 South Bay Center for Counseling
 South Bay Coalition for the Homeless
 South Bay Family Health Care
 South Bay Universal Child Development Center
 South Central Family Health Center
 South Central LAMP
 Southern California Association of Governments
 (SCAG)
 Southern California Association of
 Non-profit Housing (SCANPH)
 SPA 7 Council
 Spectrum
 SPIRITT Family Services
 St. Francis Medical Center
 St. John's Well Child & Family Center
 St. Joseph Catholic Church
 St. Joseph Center
 St. Mary Medical Center
 St. Vincent Medical Center
 Step Up
 Strategic Actions for a Just Economy (SAJE)

T.R.U.S.T. South LA
 Tavarua Health Services
 Temple City Unified School District
 The Children's Clinic
 THE Health and Wellness Centers
 The Parish of St. Mary in Palms
 The Salvation Army Bell Shelter
 The Salvation Army L.A. Red Shield Youth
 The Social Justice Learning Institute
 The Wall-Las Memorias Project
 The Wellness Center at LACUSC
 The Whole Child
 Tongan Community Service Center
 Torrance Memorial Medical Center-Healthlinks
 Torrance Unified School District
 Training and Research Foundation
 Tzu Chi Community Clinic Wilmington
 UCLA Health
 UMMA Community Clinic
 UniHealth Foundation
 University of Southern California (USC)
 USC HSC Community Partnership
 USC Sol Price School of Public Policy
 Upward Bound House
 Valley Care Community Consortium
 Venice Community Housing
 Venice Family Clinic
 Vermont Village Community Development Corporation
 Victory Through Jesus Church
 Vision y Compromiso
 Western University of Health Sciences
 Westside Center for Independent Living
 Westside Children's Center
 Westside Family Health Center
 Westside Food Bank
 Whittier Area Evangelical Church
 Whittier First Day
 Whittier Parks & Recreation Adventure Park
 Whittier Unified School District
 Worksite Wellness LA
 YMCA of Greater Whittier
 YWCA San Gabriel Valley

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH (DPH)
 Cynthia Harding, MPH Interim Director
 Jeffrey Gunzenhauser, MD, MPH, Interim Health Officer

OFFICE OF PLANNING, EVALUATION AND DEVELOPMENT
 Gayle Haberman, MPH, Director
 Susan Blackwell, MA, Assistant Director
 Elishia Nelson, Administrative Support
 Virginia Huang Richman, PhD, MPH,
 Former Interim Director

COMMUNITY HEALTH SERVICES
 Deborah Davenport, RN, MPH, Director,
 Community Health Services
 Gema Morales, RN, APHN-BC, MSN/MPH,
 Deputy Director, Community Health Services

SPA 1 & 2
 Frank Alvarez, MD, MPH, Area Health Officer
 Shiarron Baker, RN, BSN, PHN, Community Liaison
 Public Health Nurse
 Maria T. Estrada, RN, BSN, MPH, Community
 Liaison Public Health Nurse
 Rita Mozian, MPH, MCHES, Health Educator
 Olga Vigdorichik, MPH, MCHES, CLEC,
 Health Educator

SPA 3 & 4
 Cristin Mondy, RN, MSN, MPH, Area Health Officer
 Patricia Alexander, RN, MS, Community Liaison
 Public Health Nurse
 Debra Dorst Porada, RN, BSN, Emergency
 Preparedness Public Health Nurse
 Reeza Epino, RN, MPA, Community Liaison
 Public Health Nurse
 Alonso Machuca, RN, BSN, Community Liaison
 Public Health Nurse
 Melanie Niedjelski, RN, MSN, Emergency
 Preparedness Public Health Nurse
 Jennifer Rivera, RN, MSN/MPH, Community Liaison
 Public Health Nurse Supervisor
 Siobhan Rohdes, RN, MS, Community Liaison
 Public Health Nurse
 Tiffany Romo, MPH, Health Program Analyst
 Angela Salazar, MPH, Health Educator
 Lana Sklyar, MPH, Health Educator

SPA 5 & 6

Jan B. King, MD, MPH, Area Health Officer
 Deanna Bressler-Montgomery, RN,BSN, Community
 Liaison Public Health Nurse Supervisor
 Beverly Hill-Dunne, Secretary, Public Health
 Administration
 Nadiya Juma, MPH, Health Educator
 Stasha Marshall, Secretary, Public Health
 Administration
 Nicole Vick, MPH, Health Educator

