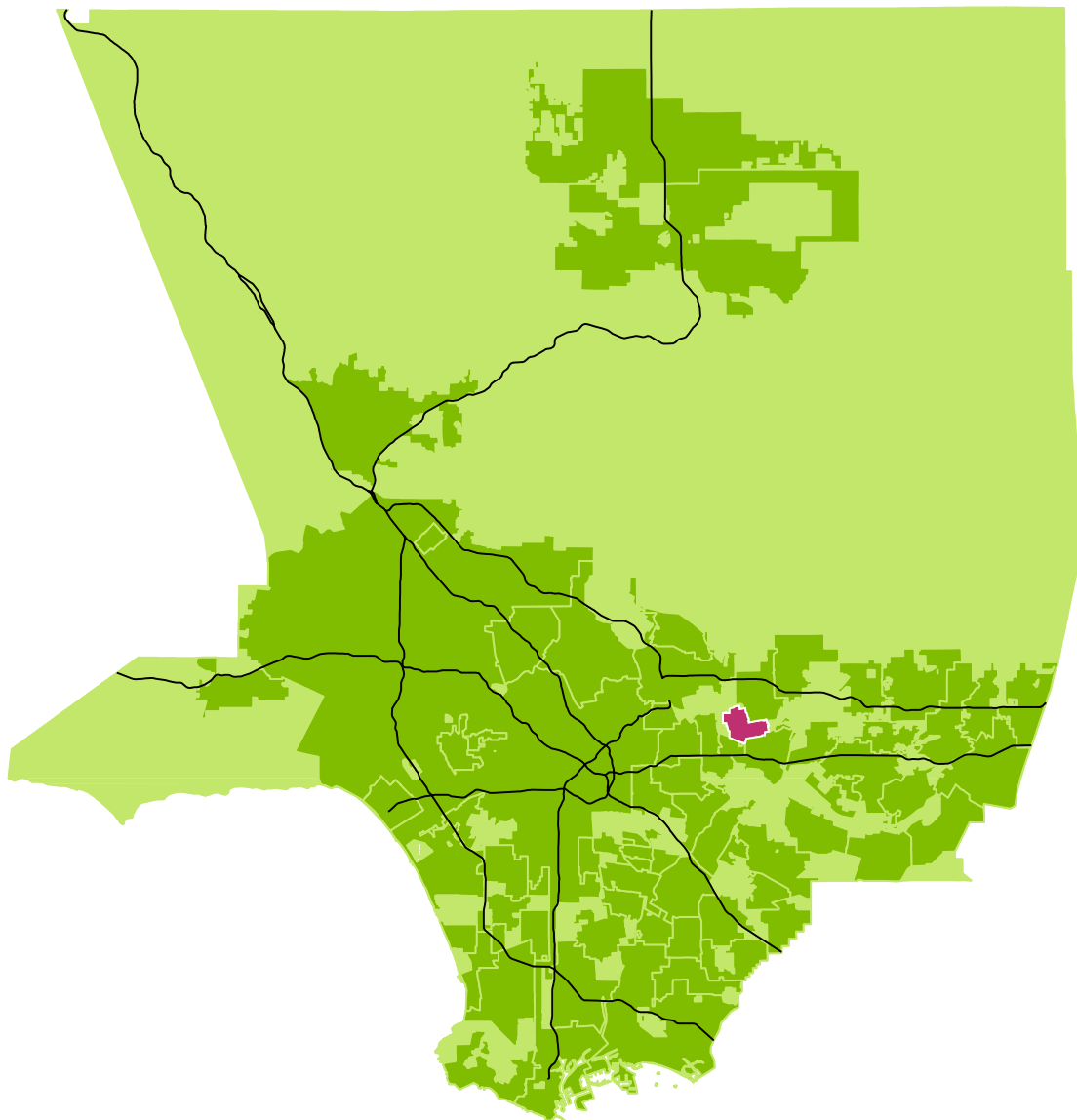




CITY AND COMMUNITY HEALTH PROFILES

TEMPLE CITY



## DIRECTOR'S MESSAGE



Los Angeles County is a vast and enormously diverse region of over 10 million residents. The county includes some of the richest and poorest cities and communities in the nation, in some cases situated side by side. The striking differences seen across the county in wealth, opportunity, and environments are mirrored by stark inequalities in health. For example, residents of some cities and communities in the county on average live as many as 10 years less than residents of other cities and communities. Residents in some places have rates of heart disease, diabetes, and cancer that are more than double the rates among residents in other places. Equally distressing is evidence that Black, Native Hawaiian/Other Pacific Islander, and American Indian/Alaska Native residents, regardless of where they live in the county, experience a disproportionate burden of disease and death when compared with White or Asian residents.

These differences are particularly tragic because they are preventable. They arise to a large degree from the inequitable distribution of resources and opportunities that people need in order to be healthy. The illnesses produced by this profound inequity overwhelm our hospitals, emergency departments, and clinics. Nationally, they contribute to the highest healthcare spending in the world while leaving residents in our country in poorer health than those in most other industrialized nations. Most importantly, these differences result in early death and disability for so many of our residents, robbing families and communities of essential workers, leaders, and loved ones.

City and county governments play a vital role in reducing these health inequities and ensuring the equitable distribution of opportunities and resources needed for optimal health and well-being. For example, investments can be made in all communities to build public spaces that promote physical activity and create incentives for healthy food retail. Regulations can be adopted that discourage tobacco use and excessive alcohol use and restrict the number of outlets that sell tobacco and alcohol products. Government agencies can work together to create safe spaces that reduce violence and unintended injuries. In collaboration with residents, they can support efforts that provide environmental protections from local sources of pollution. Policies can be enacted that expand access to safe and affordable housing, increase employment and training opportunities, and reduce exposures to environmental hazards.

## DIRECTOR'S MESSAGE

Through partnerships with the business community, faith-based organizations, and local leaders, there can be increased commitments for improvements in educational opportunities for children and young adults. Working together, we can foster a culture of health by promoting civic engagement and offering community programs that support healthy lifestyles and reduce social isolation, which is a major contributor to ill health. However, for these measures to eliminate the gaps in health outcomes that disproportionately burden people of color, low income residents, and other marginalized communities, we need to anchor our work in efforts that promote racial, economic and social justice.

On behalf of the Los Angeles County Department of Public Health, I am very pleased to share the *City and Community Health Profiles* series. Although these profiles do not address every aspect of health, I hope they will help spur action and support city and community efforts to ensure all residents achieve optimal health.

I urge you to make this report meaningful to your work and your experience by adding additional information that helps describe your city or community. Our staff are ready to help ensure that the experiences of the people who live in your neighborhoods are reflected in our future reports. For additional information or to see how your city or community compares to others across Los Angeles County, please visit our website at <http://ph.lacounty.gov/ohae/cchp>. You can also contact us at (213) 288 – 7785 or via email at [cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov).



Barbara Ferrer PhD, MPH, MEd  
Director, Los Angeles County Department of Public Health

CITY AND COMMUNITY HEALTH PROFILES

# TEMPLE CITY

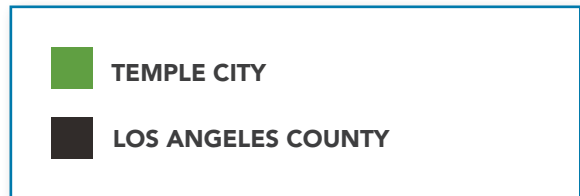
# TABLE OF CONTENTS

I.	Community at a Glance	1
II.	Life Expectancy & Social Determinants of Health	3
III.	Physical Activity & Nutrition	7
IV.	Tobacco Use	11
V.	Housing & Health	13
VI.	Community Safety	15
VII.	Environmental Justice	17
VIII.	Reproductive Health	19
IX.	Mental Health	21
X.	Sexually Transmitted Infections	22
XI.	Access to Healthcare	23
XII.	California Healthy Places Index	25
XIII.	Building on This Report	26
XIV.	Technical Notes	27

This report is part of the *City and Community Health Profiles* series developed by the Los Angeles County Department of Public Health to provide local level data to cities and unincorporated communities within Los Angeles County. Profiles were created for cities and unincorporated Census designated places (communities) with total population sizes of at least 24,000 based on 2016 population estimates. In addition, separate profiles for each of the 15 Council Districts for the City of Los Angeles were produced. Due to challenges with generating accurate and reliable data for regions with population sizes below 24,000, we were unable to create reports for all cities and communities in the county. In total, 86 unique geographic places in Los Angeles County have been profiled in this series.

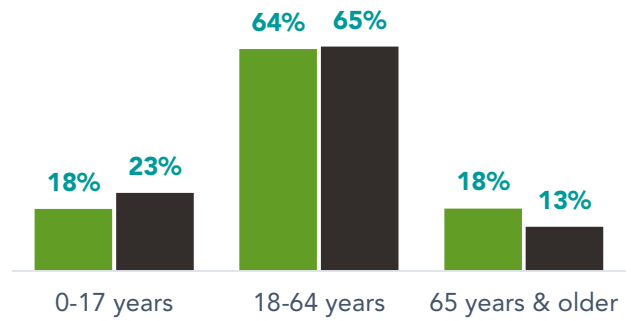
# COMMUNITY AT A GLANCE

## TEMPLE CITY

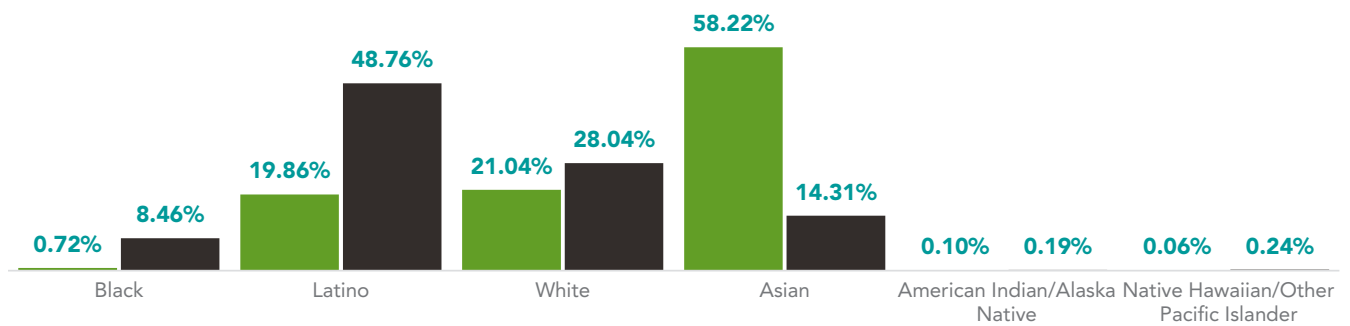


**36,580**

TOTAL POPULATION<sup>1</sup>



POPULATION BY AGE<sup>1,2</sup>

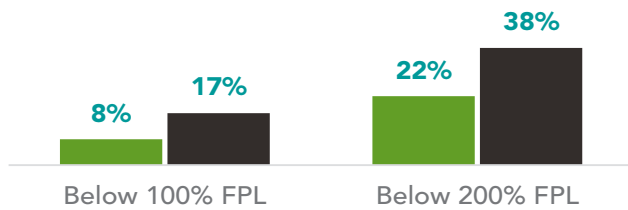
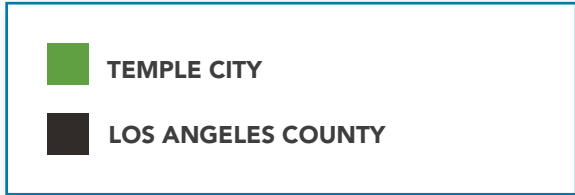
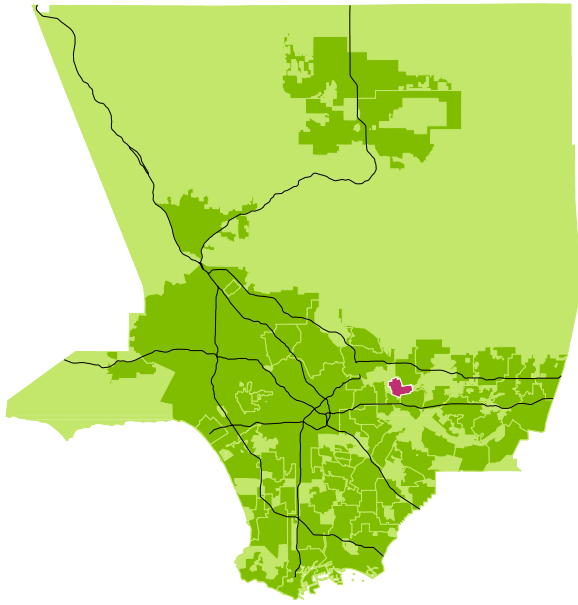


POPULATION BY RACE/ETHNICITY<sup>1,2</sup>

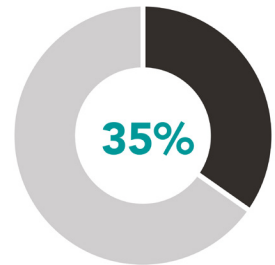
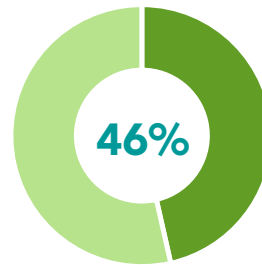
<sup>2</sup>Note: Due to rounding, categories may not sum to 100%.

