



2026 Community Health Needs Assessment



SFCHC

SAN FERNANDO COMMUNITY
HEALTH CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT

San Fernando Community Health Center

July 6, 2026

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1. Introduction

1.1 Background and Purpose

This Community Health Needs Assessment (CHNA) was conducted to identify the health needs and priorities of San Fernando Community Health Center's service area to inform and improve the delivery of health center services. The assessment fulfills requirements of the Health Center Program under Sections 330(k)(2) and 330(k)(3)(J) of the Public Health Services (PHS) Act.

A CHNA is a data-driven process that identifies unmet health needs within a defined geographic area, characterizes the population most affected, and provides the evidence base for health center programming and strategic planning. This report presents findings across multiple domains, including community demographics, social determinants of health, health care access, chronic and acute disease, and health disparities.

1.2 History

San Fernando Community Health Center (SFCHC) is a state-of-the-art, Federally Qualified Health Center (FQHC) located in the San Fernando Valley, about twenty three miles north of Downtown Los Angeles, near the foothills of the San Gabriel Mountains. SFCHC began in 1923 as the San Fernando Valley's first hospital, San Fernando Community Hospital, later doing business as (dba) Mission Community Hospital (MCH). In 2013, MCH was purchased by a for-profit firm. Prior to the sale of the hospital, the hospital Board supported the construction of a new comprehensive primary care facility. This new health center is now operated by the nonprofit entity that formerly operated the hospital and its governance is completely independent from the for-profit hospital. The non-profit, San Fernando Community Hospital, now uses the dba San Fernando Community Health Center. SFCHC received its FQHC designation in August 2015.

SFCHC operates three service delivery sites, which provide culturally and linguistically appropriate primary healthcare targeting the low-income, homeless and underserved communities. Services include medical, dental, mental health, enabling and health education services. SFCHC's Teaching Kitchen, which provides instruction in nutrition and diabetes management, stands out as a unique service that other FQHCs do not offer. SFCHC's main site at 732 Mott Street Suite 100-110, San Fernando, CA 91340 is housed in the same historical location that was the site of the first hospital. This clinic space encompasses 17,115 square feet and includes primary medical, dental, behavioral health, and enabling and health education services.

The health center’s satellite site at 11134 Sepulveda Blvd Mission Hills, CA 91346, within the Harbor Cares Recuperative Center, is 1,502 square feet and provides medical, case management and preventive dental services with referrals provided to the main site per patients’ needs.

SFCHC’s latest site located at 14533 Lanark St Panorama City CA 91402 opened January 2026. SFCHC was invited by Holos Communities - a non-profit developer - to partner with them on their largest housing project to date. Corazon del Valle - "Heart of the Valley" - is a new housing development in Panaroma City that provides 180 affordable apartments for nearly 400 residents. Corazon del Valle has units for very low-income individuals and families. In addition, half of the units have been designated as permanent supportive housing for tenants with disabilities or chronic illnesses, or individuals who have experienced homelessness. SFCHC- Lanark is located on the first floor of the apartment complex and opens directly to the street on Lanark, so we are accessible to both Corazon del Valle residents and the community at large. The campus is also directly across the street from Panorama High School. The 1,495 sqft clinical space offers dental, medical, and enabling services to Corazon del Valle residents and the community at large.

SFCHC is a patient-centered medical home -- a model of primary care that combines teamwork and information technology to improve care, improve patients’ experience of care, and reduce costs. Medical homes foster ongoing partnerships between patients and their personal clinicians, instead of approaching care as the sum of episodic office visits. Each patient’s care is overseen by clinician-led care teams that coordinate treatment across the health care system. Research shows that medical homes can lead to higher quality and lower costs and can improve patient and provider reported experiences of care.

2. Data Collection Methodology

2.1 Secondary Data Sources

Secondary data were collected from multiple publicly available federal, state, and county sources. Data are presented at the ZIP code, SPA, county, and state levels to contextualize local findings within broader geographic benchmarks. The following sources were used:

TABLE 1: Data Sources Used

Source	Dataset / Tool	URL / Access
U.S. Census Bureau	ACS 2018–2022 & 2024 5-year estimates	data.census.gov
CDC PLACES	Local Data for Better Health — ZCTA 2024	data.cdc.gov
LA County Dept. of Public Health	SPA 2 Health Profiles; CHIS 2018–2022	publichealth.lacounty.gov

Source	Dataset / Tool	URL / Access
Valley Presbyterian Hospital	CHNA 2024 (overlapping service area)	valleypres.org
CA Health Interview Survey (CHIS)	Adult, Adolescent & Child surveys	ask.chis.ucla.edu
HRSA Data Warehouse	Health Professional Shortage Areas (HPSA)	data.hrsa.gov
CA Dept. of Public Health	Birth data, mortality, vital records	cdph.ca.gov
County Health Rankings & Roadmaps	LA County health factor rankings	countyhealthrankings.org
zip-codes.com / simplemaps.com	ACS-derived income & demographics by ZIP	zip-codes.com

2.2 Notes on Data Limitations

ZIP code-level data are not available for all health indicators. Where ZIP-level data were unavailable, SPA 2, county, or state data are used as proxies and noted in the text. American Community Survey (ACS) estimates carry margins of error, particularly for smaller geographies. Several ZIP codes (91405, 91406, 91601, 91605, 91606, 91607) rely on ACS 2020–2024 5-year estimates; averages for North Hollywood and Van Nuys area-level data are noted with * in the tables.

This assessment relies substantially on secondary data from sources that may not fully capture the most vulnerable or hard-to-reach populations — including undocumented immigrants, homeless individuals, and justice-involved persons.

2.3 Health Need Identification

Health disparities and needs within SFCHC’s service area were identified through review of secondary data. Narrowing health disparities and addressing health needs is key to improving the health of SFCHC’s target population and reducing unnecessary health care costs. SFCHC acknowledges that, on its own, it cannot reduce longstanding disparities in health, but it is committed to work with partners in housing, social services, and others to help. The following domains were assessed:

- Factors associated with access to care and health care utilization (for example, geography, insurance status, unemployment, income level, educational attainment);
- The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, behavioral health) as well as any associated health disparities; and

- Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status).

3. Community Demographics

3.1 Service Area

SFCHC analyzed the ZIP codes where its 2025 patients resided. The 15 ZIP codes shown in Table 1 below represent 81% of SFCHC patients seen in 2025 and define SFCHC's service area. The top three ZIP codes of Pacoima (91331), San Fernando (91340) and Sylmar (91342) make up where half (49.4%) of SFCHC patients reside.

SFCHC's service area is in the San Fernando Valley, a region of LA County nestled to the north of the Los Angeles basin. The San Fernando Valley is bounded by the San Gabriel (north and northeast), Santa Susana (north), and Santa Monica (south) mountains and the Simi Hills (west). Originally an agricultural area, the San Fernando Valley occupies 260 square miles and is where the Golden State Freeway (I-5) and the San Diego Freeway (I-405) connect. The Ronald Reagan Freeway (CA-118) bisects the community. SFCHC's service area is located within Los Angeles City Council Districts 2, 6, and 7, and LA County Service Planning Area 2 (SPA 2).

Together, these fifteen ZIP codes represent an estimated 851,000 residents. The area is predominantly Hispanic/Latino and includes communities with high concentrations of poverty alongside more economically stable neighborhoods, reflecting the significant economic heterogeneity of the San Fernando Valley.

TABLE 2: SFCHC Service Area ZIP codes Based on Patient Origin Study

ZIP Code	Community	% 2025 SFCHC patients	Population
91331	Pacoima	15.6%	99,804
91335	Reseda	1.9%	77,158
91340	San Fernando	17.0%	33,424
91342	Sylmar	16.8%	92,580
91343	North Hills	5.5%	63,193
91344	Granada Hills	3.1%	52,890
91345	Mission Hills	6.9%	18,714
91352	Sun Valley	2.4%	45,601
91402	Panorama City	5.2%	67,937
91405	Van Nuys (West)	1.7%	55,319

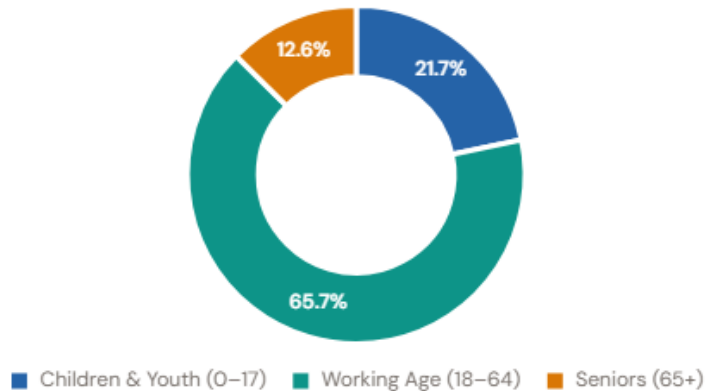
ZIP Code	Community	% 2025 SFCHC patients	Population
91406	Van Nuys (East)	1.7%	53,252
91601	North Hollywood	0.5%	39,429
91605	N. Hollywood (West)	2.0%	54,341
91606	N. Hollywood (East)	0.3%	43,955
91607	Valley Village	0.4%	30,502
TOTAL	Service Area		850,599

Source: U.S. Census Bureau, ACS 2020–2024 5-Year Estimates.

