



# 2022 COMMUNITY HEALTH NEEDS ASSESSMENT



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## Executive Summary

Henry Mayo Newhall Hospital is a 357-bed, nonprofit, acute care hospital, which has served the Santa Clarita Valley since 1975. Under the governance of our community-based Board of Directors, and in partnership with our compassionate physicians, staff and volunteers, our purpose is to be the trusted regional leader to inspire and deliver optimal health and wellness.

### Community Health Needs Assessment

Henry Mayo Newhall Hospital (Henry Mayo) has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs.

### Service Area

Henry Mayo) is located at 23845 McBean Parkway, Valencia, CA 91355. The hospital's primary service area includes nine ZIP Codes in nine cities or communities. The service area is located in Los Angeles County Service Planning Area (SPA) 2.

| Community         | ZIP Code     |
|-------------------|--------------|
| Agua Dulce/Saugus | 91350, 91390 |
| Canyon Country    | 91351, 91387 |
| Castaic/Val Verde | 91384        |
| Newhall           | 91321        |
| Santa Clarita     | 91354        |
| Stevenson Ranch   | 91381        |
| Valencia          | 91355        |

### Methodology

#### Secondary Data

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, access to health care, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Los Angeles County and California.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

### Primary Data

Twenty-one (21) phone interviews were conducted during March 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the Santa Clarita Valley area of Los Angeles County, who spoke to issues and needs in the communities served by the hospital.

### **Significant Community Needs**

Significant needs were identified through a review of the secondary health data and validation through stakeholder interviews. The identified significant needs included:

- Access to health care
- Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, hypertension)
- COVID-19
- Housing and homelessness
- Mental health
- Overweight/obesity (healthy eating and physical activity)
- Preventive practices (screenings and immunizations)
- Substance use

### **COVID-19**

COVID-19 had an unprecedented impact on the health and well-being of the community. This CHNA identifies an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to routine care, preventive screenings, disease maintenance, community safety, healthy eating and physical activity declined as a consequence. Community stakeholder comments on the effect of COVID in the community are included in the CHNA.

### **Prioritization of Health Needs**

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the

significant needs. Access to care, mental health, substance use, housing and homelessness and chronic diseases were ranked as the top five priority needs in the service area.

### **Report Adoption, Availability and Comments**

This CHNA report was adopted by the Henry Mayo Board of Directors on September 6, 2022.

The report will be widely available to the public on the hospital's web site and can be accessed at <https://www.henrymayo.com/about-us/community-involvement/>. To send comments or questions about this report, please contact [thompsona@henrymayo.com](mailto:thompsona@henrymayo.com).

## Introduction

### Background and Purpose

Henry Mayo Newhall Hospital is a 357-bed, nonprofit, acute care hospital, which has served the Santa Clarita Valley since 1975. Henry Mayo is an Advanced Primary Stroke Center and a STEMI Receiving Center. The hospital features state-of-the-art inpatient facilities, a neonatal intensive care unit, catheterization lab, infusion center, breast center and an outpatient surgery center. Additional services include cardiovascular, trauma, emergency, intensive care, maternity, surgery, nursing, wound care, spine and joint, behavioral health, and acute rehab, as well as oncology, imaging, lab, digestive, respiratory services and physical and occupational therapies. In 2019, Henry Mayo was the first hospital in Los Angeles County, and the third in California, to offer the new High-Sensitivity Troponin blood test, which can detect a heart attack in patients within three (3) hours, versus the standard fifteen (15) hours.

Henry Mayo is proud to have won a National Award of Merit, in the Healthcare Facilities category, from the Design-Built Institute of America (DBIA), for the design and construction of the hospital's newly opened patient tower. The new patient tower includes 90 private rooms and a new Center for Women and Newborns.

The passage of California Senate Bill 697 (1994) and the Patient Protection and Affordable Care Act (2010) require tax-exempt hospitals to conduct a CHNA every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

### Service Area

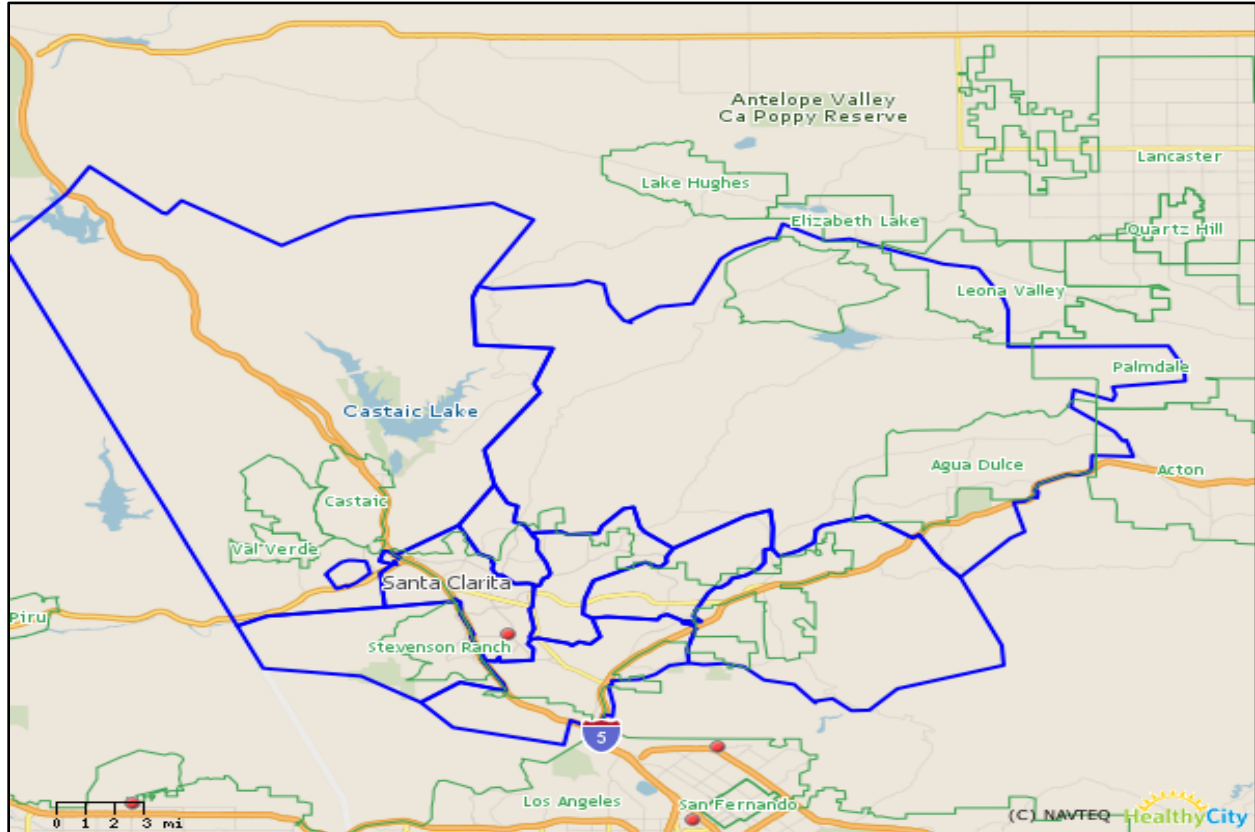
Henry Mayo is located at 23845 McBean Parkway, Valencia, CA 91355. The hospital's primary service area includes nine ZIP Codes in nine cities or communities. The service area is located in Los Angeles County Service Planning Area (SPA) 2. The service area was determined from the ZIP Codes that reflect a majority of patient admissions.

| Community         | ZIP Code     |
|-------------------|--------------|
| Agua Dulce/Saugus | 91350, 91390 |
| Canyon Country    | 91351, 91387 |
| Castaic/Val Verde | 91384        |
| Newhall           | 91321        |
| Santa Clarita     | 91354        |



| Community       | ZIP Code |
|-----------------|----------|
| Stevenson Ranch | 91381    |
| Valencia        | 91355    |

**Map of the Henry Mayo Service Area**



**Project Oversight**

The Community Health Needs Assessment process was overseen by:  
 Patrick Moody  
 Director, Marketing and Public Relations  
 Henry Mayo Newhall Hospital

**Consultant**

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Melissa A. King, PhD, MPA and JuHyun Y. Šakota, MPA of People’s Health Solutions to complete the data collection. Biel Consulting, Inc. has over 25 years of experience conducting CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. [www.bielconsulting.com](http://www.bielconsulting.com)

**Board Approval**

The Henry Mayo Board of Directors approved this report on September 6, 2022.

## Data Collection Methodology

### Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, access to health care, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. In some cases, data sets from public sources do not total 100%. In these cases, the data remained as reported by the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

### Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to health care
- Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, hypertension)
- COVID-19
- Housing and homelessness
- Mental health
- Overweight/obesity (healthy eating and physical activity)
- Preventive practices (screenings and immunizations)
- Substance use

### Primary Data Collection

Twenty-one (21) phone interviews were conducted during March 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the

needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the Santa Clarita Valley area of Los Angeles County, who spoke to issues and needs in the communities served by the hospital.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (i.e.; what makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Attachment 1 lists the stakeholder interview respondents, their titles and organizations. Attachment 2 provides stakeholder responses to the interview overview questions.

### **Public Comment**

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at <https://www.henrymayo.com/about-us/community-involvement/>. To date, no comments have been received.

## Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. COVID-19, mental health and housing and homelessness had the highest scores for severe and very severe impact on the community. Housing and homelessness, substance use and mental health were the top needs that had worsened over time. Housing and homelessness and mental health had the highest scores for insufficient resources available to address the need.

| <b>Significant Health Needs</b>                           | <b>Severe and Very Severe Impact on the Community</b> | <b>Worsened Over Time</b> | <b>Insufficient or Absent Resources</b> |
|---|---|---------------------------|---|
| Access to health care                                     | 64.7%   | 22.2%                     | 33.3%                                   |
| Chronic diseases  | 38.9%   | 27.8%                     | 22.2%                                   |
| COVID-19  | 94.5%   | 5.6%                      | 5.6%                                    |
| Housing and homelessness                                  | 77.8%   | 77.8%                     | 83.3%                                   |
| Mental health   | 94.5%   | 66.7%                     | 83.3%                                   |
| Overweight/obesity (healthy eating and physical activity) | 50%   | 33.3%                     | 22.2%                                   |
| Preventive practices (screenings and immunizations)       | 50%   | 5.6%                      | 5.6%                                    |
| Substance use   | 72.2%   | 72.2%                     | 55.6%                                   |

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided,

resulting in an overall score for each significant need. Access to care, mental health, substance use, housing and homelessness, and chronic diseases were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

| <b>Significant Needs</b>                                  | <b>Priority Ranking<br/>(Total Possible Score of 4)</b> |
|---|---|
| Access to health care                                     | 3.94  |
| Mental health   | 3.94  |
| Substance use   | 3.78  |
| Housing and homelessness                                  | 3.67  |
| Chronic diseases  | 3.61  |
| Preventive practices (screenings and immunizations)       | 3.35  |
| COVID-19  | 3.17  |
| Overweight/obesity (healthy eating and physical activity) | 3.00  |

Community input on these health needs is detailed throughout the CHNA report.

### **Resources to Address Significant Needs**

Community stakeholders identified community resources potentially available to address the significant community needs. The identified community resources are presented in Attachment 3.

### **Review of Progress**

In 2019, Henry Mayo conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to health care (including specialty care), chronic diseases (cancer, heart disease, and diabetes), mental health, substance use, and preventive practices through a commitment of community benefit programs and resources. The impact of the actions that Henry Mayo used to address these significant needs can be found in Attachment 4.

## Community Demographics

### Population

The population of the service area is 275,772. Between 2014 and 2019, the population decreased by 0.4%.

### Total Population and Change in Population, 2014-2019

|                                | ZIP Code | Total Population  | Change in Population, 2014-2019 |
|--------------------------------|----------|-------------------|---------------------------------|
| Agua Dulce/Saugus              | 91350    | 36,173            | 1.0%                            |
| Agua Dulce/Saugus              | 91390    | 19,168            | -2.7%                           |
| Canyon Country                 | 91351    | 32,711            | 0.9%                            |
| Canyon Country                 | 91387    | 42,034            | -1.1%                           |
| Castaic/Val Verde              | 91384    | 29,212            | 0.9%                            |
| Newhall                        | 91321    | 34,014            | -1.6%                           |
| Santa Clarita                  | 91354    | 32,544            | 12.1%                           |
| Stevenson Ranch                | 91381    | 19,390            | -4.5%                           |
| Valencia                       | 91355    | 30,526            | -9.2%                           |
| <b>Henry Mayo Service Area</b> |          | <b>275,772</b>    | <b>-0.4%</b>                    |
| <b>Los Angeles County</b>      |          | <b>10,081,570</b> | <b>1.1%</b>                     |
| <b>California</b>              |          | <b>39,283,497</b> | <b>3.2%</b>                     |

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. <http://data.census.gov>

The hospital service area population is 51% male and 49% female.

### Population, by Gender

|        | Henry Mayo Service Area | Los Angeles County | California |
|--------|-------------------------|--------------------|------------|
| Male   | 51.0%                   | 49.3%              | 49.7%      |
| Female | 49.0%                   | 50.7%              | 50.3%      |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov>

In SPA 2, 91.8% of the adult population identify as straight or heterosexual, and 99.7% as cisgender, or not transgender.

### Sexual Orientation and Gender Identity, Adults

|                                   | SPA 2  | Los Angeles County | California |
|-----------------------------------|--------|--------------------|------------|
| Straight or heterosexual          | 91.8%  | 90.9%              | 91.9%      |
| Gay, lesbian or homosexual        | 2.5%   | 3.1%               | 2.7%       |
| Bisexual                          | 4.1%   | 3.9%               | 3.6%       |
| Not sexual/celebrate/none/other   | 1.7%   | 2.1%               | 1.9%       |
| Cisgender/not transgender         | *99.7% | 99.6%              | 99.4%      |
| Transgender/gender non-conforming | *0.3%  | 0.4%               | 0.6%       |

Source: California Health Interview Survey, 2016-2020 combined. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

Children and youth, ages 0-17, make up 25.3% of the population, 63.5% are adults, ages 18-64, and 11.3% of the population are seniors, ages 65 and older. The service area population has a higher percentage of children and youth and a lower percentage of seniors than the county and state overall.

### Population, by Age

|            | Henry Mayo Service Area |         | Los Angeles County |         | California |         |
|------------|-------------------------|---------|--------------------|---------|------------|---------|
|            | Number                  | Percent | Number             | Percent | Number     | Percent |
| Ages 0-4   | 18,096                  | 6.6%    | 611,485            | 6.1%    | 2,451,528  | 6.2%    |
| Ages 5-17  | 51,450                  | 18.7%   | 1,603,275          | 15.9%   | 6,570,618  | 16.7%   |
| Ages 18-24 | 24,717                  | 9.0%    | 979,915            | 9.7%    | 3,789,808  | 9.6%    |
| Ages 25-44 | 72,262                  | 26.2%   | 3,003,060          | 29.8%   | 11,173,751 | 28.4%   |
| Ages 45-64 | 78,165                  | 28.3%   | 2,547,857          | 25.3%   | 9,811,751  | 25.0%   |
| Ages 65+   | 31,082                  | 11.3%   | 1,335,978          | 13.3%   | 5,486,041  | 14.0%   |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov>

When the service area is examined by ZIP Code, Santa Clarita 91354 has the highest percentage of children and youth (29.2%). Valencia 91355 has the lowest percentage of children and youth (21.5%) and the highest percentage of seniors in the area (15.5%). Castaic/Val Verde 91384 has the lowest senior population in the service area (8.3%).

### Population, by Youth, Ages 0-17, and Seniors, Ages 65 and Older

|                                | ZIP Code | Total Population  | Youth, Ages 0-17 | Seniors, Age 65+ |
|--------------------------------|----------|-------------------|------------------|------------------|
| Agua Dulce/Saugus              | 91350    | 36,173            | 26.3%            | 11.9%            |
| Agua Dulce/Saugus              | 91390    | 19,168            | 23.7%            | 12.4%            |
| Canyon Country                 | 91351    | 32,711            | 24.4%            | 10.6%            |
| Canyon Country                 | 91387    | 42,034            | 27.6%            | 9.7%             |
| Castaic/Val Verde              | 91384    | 29,212            | 21.7%            | 8.3%             |
| Newhall                        | 91321    | 34,014            | 24.6%            | 13.7%            |
| Santa Clarita                  | 91354    | 32,544            | 29.2%            | 9.8%             |
| Stevenson Ranch                | 91381    | 19,390            | 26.4%            | 9.5%             |
| Valencia                       | 91355    | 30,526            | 21.5%            | 15.5%            |
| <b>Henry Mayo Service Area</b> |          | <b>275,772</b>    | <b>25.2%</b>     | <b>11.3%</b>     |
| <b>Los Angeles County</b>      |          | <b>10,081,570</b> | <b>22.0%</b>     | <b>13.3%</b>     |
| <b>California</b>              |          | <b>39,283,497</b> | <b>23.0%</b>     | <b>14.0%</b>     |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <http://data.census.gov>

### Race/Ethnicity

The largest portion of the population in the service area identifies as White/Caucasian (46.4%). 33.3% of the population identifying as Hispanic/Latino, 10.9% are Asian and 4.3% are Black/African American. 4.2% of the population identifies as multiracial, 0.4% are some other race, 0.3% are Native Hawaiian/Pacific Islander and 0.2% are American Indian/Alaskan Native.

## Race/Ethnicity

|                            | Henry Mayo Service Area | Los Angeles County | California |
|----------------------------|-------------------------|--------------------|------------|
| White                      | 46.4%                   | 25.9%              | 36.5%      |
| Hispanic or Latino         | 33.3%                   | 48.3%              | 39.1%      |
| Asian                      | 10.9%                   | 14.6%              | 14.6%      |
| Black/African American     | 4.3%                    | 7.8%               | 5.5%       |
| Multiracial                | 4.2%                    | 2.6%               | 3.4%       |
| Some other race            | 0.4%                    | 0.4%               | 0.3%       |
| Native HI/Pacific Islander | 0.3%                    | 0.2%               | 0.3%       |
| American Indian/AK Native  | 0.2%                    | 0.2%               | 0.3%       |

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov/>

When race/ethnicity is examined by ZIP Code, Newhall has the highest percentage of Latinos (50%) in the service area. Agua Dulce/Saugus 91390 has the highest percentage of Whites (61.1%) and Stevenson Ranch has the highest percentage of Asians in the service area (24.1%). Santa Clarita has the highest percentage of Blacks/African Americans in the service area (5.9%).

## Race/Ethnicity, by ZIP Code

|                                | ZIP Code | White        | Hispanic/Latino | Asian        | Black       |
|--------------------------------|----------|--------------|-----------------|--------------|-------------|
| Agua Dulce/Saugus              | 91350    | 49.9%        | 29.5%           | 11.5%        | 4.8%        |
| Agua Dulce/Saugus              | 91390    | 61.1%        | 27.1%           | 6.0%         | 2.2%        |
| Canyon Country                 | 91351    | 37.3%        | 46.3%           | 6.6%         | 4.4%        |
| Canyon Country                 | 91387    | 40.1%        | 39.5%           | 10.7%        | 5.2%        |
| Castaic/Val Verde              | 91384    | 44.0%        | 37.6%           | 7.3%         | 5.5%        |
| Newhall                        | 91321    | 36.3%        | 50.0%           | 7.0%         | 2.8%        |
| Santa Clarita                  | 91354    | 52.6%        | 18.9%           | 16.7%        | 5.9%        |
| Stevenson Ranch                | 91381    | 43.7%        | 19.1%           | 24.1%        | 4.1%        |
| Valencia                       | 91355    | 59.3%        | 21.6%           | 11.2%        | 2.7%        |
| <b>Henry Mayo Service Area</b> |          | <b>46.4%</b> | <b>33.3%</b>    | <b>10.9%</b> | <b>4.3%</b> |
| <b>Los Angeles County</b>      |          | <b>25.9%</b> | <b>48.3%</b>    | <b>14.6%</b> | <b>7.8%</b> |
| <b>California</b>              |          | <b>36.5%</b> | <b>39.1%</b>    | <b>14.6%</b> | <b>5.4%</b> |

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov/>

## Language

In the service area, 63.3% of the residents, ages five and older, speak only English at home, and 19.1% speak Spanish at home. 6.1% speak an Asian/Pacific Islander language, and 3.3% speak an Indo-European language at home.



### Language Spoken at Home for the Population, Ages 5 and Older

|   | Henry Mayo Service Area | Los Angeles County | California        |
|---|-------------------------|--------------------|-------------------|
| <b>Population, ages 5 and older</b>       | <b>502,047</b>          | <b>9,470,085</b>   | <b>36,831,969</b> |
| English only                              | 63.3%                   | 43.4%              | 55.8%             |
| Speaks Spanish                            | 19.1%                   | 39.2%              | 28.7%             |
| Speaks non-Spanish Indo-European language | 3.3%                    | 5.3%               | 4.5%              |
| Speaks Asian or Pacific Islander language | 6.1%                    | 10.9%              | 10.0%             |
| Speaks other language                     | 1.0%                    | 1.1%               | 1.0%              |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02 and B16001. <http://data.census.gov/>

The highest percentage of Spanish speakers within the service area can be found in Newhall 91321 (32.8%) and Canyon Country 91351 (30.5%). Stevenson Ranch (11.9%) and Santa Clarita (9.7%) have the highest percentage of Asian/Pacific-Islander language speakers. Stevenson Ranch has the highest percentages of Indo-European languages spoken at home in the service area (7.3%). English is spoken in the home by 74.3% of the population of Agua Dulce/Saugus 91390, the highest concentration of English-speakers in the service area.

