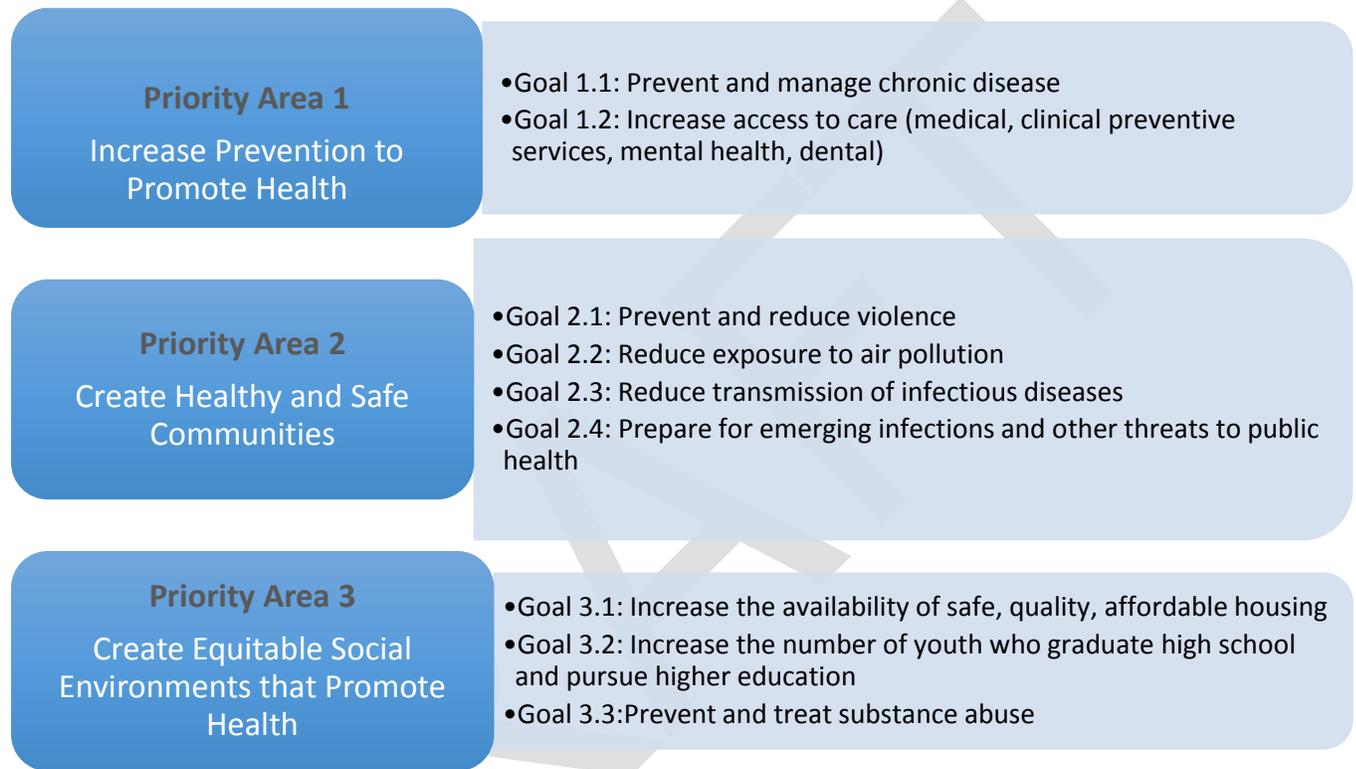


The Los Angeles County Community Health Improvement Plan

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Summary of the *Los Angeles County Community Health Improvement Plan*