3.2 Age Distribution

SFCHC’s service area has a slightly younger age profile than Los Angeles County overall, driven by the large Hispanic/Latino population with higher proportions of children and working-age adults. Valley Village (91607) is a notable exception, with a median age of 38 years and a higher proportion of adults relative to children.

FIGURE 1: Age Groups – Service Area Overview



Source: ACS 2018–2022 (DP05); youth and senior rates averaged across 15 ZIPs

Children and youth (ages 0–17) comprise 21.7% of the population across all service area ZIP codes. Panorama City (91402) and Pacoima (91331) have the highest proportions of youth at 24.6% and 24.5% respectively, while Valley Village (91607) has the lowest at 14.2%. Working age residents (18–64) make up the majority of the service area population at 65.7%. Seniors (65+) range from 11.2% in Van Nuys West (91405) to 14.8% in Reseda (91335).

3.3 Race and Ethnicity

SFCHC’s service area remains a majority Hispanic/Latino community. Hispanic or Latino residents represent 58.4% of the service area population, compared to 48.8% in Los Angeles

County and 39.4% statewide. White non-Hispanic residents represent 24.1%, Asian residents 9.2%, and Black or African American residents 3.6%. The following table and charts present the full racial and ethnic composition.

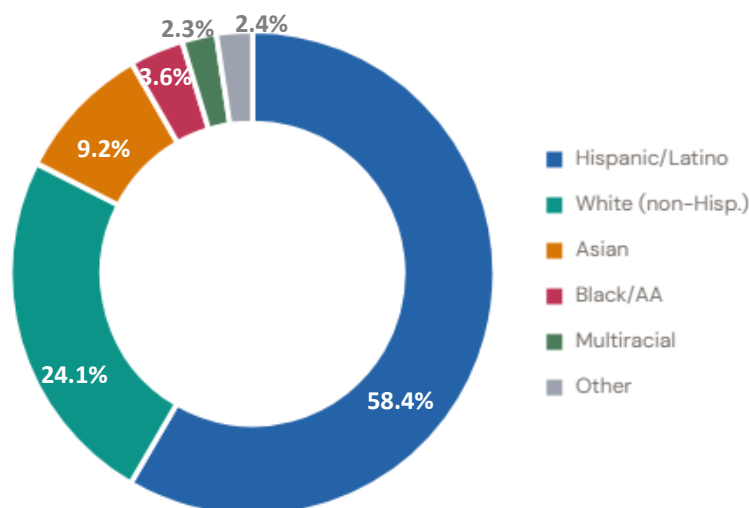
TABLE 3: Comparison of major racial/ ethnic groups (%)

Race / Ethnicity	Service Area	LA County	California
Hispanic or Latino	58.4%	48.8%	39.4%
White (non-Hispanic)	24.1%	26.5%	36.8%
Asian	9.2%	15.5%	15.5%
Black or African American	3.6%	7.6%	5.7%
Multiracial	2.3%	2.9%	3.2%
American Indian / Alaska Native	0.4%	0.4%	0.7%
Native Hawaiian / Pacific Islander	0.2%	0.3%	0.4%
Other race	1.8%	0.4%	0.3%

Source: U.S. Census Bureau, ACS 2018–2022 and 2020–2024 5-Year Estimates (DP05). Service area estimates are population-weighted averages across all 15 ZIP codes.

Within individual ZIP codes, there is significant demographic variation. Pacoima (91331) remains 88.3% Hispanic or Latino – one of the highest concentrations in LA County. Valley Village (91607) is 65.2% White and only 20.3% Hispanic or Latino — a notable contrast within the same service area. North Hollywood ZIP codes (91601, 91605, 91606) reflect a mixed Hispanic/White/Asian composition typical of transitional urban neighborhoods. This internal diversity underscores the importance of community-specific outreach strategies rather than a one-size-fits-all approach.

FIGURE 2: Race & Ethnicity – Service Area (Population-weighted estimate across 15 ZIP codes)

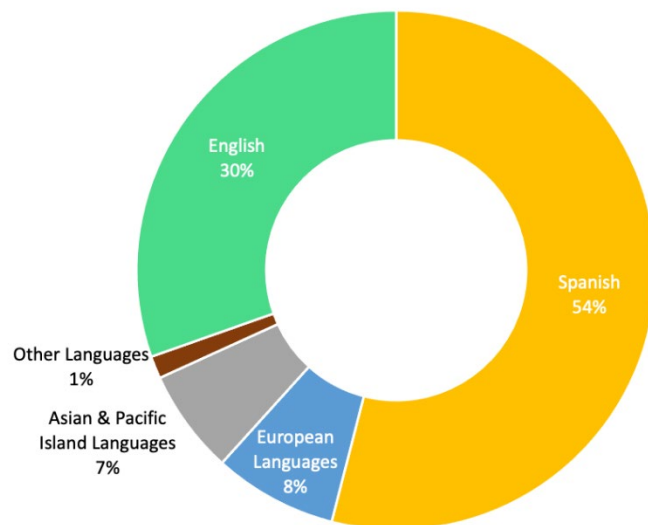


Source: U.S. Census Bureau, ACS 2018–2022 & 2020–2024 5-Year Estimates (DP05)

3.3 Language and Limited English Proficiency

Across LA County SPA 2, approximately 44% of residents speak a language other than English at home, and roughly 22% are considered limited English proficient (LEP). A significant proportion of service area residents speak a language other than English at home. In the Van Nuys and North Hollywood areas, approximately 53–62% of residents speak a language other than English at home, and 36–43% are foreign-born. Spanish is the predominant non-English language across the service area. See Figure 3 below.

FIGURE 3: Major languages spoken at home, population 25 years and older



Source: U.S. Census Bureau, 2020 ACS 5-Year Estimates

Patients and families with limited English proficiency (LEP) face barriers to health care service access, experience lower quality care, and suffer worse health outcomes. The need for well-trained interpreters and bilingual health care providers is critical, as these have shown to improve patient satisfaction, quality of care, and health outcomes for patients with LEP.¹

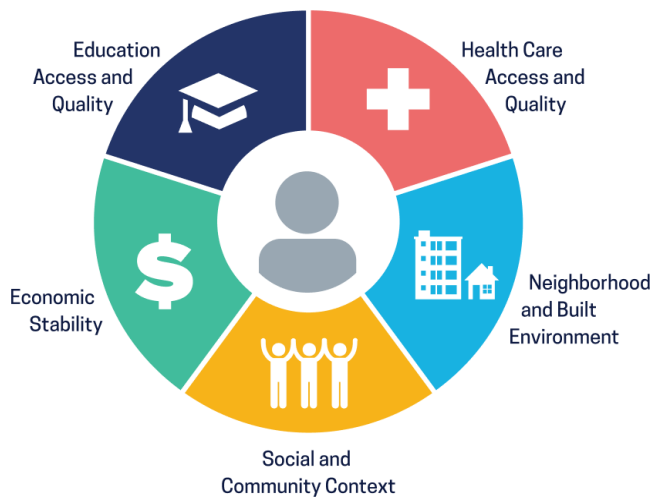
4. Social Drivers of Health

Social Drivers of Health (SDOH), are the conditions in which people are born, live, learn, work, play and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.² SDOH can be grouped into 5 domains as shown in Figure 4 below.

¹ *AMA J Ethics*. 2021;23(2):E109-116. doi: 10.1001/amajethics.2021.109.

² Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

FIGURE 4: Social Drivers (or “determinants”) of health



These conditions are mostly determined by a distribution of money, power, and resources, and have a major impact on people’s health, well-being, and quality of life. Many of these circumstances aren’t fair, and the unjust differences in the social drivers of health lead to health disparities and inequities.