### Language Spoken at Home, by ZIP Code

|                                | ZIP Code | English      | Spanish      | Indo-European | Asian/Pacific Islander |
|--------------------------------|----------|--------------|--------------|---------------|------------------------|
| Agua Dulce/Saugus              | 91350    | 69.6%        | 14.0%        | 2.8%          | 6.1%                   |
| Agua Dulce/Saugus              | 91390    | 74.3%        | 14.3%        | 2.4%          | 3.6%                   |
| Canyon Country                 | 91351    | 54.4%        | 30.5%        | 2.9%          | 5.0%                   |
| Canyon Country                 | 91387    | 58.7%        | 21.7%        | 3.4%          | 4.8%                   |
| Castaic/Val Verde              | 91384    | 62.1%        | 25.1%        | 2.7%          | 4.3%                   |
| Newhall                        | 91321    | 53.3%        | 32.8%        | 1.9%          | 4.5%                   |
| Santa Clarita                  | 91354    | 70.4%        | 7.6%         | 4.1%          | 9.7%                   |
| Stevenson Ranch                | 91381    | 65.8%        | 6.9%         | 7.3%          | 11.9%                  |
| Valencia                       | 91355    | 70.8%        | 11.2%        | 3.6%          | 6.8%                   |
| <b>Henry Mayo Service Area</b> |          | <b>63.3%</b> | <b>19.1%</b> | <b>3.3%</b>   | <b>6.1%</b>            |
| <b>Los Angeles County</b>      |          | <b>43.4%</b> | <b>39.2%</b> | <b>5.3%</b>   | <b>10.9%</b>           |
| <b>California</b>              |          | <b>55.8%</b> | <b>28.7%</b> | <b>4.5%</b>   | <b>10.0%</b>           |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02 and B16001. <http://data.census.gov/>

The California Department of Education publishes rates of English Learners (EL), defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Los Angeles County school districts, the percentage of students who were classified EL was 16.9%. 18.8% of the students in Newhall Elementary School District and 17.4% of students in the Sulphur Springs Union Elementary School District were classified as EL.

### English Learner (EL) Students, by School District

|   | Number           | Percent      |
|---|------------------|--------------|
| Castaic Union School District                           | 215              | 11.6%        |
| Gorman Elementary School District                       | 49               | 3.8%         |
| Hughes-Elizabeth Lakes Union Elementary School District | 5                | 2.8%         |
| Newhall Elementary School District                      | 1,122            | 18.8%        |
| Saugus Union Elementary School District                 | 893              | 9.8%         |
| Sulphur Springs Union Elementary School District        | 881              | 17.4%        |
| Westside Union Elementary School District               | 565              | 6.2%         |
| Antelope Valley Union Joint High School District        | 2,143            | 9.4%         |
| William S. Hart Union High School District              | 1,433            | 6.1%         |
| Acton-Agua Dulce Unified School District                | 933              | 7.4%         |
| <b>Los Angeles County</b>                               | <b>235,329</b>   | <b>16.9%</b> |
| <b>California</b>                                       | <b>1,062,290</b> | <b>17.7%</b> |

Source: California Department of Education DataQuest, 2020-2021. <http://dq.cde.ca.gov/dataquest/>

### Veteran Status

In the service area, 3.7% of the civilian population, 18 years and older, are veterans. Rates of former military service ranged from 2.2% in Stevenson Ranch to 4.7% in Agua Dulce/Saugus 91390.

### Veteran Status

|                                | ZIP Code | Percent     |
|--------------------------------|----------|-------------|
| Agua Dulce/Saugus              | 91350    | 4.2%        |
| Agua Dulce/Saugus              | 91390    | 4.7%        |
| Canyon Country                 | 91351    | 3.9%        |
| Canyon Country                 | 91387    | 3.1%        |
| Castaic/Val Verde              | 91384    | 3.5%        |
| Newhall                        | 91321    | 3.6%        |
| Santa Clarita                  | 91354    | 3.8%        |
| Stevenson Ranch                | 91381    | 2.2%        |
| Valencia                       | 91355    | 4.0%        |
| <b>Henry Mayo Service Area</b> |          | <b>3.7%</b> |
| <b>Los Angeles County</b>      |          | <b>3.3%</b> |
| <b>California</b>              |          | <b>5.2%</b> |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/>

### Citizenship

In the service area, 20.8% of the population is foreign-born, which is lower than county (34.0%) and state (26.8%) rates. Of the foreign-born, 36.1% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

### Foreign-Born Residents and Citizenship

|   | <b>Henry Mayo<br/>Service Area</b> | <b>Los Angeles<br/>County</b> | <b>California</b> |
|---|------------------------------------|-------------------------------|-------------------|
| Foreign born                            | 20.8%                              | 34.0%                         | 26.8%             |
| Of the foreign born, not a U.S. citizen | 36.1%                              | 47.7%                         | 48.3%             |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/>

## Social Determinants of Health

### Social and Economic Factors Ranking

The County Health Rankings rank counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. California's 58 counties were ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. Los Angeles County is ranked 45 among counties in California, placing it in the bottom quarter of the state's counties.

### Social and Economic Factors Ranking

|                    | County Ranking (out of 58) |
|--------------------|----------------------------|
| Los Angeles County | 45                         |

Source: County Health Rankings, 2022, <http://www.countyhealthrankings.org>

### Poverty

For 2019, the federal poverty level (FPL) for one person was \$13,011 and for a family of four \$25,926. Among the residents in the service area, 9.7% are at or below 100% of FPL and 17.4% are at 200% of FPL or below. Newhall 91321 has the highest poverty rates (34.0%) and the highest rates of low-income residents in the service area (19.6%). Santa Clarita has the lowest rate of poverty-level residents (9.4%) and low-income residents (5.6%).

### Ratio of Income to Poverty Level, <100% FPL and <200% FPL, by ZIP Code

|                                | ZIP Code | <100% FPL    | <200% FPL    |
|--------------------------------|----------|--------------|--------------|
| Agua Dulce/Saugus              | 91350    | 6.3%         | 13.0%        |
| Agua Dulce/Saugus              | 91390    | 6.3%         | 11.4%        |
| Canyon Country                 | 91351    | 11.8%        | 22.6%        |
| Canyon Country                 | 91387    | 11.6%        | 20.2%        |
| Castaic/Val Verde              | 91384    | 5.6%         | 12.9%        |
| Newhall                        | 91321    | 19.6%        | 34.0%        |
| Santa Clarita                  | 91354    | 5.6%         | 9.4%         |
| Stevenson Ranch                | 91381    | 6.1%         | 11.4%        |
| Valencia                       | 91355    | 10.5%        | 15.6%        |
| <b>Henry Mayo Service Area</b> |          | <b>9.7%</b>  | <b>17.4%</b> |
| <b>Los Angeles County</b>      |          | <b>14.9%</b> | <b>34.8%</b> |
| <b>California</b>              |          | <b>13.4%</b> | <b>31.0%</b> |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. <http://data.census.gov/>

In the service area, Canyon Country 91387 has the highest rate of poverty among children (19.6%), and Santa Clarita has the highest rate of poverty among seniors

(9.2%) and female heads-of-household (HoH), living with their own children under the age of 18 (4.5%).

### Poverty Levels, Children, under Age 18, Seniors, Ages 65 and Older, and Female HoH

|                                | ZIP Code | Children     | Seniors      | Female HoH with Children* |
|--------------------------------|----------|--------------|--------------|---------------------------|
| Agua Dulce/Saugus              | 91350    | 11.3%        | 5.3%         | 0.5%                      |
| Agua Dulce/Saugus              | 91390    | 9.1%         | 4.8%         | 1.9%                      |
| Canyon Country                 | 91351    | 12.9%        | 4.7%         | 2.5%                      |
| Canyon Country                 | 91387    | 19.6%        | 3.7%         | 2.9%                      |
| Castaic/Val Verde              | 91384    | 7.1%         | 3.5%         | 1.1%                      |
| Newhall                        | 91321    | 16.0%        | 2.6%         | 1.9%                      |
| Santa Clarita                  | 91354    | 8.4%         | 9.2%         | 4.5%                      |
| Stevenson Ranch                | 91381    | 7.8%         | 8.0%         | 1.6%                      |
| Valencia                       | 91355    | 8.0%         | 7.0%         | 1.8%                      |
| <b>Henry Mayo Service Area</b> |          | <b>9.0%</b>  | <b>7.2%</b>  | <b>2.1%</b>               |
| <b>Los Angeles County</b>      |          | <b>20.8%</b> | <b>13.2%</b> | <b>33.3%</b>              |
| <b>California</b>              |          | <b>18.1%</b> | <b>10.2%</b> | <b>33.1%</b>              |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701 and \*S1702. <http://data.census.gov/>

### Unemployment

Between 2015 and 2019, the average unemployment rate among the civilian labor force in the service area was 5.2%. The highest rate of unemployment was found in Canyon Country 91351 (6.1%).

### Employment Status, Ages 16 and Older

|                                | ZIP Code | Civilian Labor Force | Unemployed       | Unemployment Rate |
|--------------------------------|----------|----------------------|------------------|-------------------|
| Agua Dulce/Saugus              | 91350    | 18,809               | 761              | 4.0%              |
| Agua Dulce/Saugus              | 91390    | 10,367               | 467              | 4.5%              |
| Canyon Country                 | 91351    | 17,847               | 1,090            | 6.1%              |
| Canyon Country                 | 91387    | 22,242               | 1,234            | 5.5%              |
| Castaic/Val Verde              | 91384    | 12,468               | 746              | 6.0%              |
| Newhall                        | 91321    | 17,425               | 965              | 5.5%              |
| Santa Clarita                  | 91354    | 16,994               | 804              | 4.7%              |
| Stevenson Ranch                | 91381    | 10,119               | 577              | 5.7%              |
| Valencia                       | 91355    | 15,513               | 774              | 5.0%              |
| <b>Henry Mayo Service Area</b> |          | <b>141,784</b>       | <b>7,418</b>     | <b>5.2%</b>       |
| <b>Los Angeles County</b>      |          | <b>5,249,298</b>     | <b>319,435</b>   | <b>6.1%</b>       |
| <b>California</b>              |          | <b>19,790,474</b>    | <b>1,199,233</b> | <b>6.1%</b>       |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov/>

### Free and Reduced-Price Meals

The Free and Reduced-Price Meal Program is a federally assisted program that provides free, nutritionally balanced meals to children whose families meet eligibility

income requirements. Eligibility ranged from 31.4% in the William S. Hart Union District to 67.9% in Antelope Valley Union Joint High School District.

### Free and Reduced-Price Meals Eligibility

|   | Percent Eligible Students |
|---|---------------------------|
| Castaic Union School District                           | 31.6%                     |
| Gorman Elementary School District                       | 47.7%                     |
| Hughes-Elizabeth Lakes Union Elementary School District | 50.6%                     |
| Newhall Elementary School District                      | 40.4%                     |
| Saugus Union Elementary School District                 | 23.4%                     |
| Sulphur Springs Union Elementary School District        | 49.9%                     |
| Westside Union Elementary School District               | 49.7%                     |
| Antelope Valley Union Joint High School District        | 67.9%                     |
| William S. Hart Union High District                     | 31.4%                     |
| Acton-Agua Dulce Unified School District                | 59.0%                     |
| <b>Los Angeles County</b>                               | <b>68.7%</b>              |
| <b>California</b>                                       | <b>58.9%</b>              |

Source: California Department of Education, 2020-2021. <http://data1.cde.ca.gov/dataquest/>

### Households and Housing Units

Numerous factors affect and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, there is a need for vacant units – both for sale and for rent – in a well-functioning housing market, to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief that they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.<sup>1</sup>

In the service area, there are 86,872 households and 89,808 housing units. Between 2014 and 2019, the population decreased by 0.4%, but the number of households declined by 0.9%. Housing units declined at a rate of 1.5%, and vacant units decreased by 16.8%, to 3.3% of overall housing stock, which is lower than the ideal vacancy rate of 13% estimated by Freddie Mac. Owner-occupied housing increased by 2% and renters decreased by 10.0% from their 2014 levels. The service area has a lower rate of renters versus owners compared to the county.

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<sup>1</sup> Source: Freddie Mac, *Housing Supply: A Growing Deficit*, May 7, 2021, Accessed on January 6, 2022. [http://www.freddiemac.com/research/insight/20210507\\_housing\\_supply.page](http://www.freddiemac.com/research/insight/20210507_housing_supply.page)

## Households and Housing Units, and Percent Change

|               | Henry Mayo Service Area |        |          | Los Angeles County |           |          |
|---------------|-------------------------|--------|----------|--------------------|-----------|----------|
|               | 2014                    | 2019   | % Change | 2014               | 2019      | % Change |
| Households    | 87,638                  | 86,872 | -0.9%    | 3,242,391          | 3,316,795 | 2.3%     |
| Housing units | 91,170                  | 89,808 | -1.5%    | 3,462,075          | 3,542,800 | 2.3%     |
| Owner occ.    | 69.8%                   | 71.8%  | 2.0%     | 43.4%              | 42.9%     | -1.0%    |
| Renter occ.   | 30.2%                   | 27.4%  | -10.0%   | 50.2%              | 50.7%     | 3.4%     |
| Vacant        | 3.9%                    | 3.3%   | -16.8%   | 6.3%               | 6.4%      | 2.9%     |

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. <http://data.census.gov/>

The weighted average of the median household income in the service area was \$112,122, which was higher than the county median of \$68,044. Median household income ranged from \$73,187 in Newhall 91321 to \$135,357 in Stevenson Ranch.

## Median Household Income

|                                 | ZIP Code | Households        | Median Household Income |
|---------------------------------|----------|-------------------|-------------------------|
| Agua Dulce/Saugus               | 91350    | 11,402            | \$117,707               |
| Agua Dulce/Saugus               | 91390    | 6,000             | \$120,617               |
| Canyon Country                  | 91351    | 10,076            | \$81,758                |
| Canyon Country                  | 91387    | 12,815            | \$98,371                |
| Castaic/Val Verde               | 91384    | 7,091             | \$112,122               |
| Newhall                         | 91321    | 10,781            | \$73,187                |
| Santa Clarita                   | 91354    | 10,444            | \$128,308               |
| Stevenson Ranch                 | 91381    | 6,554             | \$135,357               |
| Valencia                        | 91355    | 11,709            | \$95,696                |
| <b>Henry Mayo Service Area*</b> |          | <b>86,872</b>     | <b>\$112,122</b>        |
| <b>Los Angeles County</b>       |          | <b>3,316,795</b>  | <b>\$68,044</b>         |
| <b>California</b>               |          | <b>13,044,266</b> | <b>\$75,235</b>         |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov/> \*Weighted average of the medians.

According to the U.S. Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” In the service area, 16.1% of owner and renter occupied households spend 30% or more of their income on housing. Newhall 91321 (26.7%) has the highest percentage of households spending 30% or more of their income on housing. Agua Dulce/Saugus 91390 (3.2%) has the smallest percentage of the population that is housing-cost burdened.

## Households that Spend 30% or More of Income on Housing

|                   | ZIP Code | Percent |
|-------------------|----------|---------|
| Agua Dulce/Saugus | 91350    | 7.9%    |
| Agua Dulce/Saugus | 91390    | 3.2%    |

|                                | ZIP Code | Percent      |
|--------------------------------|----------|--------------|
| Canyon Country                 | 91351    | 16.5%        |
| Canyon Country                 | 91387    | 22.2%        |
| Castaic/Val Verde              | 91384    | 8.5%         |
| Newhall                        | 91321    | 26.7%        |
| Santa Clarita                  | 91354    | 11.0%        |
| Stevenson Ranch                | 91381    | 17.5%        |
| Valencia                       | 91355    | 22.2%        |
| <b>Henry Mayo Service Area</b> |          | <b>16.1%</b> |
| <b>Los Angeles County</b>      |          | <b>47.3%</b> |
| <b>California</b>              |          | <b>41.7%</b> |

Source: U.S. Census Bureau, American Community, 2015-2019, DP04. <http://data.census.gov/>

In the service area, 40.3% of service area households are family households (married or cohabiting couples) with children, under age 18. 3.2% of households have a female as head-of-household (HoH), with children, under age 18, and no spouse or partner present. 8.2% of area households are seniors who live alone. Seniors living alone may be isolated and lack adequate support systems.

### Households, by Type

|                         | Total Households | Family Households with Children Under Age 18 | Female HoH with Own Children Under Age 18 | Seniors, 65 and Older, Living Alone |
|-------------------------|------------------|--|---|-------------------------------------|
|                         | Number           | Percent                                      | Percent                                   | Percent                             |
| Henry Mayo Service Area | 86,872           | 40.3%  | 3.2%                                      | 8.2%                                |
| Los Angeles County      | 3,316,795        | 21.9%  | 5.1%                                      | 8.8%                                |
| California              | 13,044,266       | 24.0%  | 4.8%                                      | 9.5%                                |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/>

### Homelessness

A point-in-time (PIT) count of homeless people is conducted annually by The Los Angeles Homeless Services Authority (LAHSA) for the Los Angeles Continuum of Care (LA CoC). The LA CoC excludes the cities of Glendale, Long Beach and Pasadena, which conduct separate counts. The PIT counts are conducted to determine how many individuals and families are homeless on a given day, and are scheduled to occur on a single night in the third week of January, unless weather does not permit. The 2021 homeless count for LA CoC was cancelled due to COVID-19.

From January 2017 to January 2020, there was a 21.5% increase in the total homeless count within the LA CoC, though the percent of persons who were unsheltered homeless declined. Of the 63,706 persons experiencing homelessness, 19.5% were family members (with at least one child, under age 18, and one adult, ages 18 and



older), 6.6% were transition-age youth (ages 18 to 24), 9.9% were older adults, and 11.8% were under age 18. The percent of chronic homelessness and substance use disorder increased from 2017 to 2020, while homelessness for serious mental illness and veterans declined.

### People Experiencing Homelessness, Los Angeles Continuum of Care

|  | 2017   |         | 2020   |         |
|--|--------|---------|--------|---------|
|  | Number | Percent | Number | Percent |
| Total people experiencing homelessness | 52,442 | 100.0%  | 63,706 | 100.0%  |
| Sheltered individuals                  | 13,972 | 26.6%   | 17,616 | 27.7%   |
| Unsheltered individuals                | 38,470 | 73.4%   | 46,090 | 72.3%   |
| Chronic homelessness                   | 16,241 | 31.0%   | 24,482 | 38.4%   |
| Survivor of domestic violence          | 16,422 | 31.3%   | 18,345 | 28.8%   |
| Persons with HIV/AIDS                  | 1,110  | 2.1%    | 1,165  | 1.8%    |
| Serious mental illness                 | 14,664 | 28.0%   | 14,125 | 22.2%   |
| Substance use disorder                 | 8,408  | 16.0%   | 15,203 | 23.9%   |
| Developmental disability               | 3,062  | 5.8%    | 5,292  | 8.3%    |
| Physical disability                    | 8,710  | 16.6%   | 10,833 | 17.0%   |
| Veterans                               | 4,440  | 8.5%    | 3,681  | 5.8%    |
| Family members                         | 7,856  | 15.0%   | 12,416 | 19.5%   |
| Older adults, ages 62 and older        | 4,005  | 7.6%    | 6,290  | 9.9%    |
| Transition age youth, ages 18 - 24     | 3,199  | 6.1%    | 4,181  | 6.6%    |
| Under 18 years old                     | 4,791  | 9.1%    | 7,491  | 11.8%   |
| Unaccompanied youth                    | 94     | 0.2%    | 69     | 0.1%    |
| LGBT+                                  | N/A    | N/A     | 5,821  | 9.1%    |
| Transgender                            | 463    | 0.9%    | 842    | 1.3%    |

Source: The Los Angeles Homeless Services Authority (LAHSA), 2020 Homeless Count. <https://www.lahsa.org/documents>

### Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments summarized and edited for clarity:

- The COVID-19 pandemic has exacerbated issues of housing instability and homelessness, as more residents lose employment and struggle to pay high rents. As a result, there is a greater demand for shelter services and linkages to transitional and affordable housing.
- There is a need for health and social services organizations who are not homeless service agencies to have access to funding that will allow them to play a greater role in preventing homelessness or supporting those experiencing housing instability. This would require the County Board of Supervisors working with communities to restructure how funding is allocated.
- While transitional and permanent housing are needed, for a person to be successful,

housing must be bundled with health and social supports.