<sup>1</sup>Hedderon Demographic Services, Population Estimates, 2016

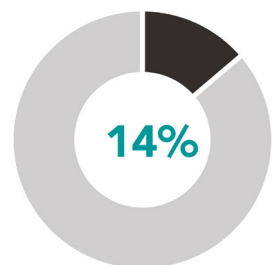
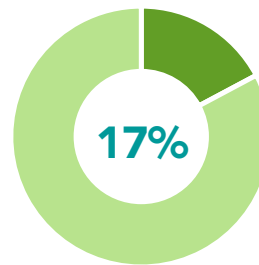
# COMMUNITY AT A GLANCE



**PERCENTAGE OF RESIDENTS LIVING BELOW 100% AND 200% OF THE FEDERAL POVERTY LEVEL (FPL)<sup>1</sup>**



**PERCENTAGE OF FOREIGN-BORN RESIDENTS<sup>2</sup>**

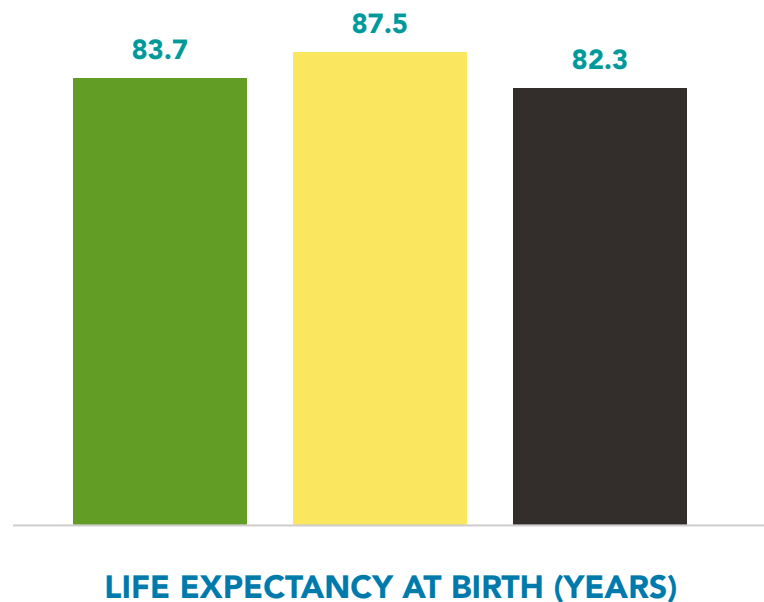


**PERCENTAGE OF HOUSEHOLDS WITH LIMITED ENGLISH PROFICIENCY<sup>2</sup>**

<sup>1</sup>Hedderon Demographic Services, Poverty Estimates, 2016  
<sup>2</sup>US Census Bureau, American Community Survey, 2011 - 2015

## LIFE EXPECTANCY & SOCIAL DETERMINANTS OF HEALTH

The average life expectancy of a population is one of the most basic and important measures of the health of a community. Substantial variation in average life expectancy is seen across Los Angeles County. Significant determinants of this variation are the levels of education, income, and employment in the population. Also important are the degrees to which residents are socially connected and supported and the adverse health impacts of the long legacy of racism and discrimination in our society that disadvantages communities of color and other marginalized groups. These factors are collectively referred to as the social determinants of health. In addition to impacting the average life expectancy in communities, these social determinants of health are the fundamental drivers for nearly all health outcomes.



*Los Angeles County Department of Public Health, Los Angeles County Linked Death Data, 2016; Hedderson Demographic Services, Population Estimates, 2016*

■ TEMPLE CITY

■ BEST PERFORMING CITY OR COMMUNITY

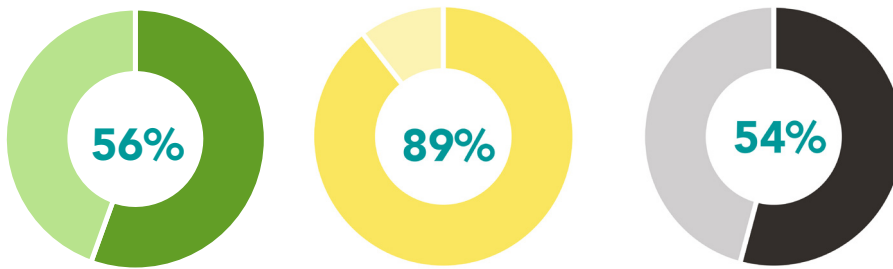
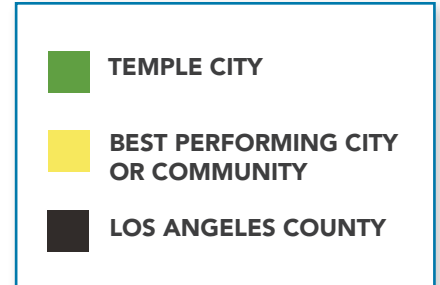
■ LOS ANGELES COUNTY



# LIFE EXPECTANCY & SOCIAL DETERMINANTS OF HEALTH



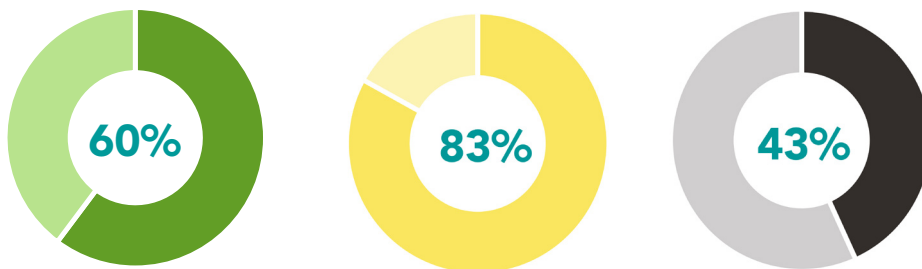
Access to early childhood education (i.e., education before the age of five years) is associated with numerous health benefits later in life. For instance, young children who are enrolled in high quality preschool programs are more likely to graduate from high school, have higher paying jobs, own homes,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



## PERCENTAGE OF CHILDREN (AGES 3 AND 4 YEARS) ENROLLED IN PRESCHOOL

*US Census Bureau, American Community Survey, 2011 - 2015*

For many elementary school children, third grade represents a key transition point for reading proficiency and literacy as they are expected to make the shift from learning-to-read to reading-to-learn. Children found to have low reading skills in the third grade are at increased risk for poor academic outcomes, including failing grades and dropping out of high school. This can have profound consequences for future health and longevity.

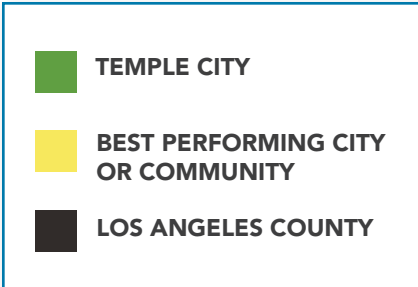


## PERCENTAGE OF PUBLIC SCHOOL THIRD GRADERS WHO ARE MEETING OR EXCEEDING CALIFORNIA STANDARDS FOR ENGLISH LANGUAGE ARTS & LITERACY

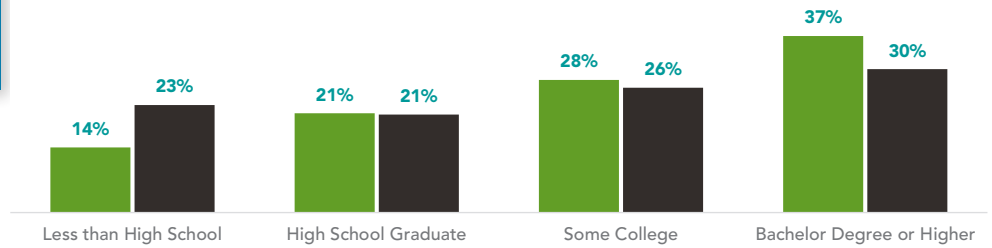
*California Department of Education, California Assessment of Student Performance and Progress System, 2017*



# LIFE EXPECTANCY & SOCIAL DETERMINANTS OF HEALTH

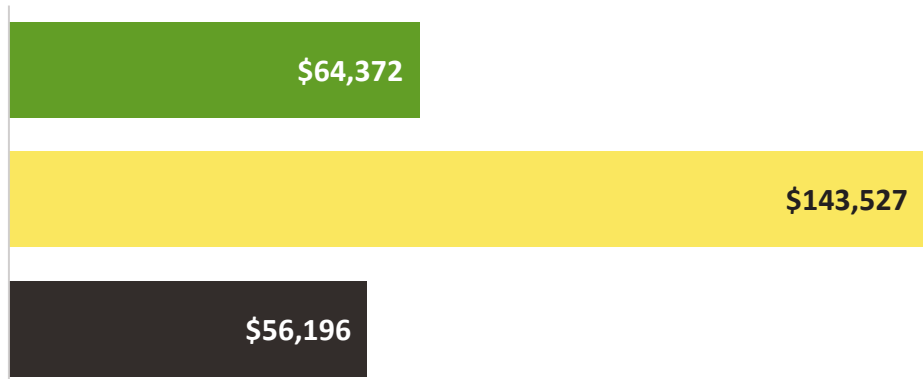


<sup>1</sup>Note: Due to rounding, categories may not sum to 100%.



## HIGHEST LEVEL OF EDUCATION ATTAINED AMONG ADULTS (AGES 25 YEARS AND OLDER)<sup>1</sup>

US Census Bureau, American Community Survey, 2011 - 2015



## MEDIAN HOUSEHOLD INCOME

US Census Bureau, American Community Survey, 2011 - 2015

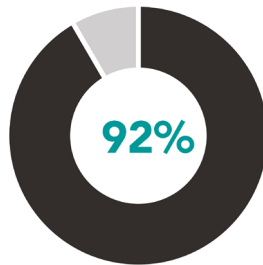
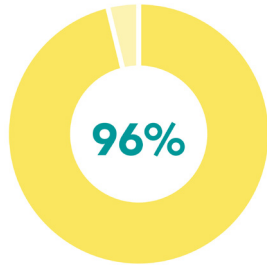
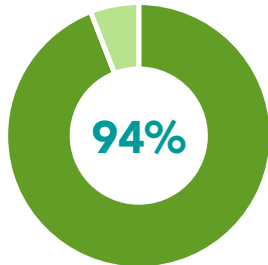


Number of public libraries in Temple City: **1**

California Public Library Directory, 2017

Public libraries are vital community assets. They can support the health and well-being of local residents through the variety of programs and services they offer. These can include literacy programs for children and adults, after-school programs, free access to computers and the internet, and skills-development classes. Libraries also play a critical role in supporting academic achievement, which has significant implications for health. In addition, libraries can serve as key hubs for linking residents to other important community resources and services, such as healthcare services and food assistance programs.

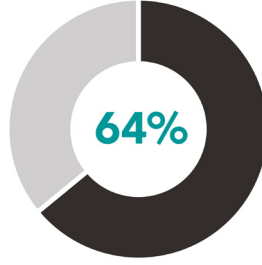
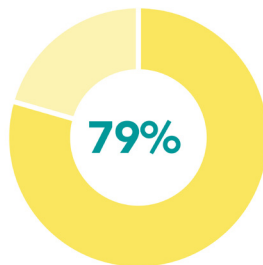
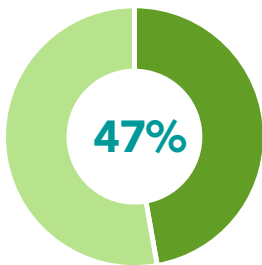
# LIFE EXPECTANCY & SOCIAL DETERMINANTS OF HEALTH



**PERCENTAGE OF EMPLOYED ADULTS (AGES 25 TO 64 YEARS) IN THE LABOR FORCE<sup>1</sup>**

*US Census Bureau, American Community Survey, 2011 - 2015*

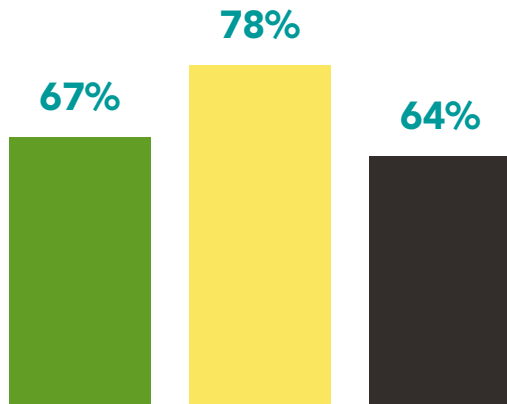
<sup>1</sup>The labor force consists of the civilian population that is employed or unemployed but actively looking for work.



