

Community Health Needs Assessment

2025



Sherman Oaks Hospital

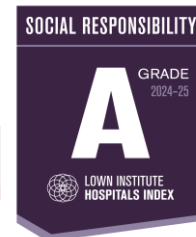
Member of Prime Healthcare



American Heart Association
American Stroke Association
CERTIFIED
Meets standards for
Primary Stroke Center



Watson Health.
100 TOP HOSPITALS
2020



CONTENTS

INTRODUCTION..... 7

METHODOLOGY OVERVIEW..... 7

SERVICE AREA 8

COMMUNITY PROFILE..... 12

 General Demographic Data..... 12

 Age 12

 Ethnicity..... 14

 Education Attainment..... 16

 Income Level..... 18

 Healthcare Access..... 19

 Crime Statistics 21

FOCUS GROUP 23

 Process 23

 Concluded Issues 23

 Additional Issues..... 24

HEALTH STATUS IN LOS ANGELES AREA AND COMPARISON AREAS..... 26

 CDC Health Status Reports..... 26

 Health Outcomes..... 27

 Prevention 28

Health Risk Behaviors	30
Health Status	31
Disability	32
Los Angeles County Health Survey	33
Asthma and Other Respiratory Conditions.....	34
Diabetes.....	35
Heart Disease.....	36
Uninsured	37
Hypertension	38
Depression.....	39
High Cholesterol	40
Obesity	41
Dental Visit	42
Dental – All Teeth Extracted	43
LACHS Reports on Isolated Chronic Disease Indicators by Zip Code.....	44
community HEALTH NEEDS SURVEY Data Summary	46
Survey Respondents’ Age.....	46
Population by Race/Ethnicity	47
Tenure In Community	47
Employment Status.....	48
Most Common Health Problems.....	49
Risk Factors.....	51

Health Insurance Coverage 53

Problems Getting Care 53

Reasons for Problems 54

Homeownership Status..... 55

Respondents’ Sex..... 56

Personal Income 56

Household Income 57

Health Habits 57

General Health Exam 58

Blood Pressure Screening 58

Cholesterol Screening 59

COVID/Pneumonia/Flu Shot 59

Blood Stool Test..... 60

Dental Exam..... 60

Pap Test..... 61

Breast Exam 61

Breast X-Ray..... 62

Hearing Test..... 63

Eye Exam 63

Diabetes Check 64

Skin Cancer Screen 64

COVID/Flu/Pneumonia Shot 65

Rectal Exam	65
Colonoscopy	66
Prostate Cancer Screen.....	66
Exercise Frequency	67
Exercise Period Length.....	68
Fruit / Vegetable Consumption.....	68
Medications	69
Weight Status.....	69
Plans to Deal with Weight.....	70
Weight Change Actions – Last 30 Days	70
Community Health Status	71
Respondent Health Status	71
Community’s Quality of Life.....	72
Personal Quality of Life.....	72
Community Health Problems	73
Who Promotes Good Health in Community.....	74
Who Doesn’t Promote Good Health in Community	74
How Could Sherman Oaks Hospital Promote Good Health	75
What Would You Do First?.....	75
Most Pressing Need For You	77
How well does Sherman Oaks Hospital promote good health?.....	78
Appendix A	79

STEERING COMMITTEE	79
APPENDIX B	80
FOCUS GROUP INVITEES	80
APPENDIX C	82
FOCUS GROUP ISSUES AS INITIALLY PROPOSED	82
APPENDIX D	86
COMMUNITY RESOURCES.....	86
APPENDIX E.....	91
PRIMARY DATA COLLECTION INSTRUMENT – SURVEY FORM	91

2025 SHERMAN OAKS HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

INTRODUCTION

Sherman Oaks Hospital (**SOH**, or the **Hospital**), a member of Prime Healthcare Foundation, is a 153-bed, not-for-profit, acute-care community hospital located in Sherman Oaks, California. Staffed with over 500 employees and an extraordinary team of physicians, the Hospital is recognized for advanced technology and compassionate care. It provides 24/7 emergency care in addition to a full range of specialized medical, surgical, and diagnostic services to improve and save lives. Sherman Oaks Hospital is nationally recognized as a “100 Top Hospital” by IBM Watson Health. Patients treated through Sherman Oaks Hospital receive the services of a large medical system in a smaller, more personal setting. Sherman Oaks Hospital serves a diverse population and incorporates elements of urban, suburban, and rural medicine, offering a wide array of patient services. These include a bustling emergency department, 16 intensive care beds, digital (film-less) radiology and laboratory services; as well as a comprehensive operations suite with separate GI and laboratory facilities and many more. The Hospital is consistently at the forefront in providing innovative and integrated healthcare.

Sherman Oaks Hospital contracted KEYGROUP to oversee the process of developing a Community Health Needs Assessment (**CHNA**) directly addressing needs in Sherman Oaks Hospital’s service area. This CHNA is designed to comply with California’s Senate Bill 697 (**SB 697**) and to meet the requirements under the Patient Protection and Affordable Care Act (**ACA**). KEYGROUP conducted the 2025 Community Health Needs Assessment under SOH’s aegis. The process and the outcome of the CHNA are described in this report.

The 2025 CHNA updates the Hospital’s 2022 CHNA, and updates conditions found in the community as of 2025. As the process of reviewing and analyzing community needs has progressed, it is clear that while changes have occurred in the San Fernando Valley as a whole, and in Sherman Oaks Hospital’s immediate area, the changes have not been uniform throughout the Valley.

METHODOLOGY OVERVIEW

The CHNA process ran along three tracks, each designed to extract information useful in determining health needs in SOH’s service area. These tracks also helped to determine areas of community need that could best be addressed by the Hospital. The three tracks included:

- **Demographic analysis** of Census and Public Health data to compare various health status measures to County and National rates. This process used multiple sources and presents several different summaries to deal with data availability from the various providers.
- **Focus Group** meetings involving community leaders with interests in community health, where participants were invited to present issues in a free-form environment designed to elicit ideas for further consideration. These ideas were then refined to produce a small number of issues considered most important, and addressable by the Hospital.
- **Community surveys**, circulated to various community groups and organizations, in which individuals were invited to report on their personal health status and issues, as well as their views on health conditions in the community.

Each of these tracks is covered in detail later in the document, following a description and general demographic overview of the service area.

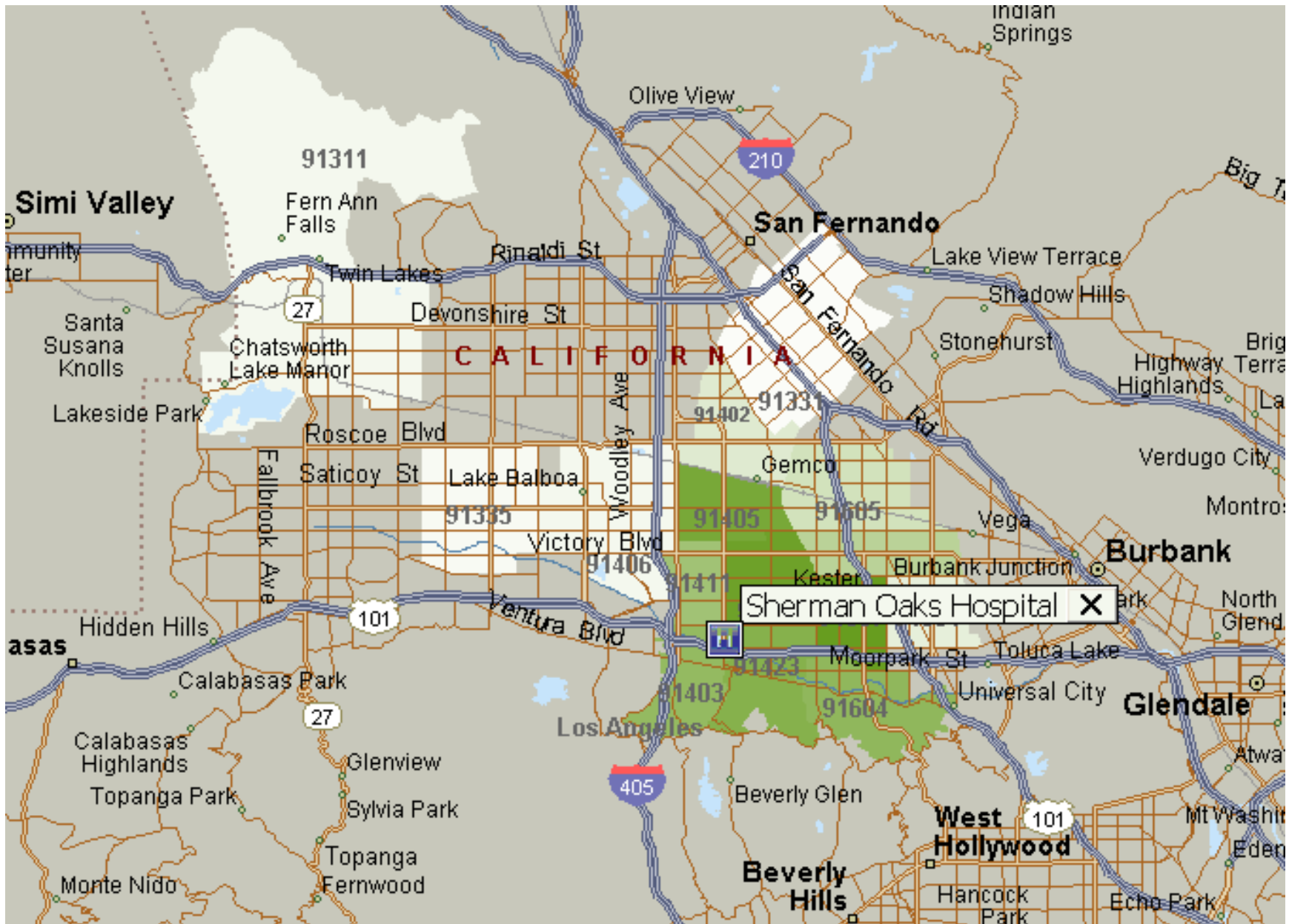
SERVICE AREA

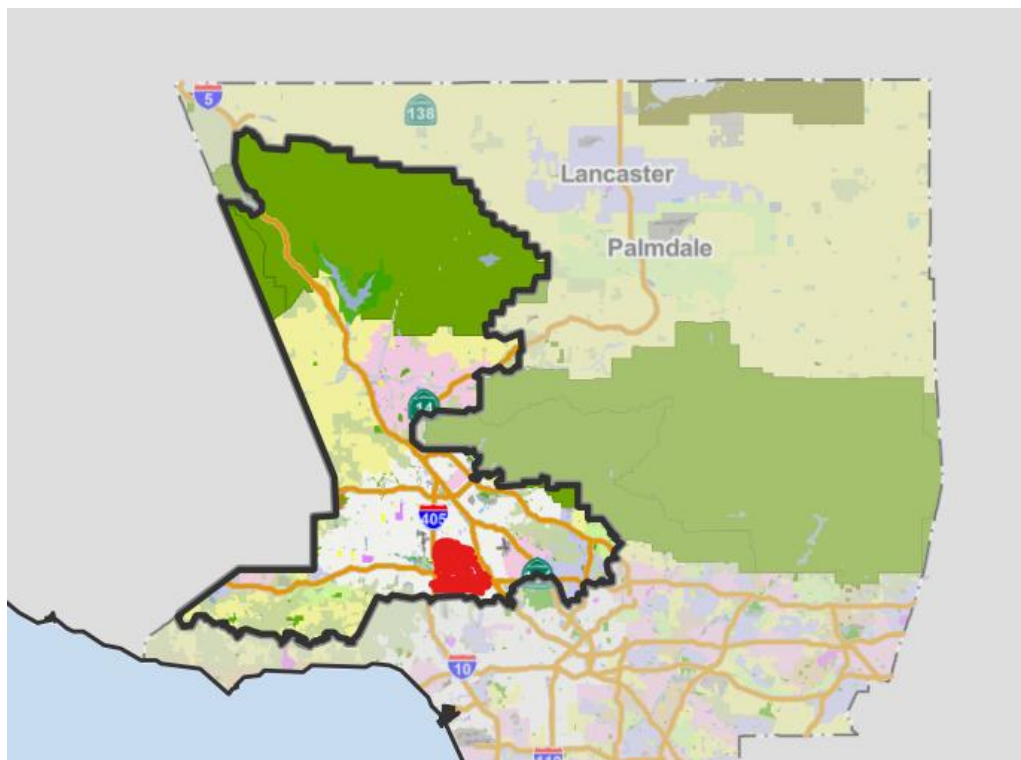
SOH's Primary Service Area (**PSA**) is defined as the area most likely to provide clients to the Hospital, and was analyzed by reviewing the discharge listing from the Hospital for Calendar Year 2024. For 2024, 11 zip codes surrounding the Hospital each accounted for more than 2% of the 4,413 discharges from the hospital for a total of 60% of all discharges. While standards for health planning often assume that 75% or more of all patients should come from a defined PMA, this standard would require using most of the San Fernando Valley as the PMA. As a test, a Secondary Service Area (**SSA**) was selected, consisting of zip codes that account for another 7% of discharges. These zip codes received more than 1% but less than 2% of all discharges. These areas were reviewed to see how they changed in the three years since the last CHNA was prepared. Using data from the Hospital's Community Benefit Report, which is prepared annually, it was possible to see that the zip codes in the SSA for 2025 moved in and out of the list regularly. This is to be expected since the number of discharges from any of these zip codes is so small. No other zip code accounts for more than one percent of all discharges, although it should be noted that discharges with no zip code listed represented 2.6% of total discharges. Thus the Primary Service Area (highlighted in green on the following map) is used as the area for demographic analysis, where data at the zip code level is available. The PSA zip codes include the following:

- 91401 Van Nuys
- 91402 Panorama City
- 91403 Sherman Oaks
- 91405 Van Nuys
- 91411 Van Nuys
- 91423 Sherman Oaks
- 91601 North Hollywood
- 91604 Studio City
- 91605 North Hollywood
- 91606 North Hollywood
- 91607 Valley Village

The 2024 Secondary Service Area is highlighted in white on the following map. The SSA zip codes include the following, they are presented only to illustrate how disjointed the SSA becomes when very small numbers of discharges make up one percent of the total:

- 91306 Winnetka
- 91311 Chatsworth
- 91331 Pacoima
- 91335 Reseda
- 91406 Van Nuys





The Los Angeles County Department of Public Health (**LADPH**) is charged with collecting and analyzing health indicators for the county as a whole. To provide more localized information on various portions of the county, LADPH divides the county into eight Service Planning Areas (**SPAs**). SOH is in SPA 2 which encompasses the San Fernando Valley as well as mountainous areas in the northwest section of Los Angeles County. Its approximate Primary Service Area (**PSA**) is shown in red on the adjacent map of Los Angeles County.

Los Angeles County last released a County Health Survey in 2023. It is based primarily on information dated 2022 or earlier. Detailed information derived from the survey is still

being released as it is prepared, so the smallest demographic unit available for most issues is SPA-based, making SPA2 the primary proxy for SOH's community.

The US Department of Health and Human Services (HHS) Center for Disease Control (CDC) publishes data on health indicators annually, using US Census data as a base, and extracting data from numerous sources to provide comparisons to national data at a Census Place or County level.

Various public agencies and government contractors have performed detailed analyses for specified purposes, and some of this data is available publicly. Where appropriate, it has been incorporated into this report.

COMMUNITY PROFILE

General Demographic Data

Demographic information for this report was extracted from numerous sources, none of which provide comprehensive data for all comparison geographic areas. Thus much of the data reported in this section will show information for larger geographies, then the SOH PSA, and the comments will provide commentary on data extracted from US Census data which allowed for zip code-level analysis. This data does not necessarily correspond to the time periods reported in the charts, so it should not be considered a direct comparison, but it provides a greater level of detail for the immediate area where available.

Sources referenced in this section include:

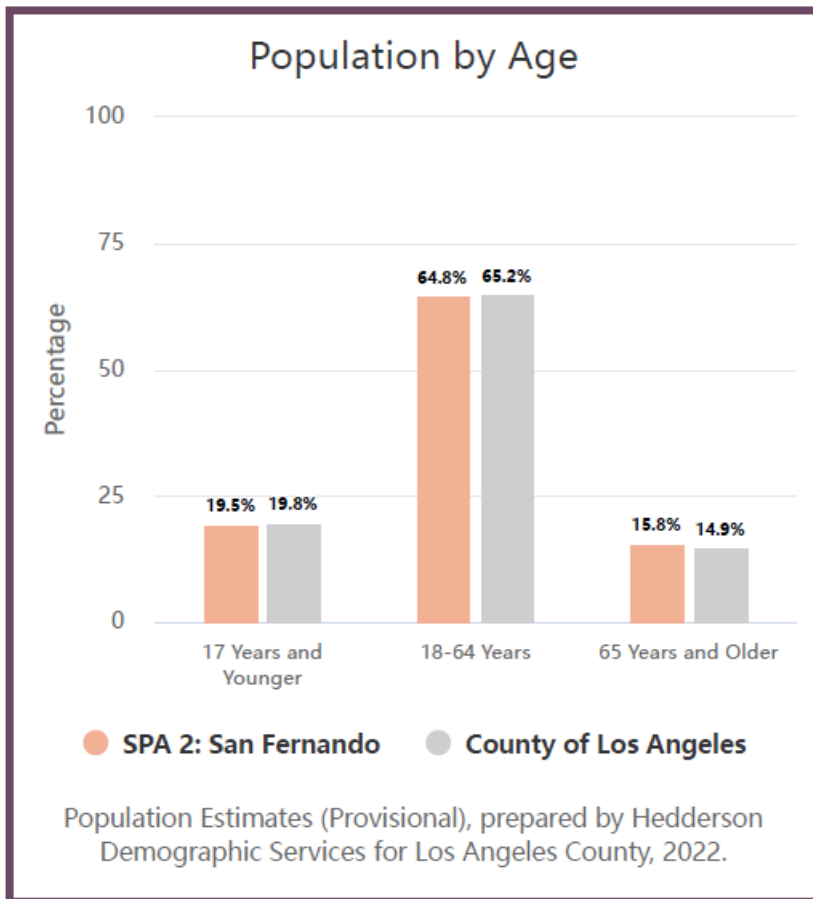
- Sherman Oaks Hospital internal patient discharge data
- Los Angeles County Department of Public Health *2023 LA County Health Survey*
- US Census *American Community Survey, 2024 edition*
- *Healthy People 2030*, published by the US Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

Each of these sources uses other sources in preparation of their reports. Where provided, these third-order sources are cited. Note that some comparisons use data from different years, making the analysis less precise.

General demographic data is presented below, with detailed analysis of health issues provided later in the report.

Age

Sherman Oaks Hospital service area covers 11 zip codes in the San Fernando Valley area of Northern Los Angeles County, and is home to more than 437,000 residents, according to US Census estimates for 2025. This represents roughly 20.2 percent of the reported total population of 2,154,399 in SPA2 in 2022.



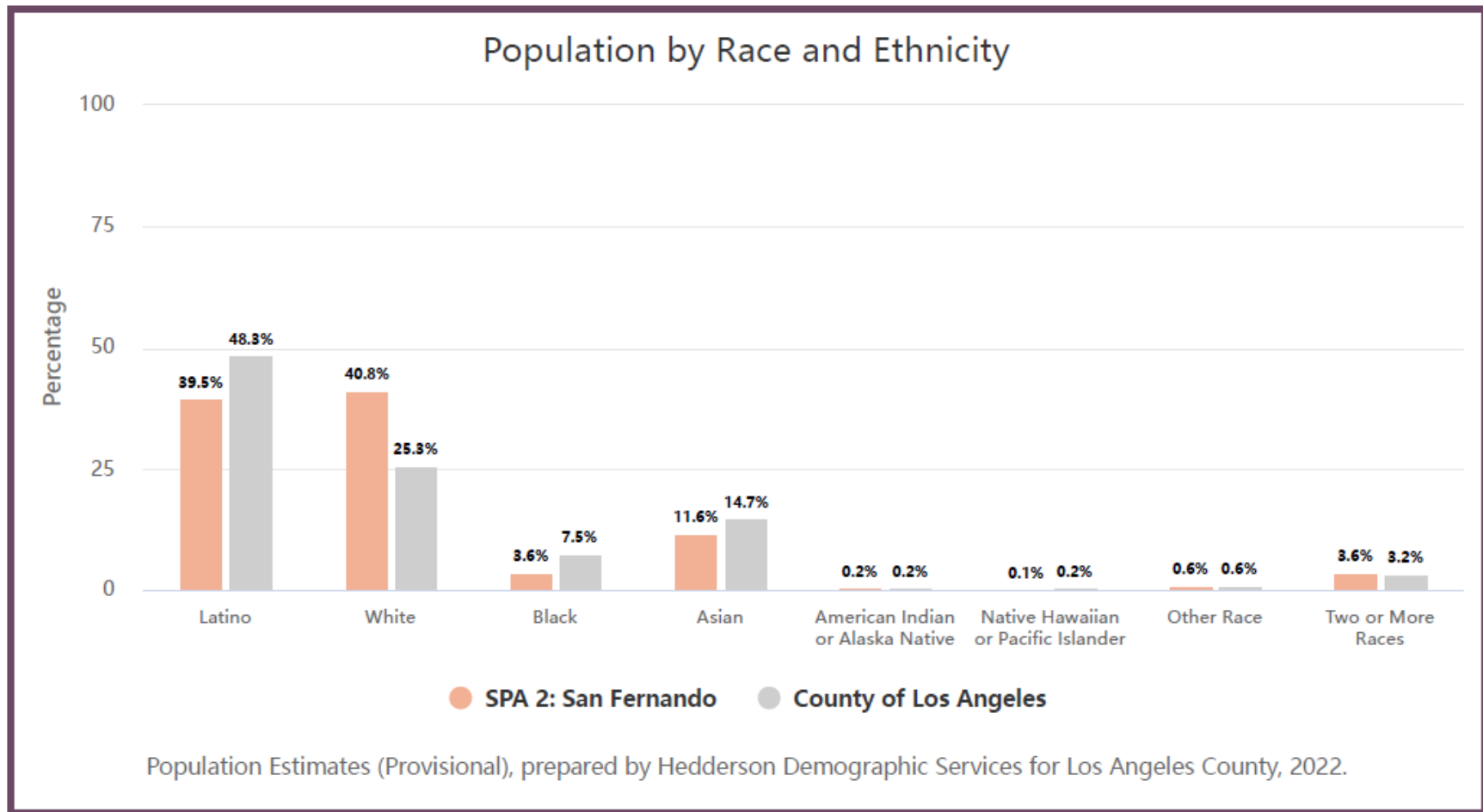
Data for SPA2 and larger areas has not been released for 2025, so the information presented in this chart is based on 2022 reports. The Community Profile chart shows nearly equal distribution between genders, and minimal variation between SPA2 and the County.