SPA 7 & 8

Silvia Prieto, MD, MPH, Area Health Officer
 Lydia Ajao, RN, BSN, MSN, CNS,
 Public Health Nurse Supervisor
 April Frank, MPH, Health Educator
 Marie Gambon, RN, BSN, MSN Ed.,
 Community Liaison Public Health Nurse
 Nicole Henderson, RN, PHN, MSN, Emergency
 Preparedness Public Health Nurse
 Lindsey Lastra, MPH, CHES, Health Educator
 Heidi Lopez, RN, BSN, PHN, Community Liaison
 Public Health Nurse
 Lois Luster, Health Education Assistant
 Dorothy O'Brien, RN,BSN, PHN, Emergency
 Preparedness Public Health Nurse
 Maria Ochoa, RN, BSN, PHN Community Liaison
 Public Health Nurse
 Tonia Sandoval, MSN, APRN, FNP-C,
 Community Liaison Public Health Nurse Supervisor

**Other DPH Programs Contributing
Data and Expertise:****Administration**

David Dijkstra

Chief of Staff

Stephanie Caldwell, MPH
 Heather Jue Northover, MPH
 Elizabeth Norris-Walczak, PhD
 Duy Tran, MPH

Chronic Disease and Injury Prevention Division

Paul Simon, MD, MPH
 Linda Aragon, MPH

Cardiovascular and School Health

Eloisa Gonzalez, MD, MPH

Injury and Violence Prevention Program

Andrea Welsing, MPH
 Kelly Fischer, MA
 Nicolle Perras, MA, MPH
 Isabelle Sternfeld, MSPH

Nutrition Program

Steven Baldwin, MS, RD

PLACE Program

Jean Armbruster, MA
 Alexis Lantz, MA
 Chanda Singh, MA

Tobacco Control and Prevention Program

Tonya Gorham Gallow, MSW

Children's Medical Services

Anna Long, PhD, MPH

Communicable Disease Control and Prevention

Robert Kim-Farley, MD, MPH

Acute Communicable Disease

Benjamin Schwartz, MD
 Dawn Terashita, MD

Immunization Program

Michelle T. Parra, PhD
 Julia Heinzerling, MPH
 Jon LaMori, MA
 Dulmini Wilson, MPH

Tuberculosis Control Program

Stuart McMullen
 Terese Brookins, DDS, MPH
 Jo Kay Ghosh, MPH, PhD
 April King-Todd
 Edward Lan, MPH
 Josephine Yumul, MSc

Communications and Public Affairs

Natalie Jimenez

Division of HIV and STD Programs

Mario Perez
 Sophia Rumanes, MPH
 Amy Wohl, MPH, PhD
 Sonali Kulkarni, MD, MPH

Emergency Preparedness and Response

Stella Fogelman, RN, MSN, MPH
 Dee Ann Bagwell, MA, MPH

Environmental Health

Angelo J. Bellomo, REHS, QEP
 Charlene Contreras, REHS

Toxics Epidemiology

Cyrus Rangan, MD, FAAP, FACMT
Elizabeth Rhoades, PhD

Information Systems

Jim Green

Maternal, Child, & Adolescent Health Programs

Suzanne Bostwick
Christina Villasenor, MPH
Yvonne Williams, RN, BSN, PHN

Medical Director/Quality Assurance

Jeffrey Gunzenhauser, MD, MPH
Karen Swanson, PhD, ScM
Donna Sze, MPH

Nursing Administration

Noel Bazini-Barakat, RN, MSN, MPH

Office of Health Assessment and Epidemiology

Margaret Shih, MD, PhD
Amy Lightstone, MPH, MA

Office of Women's Health

Rita Singhal, MD, MPH

Substance Abuse Prevention and Control

Wesley Ford, MA, MPH
Wayne Sugita, MPA
Tina Kim, PhD
Glenda Pinney, J.D.
Gary Tsai, MD

Report Design and Layout by:

Alan Albert, DPH-Office of Communications
& Public Affairs

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Notes



Los Angeles County
Department of Public Health
Office of Planning, Evaluation, and Development

313 N. Figueroa Street
Room 708
Los Angeles, CA 90012



Los Angeles County Board of Supervisors

Hilda L. Solis, First District
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Citation: Community Health Improvement Plan for Los Angeles County 2015-2020.
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