About this Draft *Community Health Improvement Plan*

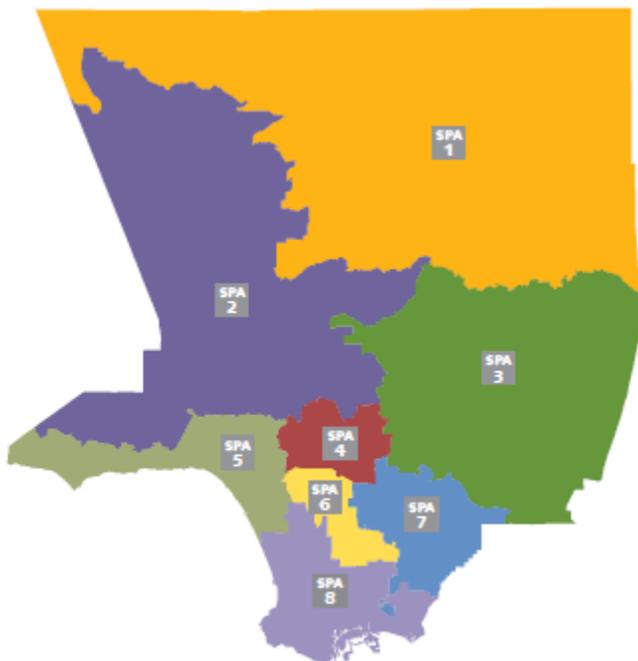
The Los Angeles County Community Health Improvement Plan (CHIP) is a strategic plan for the Los Angeles County Department of Public Health (DPH) and partners to improve the health of residents in Los Angeles County over the next five years. The health of residents is vital to securing the social well-being, economic sustainability, and competitiveness of the Los Angeles region. The aim 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. This draft plan proposes a vision statement, priority areas for health improvement with measurable objectives, and strategies to accomplish these objectives. The CHIP is informed by the Community Health Assessment (CHA) and by input received from stakeholders at regional community meetings. More details on the process are provided in the following section.

Parts of our community continue to experience vastly poorer health outcomes than others. Narrowing the disparities will require addressing the root causes of poor health. The conditions in which we live, work, and play influence health behaviors and impact health. The task of creating healthy communities is far greater than what the public health department can achieve alone. Engagement of all sectors from government, business, health care providers, community-based organizations, to foundations is needed in this effort in order to realize long-lasting improvements in public health.

The Development of the Los Angeles County Community Health Improvement Plan

This draft 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 residents.¹ 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 draft CHIP 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



Community stakeholder input has been an integral part of the development of this draft CHIP. Given the number and diversity of communities in Los Angeles County, DPH engaged community stakeholders geographically by SPA to solicit their input for this draft. 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 two of the SPAs, a number of long-standing community health improvement planning coalitions with broad membership already exist. 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 draft 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 (using sticky dots)
- 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 strategies being implemented to address top health issues. Subject matter experts at DPH provided input into the draft strategies and reasonable 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, to help establish priority areas, strategies, and targets for population measures. When the objectives in this plan align with Healthy People 2020 goals, Healthy People 2020 goals are included as a reference.

Implementation of this Plan

The strategies listed in this plan are potential strategies for Los Angeles County. As explained in the previous section, to develop the plan, DPH's community engagement process involved prioritizing top issues with community stakeholders and identifying needed strategies to fill in the gaps of existing health improvement efforts in Los Angeles County. A key initial implementation step will be to prioritize the strategies in this plan and identify community partners to carry out the prioritized strategies.

To oversee the plan's implementation process, the Los Angeles County Department of Public Health will establish an Advisory Committee comprised of diverse community stakeholders. The role of the Advisory Committee will be to partner with DPH to prioritize strategies for each of the goals, track and evaluate progress made implementing the strategies, propose changes to the plan when greater impact can be achieved by modifying approaches, and create connections between this plan and other key plans and initiatives in Los Angeles County that have similar goals.

In addition, when needed, Task Forces focusing on particular goals will be set up to complete more in-depth action planning and to ensure successful implementation of strategies. For example, a Task Force might be set up focusing on violence prevention or housing. Task Force members will be experts in a specific area 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. DPH will also play a lead role in gathering the data needed to measure the effectiveness of the plans' strategies over the five years.

Los Angeles County Community Health Improvement Plan:

Vision, Mission and Values

Vision & Mission

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

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 both evidence and innovation.