The 2025 U.S. Census *American Community Survey (ACS)* echoes those gender distribution estimates.

The 2025 ACS analysis for the SOH PSA uses different age groups, so the younger cohort includes populations 19 or younger in the lower age group, pushing the percentage to 21.0 percent, The middle age group (20 to 64) is actually slightly larger at 66.0 percent, and the 65+ group is smaller at only 13.0 percent.

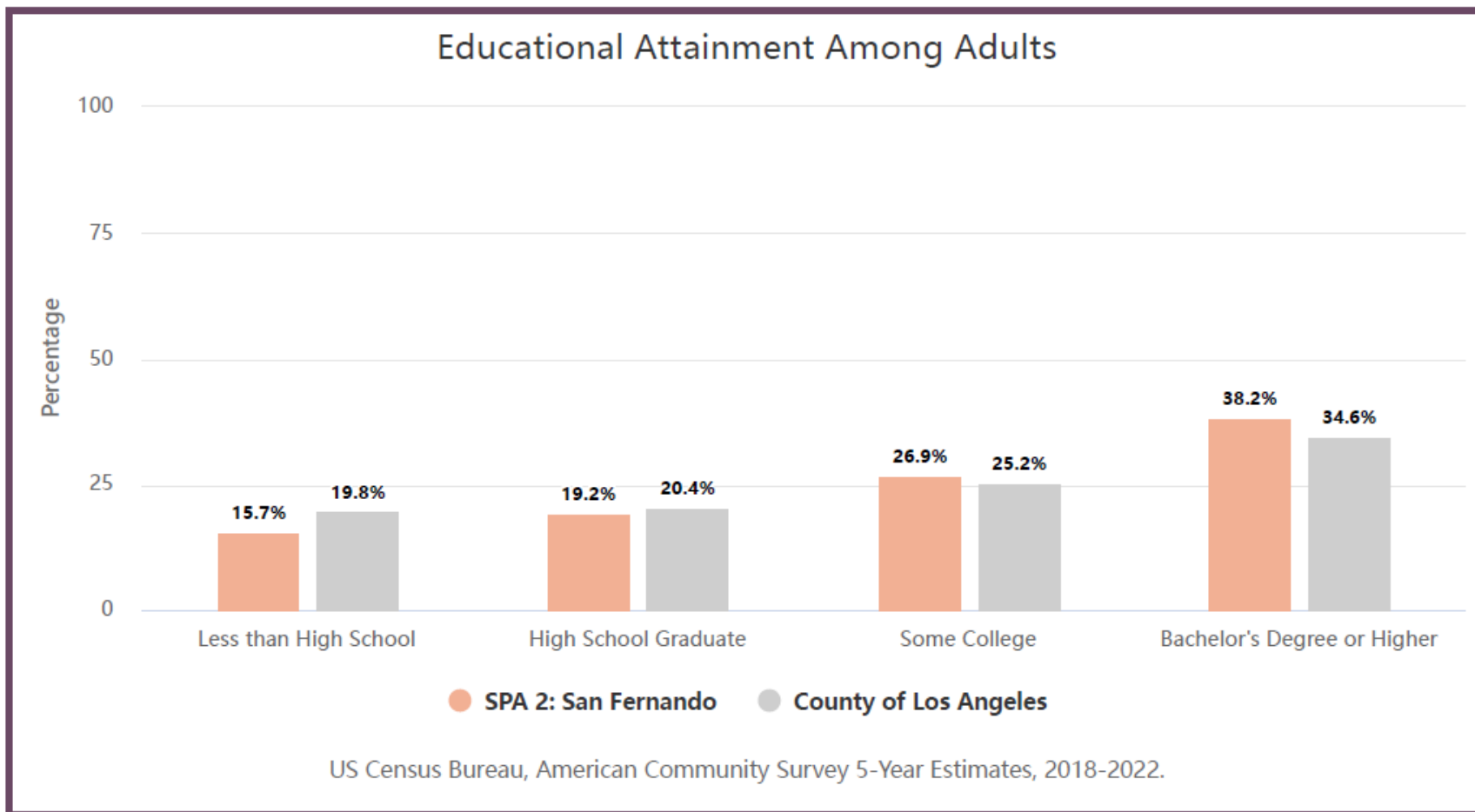
Ethnicity

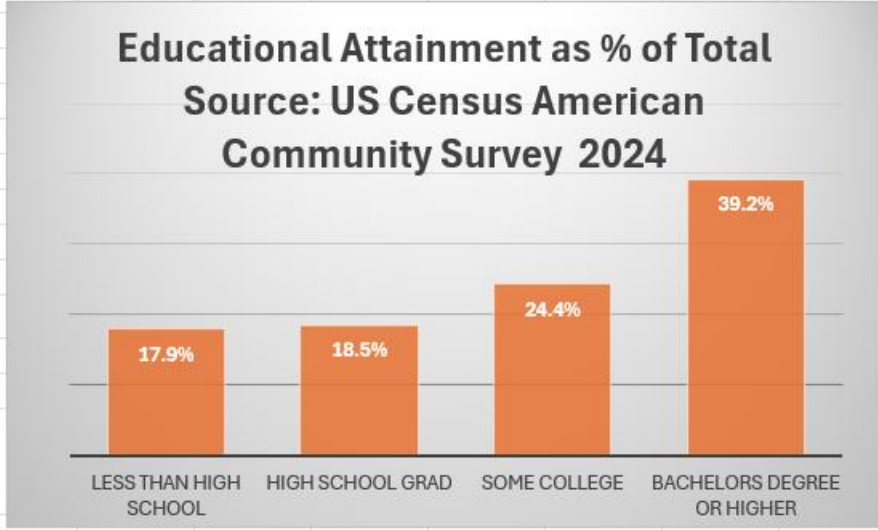
The following table presents the ethnic breakdowns reported in the Community Health Profile report dated 2022. It shows a high proportion of Latino and white residents with extremely limited numbers of other ethnic groups. The SPA2 breakdown skews more heavily to the white population than does the Los Angeles County distribution.



The Census ACS data for the SOH PSA provided a detailed breakdown of ethnicities, including multiple categories for Native Americans Asian/Pacific Islanders, as well as a series of categories for persons of multiple ethnicities. While the various Indigenous and Pacific Islander groups were of minimal size, the number of respondents claiming two or more ethnicities exceeded 16.7 percent. Some of these multiple ethnicities must have been counted in other categories, because the reported distribution of the large ethnic groups, including White (45.1%) followed by Hispanic/Latino (44.3%), Asians (8.5%) and African American (5.0%) exceeds 100%. Note that the margin of error in the distributions reported in the ACS data exceeds 80% in some of the smaller categories and overall is estimated at 5%. To avoid confusion, this table is omitted.

Education Attainment

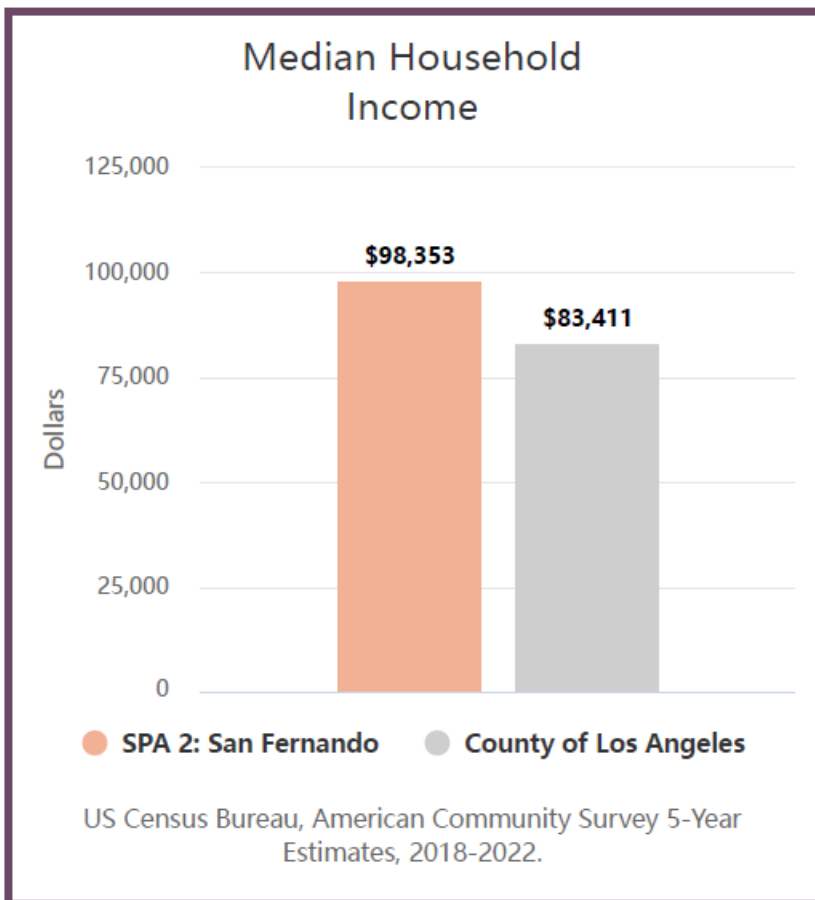




Education plays a significant role in all aspects of life, including maintaining a healthy lifestyle. In SPA2, the highest percentage of adults 25 years or older are those with a bachelor’s degree or greater, and the SPA shows a slightly higher proportion of college graduates than Los Angeles County as a whole. Data from the ACS report for 2025 shows that the SOH PSA has an even higher percentage of College Graduates than even the SPA2.

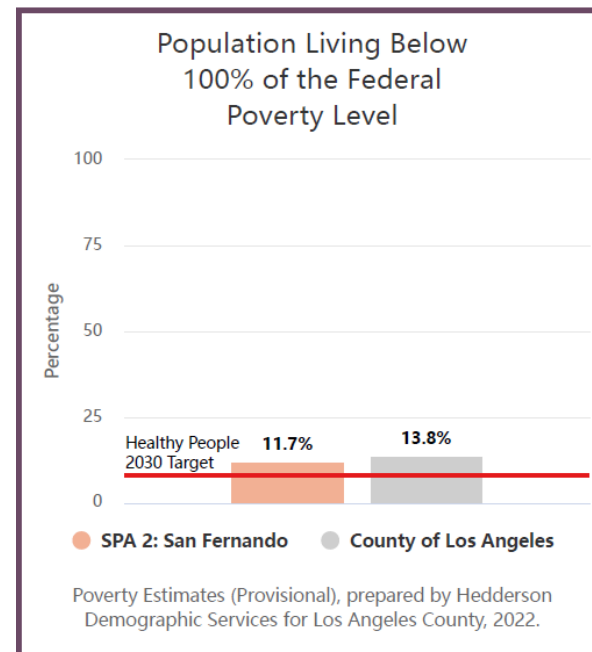
Low literacy levels create barriers for gaining employment. Lack of employment and employer paid health insurance causes problems for accessing health care services. Higher education is one indicator of people’s ability to seek medical care when needed, as well as to maintain health insurance to facilitate access to health services on a regular basis.

Income Level

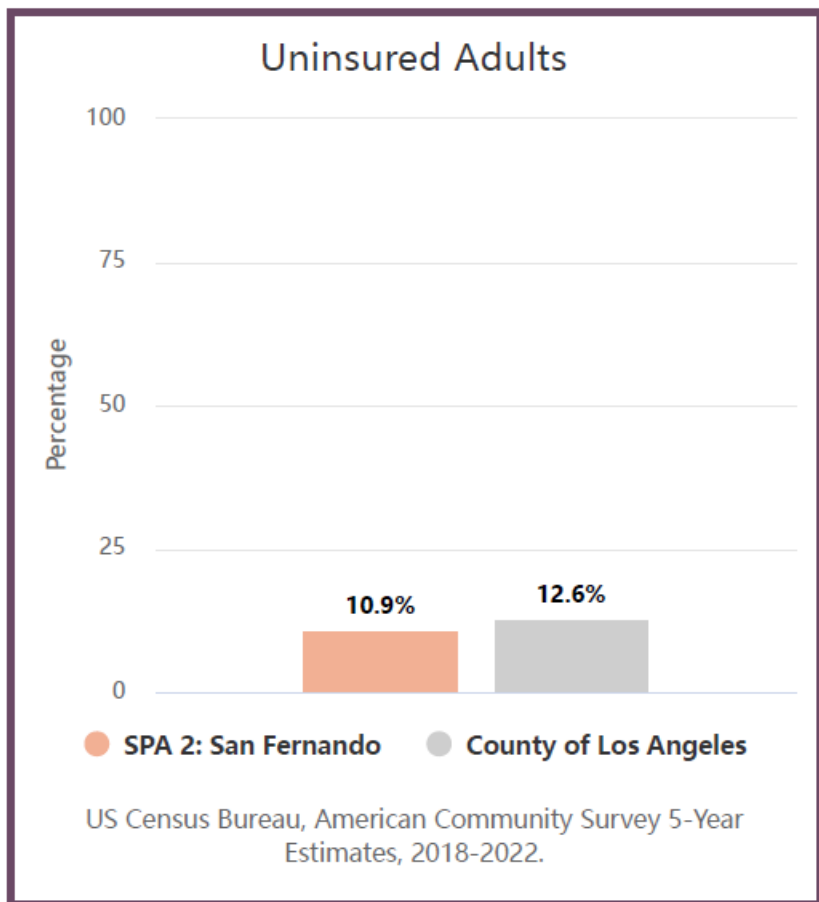


Spa 2 is one of the higher-income areas in Los Angeles County, and Median Household Income is nearly \$15,000 higher than the county average.

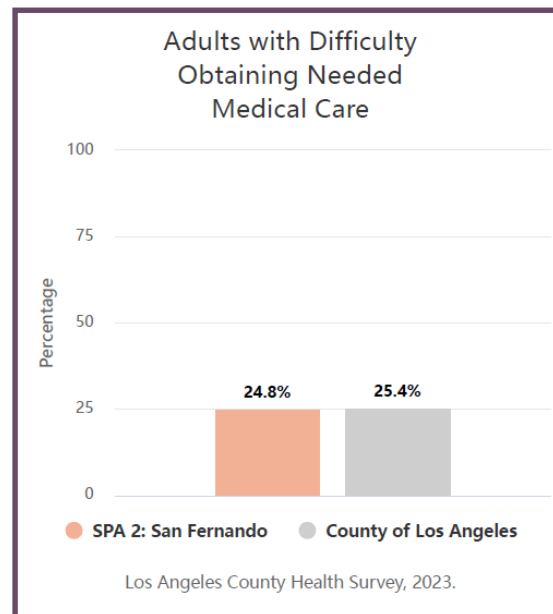
Not all indicators are as optimistic, however. While the proportion of households in SPA2 living below the 100% Federal Poverty Level (the lowest income level used in calculating need) is lower than that in the county overall, the rate still exceeds the goal set by Healthy People 2030.



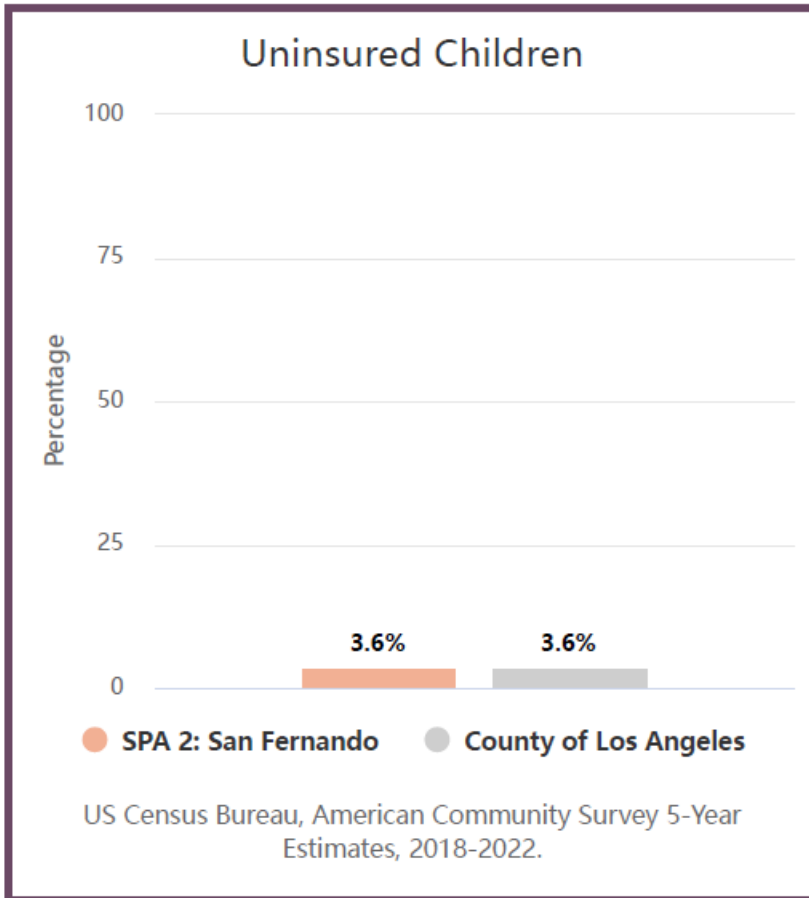
Healthcare Access



Employer-paid insurance coverage is the dominant form of insurance in both SPA2 and Los Angeles County in general. But there remains a sizable portion of the population without health insurance, as noted by the accompanying chart. It should be noted that the data presented covers a period just before the advent of the COVID epidemic and through the height of the episode. Several bills were passed in Congress to address the need for temporary coverage for US residents. The resulting legislation provided additional incentives to obtain coverage, and created tax incentives to do so, so the number of uninsured adults in California probably decreased. The SPA 2 area reports a lower rate of uninsurance than the County. Although The vast majority of area residents report



insurance, a substantial portion report that they still have difficulty accessing care when needed.



A bright spot regarding healthcare coverage is that children are more likely to have coverage than older adults, thanks to special programs that exist to serve that age cohort. The uninsurance level among children is about one-third the non-coverage rate for the population as a whole.

Crime Statistics

The crime data presented here is a Compstat report, drawn from the database that the Los Angeles Police Department (**LAPD**) uses to track crime statistics. New reports are filed monthly for each division of LAPD, and are available for public viewing at www.lapdonline.org/assets/pdf/vnyprof.pdf. The chart shown is as seen on the website as of November 1, 2025. It includes comparative data for the full year 2024, and stub period comparisons between 2024 and the same period of 2025. SOH's PSA is primarily located in the Van Nuys Division, extending from roughly the 170 (Hollywood) Freeway on the north and east to the 405 Freeway on the west, and the Santa Monica Mountains on the south.

The LAPD provides monthly updates to its Compstat listings, which itemize crimes by type and time period for each division. The chart for the Van Nuys division is presented below, as of October 15, 2025. The most useful columns are the last three on the right, showing statistics for years-to-date 2023, 2024 and 2025. Except for homicides, violent crimes and all property crimes have declined over the past two years in this area.



COMPSTAT Van Nuys Area Profile 10/05/25 to 11/01/25



VAN NUYS COMMAND STAFF Rank: Date of Rank: Date Assigned Area: LAPD Appointment Date:		AREA COMMANDING OFFICER: Christopher Zine CAPT-III July 1, 2022 June 16, 2024 July 30, 2001	PATROL DIVISION COMMANDING OFFICER: Jennie Wong CAPT I July 27, 2025 July 27, 2025 May 11, 1998
--	--	---	---

CRIME STATISTICS for week ending 11/01/25										
PERSON CRIMES	10/05/25 TO 11/01/25	09/07/25 TO 10/04/25	% Change	09/07/25 TO 10/04/25	08/10/25 TO 09/06/25	% Change	YTD 2025 NIBRS & SRS	YTD 2024 NIBRS & SRS	YTD 2025 NIBRS & SRS	YTD 2023 SRS
HOMICIDE	0	0	N.C.*	0	0	N.C.*	2	1	2	7
RAPE	0	2	-100.0%	2	1	100.0%	30	43	30	36
ROBBERY	16	19	-15.8%	19	23	-17.4%	205	237	205	202
AGGRAVATED ASSAULTS	36	35	2.9%	35	49	-28.6%	418	446	418	545
TOTAL PERSON CRIMES	52	56	-7.1%	56	73	-23.3%	655	727	655	790

PROPERTY CRIMES	10/05/25 TO 11/01/25	09/07/25 TO 10/04/25	% Change	09/07/25 TO 10/04/25	08/10/25 TO 09/06/25	% Change	YTD 2025 NIBRS & SRS	YTD 2024 NIBRS & SRS	YTD 2025 NIBRS & SRS	YTD 2023 SRS
BURGLARY / BREAKING & ENTERING	41	50	-18.0%	50	44	13.6%	593	713	593	713
MOTOR VEHICLE THEFT	42	66	-36.4%	66	72	-8.3%	731	960	731	858
TFMV	78	69	13.0%	69	96	-28.1%	1,100	1,123	1,100	1,154
LARCENY THEFT OFFENSES	98	106	-7.5%	106	110	-3.6%	1,220	1,429	1,220	1,465
TOTAL PROPERTY CRIMES	259	291	-11.0%	291	322	-9.6%	3,644	4,225	3,644	4,190
TOTAL PERSONS & PROPERTY CRIMES	311	347	-10.4%	347	395	-12.2%	4,299	4,952	4,299	4,980

N.C. - Not Calculable

PERSON CRIMES			
HOMICIDE OFFENSES	RAPE	AGGRAVATED ASSAULT	ROBBERY OFFENSES
09A - Murder and Nonnegligent Manslaughter 09B - Negligent Manslaughter	11A - Forcible Rape 11B - Forcible Sodomy 11C - Sexual Assault with an Object	13A - Aggravated Assault	120 - Robbery
PROPERTY CRIMES			
BURGLARY/BREAKING & ENTERING OFFENSES	MOTOR VEHICLE THEFT OFFENSES	TFMV	LARCENY/THEFT OFFENSES
220 - Burglary/Breaking & Entering	240 - Motor Vehicle Theft	23F - Theft from Motor Vehicle 23G - Theft of Motor Vehicle Parts/Accessories	23A - Pocket-Picking 23B - Purse-Snatching 23C - Shoplifting 23D - Theft from Building 23E - Theft from Coin Operating Machine or Device 23H - All Other Larceny

Statistics are based on the date the crime or arrest occurred.
Arrest statistics include arrests made by outside agencies.

In 2023, crime statistics were compiled using the Summary Reporting System (SRS) standard, which adheres to the "Hierarchy Rule," meaning that only the most serious offense per victim is counted in both single and multiple-offense incidents. For 2024, the crime statistics represent a blend of SRS and the National Incident Based Reporting System (NIBRS) standard. The NIBRS data reporting counts each type of offense once per incident, regardless of the number of victims or offenses attributed to each victim. Due to limitations with the RMS, MVT and crimes reported online continue to be reported under SRS.

Note: NOT ALL NIBRS Crime Categories Included in the report.