**PERCENTAGE OF ADULTS (AGES 18 YEARS AND OLDER) WHO REPORT RECEIVING THE SOCIAL AND EMOTIONAL SUPPORT THEY NEED**

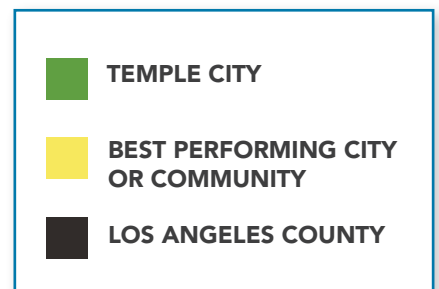
*Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2015*

Voter turn-out is a measure of civic engagement. Communities that are civically engaged have more power to advocate for health-promoting policies. In addition, civically engaged communities create opportunities for residents to be socially connected, thereby reducing the adverse health effects of social isolation.



**PERCENTAGE OF REGISTERED VOTERS WHO VOTED IN THE 2016 GENERAL ELECTION**

*University of California, Berkeley, Statewide Database, 2016*



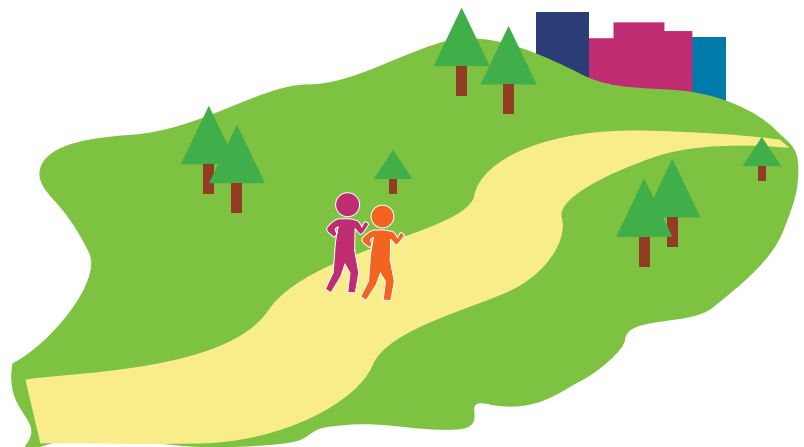
## PHYSICAL ACTIVITY & NUTRITION

Increasing physical activity and improving diets are two important ways to improve the health of community residents. Physical inactivity and poor diet have contributed to our current obesity epidemic and are major risk factors for heart disease, diabetes, cancer, and many other chronic health conditions. Being physically active and eating healthy are often considered lifestyle choices that are under the control of individuals, but these “choices” are strongly influenced by community environments. For example, it is difficult for people to be physically active if their communities do not have available and safe places for recreation. Likewise, it is very challenging for people to have a healthy diet if they have limited access to nutritious and affordable food options. Cities and communities can organize to create environments that promote active living and healthy eating. For example, they can make streets more accommodating for walking and biking, and they can create incentives for healthy food retail.

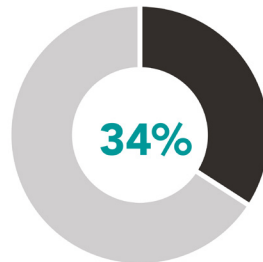
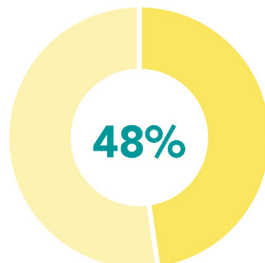
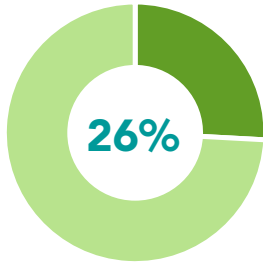
### AVAILABLE RECREATIONAL SPACE (ACRES PER 1,000 POPULATION)

<b>TEMPLE CITY</b>	<b>0.48</b>
<b>BEST PERFORMING CITY OR COMMUNITY</b>	<b>53.32</b>
<b>LOS ANGELES COUNTY</b>	<b>8.10</b>

*Los Angeles County Geographic Information Systems Data Portal, Los Angeles County Land Types, 2015;  
Hedderon Demographic Services, Population Estimates, 2015*

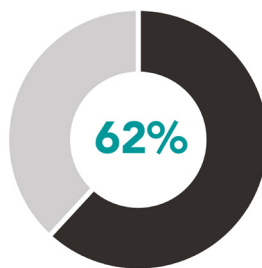
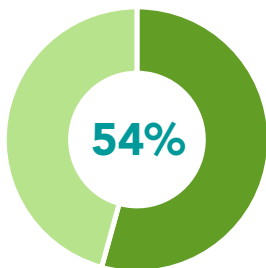


# PHYSICAL ACTIVITY & NUTRITION



## PERCENTAGE OF ADULTS (AGES 18 YEARS AND OLDER) MEETING RECOMMENDED GUIDELINES FOR PHYSICAL ACTIVITY<sup>1</sup>

Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2015



## PERCENTAGE OF THE POPULATION LIVING IN CLOSE PROXIMITY TO A SUPERMARKET OR GROCERY STORE<sup>2</sup>

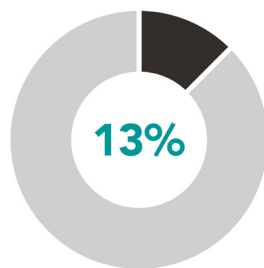
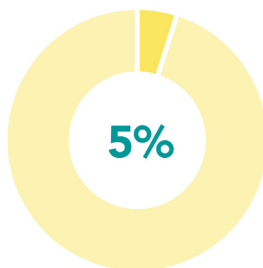
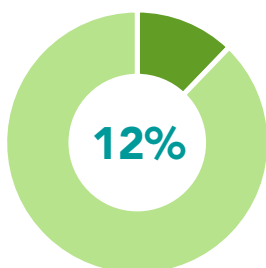
US Department of Agriculture, Food Access Research Atlas, 2015

<sup>1</sup>Defined according to the Physical Activity Guidelines Advisory Committee Report, 2008 published by the US Department of Health and Human Services. Respondents reported meeting guidelines for aerobic activities (i.e., vigorous activity for at least 75 minutes a week, moderate activity for at least 150 minutes a week, or a combination of vigorous and moderate activity for at least 150 minutes a week) AND muscle-strengthening activities on two or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

<sup>2</sup>Close proximity defined as living within a half mile for urban populations and within one mile for rural populations.

- TEMPLE CITY
- BEST PERFORMING CITY OR COMMUNITY
- LOS ANGELES COUNTY

People who have long commute times have less free time to be physically active and may also experience considerable stress associated with traffic. Research studies have shown that individuals who spend long periods of time commuting to and from work are at increased risk for obesity.



## PERCENTAGE OF WORKING POPULATION (AGES 16 YEARS AND OLDER) WITH ONE-WAY COMMUTE TO WORK OF 60 MINUTES OR LONGER

US Census Bureau, American Community Survey, 2011 - 2015

# PHYSICAL ACTIVITY & NUTRITION

**Number of farmers' markets in Temple City:** 1

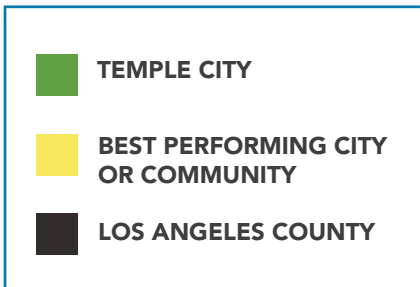
**Number of farmers' markets in Temple City that accept EBT or WIC:** 1

*Ecology Center, Farmers' Market Finder, 2017*

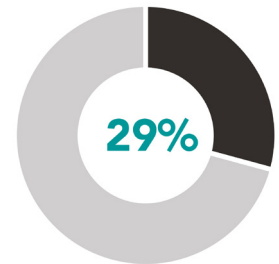
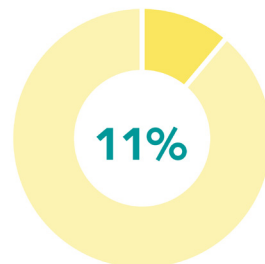


Farmers' markets are a valuable community resource that can promote healthy eating by making fresh and in-season fruits and vegetables readily available to residents. Many farmers' markets are also able to process payments through the Electronic Benefit Transfer (EBT) system or accept checks from food assistance programs. This ensures that low income residents participating in programs such as the Supplemental Nutrition Assistance Program (SNAP, also known as CalFresh in California) or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) can also access the fresh, high quality produce that is sold at these markets.

Food insecurity, or the inability to reliably afford or access sufficient quantities of healthy foods, affects hundreds of thousands of low income households in Los Angeles County. Fortunately, food assistance is available in most communities through the CalFresh and WIC programs. In addition, children from households at high risk for food insecurity and who attend public schools are also eligible to participate in California's Free or Reduced Price Meal program.



**RESULT UNAVAILABLE**



## PREVALENCE OF FOOD INSECURITY AMONG HOUSEHOLDS WITH INCOMES BELOW 300% OF THE FEDERAL POVERTY LEVEL

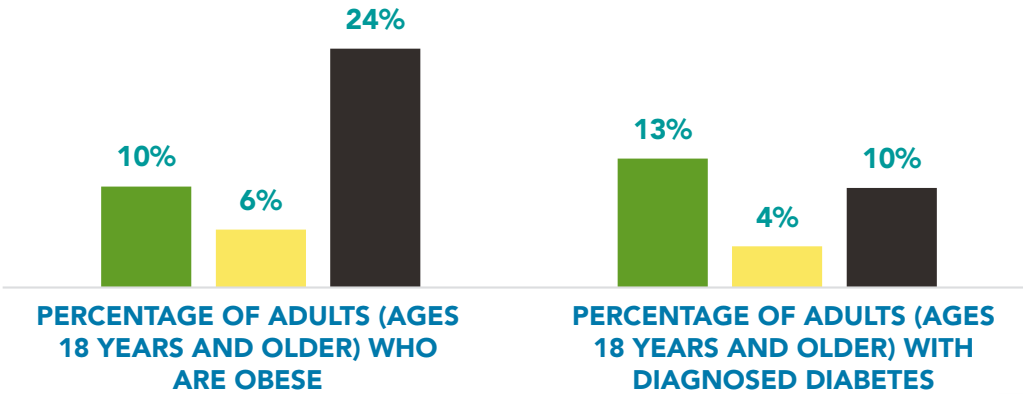
*Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2015*

<b>CALFRESH<sup>1</sup></b>	Estimated number of eligible people in Temple City:	Estimated participation rate in Temple City:
	<b>4,289</b>	<b>37%</b>
<b>FREE OR REDUCED PRICE MEAL<sup>2</sup></b>	Estimated percentage of eligible public school students in Temple City: <b>41%</b>	

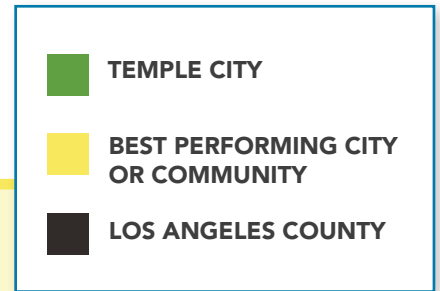
<sup>1</sup>California Department of Social Services, Research Services Branch, CalFresh Geocoding Data, 2015

<sup>2</sup>California Department of Education, Free or Reduced Price Meal Data, 2016 - 2017

# PHYSICAL ACTIVITY & NUTRITION

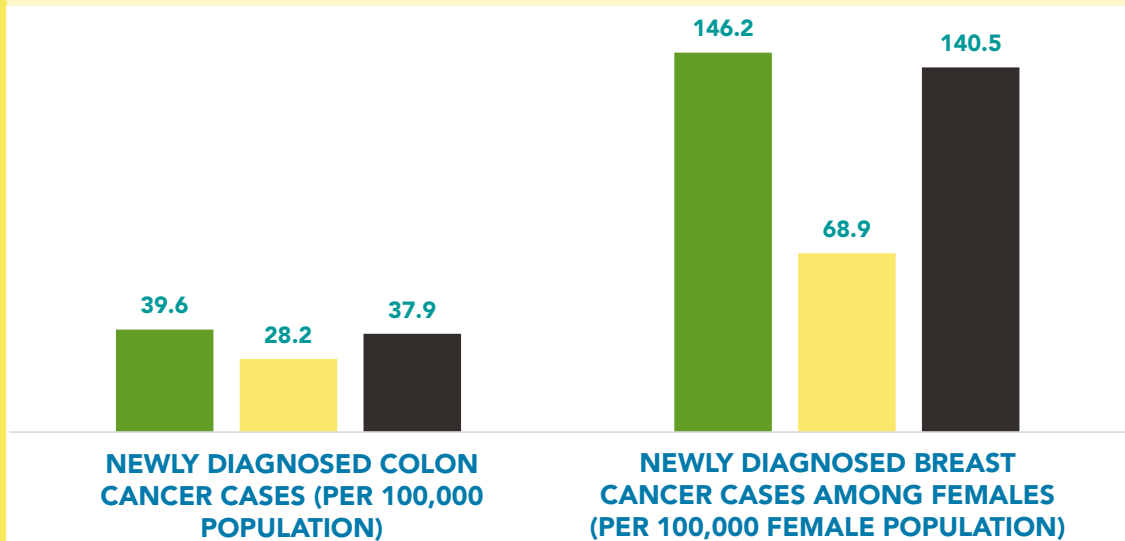


Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2015



Research indicates that being physically active and eating a diet that is rich in fruits, vegetables, lean meats, and fiber can reduce the risk of colon cancer.