Priority Area 1: Increase Prevention to Promote Health

All four of the top causes of death in Los Angeles County are largely preventable long-term health impacts of tobacco use, poor nutrition, physical inactivity, and/or obesity. Heart disease, stroke, lung cancer, and emphysema/chronic obstructive lung disease (COPD), all chronic diseases, account for 38% of all deaths. Additionally, diabetes and breast cancer, are leading causes of premature death (death before age 75) in parts of the County and are associated with obesity.² 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.³ As our population ages and lives longer, prevention and management of chronic illnesses take on an even more vital role.

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

The Affordable Care Act's expansion of eligibility for health care coverage, requirements for insurers to cover preventive care, and promotion of patient-centered medical homes have begun to realign the health care system by enabling greater access to health care coverage, incentivizing prevention and managing chronic disease rather than episodic care. These provisions of the Patient Protection and Affordable Care Act (ACA) were informed by the Triple Aim, a framework by the Institute of Healthcare Improvement that proposes that better population health and better quality of care will lower health care costs.⁴ Patient-centered medical homes establish a regular source of care where patients have a long-term and 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 across the life span from preventive screenings and disease management to coordinating care for specialty services, acute care or end of life care⁵. Examples of chronic disease management strategies include patient education programs for self-management, review of patient data at the population level for care metrics to ensure that best practice guidelines are being met, and care coordination to assist in accessing specialty care or to review medications with patients.

However, interventions in clinical settings alone do not improve the health outcomes of populations. Often, interventions outside the clinical setting have the

greatest potential to impact the health of many by supporting healthy lifestyle choices and focusing on prevention. Smoking cessation support, housing assistance, lessons in healthy and economical meal preparation, walking groups that provide social support for safe physical activity, and transportation to care, are all examples of assistance outside of the clinic that can enhance the ability to attain health. In practice, the linkage of community-based services and population health interventions to health care systems remains limited; “population health” has largely been defined by the health care sector as improving disease management for subpopulations within a healthcare system, such as ensuring that its diabetic patients receive the recommended testing and screenings. Increased linkages between local health care systems to community-level prevention activities would address upstream causes of poor health and could prevent the need for more resource-intensive medical interventions.

Most current health care systems face challenges in attempting to better link community-level services with clinical services. For example, health services and non-medical services have differing funding streams and incentives, the former has payer funding streams and revenue from services being provided, the latter often is reliant upon episodic grants. Other financial barriers include a lack of capacity and experience among some non-medical providers with payer contracting or billing, and the lack of even “billing codes” to bill for some of the non-medical services that could be provided. Further, greater workforce capacity and sharing of patient/client data in both settings would be needed to coordinate and connect patients between settings.

Some communities are experimenting with “Accountable Care Communities,” using novel organizational, financing, and delivery models that include non-health sector partners for prevention activities at the community-level to address upstream factors^{6, 7}. “Accountable Care Communities” essentially expand on the concept of the Accountable Care Organization (ACO) models, which are experimental health care financing and delivery models for Medicare that were authorized by the ACA. ACO models test approaches towards shifting financial incentives from episodic care to case management and preventive care and consist of participating hospital, physicians, or other health care providers that jointly bear the financial risk and benefits of caring for a shared pool of Medicare patients. Accountable Care Communities (ACCs) expand that pool of participants to include community level activities and providers that would also contribute to lowering the costs of care through prevention.

“Whole-person care” emphasizes better coordination between sectors so that patients are treated for all of their needs and to ensure that entering one portal for care would also allow for other needs to be addressed.⁸ The Health Neighborhoods project in the County’s Strategic Plan is beginning with integrating individual-level care between community-based providers of mental health, substance use treatment, and physical health through patient data sharing agreements and referral pathways in neighborhoods with high need. A program for “Whole-Person Care” pilots being proposed in California’s 1115 Waiver could also provide opportunity for the concept in Los Angeles County.⁹