4.1 Economic Stability

INCOME

Income is one of the strongest predictors of health outcomes worldwide. People living in poverty are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. Programs and policies that make food, housing, health care, and education more affordable can help reduce poverty.³

Household income varies significantly across the fifteen ZIP codes. The lowest household income ZIP code remains 91402 (Panorama City) at a median of \$57,369, followed by 91405 (Van Nuys West) at \$62,900 and 91605 (North Hollywood West) at \$65,481. The highest household income ZIP code is 91344 (Granada Hills) at \$119,345. Of the fifteen ZIP codes in the service area, nine have median household incomes below the LA County median of \$90,112 (shown in red on Table 3). Economic insecurity and poverty are cross-cutting risk factors that affect health outcomes across all priority need areas.

³ “Health, Income, & Poverty: Where We Are & What Could Help,” Health Affairs Health Policy Brief, October 4, 2018. <https://doi.org/10.1377/hpb20180817.901935>

TABLE 4: Median Household Income by ZIP Code

ZIP	Community	Median HH Income	Avg. HH Income
91402	Panorama City	\$57,369	\$80,975
91405	Van Nuys (West)	\$62,900	\$97,947*
91605	N. Hollywood (West)	\$65,481	\$94,618*
91606	N. Hollywood (East)	\$66,200	\$94,618*
91352	Sun Valley	\$78,239	\$100,624
91406	Van Nuys (East)	\$78,429	\$97,947*
91601	North Hollywood	\$79,607	\$94,618*
91331	Pacoima / Arleta	\$84,227	\$102,473
91340	San Fernando	\$85,261	\$112,621
91335	Reseda	\$86,000	—
91607	Valley Village	\$87,874	\$104,500*
91343	North Hills	\$88,000	—
91345	Mission Hills	\$94,215	\$112,042
91342	Sylmar	\$98,118	\$115,644
91344	Granada Hills	\$119,345	—
LA County	Benchmark	\$90,112	\$128,770

Source: ACS 2024 5-year estimates. * = area-level or PUMA-level estimate. Margins of error apply.

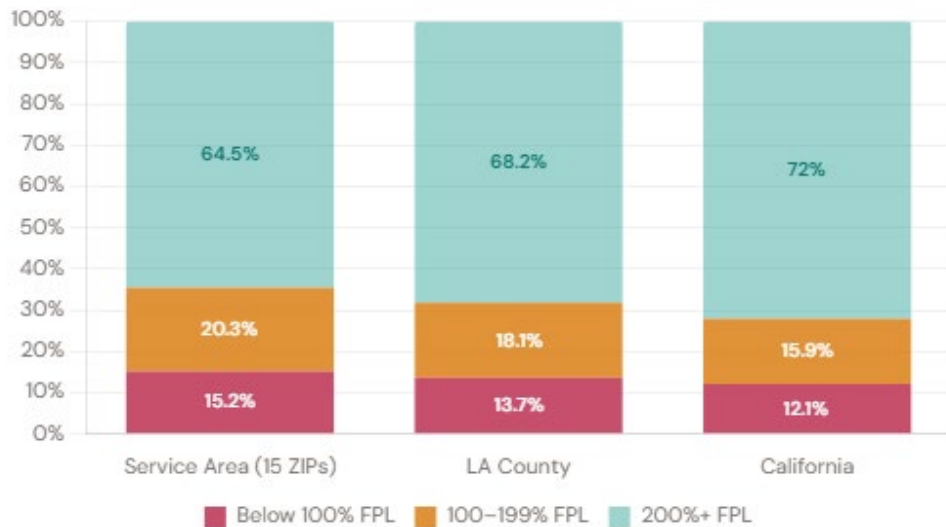
Income relative to the Federal Poverty Level (FPL) is a more sensitive measure of economic need than median income alone, because eligibility for Medi-Cal, CalFresh, WIC, sliding-scale clinic fees, and most safety-net programs is determined by FPL thresholds. For 2026, the FPL was set at an annual income of \$15,960 for one person and \$33,000 for a family of four.⁴ The analysis below divides service area residents into three tiers: those in poverty (below 100% FPL), low-income residents (100–199% FPL), and residents at or above 200% FPL.

Across the fifteen-ZIP service area, an estimated 15.2% of residents (approximately 125,700 people) live below 100% of the Federal Poverty Level — higher than the LA County rate of 13.7% and the California rate of 12.1%. An additional 20.3% (approximately 167,700 people) live between 100% and 199% of FPL. Combined, more than 1 in 3 service area residents (35.5%,

⁴ <https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detailed-guidelines-2026.pdf>

roughly 293,500 people) live in low-income households below 200% FPL, the threshold commonly used to define the safety-net population.

FIGURE 5: FPL Service Area vs. LA County vs. California (Population-weighted aggregates)



Source: ACS S1701. County benchmark: 13.7% / 31.8% below 100% / 200% FPL.

Panorama City (91402) carries the heaviest economic burden in the service area: nearly half of its residents (48.3%) live below 200% FPL, including 19.3% in poverty. Van Nuys West (91405) follows closely at 44.4% below 200% FPL with the highest poverty rate in the service area (20%). At the other extreme, Granada Hills (91344) has an estimated 82% of residents at or above 200% FPL. The roughly 30-percentage-point spread between the most and least economically burdened ZIP codes underscores the need for geographically targeted safety-net services.

TABLE 5: FPL by ZIP Code vs. LA County vs. California

ZIP	Community	Below 100% FPL (in poverty)	100–199% FPL (low-income)	200%+ FPL
91405	Van Nuys (West)	19.9%	24.5%	55.6%
91402	Panorama City	19.3%	29.0%	51.7%
91606	N. Hollywood (East)	18.6%	19.4%	62.0%
91343	North Hills	17.8%	17.2%	65.0%
91605	N. Hollywood (West)	17.7%	21.6%	60.7%
91601	North Hollywood	17.1%	15.7%	67.2%
91406	Van Nuys (East)	16.9%	20.9%	62.2%
91331	Pacoima	16.2%	24.1%	59.7%

ZIP	Community	Below 100% FPL (in poverty)	100–199% FPL (low-income)	200%+ FPL
91607	Valley Village	14.0%	13.0%*	73.0%*
91352	Sun Valley	13.3%	24.3%	62.4%
91342	Sylmar	13.2%	17.5%	69.3%
91335	Reseda	12.1%	21.9%	66.0%
91340	San Fernando	10.9%	17.1%*	72.0%*
91345	Mission Hills	10.0%*	16.0%*	74.0%*
91344	Granada Hills	7.4%	10.6%*	82.0%*
Service Area	15 ZIPs (weighted)	15.2%	20.3%	64.5%
LA County	Benchmark	13.7%	18.1%	68.2%
California	Benchmark	12.1%	15.9%	72.0%

Source: ACS 2018–2022 (S1701); ACS 2024 5-yr (Census Reporter); * = includes estimated values

Median household income data by race and ethnicity are not reliably published at the ZIP code level due to small sample sizes; LA County data are therefore presented as the best available benchmark for the racial income disparities affecting service area residents. In LA County, median annual household income ranges from \$107,300 among Native Hawaiian or Pacific Islander (NHPI) households down to \$62,079 among Black/ African American households — a gap of more than \$45,000. White (\$101,816) and Asian (\$101,777) households earn well above the county median, while households of Some Other Race (in which most householders are Hispanic or Latino) earn \$71,276, nearly \$19,000 below the county median.