- Housing itself won't solve the problem. What is needed is investing in preventive measures that can help prevent homelessness or intervene early-on through community compassionate care centers that offer health and mental health care, education, resources, tools, and advocacy.
- Children and youth in Santa Clarita schools whose families are experiencing housing instability are grieving the loss of a stable place to live. They have anxiety about having to come to school and cover up what they and their families are going through. Not having a safe place to live has detrimental effects on mental health.
- Trust-building is a major challenge to linking individuals experiencing housing instability and/or unsheltered homelessness to resources such as transitional or permanent supportive housing. A person who has not built a trusting relationship with the person doing outreach is less likely to accept assistance/resources offered.
- There is an affordable housing shortage in Santa Clarita. Many residents cannot afford to live in Santa Clarita and are migrating to places such as the San Fernando Valley, Los Angeles, and Palmdale.
- Housing costs continue to rise, and there is a lack of affordable housing. There are not enough resources to accommodate the number of people who seek housing aid.
- Due to housing prices, multiple families commonly share a residence designed for one family. Schools are able to identify these situations when many children are dropped off at school by one adult from one home, and the children disclose that they live together and share a space. These types of living situations have increased since the start of COVID-19, due to a loss of income among families working in construction, restaurants, grocery stores, cleaning, and other cash-based services.
- There is a lack of shelter beds, temporary housing services, and transitional housing available in the Santa Clarita area. The community is however making strides in this area, with Bridge to Home recently expanding its capacity to accommodate 60 people.
- There is a lack of shelters that provide people who are unhoused with resources. Due to limited resources, shelters are often full and cannot meet the demand. There are few resources available for transitional housing and permanent housing.
- Women and families in particular have fewer shelter options than men.
- The main shelter in Santa Clarita has a majority male population. Women do not always feel comfortable or safe in that environment. Many times, women are fleeing domestic violence, and have trauma that is triggered by a male-dominated environment.
- A shared housing program was started by a group of community-based organizations in Santa Clarita before the COVID-19 pandemic, but it has been put on hold. Shared housing finds landlords with a vacant room or unit to rent out to an individual or family.

- It may be difficult for people who are unhoused to receive services, as there are specific requirements that a person must meet to legally be considered unsheltered.
- There are not enough resources for youth who age out of the foster system at age 18. Many of these youth are no longer eligible for housing and other resources, and they lack the means to transition to living independently.
- Rent increases have made seniors, who are typically on fixed incomes, particularly vulnerable to housing instability and homelessness.
- Single-parent households struggle with being able to afford an apartment with sufficient space for their children, as even one-bedroom apartments are difficult to secure with only one income.

**Public Program Participation**

In SPA 2, 36.0% of low-income residents (those making less than 200% of the FPL) are not able to afford enough food and 21.6% of low-income residents utilize food stamps. WIC benefits are accessed by 30.9% of SPA 2 children, ages 6 and younger. 5.2% of SPA 2 low-income residents are TANF/CalWORKs recipients. 24.4% of SPA 2 adult immigrants indicated there had been a time when they avoided government benefits due to a concern about disqualifying themselves or a family member from a permanent residency or citizenship. 17.5% of adult immigrants in SPA 2 indicated they were asked to provide a Social Security Number or other proof of citizenship within the past year in order to obtain medical services or school enrollment.

**Public Program Participation**

|  | <b>SPA 2</b> | <b>Los Angeles County</b> |
|--|--------------|---------------------------|
| Not able to afford food (<200%FPL)   | 36.0%        | 38.6%                     |
| Food stamp recipients (<200% FPL)**  | 21.6%        | 24.9%                     |
| WIC usage among children, 6 years and under***   | 30.9%        | 46.9%                     |
| TANF/CalWorks recipients (<200% FPL)**   | 5.2%         | 9.8%                      |
| Ever a time you avoided gov't benefits due to concern about disqualification from green card/citizenship for you or family member (asked only of adult immigrants)** | 24.4%        | 19.2%                     |
| Immigrant adult was asked to provide SSN or proof of citizenship in order to get medical services or enroll in school in the past year**                             | 17.5%        | 16.0%                     |

Source: California Health Interview Survey, 2017-2019; \*\*2019 \*\*\*2015-2016 & 2018-2019, combined. <http://ask.chis.ucla.edu/>

In the service area, 3.5% of residents received SSI benefits, 1.7% received cash public assistance income, and 4.3% of residents received food stamp benefits.

**Household Supportive Benefits**

|                  | <b>Henry Mayo Service Area</b> | <b>Los Angeles County</b> | <b>California</b> |
|------------------|--------------------------------|---------------------------|-------------------|
| Total households | 86,872                         | 3,316,795                 | 13,044,266        |

|                                    | Henry Mayo Service Area | Los Angeles County | California |
|------------------------------------|-------------------------|--------------------|------------|
| Supplemental Security Income (SSI) | 3.5%                    | 6.7%               | 6.1%       |
| Public Assistance                  | 1.7%                    | 3.4%               | 3.2%       |
| Food Stamps/SNAP                   | 4.3%                    | 8.7%               | 8.9%       |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov>

## Access to Food

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In SPA 2, 24.4% of households with incomes less than 300% of the FPL were food insecure.

## Food Insecure Households, <300% FPL

|                    | Percent |
|--------------------|---------|
| SPA 2              | 24.4%   |
| Los Angeles County | 26.8%   |

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

## Educational Attainment

Educational attainment is a key driver of health. In the service area, 10.1% of adults, ages 25 and older, lack a high school diploma, which is lower than the county (20.9%) and state rate (16.7%). 36.7% of area adults in the service area have a bachelor's degree or higher, which is higher than the county and state rates.

## Education Levels, Population Ages 25 and Older

|                                     | Henry Mayo Service Area | Los Angeles County | California        |
|-------------------------------------|-------------------------|--------------------|-------------------|
| <b>Population ages 25 and older</b> | <b>181,509</b>          | <b>6,886,895</b>   | <b>26,471,543</b> |
| Less than 9th grade                 | 4.4%                    | 12.3%              | 9.2%              |
| 9th to 12th grade, no diploma       | 5.7%                    | 8.6%               | 7.5%              |
| High school graduate                | 18.3%                   | 20.6%              | 20.5%             |
| Some college, no degree             | 24.9%                   | 19.0%              | 21.1%             |
| Associates degree                   | 10.0%                   | 7.0%               | 7.8%              |
| Bachelor's degree                   | 24.5%                   | 21.2%              | 21.2%             |
| Graduate/professional degree        | 12.2%                   | 11.3%              | 12.8%             |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov/>

## High School Graduation Rates

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four years earlier. The Healthy People 2030 high school graduation objective is 90.7%. The William S. Hart Union

District high school graduation rate of 94.3% met the Healthy People 2030 objective.

### High School Graduation Rates

|                                     | 2018-2019 | 2019-2020 |
|-------------------------------------|-----------|-----------|
| William S. Hart Union High District | 93.7%     | 94.3%     |
| Los Angeles County                  | 86.1%     | 86.5%     |
| California                          | 88.1%     | 87.6%     |

Source: California Department of Education DataQuest, 2018-2020. <http://dq.cde.ca.gov/dataquest/>

### Preschool Enrollment

57.2% of service area children, ages 3 and 4, are enrolled in preschool. The enrollment rates ranged from 43.2% in Canyon Country 91387 to 68.6% in Agua Dulce/Saugus 91390.

### Enrolled in Preschool, Children, Ages 3 and 4

|                                | ZIP Code | Children, Ages 3 and 4 | Percent Enrolled |
|--------------------------------|----------|------------------------|------------------|
| Agua Dulce/Saugus              | 91350    | 999                    | 56.5%            |
| Agua Dulce/Saugus              | 91390    | 487                    | 68.6%            |
| Canyon Country                 | 91351    | 762                    | 53.7%            |
| Canyon Country                 | 91387    | 1,323                  | 43.2%            |
| Castaic/Val Verde              | 91384    | 631                    | 58.0%            |
| Newhall                        | 91321    | 859                    | 57.0%            |
| Santa Clarita                  | 91354    | 1,105                  | 61.6%            |
| Stevenson Ranch                | 91381    | 532                    | 61.1%            |
| Valencia                       | 91355    | 864                    | 67.4%            |
| <b>Henry Mayo Service Area</b> |          | <b>7,562</b>           | <b>57.2%</b>     |
| <b>Los Angeles County</b>      |          | <b>255,273</b>         | <b>54.5%</b>     |
| <b>California</b>              |          | <b>1,021,926</b>       | <b>49.6%</b>     |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. <http://data.census.gov/>

### Parks, Playgrounds and Open Spaces

88.6% of SPA 2 children, ages 1-17, were reported to live within walking distance of a park, playground or open space. 82.7% of SPA 2 children had visited a park, playground or open space within the past month.

### Access to and Utilization of Parks, Playgrounds and Open Space, Ages 1 to 17

|  | SPA 2 | Los Angeles County |
|--|-------|--------------------|
| Walking distance to park, playground or open space     | 88.6% | 91.4%              |
| Visited a park, playground or open space in past month | 82.7% | 82.9%              |

Source: California Health Interview Survey, 2014-2018; <http://ask.chis.ucla.edu/>

### Crime and Violence

Property crimes include burglary, motor vehicle theft, and larceny. The rate of property

crime in Santa Clarita is 923 per 100,000 persons. Violent crimes include homicide, rape, robbery, and aggravated assault. Santa Clarita has a rate of 133.4 violent crimes per 100,000 persons.

### Violent Crimes Rates and Property Crime Rates, per 100,000 Persons

|                    | Property Crime | Violent Crime |
|--------------------|----------------|---------------|
| Santa Clarita      | 923.0          | 133.4         |
| Los Angeles County | 2,121.9        | 543.0         |
| California         | 2,129.4        | 440.1         |

Source: California Department of Justice, Office of the Attorney General, 2020. <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances>. \*All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO.

### Intimate Partner Violence

In SPA 2, 11.4% of male adults and 18.3% of female adults reported ever experiencing physical violence (hit, slapped, pushed, kicked, etc.) at the hands of an intimate partner. 1.2% of males in SPA 2 reported experiencing sexual violence (unwanted sex) by an intimate partner. 9.3% of women in SPA 2 reported experiencing sexual violence by an intimate partner. Physical violence toward women is higher in SPA 2 than the county.

### Intimate Partner Violence, by Gender and Type of Violence

|  | SPA 2 | Los Angeles County |
|--|-------|--------------------|
| Women have experienced physical violence | 18.3% | 16.0%              |
| Women have experienced sexual violence   | 9.3%  | 10.1%              |
| Men have experienced physical violence   | 11.4% | 11.8%              |
| Men have experienced sexual violence     | *1.2% | 3.3%               |

Source: County of Los Angeles Public Health Department, L.A. County Health Survey, 2018; \*Statistically unstable due to small sample size. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm>

16.6% of SPA 2 residents have experienced domestic violence (physical or sexual) by an intimate partner.

### Intimate Partner Violence

|                    | Percent |
|--------------------|---------|
| SPA 2              | 16.6%   |
| Los Angeles County | 16.8%   |

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

Teens in the service area were asked about neighborhood cohesion. 87.5% of teens in SPA 2 felt safe most or all of the time. 89.1% of teens in SPA 2 felt people in their neighborhood were willing to help. 88.1% of teens in SPA 2 felt their neighbors could be trusted.

### Neighborhood Cohesion, Teens Who Agree or Strongly Agree

|   | SPA 2  | Los Angeles County |
|---|--------|--------------------|
| Feel safe in neighborhood most or all of the time | 87.5%  | 84.0%              |
| People in neighborhood are willing to help        | *89.1% | 85.9%              |
| People in neighborhood can be trusted             | *88.1% | 78.9%              |

Source: California Health Interview Survey, 2015-2020. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size

## Health Care Access

### Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 92.5% of the civilian, non-institutionalized population in the service area has health insurance. Santa Clarita has the highest health insurance rate (97.0%) and Castaic/Val Verde has the lowest rate of health insurance coverage in the service area (77.8%). The Healthy People 2030 objective is for 92.1% of the population to have health insurance.

96.8% of service area children, ages 18 and younger, have health insurance coverage in the service area. Castaic/Val Verde has the highest rate of health insurance coverage among children (98.8%), and Stevenson Ranch (95.2%) has the lowest percentage of children with health insurance. Among adults, ages 19-64, 92.6% in the service area have health insurance. Agua Dulce 91390 has the highest insurance rate among adults (96.3%), and Canyon Country 91351 has the lowest health insurance rate (88.9%) among adults.

### Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

|                                | ZIP Code | Total Population | Children Ages 0-18 | Adults Ages 19-64 |
|--------------------------------|----------|------------------|--------------------|-------------------|
| Agua Dulce/Saugus              | 91350    | 95.9%            | 97.8%              | 94.7%             |
| Agua Dulce/Saugus              | 91390    | 96.4%            | 97.2%              | 96.3%             |
| Canyon Country                 | 91351    | 91.5%            | 95.4%              | 88.9%             |
| Canyon Country                 | 91387    | 93.1%            | 95.8%              | 90.8%             |
| Castaic/Val Verde              | 91384    | 77.8%            | 98.8%              | 93.6%             |
| Newhall                        | 91321    | 90.4%            | 96.7%              | 86.1%             |
| Santa Clarita                  | 91354    | 97.0%            | 98.1%              | 96.0%             |
| Stevenson Ranch                | 91381    | 95.5%            | 95.2%              | 94.9%             |
| Valencia                       | 91355    | 96.2%            | 96.8%              | 95.6%             |
| <b>Henry Mayo Service Area</b> |          | <b>92.5%</b>     | <b>96.8%</b>       | <b>92.6%</b>      |
| <b>Los Angeles County</b>      |          | <b>90.4%</b>     | <b>96.1%</b>       | <b>86.6%</b>      |
| <b>California</b>              |          | <b>92.5%</b>     | <b>96.7%</b>       | <b>89.3%</b>      |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. <http://data.census.gov/>

23.9% of SPA 2 residents have Medi-Cal coverage. 45.1% of SPA 2 have employment-based insurance. SPA 2 has a lower level of Medi-Cal and a higher level of employment-based coverage than in the county.

### Insurance Coverage, by Type

|               | SPA 2 | Los Angeles County |
|---------------|-------|--------------------|
| Medi-Cal      | 23.9% | 28.7%              |
| Medicare only | 1.3%  | 1.3%               |



|                     | SPA 2 | Los Angeles County |
|---------------------|-------|--------------------|
| Medi-Cal/Medicare   | 4.0%  | 5.0%               |
| Medicare and others | 9.4%  | 7.9%               |
| Other public        | *1.1% | 1.2%               |
| Employment based    | 45.1% | 41.2%              |
| Private purchase    | 6.5%  | 5.7%               |
| No insurance        | 8.7%  | 9.0%               |

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

In the service area, Black/African American children are less likely to have health insurance coverage (94.0%) compared to children of other race/ethnicities, followed by Asian children (96.7%). Among service area adults, the lowest health insurance rates are found among Native Hawaiian/Pacific Islanders (50.7%), Latinos (87.2%), and other races (88.7%). The lowest rate of coverage among service area seniors, ages 65 and older, is found among Latinos (98.1%) and other races (95.5%).

#### Health Insurance, Service Area Population, by Race/Ethnicity and Age Group

|                                  | Total Population | Children, Under 19 | Adults, Ages 19-64 | Senior Adults, Ages 65+ |
|----------------------------------|------------------|--------------------|--------------------|-------------------------|
| Non-Hispanic White               | 131,751          | 97.2%              | 95.7%              | 99.9%                   |
| Asian                            | 31,816           | 96.7%              | 95.1%              | 99.0%                   |
| Multiracial                      | 16,108           | 96.9%              | 91.8%              | 100%                    |
| Black/African American           | 10,112           | 94.0%              | 88.7%              | 100%                    |
| Native Hawaiian/Pacific Islander | 256              | 96.8%              | 50.7%              | 100%                    |
| Latino/Hispanic                  | 86,040           | 97.1%              | 87.2%              | 98.1%                   |
| Other races                      | 18,681           | 94.7%              | 88.7%              | 95.5%                   |
| American Indian/Alaskan Native   | 2,164            | 100%               | 89.8%              | 100%                    |

Source: U.S. Census Bureau, American Community Survey, 2014-2018, C27001B through C27001I. <http://data.census.gov/>

When data for having a usual source of care are examined by race/ethnicity for all groups, Latinos in SPA 2 (79.1%) were the least likely to have a usual source of care.

#### Usual Source of Care, by Race/Ethnicity, All Ages

|                                  | SPA 2  | Los Angeles County |
|----------------------------------|--------|--------------------|
| White                            | 91.0%  | 90.9%              |
| Black/African American           | *90.6% | 90.1%              |
| Multiracial                      | *93.0% | 89.3%              |
| Asian                            | 90.1%  | 84.3%              |
| American Indian/Alaskan Native   | N/A    | *83.2%             |
| Native Hawaiian/Pacific Islander | N/A    | 81.9%              |
| Latino/Hispanic                  | 79.1%  | 80.6%              |
| All                              | 86.3%  | 84.8%              |

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

In SPA 2, 61.3% of residents accessed care at a doctor's office, HMO or Kaiser. 22.7% of SPA 2 residents accessed care at a clinic or community hospital. 13.7% of SPA 2 residents had no usual source of care. SPA 2 residents (1.7%) said their usual source of care was the emergency room (ER) or urgent care.

### Sources of Care

|  | SPA 2 | Los Angeles County |
|--|-------|--------------------|
| Dr. office/HMO/Kaiser Permanente                       | 61.3% | 56.8%              |
| Community clinic/government clinic/ community hospital | 22.7% | 25.2%              |
| ER/Urgent care   | 1.7%  | 2.1%               |
| Other place/no one place                               | *0.6% | 0.7%               |
| No usual source of care                                | 13.7% | 15.2%              |

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

22.4% of SPA 2 residents visited an ER in the past year, higher than the county rate (21.1%). Adults were more likely to visit ER than minors or older adults in SPA 2 (23.4%). Residents with incomes below poverty level visited the ER at higher rates.

### Use of Emergency Room

|                              | SPA 2 | Los Angeles County |
|------------------------------|-------|--------------------|
| Visited ER in last 12 months | 22.4% | 21.1%              |
| 0-17 years old               | 18.5% | 17.9%              |
| 18-64 years old              | 23.4% | 21.5%              |
| 65 and older                 | 23.3% | 24.6%              |
| <100% of poverty level       | 24.8% | 24.9%              |
| <200% of poverty level       | 24.2% | 23.4%              |

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu>

### Difficulty Accessing Care

6.7% of SPA 2 adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 14.1% of SPA 2 adults reported difficulty accessing specialty care. 6.2% of SPA 2 adults had been told by a primary care physician office that their insurance would not be accepted, while 11.7% of SPA 2 adults were told by a specialist that their insurance was not accepted.

### Difficulty Accessing Care in the Past Year, Adults

|   | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Reported difficulty finding primary care          | 6.7%  | 6.2%               |
| Reported difficulty finding specialist care       | 14.1% | 14.7%              |
| Primary care doctor not accepting their insurance | 6.2%  | 6.5%               |
| Specialist not accepting their insurance          | 11.7% | 12.3%              |

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu>

### Delayed or Forgone Care

11.9% of SPA 2 residents delayed or did not get medical care when needed and 7.9% of the overall population had to forgo needed care. These rates are higher than the Healthy People 2030 objective of 3.3% of the population who forgo care. 48.8% of SPA 2 residents delayed or went without care due to cost, lack of insurance, or other insurance issues.

### Delayed Care in Past 12 Months, All Ages

|   | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Delayed or did not get medical care   | 11.9% | 11.8%              |
| Delayed or did not get medical care due to cost, lack of insurance or other insurance issue | 48.8% | 47.9%              |
| Had to forgo needed medical care  | 7.9%  | 7.0%               |
| Delayed or did not get prescription meds  | 7.5%  | 8.7%               |

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/>

In the service area, 20.7% of adults in Agua Dulce 91390 and 20.6% of adult residents in Canyon Country 91351 and Newhall delayed obtaining prescriptions and medical services.

### Delayed Prescriptions/Medical Services, Adults

|                           | ZIP Code | Percent      |
|---------------------------|----------|--------------|
| Agua Dulce/Saugus         | 91350    | 19.4%        |
| Agua Dulce/Saugus         | 91390    | 20.7%        |
| Canyon Country            | 91351    | 20.6%        |
| Canyon Country            | 91387    | 20.2%        |
| Castaic/Val Verde         | 91384    | 18.8%        |
| Newhall                   | 91321    | 20.6%        |
| Santa Clarita             | 91354    | 19.3%        |
| Stevenson Ranch           | 91381    | 18.2%        |
| Valencia                  | 91355    | 20.0%        |
| <b>Los Angeles County</b> |          | <b>19.9%</b> |
| <b>California</b>         |          | <b>19.6%</b> |

Source: California Health Interview Survey Neighborhood Edition, 2018. <https://askchisne.ucla.edu>

In SPA 2, Whites (6.4%) are more likely to say they have delayed or foregone needed medical care during the prior year due to cost or lack of insurance, followed by Latino residents (5.4%). Asian residents of SPA 2 (2.1%) are the least likely to say they delayed or skipped care due to cost or lack of insurance in the past year.

### Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race/Ethnicity

|        | SPA 2 | Los Angeles County |
|--------|-------|--------------------|
| White  | 6.4%  | 6.5%               |
| Latino | 5.4%  | 5.8%               |

|             | SPA 2 | Los Angeles County |
|-------------|-------|--------------------|
| Asian       | *2.1% | 4.3%               |
| Black       | *4.8% | 3.8%               |
| Multiracial | N/A   | 3.4%               |

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size. N/A = Insufficient sample size to allow for statistical validity.

### Access to Primary Care Community Health Centers

U.S. Health Resources and Services Administration (HRSA) Section 330 grantees provide primary care for uninsured and medically underserved populations. According to Uniform Data System (UDS)<sup>2</sup>, 17.4% of the population in the hospital's service area is low-income (200% of Federal Poverty Level) and 9.7% are living in poverty. There are several Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes serving the residents within the service area.