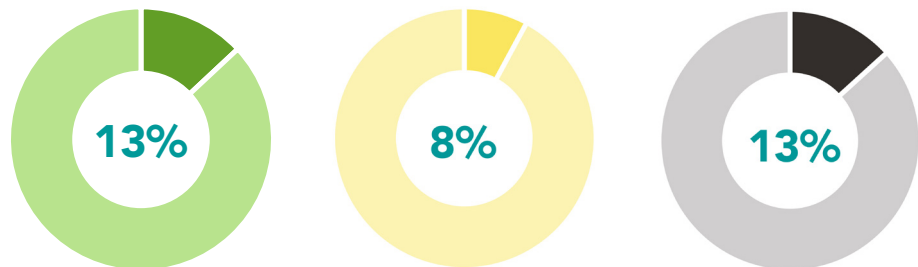
Obesity can increase an individual's lifetime risk of breast cancer.



University of Southern California, Cancer Surveillance Program, 2011 - 2015; Hedderson Demographic Services, Population Estimates, 2011 - 2015

## TOBACCO USE

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



### PERCENTAGE OF ADULTS (AGES 18 YEARS AND OLDER) WHO SMOKE CIGARETTES

*Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2015*



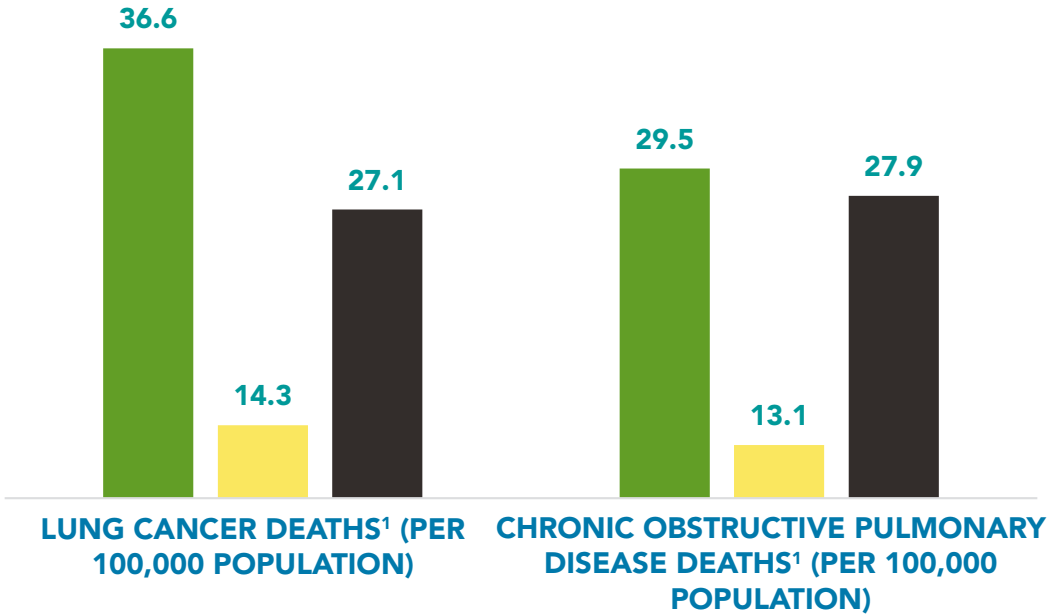
**TEMPLE CITY**

**BEST PERFORMING CITY OR COMMUNITY**

**LOS ANGELES COUNTY**

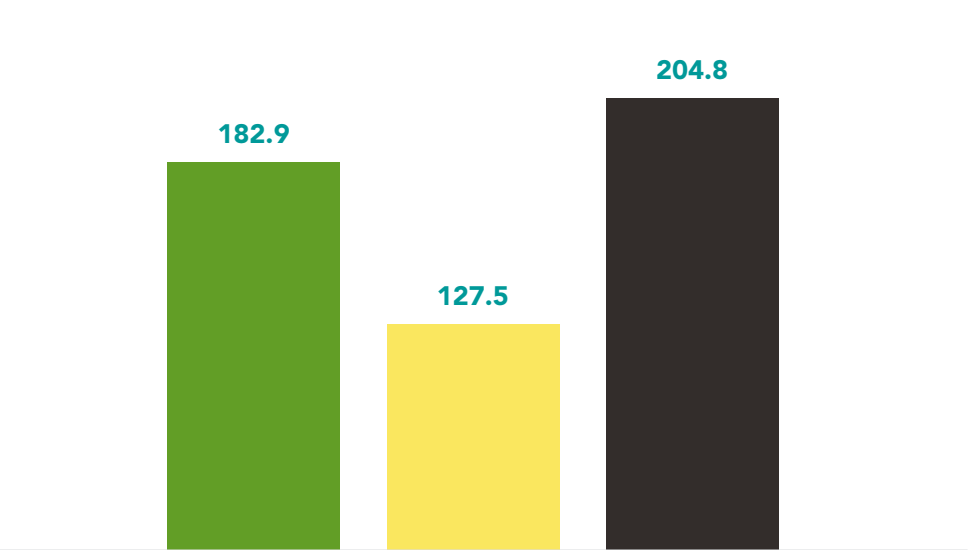


# TOBACCO USE



Los Angeles County Department of Public Health, Los Angeles County Linked Death Data, 2012 - 2016; Hedderson Demographic Services, Population Estimates, 2012 - 2016

In addition to lung cancer and chronic obstructive pulmonary disease, smoking is a major risk factor for cardiovascular disease. Cardiovascular disease-related deaths include deaths due to heart disease and stroke.



<sup>1</sup>Death rate has been age-adjusted.

- TEMPLE CITY
- BEST PERFORMING CITY OR COMMUNITY
- LOS ANGELES COUNTY

## CARDIOVASCULAR DISEASE DEATHS<sup>1</sup> (PER 100,000 POPULATION)

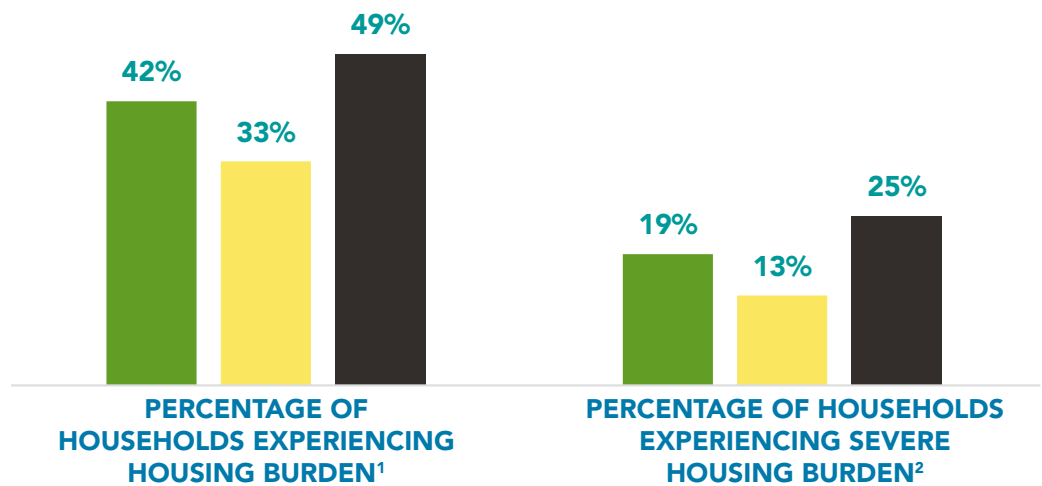
Los Angeles County Department of Public Health, Los Angeles County Linked Death Data, 2012 - 2016; Hedderson Demographic Services, Population Estimates, 2012 - 2016

# HOUSING & HEALTH

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

<sup>1</sup>Housing burden is defined as spending 30% or more of household income on housing.

<sup>2</sup>Severe housing burden is defined as spending 50% or more of household income on housing.



US Census Bureau, American Community Survey, 2011 - 2015

**TEMPLE CITY**

**BEST PERFORMING CITY OR COMMUNITY**

**LOS ANGELES COUNTY**

# HOUSING & HEALTH



<sup>1</sup>Note: Due to rounding, categories may not sum to 100%.

TEMPLE CITY

66%

34%

LA COUNTY

46%

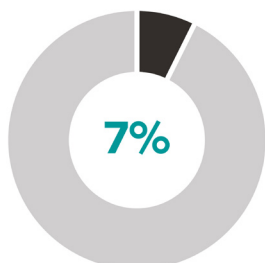
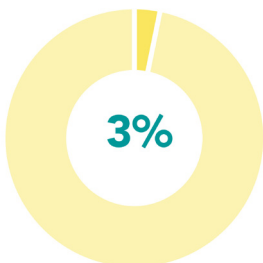
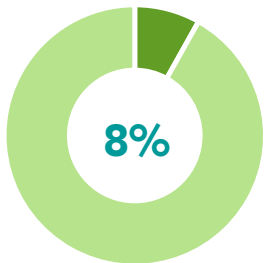
54%

US Census Bureau, American Community Survey, 2011 - 2015

Estimated number of homeless individuals in Temple City:

19

Los Angeles Homeless Services Authority, Greater Los Angeles Homeless Count by City/Community, 2016



PERCENTAGE OF CHILDREN (AGES 17 YEARS AND YOUNGER) WITH DIAGNOSED ASTHMA

Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2015

- TEMPLE CITY
- BEST PERFORMING CITY OR COMMUNITY
- LOS ANGELES COUNTY

# COMMUNITY SAFETY

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

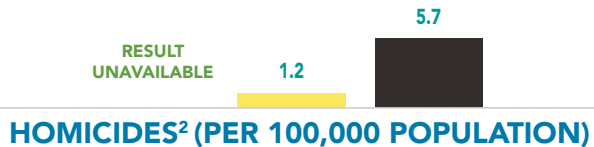
<sup>1</sup>Serious crimes consist of Part 1 offenses as defined by the US Department of Justice's Uniform Reporting Statistics. These include murders, nonnegligent homicides, rapes (legacy and revised), robberies, aggravated assaults, burglaries, motor vehicle thefts, larceny-thefts, and arsons.

## SERIOUS CRIMES<sup>1</sup> (PER 100,000 POPULATION)

TEMPLE CITY	134.0
BEST PERFORMING CITY OR COMMUNITY	62.0
LOS ANGELES COUNTY	551.0

California Attorney General, Crimes and Clearances, 2016;  
 Los Angeles Police Department, Crime Data from 2010 to Present, 2016;  
 Los Angeles County Sheriff's Department, Historical Crime Data, 2016;  
 Hedderson Demographic Services, Population Estimates, 2016

<sup>2</sup>Death rate has been age-adjusted.



## HOMICIDES<sup>2</sup> (PER 100,000 POPULATION)

Los Angeles County Department of Public Health, Los Angeles County Linked Death Data, 2012 - 2016;  
 Hedderson Demographic Services, Population Estimates, 2012 - 2016



TEMPLE CITY



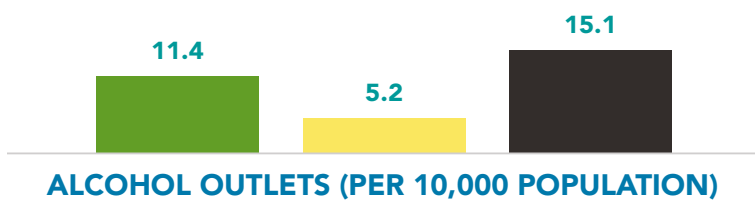
BEST PERFORMING CITY OR COMMUNITY



LOS ANGELES COUNTY

## COMMUNITY SAFETY

One important community characteristic that is associated with community safety is alcohol outlet density. Alcohol outlet density refers to the number of retail outlets in a community that sell alcohol relative to the number of residents living in that community. In general, consumption of alcohol tends to be higher in communities where the alcohol outlet density is also high. This has important implications for health as excessive consumption of alcohol is a leading cause of premature death in Los Angeles County. In addition to elevated crime rates, communities with high alcohol outlet densities also experience more deaths from alcohol-related motor vehicle crashes.