TABLE 6: Median Household Income by Race and Ethnicity – LA County

Race of Householder	Median HH Income	vs. County Median (\$90,112)
Native Hawaiian / Pacific Islander	\$107,300	+\$17,188
White	\$101,816	+\$11,704
Asian	\$101,777	+\$11,665
Two or More Races	\$82,641	–\$7,471
American Indian / Alaska Native	\$80,324	–\$9,788
Some Other Race ¹	\$71,276	–\$18,836

Race of Householder	Median HH Income	vs. County Median (\$90,112)
Black or African American	\$62,079	-\$28,033

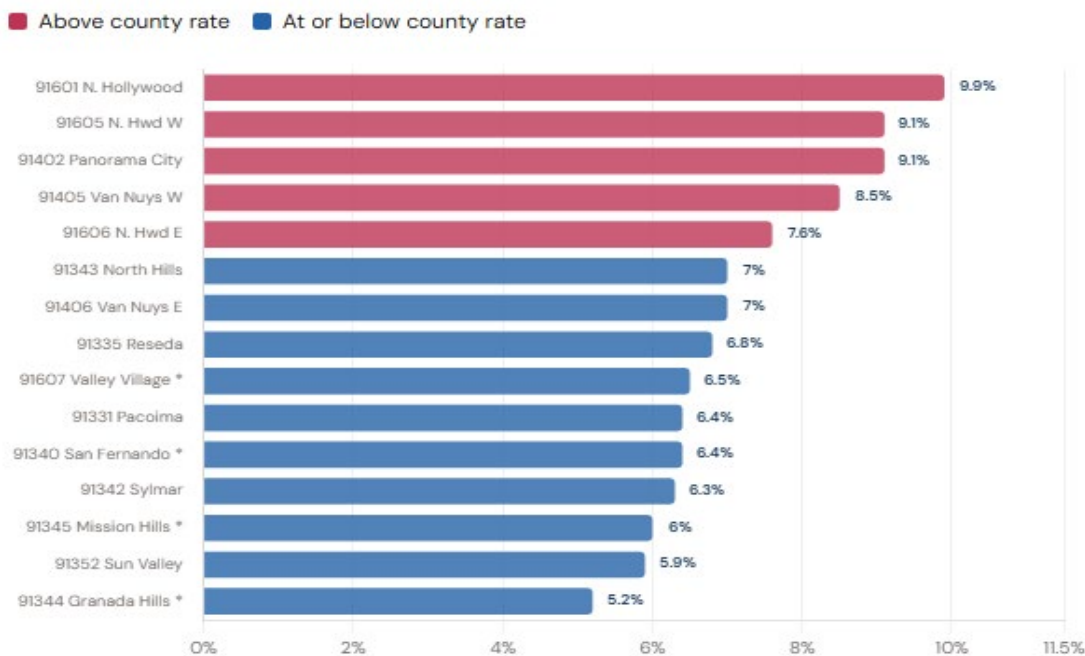
Source: ACS 2019–2023 5-Year Estimates (B19013A–G), 2023 inflation-adjusted dollars, LA County

¹ Most householders reporting 'Some Other Race' identify as Hispanic or Latino. County-level Hispanic-specific median income (table B19013I) falls in a similar range, well below the county median.

UNEMPLOYMENT

The 5-year average unemployment rate within SFCHC’s service area is 7.5%, higher than the LA County average (7.0%) and California (6.4%). Within the service area, ZIP Codes with higher rates of poverty and minority residents experience higher unemployment rates. For example, North Hollywood (91601) and Panorama City (91402) have unemployment rates of 9.9% and 9.1%, respectively, while Granada Hills (91344) is at 5.2% unemployment. See below.

FIGURE 6: Unemployment Rate by ZIP Code for Civilian Labor Force, 5-year average



Source: ACS 2018–2022 (DPO3) via VPH CHNA 2024.

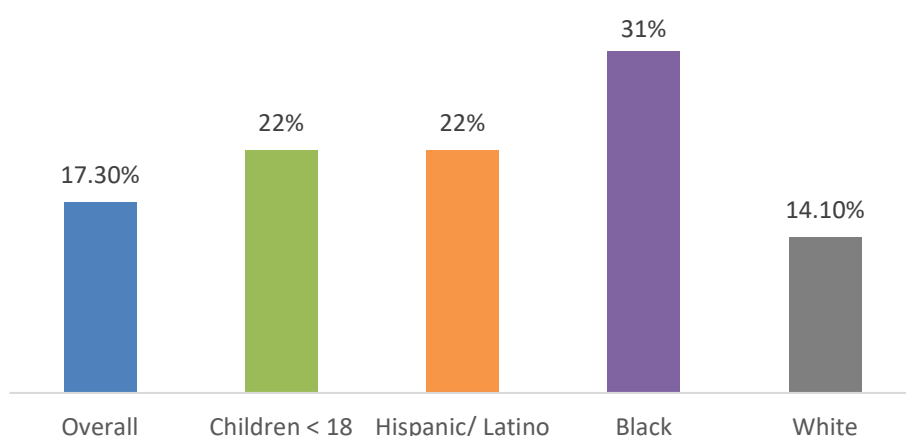
FOOD INSECURITY

Food insecurity is defined as the disruption of food intake or eating patterns because of lack of money and other resources. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. Food insecurity is influenced by factors like income, employment, race/ethnicity, and disability.

In 2023, 17.3% of individuals living in California’s 29th Congressional District (where SFCHC service area is located), were food insecure and 76% of them were eligible for the Federal Supplemental Nutrition Assistance Program (SNAP) – known as CalFresh in California—or other nutrition programs based on their income. As shown in Figure 7 below, there are stark disparities in food insecurity by race and ethnicity.

Being food insecure is a risk factor for poor diabetes control. Low-income diabetics are at elevated risks for hypoglycemia, if they are food insecure; as they reduce their food intake, but maintain their medication compliance, they are more likely to experience hypoglycemia that can lead to hospitalization and further poor health outcomes related to their diabetes.⁵

FIGURE 7: Food insecurity by race/ethnicity, age group in CA 29th Congressional District, 2023



Source: <https://map.feedingamerica.org/district/2023/overall/california/district/29>

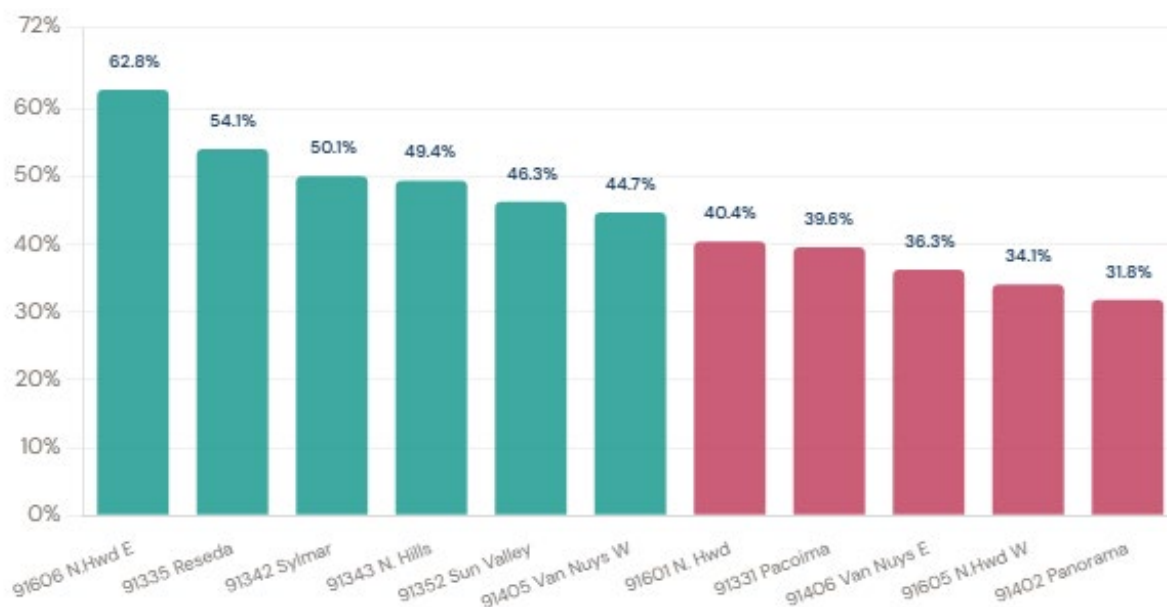
4.2 Education Access and Quality

The socioeconomic status of young children's families and communities significantly affects their educational outcomes. Specifically, poverty has been shown to negatively influence the academic achievement of young children.⁶ Students from low-income families often have less access to resources and they tend to live in communities with underperforming schools. As shown in Figure 8 below, ZIP codes with high concentrations of immigrant and low-income households having lower rates of preschool enrollment. Early education access varies widely across the service area, with preschool enrollment ranging from 62.8% (North Hollywood) down to 31.8% (Panorama City).

⁵ Craig Gundersen and James P. Ziliak. Food Insecurity And Health Outcomes. Health Affairs. 2015;34(11):1830-1839. <https://doi.org/10.1377/hlthaff.2015.0645>

⁶ Campbell F, Conti G, Heckman JJ, Moon SH, Pinto R, Pungello E, et al. Early childhood investments substantially boost adult health. Science. 2014;343(6178):1478–85.

FIGURE 8: Preschool Enrollment by ZIP Code – Children ages 3-4.



Source: ACS 2018–2022 (S1401) via VPH CHNA 2024. Data not published for 91340, 91344, 91345, 91607. Dashed line = service area average 44.0%.