FOCUS GROUP

Process

The SOH focus group process involved inviting over 50 potential participants considered “stakeholders” in the healthcare realm surrounding SOH. Of the invitees, 19 were able to attend focus group sessions and participate in a structured but free-wheeling process. The meeting started with introductions, after which the process was outlined. It included:

- A brainstorming session in which all participants were asked to propose health needs and problems which existed in their communities. The group provided 38 possible issues. These issues are listed in Appendix E
- These ideas were posted to flip charts and the sheets were arrayed along a wall.
- After all ideas were proposed, participants were asked to rank those which were considered the most salient in terms of how they affected community health. The participants were given adhesive dots with relative values and asked to select three issues which they considered most important, with the dots providing rankings (a value of 3 as most important, down to 1 as least important).
- From the list of the seven most cited items that resulted, participants were asked to rank the ones that were most important for the Hospital to concentrate on, using a second set of ranked dots. The three issues that garnered the most votes are listed below.

Concluded Issues

- **Homelessness** – This topic has remained at the top of health issues lists for several years, and continues to present challenges to healthcare professionals of all types. Funding for homeless services has been expanded, and some concrete results are evolving, but there is still a substantial homeless population in the area. As innovative programs are developed, and new providers enter the field of homeless services, the Hospital will explore opportunities to direct patients with no discharge addresses to agencies that can provide suitable accommodation.

- **Coordination of Care** – This issue was expressed in several of the “brainstorm” ideas, with particular complaints that HMO or Managed Care clients are proving difficult to deal with in terms of obtaining authorization for treatment. As an example of the “silo” conditions found throughout the healthcare universe, it is considered an indicator. Better coordination protocols are needed both in terms of transferring patient care issues and coordinating payment for services. The issue arises at the nexus of the Hospital’s relations with other community providers who are the follow-on providers of care for clients discharged from SOH. Specific problems involve transfer of medical records and coordination of benefits to assure appropriate payment for services.
- **Primary and Urgent Care** – This issue was also expressed in multiple ideas presented, and several of these ideas were consolidated to emphasize the importance of this problem. It involves the perception that despite the proliferation of insurance coverage, and the attempts to guide insureds to their primary care providers, many area residents still consider the emergency room at a hospital to be their primary care provider. This is particularly true of low-income, transient, and unemployed patients, who often don’t know how to access their delegated healthcare provider, or are unable to obtain appointments to see appropriate providers. This results in expensive treatments, long ER waits, and difficulties in obtaining reimbursement for the services rendered.

These three issues were raised most often by SOH’s focus groups, and variations of them are present in the other issues raised by the participants.

Additional Issues

Several other concerns were also raised but got fewer votes. Since they represent issues that SOH has an ability to address in numerous ways, they are included here, and SOH’s responses will be found in the Hospital’s Implementation Plan to be developed in early 2026.

- **Chronic Disease Management**– The Affordable Care Act and succeeding California legislation have been successful in increasing the number of California residents who are classified as having health insurance coverage. More than one-third of the state’s residents are now covered by MediCal and fewer than 7% of the state’s total residents are without insurance, down from over 12% three years ago. Many of these residents suffer from chronic ailments. The illnesses most seen at SOH are:
 - Diabetes.
 - Chronic Respiratory Diseases including Asthma and COPD.
 - Hypertension or high blood pressure; and
 - Obesity.

These conditions will be addressed in more detail along with other chronic conditions less commonly seen at SOH.

Patients with any of these conditions are eligible for insurance coverage, and could be assisted in managing their conditions in their home or at physicians' offices if they were able to connect with appropriate providers. Much of the growth in healthcare coverage over the past decade has been through managed care organizations, which have incentives to keep their clients healthy. But the MediCal process assigns clients to providers, and it is the providers' responsibility to find and manage their clients' health status even though they may have never met those insured. Many of these new clients are at the edge of society, and may have no permanent address or even a phone number. They avoid interaction with medical providers until their condition reaches the point where they have no choice but to access care. This is where the Hospital has an opportunity to link the new patient with his/her assigned care provider, and help them move into a relationship that will allow them to manage their chronic conditions on an outpatient basis.

- **Mental Health** – Several of the brainstorm responses alluded to various aspects of the need for better mental health options as a major issue in the Sherman Oaks Hospital service area. This condition is often a co-morbidity with other physical ailments. and mental issues existing beside actual physical disabilities complicate treatment for the physical manifestations. While mental health conditions are formally considered equivalent to physical ailments for payment purposes, diagnosis and treatment protocols for them are less well-defined, and most insurers tend to encourage outpatient care for all but the most dangerous mental conditions. Additional problems related to mental health include a high incidence of homelessness and substance abuse, which are not amenable to inpatient treatment and are typically not considered reimbursable services by payors. Since hospitals have no control over patients' mental illness treatment courses after they are discharged, and compliance with treatment regimens is difficult, patients with mental issues in addition to their physical ills are some of the most often re-admitted clients at any hospital.

The issues above are the consensus issues from many sources that merit the most consideration by hospitals in the area. Each hospital has differing abilities to address each issue. Sherman Oaks Hospital's Implementation Plan will focus on the issues related to Homelessness, Coordination of Care, Primary and Urgent Care, Chronic Disease Management, and Mental Health.

HEALTH STATUS IN LOS ANGELES AREA AND COMPARISON AREAS

Measuring the morbidity and mortality of the hospital service area will help in planning to bridge gaps in services. This will include assessing the linkage between the social determinants of health and available assets in the community to improve the health outcome of the residents to whom the hospital provides services.

Various sources were reviewed and summarized, and to the extent possible, combined into reports using multiple sources to allow a range of statistics to be analyzed. It is important to note that in most cases, charts incorporating data from more than one source may have variations due to differing years of survey, varying survey questions, or population characteristics related to the survey areas.

The following reports are arranged in order from largest sample size to smallest sample size.

CDC Health Status Reports

In this section of the report, various health status indicators are reviewed in relation to national norms as reported by the Federal Center for Disease Control (**CDC**). The most granular data from this source is Census Designated Places (either unincorporated areas or cities, in this case the City of Los Angeles) Data for Los Angeles is compared to national averages for the same measurements. The most recent data available is from reports dated 2022, and the data reported may precede the report date by one or more years.

For those indicators showing negative variances from the norms, the Hospital's ability to influence changes will be addressed. The base information is provided by the CDC, with comments and detailed analysis where available sourced from state, county, and private sources.

CDC's data falls into five classifications:

- Health Outcomes, measuring prevalence of various Chronic conditions.
- Prevention, measuring occurrences of preventive measures related to health status.
- Health Risk Behaviors, listing behaviors associated with elevated risk of compromising health.
- Health Status, focusing on reported symptoms of compromised health.
- Disability, measuring occurrence of various losses of normal function.

Each health measure is presented as a line item, with comments following each chart. These comments illuminate variances considered significant. The charts presented for each category outline the prevalence of each condition in the City of Los Angeles, along with comparisons to national rates, and statistical variances above or below the reported rates. Color coding is provided to show areas where Los Angeles has equal or more favorable incidences (green background) or unfavorable reported experience (yellow).

Health Outcomes

Health Status Comparisons				
Health Outcome Comparisons				
			Los Angeles 2022 Census Population Estimate 3,898,747	United States 2022 Census Population Estimate 333,287,557
Measure	Year	Data Value Unit	Data Value	Data Value
All teeth lost among adults aged >=65 years	2022	%	10.6	12.2
Arthritis among adults	2022	%	18.4	26.6
Cancer (non-skin) or melanoma among adults	2022	%	5.6	8.2
Chronic obstructive pulmonary disease among adults	2022	%	5.3	6.8
Coronary heart disease among adults	2022	%	5.3	6.8
Current asthma among adults	2022	%	9.8	9.9
Depression among adults	2022	%	22	20.7
Diagnosed diabetes among adults	2022	%	12.1	12
High blood pressure among adults	2022	%	27.6	32.7
High cholesterol among adults who have ever been screen	2022	%	34.5	35.5
Obesity among adults	2022	%	27.3	33.3
Stroke among adults	2022	%	3.2	3.6
Colors: Green = Local is superior or equal, Yellow is inferior				

The conditions listed above represent many of the chronic ailments that contribute to hospitalizations or acute health situations. Almost all are conditions that have resulted in visits to SOH’s Emergency Department, and all are considered manageable to some extent. The fact that most conditions are less prevalent in Los Angeles than nationally is a positive indicator.

Of the two measures that exceed the federal rates, One (Diagnosed Diabetes among adults) is close to the national average.

The second measure (Depression among adults) is one that the Hospital has a strong interest in. It is an important provider of services to residents with that condition. This indicator will be followed and addressed in the Implementation Plan to be developed in 2026.

Prevention

Health Outcome Comparisons				
Prevention Measures				
			Los Angeles 2022 Census Population Estimate 3,898,747	United States 2022 Census Population Estimate 333,287,557
Measure	Year	Data Value Unit	Data Value	Data Value
Cholesterol screening within the past 5 years among adults	2021	%	84.7	86.4
Colorectal cancer screening among adults aged 45–75 years	2022	%	54.0	66.3
Current lack of health insurance among adults aged 18–64 years	2022	%	13.9	10.8
Mammography use among women aged 50–74 years	2022	%	74.8	76.5
Routine checkup within the past year among adults	2022	%	70.5	76.1
Taking medicine to control high blood pressure among adults with high blood pressure	2021	%	69.5	78.2
Visited dentist or dental clinic in the past year among adults	2022	%	58.9	63.9
Colors: Green = Local is superior or equal, Yellow is inferior				

This chart focuses on the efforts in the community to proactively monitor health indicators to identify problems before they become more acute and require hospitalization. SOH routinely provides many of these services both to existing patients, or where feasible, at

health fairs, to the community at large. On this chart, a lower number is an inferior number, except for Lack of Health Insurance, where a higher percentage of Los Angeles residents are without coverage.

It is important to note that many of the measures listed, especially Colorectal Cancer screening and Taking Medicine to Control High Blood Pressure, are substantially below the measures nationally. While these measures are more Social Determinants of Health **(SDOH)** items, and thus not directly addressable by the Hospital, they represent areas in which SOH can collaborate with clients' Primary Care Providers to advocate for greater compliance and hopefully less need for hospital-based interventions.

The one inferior statistic which shows a higher incidence is the one stated as a negative: a lack of health insurance. This figure may have decreased since 2022 because of California's decision to expand healthcare coverage to many formerly ineligible residents during the COVID crisis, although the extent of change is unknown.

Health Risk Behaviors

Health Status Comparisons				
Health Risk Behaviors				
			Los Angeles 2022 Census Population Estimate 3,898,747	United States 2022 Census Population Estimate 333,287,557
Measure	Year	Data Value Unit	Data Value	Data Value
Binge drinking among adults	2022	%	18.3	16.6
Current cigarette smoking among adults	2022	%	12.5	12.9
No leisure-time physical activity among adults	2022	%	24.9	23.7
Short sleep duration among adults	2022	%	36.5	36
Colors: Green = Local is superior or equal, Yellow is inferior				

This table incorporates the behaviors that are predictive of potential acute health problems. Although the chart shows several measures that appear to be above national norms, and therefore in need of improvement to get to those rates, the departure from those measures is relatively small. The widest discrepancy involves Binge Drinking, and it is still less than 2 percentage points above the national rate. Smaller variations relate to the other two parameters, although they are not typically cited as major contributors to health complications.

The indicator that is most commonly cited as a significant risk factor is the one that Californians are ahead of the nation in improving: Cigarette Smoking.

Health Status

Health Status Comparisons				
Reported Health Status				
			Los Angeles 2022 Census Population Estimate 3,898,747	United States 2022 Census Population Estimate 333,287,557
Measure	Year	Data Value Unit	Data Value	Data Value
Fair or poor self-rated health status among adults	2022	%	22.2	17.9
Frequent mental distress among adults	2022	%	17.9	15.8
Frequent physical distress among adults	2022	%	14.3	12.7
Colors: Green = Local is superior or equal, Yellow is inferior				

The measures on this chart are most representative of self-report issues, and urban areas such as Los Angeles typically offer more opportunities to provide self-report responses to surveys. Thus the reported higher incidences of these measures could be a result of better reporting. There is insufficient background data to categorically state that the rates are actually higher or lower, so the figures are reported as published.

It should be noted that the measures reported here are entirely qualitative, and lack data on how they relate to contacts with healthcare providers, so they are considered relatively insignificant predictors of any acute health care issues. To the extent that they are influencers of decisions to contact mental health professionals, they can be considered possible precursors to contact with care providers such as SOH's mental health staff.

Disability

Health Status Comparisons				
Disability Measures				
			Los Angeles 2022 Census Population Estimate 3,898,747	United States 2022 Census Population Estimate 333,287,557
Measure	Year	Data Value Unit	Data Value	Data Value
Any disability among adults	2022	%	30.6	29.9
Cognitive disability among adults	2022	%	15.9	13.4
Hearing disability among adults	2022	%	5.8	7.1
Independent living disability among adults	2022	%	9.3	7.9
Mobility disability among adults	2022	%	13.7	13.7
Self-care disability among adults	2022	%	4.7	3.8
Vision disability among adults	2022	%	7.4	5.7
Colors: Green = Local is superior or equal, Yellow is inferior				

These measures are largely quantifiable, and except for Hearing disability, the incidence of these conditions exceed national norms. SOH's ability to influence these items is limited, however, to noting the existence of a listed condition in patients seen and informing appropriate providers of the need to address them.

LOS ANGELES COUNTY HEALTH SURVEY

The Los Angeles County Department of Public Health publishes the *Los Angeles County Health Survey (LACHS)* which periodically collects data to serve Los Angeles County communities and residents. The most recent wave of data collection was in 2023, and results are being published on an ongoing basis. The LACHS data is largely complete at a SPA level, and some results have been published at a zip code level, although only in summary form. The available data was reviewed and is summarized below.

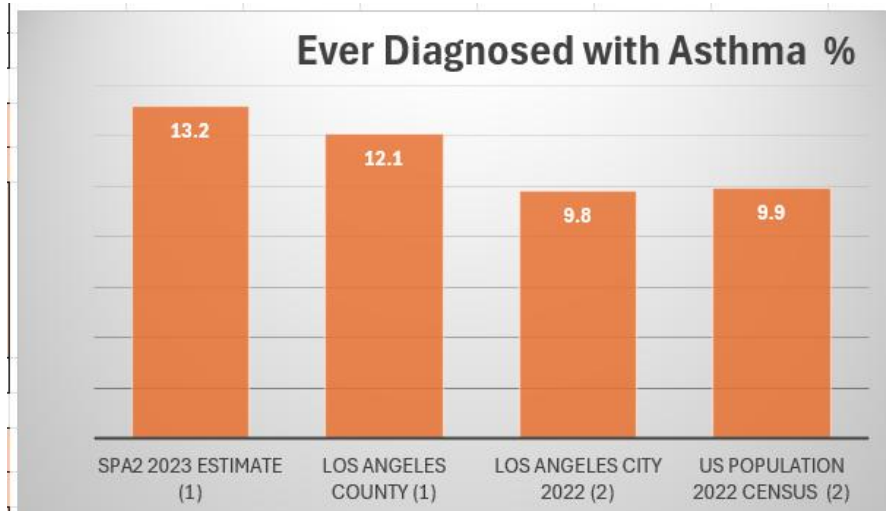
Note that the published data incorporates research results from multiple years, and is not directly comparable to the CDC data presented earlier. It provides a different view of the community's health environment, and is considered important as a more focused study of the SOH PSA and surrounding area.

Each of the tables below summarizes the data as reported by the two sources, noting that the surveys used different questions and sample sizes to collect the responses, and thus although the measures reported may have had similar titles, the exact data collection methods differ.

The following section compares occurrence data from the LACHS survey with input from the CDC files. The four most common conditions seen at SOH are presented first, with other conditions following where data was considered comparable between CDC data and LACHS reports.

Asthma and Other Respiratory Conditions

Health Status Comparisons - Prevalence in Populations					
Sources: Los Angeles County Health Status survey 2023 (1), Centers for Disease Control (2)					
Asthma		SPA2 2023 Estimate (1)	Los Angeles County (1)	Los Angeles City 2022 (2)	US Populatio n 2022 Census (2)
Ever Diagnosed with Asthma	%	13.2	12.1	9.8	9.9



Asthma is a constant problem in the Los Angeles Basin due to air quality. It should be noted that the CDC data reflects very little difference in prevalence between the City of Los Angeles and the US as a whole.

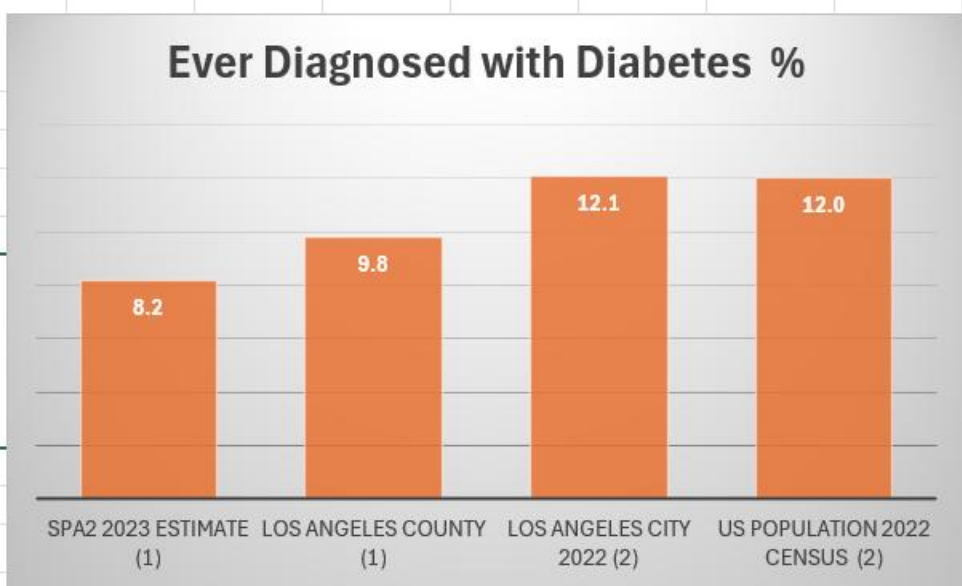
A more salient difference is reported by the LACHS between the SPA2 estimate and the County. This could be due to higher incidence of poor air quality in the San Fernando Valley as opposed to the areas in the coastal plain. Also it should be noted that the City's incidence is lower than that of the County, once again due to the presence of many County areas inland from the City, where the Air Quality Indexes (**AQI**) are higher on bad days.

Asthma is one of several respiratory ailments, along with Chronic Obstructive Pulmonary Disease (**COPD**), that commonly generate visits to SOH's Emergency department, especially on days when the (AQI) for the San Fernando Valley rises into unhealthy levels. As

noted by Em V. Garcia, SOH’s Chief Executive Officer, SOH has an opportunity to coordinate with health educators to teach management techniques, and to link patients who come to the emergency department with their care managers.

Diabetes

Health Status Comparisons - Prevalence in Populations					
Sources: Los Angeles County Health Status survey 2023 (1), Centers for Disease Control (2)					
Diabetes - Ever Diagnosed		SPA2 2023 Estimate (1)	Los Angeles County (1)	Los Angeles City 2022 (2)	US Population 2022 Census (2)
Ever Diagnosed with Diabetes	%	8.2	9.8	12.1	12.0

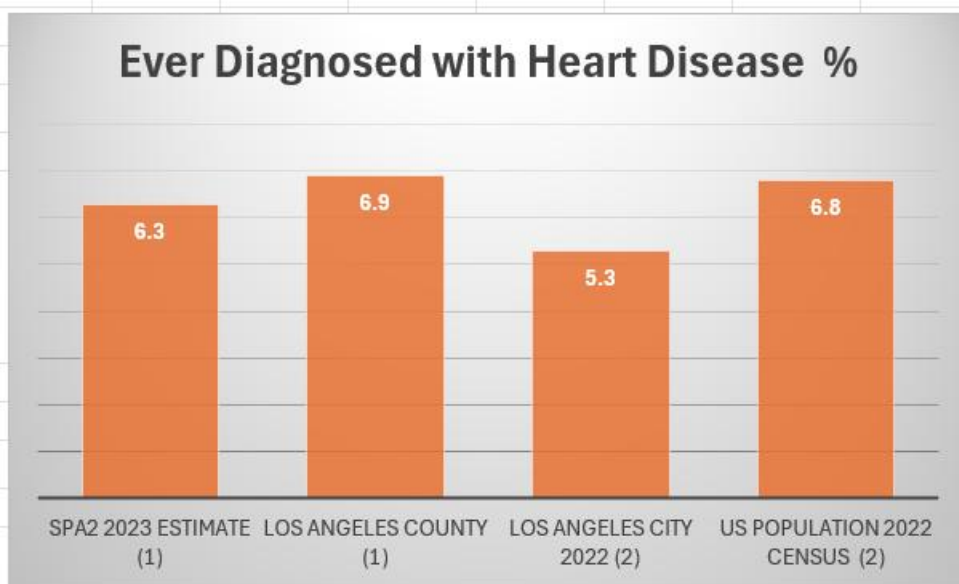


Diabetes is rarely the direct cause of admission to an emergency room, but failure to manage blood glucose levels may result in acute incidents including Hypo- and Hyperglycemia, Diabetic Keto Acidosis (**DKA**), and Hyperosmolar Hyperglycemic State (**HHS**). These conditions can be extremely damaging or even deadly if not treated.

Since the onset of these conditions can be rapid, they are best managed before they become acute. SOH can provide screenings at health fairs and work with community organizations to partipate in educational programs.

Heart Disease

Health Status Comparisons - Prevalence in Populations					
Sources: Los Angeles County Health Status survey 2023 (1), Centers for Disease Control (2)					
Heart Disease - Ever Diagnosed		SPA2 2023 Estimate (1)	Los Angeles County (1)	Los Angeles City 2022 (2)	US Population 2022 Census (2)
Ever Diagnosed with Heart Disease	%	6.3	6.9	5.3	6.8



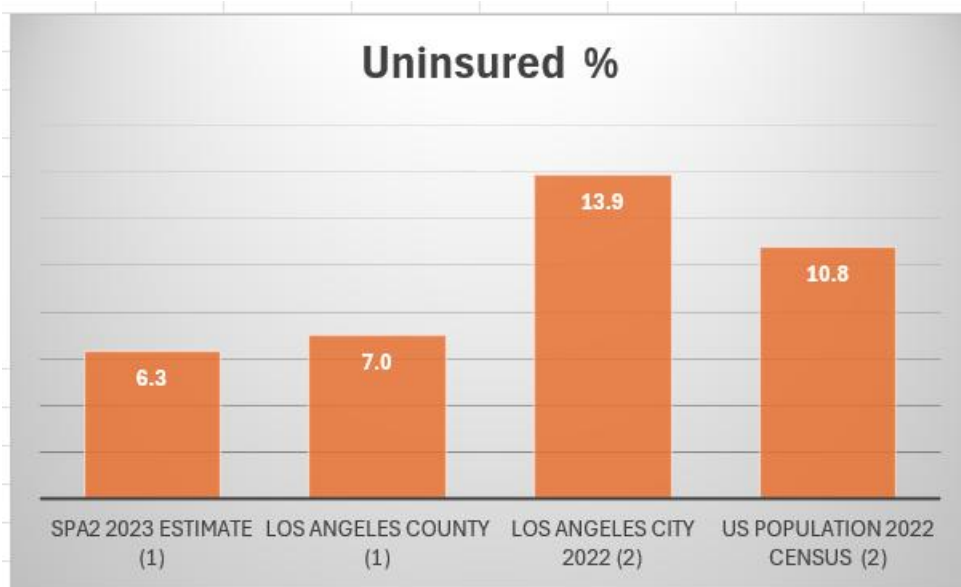
Heart Disease, like Hypertension, is a precursor to heart attacks and strokes, and can be diagnosed and managed. For those who first see SOH's Emergency Department in an ambulance, the Hospital has an opportunity to move survivors into treatment and management programs that will avoid the need for return visits.