Even with these FQHCs and FQHC Look-Alikes, there are still low-income residents who are not served by one of these providers. These FQHCs serve 21,173 patients in the service area, which equates to 41.9% penetration among low-income patients and 7.3% penetration among the total population. Remaining 27,917 (10.1%) low-income residents in the service area are not served by FQHCs.

### Low-Income Patients Served and Not Served by FQHCs

| Low-Income Population | Patients served by Section 330 Grantees | Penetration among Low-Income Patients | Penetration of Total Population | Low-Income Not Served |         |
|-----------------------|---|---------------------------------------|---------------------------------|-----------------------|---------|
|                       |   |                                       |                                 | Number                | Percent |
| 48,090                | 21,173                                  | 41.9%                                 | 7.3%                            | 27,917                | 10.1%   |

Source: UDS Mapper, 2020, 2015-2019 population numbers. <http://www.udsmapper.org>

### Dental Care

14.3% of children, ages 3 to 11, in SPA 2 have never been to a dentist. In the past year, 3.5% of SPA 2 children needed dental care and did not receive it. Teen data is based on smaller sample sizes and should be interpreted with caution. At the county level, 7.7% of teens either never been to the dentist or more than one year ago, and 12.7% have teeth that are in fair or poor condition. 8.6% county teens missed school due to a dental problem in the past year.

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<sup>2</sup> The UDS is an annual reporting requirement for grantees of HRSA primary care programs including Community Health Center, Section 330 (e), Migrant Health Center, Section 330 (g), Health Care for the Homeless, Section 330 (h), Public Housing Primary Care, Section 330 (i)

### Delay of Dental Care, Children and Teens

|                     |  | SPA 2  | Los Angeles County |
|---------------------|--|--------|--------------------|
| Children, Ages 3-11 | Never been to the dentist                                    | 14.3%  | 14.2%              |
|                     | Needed but didn't get dental care in past year               | *3.5%  | 3.9%               |
| Teens, Ages 12-17   | Either never been to the dentist or more than one year ago** | *12.9% | 7.7%               |
|                     | Condition of teen is fair or poor***                         | *14.8% | 12.7%              |
|                     | Missed school due to a dental problem in the past year****   | *3.4%  | *8.6%              |

Source: California Health Interview Survey, 2015-2019 \*\*2017-2019 \*\*\*2018-2020 \*\*\*\*2018-2019. <http://ask.chis.ucla.edu>

\*Statistically unstable due to sample size.

73.4% SPA 2 adults described the condition of their teeth as 'good', to 'excellent.' 3.1% of SPA 2 adults had never been to a dentist.

### Dental Care, Adults

|  | SPA 2 | Los Angeles County |
|--|-------|--------------------|
| Condition of teeth: good to excellent    | 73.4% | 70.0%              |
| Condition of teeth: fair to poor         | 24.7% | 28.2%              |
| Condition of teeth: has no natural teeth | *2.0% | 1.9%               |
| Never been to a dentist                  | 3.1%  | 3.3%               |
| Visited dentist < 6 months to two years  | 82.4% | 80.0%              |
| Visited dentist more than 5 years ago    | 6.2%  | 7.4%               |

Source: California Health Interview Survey, 2016-2019 pooled. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

Adult residents in Castaic/Val Verde and Newhall had the lowest rates of visiting a dentist and had the highest rates of fair or poor condition of teeth.

### Dental Care, Adults

|                           | ZIP Code | Visited a Dentist in the Past Year | Condition of Teeth: Fair to Poor |
|---------------------------|----------|------------------------------------|----------------------------------|
| Agua Dulce/Saugus         | 91350    | 82.0%                              | 15.8%                            |
| Agua Dulce/Saugus         | 91390    | 78.3%                              | 18.5%                            |
| Canyon Country            | 91351    | 75.6%                              | 21.8%                            |
| Canyon Country            | 91387    | 75.2%                              | 22.1%                            |
| Castaic/Val Verde         | 91384    | 73.4%                              | 21.3%                            |
| Newhall                   | 91321    | 73.3%                              | 23.5%                            |
| Santa Clarita             | 91354    | 83.4%                              | 14.4%                            |
| Stevenson Ranch           | 91381    | 81.6%                              | 16.2%                            |
| Valencia                  | 91355    | 82.6%                              | 15.8%                            |
| <b>Los Angeles County</b> |          | <b>69.6%</b>                       | <b>28.7%</b>                     |
| <b>California</b>         |          | <b>72.6%</b>                       | <b>24.9%</b>                     |

Source: California Health Interview Survey Neighborhood Edition, 2018. <https://askchisne.ucla.edu>

## Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments summarized and edited for clarity:

- There is a lack of affordable primary care and family medicine for people with low incomes who do not have insurance benefits or who are enrolled in Medi-Cal. As a result, many people who are uninsured or underinsured use the emergency room for primary care.
- There is a lack of access to transitional care, follow-up appointments, and resources such as chronic disease self-management education and medications.
- For people who visit emergency rooms for mental health concerns or who are discharged from inpatient mental health care, there are few providers to refer to for outpatient or day treatment services. The few providers that exist in the area are overwhelmed and have limited resources. Without transitional services to help people recover, many patients continue to cycle through the ER.
- Transportation is one of the greatest barriers to accessing health care. There are few reliable, safe, and low-cost options. Public transportation is very time-consuming, and many community residents spend hours traveling to a destination when using the bus.
- Transportation is a particular issue in accessing specialty services. For specialty care, residents who don't have private insurance or cash to pay out-of-pocket are typically referred to providers in the San Fernando Valley and other locations that are on average 15 to 30 miles away from Santa Clarita.
- Santa Clarita and its surrounding communities, such as Los Angeles and the San Fernando Valley, have different public transportation systems. It is difficult to travel to bordering communities, as these transportation systems often do not work with one another. Commuters have difficulty traveling or find themselves isolated.
- Cultural differences are a barrier to access, due to a lack of education among health care providers on the demographics and histories of the communities they serve. Understanding needs of different communities and implementing culturally-specific services and community outreach could help residents feel more welcomed and be more engaged in health care services.
- The cost associated with health care prevents many people from accessing care. Many families are struggling economically and cannot prioritize health care among their other expenses. Current inflation on gas prices will only exacerbate this issue.
- Community members who have a place to live but are not paying rent, and do not have proof of residence, are not able to receive health insurance. There are many residents who sign up and go through the process, but are denied because they are not paying rent and do not have a utility bill under their name.
- Non-English-speaking residents face communication barriers related to accessing health information and resources.

- Immigration status affects people's access to insurance and health care. Fear of deportation discourages people from seeking medical help.

## Birth Indicators

### Births

From 2014 to 2018, there were, on average, 5,102 births per year in the service area.

### Teen Birth Rate

The teen birth rate among women, ages 15 to 19, in the service area was 6.7 per 1,000 females, ages 15-19. This rate was lower than the teen birth rate for the county and the state (17.3 per 1,000 females, ages 15-19).

#### Teen Birth Rates, per 1,000 Females, Ages 15 to 19

|                        | Henry Mayo Service Area |      | Los Angeles County | California |
|------------------------|-------------------------|------|--------------------|------------|
|                        | Number                  | Rate | Rate               | Rate       |
| Births to teen mothers | 66                      | 6.7  | 17.3               | 17.3       |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.*

### Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 131.3 per 1,000 live births. This rate of late entry into prenatal care translates to 13.1% of women entering prenatal care late or not at all. 86.9% of women entered prenatal care on time.

#### Late Entry to Prenatal Care Rate, After 1st Trimester, per 1,000 Live Births

|                             | Henry Mayo Service Area |       | Los Angeles County | California |
|-----------------------------|-------------------------|-------|--------------------|------------|
|                             | Number                  | Rate  | Rate               | Rate       |
| Late entry to prenatal care | 385                     | 131.3 | 148.2              | 161.7      |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.*

### Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies in the service area is 7% (70.0 per 1,000 live births).

#### Low Birth Weight (Under 2,500g) Rate, per 1,000 Live Births

|                  | Henry Mayo Service Area |      | Los Angeles County | California |
|------------------|-------------------------|------|--------------------|------------|
|                  | Number                  | Rate | Rate               | Rate       |
| Low birth weight | 205                     | 70.0 | 72.0               | 68.6       |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.*



## Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 279.4 births per 1,000 live births, which is lower than the county rate (542.9 per 1,000 live births), and state rate (498.5 per 1,000 live births).

### Delivery Paid by Public Insurance or Self-Pay Rate, per 1,000 Live Births

|                              | Henry Mayo Service Area |       | Los Angeles County | California |
|------------------------------|-------------------------|-------|--------------------|------------|
|                              | Number                  | Rate  | Rate               | Rate       |
| Public insurance or self-pay | 819                     | 279.4 | 542.9              | 498.5      |

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

## Preterm Births

The service area rate of premature birth, occurring before the start of the 38th week of gestation, is 9.4% (93.9 per 1,000 live births).

### Premature Births before Start of 38th Week Rate, per 1,000 Live Births

|                  | Henry Mayo Service Area |      | Los Angeles County | California |
|------------------|-------------------------|------|--------------------|------------|
|                  | Number                  | Rate | Rate               | Rate       |
| Premature births | 275                     | 93.9 | 88.5               | 85.4       |

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

## Maternal Smoking During Pregnancy

The rate of mothers in the service area who smoked regularly during pregnancy, at least once per day for at least three months, was 0.5% (5.3 per 1,000 live births), and lower than the county rate (0.6%) and state rate (1.6%).

### Mothers Who Smoked Regularly During Pregnancy Rate, per 1,000 Live Births

|                    | Henry Mayo Service Area |      | Los Angeles County | California |
|--------------------|-------------------------|------|--------------------|------------|
|                    | Number                  | Rate | Rate               | Rate       |
| Mothers who smoked | 16                      | 5.3  | 6.2                | 15.8       |

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

## Infant Mortality

For the purposes of this report, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in Los Angeles County, from 2016 to 2018, was 4.11 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 4.8 deaths per 1,000 live births, and is lower than state rates.

## Infant Mortality Rate, per 1,000 Births, Three-Year Average

|                    | Rate |
|--------------------|------|
| Los Angeles County | 4.11 |
| California         | 4.21 |

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2016-2018, on CDC WONDER. <https://wonder.cdc.gov/lbd-current.html>

## Breastfeeding

Breastfeeding has been proven to have considerable benefits to both baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breastfeeding rates at Henry Mayo indicated 95.0% of new mothers used some breastfeeding, higher than the county and state rates (93.7%). 73.8% used breastfeeding exclusively, higher than the county (62.5%) and state (70.0%) rates.

## In-Hospital Breastfeeding, Henry Mayo

|                     | Any Breastfeeding |         | Exclusive Breastfeeding |         |
|---------------------|-------------------|---------|-------------------------|---------|
|                     | Number            | Percent | Number                  | Percent |
| Henry Mayo Hospital | 1,189             | 95.0%   | 924                     | 73.8%   |
| Los Angeles County  | 92,163            | 93.7%   | 61,455                  | 62.5%   |
| California          | 361,719           | 93.7%   | 270,189                 | 70.0%   |

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There were ethnic/racial differences noted in breastfeeding rates of mothers who delivered at Henry Mayo. The rate of initiation of breastfeeding was highest for women who identify as other race (100%). Black/African American mothers had the second highest rate of breastfeeding initiation in the hospital (74.2%). Mothers who identified as multiracial (77.6%) had the highest rates of exclusive breastfeeding. White women had the lowest rate of in-hospital exclusive breastfeeding (57.3%).

## In-Hospital Breastfeeding, Henry Mayo, by Race/Ethnicity of Mother

|                            | Any Breastfeeding |              | Exclusive Breastfeeding |              |
|----------------------------|-------------------|--------------|-------------------------|--------------|
|                            | Number            | Percent      | Number                  | Percent      |
| Other                      | 11                | 100.0%       | N/A                     | N/A          |
| Black/African American     | 30                | 96.8%        | 23                      | 74.2%        |
| White                      | 555               | 96.0%        | 153                     | 57.3%        |
| Asian                      | 103               | 95.4%        | 73                      | 67.6%        |
| Latina/Hispanic            | 405               | 94.8%        | 287                     | 67.2%        |
| Multiple races             | 60                | 89.6%        | 52                      | 77.6%        |
| <b>Henry Mayo Hospital</b> | <b>1,189</b>      | <b>95.0%</b> | <b>924</b>              | <b>73.8%</b> |

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019. N/A = suppressed for privacy <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

## Mortality/Leading Causes of Death

### Life Expectancy at Birth

Life expectancy in Los Angeles County is 82.4 years. Data indicate 260 of 100,000 Los Angeles County residents die before the age of 75, which is considered a premature death. The total of the Years of Potential Life Lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 5,000 years. Residents of Los Angeles County have a slightly greater life-expectancy than do Californians overall.

### Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

|   | Los Angeles County | California |
|---|--------------------|------------|
| Life expectancy at birth in years   | 82.4               | 81.7       |
| Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*      | 260                | 270        |
| Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted | 5,000              | 5,300      |

*Source: National Center for Health Statistics' National Statistics System (NVSS); \*CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. <http://www.countyhealthrankings.org>*

### Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area is 550.8 per 100,000 persons, which is lower than the county rate (569.8 per 100,000 persons) and the state rate (614.4 per 100,000 persons).

### Mortality Rates, per 100,000 Persons, Five-Year Average

|        | Henry Mayo Service Area |       | Los Angeles County | California |
|--------|-------------------------|-------|--------------------|------------|
|        | Number                  | Rate  | Number             | Rate       |
| Deaths | 1,237                   | 550.8 | 569.8              | 614.4      |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.*

### Leading Causes of Death

The top five leading causes of death in the service area include cancer, heart disease, Alzheimer's disease, stroke, and chronic lower respiratory disease. The rates for all listed causes of death are lower in the service area than in the county, with the exception of Alzheimer's disease, cancer, chronic lower respiratory disease, unintentional injuries, and suicide.

### Leading Causes of Death Rates, Age-Adjusted, per 100,000 Persons, 2014-2018, Average

|                                   | Henry Mayo Service Area |       | Los Angeles County | California | Healthy People 2030 Objective |
|-----------------------------------|-------------------------|-------|--------------------|------------|-------------------------------|
|                                   | Average Annual Deaths   | Rate  | Rate               | Rate       | Rate                          |
| Heart disease                     | 326                     | 133.3 | 146.9              | 142.7      | No Objective                  |
| Ischemic heart disease            | 95                      | 96.7  | 106.8              | 88.1       | 71.1                          |
| Cancer                            | 358                     | 139.2 | 134.3              | 139.6      | 122.7                         |
| Alzheimer's disease               | 105                     | 46.1  | 34.2               | 35.4       | No Objective                  |
| Stroke                            | 69                      | 29.5  | 33.3               | 36.4       | 33.4                          |
| Chronic Lower Respiratory Disease | 75                      | 32.5  | 28.1               | 32.1       | Not Comparable                |
| Pneumonia and influenza           | 30                      | 12.4  | 19.2               | 14.8       | No Objective                  |
| Diabetes                          | 38                      | 15.1  | 23.1               | 21.3       | Not Comparable                |
| Unintentional injuries            | 67                      | 24.8  | 22.6               | 31.8       | 43.2                          |
| Liver disease                     | 32                      | 10.8  | 13.0               | 12.2       | 10.9                          |
| Kidney disease                    | 16                      | 6.9   | 11.2               | 8.5        | No Objective                  |
| Suicide                           | 32                      | 11.4  | 7.9                | 10.5       | 12.8                          |
| Homicide                          | 7                       | 2.3   | 5.7                | 5.0        | 5.5                           |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

### Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area is 96.7 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 29.5 deaths per 100,000 persons. The heart disease rate does not meet the Healthy People 2030 objective of 71.1 ischemic heart disease deaths per 100,000 persons. The service area does meet the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

### Ischemic Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

|                        | Henry Mayo Service Area |      | Los Angeles County | California |
|------------------------|-------------------------|------|--------------------|------------|
|                        | Number                  | Rate | Rate               | Rate       |
| Ischemic heart disease | 95                      | 96.7 | 106.8              | 88.1       |
| Stroke                 | 69                      | 29.5 | 33.3               | 36.4       |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

### Cancer

In the service area, the age-adjusted cancer mortality rate is 139.2 per 100,000 persons. This rate is higher than the county rate, and does not meet the Healthy People 2030 objective of 122.7 deaths from cancer, per 100,000 persons.

### Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

|                   | Henry Mayo Service Area |       | Los Angeles County | California |
|-------------------|-------------------------|-------|--------------------|------------|
|                   | Number                  | Rate  | Rate               | Rate       |
| Cancer death rate | 358                     | 139.2 | 134.3              | 139.6      |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

According to the most recently available data, the overall cancer mortality rate for Los Angeles County is below the state cancer death rate. Rates of death from some cancers are notably higher in the county including, the rates of colorectal, liver, cervical and uterine, and stomach cancer deaths.

### Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons, Five-Year Average

|                                  | Los Angeles County | California   |
|----------------------------------|--------------------|--------------|
| <b>Cancer all sites</b>          | <b>136.9</b>       | <b>140.0</b> |
| Lung and bronchus                | 25.4               | 28.0         |
| Prostate (males)                 | 20.1               | 19.8         |
| Breast (female)                  | 19.5               | 19.3         |
| Colon and rectum                 | 13.1               | 12.5         |
| Pancreas                         | 10.3               | 10.3         |
| Liver and intrahepatic bile duct | 8.2                | 7.7          |
| Cervical and Uterine (female)*   | 8.0                | 7.2          |
| Ovary (females)                  | 7.2                | 6.9          |
| Non-Hodgkin lymphoma             | 5.2                | 5.2          |
| Stomach                          | 5.1                | 3.9          |
| Urinary bladder                  | 3.4                | 3.8          |
| Myeloid and monocytic leukemia   | 3.0                | 3.0          |
| Kidney and renal pelvis          | 3.1                | 3.3          |
| Myeloma                          | 2.8                | 2.9          |
| Esophagus                        | 2.5                | 3.1          |

Source: California Cancer Registry, Cal\*Explorer-CA Cancer Data tool, 2014-2018. <https://explorer.ccrca.org/application.html>  
\*Cervix Uteri, Corpus Uteri and Uterus, NOS

### Alzheimer's Disease

The mortality rate from Alzheimer's disease is 46.1 deaths per 100,000 persons. This is higher than the county rate (34.2 deaths per 100,000 persons) and the state rate (35.4 deaths per 100,000 persons).

### Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

|                                | Henry Mayo Service Area |      | Los Angeles County | California |
|--------------------------------|-------------------------|------|--------------------|------------|
|                                | Number                  | Rate | Rate               | Rate       |
| Alzheimer's disease death rate | 105                     | 46.1 | 34.2               | 35.4       |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

## Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 32.5 per 100,000 persons. This is higher than the county rate (28.1 per 100,000 persons) and state rate (32.1 per 100,000 persons).

### Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

|  | Henry Mayo Service Area |      | Los Angeles County | California |
|--|-------------------------|------|--------------------|------------|
|  | Number                  | Rate | Rate               | Rate       |
| Chronic Lower Respiratory Disease death rate | 75                      | 32.5 | 28.1               | 32.1       |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

## Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 12.4 per 100,000 persons. This rate is lower than the county (19.2 per 100,000 persons) and state (14.8 per 100,000 persons) rates.

### Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

|                              | Henry Mayo Service Area |      | Los Angeles County | California |
|------------------------------|-------------------------|------|--------------------|------------|
|                              | Number                  | Rate | Rate               | Rate       |
| Pneumonia and flu death rate | 30                      | 12.4 | 19.2               | 14.8       |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

## Diabetes

The age-adjusted mortality rate from diabetes in the service area is 15.1 deaths per 100,000 persons. This is lower than the county rate (23.1 per 100,000 persons) and the state rate (21.3 deaths per 100,000 persons).

### Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

|                     | Henry Mayo Service Area |      | Los Angeles County | California |
|---------------------|-------------------------|------|--------------------|------------|
|                     | Number                  | Rate | Rate               | Rate       |
| Diabetes death rate | 38                      | 15.1 | 23.1               | 21.3       |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

## Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 24.8 deaths per 100,000 persons, higher than the county rate (22.6 per 100,000 persons) and lower than the state rate (31.8 per 100,000 persons), and the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

### Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

|                                   | Henry Mayo Service Area |      | Los Angeles County | California |
|-----------------------------------|-------------------------|------|--------------------|------------|
|                                   | Number                  | Rate | Rate               | Rate       |
| Unintentional injuries death rate | 67                      | 24.8 | 22.6               | 31.8       |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

### Liver Disease

The death rate from liver disease in the service area is 10.8 deaths per 100,000 persons. This is lower than the county (13.0 deaths per 100,000 persons) and state (12.2 deaths per 100,000 persons) rates, and lower than the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

### Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

|                          | Henry Mayo Service Area |      | Los Angeles County | California |
|--------------------------|-------------------------|------|--------------------|------------|
|                          | Number                  | Rate | Rate               | Number     |
| Liver disease death rate | 32                      | 10.8 | 13.0               | 12.2       |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

### Kidney Disease

The death rate from kidney disease is 6.9 deaths per 100,000 persons. This is lower than the county rate (11.2 per 100,000 persons) the state rate (8.5 deaths per 100,000 persons).

### Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

|                           | Henry Mayo Service Area |      | Los Angeles County | California |
|---------------------------|-------------------------|------|--------------------|------------|
|                           | Number                  | Rate | Rate               | Rate       |
| Kidney disease death rate | 16                      | 6.9  | 11.2               | 8.5        |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

### Suicide

The suicide rate in the service area is 11.4 deaths per 100,000 persons. This rate is higher than the county rate (7.9 per 100,000 persons) and state rate (10.5 per 100,000 persons) and meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

### Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

|         | Henry Mayo Service Area |      | Los Angeles County | California |
|---------|-------------------------|------|--------------------|------------|
|         | Number                  | Rate | Rate               | Rate       |
| Suicide | 32                      | 11.4 | 7.9                | 10.5       |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.



## Homicide

The homicide rate in the service area is 2.3 deaths per 100,000 persons. This rate is lower than the county (5.7 deaths per 100,000 persons) and state (5.0 deaths per 100,000 persons) rates and meets the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

### Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

|          | Henry Mayo Service Area |      | Los Angeles County | California |
|----------|-------------------------|------|--------------------|------------|
|          | Number                  | Rate | Rate               | Rate       |
| Homicide | 7                       | 2.3  | 5.7                | 5.0        |

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million

## Drug Overdoses

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising, particularly in the last several years. In 2020, there were 12.3 overdose deaths involving opioids per 100,000 persons in the service area. Rates were highest in Newhall (24.5 deaths per 100,000 persons). The rate was lower in the service area than in the county (12.4 deaths per 100,000 persons) and the state (13.5 deaths per 100,000 persons).

### Opioid Drug Overdose Mortality Rates, Age-Adjusted, per 100,000 Persons

|                                 | ZIP Code | Rate        |
|---------------------------------|----------|-------------|
| Agua Dulce/Saugus               | 91350    | 6.3         |
| Agua Dulce/Saugus               | 91390    | 11.0        |
| Canyon Country                  | 91351    | 11.4        |
| Canyon County                   | 91387    | 15.8        |
| Castaic / Val Verde             | 91384    | 12.4        |
| Newhall                         | 91321    | 24.5        |
| Santa Clarita                   | 91354    | 9.8         |
| Stevenson Ranch                 | 91381    | 4.1         |
| Valencia                        | 91355    | 15.7        |
| <b>Henry Mayo Service Area*</b> |          | <b>12.3</b> |
| <b>Los Angeles County</b>       |          | <b>12.4</b> |
| <b>California</b>               |          | <b>13.5</b> |

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. <https://discovery.cdph.ca.gov/CDIC/ODdash/> \*Weighted average; calculated using 2015-2019 ACS adult population estimates.



## COVID-19

As of April 28, 2022, there had been 2,736,900 confirmed cases of COVID-19 in Los Angeles County, with a rate of 27,330.7 cases per 100,000 residents. This rate is higher than the statewide average of 21,765.4 cases per 100,000 persons. Through April 28, 2022, 31,712 residents of Los Angeles County had died due to COVID-19 complications, at a rate of 316.7 deaths per 100,000 persons, as compared to the statewide rate 226.6 per 100,000 persons.

### COVID-19, Cases and Crude Death Rates, per 100,000 Persons, 4/28/2022

|        | Los Angeles County |          | California |          |
|--------|--------------------|----------|------------|----------|
|        | Number             | Rate     | Number     | Rate     |
| Cases  | 2,736,900          | 27,330.7 | 8,605,663  | 21,765.4 |
| Deaths | 31,712             | 316.7    | 89,582     | 226.6    |

Source for LA County and California case and death numbers: California State Health Department, COVID-19 Dashboard, Updated April 29, 2022. Rates calculated using U.S. Census 2020 Population Data. <https://covid19.ca.gov/state-dashboard>

In Los Angeles County, 56.8% of vaccine-eligible, non-Hispanic Black/African American residents, and 58.2% of vaccine-eligible Latino residents have been fully vaccinated with a primary series of COVID-19 vaccines.

### COVID-19, Vaccine Eligible, Fully Vaccinated, by Race, 4/28/2022

|                                  | Los Angeles County | California |
|----------------------------------|--------------------|------------|
| American-Indian/Alaska Native    | 90.4%              | 57.2%      |
| Asian                            | 86.8%              | 93.7%      |
| Black/African American           | 56.8%              | 57.7%      |
| Latino                           | 58.2%              | 59.5%      |
| Multiracial                      | 92.4%              | 65.9%      |
| Native Hawaiian/Pacific Islander | 100.0%             | 98.0%      |
| White                            | 75.5%              | 67.2%      |

Source: California State Health Department, COVID-19 Vaccination Dashboard, Updated April 29<sup>th</sup>, 2022 with data from April 28, 2022. <https://covid19.ca.gov/vaccination-progress-data/> \*Where race/ethnicity was known.

In Los Angeles County, 33.2% of children, ages 5 to 11, 72.9% of teens, ages 12 to 17, 80.5% of adults, ages 18 to 49, 82.8% of adults, ages 50 to 64, and 80.4% of adults, ages 65 and older, are fully vaccinated for COVID-19.

### COVID-19, Partial and Fully Vaccinated, by Age, 4/28/2022

|             | Los Angeles County   |                  | California           |                  |
|-------------|----------------------|------------------|----------------------|------------------|
|             | Partially Vaccinated | Fully Vaccinated | Partially Vaccinated | Fully Vaccinated |
| Ages, 5-11  | 5.4%                 | 33.2%            | 5.6%                 | 34.6%            |
| Ages, 12-17 | 7.9%                 | 72.9%            | 7.7%                 | 66.8%            |
| Ages, 18-49 | 9.1%                 | 80.5%            | 10.2%                | 78.1%            |
| Ages, 50-64 | 7.4%                 | 82.8%            | 8.5%                 | 84.1%            |
| Ages, 65+   | 7.0%                 | 80.4%            | 8.7%                 | 84.2%            |

Source: California Department of Public Health, COVID-19 Vaccination Dashboard, Updated April 29<sup>th</sup>, 2022, with data from April 28, 2022. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group>

In the service area, Saugus had the highest rate of COVID-19 cases, which exceeded the countywide rate of 17,529 case per 100,000 persons. Saugus/Canyon County and Newhall had the highest death rates within the service area, 353 and 228 deaths per 100,000 persons, respectively.

**COVID-19 Cases and Deaths, Age-Adjusted Rates, per 100,000 Persons, Person at Least Partially Vaccinated, 12/30/21**

|                           | <b>Cases</b>  | <b>Deaths</b> | <b>Vaccinated</b> |
|---------------------------|---------------|---------------|-------------------|
| Agua Dulce                | 15,694        | 90            | 55.3%             |
| Canyon Country            | 21,461        | 120           | 73.4%             |
| Castaic                   | 18,959        | 127           | 55.8%             |
| Newhall                   | 34,002        | 228           | 77.0%             |
| Santa Clarita             | 16,386        | 155           | 79.1%             |
| Saugus                    | 136,153       | 0             | N/A               |
| Saugus/Canyon Country     | 32,518        | 353           | 91.3%             |
| Stevenson Ranch           | 11,656        | 53            | 81.2%             |
| Val Verde                 | 15,997        | 154           | 66.1%             |
| Valencia                  | 15,670        | 160           | 91.2%             |
| <b>Los Angeles County</b> | <b>17,529</b> | <b>252</b>    | <b>79.0%</b>      |

Source: Los Angeles Public Health Department, COVID-19 Surveillance Dashboard, Cases updated through December 31, 2021. [http://dashboard.publichealth.lacounty.gov/covid19\\_surveillance\\_dashboard/](http://dashboard.publichealth.lacounty.gov/covid19_surveillance_dashboard/) COVID-19 Vaccination Dashboard, data through December 31, 2021. <http://publichealth.lacounty.gov/media/Coronavirus/vaccine/vaccine-dashboard.htm>. N/A = Data Unreliable

**COVID-19 Vulnerability and Recovery Index**

The Vulnerability and Recovery Index compares all ZIP Codes in California along various indices of vulnerability, and is an overall composite of a Risk Score, a Severity Score, and a Recovery Need Score, each based on a number of indicators, including: the average of Black, Latino, American Indian/Alaskan Native and Native Hawaiian/Pacific Islander populations, the percent of the population qualified as essential workers, the percent of population under 200% of federal poverty level, percent of population in overcrowded housing units, population, ages 75 and older, living in poverty, the unemployment rate, uninsured population data and heart attack and diabetes rates.

ZIP Codes in the 0 to 19th percentile as in the ‘Lowest’ Vulnerability and Recovery Index category, those in the next-highest quintiles are ‘Low’, then ‘Moderate’, while those in the 60th to 79th percentiles are ‘High’ and 80th percentile and above are ‘Highest’ in terms of vulnerability to COVID-19 and need for recovery assistance from the effects of COVID-19 on the population.

In the service area, Newhall is ranked as ‘High Vulnerability’, with an Index score higher than 63.4% of California ZIP Codes. Agua Dulce/Saugus 91390 is ranked as the

'Lowest Vulnerability', with a composite Index Score of 14.3, as is Santa Clarita 91354, with an Index Score of 11.9.

### Vulnerability and Recovery Index

|                   | ZIP Code | Risk | Severity | Recovery Need | Index |
|-------------------|----------|------|----------|---------------|-------|
| Agua Dulce/Saugus | 91350    | 22.3 | 22.7     | 18.7          | 20.4  |
| Agua Dulce/Saugus | 91390    | 16.1 | 13.1     | 15.2          | 14.3  |
| Canyon Country    | 91351    | 30.7 | 55       | 51.7          | 45.7  |
| Canyon County     | 91387    | 54.5 | 39.3     | 45.8          | 46.3  |
| Castaic/Val Verde | 91384    | 33.3 | 26.8     | 37            | 31.5  |
| Newhall           | 91321    | 58.7 | 72.4     | 61.5          | 63.4  |
| Santa Clarita     | 91354    | 15.1 | 7.2      | 15.7          | 11.9  |
| Stevenson Ranch   | 91381    | 16   | 12.3     | 24.1          | 16.8  |
| Valencia          | 91355    | 17.7 | 19.1     | 17.1          | 17.6  |

Source: Advancement Project California, Vulnerability and Recovery Index, Published February 3, 2021, data as of January 31, 2021. <https://www.racecounts.org/covid/covid-statewide/>

### Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments summarized and edited for clarity:

- Misinformation about COVID-19, and the effectiveness of masks, has led to many people to refuse to follow COVID-19 mitigation protocols.
- Misinformation about COVID-19 and how the vaccines work was and continues to be a barrier to community members choosing to be vaccinated.
- The uncertainties faced in caring for patients with COVID-19 – in particular at the start of the pandemic when little was known about the virus and infection rates were high – led to anxiety, depression, and burnout among physicians, nurses, counselors, and other health and mental health care staff. There is a need for greater support for staff health and wellbeing.
- Some struggle to locate or travel to the places where COVID-19 testing and vaccines are offered. Another challenge to COVID-19 mitigation is that some testing sites require insurance or charge a fee that some are unable to afford.
- Long COVID-19 or post-COVID conditions affect community members in Santa Clarita, however there are few resources available for the lingering effects. There is a lack of knowledge and information on the new or ongoing symptoms that people sometimes experience four or more weeks post-infection.
- Residents who didn't have access to technologies such as computers and internet prior to the COVID-19 pandemic have faced challenges connecting to virtual classes and health care.
- Local school districts made devices (tablets, laptops, mobile phones) and resources for internet connectivity available to students and families who needed them.
- People without documentation and non-English-speakers have been

disproportionately affected by COVID-19, due to a lack of bilingual services and more limited COVID-19 service availability in predominantly immigrant communities. It was harder for those who don't speak English to access information and resources due to language barriers.

## Acute and Chronic Disease

### Hospitalizations by Diagnoses

At Henry Mayo, the top four primary diagnoses resulting in hospitalization were: 1) complications of pregnancy and childbirth, 2) circulatory system diseases, 3) certain conditions originating in the perinatal period, and 4) injury and poisoning.

#### Henry Mayo Hospitalizations, by Principal Diagnoses, Top Ten Causes

|  | Percent |
|--|---------|
| Complications of pregnancy, childbirth & postpartum period | 6.3%    |
| Circulatory system   | 6.0%    |
| Certain conditions originating in perinatal period         | 5.9%    |
| Injury and poisoning                                       | 5.6%    |
| Mental illness   | 4.9%    |
| Digestive system   | 4.7%    |
| Infectious and parasitic diseases                          | 3.9%    |
| Respiratory system   | 3.6%    |
| Genitourinary system                                       | 2.1%    |
| Musculoskeletal system and connective tissue diseases      | 1.0%    |

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2020.  
[http://report.oshpd.ca.gov/?DID=PID&RID=Facility\\_Summary\\_Report\\_Hospital\\_Inpatient](http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient)

### Emergency Room Visits by Diagnoses

At Henry Mayo, the top four primary diagnoses seen in the Emergency Department were: 1) respiratory system diagnoses; 2) injuries/poisonings; 3) circulatory system diagnoses; and 4) digestive system diagnoses.

#### Henry Mayo Emergency Room Visits, by Principal Diagnoses, Top Ten Causes

|  | Percent |
|--|---------|
| Respiratory system   | 6.4%    |
| Injury and poisoning                                       | 5.7%    |
| Circulatory system   | 2.5%    |
| Digestive system   | 1.7%    |
| Nervous system and sense organs                            | 1.5%    |
| Genitourinary system                                       | 1.5%    |
| Musculoskeletal system & connective tissue                 | 1.3%    |
| Mental illness   | 1.3%    |
| Skin and subcutaneous tissue                               | 0.7%    |
| Complications of pregnancy, childbirth & postpartum period | 0.5%    |

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2020.  
[http://report.oshpd.ca.gov/?DID=PID&RID=Facility\\_Summary\\_Report\\_Emergency\\_Department](http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department)

## Limited Activity Due to Poor Health

Adults in the SPA 2 limited their activities due to poor mental or physical health on an average of 2.6 days in the previous month,

### Activities Limited from Poor Mental/Physical Health, Average Days in Past Month

|                    | Percent |
|--------------------|---------|
| SPA 2              | 2.6     |
| Los Angeles County | 2.7     |

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

## Diabetes

In the service area, Castaic/Val Verde and Stevenson Ranch had the lowest estimated rate of diabetes (7.2%). Canyon Country 91351 and Newhall had the highest estimated rate of adults diagnosed with diabetes (9.9%).

### Diabetes, Adults

|                           | ZIP Code | Percent      |
|---------------------------|----------|--------------|
| Agua Dulce/Saugus         | 91350    | 8.1%         |
| Agua Dulce/Saugus         | 91390    | 8.3%         |
| Canyon Country            | 91351    | 9.9%         |
| Canyon Country            | 91387    | 9.6%         |
| Castaic/Val Verde         | 91384    | 7.2%         |
| Newhall                   | 91321    | 9.9%         |
| Santa Clarita             | 91354    | 7.8%         |
| Stevenson Ranch           | 91381    | 7.2%         |
| Valencia                  | 91355    | 7.4%         |
| <b>SPA 2</b>              |          | <b>14.5%</b> |
| <b>Los Angeles County</b> |          | <b>12.9%</b> |
| <b>California</b>         |          | <b>10.9%</b> |

Source: California Health Interview Survey and California Health Interview Survey Neighborhood Edition, 2018-2020 pooled. <http://ask.chis.ucla.edu/>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. By the measure of short-term complications and amputation PQI measures, hospitalization rates were lower in Los Angeles County than in California, while for long-term complications, uncontrolled

diabetes and the overall diabetes composite, hospitalization rates in the county were higher than the statewide average.

### Diabetes Hospitalization Rates\* for Prevention Quality Indicators

|   | Los Angeles County | California |
|---|--------------------|------------|
| Diabetes short term complications                       | 55.9               | 60.9       |
| Diabetes long term complications                        | 105.8              | 97.1       |
| Lower-extremity amputation among patients with diabetes | 26.8               | 29.6       |
| Uncontrolled diabetes                                   | 36.1               | 30.5       |
| Diabetes composite                                      | 209.6              | 202.2      |

Source: California Office of Statewide Health Planning & Development, 2019. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

### Heart Disease and Stroke

6% of SPA 2 adults reported having been diagnosed with angina or coronary heart disease, or a heart attack (Myocardial Infarction). The lowest rates of adults diagnosed with angina, coronary heart disease, or a heart attack were in Castaic/Val Verde (5.1%) and the highest rates were in Agua Dulce/Saugus 91350 (6.5%) and 91390 (6.7%).

### Heart Disease or Heart Attack, Adults

|                           | ZIP Code | Percent     |
|---------------------------|----------|-------------|
| Agua Dulce/Saugus         | 91350    | 6.5%        |
| Agua Dulce/Saugus         | 91390    | 6.7%        |
| Canyon Country            | 91351    | 5.5%        |
| Canyon Country            | 91387    | 5.6%        |
| Castaic/Val Verde         | 91384    | 5.1%        |
| Newhall                   | 91321    | 6.3%        |
| Newhall                   | 91322    | N/A         |
| Santa Clarita             | 91354    | 6.3%        |
| Stevenson Ranch           | 91381    | 5.6%        |
| Valencia                  | 91355    | 6.2%        |
| <b>SPA 2</b>              |          | <b>6.0%</b> |
| <b>Los Angeles County</b> |          | <b>5.9%</b> |
| <b>California</b>         |          | <b>6.5%</b> |

Source: California Health Interview Survey and California Health Interview Survey Neighborhood Edition, 2018-2020 pooled. <http://ask.chis.ucla.edu/>

In SPA 2, 6.3% of adults have been diagnosed with heart disease, which is higher than the county rate of 6.1%. Among adults diagnosed with heart disease, 76.4% in SPA 2 said they were given a management care plan by a health care provider. Among adults with a management plan, 63.2% in SPA 2 were 'very confident' in their ability to control their condition.

## Heart Disease, Adults

|  | SPA 2  | Los Angeles County |
|--|--------|--------------------|
| Diagnosed with heart disease               | 6.3%   | 6.1%               |
| Has a management care plan**               | 76.4%  | 71.0%              |
| Very confident to control condition***     | 63.2%  | 57.7%              |
| Somewhat confident to control condition*** | *29.7% | 35.7%              |
| Not confident to control condition***      | *7.1%  | *6.6%              |

Source: California Health Interview Survey, 2015-2019. \*\*2014-2018. \*\*\*2015-2016 <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in Los Angeles County (363.0 annual hospitalizations per 100,000 persons, risk-adjusted) is above the state rate (355.0 hospitalizations per 100,000 persons).

## Heart Failure Hospitalization Rate\* for Prevention Quality Indicators

|   | Los Angeles County | California |
|---|--------------------|------------|
| Hospitalization rate due to heart failure | 363.0              | 355.0      |

Source: California Office of Statewide Health Planning & Development, 2019. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

## High Blood Pressure and High Cholesterol

In SPA 2, 27.7% of adults have been diagnosed with high blood pressure. 70.3% of persons diagnosed with high blood pressure in SPA 2 take medication for their condition.

## High Blood Pressure, Adults

|  | SPA 2 | Los Angeles County |
|--|-------|--------------------|
| Diagnosed with high blood pressure         | 27.7% | 25.9%              |
| Borderline high blood pressure             | 5.7%  | 7.2%               |
| Doesn't/never had high blood pressure      | 66.6% | 66.9%              |
| Takes medication for high blood pressure** | 70.3% | 69.9%              |

Source: California Health Interview Survey, 2019 \*\*2016-2017. <http://ask.chis.ucla.edu/>

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Los Angeles County (50.2 hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (43.4 hospitalizations per 100,000 persons).

## Hypertension Hospitalization Rate\*for Prevention Quality Indicators

|  | Los Angeles County | California |
|--|--------------------|------------|
| Hospitalization rate due to hypertension | 50.2               | 43.4       |

Source: California Office of Statewide Health Planning & Development, 2019. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.



## Cancer

Cancer diagnoses have been increasing, while cancer mortality has been decreasing. In Los Angeles County, the age-adjusted cancer incidence rate was 373.5 cancers per 100,000 persons, which was lower than the state rate of 394.5 per 100,000 persons. The incidence of colorectal and stomach cancers was higher for Los Angeles County than for the state, and rates of corpus uteri, thyroid, and ovarian cancers were all higher. Diagnosed rates of the other listed cancers were lower in the county than the state, including: melanoma and liver/intrahepatic bile duct cancers.

### Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

|                                  | Los Angeles County | California   |
|----------------------------------|--------------------|--------------|
| <b>All sites</b>                 | <b>373.5</b>       | <b>394.5</b> |
| Breast (female)                  | 117.9              | 122.2        |
| Prostate (males)                 | 90.6               | 91.7         |
| Lung and bronchus                | 35.6               | 40.0         |
| Colon and rectum                 | 35.6               | 34.8         |
| Corpus Uteri (females)           | 27.3               | 26.6         |
| Non-Hodgkin lymphoma             | 17.7               | 18.3         |
| Kidney and renal pelvis          | 14.1               | 14.7         |
| Melanoma of the skin             | 13.9               | 23.1         |
| Thyroid                          | 13.3               | 13.1         |
| Ovary (females)                  | 11.7               | 11.1         |
| Pancreas                         | 11.6               | 11.9         |
| Leukemia                         | 11.9               | 12.4         |
| Liver and Intrahepatic Bile Duct | 9.3                | 9.7          |
| Stomach                          | 9.1                | 7.3          |
| Urinary bladder                  | 8.2                | 8.7          |

Source: California Cancer Registry, Cal\*Explorer-CA Cancer Data tool, 2014-2018. <https://explorer.ccrca.org/application.html>

## Asthma

The rate of adult asthma in SPA 2 was 12.1%. In the service area, rates of asthma ranged from 15.8% in Newhall and Stevenson Ranch to 17.8% in Agua Dulce/Saugus 91390.