A high school diploma is a standard requirement for most jobs – and for higher education opportunities. Research consistently shows that employment prospects and lifelong earning potential are better for high school graduates.⁷ Dropping out of high school is linked to limited employment prospects, low wages, and poverty. Individuals who do not graduate high school are more likely to self-report overall poor health and at least one chronic health condition than high school graduates.⁸ Ultimately, earning a high school diploma provides individuals with the opportunity to earn a higher income and gain access to better living conditions, healthier foods, and health care services.⁹

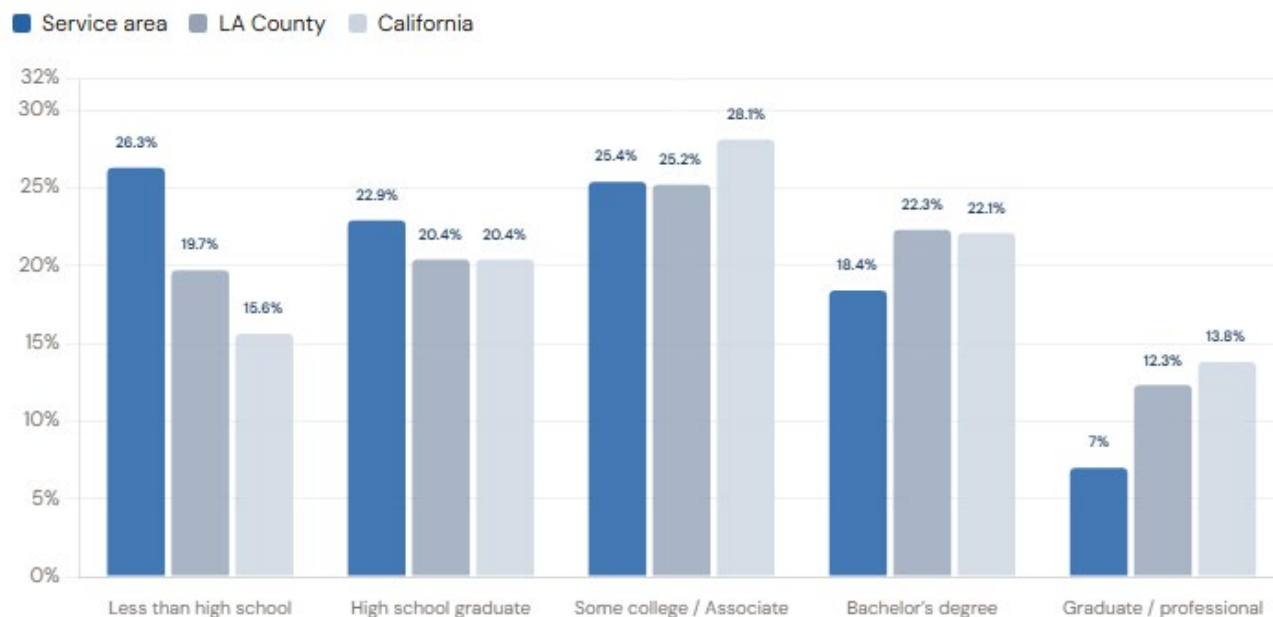
As shown in Figure 9 below, educational attainment in the service area lags behind county and state averages. Within SFCHC’s service area, 26.3% of adults age 25+ do not have a high school diploma, compared to 19.7% in LA County and 15.6% in California. Within SFCHC’s service area, there is a large variation. In 91331, approximately 39% of adults 25+ do not have a high school diploma. By contrast, Valley Village (91607) has 35.5% of residents holding a bachelor's degree and 13.6% holding advanced degrees — almost twice the service area average of 7%. This educational disparity within the service area has implications for health literacy, income, and health outcomes.

⁷ Day JC, Newburger EC. The big payoff: educational attainment and synthetic estimates of work-life earnings. Special Studies. Current Population Reports. U.S. Census Bureau; 2002. Report No.: P23-210.

⁸ Vaughn MG, Salas-Wright CP, Maynard BR. Dropping out of school and chronic disease in the United States. J Public Health. 2014;22(3):265–70.

⁹ Krueger PM, Tran MK, Hummer RA, Chang VW. Mortality attributable to low levels of education in the United States. PLoS One. 2015;10(7): e0131809.

FIGURE 9: Educational Attainment – adults 25 and older



Source: ACS 2018–2022 (DPO2) via VPH CHNA 2024. "Some college / Assoc." combines some-college-no-degree and associate degree.

4.3 Health Care Access and Quality

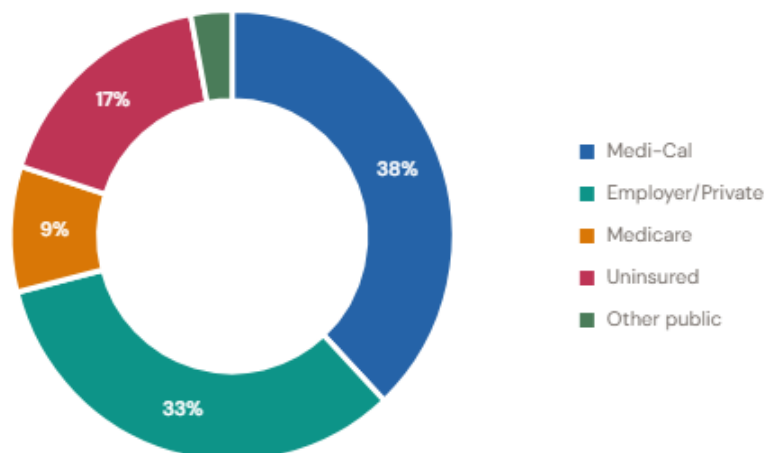
Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Some of these obstacles include lack of health insurance, poor access to transportation, language barriers, and a shortage of primary care providers.¹⁰ Vulnerable populations are particularly at risk for insufficient health insurance coverage: people with lower incomes are often uninsured, and minorities account for over half of the uninsured population.¹¹

According to the U.S. Census Bureau, 38% of adults in SFCHC's service area have Medi-Cal, 33% are covered by private/ employer-based insurance, 9% have Medicare, and 17% are uninsured. See Figure 10 below. Approximately 17.2% of adults in SPA 2 are uninsured, compared to 16.8% in LA County and 8.6% statewide. This reflects the concentration of undocumented residents ineligible for Medi-Cal and other federal programs, as well as workers in uninsured sectors.

¹⁰ Call K, McAlpine D, Garcia C, Shippee N, Beeba T, Adeniyi T, et al. Barriers to care in an ethnically diverse publicly insured population: is health care reform enough? *Med Care*. 2014;52:720–27.

¹¹ Majerol M, Newkirk V, Garfield R. The uninsured: a primer: key facts about health insurance and the uninsured in America. Menlo Park, CA: Kaiser Family Foundation; 2015.

FIGURE 10: Insurance Coverage Status – Service Area Adults



Source: ACS 2020–2024; CHIS 2018–2022. Medi-Cal proportion estimated from ZIP-level poverty & ACS coverage data.

The service area's heavy reliance on public insurance makes it acutely vulnerable to a convergence of federal and state policy changes now reshaping Medicaid and Medicare eligibility. Two overlapping laws — the federal One Big Beautiful Bill Act (H.R. 1), enacted in July 2025, and California's 2026–27 state budget — introduce eligibility restrictions, added administrative requirements, and financing cuts that are projected to reduce coverage substantially. Statewide, enrollment in Medi-Cal could drop by roughly 3 million by 2028 as a result of the combined federal and state changes, and in Los Angeles County specifically, about 1.1 million of the county's Medi-Cal enrollees could lose coverage by 2028. Separately, the enhanced premium tax credits that lowered Covered California costs for lower-income enrollees expired at the end of 2025, and marketplace premiums are expected to nearly double on average in California if Congress does not extend them, further narrowing affordable options for residents who fall just outside Medi-Cal eligibility.

Taken together, these policies are expected to translate directly into reduced access to care. As coverage contracts, most people who disenroll from Medi-Cal and subsidized Covered California coverage are likely to become uninsured, because they will face significant barriers to accessing other kinds of coverage.