*State of California Alcoholic Beverage Control, 2013;  
Hedderson Demographic Services, Population Estimates, 2013*



■ TEMPLE CITY

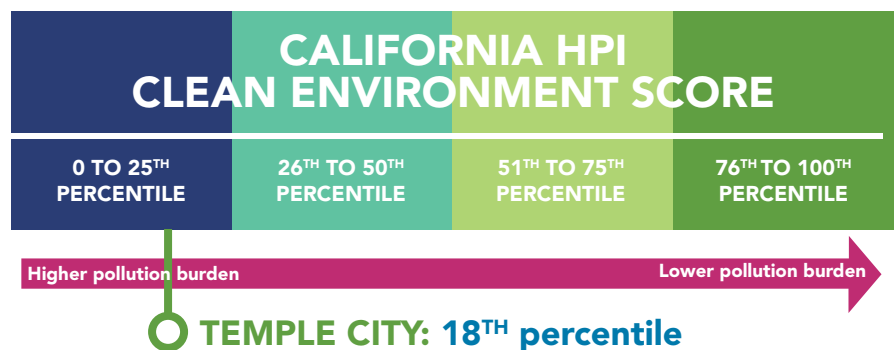
■ BEST PERFORMING CITY  
OR COMMUNITY

■ LOS ANGELES COUNTY

# ENVIRONMENTAL JUSTICE

Environmental justice describes a movement that recognizes that many low income communities and communities of color across the United States are disproportionately and unfairly exposed to a wide array of environmental pollutants and toxins. This is an important issue in Los Angeles County, which is home to some of the most polluted communities in the state. Residents living in or near neighborhoods with high levels of pollution are at an increased risk for developing respiratory diseases, such as asthma, and cardiovascular diseases, such as stroke. Pregnant women living in highly polluted neighborhoods are also at an increased risk for experiencing poor birth outcomes, such as preterm birth. Environmental justice seeks to address these inequities by raising awareness of hazardous exposures among residents living in polluted communities and by fostering collaboration between communities and policy makers to increase the focus of regulatory decision-making on health protection.

The California Healthy Places Index (HPI) Clean Environment Score is a composite measure of pollution that was developed by the Public Health Alliance of Southern California. It is based on the average levels of four common environmental pollutants used in the California Environmental Protection Agency’s CalEnviroScreen 3.0 tool. The four pollutants considered in the Clean Environment Score are fine particles in the air (PM2.5), ground-level ozone (PM ozone), diesel particulate matter in the air (DPM), and groundwater contamination. PM2.5, PM ozone, and DPM are emitted from motor vehicles, industrial facilities, oil and gas wells, electric utilities, gasoline vapors, and chemical solvents. Groundwater can become contaminated by gasoline, oil, road salts, and other chemicals.



*California Environmental Protection Agency, CalEnviroScreen 3.0, 2005 – 2015*



Many communities throughout Los Angeles County are situated close to heavy industry, including oil and gas wells. As a result, nearby residents may be at risk for exposure to numerous toxic chemicals.

**Number of oil and gas wells  
in Temple City:**

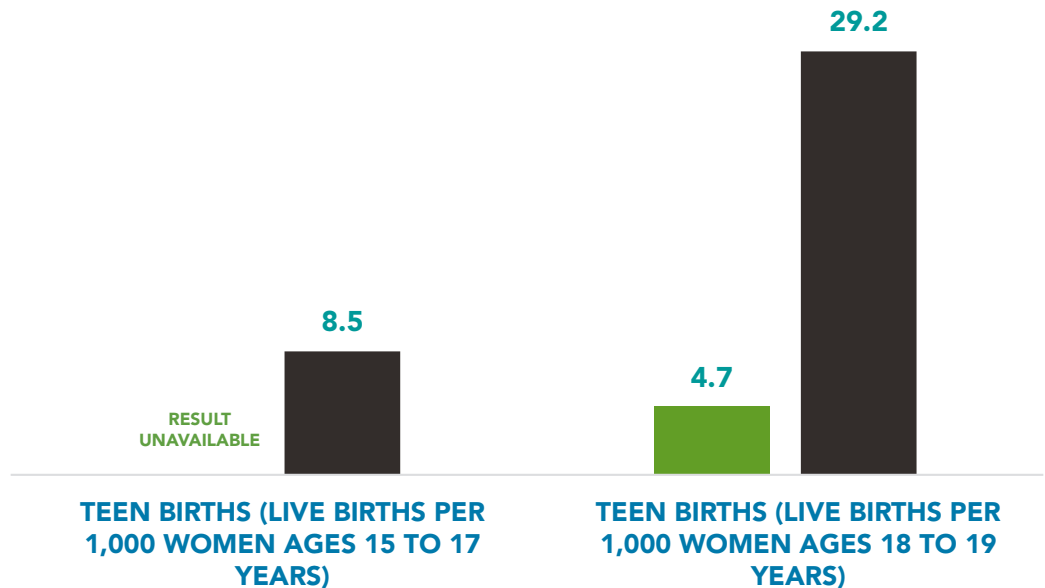
**1**

*California Department of Conservation, Division of Oil, Gas, and Geothermal Resources, 2017*



# REPRODUCTIVE HEALTH

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

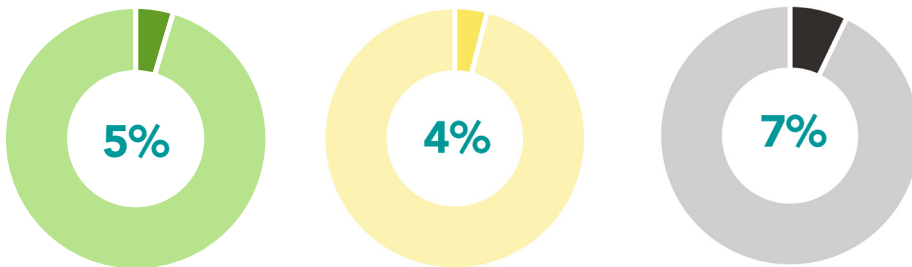


*Los Angeles County Department of Public Health, Los Angeles County Linked Birth Data, 2014 - 2016; Hedderson Demographic Services, Population Estimates, 2014 - 2016*

- TEMPLE CITY**
- LOS ANGELES COUNTY**



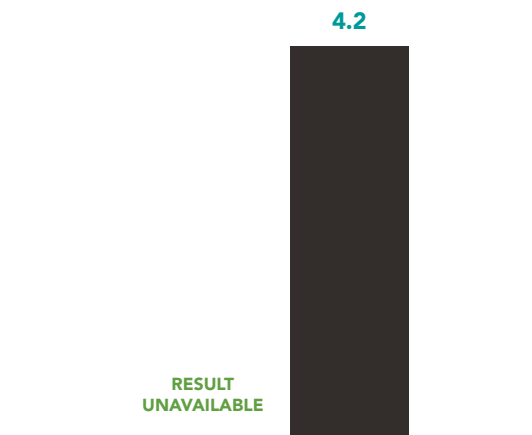
# REPRODUCTIVE HEALTH



## PERCENTAGE OF LOW BIRTH WEIGHT BIRTHS<sup>1</sup>

Los Angeles County Department of Public Health, Los Angeles County Linked Birth Data, 2016

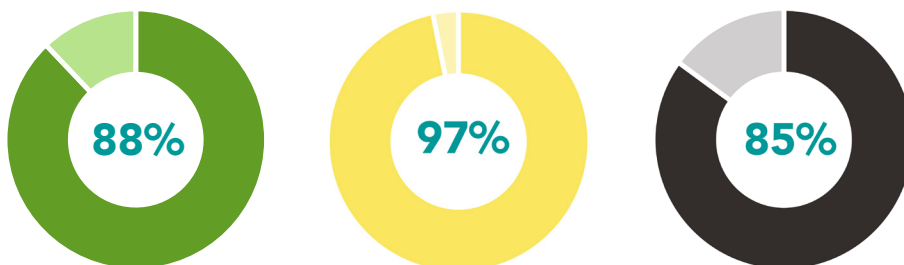
<sup>1</sup>Low birth weight birth refers to babies who are born weighing less than 2,500 grams (5 pounds, 8 ounces).



## INFANT DEATHS<sup>2</sup> (PER 1,000 LIVE BIRTHS)

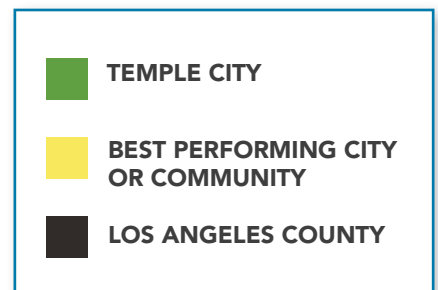
Los Angeles County Department of Public Health, Los Angeles County Linked Death Data, 2012 - 2016;  
Los Angeles County Department of Public Health, Los Angeles County Linked Birth Data, 2012 - 2016

<sup>2</sup>Infant death is defined as death occurring within the first year of life.



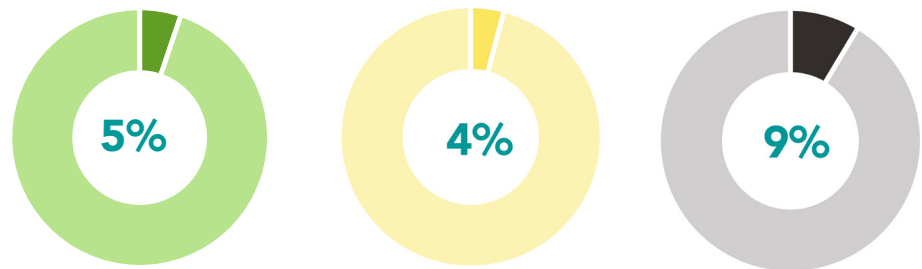
## PERCENTAGE OF BIRTHS TO WOMEN INITIATING PRENATAL CARE IN THE FIRST TRIMESTER

Los Angeles County Department of Public Health, Los Angeles County Linked Birth Data, 2016



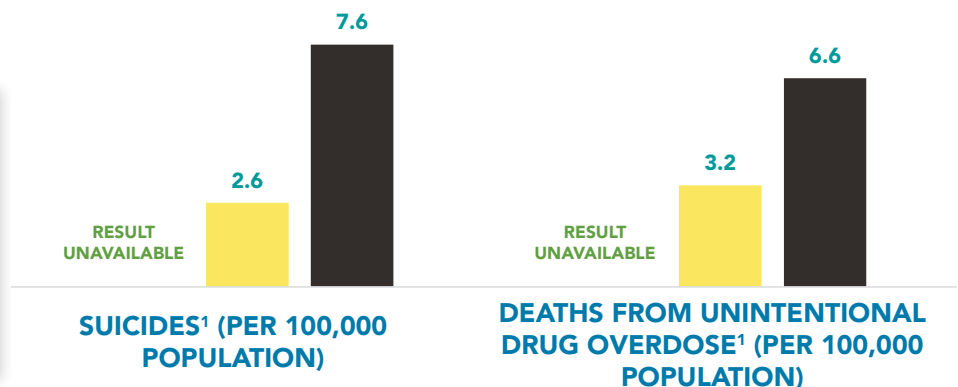
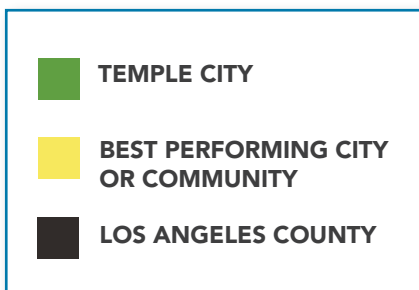
# MENTAL HEALTH

There is growing recognition that mental health is as essential to overall well-being as is physical health. When people feel emotionally, psychologically, and socially secure, they are able to thrive and reach their full potentials. Individuals who are exposed to chronic stress from financial worry, work and family demands, job insecurity, unsafe living environments, social isolation, or discrimination are at a greater risk for developing mental health conditions, such as depression, anxiety, or post-traumatic stress disorder. Having a mental health condition in turn increases the risk for other adverse outcomes such as substance abuse or death from suicide or drug overdose. While ensuring access to timely and affordable mental health interventions and services is important for effectively treating mental health conditions, promoting well-being at the community level may help prevent these conditions from developing. Cities and communities can take an active role in fostering mental health by ensuring community safety, promoting employment opportunities and economic security, expanding affordable housing, creating varied opportunities for residents to engage in community issues, reducing the stigma associated with mental health, and providing support services, particularly for seniors and other vulnerable community members.



## PERCENTAGE OF ADULTS (AGES 18 YEARS AND OLDER) WITH DIAGNOSED DEPRESSION

Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2015



<sup>1</sup>Death rate has been age-adjusted.