### Asthma Prevalence, Adults

|                   | ZIP Code | Percent |
|-------------------|----------|---------|
| Agua Dulce/Saugus | 91350    | 16.5%   |
| Agua Dulce/Saugus | 91390    | 17.8%   |
| Canyon Country    | 91351    | 16.2%   |
| Canyon Country    | 91387    | 16.4%   |
| Castaic/Val Verde | 91384    | 16.6%   |
| Newhall           | 91321    | 15.8%   |
| Santa Clarita     | 91354    | 16.5%   |
| Stevenson Ranch   | 91381    | 15.8%   |
| Valencia          | 91355    | 16.2%   |

|                           | ZIP Code | Percent      |
|---------------------------|----------|--------------|
| <b>SPA 2</b>              |          | <b>12.1%</b> |
| <b>Los Angeles County</b> |          | <b>15.4%</b> |
| <b>California</b>         |          | <b>16.1%</b> |

Source: California Health Interview Survey Neighborhood Edition, 2018. <https://askchisne.ucla.edu> and California Health Interview Survey, 2020 <http://ask.chis.ucla.edu>

In SPA 2, 14.6% of the population has been diagnosed with asthma. In SPA 2, 14.7% of children have been diagnosed with asthma. 23.3% of the residents in SPA 2 with diagnosed asthma had an asthma episode/attack in the past year and 45.4% take daily medication to control their symptoms. Among diagnosed children, 32.4% in SPA 2 experienced an asthma episode/attack in the past year. 23.8% of SPA 2 children missed days of daycare/school due to asthma. 49.2% of SPA 2 children with asthma take daily medication to control it.

### Asthma

|   | SPA 2  | Los Angeles County |
|---|--------|--------------------|
| Diagnosed with asthma, total population                     | 14.6%  | 13.9%              |
| Diagnosed with asthma, 0-17 years old                       | 14.7%  | 14.1%              |
| Had asthma episode/attack in past 12 months                 | 23.3%  | 27.9%              |
| Had asthma episode/attack in past 12 months, 0-17 years old | *32.4% | 31.7%              |
| Missed days of daycare/school in the past 12 months, 0-17   | *23.8% | 22.4%              |
| Takes daily medication to control asthma, total population  | 45.4%  | 45.5%              |
| Takes daily medication to control asthma, 0-17 years old    | *49.2% | 43.1%              |

Source: California Health Interview Survey, 2015-2019 <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2019, the rate in Los Angeles County for COPD and asthma hospitalizations among adults, ages 40 and older, was 233.2 hospitalizations per 100,000 persons, which is higher than the statewide rate (220.2 hospitalizations per 100,000 persons). The rate of hospitalizations in the county for asthma among young adults, ages 18 to 39, was 22.4 hospitalizations per 100,000 persons, which is higher than the state rate of 19.7 per 100,000 persons.

### Asthma Hospitalization Rates\*for Prevention Quality Indicators

|   | Los Angeles County | California |
|---|--------------------|------------|
| COPD or asthma in older adults, 40+     | 233.2              | 220.2      |
| Asthma in younger adults, ages 18 to 39 | 22.4               | 19.7       |

Source: California Office of Statewide Health Planning & Development, 2019. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

## Disability

The U.S. Census Bureau collects data on six different categories of disability or ‘difficulties’: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 9.3% of the non-institutionalized civilian population identified as having a disability. In Los Angeles County, 9.9% had a disability and the rate of disability in the state was 10.6%.

### Disability, Five-Year Average

|                              | Henry Mayo Service Area | Los Angeles County | California |
|------------------------------|-------------------------|--------------------|------------|
| Population with a disability | 9.3%                    | 9.9%               | 10.6%      |

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <http://data.census.gov>

Disability is defined as having limited activity because of physical, mental or emotional problems, having a health problem requiring the use of special equipment, or a self-perception of being disabled. In SPA 2, 24.5% of residents have a disability.

### Disability, Adults

|                    | Percent |
|--------------------|---------|
| SPA 2              | 24.5%   |
| Los Angeles County | 24.6%   |

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

## Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments summarized and edited for clarity:

- There is a lack of chronic disease specialists contracted with independent physician associations (IPAs). While access to primary care and family medicine exists for people in Santa Clarita who have low incomes and are underinsured, treatment of chronic diseases becomes more challenging for these individuals when specialty care is required. People who are enrolled in Medi-Cal/Medicare and require retinal screenings, for example, are referred outside of Santa Clarita.
- There is sometimes a lack of emotional support with the delivery of a chronic disease diagnosis. Many doctors are short on time, and are not able to thoroughly explain the patient’s diagnosis and the options they may have. Many patients are shocked when receiving a major chronic disease diagnosis and may feel lost without sufficient guidance.
- Emotional support/mental health is not commonly prioritized for those diagnosed with a chronic disease. There is a lack of awareness of the amount of grieving that a person experiences when coping with a chronic disease. Many people are not aware that changes in the body caused by a chronic disease also leads to grief. These changes can include hair loss, strength deterioration, and reduction in mobility.

- Since the onset of the COVID-19 pandemic, people have been avoiding hospitals due to limited appointment availability and fear of infection. This has resulted in missed preventive screenings and prolonged treatment for chronic diseases. As a result, chronic diseases are being diagnosed at later stages and more urgent care is required.
- There are few residential programs for providing quality memory care to people with Alzheimer's disease or dementia. Families find themselves navigating facilities that might not have proper nutritional programs, are not clean, or where staff are not properly trained.
- Language barriers make it more difficult for non-English-speaking residents to seek screening and assessment for chronic diseases.
- For older adults, there is a need for adult day health care and skilled nursing facilities.
- Transportation and availability of home health care is an issue, particularly for older adults who are living with a disease such as cancer or dementia. Family members need better supports to help transport their loved one to chemotherapy or radiation appointments.
- It is more difficult for those with Medicare to access resources for chronic disease, as compared to those with private insurance. The Medicare population may have longer wait periods for certain services.
- Many primary care providers are understaffed or have limited resources, which makes it harder to have frequent availability for appointments. If people are not able to see their doctors frequently, they are not receiving necessary information for chronic disease self-management.
- There is a lack of nutritional resources for people who are struggling with chronic diseases.

## Health Behaviors

### Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. The Los Angeles County ranking is 12, which is in the top quartile of California counties for healthy behaviors.

### Health Behaviors Ranking

|                    | County Ranking (out of 58) |
|--------------------|----------------------------|
| Los Angeles County | 12                         |

Source: County Health Rankings, 2022. <http://www.countyhealthrankings.org>

### Overweight and Obesity

The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, age 20 and older. Between 2019 and 2020, 29.5% of adults in SPA 2 were obese, which meets the Healthy People 2030 objective. However, when tracked over time, SPA 2 had an increase in obesity among adults in the recent years – from 21.9% in 2011, to 29.5% in 2020.

### Obesity, Adults, Ages 20 and Older, 2011 - 2020

|                    | 2011-12 | 2013-14 | 2015-16 | 2017-18 | 2019-20 | Change 2011-2020 |
|--------------------|---------|---------|---------|---------|---------|------------------|
| SPA 2              | 21.9%   | 21.8%   | 26.1%   | 27.5%   | 29.5%   | 7.6%             |
| Los Angeles County | 24.9%   | 26.0%   | 29.0%   | 27.9%   | 29.8%   | 4.9%             |

Source: California Health Interview Survey, 2005-2020. <http://ask.chis.ucla.edu>

In SPA 2, 73.2% of Latinos, 69.1% of Black, 55.6% of White, 49.4% of multiracial and 39.8% of Asian adults were overweight or obese.

### Overweight and Obesity, Adults, Ages 20 and Older, by Race/Ethnicity

|                                  | SPA 2  | Los Angeles County |
|----------------------------------|--------|--------------------|
| Latino                           | 73.2%  | 73.8%              |
| African American                 | 69.1%  | 71.9%              |
| Native Hawaiian/Pacific Islander | N/A    | *66.2%             |
| American Indian/Alaska Native    | N/A    | *60.3%             |
| White                            | 55.6%  | 55.4%              |
| Multiracial                      | *49.4% | 50.5%              |
| Asian                            | 39.8%  | 39.8%              |

Source: California Health Interview Survey, 2015-2020. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.  
N/A = suppressed due to small sample size

In SPA 2, 12.8% of teens and 15.7% of children are overweight. 16.5% of teens, ages 12-17, are obese. The Healthy People 2030 objective for obesity in children and teens is a maximum of 15.5%.

### Overweight, Children and Teens, and Obesity in Teens

|                                     | SPA 2  | Los Angeles County |
|-------------------------------------|--------|--------------------|
| Overweight, teens, ages 12-17       | 12.8%  | 17.7%              |
| Overweight, children, ages under 12 | 15.7%  | 13.1%              |
| Obese, teens, ages 12-17            | *16.5% | 17.9%              |

Source: California Health Interview Survey, 2015-2020. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

Within the service area, Canyon Country and Newhall have higher percentages of the population who are overweight or obese. Adult obesity rates ranged from 19.8% in Stevenson Ranch to 29.4% in Canyon Country 91351. Overweight children ranged from 7.9% in Stevenson Ranch to 15.5% in Canyon Country 91351. Overweight or obese teens ranged from 17.4% in Santa Clarita to 34% in Newhall.

### Overweight, Children and Teens, and Obesity in Adults, by ZIP Code

|                   | ZIP Code | Obese, Adults | Overweight or Obese, Teens, Ages 12-17 | Overweight, Children, Ages 2-11 |
|-------------------|----------|---------------|--|---------------------------------|
| Agua Dulce/Saugus | 91350    | 23.9%         | 21.8%                                  | 11.0%                           |
| Agua Dulce/Saugus | 91390    | 24.1%         | 20.2%                                  | 12.0%                           |
| Canyon Country    | 91351    | 29.4%         | 30.7%                                  | 15.5%                           |
| Canyon Country    | 91387    | 27.8%         | 31.6%                                  | 13.7%                           |
| Castaic/Val Verde | 91384    | 24.8%         | 22.5%                                  | 12.1%                           |
| Newhall           | 91321    | 28.6%         | 34.0%                                  | 14.9%                           |
| Santa Clarita     | 91354    | 21.7%         | 17.4%                                  | 9.1%                            |
| Stevenson Ranch   | 91381    | 19.8%         | 18.6%                                  | 7.9%                            |
| Valencia          | 91355    | 21.4%         | 18.7%                                  | 9.8%                            |

Source: California Health Interview Survey Neighborhood Edition, 2018. <https://askchisne.ucla.edu>

### Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments summarized and edited for clarity:

- Overweight and obesity contribute to chronic disease. For example, good glycemic control is essential for people living with diabetes; those with poor diets have higher rates of diabetes-related complications and mortality.
- There is a lack of access to healthier food choices, due to healthier foods costing more than processed and sugary foods.
- People with a high body mass index (BMI), on average, experience increased rates of chronic disease. While Santa Clarita has lots of green space and fitness centers,

many people eat out and don't pay attention to ingredients.

- Although resources and education are available, they often come at a high price. People cannot afford these programs, and many cannot afford healthy food choices. Grocery stores are not always nearby; people have to either own a car or pay for a ride share. Costs associated with fresh foods are not always feasible for people with very limited budgets.
- Due to the COVID-19 pandemic, many children stopped participating in sports and outside activities. Children also had more access to unhealthy food at home, and unhealthy eating patterns emerged, which contributed to depression/anxiety and obesity.
- There are few free resources for children and youth to participate in group activities/sports.
- Social isolation and stay-at-home orders during the COVID-19 pandemic led to greater rates of depression and inactivity among older adults. Some have struggled to leave their chairs/beds or homes to exercise; this has had an effect on weight and health.

### **Soda/Sugar-Sweetened Beverage (SSB) Consumption**

7.4% of children and teens in SPA 2 consumed at least two glasses of non-diet soda the previous day. 5.9% of SPA 2 children and teens consumed at least two glasses of a sugary drink other than soda the previous day. 9.3% of SPA 2 adults consumed non-diet sodas at a high rate (seven or more times per week). 59.9% of adults in SPA 2 reported drinking no non-diet soda in an average week.

### **Soda or Sweetened Drink Consumption**

|   | <b>SPA 2</b> | <b>Los Angeles County</b> |
|---|--------------|---------------------------|
| Children and teens reported to drink at least two glasses of non-diet soda yesterday                | 7.4%         | 6.3%                      |
| Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday** | *5.9%        | 9.8%                      |
| Adults who reported drinking non-diet soda at least 7 times weekly***                               | 9.3%         | 10.4%                     |
| Adults who reported drinking no non-diet soda weekly***   | 59.9%        | 56.9%                     |

Source: California Health Interview Survey, 2015-2017 & 2019-2020, combined, \*\*2014-2018, \*\*\*2015-2017. <http://ask.chis.ucla.edu>  
 \*Statistically unstable due to sample size.

### **Adequate Fruit and Vegetable Consumption**

In SPA 2, 33.4% of children eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes). 23.1% of SPA 2 teens eat five or more servings of fruit and vegetables daily.

### Five or More Servings of Fruit and Vegetables Daily, Children and Teens

|          | SPA 2 | Los Angeles County |
|----------|-------|--------------------|
| Children | 33.4% | 31.4%              |
| Teens    | 23.1% | 26.4%              |

Source: California Health Interview Survey, 2015-2020. <http://ask.chis.ucla.edu/> \*Statistically unstable due to small sample size.

13.9% of SPA 2 adults reported eating five or more servings of fruits and vegetables the previous day.

### Five or More Servings of Fruit and Vegetables Yesterday, Adults, Ages 18 and Older

|                    | Percent |
|--------------------|---------|
| SPA 2              | 13.9%   |
| Los Angeles County | 12.1%   |

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

42.6%% of SPA 2 children, ages birth through 11, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes).

### Five or More Servings Fruit and Vegetables Daily, Children

|                    | Percent |
|--------------------|---------|
| SPA 2              | 42.6%   |
| Los Angeles County | 29.8%   |

Source: California Health Interview Survey, 2015-2019. <http://ask.chis.ucla.edu/>

### Access to Fresh Produce

90.7% of adults in SPA 2 reported they could usually or always find fresh fruit and vegetables in the neighborhood, and 82.4% said they were usually or always affordable.

### Communities with Good or Excellent Access to Fresh Produce

|   | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Neighborhood usually or always has fresh produce        | 90.7% | 86.8%              |
| Neighborhood fresh produce usually or always affordable | 82.4% | 78.5%              |

Source: California Health Interview Survey, 2016-2018. <http://ask.chis.ucla.edu>

85.8% of adults in SPA 2 who were parents, guardians or decision-makers for children rated access to fresh fruits and vegetables as good or excellent.

### Good or Excellent Community Access to Fresh Fruits/Vegetables

|                    | Percent |
|--------------------|---------|
| SPA 2              | 85.8%   |
| Los Angeles County | 78.2%   |

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



## Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week, working all major muscle groups). 64.5% of SPA 2 adults meet the aerobic exercise recommendations and 45.3% meet the muscle-strengthening guidelines. 35.1% of SPA 2 adults meet both sets of guidelines.

### Physical Activity Guidelines Met, Adults

|   | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Aerobic activity guidelines met               | 64.5% | 64.4%              |
| Muscle strengthening guidelines met           | 45.3% | 43.1%              |
| Both aerobic and strengthening guidelines met | 35.1% | 35.1%              |

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

Current recommendations for physical activity for children and teens are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises. 24.1% of children and teens in SPA 2 met both requirements.

### Aerobic Activity Guidelines Met, Children and Teens, Ages 6-17

|                    | Percent |
|--------------------|---------|
| SPA 2              | 24.1%   |
| Los Angeles County | 23.7%   |

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

11.9% of SPA 2 children and teens spent five or more hours in sedentary activities after school on a typical weekday. 10.6% of SPA 2 children and teens spent 8 hours or more a day on sedentary activities on weekend days.

### Sedentary Children and Teens

|  | SPA 2  | Los Angeles County |
|--|--------|--------------------|
| 5+ hours spent on sedentary activities after school on a typical weekday | *11.9% | 13.6%              |
| 8+ hours spent on sedentary activities on a typical weekend day**        | *10.6% | 8.2%               |

Source: California Health Interview Survey, 2014-2018, \*\*2015-2019. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

9.9% of SPA 2 adults reported not participating in any aerobic activity within the past week.

## Sedentary Adults

|                    | Percent |
|--------------------|---------|
| SPA 2              | 9.9%    |
| Los Angeles County | 11.2%   |

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

## Sexually Transmitted Infections

In SPA 2, the rate of chlamydia is 339 per 100,000 persons. The rate of gonorrhea in SPA 2 is 149 per 100,000 persons and the rate of syphilis in SPA 2 is 30 per 100,000 persons. These rates are lower than the county rates of sexually transmitted infections.

### Sexually Transmitted Infections Incidence Rate, per 100,000 Persons

|           | SPA 2 | Los Angeles County |
|-----------|-------|--------------------|
| Chlamydia | 339   | 624                |
| Gonorrhea | 149   | 250                |
| Syphilis  | 30    | 46                 |

Source: Division of HIV and STD Programs, Los Angeles County Department of Public Health. 2017 Annual STD Surveillance Report. <http://publichealth.lacounty.gov/dhsp/Reports.htm> Published August 2019. Accessed 3/2021.

## Human Immunodeficiency Virus (HIV)

The rate of new HIV cases in Los Angeles County was 14.6 per 100,000 persons in 2019, which is higher than the new-case rate statewide (11.0 per 100,000 persons). 71.0% of persons in the county with diagnosed HIV were receiving care and 61.8% were virally suppressed. The county HIV rate (510.8 per 100,000 persons) is higher than the state rate of HIV (344.8 per 100,000 persons). The county death rate for HIV+ persons (6.3 per 100,000 persons) was also higher than the state rate (4.8 per 100,000 persons). The California Integrated Plan objective is for 90% of persons with HIV to be in care, and 80% to be virally suppressed by 2021.

### HIV Cases and Rates, per 100,000 Persons

|                                       | Los Angeles County | California |
|---------------------------------------|--------------------|------------|
| Newly diagnosed cases                 | 1,501              | 4,396      |
| Rate of new diagnoses                 | 14.6               | 11.0       |
| Living cases                          | 52,409             | 137,785    |
| Rate of HIV                           | 510.8              | 344.8      |
| Percent in care                       | 71.0%              | 75.0%      |
| Percent virally suppressed            | 61.8%              | 65.3%      |
| Deaths per 100k HIV+ persons, in 2019 | 6.3                | 4.8        |

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019. [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_case\\_surveillance\\_reports.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx)

## Mental Health

### Access and Utilization

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals handle stress, relate to others, and make choices.

Among adults, 20.4% in SPA 2 identified the need to see a professional because of problems with mental health emotions or nerves or use of alcohol or drugs in the past 12 months. 51.8% of adults in SPA 2, sought help from their primary care provider or other professional, (counselor, psychiatrist, or social worker) for problems with mental health, emotions, nerves or your use of alcohol or drugs, but did not receive treatment in the past 12 months.

### Mental Health Access and Utilization, Adults

|   | SPA 2 | Los Angeles County | California |
|---|-------|--------------------|------------|
| Needed help for emotional /mental health problems or use of alcohol drugs | 20.4% | 20.9%              | 21.7%      |
| Sought help but did not receive treatment                                 | 51.8% | 47.2%              | 45.6%      |

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>.

Among teens, 25.8% in SPA 2 felt they needed help for emotional or mental health problems (feeling sad, anxious or nervous) in the past 12 months. 19.7% of teens in SPA 2, received psychological or emotional counseling.

### Mental Health Access and Utilization, Teens

|   | SPA 2  | Los Angeles County | California |
|---|--------|--------------------|------------|
| Needed help for emotional or mental health problems | *25.8% | 23.0%              | 28.5%      |
| Received psychological /emotional counseling        | *19.7% | 9.6%               | 16.4%      |

Source: California Health Interview Survey, 2018-2019. 2018-2019 pooled to enhance stability of data. \*Statistically unstable due to sample size. \*\*Suppressed due to small sample size. <http://ask.chis.ucla.edu/>.\*

Among adults in SPA 2, 39.2% visited primary care physicians and mental health professionals for mental and emotional issues in the past year.

### Type of Provider Giving Care for Mental and Emotional Issues in the Past Year, Adults

|                                 | SPA 2 | Los Angeles County | California |
|---------------------------------|-------|--------------------|------------|
| Primary care physician only     | 33.1% | 27.8%              | 25.5%      |
| Mental health professional only | 27.7% | 35.9%              | 34.0%      |
| Both                            | 39.2% | 36.3%              | 40.5%      |

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>.

Among adults and teens, 5.2% in SPA 2 sought on-line help (mobile apps or texting services) for mental health, emotions, nerves, or use of alcohol or drugs in the past 12

months. In SPA 2, 5.2% of adults and teens connected on-line with a mental health professional and 3.9% connected online with people with similar issues.

### Online Mental Health Utilization, Adults and Teens

|   | SPA 2 | Los Angeles County | California |
|---|-------|--------------------|------------|
| Sought help from an online tool   | 5.2%  | 5.8%               | 6.2%       |
| Connected with a mental health professional in last 12 months           | 5.2%  | 5.9%               | 5.5%       |
| Connected with people with similar mental health or alcohol/drug status | 3.9%  | 5.0%               | 5.3%       |

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

### Mental Health Indicators

Among SPA 2 adults, 12.1% were at risk for major depression and 11.6% currently had depression.