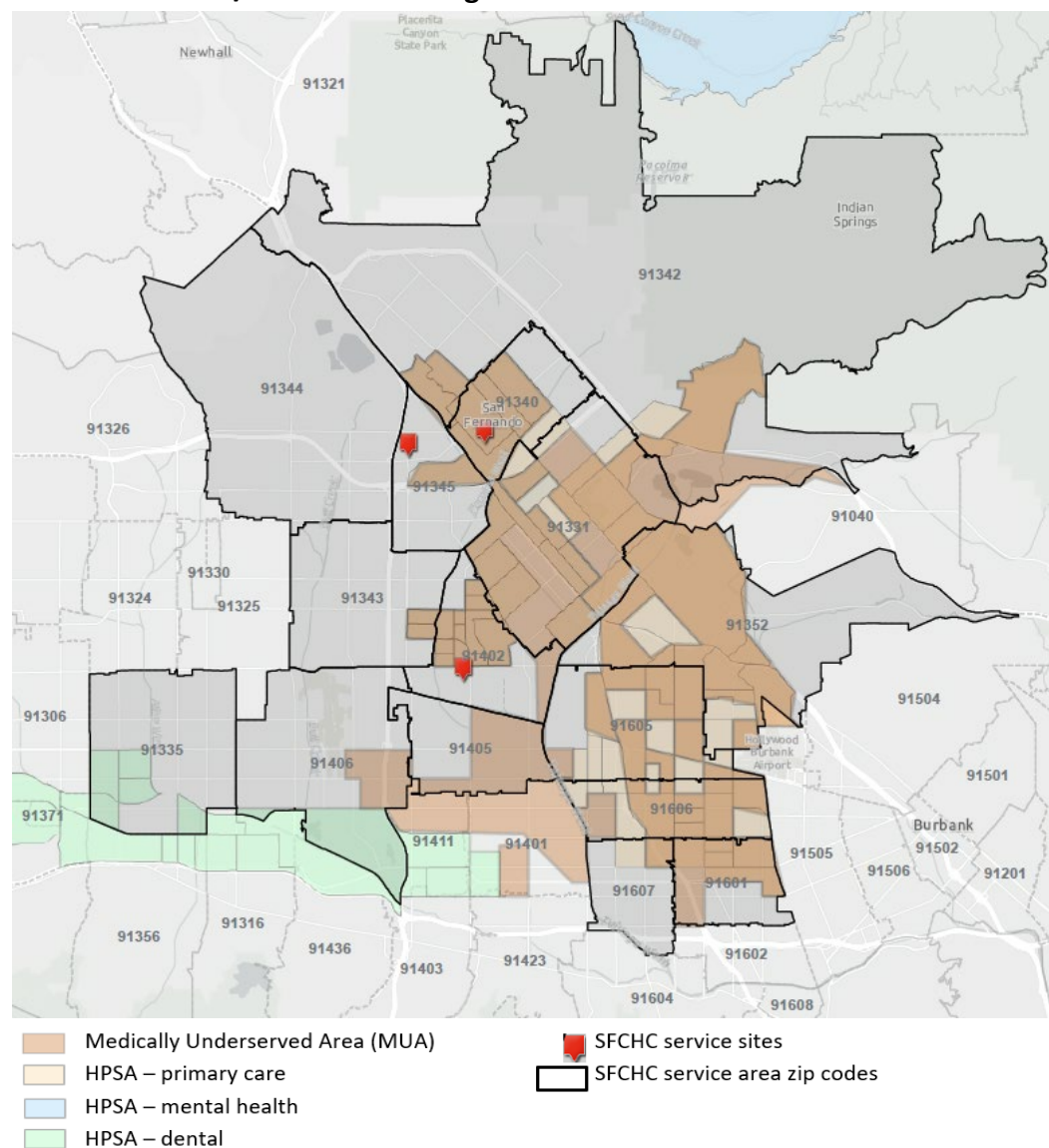
Even with Medi-Cal, low-income residents of SFCHC's service area have greater difficulty accessing health care than their counterparts with employer/ private insurance. Indeed, individuals with Medi-Cal or who are uninsured report significantly more difficulty finding a provider.¹² Limited availability of health care resources is another barrier that may increase the risk of poor health outcomes. Provider shortages may mean that patients experience longer wait times and delayed care. Without a regular source of care, these individuals are also less

¹² [You've Got Medicaid – Why Can't You See the Doctor? Elizabeth Renter.](#)

likely to receive preventive services for chronic conditions such as asthma, diabetes, or heart disease, making them more likely to develop severe yet preventable health conditions and to be diagnosed at more advanced disease stages.¹³

Several ZIP codes – including Pacoima (91331), Panorama City (91402), San Fernando (91340), and Sun Valley (91352), North Hollywood – west (91605), North Hollywood - east (91606) — are designated Health Professional Shortage Areas (HPSAs) for primary care, mental health, or dental care and/or Medically Underserved Area (MUA) for having too few primary care providers and high poverty. See Figure 11 below.

FIGURE 11: MUA/P and HPSA Designations for SFCHC Service Area



¹³ https://www.nachc.org/wp-content/uploads/2023/06/Closing-the-Primary-Care-Gap_Full-Report_2023_digital-final.pdf

4.4 Neighborhood and Built Environment

HOUSING

Housing instability encompasses several challenges, such as having trouble paying rent, overcrowding, moving frequently, or staying with relatives. These experiences may negatively affect physical health and make it harder to access health care. The Department of Housing and Urban Development (HUD) tracks four housing problems through the Comprehensive Housing Affordability Strategy (CHAS). It uses 5-year American Community Survey (ACS) estimates to evaluate low-income housing needs, severe cost burdens, and the extent of housing problems nationwide.¹⁴

Low-income households in SFCHC's service area are more likely to rent rather than own. In turn, renter-occupied households are more likely to be cost-burdened and have at least one of the four housing problems mentioned above than owner-occupied households. These households are also more likely to be Black or Hispanic/ Latino.¹⁵ Almost two-thirds (63%) of renter-occupied housing units in SFCHC's service area spend more than 30% of their income on rent, and almost three-fourths (71%) have at least one housing problem.

FIGURE 12: Housing burden among renters: share of renters facing housing problems



Source: CHAS based on 2018-2022 ACS 5-year estimates

Homelessness is a growing and visible concern across the service area. The most recent point-in-time estimate places roughly 4,699 individuals experiencing homelessness within the service area — a 9.5% increase since 2022 — of whom about 66% are unsheltered. Nearly half are considered chronically homeless, a population that has grown sharply. Substance use disorders and serious mental illness are among the strongest and most consistent risk factors, both as

¹⁴ https://www.huduser.gov/portal/datasets/cp.html#query_2006-2022

¹⁵ Hernandez D. Affording housing at the expense of health: Exploring the housing and neighborhood strategies of poor families. *J Fam Hist.* 2016;37(7):921-46.

causes and consequences of homelessness, and access to treatment is hampered by long waiting lists, transportation barriers, and a shortage of psychiatric beds.

TABLE 7: Estimated characteristics of the service area homeless population (2025)

	Individuals	Share of homeless pop.
Total homeless population	4,699	100%
Unsheltered	3,101	66%
Sheltered	1,598	34%
Chronically homeless (18+)	1,927	41%
Substance use disorder (18+)	1,034	22%
Serious mental illness (18+)	1,104	23.5%

Source: 2025 Greater Los Angeles Homeless Count (LAHSA), SPA 2. Service-area totals scaled from the SPA 2 count; characteristic shares reflect countywide 2025 rates.