The prevalence of Diagnosed Heart Disease in SPA2 is slightly below that of Los Angeles County and the US in general, although higher than in the City itself. There appears to be a correlation among the area groups and the rate of uninsured residents, as will be noted in the following discussion. Those who are uninsured are considered less likely to have been screened for heart disease, and thus less likely to have been diagnosed

with it.

Uninsured

Health Status Comparisons - Prevalence in Populations					
Sources: Los Angeles County Health Status survey 2023 (1), Centers for Disease Control (2)					
Uninsured		SPA2 2023 Estimate (1)	Los Angeles County (1)	Los Angeles City 2022 (2)	US Populati on 2022 Census (2)
Uninsured	%	6.3	7.0	13.9	10.8

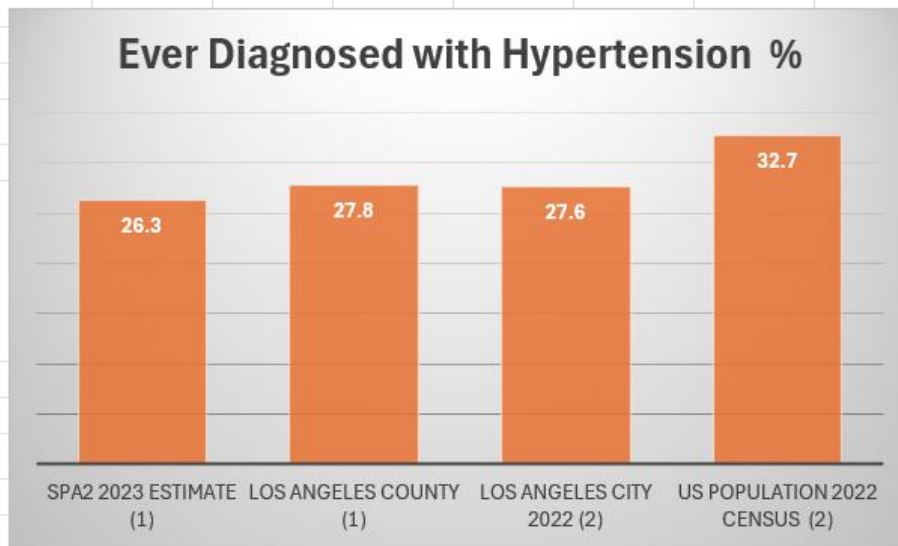


The percentage of Los Angeles City residents who reported no insurance to CDC surveyors in 2022 is much higher than the percentages for all other categories. This correlates to several other health measures that require contact with healthcare providers to confirm or reject a possible condition. Thus many Los Angeles residents may have undiagnosed Heart Disease, for example.

Note that the survey work for the CDC report was performed prior to several laws passed to increase funding and extend healthcare coverage to more people, and thus the variance may be smaller in 2025 than it was at the time of the survey.

Hypertension

Health Status Comparisons - Prevalence in Populations					
Sources: Los Angeles County Health Status survey 2023 (1), Centers for Disease Control (2)					
Hypertension - Ever Diagnosed		SPA2 2023 Estimate (1)	Los Angeles County (1)	Los Angeles City 2022 (2)	US Population 2022 Census (2)
Ever Diagnosed with Hypertension	%	26.3	27.8	27.6	32.7



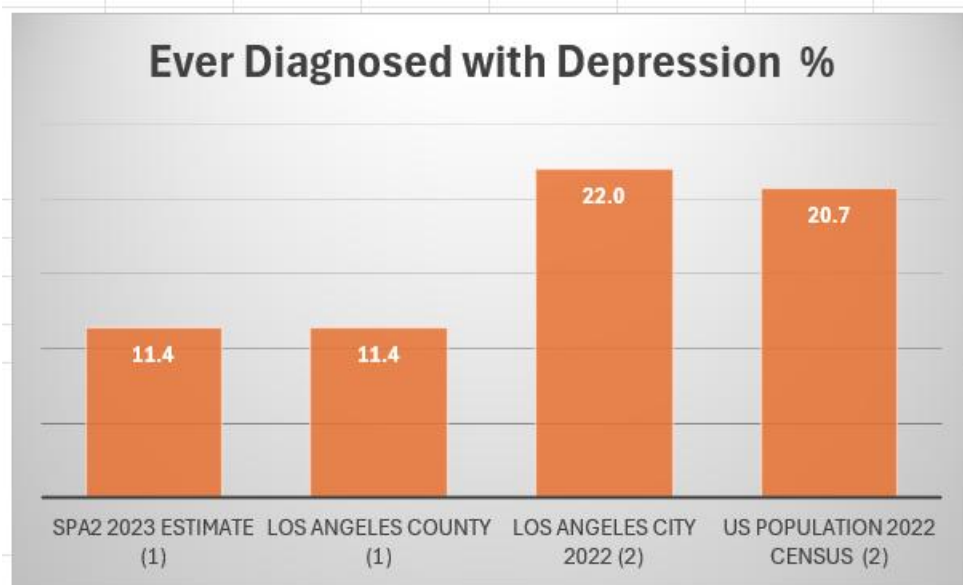
This condition often goes un-diagnosed until a stroke or other cardiovascular event is experienced. It is treatable and manageable once diagnosed. People with high blood pressure often arrive at the Emergency Department as a result of a stroke or heart attack, making the condition one of the most important to manage on a regular basis. SOH can assist stroke survivors in getting connected with their Primary Care Providers to manage their condition and minimize the risks of repeat episodes. This is also an area where education in community settings can be a life-saving process.

SPA2’s estimate of Hypertension diagnosis is lower than any of the comparison areas, indicating that residents of that area are better educated about the risks associated with

Hypertension, and that they are more consistent in managing the condition when living at home.

Depression

Health Status Comparisons - Prevalence in Populations					
Sources: Los Angeles County Health Status survey 2023 (1), Centers for Disease Control (2)					
Depression - Ever Diagnosed		SPA2 2023 Estimate (1)	Los Angeles County (1)	Los Angeles City 2022 (2)	US Population 2022 Census (2)
Ever Diagnosed with Depression	%	11.4	11.4	22.0	20.7

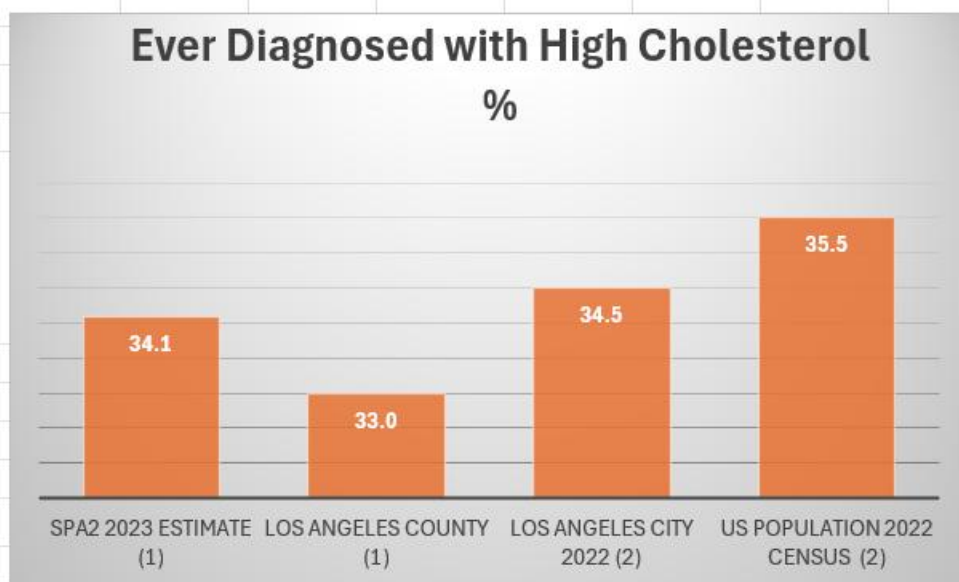


This comparison between the two sources is unique in its different reported percentages. Although the Classification is consistent between the two surveys, it is not clear that the survey used the same questions to develop the rate.

What is clear is that the LACHS survey reports that SPA2 and Los Angeles County in general report consistent levels of Diagnosed Depression.

High Cholesterol

Health Status Comparisons - Prevalence in Populations					
Sources: Los Angeles County Health Status survey 2023 (1), Centers for Disease Control (2)					
High Cholesterol - Ever Diagnosed		SPA2 2023 Estimate (1)	Los Angeles County (1)	Los Angeles City 2022 (2)	US Population 2022 Census (2)
Ever Diagnosed with High Cholesterol	%	34.1	33.0	34.5	35.5

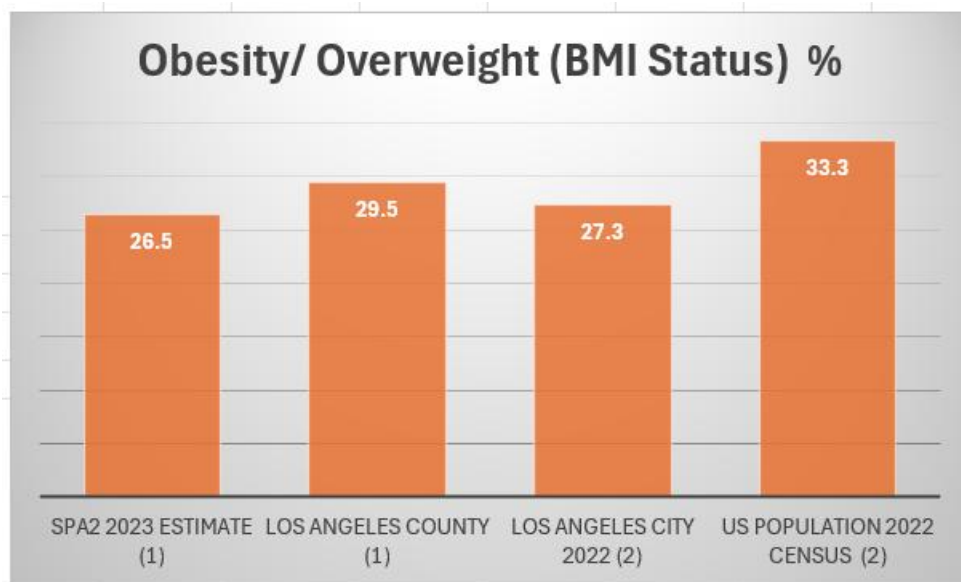


Although the chart appears to show large variances among the four surveys, the actual percentages are very close, within 2.5 percentage points.

SPA2 percentage falls very near the center of the range.

Obesity

Health Status Comparisons - Prevalence in Populations					
Sources: Los Angeles County Health Status survey 2023 (1), Centers for Disease Control (2)					
Obesity/ Overweight (BMI Status)		SPA2 2023 Estimate (1)	Los Angeles County (1)	Los Angeles City 2022 (2)	US Populatio n 2022 Census (2)
Obesity/ Overweight (BMI Status)	%	26.5	29.5	27.3	33.3

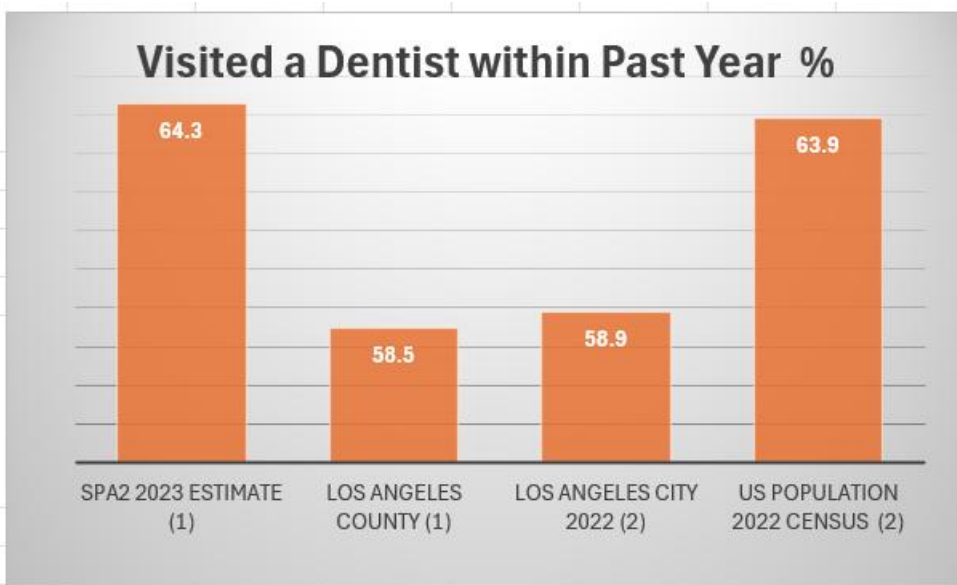


Obesity is a common comorbidity to many of the other conditions described in this section. People are rarely admitted to a hospital for Obesity itself, but obese people are more likely to have diabetes, hypertension, heart disease, high cholesterol, and other conditions which are common reasons to require hospitalization.

As a lifestyle condition, it is not directly treatable by SOH, but the Hospital can and does provide diet and exercise education classes, and will continue to do so in the future. These efforts are provided on site, as well as at community activities such as health fairs.

Dental Visit

Health Status Comparisons - Prevalence in Populations					
Sources: Los Angeles County Health Status survey 2023 (1), Centers for Disease Control (2)					
Dental Visit - 1 Year		SPA2 2023 Estimate (1)	Los Angeles County (1)	Los Angeles City 2022 (2)	US Populatio n 2022 Census (2)
Visited a Dentist within Past Year	%	64.3	58.5	58.9	63.9

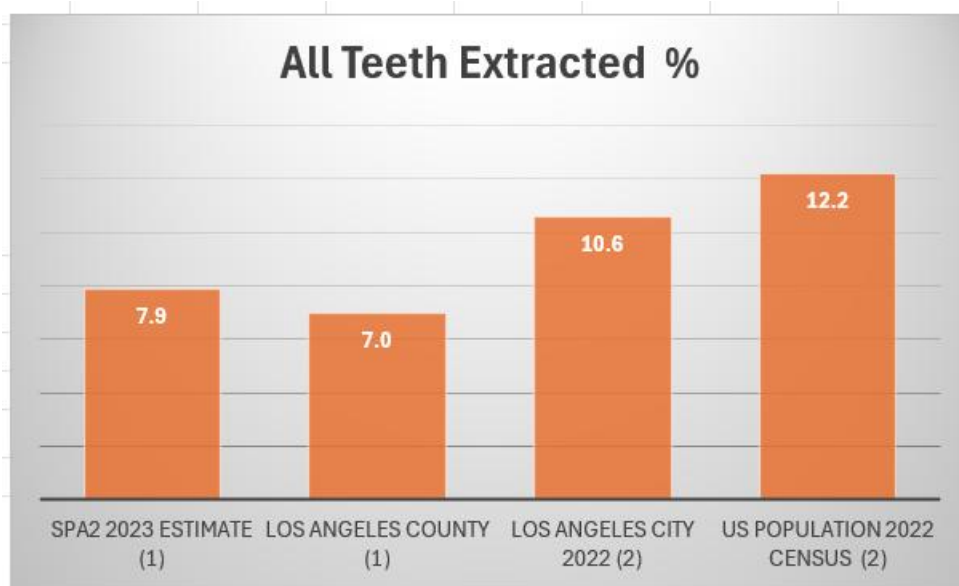


This statistic displays two salient observations. First, Los Angeles City and County overall rates of dental care are notably lower than rates throughout the US.

The second observation is that rates of Dental utilization in SPA2 are substantially higher than the larger local areas. This is a positive health indicator.

Dental – All Teeth Extracted

Health Status Comparisons - Prevalence in Populations					
Sources: Los Angeles County Health Status survey 2023 (1), Centers for Disease Control (2)					
All Teeth Extracted		SPA2 2023 Estimate (1)	Los Angeles County (1)	Los Angeles City 2022 (2)	US Population 2022 Census (2)
All Teeth Extracted	%	7.9	7.0	10.6	12.2



This measure is almost the inverse of the previous one, as it relates to persons who have elected to have their natural teeth extracted and are using dentures, or in some cases, whole-mouth dental implants.

The fact that SPA2’s incidence of extractions exceeds that of the County is of interest. Whole-mouth implants are a relatively new technology, and no research was found to isolate patients who had exchanged their natural teeth for implants from those who had gotten dentures. Given the advertising on the part of implant dentists, this would be an interesting topic to investigate. It should be noted that the higher incidence of dental appointments in SPA2 appears to correlate with the higher proportion of persons with extracted teeth, although no causal relationship could be drawn without

further research.

LACHS Reports on Isolated Chronic Disease Indicators by Zip Code.

Los Angeles County Department of Health has started releasing selected data from its 2023 survey, and one summary includes analysis of selected Chronic Diseases in comparison with Healthy People 2030 (HP2030), an aspirational set of goals for health indicators by the year 2030. The report provides metrics for Obesity, Diabetes, Hypertension, Depression, Physical Inactivity and Coronary Heart Disease (CHD), and compares those metrics to the HD2030 goals. The information was provided for selected zip codes in SPA2.

Overview of Health Metrics in Selected Los Angeles ZIP Codes						
Reported Incidence by Zip Code compared to Healthy People 2030 Targets						
ZIP Code (Area)	Obesity (%) HP2030: ≤30.5%	Diabetes (%) HP2030: ≤11.5%	Hypertension (%) HP2030: ≤27.0%	Depression (%) HP2030: ≤17.0%	Physical Inactivity (%) HP2030: ≤22.0%	Coronary Heart Disease Mortality (per 100k) HP2030: ≤103
91331 (Pacoima)	37-39 Above Target	15-16 Above Target	38-40 Above Target	25-27 Above Target	29-30 Above Target	145-150 Above Target
91402 (Panorama City)	36-38 Above Target	15 Above Target	37-39 Above Target	24-26 Above Target	28-29 Above Target	140-145 Above Target
91405 (Van Nuys)	35-36 Above Target	14 Above Target	36-38 Above Target	24-25 Above Target	27-28 Above Target	135-140 Above Target
91343 (North Hills)	34-35 Above Target	13-14 Above Target	35-36 Above Target	23-24 Above Target	26-27 Above Target	130-135 Above Target
91344 (Granada Hills)	32-33 Above Target	12 Above Target	33-34 Above Target	22-23 Above Target	25-26 Above Target	125-130 Above Target
91325 (Northridge)	31-32 Above Target	11-12 Borderline	32-33 Above Target	21-22 Above Target	24-25 Above Target	120-125 Above Target
91356 (Tarzana)	30-31 Borderline	11 Meets Target	31-32 Above Target	20-21 Above Target	23-24 Above Target	115-120 Above Target

Note that only two of the zip codes presented (highlighted) lie within the SOH Primary Service Area. These two zip codes are at the northern edge of the PSA, and report some of the highest rates for each of the metrics, indicating that they are areas for further investigation and possible concentration of efforts.

COMMUNITY HEALTH NEEDS SURVEY DATA SUMMARY

In an attempt to reach out to the community and gather a better understanding of service area needs, SOH commissioned a community health needs survey.

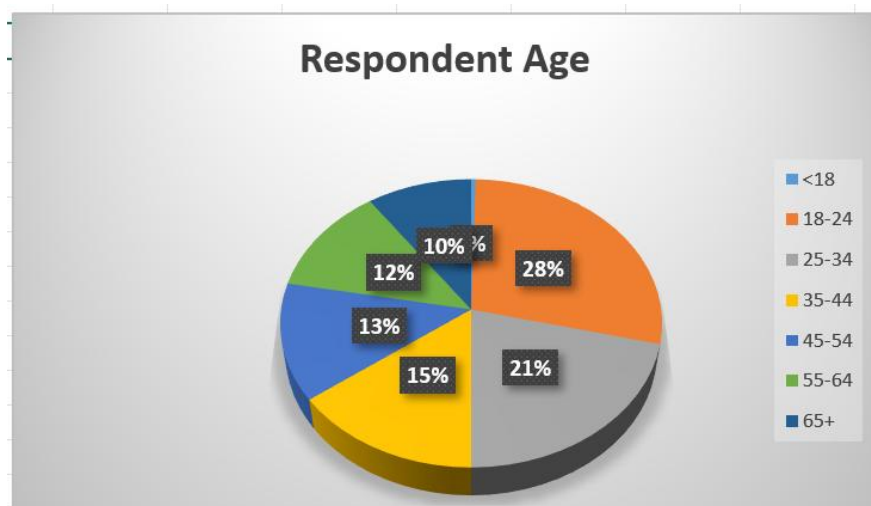
Survey respondents were solicited in shopping areas surrounding SOH, at meetings of civic and religious groups, among friends of hospital staff, and among people coming to the Hospital. The 240 surveys obtained represent a much smaller sample than the discharge data, but provide a more detailed view of each respondent.

Since the surveys were distributed by Hospital personnel to their acquaintances and community contacts, they do not represent a true cross-section of the overall PSA population. But the answers provided give insight into some issues that are of interest in analyzing community health needs.

The highlighted items which follow are those where the survey responses deviated from total population data, or where the responses received indicate an area worthy of further analysis. The entire survey results follow the unusual items. A copy of the survey form is in Appendix E.

Each question's responses are displayed in chart form, with comments as appropriate.