Despite the promise of these new care models, there is still continued need to address access to care which includes both obtaining health care coverage and the ability to use care, particularly among low-income populations in Los Angeles County. Nearly a third of adults in Los Angeles County report having difficulty accessing medical care. Also, a sizeable percentage of Latinos are uninsured (43% of Latinos) compared to what is seen in other racial/ethnic groups (18% of Asians/NHOPIs, 16% of blacks, and 14% of whites).¹⁰ Findings from the Community Health Assessment and stakeholders point to challenges with the availability of dental care, mental health care, and other specialty care, among the remaining uninsured and Medi-Cal populations. Low reimbursement rates have been cited as the primary reason for the shortage of dental providers; California's rate is 35% lower than the national average and 10% cuts in 2013 to Medi-Cal rates particularly affected pediatric dental providers while adult dental providers were exempt.¹¹ Unfortunately, access to dental care is difficult to track, but according to the most recent data, 30% of adults are unable to obtain dental care because they could not afford it.¹² Other challenges included the need to orient newly-insured individuals to use care appropriately (such as having regular doctor visits rather than using higher cost settings such as emergency departments), a shortage of culturally-competent care, and lack of transportation to care.

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, and Access to Medical and Dental Care](#).

Goals for Priority Area 1: Increase Prevention to Promote Health

Goal 1.1: Prevent and manage chronic disease

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

Goal 1.1: Prevent and Manage Chronic Disease

Objective 1.1.a: Building from the Health Neighborhoods efforts currently underway in Los Angeles County, increase linkages between health care services and community-level prevention initiatives and services for chronic disease management and prevention.

Objective 1.1.b: By 2020, reduce adult and childhood obesity by 2%.

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

Population Measure	Current LA County	2020 Target	Disparity in LA County <i>(highest & lowest presented)</i>
Percentage of adults who are obese ¹³	24%	22%	Asian: 8% Black: 31% Latino:32% SPA 5: 10% SPA 1: 35%
Percentage of children who are obese ¹⁴	22%*	20%	White:12% NHOPI ^o :33% SPA 5: 15% SPA 6: 29%
Percentage of adults who smoke cigarettes ¹⁵	13% ⁺	10%	Heterosexual:13% Homosexual/Bisexual:21% Asian/NHOPI ^o women: 5% [∇] Black men: 20% SPA 5:10% SPA 1: 16%

*Healthy People 2020 target is 14.6%

⁺Healthy People 2020 target is 12%

^oNHOPI=Native Hawaiian or Other Pacific Islanders

[∇]Data are statistically unstable

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 care providers and community-based health prevention programs so medical providers can refer patients to needed prevention activities for example, exercise and healthy cooking classes.
- Develop the legal approvals and data platforms needed to enable sharing of patient records between social services, mental health, public health, and health services
- Strategize with hospital community benefit programs, foundations, governments and public health organizations to strategically build on each other’s initiatives and financial investments.

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 small and large retailers to promote and market healthy foods and beverages by creating incentives for retail food establishments (restaurants, supermarkets, and neighborhood markets) to offer healthy options.
- 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 community-based organizations (youth organizations, churches, booster clubs, sports leagues, etc.) that ensure healthy foods and beverages are available at community events for purchase and physical activity programming is available for children and families.
- Support the adoption of policies and practices in schools that encourage successful implementation of healthy school meals, ensure drinking water is available and 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 child-care, school, and community settings.
- Promote improved nutrition and physical activity policies and practices in licensed preschools, child care 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, including streets designed for safe walking and bicycling and local parks

- 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.
- Promote the use of street design practices that are known to reduce the number and severity of collisions, such as traffic calming measures to slow motorist speeds on busy streets, protected bicycle lanes and adequate signal timing to allow people walking to safely cross intersections.^{16,17}
- 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.
- 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 line 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, decrease the percentage of adults who report difficulty accessing medical care from 32% to 25%.

Objective 1.2.b: 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.c: By 2020, increase the percentage of women 50-74 years who receive a mammogram every 2 years from 80% to 85%.

Objective 1.2.d: By 2020, increase the percentage of adults 65 years and older receiving a dose of pneumococcal vaccine from 61% to 70%.