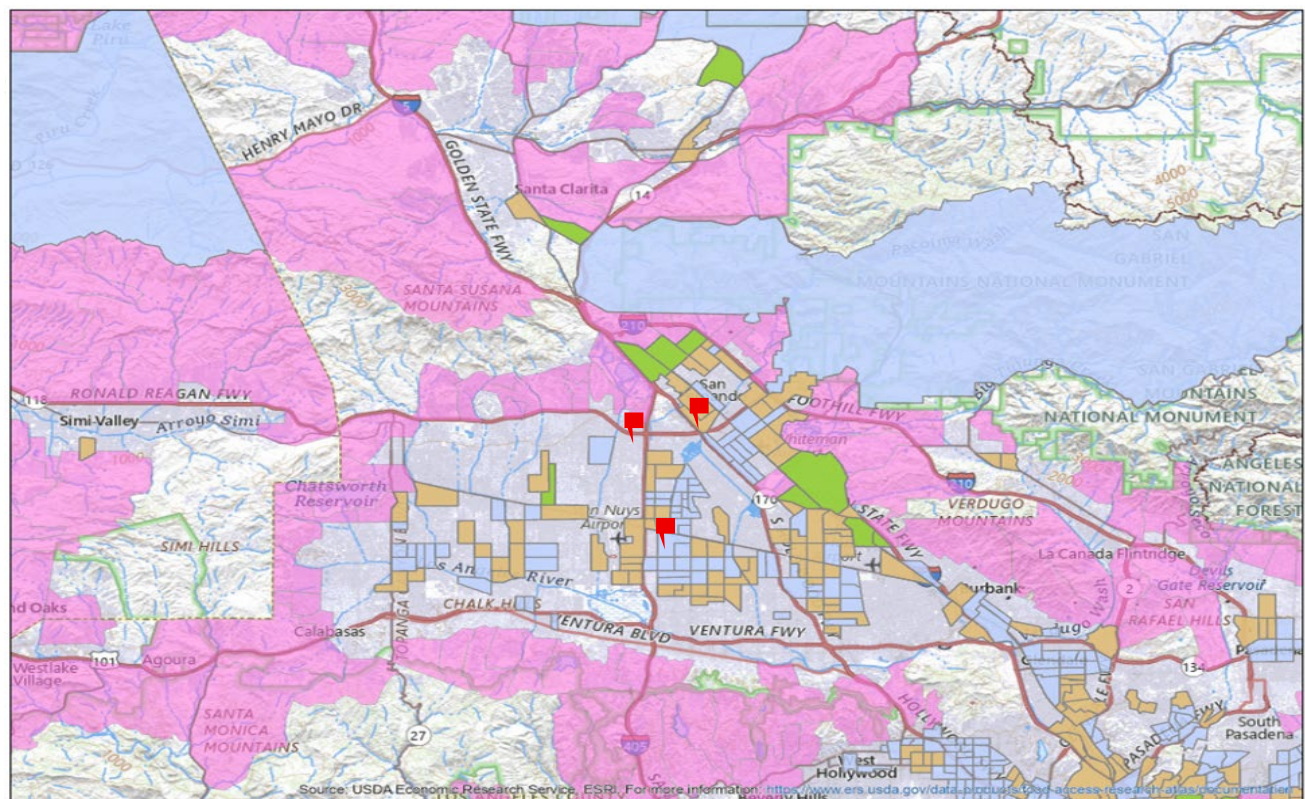
ACCESS TO FOOD

Neighborhood conditions affect physical access to food. For example, people living in some low-income neighborhoods may have limited access to full-service supermarkets or grocery stores. Predominantly black and Hispanic neighborhoods have fewer full-service supermarkets than predominantly white and non-Hispanic neighborhoods. Communities that lack affordable and nutritious food are commonly known as “food deserts.” Convenience stores and small independent stores are more common in food deserts than full-service supermarkets or grocery stores. These stores may have higher food prices, lower quality foods, and less variety of foods than supermarkets or grocery stores. Access to healthy foods is also affected by lack of transportation and long distances between residences and supermarkets or grocery stores.¹⁶

As shown in Figure 13 below, several SFCHC service area census tracts are considered both “low income” (poverty rate >20% or median income <80% of median family income for metro area) and “low access” meaning that a significant share of its residents is more than ½ mile (orange) or 1 mile (green) from the nearest supermarket.

¹⁶ USDA. Access to affordable and nutritious food: Measuring and understanding food deserts and their consequences. https://www.ers.usda.gov/webdocs/publications/42711/12698_ap036fm_1_.pdf?v=41055

FIGURE 13: Low income and low access census tracts, 2019



- Low-income census tracts where a significant share of residents is more than 1 mile from the nearest supermarket.
- Low-income census tracts where a significant share of residents is more than ½ mile from the nearest supermarket.
- Tracts with a poverty rate of 20% or higher, or with a median family income less than 80% of metro area.
- Tracts in which at least 500 people or 33% of the population lives farther than 1 mile from the nearest supermarket.

Source: <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>

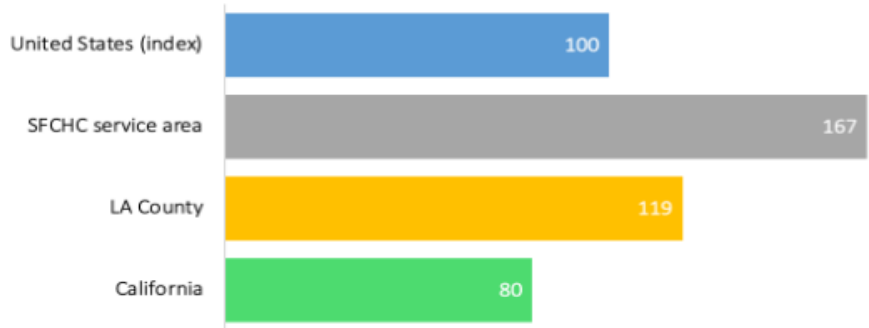
CRIME AND VIOLENCE

While crime and violence can affect anyone, certain groups of people are more likely to be exposed. For example, the national homicide rate is consistently higher for Black adolescents and young adults than their White counterparts. The reasons for these disparities are well understood: minority populations are disproportionately exposed to conditions such as concentrated poverty, racism, limited educational and occupational opportunities, and other aspects of social and economic disadvantage contributing to violence.¹⁷ It is therefore no surprise that SFCHC's service area crime rate is 67% greater than the national average (crime index: 100=national average).¹⁸ See Figure 14.

¹⁷ Sheats, K. J., et al (2018). Violence-related disparities experienced by black youth and young adults: Opportunities for prevention. *AJPM*, 55(4), 462–469. doi: [10.1016/j.amepre.2018.05.017](https://doi.org/10.1016/j.amepre.2018.05.017)

¹⁸ Crime rate = total number of arrests in a year divided by population compared to national rate, indexed to 100. For example, if crime rate is 130 for a service area, crime in the service area is 30% greater than national average.

FIGURE 14: Crime rate for SFCHC’s service area compared to LA County, California and US



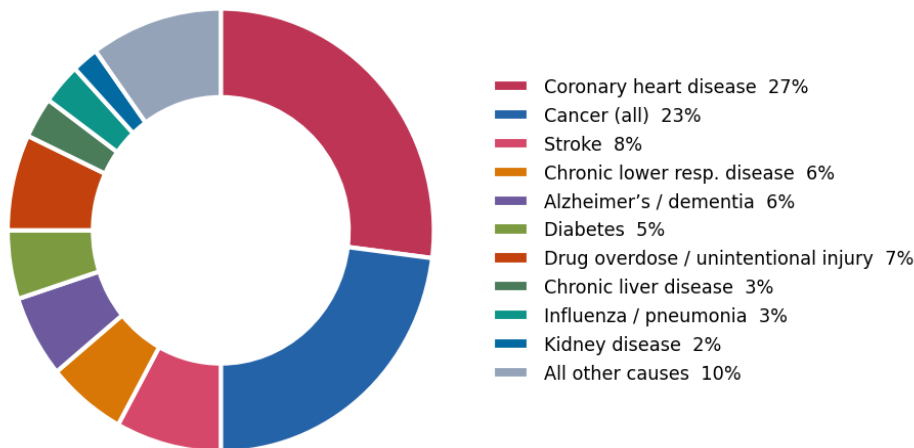
Source: U.S. Department of Justice, FBI, Criminal Justice Information Services Division, table 5 (2019)

5. Leading Mortality and Morbidity Indicators

5.1. Mortality

Understanding what residents die from (mortality) and what chronic conditions they live with (morbidity) helps target prevention and care. As in LA County overall, chronic diseases drive the large majority of deaths in the service area — accounting for roughly 80% of all deaths — and the leading causes mirror the county's pattern. Coronary heart disease and cancer are consistently the first- and second-leading causes of death, with stroke, diabetes, and chronic lower respiratory disease among the other top contributors. Cardiovascular disease (heart disease and stroke combined) accounts for approximately one third of all deaths (35%), and cancer for roughly a quarter.