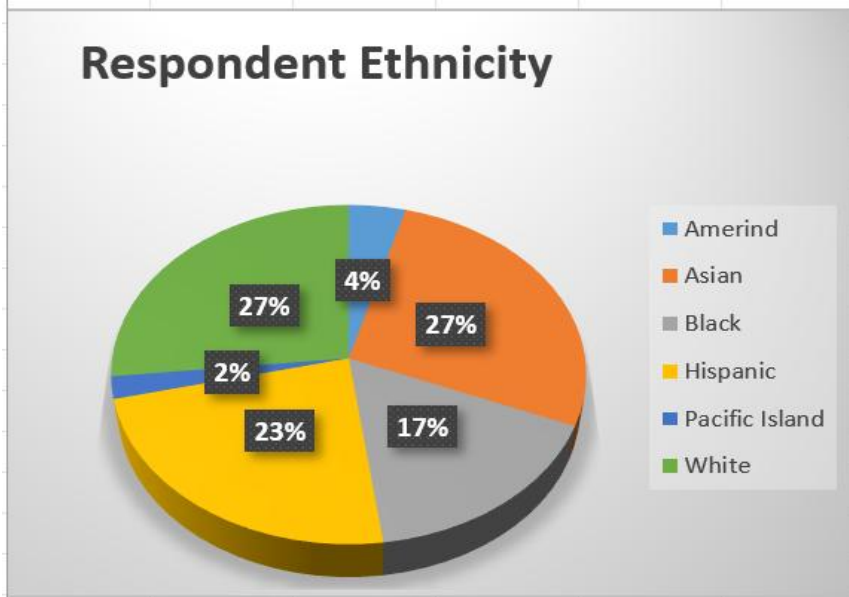
Survey Respondents' Age



From a planning perspective, the age distribution of the survey respondents trended slightly younger than county, state, or national norms, with nearly half of all respondents listing ages younger than 35.

The issues of all age groups are important considerations, although the Hospital's service complement tends to skew it toward older clients. The demographic mix also indicates that issues found throughout the county are issues that will matter to residents of the PSA.

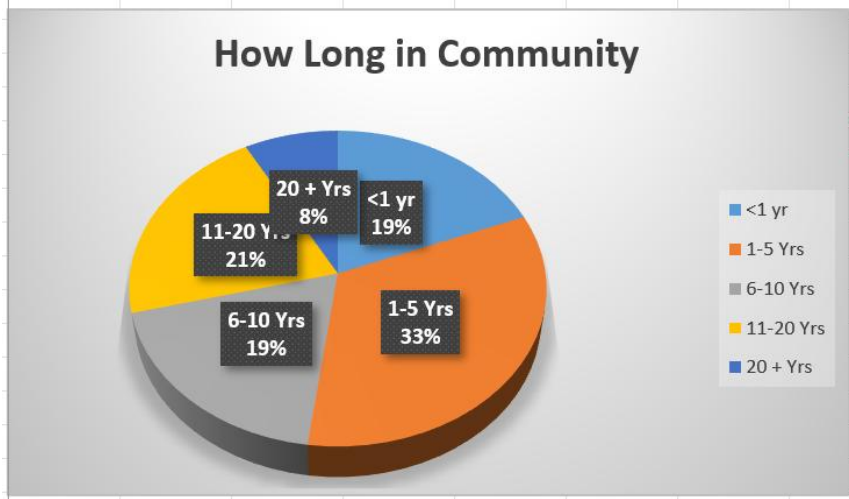
Population by Race/Ethnicity



The PSA population reported in 2025 census data was less mixed ethnically than Los Angeles County and California, although more mixed than the US. The percentage of “white only” residents in the PSA (45%) is greater than Los Angeles County as a whole. It is only slightly greater than the Hispanic population (44%). All other non-white ethnic categories are smaller than their Los Angeles County and US counterparts.

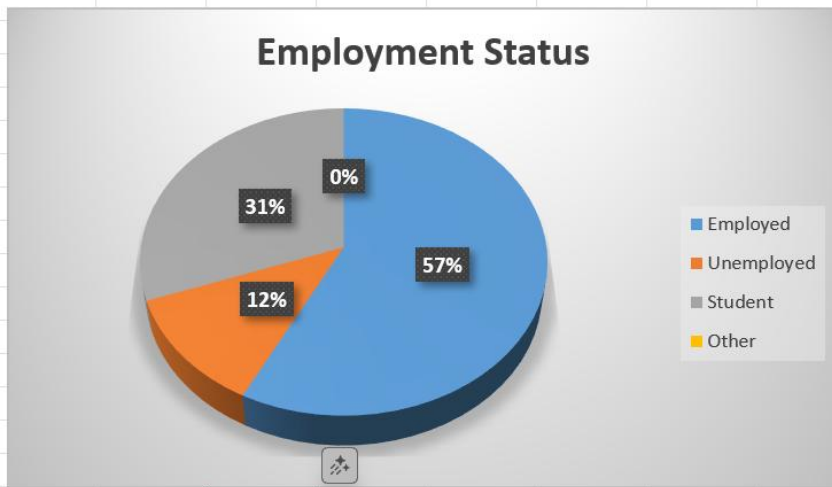
The survey results tell a different story about ethnicity in the area than do census reports. The “white” Survey respondents were a much smaller portion of the survey population at 27%, while the Asian population represented a much larger proportion of respondents (27% vs 7% in Census data). Those responding as Hispanic were the second-largest group at 23% vs 44% in the Census.

Tenure In Community



The community tenure response was skewed heavily toward shorter periods, with the 1–5-year category coming up most often. This is due to a high proportion of full-time students whose responses are among the most common in the Employment category. Three of the other tenure groupings were almost equally split, with only the 20+ year group under-represented.

Employment Status

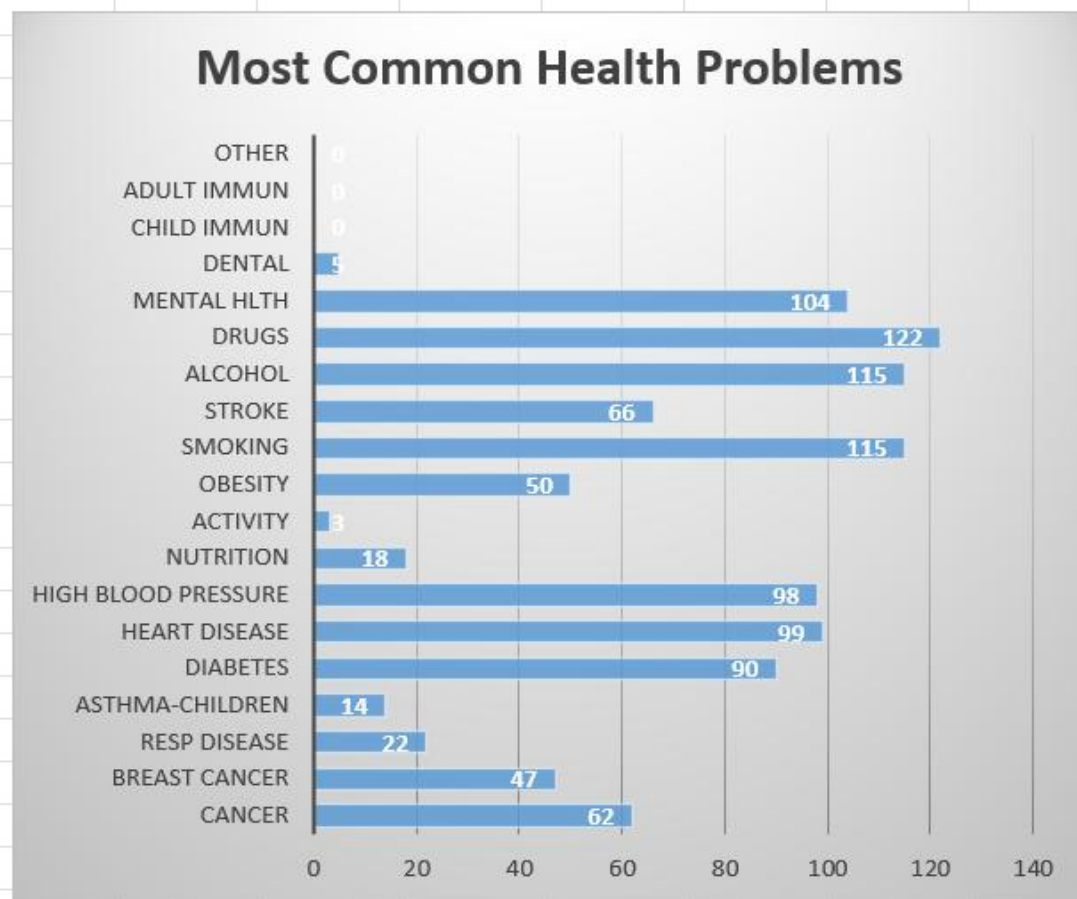


The distribution of employment situations is an indicator of several trends in the following charts. The high incidence of both full-time student status, and unemployment, suggests that the sample of respondents does not represent the employment distribution in the PSA population in general.

Note that many of the respondents classifying themselves as unemployed were of advanced age and retired, thus they were eligible for Medicare coverage.

Most Common Health Problems

Respondents were asked to select four health-related issues from a list of possible options.



The most cited, in descending order, were:

- Drugs
- Alcohol (tie)
- Smoking(tie)
- Mental Health
- Heart Disease
- High Blood Pressure
- Diabetes

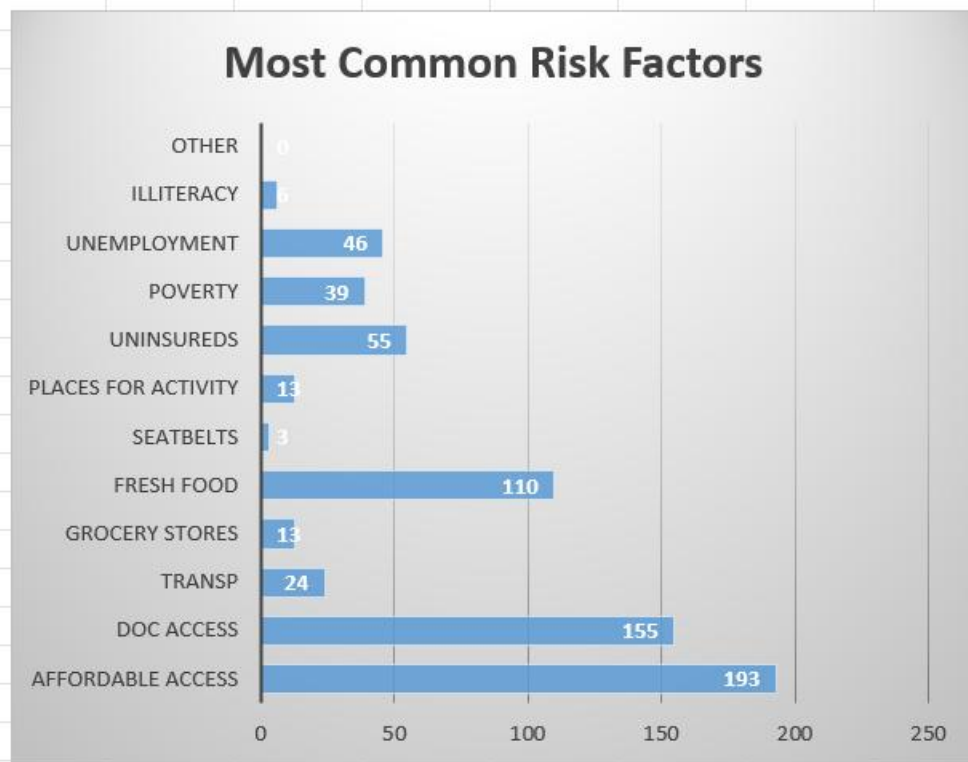
The emergence of drugs as the most cited health problem highlights a split between unhealthy behaviors (Drugs, Alcohol and Smoking) and medical conditions (Mental Health, Heart Disease, High Blood Pressure, and Diabetes). Both types of problems present opportunities for the Hospital to intervene, although in diverse ways and locations. All the highly ranked issues are candidates for educational programs both inside the Hospital and out in the community. Other problems were cited, and the adjacent chart lists the responses. The complete list of options is shown below, as presented in the survey form.

Which four diseases/conditions do you believe are the most common in our community?

- Cancer-general
- Breast Cancer
- Respiratory diseases-adults
- Asthma-children
- Diabetes
- Heart disease
- High Blood Pressure
- Poor Nutrition
- Lack of physical activity
- Obesity
- Smoking
- Stroke
- Substance abuse- alcohol
- Substance abuse-drugs
- Mental Health Disorders
- Dental Problems
- Immunizations- children
- Immunizations- adults
- Other (please specify)

Risk Factors

A second multiple choice question concerned environmental conditions that would be considered risk factors, either as desirable conditions in short supply, or as undesirable conditions found too often.



In descending order, the risk factors most cited were:

- Access to Affordable Health Care
- Access to Physicians
- Access to Fresh, Healthy Food

These three conditions were cited as lacking in respondents' opinions. Three other measures were cited as unfavorably common. They are:

- High Numbers of Uninsured People
- Unemployment
- Poverty

Several other conditions were selected, but at much lower rates. The complete list of options is shown on the following page.

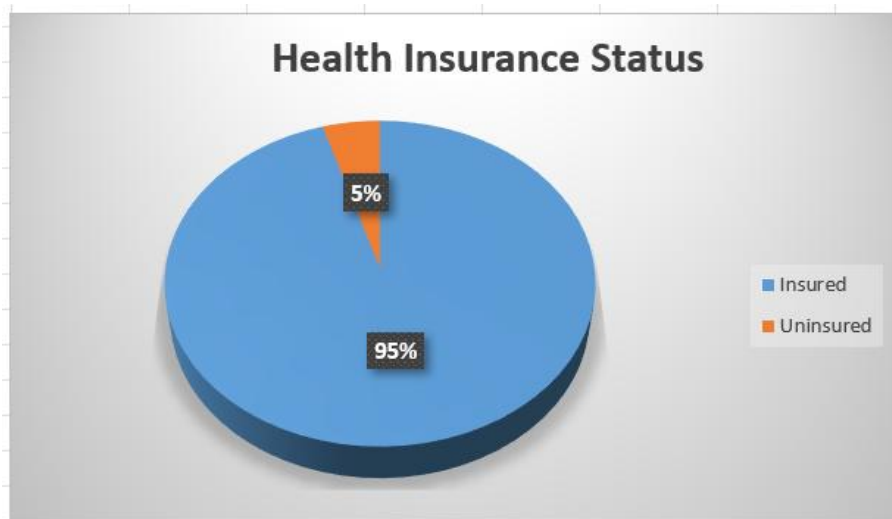
Of the top three risk factors listed, the top two are items that staff at SOH can influence as they interact with patients. Once in treatment, patients can be educated as to their options for obtaining health care

coverage, and referrals can be expedited to appropriate medical staff for follow-up care.

Which three behavioral risk factors are the most common in our community?

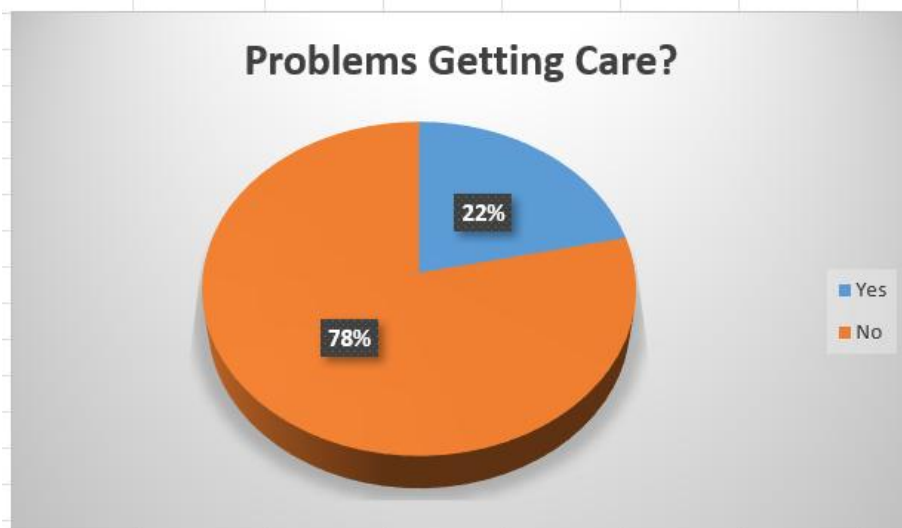
- Access to affordable health care
- Access to physicians
- Inadequate transportation
- Lack of grocery stores
- Access to fresh, healthy food
- Wearing seatbelts
- Lack of safe places for physical activity
- High number of uninsured people
- Poverty
- Unemployment
- Illiteracy
- Other (please specify)

Health Insurance Coverage



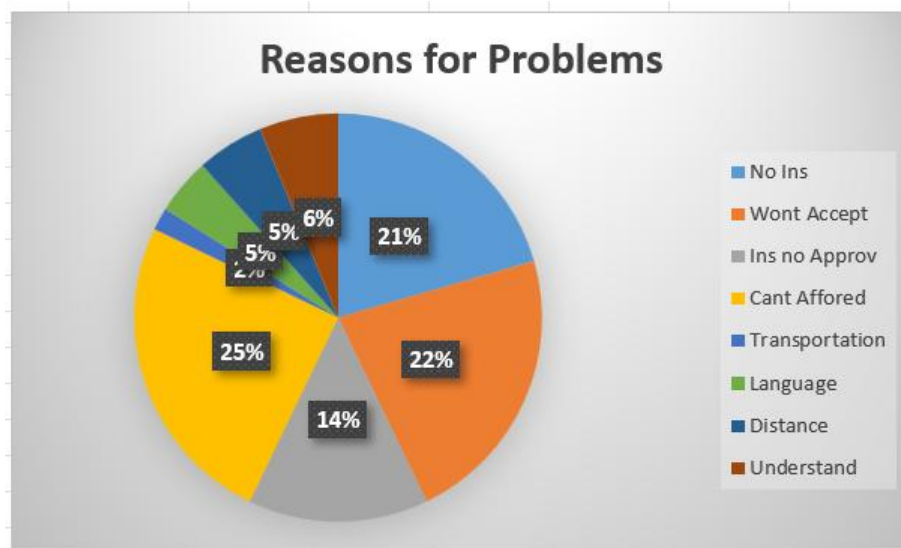
When the question was asked: “Do you currently have health insurance?” the response was overwhelmingly positive. More detailed questions revealed that “having insurance” did not solve the problems of accessing care when needed. Two additional questions addressed this discrepancy. Those questions and the responses follow.

Problems Getting Care



When asked “In the past 12 months, have you had problems getting needed health care?”, a subset of the respondents replied Yes to the question. The reasons cited by respondents in that group are outlined in the next chart.

Reasons for Problems



When asked to select from a list of reasons for problems in obtaining care, four major areas of concern were most often cited, in order of frequency.

- Cannot afford co-pay.
- Health care providers would not accept insurance.
- Lack of insurance
- Insurance would not approve pay for care.

Four other concerns were less often chosen. They included, in order:

- Cannot Understand my Doctor.
- Travel distance to provider too great.
- Language barriers
- Lack of transportation

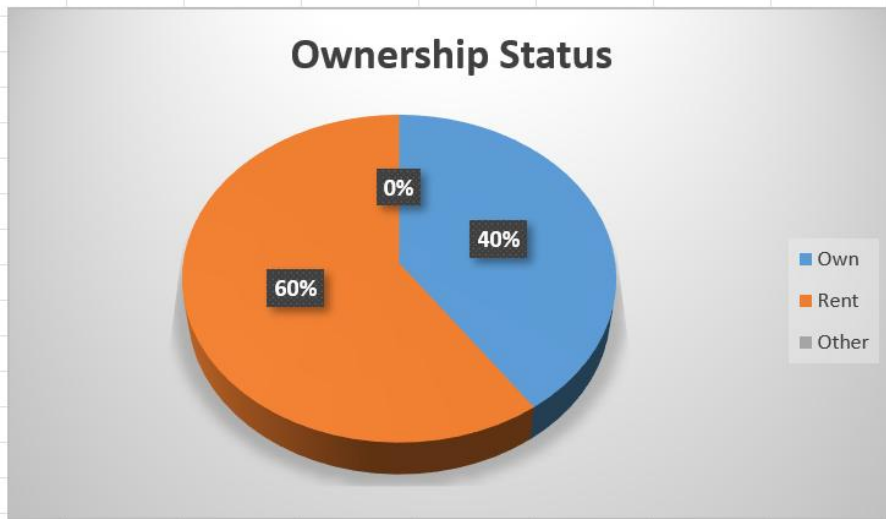
The top four reasons listed indicate that the presence of insurance is not a guarantee of coverage for needed care. The question as stated is below.

If yes, please provide the reason(s) for the difficulty in getting healthcare.

- Lack of insurance
- Health care providers would not accept your insurance.
- Insurance would not approve pay for care.
- Cannot afford co-pay.
- Lack of transportation
- Language barriers
- Travel distance to provider too great.
- Cannot understand my doctor.

Many other questions were asked of survey respondents, and provided insight as to their interactions with the healthcare system at many levels. The questions not highlighted earlier are listed below, along with the responses received. The question posed is included in the discussion.

Homeownership Status

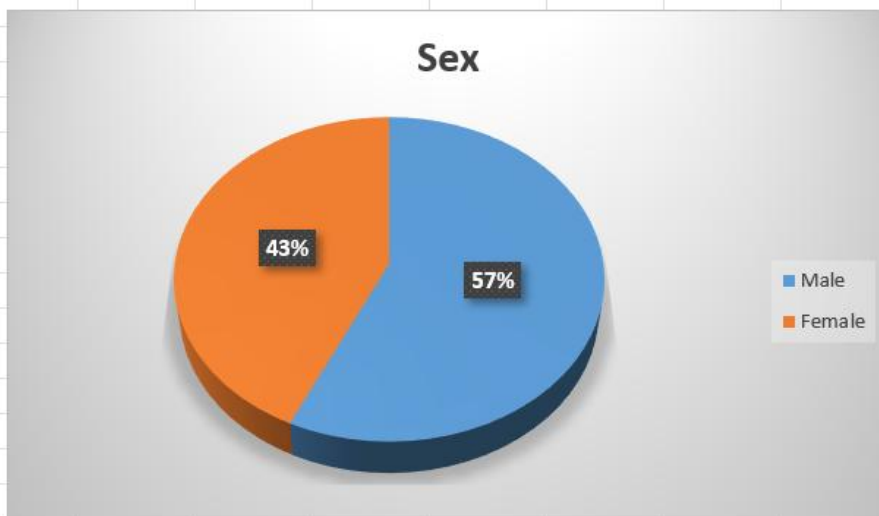


The Ownership Status chart reflects the tenure chart discussed earlier, with fewer owners, due to short residence in the area.

Do you own or rent your residence?