Population Measure	Current LA County	2020 Target	Disparity in LA County (highest & lowest presented)
Percentage of adults who report difficulty accessing medical care ¹⁸	32%	25%	White: 14% Latino: 46% SPA 5: 17% SPA 6: 45%
Percentage of adults reporting difficulty accessing mental health care (among those who tried to access mental health care*) ¹⁹	37%	30%	White: 26% Latino: 51% SPA 5: 16% ⁺ SPA 7: 58%
Percent of women 50-74 years who had a mammogram within the past 2 years ²⁰	80% [∇]	85%	Latino: 85% Asian: 70% SPA 1, 4, & 8: 76% SPA 2, 5, & 6: 83%
Percentage of adults 65 years and older receiving a dose of pneumococcal vaccine. ²¹	61% [◦]	70%	White: 68% Latino: 52% SPA 2 & 5: 64% SPA 6: 54%

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

+ Data are statistically unstable

∇ Healthy People 2020 target is 81%

◦ Healthy People 2020 target is 90%

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 Latinos and Asians, and in SPA 6 communities, 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.
- Collaborate with community partners to find solutions for meeting 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.
- Connect individuals and families to medical homes to promote quality regular preventive medical care and treatment.
- Provide education to people recently enrolled in health insurance on the patient-centered medical home concept.

Increase access to mental health care

- Train health care providers about different screening tools to identify mental health needs, and about community-based mental health services they can refer patients to.
- Partner with hospitals and community based mental health services to strengthen hospitals' practices for connecting patients leaving the hospital to appropriate community based mental health services.
- Collaborate with hospitals and community based organizations to increase use of 211 as a resource for finding appropriate mental health services for people in need.
- Educate schools and youth development organizations about mental health, including suicide prevention.
- Strengthen referral networks among physical health, mental health, and substance abuse providers.

Increase access to dental care

- Increase the number of designated dental health professional shortage areas in Los Angeles County to enable dental providers to take advantage of benefits such as loan forgiveness for serving in high need areas.
- Work with local stakeholders to 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

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

Violence not only contributes to death and disability, it exacerbates various chronic diseases by inducing chronic stress and fear.²² Los Angeles County lost 3,696 community members as a result of homicides from 2007 to 2011.²³ The majority (76%) involved firearms.²⁴ 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 by an intimate partner since the age of 18.²⁵

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 but understanding risk factors can help identify vulnerable populations.

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.

Further, 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.²⁶ Low-income

and minority neighborhoods are disproportionately situated near freeways and stationary sources of pollution, exposing residents to particulates and toxic emissions.²⁷ 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.²⁸

Finally, ensuring the capacity to protect Los Angeles County residents 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 the 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, and Communicable Diseases](#).

Goals for Priority Area 2: Create Healthy and Safe Communities

- Goal 2.1: Prevent and reduce violence
- Goal 2.2: Reduce exposure to air pollution
- Goal 2.3: Reduce transmission of infectious diseases
- Goal 2.4: Prepare for emerging infections and other threats to public health

Goal 2.1: Prevent and Reduce Violence

Objective 2.1.a: By 2020, decrease the homicide rate in Los Angeles County from 7 deaths per 100,000 to 5 per 100,000.

Objective 2.1.b: By 2020, decrease the percentage of parents/guardians rating the public safety of their communities as fair or poor.

Population Measure	Current LA County	2020 Target	Disparity in LA County <i>(highest & lowest presented)</i>
Homicide rate in Los Angeles County: deaths per 100,000 population ²⁹	7 per 100,000 population	5 per 100,000 population*	Asian/NHOPI+: 2 per 100,000 Black: 26 per 100,000 SPA 5: 2 per 100,000 SPA 6: 19 per 100,000

Percent of parents/guardians rating the public safety of their communities as fair or poor ³⁰	29%	25%	White: 17% Black: 49% SPA 5: 18% SPA 6: 43%
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*Healthy People 2020 Target is 5.5 homicides per 100,000 population³¹

*NHOPI=Native Hawaiian or Other Pacific Islanders

Strategies:

Reduce violence

- Coordinate with the Sheriff’s Department, County and community based organizations to implement a place-based comprehensive gang violence reduction strategy in the unincorporated areas, tailored to the unique needs and assets of each community.
- Coordinate with municipal police departments, County and community stakeholders to implement a regional gang violence reduction strategy.³²
- Advocate for policies that promote proper storage of firearms and ammunition to prevent unintended injuries.
- Advocate for policies that promote stronger background check laws to keep firearms out of the hands of criminals.
- 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.³³
- Support school-based programs to prevent dating violence and other violence, e.g. teaching teens 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: Reduce Exposure to Air Pollution

Objective 2.2.a: By 2020, increase compliance of toxic emitters within the most highly burdened census tracts.

Objective 2.2.b: By 2020, identify significant toxic emitters that impact communities and mitigate or resolve those impacts.

Objective 2.2.c: By 2020, decrease the percent of children ages 0-17 years with current asthma whose physical activity was limited from 42% to 39%, decrease the percent who missed school/daycare from 52% to 49%, and decrease the percent who went to the ER or urgent care (in the past year) due to asthma from 35% to 18%.

Population Measure	Current LA County	2020 Target	Disparity in LA County (highest & lowest presented)
Compliance of toxic emitters within the most highly burdened census tracts ³⁴	50% in compliance	80% in compliance	Zip code 90210 (Beverly Hills) Facilities with Air Quality Management District (AQMD) permits: 227; Zip code 90220 (Compton): AQMD permitted facilities: 694
Identify significant toxic emitters that impact communities and mitigate or resolve those impacts ³⁵	0 mitigated/resolved	25 mitigated/resolved	Zip code 90210 (Beverly Hills) Facilities with Air Quality Management District (AQMD) permits: 227; Zip code 90220 (Compton): AQMD permitted facilities: 694
Percent of children ages 0-17 years with current asthma whose physical activity was limited, who missed school/daycare, and who went to the ER or urgent care (in the past year) due to asthma ³⁶	Activity Limitation: 42%; Missed School/Daycare: 52%; Went to ER: 35%	Activity Limitation: 39%; Missed School/Daycare: 49%; Went to ER: 18	Activity Limitation: Black children: 55% Latino: 43% White: 17% Asian/NHOPI*: 35% Missed School/Daycare: Black children: 65% Latino: 53% White: 30% Asian/NHOPI*: 50% Went to ER: Black children: 35% Latino: 42% White: 14% Asian/NHOPI*: 26%

*Note: 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.
- Collaborate with other agencies to bring industrial facilities into compliance with toxic emissions regulations.
- Promote policies that reduce air pollution and exposure to air pollution, including decreasing emissions from the Ports of Long Beach and Los Angeles.
- Promote policies that reduce emissions of pollutants from stationary and mobile sources such as industrial facilities, cars, trucks, trains, and ships.
- Encourage active monitoring and enforcement of air quality standards to protect public health.
- Collaborate across sectors on policies and programs to address air pollution and climate-related issues.³⁷

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.
- 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.
- Promote policies that encourage carpooling, using public transportation, telecommuting, and walking and biking.³⁸
- Support policies that protect the public from the repercussions of the changing climate.³⁹

Goal 2.3: Reduce Transmission of Infectious Diseases

Objective 2.3.a: By 2020, reduce rate of new gonorrhea cases among individuals aged 15-44 from a case rate of 619 per 100,000 population to 588 per 100,000 populations.

Objective 2.3.b: By 2020, reduce the rate of new HIV cases from 19 cases per 100,000 to 18 per 100,000.

Objective 2.3.c: By 2020, reduce the rate of new tuberculosis cases from 7 per 100,000 population to 1 case per 100,000 population.

Objective 2.3.d: By 2020, increase the number of children in kindergarten who receive all vaccines required for school entry from 88% to 90%.

Objective 2.3.e: By 2020, reduce the rate of central line-associated bloodstream infections in hospital adult intensive care units from 1.09 (per 1,000 days) to <1 (per 1,000 line days).