Los Angeles County Department of Public Health, Los Angeles County Linked Death Data, 2012 - 2016; Hedderson Demographic Services, Population Estimates, 2012 - 2016


# SEXUALLY TRANSMITTED INFECTIONS




In recent years, Los Angeles County has experienced a steady increase in the rates of sexually transmitted infections (STIs), including syphilis, gonorrhea, and chlamydia, a trend that has also been seen nationally. In addition, HIV infection remains a significant public health concern, with more than 50,000 county residents estimated to be currently living with HIV. The rates of STIs, including HIV, are much higher in some communities than in others, with low income communities, communities of color, and gay, bisexual, and transgender communities most severely impacted. Cities, community organizations, faith-based institutions, and businesses can play an important role in supporting efforts to prevent these infections. For example, they can help promote sexual health education campaigns, support condom distribution programs, and foster efforts to reduce stigmatization of and discrimination against groups most at risk of these infections. In addition, the local community providers can help by assisting at-risk groups in accessing prevention programs, testing, and treatment services, including partner notification and treatment.

	TEMPLE CITY	LOS ANGELES COUNTY
<b>SYPHILIS CASES<sup>1</sup> (PER 100,000 POPULATION)</b>	RESULT UNAVAILABLE	<b>33.3</b>
<i>Los Angeles County Department of Public Health, Sexually Transmitted Disease Surveillance System, 2014 - 2016</i>		
<b>GONORRHEA CASES (PER 100,000 POPULATION)</b>	<b>19.2</b>	<b>179.5</b>
<i>Los Angeles County Department of Public Health, Sexually Transmitted Disease Surveillance System, 2014 - 2016</i>		
<b>PERSONS LIVING WITH HIV (PER 100,000 POPULATION)</b>	<b>70.6</b>	<b>491.7</b>
<i>Los Angeles County Department of Public Health, HIV Surveillance System, 2016</i>		

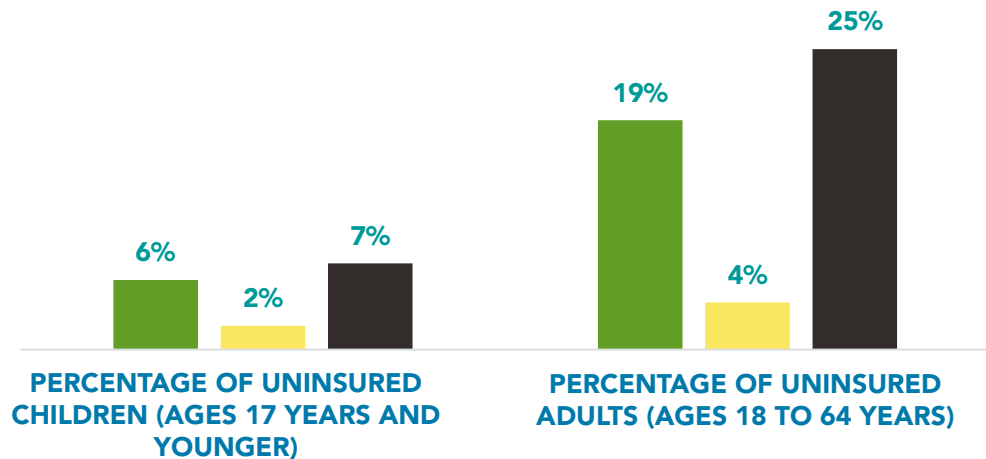
<sup>1</sup>Primary, secondary, and early latent syphilis cases have been included.

 **TEMPLE CITY**

 **LOS ANGELES COUNTY**

## ACCESS TO HEALTHCARE

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



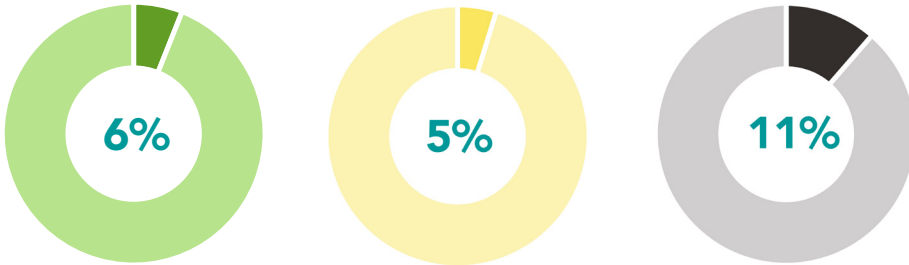
US Census Bureau, American Community Survey, 2011 - 2015

TEMPLE CITY

BEST PERFORMING CITY OR COMMUNITY

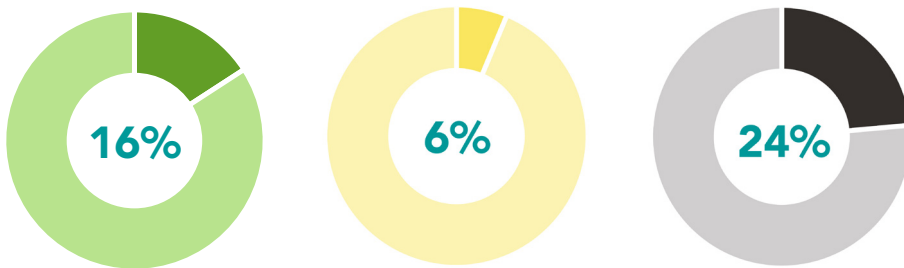
LOS ANGELES COUNTY

## ACCESS TO HEALTHCARE



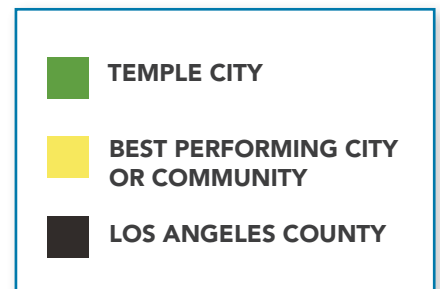
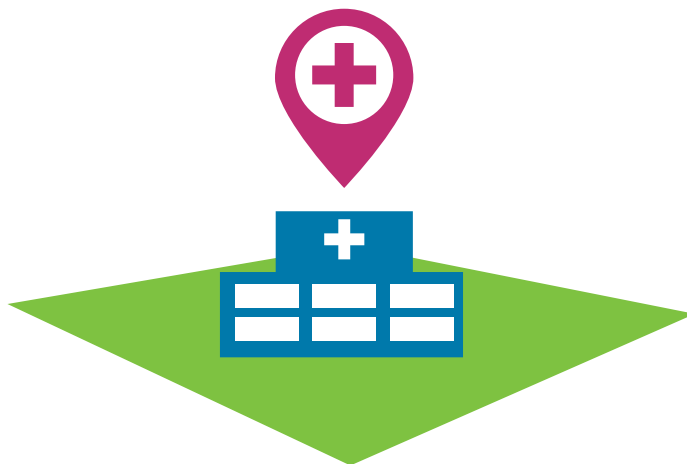
**PERCENTAGE OF CHILDREN (AGES 2 TO 17 YEARS) WHO WERE UNABLE TO AFFORD NEEDED DENTAL CARE IN THE PAST 12 MONTHS**

*Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2015*



**PERCENTAGE OF ADULTS (AGES 18 YEARS AND OLDER) REPORTING DIFFICULTY ACCESSING HEALTHCARE**

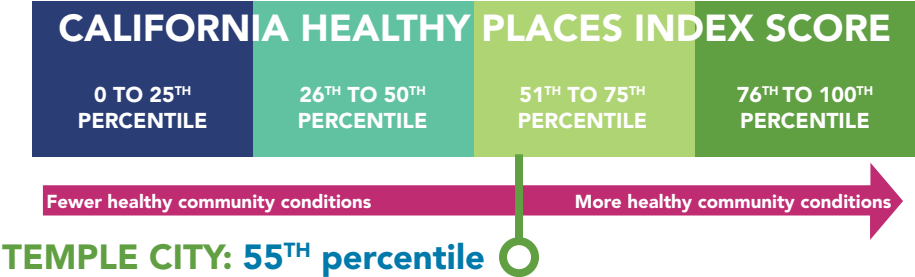
*Los Angeles County Department of Public Health, Los Angeles County Health Survey, 2015*



# CALIFORNIA HEALTHY PLACES INDEX

As highlighted in this report, the health of a community is shaped by many factors, the most important of which are the social, economic, and environmental conditions in the community and the policies that impact these conditions. Given the complexity of factors that influence health and the many ways in which health is measured, it is often difficult to compare overall health across different communities. To address this challenge and to identify opportunities for improving health and reducing health inequities, the Public Health Alliance of Southern California collaborated with national, state, and local public health experts to develop a single composite measure that summarizes the health of a community, referred to as the California Healthy Places Index (HPI). The index is calibrated to correlate with life expectancy. In addition to environmental factors, it takes into account the diverse non-medical economic, social, and political factors that influence physical and mental function, behavior and disease. In total, the index combines 25 community characteristics into a single composite score. HPI scores have been calculated for almost all census tracts in California. In addition, the Public Health Alliance of Southern California has made data available for numerous indicators that are not part of the HPI but can still be used as decision support tools to inform public health and policy efforts. The HPI website also features an interactive mapping tool that allows users to visualize the HPI data at different levels and various geographical units. For more information, please visit <http://healthyplacesindex.org/>.

For the *City and Community Health Profiles* series, the HPI score was recalculated for incorporated cities, the 15 Los Angeles City Council Districts, and unincorporated communities by aggregating census tracts to these geographical locations. The recalculated HPI scores were assigned a percentile rank to facilitate comparison among cities and communities within Los Angeles County.



Public Health Alliance of Southern California, California Healthy Places Index, 2018

## BUILDING ON THIS REPORT



While the *City and Community Health Profiles* series presents a broad array of indicators known to impact health and well-being, we recognize that the information in these profiles is limited. The reports in this series may not do justice to the numerous community assets that are unique to some of the places that have been profiled, nor do they capture all the narratives that may be relevant to health in a particular city or community. We also acknowledge that these reports do not highlight the work that is currently being done in many cities and communities throughout the county to improve health. In addition, local agencies and organizations may have their own data that they wish to add to these profiles to underscore key issues in their cities or communities.

To better support your efforts to promote health for all, we have made the data presented in this report accessible through our website. In addition, results are available for every indicator in this report to facilitate comparison across multiple cities and communities in Los Angeles County. We encourage you to build on this report by downloading the data for your city or community and adding your own data. For more information, please visit <http://ph.lacounty.gov/ohae/cchp>. Should you have any questions, please contact our office at (213) 288 - 7785 or via email at [cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov).

We look forward to working with you to ensure that all individuals and families in your community and across Los Angeles County have the opportunities and resources they need to achieve optimal health.

## CITY AND COMMUNITY DEFINITIONS

For the majority of indicators presented in the *City and Community Health Profiles* series, the following geographical definitions were used:

- Cities were defined using the 2015 US Census incorporated places boundaries. These files can be accessed at [https://census.gov/geo/maps-data/data/cbf/cbf\\_place.html](https://census.gov/geo/maps-data/data/cbf/cbf_place.html).
- Los Angeles City Council Districts (LACDs) were defined using the 2012 City of Los Angeles Bureau of Engineering boundaries. These files can be accessed at <https://egis3.lacounty.gov/dataportal/2012/08/07/la-city-council-districts-2012>.
- Unincorporated communities were defined using 2015 US Census designated places (CDP) boundaries. These files can be accessed at [https://census.gov/geo/maps-data/data/cbf/cbf\\_place.html](https://census.gov/geo/maps-data/data/cbf/cbf_place.html).

For American Community Survey (ACS) indicators, LACDs were approximated by aggregating census tracts to each of the 15 LACDs. Census tracts that crossed LACD boundaries were allocated to specific LACDs if the centroids of those census tracts fell within the boundaries of those LACDs.

For indicators derived from the California Department of Education (CDE) data sources, geographical allocation was determined based on public school addresses. If a school was located within a community boundary, students from that school were allocated to that community. This allocation method was used because information about students' residential addresses was not available through the CDE data sources. School addresses for all Los Angeles County schools were individually verified and corrected if needed prior to geographical allocation.

For the indicator on the number of homeless individuals, cities, unincorporated communities, and LACDs were defined according to the boundaries established by Los Angeles County's four Continuums of Care (CoC): Los Angeles, Glendale, Long Beach, and Pasadena. The Los Angeles Homeless Services Authority, the agency that leads the Los Angeles CoC, collaborated with the University of Southern California to define the geographic boundaries for cities, unincorporated communities, and LACDs in the greater Los Angeles area by selecting the census tracts that were included in their annual homeless count. The CoCs for the cities of Glendale, Long Beach, and Pasadena established their own geographic boundaries to define the areas that would be surveyed for their respective homeless counts.