- Own
- Rent
- Other (please specify)

Respondents' Sex

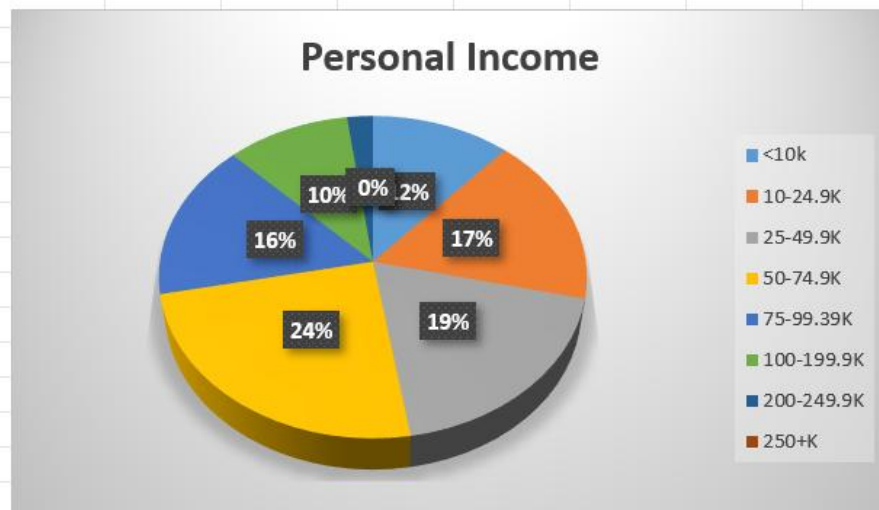


Gender distribution is slightly skewed toward female, but not significantly. A few respondents left the question blank despite a Decline to state option.

Are you female or male?

- Male
- Female
- Non-Binary
- Decline to state

Personal Income



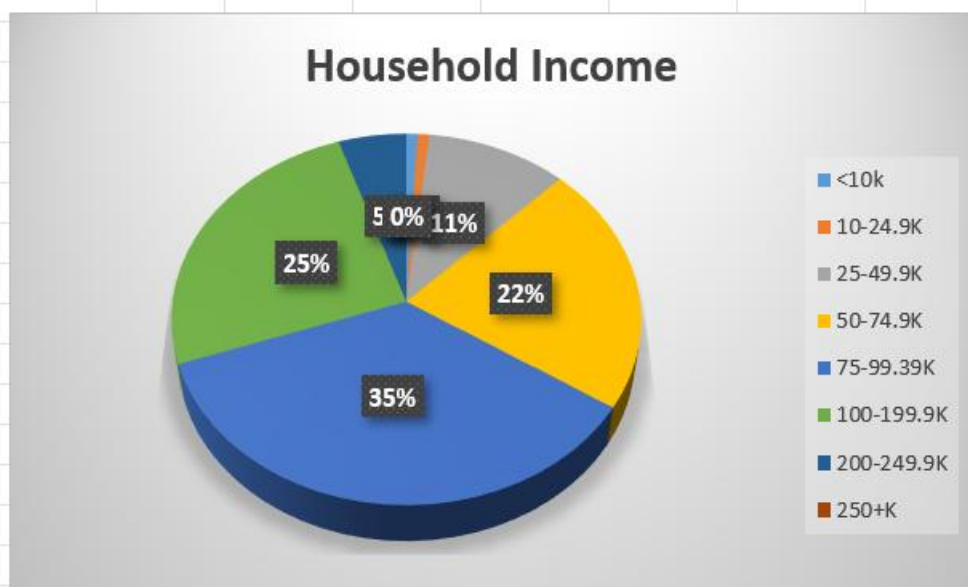
This was the first of two income-related questions, and focused on the individual's income. Although 12% reported no income, the majority reported low-to-moderate income.

What are your income and your total household income?

Your income

- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000

Household Income



This is the second half of the income query, and it shows that the respondents who reported little or no income typically lived in households with moderate to high incomes. More than 65% of respondents reported living in households with greater than \$75,000 incomes.

Total household

- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000

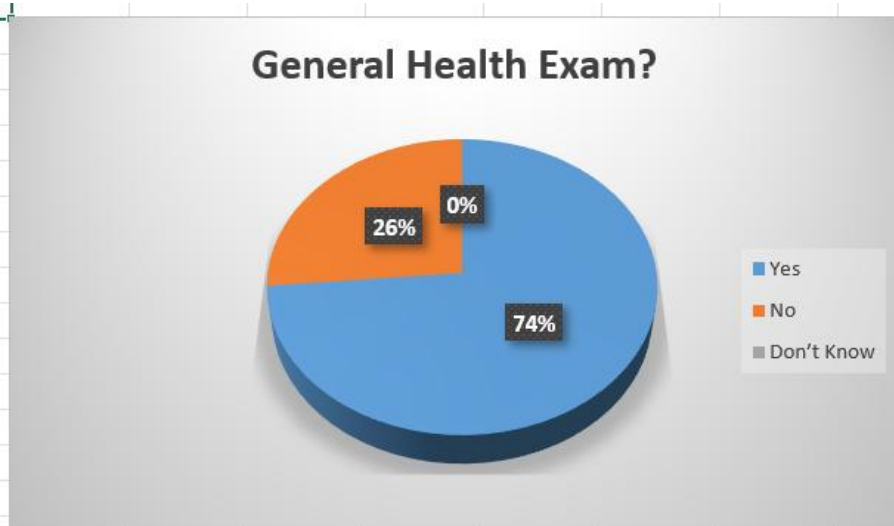
Health Habits

The following group of questions pertain to respondents' use of healthcare services to maintain a healthy lifestyle. The questions are shown alongside the graphed response rates.

There are two sections. The first section concerns measures that are considered appropriate for annual checkups. A second list concerns measures with longer (usually Five-year) horizons. The questions in this first section all begin with:

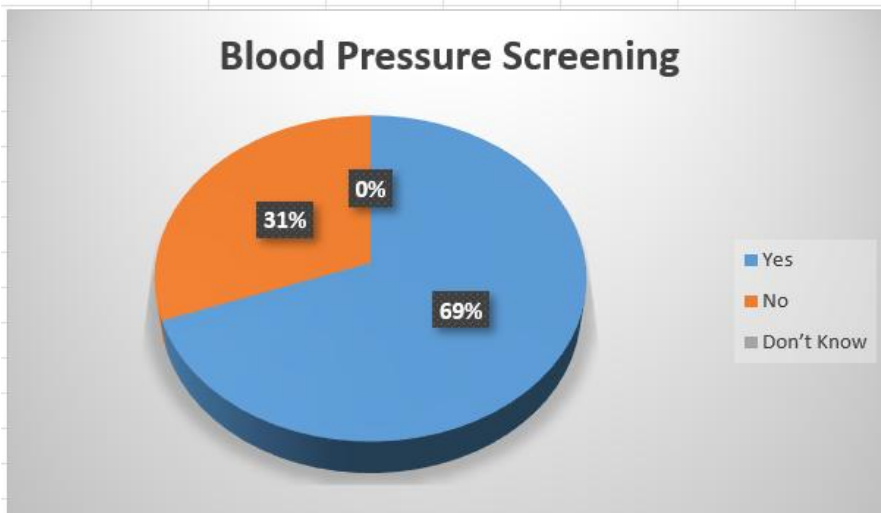
In the past twelve months, have you had:

General Health Exam



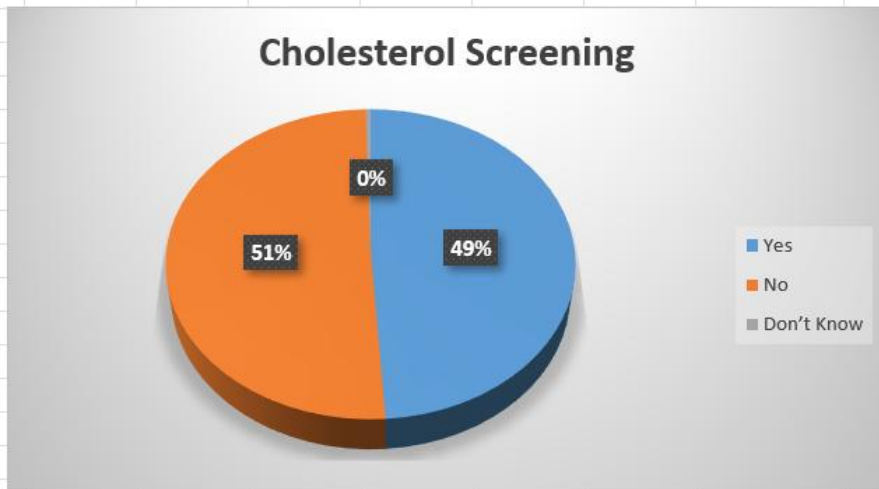
- General Health Exam*
- Yes
 - No
 - Do not know

Blood Pressure Screening



- Blood Pressure Check*
- Yes
 - No
 - Do not know

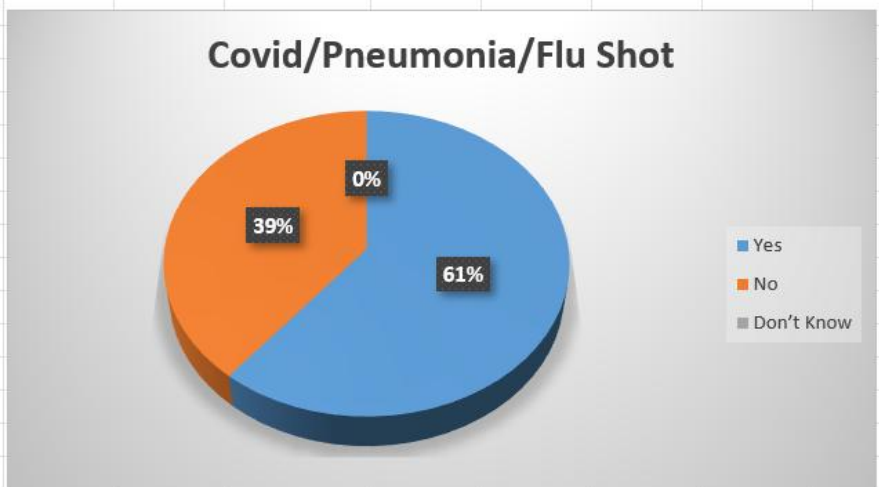
Cholesterol Screening



Cholesterol Check

- Yes
- No
- Do not know

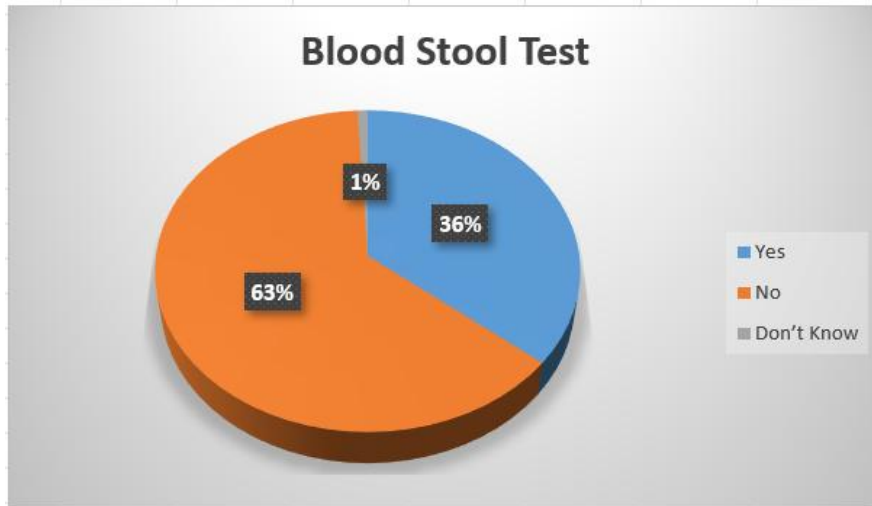
COVID/Pneumonia/Flu Shot



COVID/Pneumonia/Flu Shot (any or all)

- Yes
- No
- Do not know

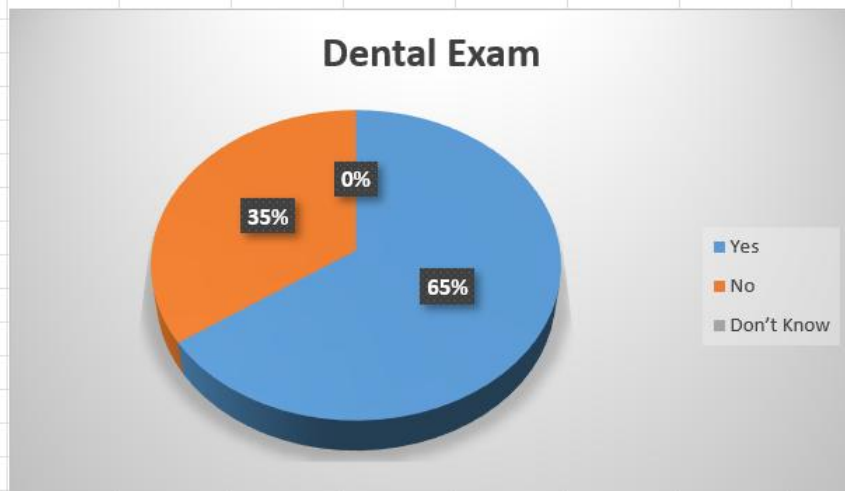
Blood Stool Test



Blood Stool Test

- Yes
- No
- Do not know

Dental Exam

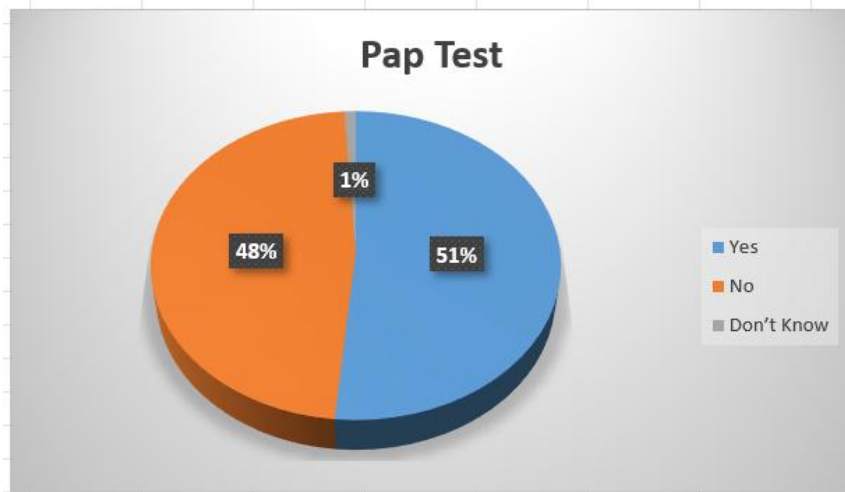


Dental Exam/Teeth Cleaned

- Yes
- No
- Do not know

This is one statistic tracked by many agencies. The rate shown here is barely above the rate shown for SPA2 in a previous chart. The rate exceeds all the statistics for other areas (Los Angeles City and County and the US nationwide).

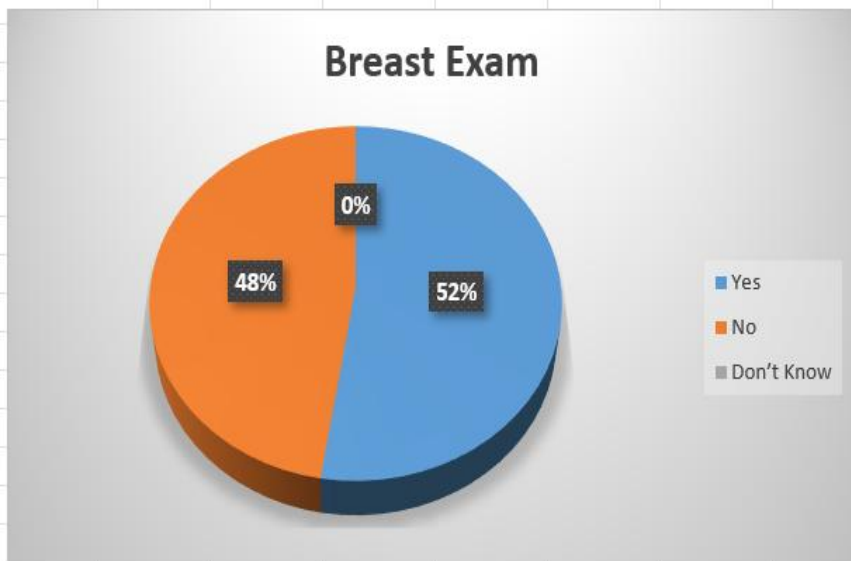
Pap Test



IF FEMALE: Pap Test

- Yes
- No
- Do not know

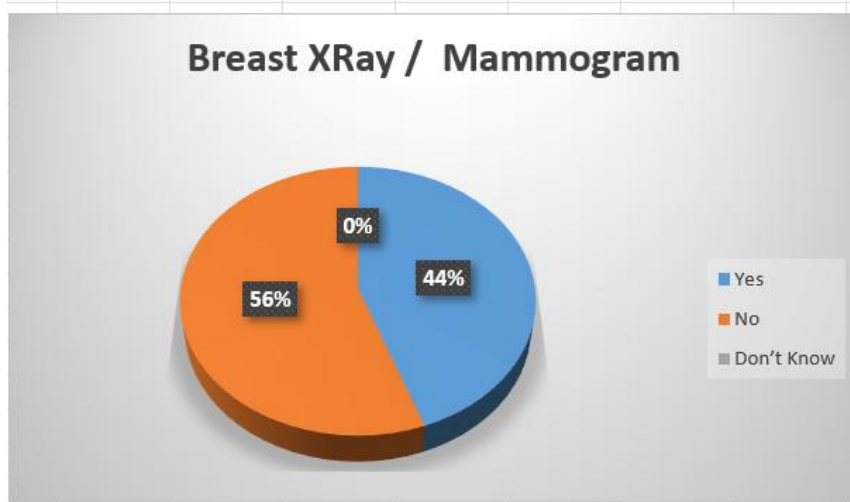
Breast Exam



IF FEMALE: Breast Exam by a Health Care Provider

- Yes
- No
- Do not know

Breast X-Ray



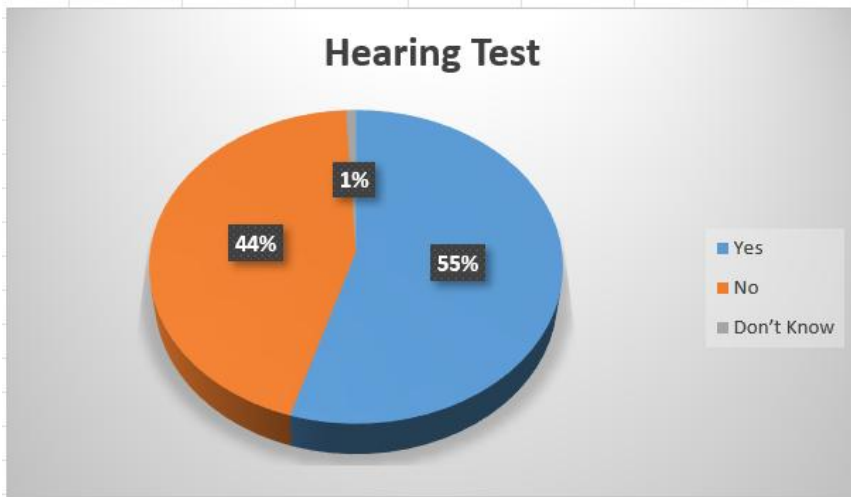
IF FEMALE: Breast X-Ray or Mammogram

- Yes
- No
- Do not know

The second portion of this question list involves tests with less frequency. These questions all begin with

In the past 5 years, have you had a (fill in all that apply):

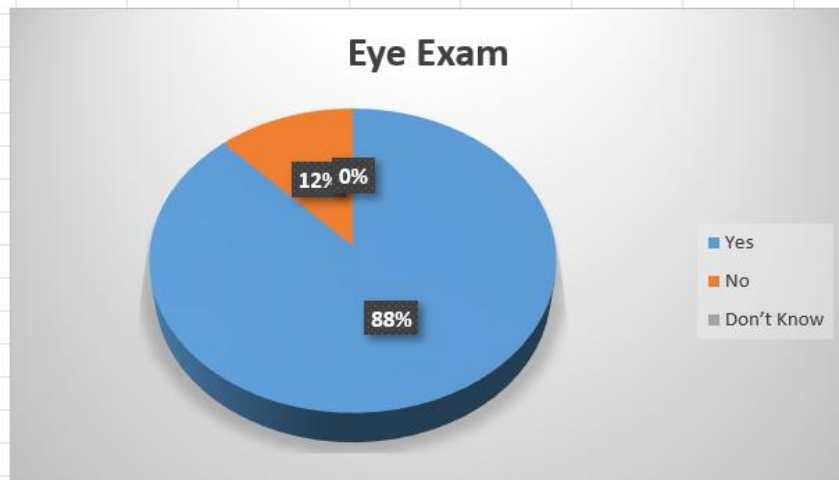
Hearing Test



Hearing Test

- Yes
- No
- Do not know

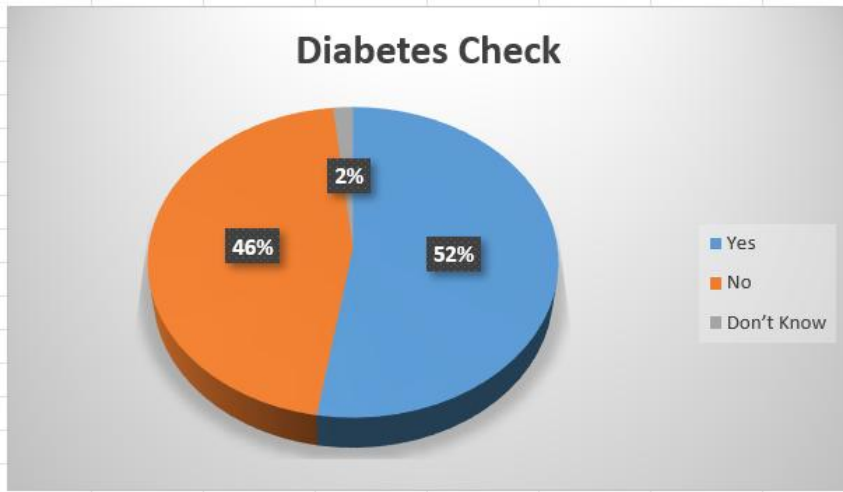
Eye Exam



Eye Exam

- Yes
- No
- Do not know

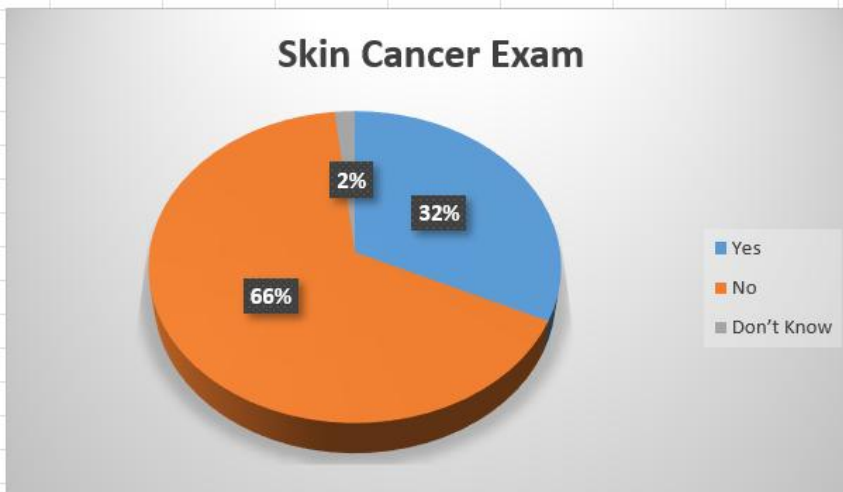
Diabetes Check



Diabetes Check

- Yes
- No
- Do not know

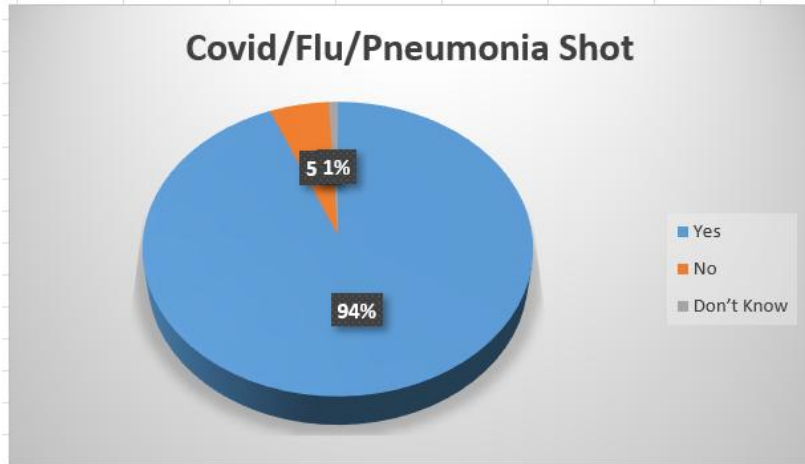
Skin Cancer Screen



Skin Cancer Screen

- Yes
- No
- Do not know

COVID/Flu/Pneumonia Shot



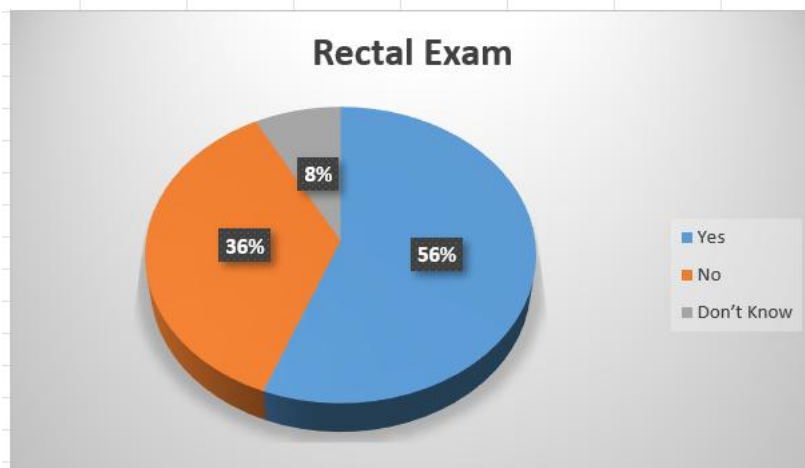
COVID/Flu/Pneumonia Shot (one or all)

- Yes
- No
- Do not know

This measure is the one with the highest reported compliance, illustrating that awareness of the need for preventive measures against communicable diseases has remained high as the COVID pandemic has subsided.