Population Measure	Current LA County	2020 Target	Disparity in LA County (highest & lowest presented)
Rate of gonorrhea cases ⁴⁰	619 per 100,000	588	Black women aged 15-24: 1,859 per 100,000 vs. White women aged 15-24: 136 per 100,000. SPA 4: 363 per 100,000 vs. SPA 3: 73 per 100,000
Rate of new HIV cases ⁴¹	19 per 100,000	18	White: 11 Black: 35 SPA 4: 58 per 100,000 SPA 5: 15 per 100,000
Rate of tuberculosis cases ⁴²	7 per 100,000	1.0 per 100,000 population*	SPA 5: 2 per 100,000 SPA 4: 12 per 100,000 Foreign born residents: 80% of cases Homeless: 10% of cases
Percent of children in kindergarten who received all vaccines required for kindergarten entry ⁴³	88%	90%	SPAs 4 & 5: 75% SPA 3: 95%
Rate of central line-associated bloodstream infections in hospital adult intensive care units (per 1000 line days) ⁴⁴	1.09 per 1,000 line days	<1.0	N/A

*Meets Healthy People 2020 Target⁴⁵

Strategies:

Reduce the rate of new gonorrhea & HIV cases

- Expand pre-exposure prophylaxis (PrEP) to include at least four public access points and eight private sector points by 2020.
- Increase the provision of patient-delivered partner therapy (PDPT) through DPH partnerships with private and public partners. PDPT is a treatment strategy in which medical providers dispense medication to their patients who in turn deliver it to their exposed sex partners.

- 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.
- Promote partner notification of exposure, partner testing and treatment and prevention/risk reduction counseling.

Reduce the rate of new tuberculosis (TB) cases

- Provide education and training to private sector providers (hospitals, community medical providers) on: i) Integrating routine use of the nucleic acid amplification (NAA) test to improve case detection and management; ii) use of an adult TB risk assessment tool to prioritize those needing TB screening/evaluation; and iii) updates on newer shorter course treatment options for TB infection and use of diagnostics, i.e., IGRA for BCG vaccinated populations.
- Evaluate and treat TB disease and TB infection in high risk populations (foreign born, homeless, HIV, diabetes, substance abuse, smokers, etc.) by partnering with targeted private and community medical providers serving these populations to increase provider awareness about TB and to leverage these provider resources in the delivery of targeted testing and treatment of TB infection services within their patient population.
- Implement routine screening for and treatment of TB disease/infection among the homeless and improve TB infection treatment completion rate among homeless contacts through use of incentives and a short course regimen.

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

- Broaden education efforts for parents about the importance of following the CDC's childhood immunization schedule and the consequences of not vaccinating or vaccinating on a delayed schedule.
- Report all immunizations given to both children and adults in the California Immunization Registry. There is strong evidence that this can increase rates of vaccination and reduce disease incidence.⁴⁶
- Track immunization status of students, enforce school immunization mandates, and follow-up to ensure that students receive missing vaccines or are excluded from attendance, if needed.

Reduce the rate of central line-associated bloodstream infections in hospitals

- To reduce CLABSI, work with acute care hospitals to implement evidence-based infection control practices.

Goal 2.4: Prepare for Emerging Infections and Other Threats to Public Health

Objective 2.4.a: By 2020, develop 10 readiness, response and recovery plans for the top 20 prioritized public health hazards.

Objective 2.4.b: By 2020, conduct 10 practice exercises to prepare DPH and its partners for executing readiness, response and recovery plans for the top 20 prioritized public health hazards.