For the indicators derived from the United States Department of Agriculture Food Access Research Atlas, the California Environmental Protection Agency CalEnviroScreen 3.0, the University of California, Berkeley Statewide Database, and the Public Health Alliance of



Southern California Healthy Places Index, cities and unincorporated communities were defined by aggregating census tracts to 2010 Census incorporated places and CDP boundaries. LACDs were defined by aggregating census tracts to the 2012 City of Los Angeles Bureau of Engineering boundaries. Census tracts that crossed geographical boundaries were allocated to particular communities if the centroids of those census tract fell within the boundaries of those communities. Geographical assignments for indicators from these four data sources were performed by the Public Health Alliance of Southern California for the *City and Community Health Profiles* series.

## INTERPRETING THE DATA IN THIS REPORT

For many of the indicators presented in this report, results have also been provided for the best performing city or community and for Los Angeles County overall. To determine whether two values are statistically different from one another (e.g., whether the indicator value for the city or community being profiled is statistically different from the value for the highest performing city or community or the value for Los Angeles County overall), the 95% confidence interval (CI) is required. While we have not included 95% CIs or noted statistically significant differences in this report, this information has been provided for relevant indicators on our website.

In addition, for several of the cities and communities included in the *City and Community Health Profiles* series, data were not presented for a few of the indicators featured in the health profile reports. In these instances, “RESULT UNAVAILABLE” was used to indicate that data were not reported. In general, data were not reported for one of three reasons. First, only results that were deemed to be statistically reliable were presented. When available, the relative standard error (RSE) was used to determine statistical stability (i.e., reliability). For most indicators with available RSE information, estimates were presented if their corresponding RSE was less than 30%. For indicators derived from small area estimation of Los Angeles County Health Survey data, estimates were presented if their corresponding RSE was less than 35%. Second, for indicators presenting information on the rates of specific health conditions in a given city or community (e.g., the number of lung cancer deaths per 100,000 population), results were not presented if very few cases occurred in that city or community. This was done to maintain the confidentiality of those individuals. Finally, for several indicators, data were not available to our analytic staff at certain geographic levels.

## DATA SOURCES

### Hedderson Demographic Services, Population Estimates

Hedderson Demographic Services produces population estimates on an annual basis for the Los Angeles County Internal Services Department and Information Technology Service Division. Their population estimation methods include applying mortality and migration rates to the 2010 Census estimates and adhering closely to the State's official city and county estimates from the California Department of Finance, Demographic Research Unit. For the *City and Community Health Profiles* series, the July 1 population estimates from 2016 were used for the indicators on total population, population by age, and population by race/ethnicity. July 1 population estimates from 2011 – 2016 were used as the denominators in the rate calculations that were derived for many of the other indicators in this report. For more information, please contact our office at (213) 288 – 7785, or email us at [cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov).

### Hedderson Demographic Services, Poverty Estimates

Hedderson Demographic Services produces poverty estimates on an annual basis for the Los Angeles County Internal Services Department and Information Technology Service Division. Poverty estimation methods include using 2015 American Community Survey (ACS) 5-Year Public Use Microdata Sample (PUMS) data and extrapolating to county level projections using 2016 ACS 1-Year PUMS data. The July 1, 2016 poverty estimates were used for the indicator on the percentage of residents living below 100% and 200% of the Federal Poverty Level. For more information, please contact our office at (213) 288 – 7785, or email us at [cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov).

### US Census Bureau, American Community Survey (ACS)

ACS is a nationwide continuous survey conducted by the US Census Bureau. The 2015 five year estimates (2011 – 2015) were used for the following indicators in this report: percentage of foreign-born residents, percentage of residents with limited English proficiency, preschool enrollment, adult educational attainment, median household income, employment, travel time commuting to work, percentage of households that own or rent their homes, percentage of households experiencing housing burden and severe housing burden, and percentage of uninsured adults and children. Data can be accessed at <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

### Los Angeles County Department of Public Health, Los Angeles County Linked Death Data

The California Department of Public Health's Death Statistical Master File and California Comprehensive Death File for Los Angeles County contain information reported on death certificates. These files were geocoded by the Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology to create the Los Angeles County Linked Death Data file. Death data from 2012 – 2016 were included in this file and were used to calculate the indicators for life expectancy and death rates from lung cancer, chronic



obstructive pulmonary disease, cardiovascular disease, homicide, suicide, unintentional drug overdose, and infant mortality. For the life expectancy and mortality indicators (except for infant mortality rate), Hedderson Demographic Services Population Estimates for relevant years were used to generate the life table and the denominators for the life expectancy and mortality rate calculations, respectively. For the infant mortality rate indicator, the total number of live births from 2012 – 2016 was used as the denominator; these data were derived from the Los Angeles County Department of Public Health’s Los Angeles County Linked Birth Data file. For more information, please contact our office at (213) 288 – 7785, or email us at [cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov).

The Smarter Balanced assessments are new computer-based tests that measure student knowledge of California’s English language arts/literacy and mathematics standards and are administered to public school students in the third through eighth grades and the eleventh grade. These assessments are part of CAASPP, which replaced the Standardized Testing and Reporting Program in 2015. Data from 2017 were used to estimate the percentage of third graders meeting or exceeding California’s content standards for English language arts/literacy. Community level estimates were based on the summation of student scores for all traditional public elementary schools (including charters) located within community boundaries (which were often different than school district boundaries). Additional information can be accessed at <http://caaspp.cde.ca.gov/>.

The count of public libraries in Los Angeles County cities, Los Angeles City Council Districts, and unincorporated communities was compiled by the County of Los Angeles Public Library from the California Public Library Directory. Data reflect the count of public libraries as of November 2017. More information is available at <http://library.ca.gov/services/to-libraries/library-directory/>.

LACHS is a periodic, random-digit-dial telephone survey of approximately 8,000 adults and 6,000 children in Los Angeles County. The data presented in this report are from the 2015 wave of the LACHS and include the following indicators: percentage of adults who report receiving the social and emotional support they need; percentage of adults meeting physical activity guidelines; prevalence of food insecurity among households with incomes below 300% of the federal poverty level; percentage of adults who are obese; percentage of adults with diagnosed diabetes; percentage of adults who currently smoke cigarettes; percentage of children with diagnosed asthma; percentage of adults with diagnosed depression;

**California Department of Education, California Assessment of Student Performance and Progress System (CAASPP)**

**California Public Library Directory**

**Los Angeles County Department of Public Health, Los Angeles County Health Survey (LACHS)**

## TECHNICAL NOTES

percentage of children who were unable to afford needed dental care; and percentage of adults reporting difficulty accessing healthcare. All information is self-reported. Community level estimates for indicators were prepared by Abt Associates using small area estimation of 2015 LACHS data. Estimates were derived based on individual level characteristics, including age, gender, race/ethnicity, education, marital status, and household size, as well as community level characteristics. For more information, please contact our office at (213) 288 – 7785, or email us at [cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov).

### University of California, Berkeley (UCB), Statewide Database

The UCB Statewide Database houses data on voters in the state of California. These data were used to generate the indicator on voter participation in the 2016 general election. This indicator was prepared for the *City and Community Health Profiles* series by the Public Health Alliance of Southern California. More information is available at <http://healthyplacesindex.org/>.

### Los Angeles County Geographic Information Systems Data Portal, Los Angeles County Land Types

Data from the 2015 Los Angeles County Land Types digital database were used for the indicator on available recreational space per 1,000 population. Available recreational space was approximated by selecting for beaches and marinas, recreational centers, and regional parks and gardens. Only recreational areas located within community boundaries were included. Natural areas and wildlife sanctuaries (including the Santa Monica and San Gabriel mountain recreational areas) and historical parks were excluded. Hedderston Demographic Services Population Estimates for 2015 were used as the denominator to calculate available recreational space acres per 1,000 population. The Los Angeles County Land Types database can be accessed at <https://egis3.lacounty.gov/dataportal/2015/01/08/la-county-land-types/>.

### US Department of Agriculture (USDA), Food Access Research Atlas

The USDA Food Access Research Atlas presents data on various food access indicators for census tracts in the US. Data for the indicator on the percentage of the population living in close proximity to a supermarket or grocery store were derived from the 2015 counts of individuals living within a half mile of a supermarket or grocery store in urban areas and within one mile of a supermarket or grocery store in rural areas. Counts from the 2010 US Census were used for denominators. This indicator was prepared for the *City and Community Health Profiles* series by the Public Health Alliance of Southern California. More information is available at <http://healthyplacesindex.org/>.

### Ecology Center, Farmers' Market Finder

The Farmers' Market Finder is maintained by the Ecology Center, a non-profit eco-education center. Information from the Farmers' Market Finder was used for the indicator on the number of farmers' markets. The information presented in this report is current as of

December 2017. More information is available at <https://ecologycenter.org/fmfinder/>.

CDSS provides CalFresh Geocoding data to all counties in California. The CalFresh Geocoding data for Los Angeles County includes estimates for the number of eligible individuals as well as the Program Reach Index (i.e., participation rate) by incorporated city or zip code. Data are unavailable by Los Angeles City Council District or unincorporated Census designated place. To generate the CalFresh Geocoding Data, CDSS Research Services Branch used the 2015 US Census Topologically Integrated Geographic Encoding and Referencing boundaries as well as data from the American Community Survey five-year estimates, CDSS Supplemental Security Income (SSI) data, and data from the Medi-Cal Eligibility Data System (MEDS). The CalFresh Geocoding data were used for the indicators on the number of eligible people and the participation rate for the CalFresh program. More information is available at <http://cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>.

**California Department of Social Services (CDSS), Research Services Branch, CalFresh Geocoding Data**

CDE FRPM data for the 2016 - 2017 school year were used to estimate the percentage of students in kindergarten through twelfth grade who meet household income or categorical eligibility criteria for free or reduced price meals. Community level estimates were based on the summation of eligible student counts for all traditional K-12 public schools (including charters) located within community boundaries (which were often different than school district boundaries). Additional information can be found at <https://cde.ca.gov/ds/>.

**California Department of Education (CDE), Free or Reduced Price Meal (FRPM) Data**

The USC Cancer Surveillance Program is a population-based cancer registry that collects information about newly diagnosed cancer cases in Los Angeles County.<sup>1</sup> Data for indicators on newly diagnosed colorectal and female breast cancer cases were enumerated using the International Classification of Diseases for Oncology (ICD-O-3)-based “Recode” published by the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute. Data from 2011 – 2015 were used as the numerators for these indicators. Hedderson Demographic Services Population Estimates for 2011 – 2015 were used as the denominators. Numerator data was prepared by the USC Cancer Surveillance Program for the *City and Community Health Profiles* series. More information is available at [https://seer.cancer.gov/siterecode/icdo3\\_dwhoheme/index.html](https://seer.cancer.gov/siterecode/icdo3_dwhoheme/index.html).

**The University of Southern California (USC), Cancer Surveillance Program**

<sup>1</sup>The collection of cancer incidence data presented in the *City and Community Health Profiles* series was supported by the California Department of Public Health pursuant to California Health and Safety Code Section 103885; Centers for Disease Control and Prevention’s National Program of Cancer Registries, under cooperative agreement 5NU58DP003862-04/DP003862; and the National Cancer Institute’s Surveillance, Epidemiology and End Results Program under contract HHSN261201000140C awarded to the Cancer Prevention Institute of California, contract HHSN261201000035C awarded to the University of Southern California, and contract HHSN261201000034C awarded to the Public Health Institute. The ideas and opinions expressed herein are those of the author(s) and do not necessarily reflect the opinions of the California Department of Public Health, the National Cancer Institute, or the Centers for Disease Control and Prevention or their Contractors and Subcontractors.

## TECHNICAL NOTES

### **The Los Angeles Homeless Services Authority (LAHSA), Greater Los Angeles Homeless Count by City/Community**

LAHSA is the lead agency for the Los Angeles Continuum of Care, a regional planning body that is supported by the US Department of Housing and Urban Development to coordinate housing and services for homeless families and individuals. LAHSA coordinates the annual homeless count for the greater Los Angeles region except for the cities of Glendale, Long Beach, and Pasadena. Data from the 2016 Greater Los Angeles Homeless Count by City/Community dataset were used for the indicator on the estimated number of homeless individuals (excluding the cities of Glendale, Pasadena, and Long Beach). For more information, please visit <https://www.lahsa.org/homeless-count/>.

### **City of Glendale Continuum of Care, Homeless Count**

The City of Glendale Continuum of Care (CoC) is a local planning body supported by the US Department of Housing and Urban Development to coordinate housing and services for homeless families and individuals in the City of Glendale. The Glendale CoC also coordinates the annual homeless count for the city. Data from the 2016 City of Glendale homeless count were used for the indicator on the estimated number of homeless individuals in the *City and Community Health Profiles* report for Glendale. Additional information can be found at <http://glendaleca.gov/government/city-departments/community-services-parks/community-development-block-grant/homeless-services>.