### Depression, Adults

|                                     | SPA 2 | Los Angeles County |
|-------------------------------------|-------|--------------------|
| Adults at risk for major depression | 12.1% | 13.0%              |
| Adults with current depression      | 11.6% | 11.5%              |

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

In the past year, 10.2% of SPA 2 adults and 36.6% of teens had serious psychological distress. Among adults, 7.8% in SPA 2 have been on prescription medicine for emotional/mental health issue for at least 2 weeks in the past year. Approximately, 18% or more adults reported moderate to severe family life, social life, household chore, or work life impairments in the past year.

### Mental Health Indicators

|   | SPA 2 | Los Angeles County | California |
|---|-------|--------------------|------------|
| Adults who had serious psychological distress during past year                                  | 10.2% | 13.0%              | 13.1%      |
| Adults on prescription medicine at least 2 weeks for emotional/mental health issue in past year | 7.8%  | 8.2%               | 10.3%      |
| Adults reporting family life impairment during the past year                                    | 20.1% | 20.9%              | 20.8%      |
| Adults reporting social life impairment during the past year                                    | 18.6% | 20.8%              | 20.9%      |
| Adults reporting household chore impairment during the past year                                | 20.1% | 20.2%              | 20.3%      |
| Adults reporting work impairment during the past year   | 18.4% | 21.1%              | 20.2%      |
| Teens who had serious psychological distress during past year                                   | 36.6% | 37.3%              | 29.4%      |

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Among SPA 2 adults, 9.6% have seriously thought about committing suicide.

### Considered Suicide, Adults

|                                      | SPA 2 | Los Angeles County | California |
|--------------------------------------|-------|--------------------|------------|
| Seriously considered suicide, adults | 9.6%  | 13.2%              | 14.0%      |

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

### Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments summarized and edited for clarity:

- Trauma and post-traumatic stress disorder (PTSD) resulting from COVID-19 infection and collective grief from the pandemic in general are not often recognized as mental health concerns. More education is needed on addressing trauma.
- The transition from in-person to virtual counseling was difficult, as many community members did not have privacy in their homes and did not feel comfortable participating in virtual sessions. Community members recovering from PTSD and traumatic events found it difficult to disclose personal information even if they did have privacy during the session, as they could not see the room where the intern/psychiatrist was in to confirm they were actually alone.
- There is a lack of outpatient and inpatient mental health services in the Santa Clarita area.
- There are few psychiatrists in the Santa Clarita area, and as a result, many referrals are not able to be fulfilled. The demand for mental health care services drastically outweighs the support available.
- There are severe shortages of geriatric psychiatry services and services for children/youth who need inpatient psychiatric care, in particular.
- There are few mental health resources for those enrolled in Medi-Cal, or who do not have private insurance. Clinics that provide mental health services to Medi-Cal-insured or uninsured residents have few clinicians and are understaffed.
- It is particularly difficult for people enrolled in Medi-Cal and/or Medicare to seek appropriate treatment for mental health concerns. Henry Mayo has an adult unit for those who have insurance, but those who are uninsured or underinsured often must travel to other communities such as Riverside, Torrance, and Barstow.
- In the school districts located in Santa Clarita, there are few counselors available. There are few resources and a lack of psychiatrists to address needs associated with the increase in anxiety/depression among children/youth seen since the onset of the COVID-19 pandemic.
- The Saugus Elementary School District is eliminating their school counselors from their schools. Eight full-time counselors are being laid off. The students are losing their already-limited resources for mental health.
- Social media presents a challenge for youth in terms of their image and peer

pressure to look a certain way or perform. It is also an added stressor, whereby youth feel as though if they do not present content on a daily basis, they will be judged. This has led to an increase in social anxiety and children/youth saying they are unable to come to school due to anxiety.

- There have been suicide attempts among students on public school campuses, as well as among youth in their first year or two after graduation.
- Unhoused residents in need of mental health services are routed through 911 calls to the Fire Department. The Fire Department does not have a mental health professional or team on staff, so people experiencing a mental health emergency are dropped off at Henry Mayo Newhall Emergency Room, where they receive a psychiatric evaluation.
- The Sheriff's Department has a mental health evaluation (MET) team who, when officers receive a call for service where a person is experiencing severe symptoms of a mental health disorder, can respond and assess. However, because this team also works with Antelope Valley, there are times when they are not available to respond in a timely manner.
- Many agencies and organizations that provide free mental health services are only able to hire interns/students for counseling and therapy sessions. Although these interns are appreciated, many clients have a hard time building trust and a relationship with the interns, as there is often a lack of common backgrounds and experiences.
- Mental health services are less accessible to residents with language barriers. For non-English-speakers, even if they are linked with services, they often have to use an interpreter. Counseling or therapy with an interpreter involved may not be as effective, since patients may not feel comfortable sharing very personal matters.
- There is a stigma surrounding mental health that prevents people from seeking help. This stigma has prevented communities from receiving education on mental health, and as a result, residents may not recognize their own mental health needs and concerns.

## Substance Use

### Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In SPA 2, 6.7% of adults smoke cigarettes. 69.7% of SPA 2 residents have never smoked. 70.3% of SPA 2 adult smokers were thinking of quitting in the next 6 months. 19.9% of SPA 2 adults, ages 18 to 65, had smoked an e-cigarette.

### Smoking, Adults

|   | SPA 2 | Los Angeles County | California |
|---|-------|--------------------|------------|
| Current smoker                                | 6.7%  | 8.4%               | 6.3%       |
| Former smoker                                 | 23.6% | 20.0%              | 19.4%      |
| Never smoked                                  | 69.7% | 71.5%              | 74.4%      |
| Thinking about quitting in the next 6 months  | 70.3% | 67.4%              | 62.4%      |
| Ever smoked an e-cigarette (all adults 18-65) | 19.9% | 18.2%              | 18.5%      |

Source: California Health Interview Survey, 2017-2019. <http://ask.chis.ucla.edu>

In the service area, smoking rates ranged from 5.9% in Santa Clarita to 9.9% in Castaic/Val Verde. E-cigarette use ranged from 5.7% in Castaic/Val Verde to 6.3% in Valencia.

### Smoking, Adults, by ZIP Code

|                   | ZIP Code | Current Smoker | E-Cigarette User |
|-------------------|----------|----------------|------------------|
| Agua Dulce/Saugus | 91350    | 6.6%           | 6.0%             |
| Agua Dulce/Saugus | 91390    | 9.4%           | 5.9%             |
| Canyon Country    | 91351    | 8.1%           | 6.0%             |
| Canyon County     | 91387    | 8.4%           | 6.0%             |
| Castaic/Val Verde | 91384    | 9.9%           | 5.7%             |
| Newhall           | 91321    | 8.3%           | 5.9%             |
| Santa Clarita     | 91354    | 5.9%           | 6.1%             |
| Stevenson Ranch   | 91381    | 6.4%           | 5.9%             |
| Valencia          | 91355    | 6.0%           | 6.3%             |

Source: California Health Interview Survey Neighborhood Edition, 2018. <https://askchisne.ucla.edu>

No teens surveyed in SPA 2 claimed to be current smokers. 9.4% of SPA 2. Of those who had tried an e-cigarette, 2.8% had smoked an e-cigarette in the past 30 days.

### Smoking, Teens

|  | SPA 2 | Los Angeles County |
|--|-------|--------------------|
| Current cigarette smoker                     | *0.0% | *1.0%              |
| Ever smoked an e-cigarette**                 | *9.4% | 8.5%               |
| Smoked an e-cigarette in the past 30 days*** | *2.8% | *3.1%              |

Source: California Health Interview Survey, 2015-2019, \*\*2014-2018, & \*\*\*2017-2019. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

## Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among service area adults, 15.3% in SPA 2 had engaged in binge-drinking in the past 30-days. The Healthy People 2030 objective is for a maximum of 25.4% of adults to binge drink

### Binge Drinking, Past 30 Days, Adults

|                    | Percent |
|--------------------|---------|
| SPA 2              | 15.3%   |
| Los Angeles County | 17.9%   |

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

25.1% of SPA 2 teens have tried alcohol. 2.2% of SPA 2 teens binge drank in the past month.

### Binge Drinking and Alcohol Experience, Teens

|                                  | SPA 2  | Los Angeles County |
|----------------------------------|--------|--------------------|
| Teen binge drinking, past month  | *2.2%  |                    |
| Teen ever had an alcoholic drink | *25.1% |                    |

Source: California Health Interview Survey, 2015-2019 pooled. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Marijuana Use

Marijuana use became legal in California in 2017 (while remaining illegal at the Federal level). 45.8% of SPA 2 adults had tried marijuana or hashish. Of those who had tried marijuana, 14.7% of SPA 2 adults had used it in the past month or year (22.4%), and 13.2% had used it more than 15 years ago.

### Marijuana Use, Adults

|                                       | SPA 2 | Los Angeles County |
|---------------------------------------|-------|--------------------|
| Have tried marijuana or hashish       | 45.8% | 45.6%              |
| Used marijuana within the past month  | 14.7% | 14.8%              |
| Used marijuana within the past year   | 22.4% | 22.7%              |
| Used marijuana more than 15 years ago | 13.2% | 12.4%              |

Source: California Health Interview Survey, 2017-2019 pooled. <http://ask.chis.ucla.edu/>

## Opioid Use

There were 5.1 hospitalizations per 100,000 persons for the county, lower than the state rate of 7.6 hospitalizations per 100,000 persons. Emergency Department visits due to opioid overdose in the county were 10.2 per 100,000 persons, lower than the state rate (17.5 per 100,000 persons). The rate of opioid prescriptions in the county was 315.8 per



1,000 persons. This rate is less than the state rate of opioid prescribing (400.6 per 1,000 persons).

### Opioid Use, Age-Adjusted, per 100,000 Persons, Prescriptions, per 1,000 Persons

|  | Los Angeles County | California |
|--|--------------------|------------|
| Hospitalization rate for opioid overdose (excludes heroin) | 5.1                | 7.6        |
| ER visits for opioid overdose (excludes heroin)            | 10.2               | 17.5       |
| Opioid prescriptions, per 1,000 persons                    | 315.8              | 400.6      |

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

### Substance Use and Misuse Disparities

In Los Angeles County, the rate of smoking is highest among Native Hawaiian/Pacific Islander residents (31.0%), American Indian/Alaskan Natives (19.9%), Blacks (16.0%), and Multiracial residents (14.2%) and lowest among Latinos (9.4%) and Asians (7.0%).

Compared to the average rate among Los Angeles County residents currently using marijuana, American Indian/Alaskan Native residents had the highest rate (42.6%), as were rates among Native Hawaiian/Pacific Islander residents (28.5%), Multiracial residents (24.7%), Black/African American residents (19.9%), and White residents (18.4%). Rates are lowest among Asians (8.9%).

The rates of binge drinking were highest among American Indian/Alaskan Natives (46.5%), Native Hawaiian/Pacific Islanders (33.5%), Latinos (25.2%), and Asians (23.7%). Whites (18.5%) and Black/African Americans (15.3%) had the lowest rates of binge drinking.

### Current Cigarette Smoking, Binge Drinking, and Marijuana Use, Adults, by Race

|                                  | Smoker** | Marijuana Use | Binge Drinking |
|----------------------------------|----------|---------------|----------------|
| American Indian/Alaskan Native   | *19.9%   | 42.6%         | 46.5%          |
| Multiracial                      | 14.2%    | 24.7%         | N/A            |
| Native Hawaiian/Pacific Islander | *31.0%   | 28.5%         | *33.5%         |
| Latino                           | 9.4%     | 13.1%         | 25.2%          |
| Asian                            | 7.0%     | 8.9%          | 23.7%          |
| Black/African American           | 16.0%    | 19.9%         | 15.3%          |
| White                            | 10.0%    | 18.4%         | 18.5%          |

Source for smoking and marijuana: California Health Interview Survey, 2017-2019 and \*\*2015-2019. <http://ask.chis.ucla.edu>

Source for binge drinking: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm> \*Statistically unreliable due to sample size.

### Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments summarized and edited for clarity:

- Substance use disorders often go undiagnosed and untreated, in part because primary care clinicians and staff aren't trained to talk to patients about alcohol and drug use.
- There is stigma associated with substance use, which discourages people from seeking treatment. It is underdiagnosed and undertreated, especially since many people who struggle with substance use are high-functioning. Substance use facilities lack resources relating to mental health, legal services, economic empowerment, and housing.
- The stigma associated with substance use prevents education on and awareness of addiction. Alcoholism may be harder to recognize, as alcohol is more socially accepted.
- For those who can afford it, there is significant access to alcoholic beverages given that Santa Clarita Valley is home to many wineries, and the culture that surrounds that.
- There has been a spike in overdoses due to an increase in the use of heroin and exposure to Fentanyl. Fentanyl is being mixed with other drugs, often without the user's knowledge.
- There has been an increase in Fentanyl-related drug overdoses among youth in junior high and high schools in Santa Clarita.
- There are few mental health and substance use treatment programs for youth in Santa Clarita. As a result, school staff have few places to refer to locally when individualized education programs (IEPs) include residential placement for drug treatment. The need to refer outside of the county is costly and distances youth from their families.
- The repeal of AB 3632, which provided mental health entitlement dollars to schools to support special education students in California, was detrimental to the adequate funding of school mental and behavioral health programs.
- Marijuana and vaping are negatively affecting children/youth. A large proportion of the population is not aware of the negative effects of cannabis on the developing brain.
- Few resources are available for substance use. There is a lack of treatment centers in Santa Clarita. Therefore, community members who are seeking treatment for substance use disorders must travel to other cities, where centers often have long waitlists.
- There are few medication-assisted treatment (MAT) programs in the area. MAT interventions are very effective in treating opioid and alcohol use disorders.
- Substance use disorders and addiction are especially prevalent among those experiencing homelessness and high school students.
- A challenge to law enforcement personnel assisting people with mental health and/or substance use disorders who have been involved in multiple arrests is

encouraging uptake of medical assistance and resources, including the use of medications for managing serious mental health conditions. People are re-arrested, jailed, and released in cyclical patterns.

- Prescription opioid addiction has been a continuing issue among seniors.

## Preventive Practices

### Flu and Pneumonia Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. Among seniors in SPA 2, 66.7% had received a flu shot. 45.6% of adults and 59% of children, ages 6 months to 17 years, had received a flu shot.

#### Flu Vaccine

|   | SPA 2 | Los Angeles County |
|---|-------|--------------------|
| Received flu vaccine, ages 65 and older           | 66.7% | 73.2%              |
| Received flu vaccine, ages 18 and older           | 45.6% | 47.1%              |
| Received flu vaccine, ages 6 months -17 years old | 59.0% | 59.9%              |

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2018.  
<http://publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

In SPA 2, 70.4% of adults, ages 65 and older, had a pneumonia vaccination.

#### Pneumonia Vaccine, Adults, Ages 65 and Older

|                    | Percent |
|--------------------|---------|
| SPA 2              | 70.4%   |
| Los Angeles County | 72.3%   |

Source: County of Los Angeles Public Health Department, Los Angeles County Health Survey, 2018;  
<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2018.htm>

### Immunization of Children

The rate of full compliance with childhood immunizations upon entry into kindergarten in Los Angeles County was 94.5%. Among service area school district rates, Gorman Elementary School District had a 12.0% immunization rate and Castaic Union had a 98.0% immunization rate.

#### Up-to-Date Immunization Rates of Children Entering Kindergarten, 2019-2020\*

| School District   | Immunization Rate |
|---|-------------------|
| Castaic Union School District                           | 98.0%             |
| Gorman Elementary School District                       | 12.0%             |
| Hughes-Elizabeth Lakes Union Elementary School District | 87.5%             |
| Newhall Elementary School District                      | 96.9%             |
| Saugus Union Elementary School District                 | 96.9%             |
| Sulphur Springs Union Elementary School District        | 97.3%             |
| Westside Union Elementary School District               | 96.5%             |
| William S. Hart Union High School District              | 61.2%             |
| Acton-Agua Dulce Unified School District                | 48.7%             |
| <b>Los Angeles County</b>                               | <b>94.5%</b>      |
| <b>California</b>                                       | <b>94.3%</b>      |

Source: California Department of Public Health, Immunization Branch, 2019-2020. \*For those schools where data were available.  
<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

## Senior Falls

Among SPA 2 seniors, 32.4% had fallen in the past year. 14.2% of seniors indicated they had been injured due to a fall in the past year.

### Fallen in the Past Year, Adults, Ages 65 and Older

|                         | SPA 2 | Los Angeles County |
|-------------------------|-------|--------------------|
| Seniors who have fallen | 32.4% | 26.5%              |
| Injured due to a fall   | 14.2% | 11.1%              |

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

## Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 to 74, to have a mammogram in the past two years. The SPA 2 rate of mammograms (78.1%) is above the Healthy People 2030 objective.

### Mammogram in Past Two Years, Women, Ages 50-74

|                    | Percent |
|--------------------|---------|
| SPA 2              | 78.1%   |
| Los Angeles County | 77.0%   |

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

## Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. SPA 2 (79.8%) does not meet the Healthy People 2030 objective.

### Pap Smear, Past Three Years, Women, Ages 21-65

|                    | Percent |
|--------------------|---------|
| SPA 2              | 79.8%   |
| Los Angeles County | 81.4%   |

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

## Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to have had a colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 23.2% of SPA 2 residents, ages 50-75, have had a blood stool test in the past year.

### Colorectal Cancer Screening, Blood Stool Test, Past Year, Adults, Ages 50-75

|                    | Percent |
|--------------------|---------|
| SPA 2              | 23.2%   |
| Los Angeles County | 20.0%   |

Source: 2018 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2018.htm> \*Statistically unstable due to sample size.

53.6% of SPA 2 residents had a sigmoidoscopy within the past five years or a colonoscopy within the past ten years.

### Colorectal Cancer Screening, Sigmoidoscopy/Colonoscopy, Adults, Ages 50-75

|                    | Percent |
|--------------------|---------|
| SPA 2              | 53.6%   |
| Los Angeles County | 54.6%   |

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

### Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments summarized and edited for clarity:

- School health services staff are responsible for ensuring that children have the immunizations required by the State to enroll in school, with seventh grade being a major check-point. In recent months, there have been an influx of immigrant families from Afghanistan whose children do not have the required vaccinations. They need support in navigating the system to obtain low-cost immunizations, maintain their records, and deliver them to the school district.
- While providers in Santa Clarita were engaged in national and local initiatives to promote preventive screenings prior to COVID-19, they now see their patients behind in their screenings
- Many doctors continue to prioritize and prefer telehealth, especially during a time when many offices are understaffed. However, telehealth and online appointments have many limitations. For example, it may be easier for health care providers to miss important symptoms if a patient is not seen in person.
- The lack of education surrounding the benefits of preventive practices is a barrier in accessing preventive care. People assume that hospitals are for emergencies and are not aware of the preventive resources that hospitals offer.
- Residents from Santa Clarita often travel to North Hollywood for preventive care at the county clinic. It would be beneficial to have a Department of Health Services clinic in Santa Clarita, so that more residents can easily access preventive care.

## Attachment 1: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

| Name                                   | Title   | Organization  |
|--|---|---|
| Elizabeth Arambula-Cannon              | Recreation and Community Services Supervisor  | City of Santa Clarita   |
| Natalie Arriaga                        | Deputy  | Los Angeles County Sheriff's Department   |
| Joan Aschoff, PsyD                     | President/CEO                                 | Child & Family Center   |
| Sabrina Barscheski                     | Program Manager                               | Santa Clarita Valley Mental Health Center, Los Angeles County Department of Public Health |
| Nicholas Berkuta                       | Acting Assistant Fire Chief                   | Los Angeles County Fire Department  |
| Stephanie English                      | Senior Field Deputy, Santa Clarita Valley     | Office of LA County Supervisor Kathryn Barger, 5th District                               |
| Rachel Franco, LCSW                    | Social Worker                                 | Henry Mayo Social Services  |
| Tracy M. Glen, MA                      | Health Services Supervisor                    | William S. Hart Union High School District  |
| Christine Goulet, MS, RD, CLE          | Associate Director, WIC Program               | Northeast Valley Health Corporation, WIC Program  |
| Jo Kaplan, MSN, RN, CCM                | Director, Care Management                     | Henry Mayo Social Services  |
| Laura Kirchhoff                        | Executive Director                            | Circle of Hope, Inc.  |
| Olya Matevosyan, MSW                   | Lead, Social Work                             | Henry Mayo Social Services  |
| Alissa Myatt, LCSW                     | Social Worker                                 | Henry Mayo Social Services  |
| Chris Najarro, MSW                     | Executive Director                            | Bridge to Home  |
| SuzAnn Nelsen                          | Chief Program Officer                         | Santa Clarita Valley Senior Center  |
| Matthew Nelson, MPA                    | Chief Executive Officer                       | Boys & Girls Club of Santa Clarita Valley   |
| Theresa (Missy) Nitescu, MS, RDN, CHSP | Chief Operations Officer                      | Northeast Valley Health Corporation   |
| Janine Prado                           | Director of Recreation and Community Services | City of Santa Clarita   |
| Darrin Privett, MD                     | Emergency Medicine Physician                  | Henry Mayo Newhall Hospital   |
| Yorleni Sapp                           | Executive Director                            | Single Mothers Outreach, Inc.   |
| Philip Solomon, MPA                    | Chief Executive Officer                       | Samuel Dixon Family Health Center, Inc.   |

## Attachment 2: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- COVID-19 is a major health issue affecting the community over the past two years. Concerns moving forward include addressing a rise in mental health, behavioral health and, chronic disease concerns as communities begin to recover and address overall health and wellbeing.
- Isolation due to the COVID-19 pandemic has contributed to an increase in depression among community members. There are currently long wait times for psychiatrist and therapist appointments.
- There are severe shortages of older adult mental health and geriatric psychiatry services.
- Drug abuse and addiction, including alcohol use, are major health issues particularly among youth.
- Obesity-related health conditions are affecting many Santa Clarita residents, including hypertension, heart disease, and diabetes.
- Diabetes is an issue particularly for children/youth.
- Due to isolation from the COVID-19 pandemic, elementary-school children are having trouble socializing with one another.
- The number of children visiting emergency rooms due to suicidal thoughts and other mental health conditions has increased since the start of the COVID-19 pandemic.
- Single parents have more financial limitations, which lead to higher levels of stress. This stress can affect their children as well, contributing to issues such as childhood anxiety/depression.
- Mothers who are postpartum and their families have a particular need for access to mental health services, and service availability has not kept pace with the demand.
- Children and youth who are on the autism spectrum, some of whom struggle with certain behaviors such as self-injury or difficulty socializing, are in need of multifaceted support systems in order to have a positive learning environment and stay in public schools.
- The need for counseling and grief support groups for seniors has tripled among older adults since the pandemic started.
- Dental health is not often prioritized and with untreated issues leading to other health problems.
- Persons experiencing homelessness often face cyclical patterns of trauma, severe symptoms of mental health conditions, arrest, institutionalization, and return to the streets.