It should be noted that the percentage reported for some immunization in the past five years is substantially higher than the same statistic reported earlier for the most recent year.

Rectal Exam

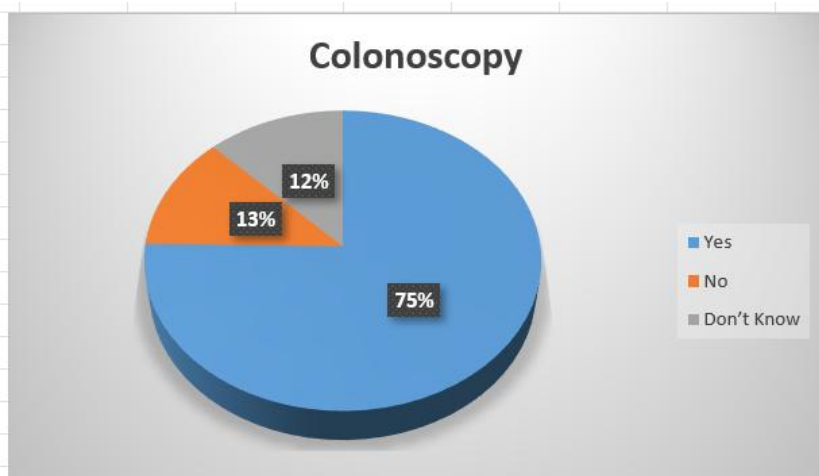


IF AGE 40 or OLDER: Rectal Exam

- Yes
- No
- Do not know

The age limit for this intervention limited the number of responses, but a slight majority of age-appropriate respondents did claim to have had the procedure. A few respondents under the age of 40 did respond to this question, and several of them were unaware of either the procedure itself or whether they had undergone it.

Colonoscopy

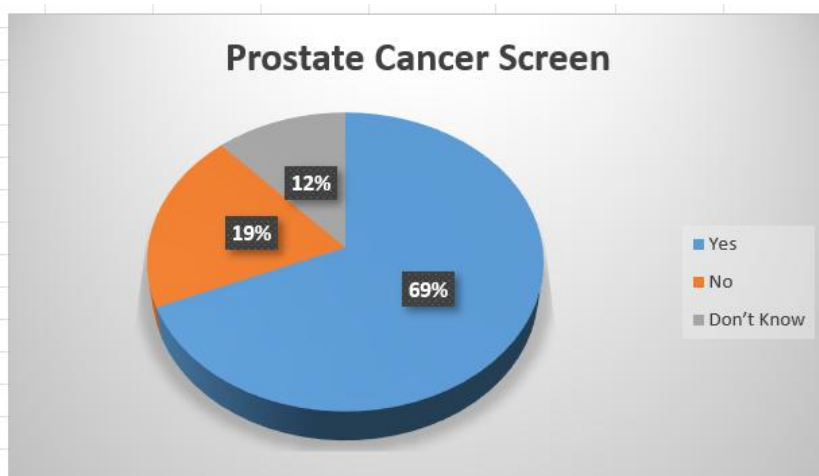


IF AGE 50 or OLDER: A Colonoscopy

- Yes
- No
- Do not know

This procedure has the second-highest acceptance rate after COVID/Pneumonia/Flu Shots. Since only 50+ respondents are asked to react, and they are among the most likely to be insured and covered for preventive procedures such as this, a correlation with the high take-up rate is a reasonable assumption.

Prostate Cancer Screen



IF MALE and AGE 40 or OLDER: A Prostate Cancer Screen/PSA

- Yes
- No
- Do not know

The next section of the questionnaire probed respondents' daily health habits, such as exercise, healthy eating habits, and weight issues.

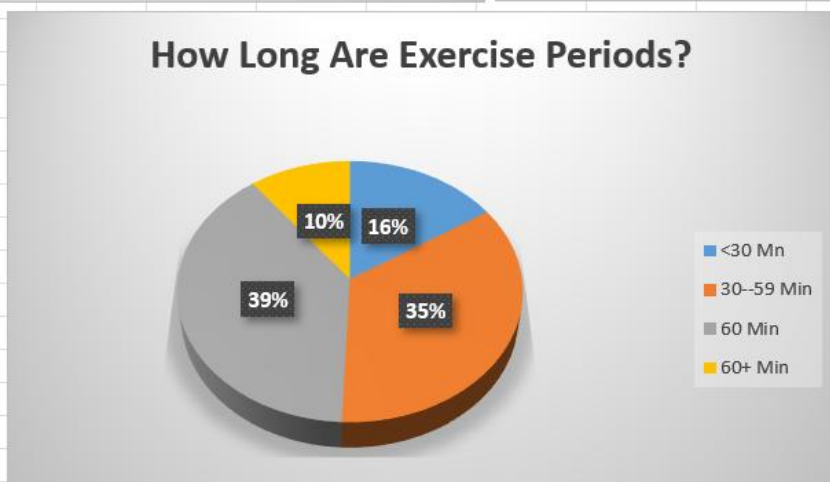
Exercise Frequency



How many times a week do you exercise?

- 0
- 1-2
- 2-4
- 4-7

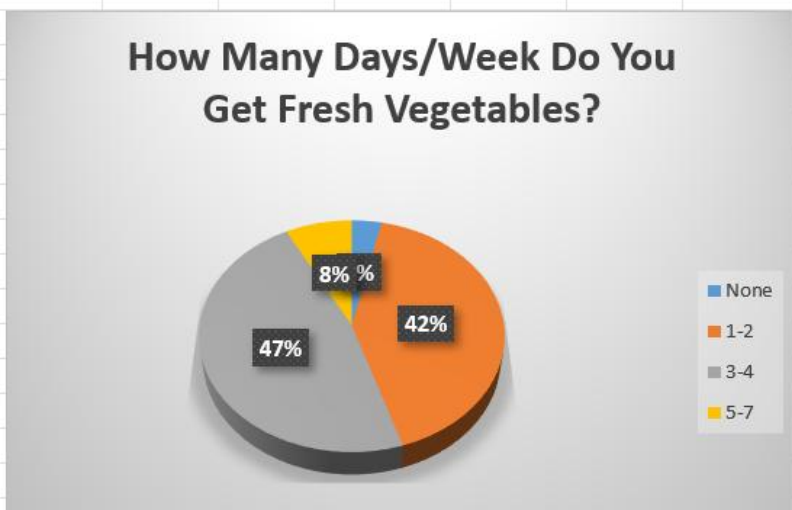
Exercise Period Length



For about how long do you exercise?

- Less than 30 minutes
- 30 minutes
- 1 hour
- Over 1 hour

Fruit / Vegetable Consumption

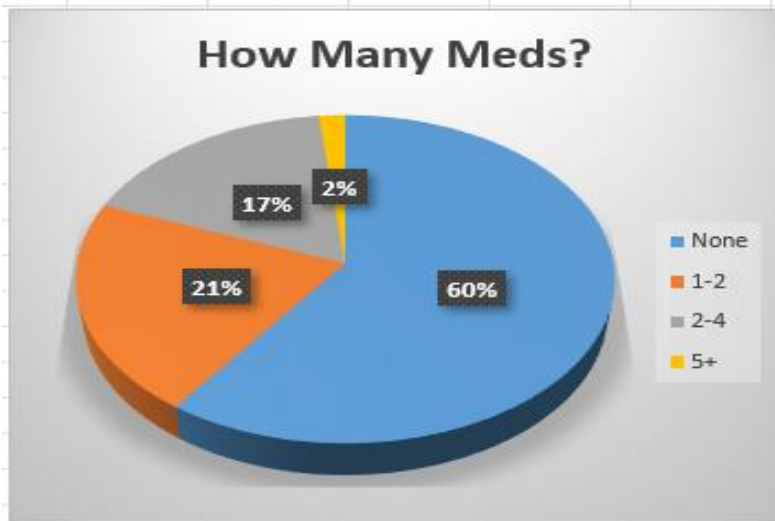


How many days per week do you eat at least 5 servings of fruits and/or vegetables?

- 0 days a week
- 1-2 days a week
- 3-4 days a week
- Over 5 days a week

This question serves as a proxy for how often the respondent eats meals that include healthy portions as opposed to fast food or snacking.

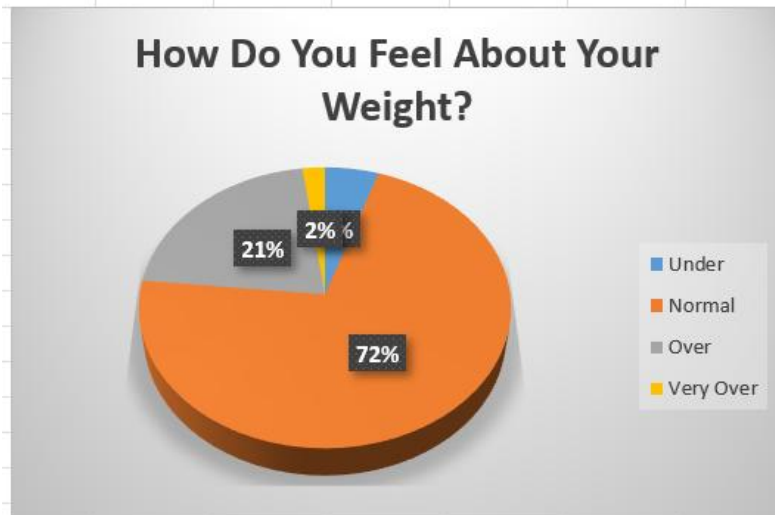
Medications



Are you on any medications?

- No
- Yes, just one
- Yes, 2 to 4
- Yes, 5 or more

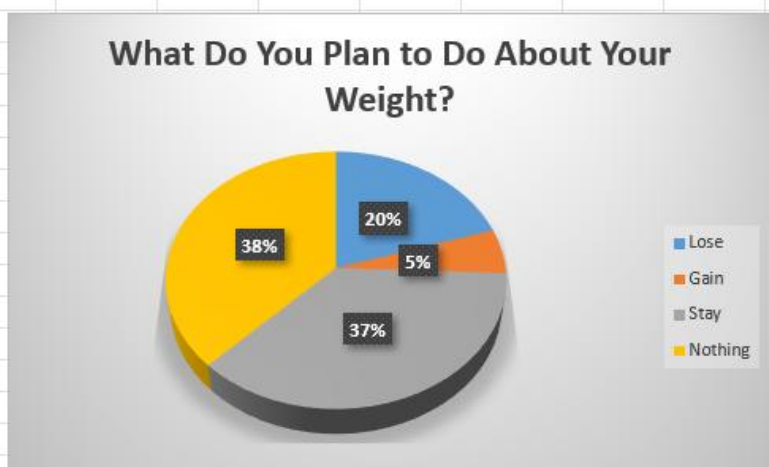
Weight Status



How would you describe your weight?

- Underweight
- About right
- Slightly overweight
- Very Overweight

Plans to Deal with Weight



Which of the following are you trying to do about your weight?

- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

This question asked whether any plans were being made to change weight. Note that “Nothing” and “Stay the Same” are the dominant responses.

This chart deals with plans, while the following chart asks about actual responses.

Weight Change Actions – Last 30 Days



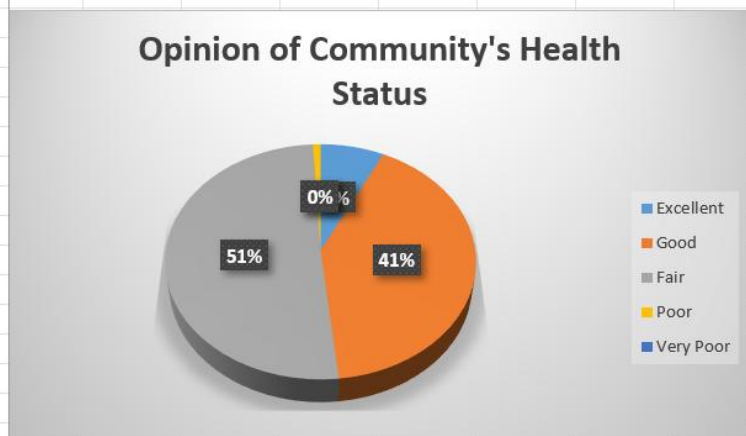
During the past 30 days, did you (Check all that apply):

- Diet to lose weight or to keep from gaining weight
- Exercise to lose weight or to keep from gaining weight
- Use Prescription weight loss treatments (Ozempic/ Zepbound, etc.) to lose weight or to keep from gaining weight
- Make no attempt to change weight

While a small portion of the respondent pool indicated attempts to diet and/or exercise, the vast majority reported no active attempts to change weight. And despite the recent publicity about new weight-loss prescriptions, their use was not reported, with one exception, among the respondents.

The next section of the questionnaire asked for opinions on the community's health status and quality of life, and posed the same questions for the respondents.

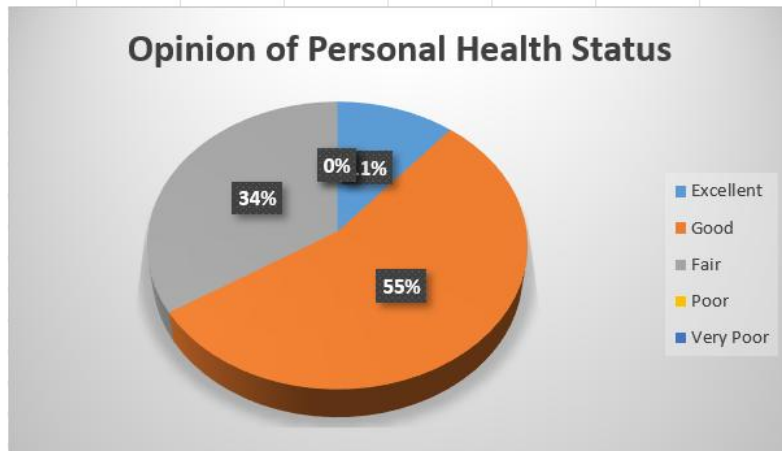
Community Health Status



How could you rate our community's overall health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

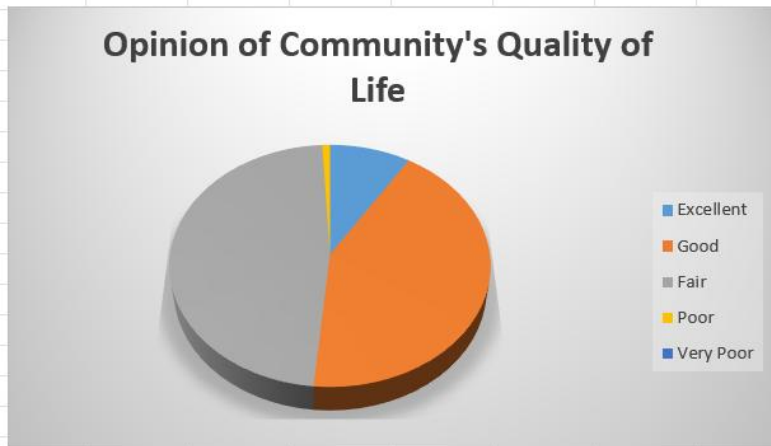
Respondent Health Status



How would you rate your own health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

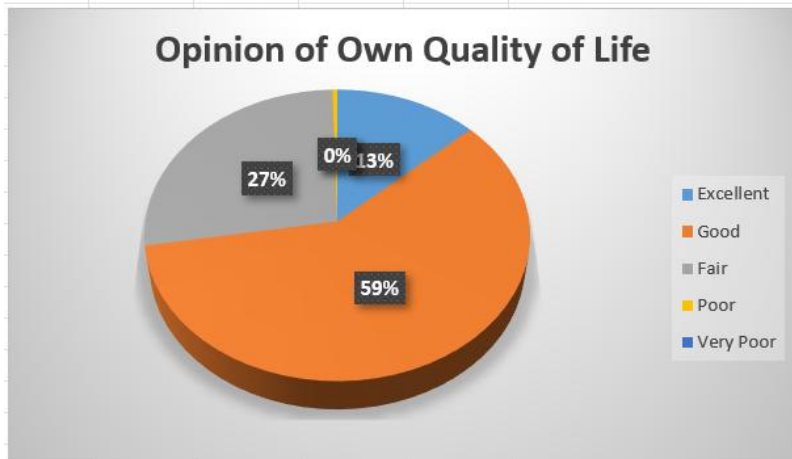
Community's Quality of Life



How would you rate our community's overall quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Personal Quality of Life



How would you rate your own quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

The next questions were in essay form. Respondents were asked to identify various issues and or influences in the community which influenced the community's overall health. Each question is listed, along with the answers provided. Not all respondents answered these questions, but the responses provide a useful range of opinions.

Community Health Problems

What do you see as the greatest health problems in our community?

- Addiction
- Communicable Disease from Homeless
- Obesity
- Mental Health
- Illness from Transients
- Expensive Insurance
- Addiction/Mental Health
- Mental Illness
- Mental Health
- Drugs
- Everything explained
- Homelessness
- Poor No Money No Healthcare
- Self-Discipline
- Poor, No Food
- Poor People
- Depression
- Healthy Food
- Climate Change

Several issues such as Mental Health and Homelessness were cited multiple times in multiple variations. These two problems were the most cited.

Who Promotes Good Health in Community

Who in our community does a good job of promoting health?

- Hospital
- Doctor's Office
- Healthcare Professional
- Our Hospital
- Doctor
- Doctor, Nurses
- No One
- Hospitals: Healthcare Centers
- Gyms hospitals and athletic facilities
- Can't Tell IDK

“Doctor” or some variant was the overwhelming response to this questions. Hospital was the other common response.

Who Doesn't Promote Good Health in Community

Who in our community does not promote good health?

- fast foods industry, liquor stores, food vendors
- Government - Enables Homelessness
- No One
- Vape Store
- Some Stores Selling Alcohol
- Store Selling E-Cigarettes
- Liquor Store
- Stores Selling Cigarettes
- Unhealthy Food, Junk Foods
- Teens
- Fast Food
- Family Itself

Smoke and vape shops were the most common responses, along with liquor stores. Fast food got fewer mentions, some of which identified specific chains.

How Could Sherman Oaks Hospital Promote Good Health

What could Sherman Oaks Hospital do better to promote good health?

- Health Education
- Promote Green Space
- More Available Health Goods
- More information About Latest Health News
- More Health Promos
- More Education
- Promote Better Healthcare
- More Informative Health Information
- They Are Doing Good So Far
- Keep It Up

The overwhelming majority of responses referenced education in some form.

What Would You Do First?

If you were in charge of improving health in our community, what would you do first?

- Educate Community
- Free Healthcare
- Build Healthy Public Policy
- Create Supportive Environment
- Affordable Healthcare
- Free Healthcare - Preventative
- Promote Optimal Health via Positive Health Behaviors
- Community Outreach Programs
- Provide Proper Nutrition
- Take Homeless off the Street
- Evaluate People for a Better Understanding of "Healthy Lifestyle"
- Free Services for the Community
- Educate and Empower Patients
- Participate in the Community Program
- (CONTINUED ON NEXT PAGE)

- Self-Care
- Take Care of Myself First
- Educate Community
- Increase Mental Health Awareness
- Join Any Health Program Outreach
- Help Poor People
- Mental Health Awareness
- Partnership with the Community
- Educate
- Join Health Program
- Volunteer
- Promote green spaces
- Access to Proper Nutrition
- Offer health education
- Foster healthy eating
- Improve Access to Care
- Housing for Homeless
- Mental Issue
- Change Mental Theory
- Free Medicine
- Housing for Poor
- More Money or Funds for Healthcare
- Chronic Health Issues
- Fix Mental Issues
- Provide Information on How to be Physically Fit
- More Access to Mental Health Centers & Housing
- People's Safety
- Focus on Obesity
- Free Medication
- More Informative Health Information

This question got the most varied responses, with many citing mental health, homelessness and healthcare access.