### **Long Beach Department of Health and Human Services, Homeless Services Division, Biennial Homeless Count**

The Long Beach Department of Health and Human Services, Homeless Services Division leads the Long Beach Continuum of Care, a local planning body supported by the US Department of Housing and Urban Development to coordinate housing and services for homeless families and individuals in Long Beach. The Homeless Services Division also coordinates the city's biennial homeless count. Data from the 2017 homeless count were used for the indicator on the estimated number of homeless individuals in the *City and Community Health Profiles* report for Long Beach. More information can be accessed at <http://www.longbeach.gov/health/services/directory/homeless-services/>.

### **Pasadena Partnership to End Homelessness, Homeless Count**

The Pasadena Partnership to End Homelessness is the lead agency for the Pasadena Continuum of Care, the local planning body supported by the US Department of Housing and Urban Development to coordinate housing and services for homeless families and individuals in Pasadena. The Pasadena Partnership coordinates the annual homeless count for the City of Pasadena. Data from the 2016 homeless count were used for the indicator on the estimated number of homeless individuals in the *City and Community Health Profiles* report for Pasadena. Additional information can be found at <https://pasadenapartnership.org/homeless-count/>.



### California Attorney General, Crimes and Clearances

The California Attorney General's office collects crime data from county and local law enforcement agencies in the state. Data from the 2016 Crimes and Clearances file were used for the indicator on the serious crime rate for all the incorporated cities in Los Angeles County profiled in the *City and Community Health Profiles* series, excluding the City of Los Angeles. The number of Part I offenses (i.e., serious crimes) reported in 2016 was used as the numerator, while Hedderson Demographic Services Population Estimates for 2016 were used as the denominator. Data for this indicator were prepared by the Los Angeles County Department of Public Health Injury and Violence Prevention Program. More information is available at <https://oag.ca.gov/crime>.

### Los Angeles Police Department, Crime Data from 2010 to Present

Crime data for the City of Los Angeles are made publicly available by the Los Angeles Police Department. Data for 2016 were obtained from the Crime Data from 2010 to Present file and were used for the indicator on the serious crime rate for the City of Los Angeles and the Los Angeles City Council Districts (LACDs). To generate the numerator for the number of serious crimes, Part I offenses (i.e., serious crimes) were identified using the "crime code description" variable, and crime locations were geocoded to 2012 City of Los Angeles and LACD boundaries as defined by the City of Los Angeles Bureau of Engineering. Hedderson Demographic Services Population Estimates for 2016 were used as the denominator. Data for this indicator were prepared by the Los Angeles County Department of Public Health Injury and Violence Prevention Program. More information is available at <https://data.lacity.org/browse?category=A+Safe+City>.

### Los Angeles County Sheriff's Department, Historical Crime Data

Crime data for Los Angeles County unincorporated Census designated places (CDPs) are made publicly available by the Los Angeles County Sheriff's Department. Data from the Historical Crime Data 2016 file were used for the indicator on the serious crime rate for the unincorporated CDPs. To generate the numerator for the number of serious crimes in the unincorporated CDPs, Part I offenses (i.e., serious crimes) were identified using the "category" variable, and crime locations were geocoded to unincorporated CDPs as defined by the 2015 Board Approved Statistical Boundaries for Los Angeles County. Hedderson Demographic Services Population Estimates for 2016 were used as the denominator. Data for this indicator were prepared by the Los Angeles County Department of Public Health Injury and Violence Prevention Program. More information is available at <http://shq.lasdnews.net/CrimeStats/CAASS/desc.html>.

## TECHNICAL NOTES

### State of California Alcoholic Beverage Control (ABC)

The California ABC maintains a record of all licensed alcohol retailers in the State of California. Retailers are classified as on-premise (i.e., alcohol is sold for consumption at the retail site) and off-premise (i.e., alcohol is sold for consumption off site). Information about on-premise and off-premise alcohol outlets in 2013 was obtained from ABC, and alcohol outlet density for Los Angeles County cities and unincorporated communities as well as the 15 Los Angeles City Council Districts was calculated using Hedderston Demographic Services Population Estimates for 2013 as the denominator. These data were obtained from the Los Angeles County Department of Public Health, Substance Abuse and Prevention Program's report *Alcohol Outlet Density and Alcohol-Related Consequences by City and Community in Los Angeles County, 2013*. The report is accessible at <http://publichealth.lacounty.gov/sapc/MDU/SpecialReport/AODC2013.pdf>.

### California Environmental Protection Agency (CalEPA), CalEnviroScreen 3.0

CalEPA's CalEnviroScreen 3.0 is a tool that was developed to identify communities that may be disproportionately burdened by multiple sources of pollution while also taking into account characteristics of those communities that may render them especially susceptible to the ill effects of hazardous exposures. The CalEnviroScreen 3.0 uses environmental, health, and socioeconomic data to calculate a score for census tracts in California. The Public Health Alliance of Southern California developed the Clean Environment Score for use in their Healthy Places Index by drawing data from CalEnviroScreen 3.0 on average levels of the following four pollutants: fine particles (PM<sub>2.5</sub>), ground-level ozone (ozone), diesel particulate matter (DPM), and groundwater contamination. The most recently available data for average levels of PM<sub>2.5</sub> and ozone are from 2012 – 2014. The most recently available data for average levels of DMP are from 2012. The most recently available data for average levels of groundwater contamination are from 2005 – 2013. The Clean Environment Score was calculated for the incorporated cities, Los Angeles City Council Districts, and unincorporated Census designated communities that have been included in the *City and Community Health Profiles* series. In this report, we have presented the percentile rank of the Clean Environment Score. This indicator was prepared by the Public Health Alliance of Southern California. More information is available at <http://healthyplacesindex.org/>.

### California Department of Conservation, Division of Oil, Gas, and Geothermal Resources (DOGGR)

The DOGGR maintains a comprehensive database of all oil and gas wells in the State of California. The 2017 DOGGR data on all wells were used for the indicator on the number of oil and gas wells. All well types were counted in this report, including new, active producer, active injector, dry hole, plugged, and geothermal. More information is available at <http://conservation.ca.gov/dog/>.





The California Department of Public Health's Birth Statistical Master File contains information reported on birth certificates, including detailed demographic data for infants and parents as well as clinical data about the pregnancy. This file was geocoded by the Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology to produce the Los Angeles County Linked Birth Data file. Data from 2012 – 2016 have been included in this file. The data from this file were used for the indicators on teen birth rate, percentage of low birth weight births, and percentage of births to women initiating prenatal care in the first trimester. In addition, the data from this file were also used to provide the denominator for the infant mortality indicator. For more information, please contact our office at (213) 288 – 7785, or email us at [cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov).

**Los Angeles County  
Department of Public Health,  
Los Angeles County Linked  
Birth Data**

The Los Angeles County Department of Public Health STD Surveillance system obtains data on cases of gonorrhea, chlamydia, and syphilis infections through passive surveillance. Passive surveillance relies on reports submitted to DPH by physicians, laboratories, and other healthcare providers via Confidential Morbidity Reports. The DPH STD Surveillance system excludes the cities of Long Beach and Pasadena; STD surveillance data for these cities are captured through the California Reportable Disease Information Exchange system. Data from the Los Angeles County DPH STD Surveillance system were used for the indicators on syphilis and gonorrhea rates. Numerator data were generated from the number of syphilis and gonorrhea cases reported in 2014 – 2016 while Hedderson Demographic Services Population Estimates for 2014 – 2016 were used as the denominator. These indicators were prepared by the Los Angeles County DPH Division of HIV and STD Programs. For more information, please contact our office at (213) 288 – 7785, or email us at [cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov).

**Los Angeles County  
Department of Public Health  
(DPH), Sexually Transmitted  
Disease (STD) Surveillance  
System**

CalREDIE is a state-wide secure system for electronic disease reporting and surveillance administered by the California Department of Public Health. Healthcare providers and laboratories are mandated by State law to report specified diseases and conditions to public health authorities. These includes sexually transmitted diseases (STD) such as syphilis and gonorrhea. The Long Beach Health and Human Services Department and the Pasadena Health Department granted permission to the Los Angeles County Department of Public Health (DPH) Division of HIV and STD Programs (DHSP) to obtain syphilis and gonorrhea case data from the jurisdictions of Long Beach and Pasadena for use in the *City and Community Health Profiles* reports

**California Reportable Disease  
Information Exchange  
(CalREDIE)**

## TECHNICAL NOTES

for Long Beach and Pasadena for the indicators on syphilis and gonorrhea rates. Numerator data were generated from the number of syphilis and gonorrhea cases reported in 2014 – 2016 while Hedderson Demographic Services Population Estimates for 2014 – 2016 were used as the denominator. These indicators were prepared by the Los Angeles County DPH DHSP. For more information, please contact our office at (213) 288 – 7785, or email us at [cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov).

### Los Angeles County Department of Public Health (DPH), HIV Surveillance System

The Los Angeles County DPH HIV Surveillance system uses active and passive surveillance to compile information on HIV infections (including AIDS) in Los Angeles County. Data are collected on cases of HIV diagnosed at hospitals, clinics, physician offices, laboratories, community-based organizations, and hospices. In addition, DPH staff routinely contact and visit sites to facilitate completion of HIV case reports as part of the active surveillance protocol. The Enhanced HIV/AIDS Reporting System is used for the collection and management of HIV surveillance data in Los Angeles County. Data from the DPH HIV Surveillance system were used for the indicator on the prevalence of persons living with HIV. The numerator represents the number of individuals living with HIV in Los Angeles County as of December 31, 2016. Hedderson Demographic Services Population Estimates for 2016 were used as the denominator. This indicator was prepared by the Los Angeles County DPH Division of HIV and STD Programs. For more information, please contact our office at (213) 288 – 7785, or email us at [cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov).

### Public Health Alliance of Southern California, California Healthy Places Index (HPI)

The HPI is a composite measure developed by the Public Health Alliance of Southern California to summarize the health of the community based on the cumulative impact of the social determinants of health. The index combines 25 community characteristics into a single score and has been organized around the following eight policy domains: economic, social, education, transportation, neighborhood, housing, clean environment, and health care. The HPI score was calculated for the incorporated cities, Los Angeles City Council Districts, and unincorporated Census designated communities that have been included in the *City and Community Health Profiles* series. In this report, we have presented the percentile rank of the HPI score. This indicator was prepared by the Public Health Alliance of Southern California. More information is available at <http://healthyplacesindex.org/>.

## We would like to thank the following individuals for their contributions to the *City and Community Health Profiles* series:

Frank Alvarez, Aida Angelescu, Patty Banuilos, Susan Blackwell, Jerome Blake, Catherine Branson, Jason Brinkley, Katherine Butler, David Cardenas, Janice Casil, Michelle Chan, Jennifer Cloud, Myles Cockburn, Charlene Contreras, Yolanda Cordero, Janet Cuanas, Yan Cui, Bryant Dao, Deborah Davenport, Tracy Delaney, Christine De Rosa, Helen Dowling, Yajun Du, Andrew Evans, Leila Family, Jennifer Florez, Tonya Gallow, Wendy Garland, Avi Goldenberg, Elycia Mulholland Graves, Gayle Haberman, Heena Hameed, Ann Hamilton, Frank Harris, Alex Ho, Shelly Hsu, Natalie Jimenez, Grace Kim, Tina Kim, Jan King, Stas Kolenikov, Tony Kuo, Alice Kwan, Ming H Lee, Sun Lee, Amy S Lightstone, Hong Ling, Neil Maizlish, Amy Mellies, Zahra Mobasher, Cristin Mondy, Douglas Morales, Karen Noyes, Rangell Oruga, Chitra Pannirselvam, Skye Patrick, Carlos Portillo, Silvia Prieto, Yeira Rodriguez, Louise Rollin-Alamillo, Marci Schalk, Dipa Shah, Megha D Shah, Paul Simon, Lisa V Smith, Justin Stein, Isabelle Sternfeld, Carrie Tayour, Rachel Tyree, Jesse Walker-Lanz, Mark Weber, Andrea Welsing, Brenda Booth West

We extend a special thank you to Amy Truong and Alan Albert for their significant contributions to the report design and layout.

We also thank the members of the Community Prevention and Population Health Task Force for their helpful input during the development of these reports.

In addition, we thank Kaiser Permanente Southern California Community Health for their generous support.



**Los Angeles County Department of Public Health**

Office of Health Assessment and Epidemiology

313 N Figueroa St, Room 127

Los Angeles, CA 90012

(213) 288 - 7785

[cchp@ph.lacounty.gov](mailto:cchp@ph.lacounty.gov)

**LOS ANGELES COUNTY BOARD OF SUPERVISORS**

**HILDA L SOLIS**

First District

**MARK RIDLEY-THOMAS**

Second District

**SHEILA KUEHL**

Third District

**JANICE HAHN**

Fourth District

**KATHRYN BARGER**

Fifth District

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH**

**BARBARA FERRER, PhD, MPH, MEd**

Director

**JEFFREY D GUNZENHAUSER, MD, MPH**

Interim Health Officer

**CYNTHIA A HARDING, MPH**

Chief Deputy Director