Population Measure	Current LA County	2020 Target	Disparity in LA County (highest & lowest presented)
Develop 10 readiness, response and recovery plans for the top 20 prioritized public health hazards	1	10 plans	N/A
Conduct 10 practice exercises to prepare DPH and its partners for executing readiness, response and recovery plans for the top 20 prioritized public health hazards	0	10 exercises	N/A

Strategies:

- Conduct “whole community”⁴⁷ planning to engage all sectors of the community (government, community, businesses, agencies, schools and academia) in developing plans that save lives, meet human needs, restore essential services and community functionality, protect the environment, and transition to recovery focusing on emergency preparedness for new infections.
- 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: Create Equitable Social Environments that Promote Health

Socio-economic factors such as housing, income, employment and educational attainment are the largest driver of health outcomes and also influence health behaviors. 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%).^{48,49,50}

Approximately 1.8 million people in Los Angeles County live in poverty, which is 30% of all impoverished people in California.⁵¹ 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.⁵² 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.⁵³ Furthermore, the high cost of housing can push families into substandard and overcrowded housing with mold, pest infestations and other conditions which can have deleterious impacts on health, such as exacerbating asthma. Thus, 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 less⁵⁴). 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.⁵⁵

In Los Angeles County, 3% of adults report needing or wanting treatment for an alcohol or drug problem during the past five years.⁵⁶ In addition, drug overdose is the sixth leading cause of premature death (death before age 75).⁵⁷ 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.⁵⁸ 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](#).

Goals for Priority Area 3: Create Equitable Social Environments that Promote Health

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

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 5.2% to 4%.

Population Measure	Current LA County	2020 Target	Disparity in LA County (highest & lowest presented)
Percent of households paying 30% or more of their income on monthly housing costs ⁵⁹	52%	48%	SPA 3 & 5: 48% SPA 6: 64%
Percent of adults who have been homeless or not having their own place to live in the past 5 years ⁶⁰	5.2%	4% ⁶¹	Asian/NHOPI*: 1.8%+ Black: 14.8%

*Note: NHOPI=Native Hawaiian or Other Pacific Islanders

+Data are statistically unstable

Strategies:

Increase the availability of affordable housing

- Foster collaboration between local jurisdictions and stakeholders to 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.⁶²
- 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.
- Preserve federal, state and County resources for affordable housing or access to housing for extremely low-income people.⁶³

Prevent displacement and homelessness

- Support policies that promote new development without displacement, by preserving or replacing affordable housing for low-income residents in all neighborhoods and areas undergoing development.⁶⁴
- Advocate for sufficient funding to meet annual public housing operating and capital costs.⁶⁵
- 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.^{66,67}

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.
- 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 residents on tenant 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.⁶⁸

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%.

Population Measure		Current LA County	2020 Target	Disparity in LA County <i>(highest & lowest presented)</i>
Percent of high school students who graduate in four years ⁶⁹		78%	85% ^{70*}	American Indian or Alaska Native: 65% Black: 68% Asian: 93%

*HP 2020 Target is 82.4%⁷¹

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, 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 and pursue higher education.
- Support efforts to prevent bullying on school campuses and to create safe, nurturing environments for students.
- Increase the percentage of eligible low-income students who participate in free or reduced school meals by boosting outreach and awareness among families.

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%.

Population Measure	Current LA County	2020 Target	Disparity in LA County (highest & lowest presented)
Percentage of drug-related deaths from prescription or over-the-counter drugs ⁷²	61%	55%	Black: 10% White: 71% Ages 18-34:17% Ages ≥ 45:56%

Strategies:

Prevent and treat substance abuse

- Support prevention efforts to increase community awareness and educate youth in schools and community-based programs about the harmful effects of substance use, including the risks of drug overdose and prescription drug abuse.
- Educate medical providers on how to properly prescribe prescription medications, including monitoring and clear communication with patients.
- 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.
- Provide patient education on the dangers of sharing prescription drugs with other people, securing their prescription medications, the proper procedures for the safe disposal of unused medications, unintentional poisoning and drug overdoses, including the 24-hour helpline number for the California Poison Control System.
- Increase the availability and use of medication take-back programs, including increasing the number of permanent take-back locations in the Los Angeles County Sheriff’s Department “Safe Drug Drop-Off” program, 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.

- Educate medical providers on how to screen for substance use disorders, including educating their patients about the negative health impacts of substance use, overdose prevention and drug interactions. ⁷³

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Acknowledgments

[Under Development]

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