Most Pressing Need For You

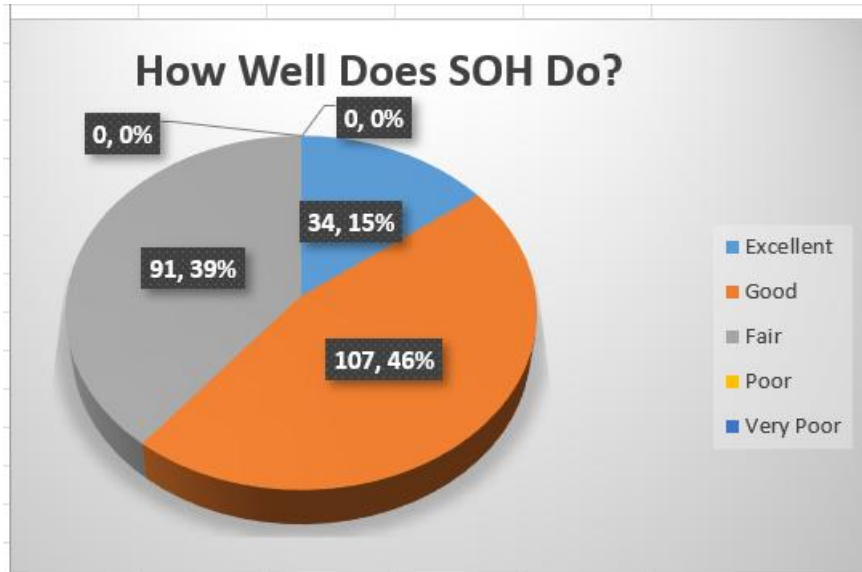
What is the most pressing health care related need for you, your family or our community?

- No Insurance
- Resources for Homeless
- Affordable Healthcare
- Insurance
- Health Insurance
- Mental Illness Awareness
- Affordability
- Poverty
- Affordable Health Care
- Poverty
- Obesity
- Affordable Insurance
- Mental Health
- Access to Care
- Chronic Health Issues
- Reliable & Affordable Preventive Care

The most common responses to this question concerned either Healthcare Affordability or Mental Health needs

One final question was posed to respondents:

How well does Sherman Oaks Hospital promote good health?



How well does Sherman Oaks Hospital promote good health?

- Excellent
- Good
- Fair
- Poor
- Very Poor

The most common response was Good, with Fair the secondary response. No respondent chose Poor or Very Poor.

APPENDIX A

STEERING COMMITTEE

The steering committee for the CHNA is composed of the operating management of the Hospital, along with board members overseeing the foundation. They include:

- Sunny Bhatia, M.D. - Chair of the Board / Chief Medical Officer
- EM V. Garcia - Vice Chair of the Board / Chief Executive Officer
- Roland L. Santos – Chief Nursing Officer (*Ex-officio non-voting member*)
- Marlena Hakobyan – Director of Nursing (*Ex-officio non-voting member*)
- J. Nathan Rubin, M.D. - Chief of Staff
- Rick Mahalingam - Regional Chief Financial Officer (*Ex-officio non-voting member*)
- Kenn Phillips - Community Member
- David Thorson - Community Member
- Jason Greenspan, M.D. - Member-at-Large
- Samuel Kashani, M.D. - Member-at-Large
- Andrew Renner, M.D. - Member-at-Large

Not all members of the steering committee were available for meetings, but the committee approved the analysis of needs and will oversee the implementation of programs to meet the needs as outlined in the Implementation program.

APPENDIX B

FOCUS GROUP INVITEES



Community Health Needs Assessment - Focus Group Meeting

- Attendee List/ Sign-in Sheet -

Date: October 15, 2025

NAME	FACILITY/-BUSINESS-GROUP	SIGNATURE	EMAIL	TELEPHONE
David Alemi	Administrator, California Healthcare and Rehab Center		fac95admin@longwoodmgmt.com	
Rebecca Brown Dana	Admissions/Marketing, California Healthcare and Rehab Center		fac95mktg1@longwoodmgmt.com	818-988-2501
Anzhela Melkonyan	VP of Business Development, PacificCare Health Management		anzhela@pacificarehm.com	818-915-5733
David Harutyunyan	Patient Pathway			
Cristina Pangulayan	Marketing, Studio City Rehab		cristinapangulayan@yahoo.com	
Carlota Espino	MGD Hospice Inc. Good Shepherd Home Health LLC California Nephrocare Assoc. Inc.		intake@mgdhospice.com	
Kenn Philips	EHMC & SOH Board Member		veakenn@gmail.com	
Mabel Catacutan	Director of Nursing Studio City Rehabilitation Center		Fac06don@logwoodmgmt.com	818-766-9551
Michelle Field	Studio City Rehabilitation Center			
Heather Shouhed	Administrator Studio City Rehabilitation Center			
Dr. Andrew Renner	EHMC & SOH Board Member		arennermd@att.net	
Jennifer Luce	Encino Neighborhood Council		jenniferluce.enc@gmail.com	818-970-5769
Jacob Cohen	South Pacific Rehab		jcohensprs@aol.com	
Bill Comerford	LAFD CERT Battalion 10		lafdcertbatt10@gmail.com	
SJ Kim	TS&B			
Tae Kim	TS&B			
Jessalynn Nguyen	TS&B			
Dan Swayze	COO of Partners In Care Foundation			
David Hautyunyan	Program Director Patient Pathway			

Jaime Moore	Deputy Chief LAFD			
CHRISTOPHER ZINE	Captain, Commanding Officer, Van Nuys Area LAPD			
Marla Ciuffetelli	Deputy Chief LAPD			
Ray Valois	Captain LAPD			
NAME	FAMILY/BUSINESS GROUP	SIGNATURE	EMAIL	TELEPHONE
John D. Shah	Commander LAPD			
Victoria Bourdas Martinez	CEO Sherman Oaks/Encino Chamber of Commerce			
Sonya Kay Blake	President and CEO, Valley Economic Alliance			
Howard Katchen	Sherman Oaks Neighborhood Council President - Area 3 Residential			
Martin Hernandez	Sherman Oaks Neighborhood Council 1st Vice President - Area 7 Business			
Roy Nwaiser	President, Encino Neighborhood Council			
Josh Sautter	Vice President, Encino Neighborhood Council			
Jennifer Luce	Secretary, Encino Neighborhood Council			

APPENDIX C

FOCUS GROUP ISSUES AS INITIALLY PROPOSED

The 38 issues that made up the brainstorming session's list are presented below, along with the points awarded for each one by the participants. Many of the items had no support in the final voting, but most were similar to the five categories that emerged, and were subsumed into those groups. The issues and their classification follow below.

Homelessness (25 points) - Self Explanatory, although different advocates viewed it through housing issues, or mental illness, or drug dependency prisms. Selected as one of the Focus Group's Primary Issues.

Treatment authorizations through HMOs (14 Points) – The first instance of this issue, it is combined with several others under the label Coordination of Care.

HMO Denials and Delays (13 points) – Combined with previous issue under Coordination of Care.

Primary and Urgent Care (11 points) – The first instance of this issue, focusing on where primary care is delivered, vs. the most appropriate location for services.

Safer and better stepdown options (8 points) – addressing the needs of downstream providers in serving clients referred from acute care providers, both in terms of care planning and payment coordination. Combined under Coordination of Care.

Chronic disease management (5 points) – The catch-all term for the need to deal with clients presenting chronic conditions or their complications. Although it is down the list in terms of points, various diseases fitting the category appear several times in the rankings, despite many receiving no points at all. Given the regularity of its occurrence, it is assigned its own Topic title.

Psychiatric Issues (9 points) – This is the earliest occurrence of issues related to Mental Health, with the writer noting that mental breakdowns were seen commonly at the Emergency Department. Classified under Mental Health.

Expansion of health education in schools (9 points) – Although not neatly classified under any of the five categories, it is seen as a need to teach students how to navigate the healthcare system to derive maximum benefit. It is grouped under Coordination of Care

Chronic Psych Disease management (6 points) – Grouped under Mental Health, since SOH has capabilities to manage difficult psychiatric cases, and manage the transition back to outpatient management.

Lack of housing options (7 points) – Most closely aligned with Homelessness, one of the aspects that group members combined to generate the large point value for Homelessness in the final sort.

Substance abuse (5 points) – Although some in the group lobbied for inclusion in the Chronic Disease category, the final decision was made to include substance abuse issues under Mental Health.

Education of chronic diseases in schools (7 points) – Although Chronic Disease was in the label, this idea was grouped with other education ideas in the Coordination of Care category.

Insurance Authorizations (5 points) – One part of the Care Coordination issue at the head of the list, it was added to that group.

Medical payments for education (6 points) – This was put up as an idea for making stipends available for nursing staff as they train. Its closest fit would be in the Coordination of Care category.

ER utilization acting as primary care (1point) – This is the on-point description of the Primary and Urgent Care problem and is grouped into that category.

Educate public on urgent care vs ER (1point) –Another Primary and Urgent Care category member.

Stroke (3 points) – This is an acute condition, but typically brought on by some of the Chronic Conditions included in that category, so it is included there.

Decreasing Age of Chronic Diseases (3 points) –A different viewpoint of the Chronic Condition issue, but it fits the category.

Social determinants of health (0 points) – The acronym is becoming ubiquitous and less focused, but still important in terms of understanding how chronic diseases become acute hospital admissions. It was subsumed under Chronic Disease Management.

Some patients over and over (0 points) –This is another description of the Primary and Urgent Care conundrum, in which patients with chronic illnesses have trouble managing their conditions, and regularly show up at the Emergency Department when things flare up. In the Primary and Urgent Care category.

Duplication of documentation (0 points) –Another example of problems with Coordination of Care, as different providers are forced to request the same data from patients when it already exists in a medical file at another provider.

Lack of transportation (0 points) – A Social Determinants of Health issue, with many residents who don't own cars are dependent on others for transport to and from appointments with providers. Although it is less of an issue in terms of coordinating care between providers, it is a frequent problem related to managing care after discharge, and so is grouped with Coordination of Care issues.

COVID longtail (0 points) – This condition is becoming part of the Chronic Disease panoply. Although the issue is no longer top of mind for public health experts, it remains a driver of hospitalizations, and new strains of the disease are still appearing.

Other epidemics (0 points) – this issue was presented as a future disease possibility. While there is no current epidemic, the possibility exists that one could arise at any time.

Funding changes (0 points) – This fits under Coordination of Care. As payment regimens change, so do the needs for management of the payment processes.

Hypertension (0 points) – This is one of the Chronic Conditions identified by EM V Garcia as a common cause of admission to SOH's Emergency Department, which can be managed to keep patients out of the Hospital.

Heart Disease (0 points) – Another Chronic Condition, with similar issues and opportunities to Hypertension.

Stepdown issues with authorizations (0 points) – This is the definition of the issue of Coordination of Care.

Meds (0 points) – This becomes a Coordination of Care issue when the cost of medications or authorizations to prescribe them get caught up in bureaucratic delays.

Discharge to home (0 points) – Another Coordination of Care issue, presenting opportunities to move inpatients to home-based recovery situations. It is an evolving paradigm, and will bear observing and finding ways to facilitate transitions to homes.

Violent clients (0 points) – Classified under Mental Health, incidents involving violence sometimes result in hospitalizations under 5150 holds. These are specialties of SOH.

Maxillo/facial surgery (0 points) – Although promoted by participants specializing in this procedure, it failed to generate final prominence as a separate issue. The reason it was raised was the perception that only one hospital could provide expertise in the procedure, and thus the community was at risk of losing capability should the current provider decide to change course, making it a Coordination of Care issue.

Only one source (0 points) – This is an expansion of the Maxillo/Facial surgery idea, suggesting that other procedural specialties might also be limited in availability. Once again, a Coordination of Care Issue.

SDOH Education of Hospital (0 points) – One of the goals of the Hospital is to encourage staffs to participate in efforts to identify out-of-hospital risks that result in hospitalizations if not addressed. As issues are raised, solutions to the Coordination of Care problems presented can be sought.

Need NGOs to participate (0 points) – This is an expressed desire to see more social organizations involved in collaborating with their members to identify SDOH issues. These groups could be sources of services to aid residents in addressing the problems that result in hospitalization if not solved.

Smoking cessation (0 points) –One of the goals of public health practitioners, education by hospital staff both in the hospital and out in the community is a desirable goal.

Change in reimbursement (0 points) –Part of the Coordination of Care area, this is an ongoing process required to keep up with changes in regulations and payment programs.

APPENDIX D

COMMUNITY RESOURCES

Numerous resources exist to provide referrals and services to residents of the San Fernando Valley. A list of providers extracted from various sources follows. Los Angeles County operates a website at www.211LA.com which, when operating, provides detailed information on available resources near any specified zip code. It was under construction at the time of this document's preparation.

Access to Care

- Care Harbor
- Child Development Institute
- Community Clinics
- California State University, Northridge
- Eisner Health
- Federally Qualified Health Centers
- Los Angeles Care Health Plan
- Los Angeles County Department of Health Services
- Los Angeles County Department of Public Health
- Los Angeles County Department of Workforce Development
- Los Angeles Department of Aging
- MEND - Meet Every Need with Dignity
- Mid-Valley Comprehensive Health Center
- Mission Community Clinic
- My Health LA
- Northeast Valley Clinic
- ONEgeneration
- Partners in Care Foundation
- Proyecto del Barrio
- Strength United
- Tarzana Treatment Center
- Valley Care Community Consortium

Cancer

- Centers for Disease Control and Prevention
- Kaiser
- Los Angeles County Medical Association
- UCLA Jonsson Comprehensive Cancer Center
- USC Norris Comprehensive Cancer Center

Dementia/Alzheimer's Disease

- AARP
- Adult Day Programs
- Alzheimer's Association
- Alzheimer's Los Angeles
- Brandman Center
- California Alzheimer's Disease Centers
- Housing for Health
- Los Angeles County DHS Hospital
- Los Angeles Department of Aging
- Northeast Valley Health Corporation
- ONEgeneration
- Partners in Care Foundation
- USC Family Caregiver Support Center
- Valley Community Center

Diabetes

- American Diabetes Association
- Centers for Disease Control and Prevention
- Department of Public Health
- Diabetes Education Programs
- Enhanced Care Management
- Federally Qualified Health Centers
- Home and Community Based Alternative

- Health Self-Management Classes
- Hope of the Valley
- Los Angeles County Medical Association
- MEND
- Mid-Valley Clinic
- Multipurpose Senior Services Program
- Northeast Valley Clinic
- North Valley Caring Services Food Distribution
- Northeast Valley Health Corporation
- Valley Community Center

Heart Disease and Stroke

- American Heart Association
- Federally Qualified Health Centers
- Los Angeles Care Health Plan
- MEND
- Valley Care Community Consortium

Homelessness

- Abode Communities
- AIDS Healthcare Foundation
- Catholic Charities
- Hope of the Valley Shelter
- LA Family Housing
- LAPD Community Safety Partnership
- Los Angeles Housing Authority
- Los Angeles Homeless Services Authority
- MEND
- Midnight Mission Family Housing Project

- New Economics for Women
- Project HomeKey
- San Fernando Valley Rescue Mission
- San Fernando Valley Homeless Coalition
- Shelter Hotline
- SPA 2 Homeless Coalition
- Transitional Living Center for Women & Children

Oral Health

- California Dental Association
- Child Development Institute
- Delta Dental
- Denti-Cal Program
- Federally Qualified Health Centers
- Los Angeles County Department of Oral Health Services
- UCLA Community Dental Resource
- Valley Care Community Consortium

Sexual Health

- Centers for Disease Control and Prevention
- Los Angeles County Department of Health Services
- Los Angeles County Division of HIV and STD Programs
- Tarzana Treatment Center

Substance Abuse

- Alcoholics Anonymous/Narcotics Anonymous
- California Department of Healthcare Services
- Centers for Disease Control and Prevention
- Cri-Help
- El Proyecto Del Barrio

- Exodus Recovery
- Center Los Angeles County Department of Public Health
- Gateways Hospital and Mental Health
- Los Angeles County Department of Public Health Substance Abuse Prevention & Control
- Los Angeles Department of Mental Health
- NAMI
- Northeast Valley Health Corporation
- Olive View Medical Center
- Penny Lane Centers
- Phoenix House
- Substance Abuse Prevention and Control
- Tarzana Treatment Center
- Valley Prevention and Treatment Center

APPENDIX E

PRIMARY DATA COLLECTION INSTRUMENT – SURVEY FORM



October 2025

Sherman Oaks Hospital has engaged KEYGROUP to gather information about day-to-day living habits that may affect your health and some questions about the care that is provided in the community you live. Your participation is voluntary. The survey will only take about 15-20 minutes and your answers will be kept strictly confidential.

This information will be very important to determine which services are provided and assess the health needs of your community. We are grateful for your time and co-operation.

If you have any questions, please contact Tricia Ercoli at (818) 995-5000.

Thank You.

GENERAL INFORMATION

1. What zip code do you live in?

2. How long have you lived in the community?

- Less than one year
- 1 to 5 years
- 6 to 10 years
- 11 to 20 years
- More than 20 years

3. Do you own or rent your residence?

- Own
- Rent
- Other (please specify)

4. What is your age bracket?

- Under 18
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- Over 65

5. How would you describe yourself? (Choose one or more from the following racial groups)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White (non-Hispanic)

Sherman Oaks Hospital
Community Health Survey
September 2025

6. Are you female or male?

- Male
- Female
- Non-Binary
- Decline to state

7. Are you currently employed?

- Yes
- No
- Full-time Student
- Other (please specify)

8. What are your income and your total household income?

Your income

- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000

Total household

- Under \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 to \$249,999
- Over \$250,000

9. Do you currently have health insurance?

- Yes
- No (Skip to Question 11)

10. Who pays for your health insurance (Check all that apply)?

- Current employer (HMO, PPO)
- Former employer (COBRA)
- State government (Medi-Cal)
- State Government (Covered California)
- National government (Medicare, Medicaid)
- Local government
- Self funded
- Other (please specify)

11. Why do you currently not have health insurance (Check all that apply)?

- Cannot afford insurance
- Lost employment
- Insurance company refused coverage for health reasons
- Employer does not pay for insurance
- Not eligible for employer-paid insurance
- Do not believe in insurance
- Do not need insurance
- Dissatisfied with previous insurance plan or provider
- Other (please specify)

HEALTH HABITS

12. In the past 12 months, have you had a (fill in all that apply):

General Health Exam

- Yes
- No
- Do not know

Blood Pressure Check

- Yes
- No
- Do not know

Cholesterol Check

- Yes
- No
- Do not know

COVID/Pneumonia/Flu Shot (any or all)

- Yes
- No
- Do not know

Blood Stool Test

- Yes
- No
- Do not know

Dental Exam/Teeth Cleaned

- Yes
- No
- Do not know

IF FEMALE: Pap Test

- Yes
- No
- Do not know

Sherman Oaks Hospital
Community Health Survey
September 2025

IF FEMALE: Breast Exam by a Health Care Provider

- Yes
- No
- Do not know

IF FEMALE: Breast X-Ray or Mammogram

- Yes
- No
- Do not know

13. In the past 5 years, have you had a (fill in all that apply):

Hearing Test

- Yes
- No
- Do not know

Eye Exam

- Yes
- No
- Do not know

Diabetes Check

- Yes
- No
- Do not know

Skin Cancer Screen

- Yes
- No
- Do not know

COVID/Flu/Pneumonia Shot (one or all)

- Yes
- No
- Do not know

IF AGE 40 or OLDER: Rectal Exam

- Yes
- No
- Do not know

IF AGE 50 or OLDER: A Colonoscopy

- Yes
- No
- Do not know

IF MALE and AGE 40 or OLDER: A Prostate Cancer Screen/PSA

- Yes
- No
- Do not know

14. In the past 12 months, have you had problems getting needed health care?

- Yes
- No

15. If yes, please provide the reason(s) for the difficulty in getting healthcare.

- Lack of insurance
- Health care provider would not accept your insurance
- Insurance would not approve pay for care
- Cannot afford co-pay
- Lack of transportation
- Language barriers
- Travel distance to provider too great
- Cannot understand my doctor

16. How many times a week do you exercise?

- 0
- 1-2
- 2-4
- 4-7

17. For about how long do you exercise?

- Less than 30 minutes
- 30 minutes
- 1 hour
- Over 1 hour

18. How many days per week do you eat at least 5 servings of fruits and/or vegetables?

- 0 days a week
- 1-2 days a week
- 3-4 days a week
- Over 5 days a week

19. Are you on any medications?

- No
- Yes, just one
- Yes, 2 to 4
- Yes, 5 or more

20. How would you describe your weight?

- Underweight
- About right
- Slightly overweight
- Very Overweight

21. Which of the following are you trying to do about your weight?

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

22. During the past 30 days, did you (Check all that apply):

- Diet to lose weight or to keep from gaining weight
- Exercise to lose weight or to keep from gaining weight
- Use Prescription weight loss treatments (Ozempic/~~Zeabound~~, etc.) to lose weight or to keep from gaining weight
- Make no attempt to change weight

COMMUNITY INFORMATION

23. How could you rate our community's overall health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

24. How would you rate your own health status?

- Excellent
- Good
- Fair
- Poor
- Very Poor

25. How would you rate our community's overall quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

26. How would you rate your own quality of life?

- Excellent
- Good
- Fair
- Poor
- Very Poor

27. What do you see as the greatest health problems in our community?

28. Which four diseases/conditions do you believe are the most common in our community?

- Cancer-general
- Breast Cancer
- Respiratory diseases-adults
- Asthma-children
- Diabetes
- Heart disease
- High Blood Pressure
- Poor Nutrition
- Lack of physical activity
- Obesity
- Smoking
- Stroke
- Substance abuse- alcohol
- Substance abuse-drugs
- Mental Health Disorders
- Dental Problems
- Immunizations- children
- Immunizations- adults
- Other (please specify)

29. Which three behavioral risk factors are the most common in our community?

- Access to affordable health care
- Access to physicians
- Inadequate transportation
- Lack of grocery stores
- Access to fresh, healthy food
- Wearing seatbelts
- Lack of safe places for physical activity
- High number of uninsured people
- Poverty
- Unemployment
- Illiteracy
- Other (please specify)

30. Who in our community does a good job of promoting health?

31. Who in our community does not promote good health?

32. How well does Sherman Oaks Hospital promote good health?

- Excellent
- Good
- Fair
- Poor
- Very Poor

33. What could Sherman Oaks Hospital do better to promote good health?

34. If you were in charge of improving health in our community, what would you do first?

35. What is the most pressing health care related need for you, your family or our community?