Interview participants were asked about the most important socioeconomic, racial, behavioral, or environmental factors contributing to poor health in the area. Their responses included:

- Racism drives health outcome disparities. As neighborhood demographics change, the demographics of health and service organizations remain comparatively static, and they are unable to provide services that are accessible to and adequate for the increasingly diverse population.
- Human trafficking is a major issue in the Santa Clarita area that is going unrecognized and requires emergency intervention. Traffickers target and groom youth through schools, social media, and youth clubs.
- People who are victims of trafficking show up at hospitals and clinics with issues such as cutting and drug addiction – coping mechanisms to relieve pain – or having been kicked out of the home.
- Domestic violence and other forms of abuse have increased since the start of the COVID-19 pandemic.
- There is a lack of specialty services (e.g., retinal screening, OB/GYN, gastroenterology, neurology, orthopedics) for those who do not have private insurance. Primary care and family medicine providers who serve residents enrolled in Medi-Cal typically have to send their patients outside of the community for specialty services and surgical procedures.
- Health care resources for people seeking treatment for mental health conditions, in particular inpatient psychiatric care, are very limited in Santa Clarita. There is a lack of detox or sobering centers to support those with substance use conditions.
- There is a need for more recuperative care and skilled nursing for people who no longer require hospitalization, but who need ongoing subacute care as they recover. There is a particular need for these services among older adults, who require complex care that can't be managed in a nursing home, and those who don't have a safe place to be discharged to.
- There is a need for more choices of health plans, providers, and resources in Santa Clarita. Creating more robust health care networks that serve people of limited economic means, so that they don't have to leave the area for health care, is essential to health and wellbeing.
- Finding available appointments, such as for cancer screenings, is difficult. There are waitlists for appointments or long wait periods. In some cases, the earliest appointments are four months away.
- In 2019, residents of Santa Clarita have experienced significant trauma related to events including a school shooting and wildfires that required school and home evacuation, followed in 2020 by the COVID-19 pandemic. As a result, some children/youth feel afraid to go to school, and parents say they are afraid to send

them. The experience of collective grief is an important factor contributing to community mental health.

- Oil and gas drilling and refineries, as well as the existence of a large number of idle or dormant oil wells, are environmental concerns. Proximity of these sites to residential neighborhoods is a concern due to hazardous air pollutants, which can lead to asthma. Other byproducts of refining crude oil can cause reproductive health issues.
- Lack of education contributes to poor health in the Santa Clarita area. There is not enough education on preventive practices and how to navigate health care services. If a person is not informed of how to navigate the system, it is easy to be discouraged and give up seeking a provider or following through on a referral.
- Socioeconomic factors contribute to poor health. For example, people with low incomes may work long hours or have multiple jobs and, therefore, have less time to see a doctor. Time limitations constrain one's ability to exercise, cook, and do other activities that contribute to good health.
- Many of the families residing in the Newhall area who are day workers, and whose income fluctuates, have to choose between paying their rent and buying food.
- Single parents do not have the time to dedicate to healthy behaviors such as exercising and preparing nutritious meals. Many also cannot afford daycare services, enrolling their children in sports/activities, or purchasing fresh fruits and vegetables.
- Foods that are easily accessible to people in more underserved areas may not be healthy or contribute to a preferred diet.

Who are some populations in the area who are not regularly accessing health care and social services? Responses included:

- Santa Clarita has a lot of variation with regard to neighborhood wealth, with there being both historically under- and well-resourced communities. There are large pockets of residents with low income in Newhall, Canyon Country, and Val Verde, for whom health resources are limited.
- Accessibility of mental health and substance use treatment services, in particular inpatient, is extremely limited for those who have low incomes and are insured by Medi-Cal/Medicare.
- Community members with low incomes have difficulty affording health care and social services. Those with financial limitations often sacrifice health services in order to be able to afford food, gas, and other essentials.
- People who are uninsured or underinsured are less able to access health care due to a dearth of primary care and family medicine outpatient clinics, hospitals, and specialty providers within or close to Santa Clarita that are contracted by health plans to provide services to people enrolled in Medi-Cal or who serve people who

are uninsured.

- People from diverse African American communities in Santa Clarita may be more reluctant to seek health care due to historical harms their communities have experienced.
- For people whose native language is not-English, language can be a barrier to accessing services. There is a need for more bilingual health care staff, and in particular licensed medical and dental providers who speak Spanish and other common languages.
- There is a lack of Spanish-speaking clinical staff, which prevents many Spanish-speaking residents from accessing services due to language barriers.
- With regard to mental health, a lack of Spanish-speaking psychologists affects the Latino community, both in terms of language barriers and in terms of the desire people have to connect with a counselor who has cultural similarities.
- There is a perception that among some families of Latin American or Hispanic origin, there is a stigma against using mental health services. There is also a perception that among families who have immigrated from various Middle Eastern countries, there is a particular stigma among men and boys against accessing mental health services.
- Immigrants without documentation or who don't have legal status in California are not regularly accessing health care services. Many are afraid that accessing services, or providing the documentation necessary for program enrollment, will make their undocumented status known. This population is hesitant to use health care for fear of deportation.
- There is a recent influx of refugees from Afghanistan and the Middle East who are in need of assistance navigating and accessing free and low-cost health and social services.
- There is no one organization where people who are recent immigrants or refugees can go for help navigating health and social service organizations and being informed of health, mental health, dental, legal, education, and other social services available to them.
- Service providers rely on phone interpreter services to help refugee families enroll in social services.
- Older adults face particular barriers to accessing health care due to challenges with physical mobility, lack of access to transportation, and difficulty using technologies for telehealth. Older adults need access to in-home health care.
- The population of people who are experiencing housing instability, and in particular unsheltered homelessness on the streets in Santa Clarita, is growing.
- Those who experience housing instability have a more difficult time accessing health care. Health care is typically not a priority for those who are unhoused, and transportation to appointments adds an additional layer of difficulty.

- The LGBTQ+ community and youth/younger adults who are in the process of accepting new gender identities have expressed difficulty locating resources that are available to meet their specific health needs. With regard to mental health, LGBTQ+ community members have trouble finding someone to talk to who understands their lived experiences.
- Veterans have been severely affected by health care access issues, since many need to travel to the Veterans Administration in San Fernando Valley for medical services. But transportation resources were discontinued due to the COVID-19 pandemic.
- There is a disproportionate need for service access among individuals living in historically underserved, unincorporated communities of Val Verde, Castaic, and Stevenson Ranch. Downtown Castaic, which is a trucking district, has low population density. It is hard to draw businesses into the area and for existing businesses to remain open.
- Grocery stores tend to be much further from residential neighborhoods in the Canyon Country and Newhall areas.
- Jake's Way has high rates of crime and gang activity compared to other areas of Santa Clarita.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:

- The sense of powerlessness and collective grief experienced in the wake of the pandemic has caused high levels of stress among residents of Santa Clarita. This stress has had a negative influence on families' mental health and wellbeing.
- Alcohol use has significantly increased among residents.
- School resource officers (SROs) and teachers are reporting that children/youth are having a more difficult time with emotional regulation.
- There has been an increase in severity of mental health concerns and requests for more mental health services in Santa Clarita public schools since the start of the pandemic. More families are requesting and more children/youth in general education are requiring residential placement to help manage their mental health concerns.
- There have been high rates of isolation, especially among people with compromised immune systems. These high isolation rates have contributed to a decline in mental health, as many people have developed anxiety and/or depression from the lack of social interactions.
- Women who are pregnant or in the postpartum period have experienced disproportionate isolation compared to the general population, as they have not had access to typical resources such as in-person lactation support and meet-ups/groups such as "Mommy and Me" that provide social support.

- Unemployment has contributed to food insecurity and hunger, with many residents relying upon food drives.
- The COVID-19 pandemic has had a significant negative influence on the local economy in Santa Clarita. Many businesses closed down, and community members saw a reduction in the hours they worked or lost their jobs altogether. There was also some positive change, as jobs allowed for remote work, making certain jobs more accessible and flexible.
- High prices of personal protective equipment burdened residents at the start of the pandemic.
- Rent is much higher than it was at the beginning of the pandemic; some residents haven't been able to pay rent for a year.
- High inflation and price increases have made it much harder for residents, particularly older adults, to afford food and other basic necessities.
- Many people have moved out of the area due to loss of work and increasing cost of living since the start of the pandemic. In Newhall and Canyon Country, there are households with families doubling up in small houses, renting rooms, or living in converted garages.
- Many health care workers were overworked and underpaid during the pandemic, and many have decided to follow different career paths.
- People stopped physically visiting health care providers. As providers transitioned to telemedicine, appointments were conducted virtually/telephonically. However, even with this option, rates of appointments such as annual physicals were lower. As a result, many are catching up after 2+ years of no health check-ups.
- People delayed their health care visits due to fear of COVID-19 transmission, and as a result, some experienced worsening of their health conditions.
- Residents had to postpone needed dental and mental health during the pandemic. While the need for better access to both dental and mental health care among residents with low incomes already existed, it was exacerbated during the pandemic.
- Telehealth did have a positive influence on some people's health needs being met, by allowing more people to access services virtually. People have not had to find transportation to appointments as often, which has reduced the number of no-shows in many offices.
- There was a dip in rates of preventive screenings (mammography, colon cancer screening), routine blood work, and childhood immunizations.
- As people seek to begin to re-engage in preventive care and address what are now more urgent needs for treatment, there are not enough resources for some health systems to meet the demand.
- The pandemic has led to an increase in overweight and obesity, as people had to stay home and the ability to do activities/exercise was limited.
- The pandemic has had negative effects on children's emotional intelligence.

Isolation affected children's socialization skills, learning abilities, and coping mechanisms in negative ways. Children are not dealing with emotions in healthy ways, and many are experiencing anger management issues.

- Many children developed unhealthy eating patterns and eating disorders when schools were closed during lockdown. Isolation also contributed to many children developing anxiety/depression.

### Attachment 3: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to Los Angeles County 211 at <https://www.211la.org/>.

| Significant Needs   | Community Resources   |
|---|---|
| Access to health care                                     | Canyon Country - Rainbow Dental Center<br>Health Care LA (HCLA) IPA (Medi-Cal enrollees)<br>Henry Mayo Newhall Hospital<br>Northeast Valley Health Corporation - Canyon, Newhall, Valencia<br>Samuel Dixon Family Health Center<br>Santa Clarita Adult Day Health Care Center<br>Santa Clarita Veterans Service Collective  |
| Chronic diseases  | Circle of Hope<br>Henry Mayo Newhall Hospital<br>Santa Clarita Senior Center USC Norris Comprehensive Cancer Center /<br>Keck Medicine of University of Southern California   |
| COVID-19  | Henry Mayo Newhall Hospital<br>Los Angeles County Department of Public home visit vaccinations<br>Newhall Community Center<br>Northeast Valley Health Corporation   |
| Housing and homelessness                                  | Bet Tzedek<br>Bridge to Home<br>College of the Canyons<br>Family Promise<br>Housing Rights Center<br>Los Angeles Family Housing<br>Los Angeles Homeless Services Authority (LAHSA)<br>Santa Clarita Valley Mental Health Center<br>Sheriff's Homeless Outreach Services Team  |
| Mental health   | Child & Family Center<br>Circle of Hope<br>Community Mental Health, Urgent Care (San Fernando Valley)<br>Henry Mayo Newhall Hospital<br>Los Angeles County Department of Mental Health<br>Mental Evaluation Teams (MET)<br>ROWI Teen & Parent Wellness Center (partial hospitalization program)<br>Samuel Dixon Family Health Center<br>Santa Clarita Public Schools (school-based counseling centers)<br>Santa Clarita Senior Center (online support programs; on-site mental health specialist)<br>Santa Clarita Valley Mental Health Center<br>Tarzana Treatment Centers |
| Overweight/obesity (healthy eating and physical activity) | Farmers Markets Market Match (Newhall Library and College of the Canyons)<br>Los Angeles Department of Public Social Services (DPSS) Offices / CalFresh<br>Project Angel Food<br>Samuel Dixon Family Health Center  |

| <b>Significant Needs</b>                                  | <b>Community Resources</b>   |
|---|--|
|   | Santa Clarita Valley Food Pantry<br>Santa Clarita Grocery<br>Supplemental Nutrition Program for Women, Infants, and Children (WIC)   |
| Preventive practices<br>(screenings and<br>immunizations) | Facey Medical Group<br>Henry Mayo Newhall Hospital<br>Optum Care<br>Planned Parenthood<br>Providence Holy Cross Health Center<br>Regal Lakeside Medical Group<br>Samuel Dixon Family Health Center, Val Verde and New Hall (low-cost<br>childhood immunizations, birth control)  |
| Substance use   | Action Drug Rehab Center<br>Action Family Counseling<br>Adventist Health White Memorial<br>College of the Canyons, Student Health & Wellness/Mental Health Program<br>DFYinSCV, Drug Free Youth in Santa Clarita Valley (school-based anti-drug<br>club for junior and high school students)<br>Northeast Valley Health Corporation (medication-assisted treatment)<br>Santa Clarita Valley Alcoholic Anonymous<br>Santa Clarita Valley Sheriff's Station (street outreach)<br>Tarzana Treatment Centers<br>Valley Recovery Center |



### **Attachment 3: Report of Progress**

Henry Mayo developed and approved an Implementation Strategy to address significant health needs identified in the 2019 CHNA. The hospital addressed: access to health care (including specialty care), chronic diseases (cancer, heart disease, and diabetes), mental health, substance use and misuse, and preventive practices through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

#### **Access to Health Care (including Specialty Care/Preventive Practices**

Consistent with Henry Mayo's financial assistance policy, Henry Mayo provided financial assistance through free and discounted care for health care services, facilitated access to health care services, and offered information and enrollment assistance in low-cost insurance programs.

Transportation assistance was provided to community residents who lacked the resources to obtain transportation to or from needed health care services.

Henry Mayo provided flu shots to 307 community residents and COVID-19 testing was offered at community sites. Henry Mayo emphasized the importance of getting flu shots and offered drive-through flu shots at our local senior center and on the hospital campus.

As part of our Fall Prevention Program, Henry Mayo introduced AvaSure's TeleSitter Technology, a system that is designed to connect caregivers more closely with patients and families, while improving the quality of care. The device provides real-time, continuous video surveillance of patients, from a remote station with two-way audio, which allows immediate intervention to prevent harm to patients.

As part of our commitment to provide a larger network of doctors, we recruited an additional psychiatrist for our Behavioral Health Unit.

Henry Mayo launched an "Ask the Nurse" program at the Bella Vida senior center. Once a month, a registered nurse was available to residents. Over the course of four hours, community members asked the nurse general health questions and received guidance on health-related issues. There was no charge for the service and no appointments

were necessary. Free blood pressure checks were also offered. Additionally, Henry Mayo implemented an “Ask the Pharmacist” program at Bella Vida Senior Center, where attendees could bring their current medications to the event and have an on-site pharmacist review them to address potential issues or answer questions.

### **Chronic Disease**

Henry Mayo held the fourth annual CARE Santa Clarita Valley, a cancer awareness and resource expo. The free event featured oncology experts, who spoke on a variety of topics, including cancer recovery, cancer screening guidelines, nutrition, fitness, and Complementary and Alternative Medicine (CAM). There were 110 community members who participated.

In celebration of National Nutrition Month, Henry Mayo offered several activities that focused on the importance of nutrition and healthy eating. Events included outreach at the local food court, where visitors could test their nutrition knowledge and learn easy steps to help improve their health and the health of their families. Also, a Facebook Live event was conducted, focused on the theme of Eating Together and included a discussion on healthy food choices.

Henry Mayo provided cancer services, which included:

- Tobacco cessation program
- Lung cancer screening program
- Cancer prevention included screening services, nutrition and health education classes and community events to increase cancer prevention awareness in the Santa Clarita Valley
- Henry Mayo participated and supported community cancer events such as the American Cancer Society Relay For Life, Breast Cancer Awareness Month and Circle of Hope. For Breast Cancer Awareness Month, Henry Mayo provided free educational information about Breast Cancer at the Relay for Life 2021, which reached over 500 people.

In celebration of National Nutrition Month, Henry Mayo offered several activities that focused on the importance of nutrition and healthy eating. This year’s theme of Eating Together included a discussion on healthy food choices. Events included outreach at the local food court, where visitors could test their nutrition knowledge and learn easy steps to help improve their health and the health of their families.

Through the Market Match program, Henry Mayo, in partnership with Old Town Newhall Farmers Market and Hunger Action L.A., donated funds to benefit low-income Santa Clarita Valley residents.

Henry Mayo offered the community PreventT2, a lifestyle change program that focused on those who are at risk of developing diabetes, how to reduce blood sugar, lose weight and reverse prediabetes. Guided by trained lifestyle coaches and athletic trainers, groups of participants learned the skills they need to lose weight, be more physically active and manage stress. The 12- month program has received full recognition from the CDC and meets three times a month, for six months, and two times a month, for the remaining six months.

In addition, the Diabetes Self-Management class was offered as a two-part class for people who have Type 1 or Type 2 diabetes. Topics included Managing your Diabetes, Monitoring your Blood Glucose, Nutrition, and Continuing Your Journey with Diabetes. There were 190 classes held; the Diabetes Prevention Program engaged 846 participants while 238 participants attended the Diabetes Self-Management Education sessions.

*It's Your Health* radio is a free, bimonthly health podcast from Henry Mayo. The podcast series presented up-to-date health information to the community. Physician and health care experts spoke on a variety of topics, including prostate and colon health, cancer, healthy eating, diabetes management, pain management, wound care, urological disorders, postpartum depression and heart health. The podcast reached over 5,000 listeners. In addition, Henry Mayo distributed the *It's Your Health* magazine twice during the year to residents in the Santa Clarita Valley. The magazine included tips for living a healthy lifestyle.

Over 535 community residents learned life-saving CPR through the hospital's Certified CPR Community Class. Additionally, over 290 support group sessions served 2,000 community members. The support groups related to chronic disease included: Cancer survivorship, Stroke, Arthritis, Chronic pain, Type one-derful, SCAPPI amputee, and Aphasia.

### **Mental Health and Substance Use**

Henry Mayo's Behavioral Health Unit is an LPS-designated acute psychiatric care facility, for adult male or female patients in psychological crisis. The Unit treated persons with a wide range of acute psychiatric illnesses, including major depression, bipolar disorder, schizoaffective disorder and schizophrenia. Patient services included assessment of emotional and psychological issues, initial health screening, case management, medication management, treatment planning, community integration planning and referrals. Henry Mayo also partnered with ROWI, an on-site mental health treatment facility for teens.

Henry Mayo hosted several free mental health classes such as NAMI National Alliance for Mental Illness to provide mental health awareness classes to the community. These included: Maintaining Your Wellbeing, S.P.I.R.T (Suicide Prevention, Intervention and Response Training) and Digital Detox.

We also hosted Practice Mindfulness, a relaxation class focused on reducing stress, anxiety and depression. This class helped to reduce sleep disturbances, lessen chronic pain, and improve self-esteem and support positive relationships. In FY2020, 1,314 community members participated in these classes.

Along with our mental health classes we provided, multiple support groups for community members who are dealing with mental health issues. Some of the support groups we provided were:

- ASCA (Adult Survivors of Child Abuse)
- DBSA (Depression Bipolar Support Alliance)
- Alzheimer's Caregiver
- Women for Sobriety

In FY2021, approximately 912 community members participated in our classes and support groups.

Henry Mayo's drug takeback program offered an opportunity for members of the community to deposit unused prescription medicines, seven days a week, in a convenient and safe environment at the hospital. Nearly 1,200 pounds of medications were turned in to our receptacle in FY2020.