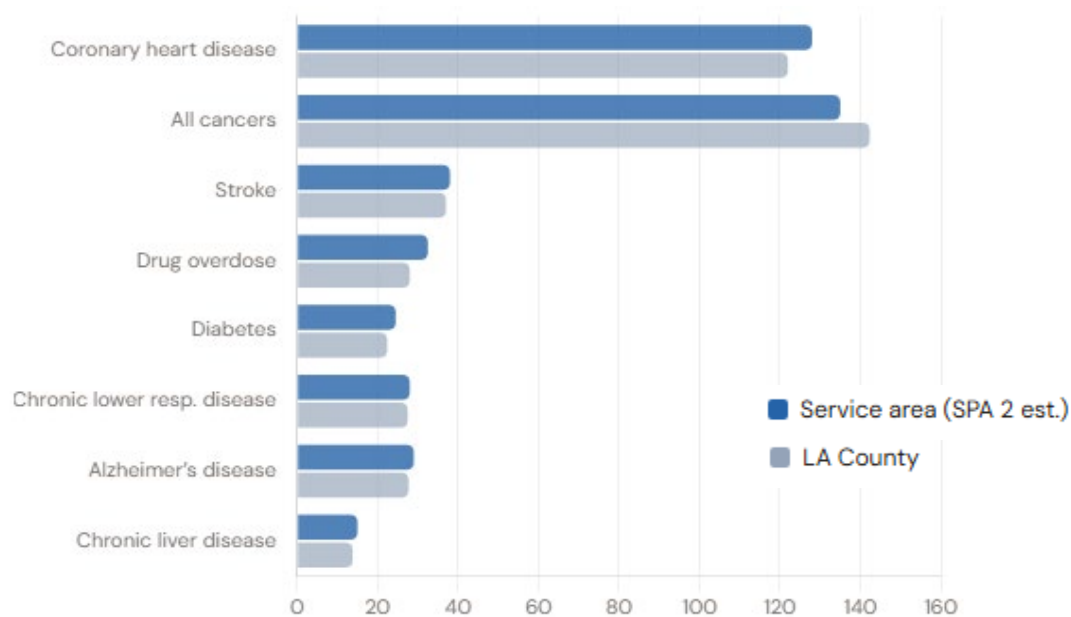
FIGURE 15: Share of deaths by major cause category



Source: LA County DPH, Office of Health Assessment & Epidemiology; CA Community Burden of Disease Engine; CDC NCHS leading-cause rankings. Shares are approximate and estimated at the SPA/county level.

On an age-adjusted basis, the service area's death rates run somewhat higher than the county for several causes that track closely with its socioeconomic profile — notably coronary heart disease, drug overdose, and diabetes — while cancer mortality is comparable to or slightly below the county. Higher cardiometabolic mortality is consistent with the area's elevated rates of obesity, hypertension, and uninsurance, and with barriers to timely primary and preventive care described earlier in this report.

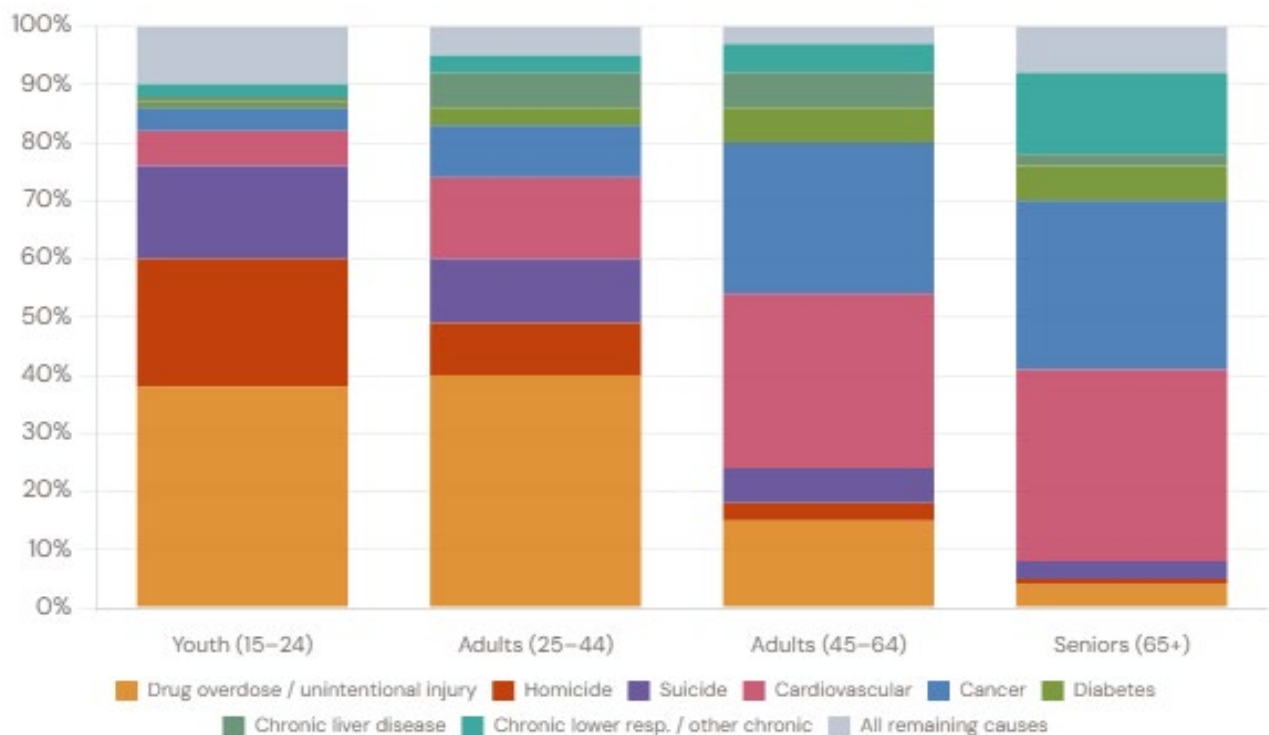
FIGURE 16: Leading causes of death: age-adjusted rate per 100,000



Source: LA County DPH 2018–2022 mortality trends; CDC NCHS comparison rates. Service-area figures estimated at SPA 2 level.

However, the leading causes of death shift markedly with age. Among youth and younger adults (ages 15–44), drug overdose is the single leading cause of death — a pattern that has intensified during the county's fentanyl and methamphetamine overdose crisis and that disproportionately affects lower-income and unhoused residents. Homicide and suicide are also major contributors. At older ages (45-64 and 65+) cardiovascular disease and cancer dominate, with diabetes, respiratory disease, and (for seniors) Alzheimer's growing. Because so many of these deaths occur before age 75, they represent a substantial burden of premature, and largely preventable, mortality.

FIGURE 17: Leading causes of death by age group



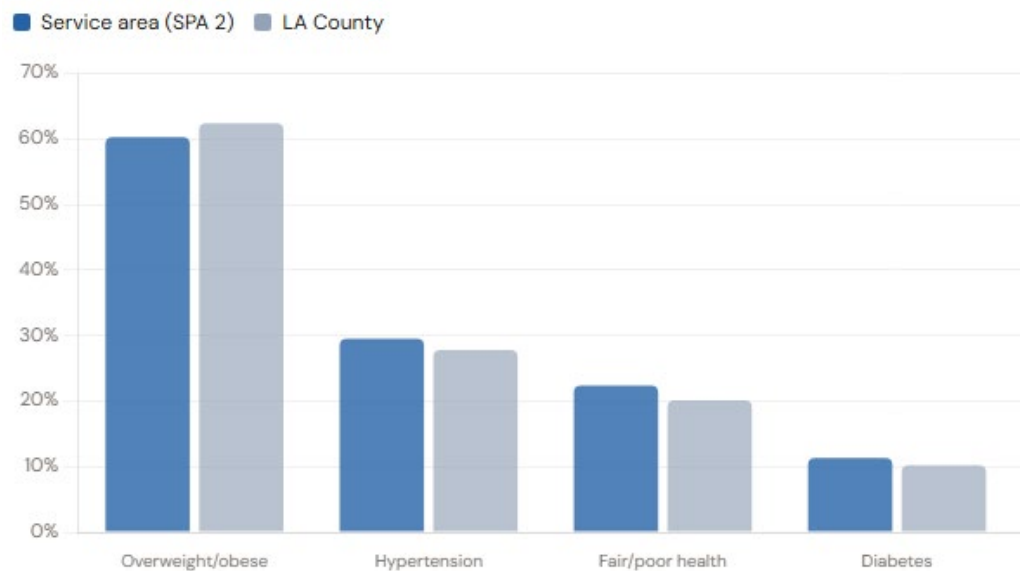
Source: LA County DPH mortality reports; SAPC overdose data 2025. Age-group shares illustrative.

5.2. Morbidity

OBESITY/ DIABETES

On the morbidity side, the chronic conditions residents live with mirror the leading causes of death and point upstream to prevention opportunities. Overweight/obesity affects roughly 60% of adults in both the service area (SPA 2) and across LA County. Hypertension is highly prevalent (30%) and often undertreated due to access barriers and medication costs. Cardiovascular disease risk is compounded by high rates of obesity, diabetes, smoking, physical inactivity, and chronic stress across all fifteen service area ZIP codes. Diabetes is one of the most significant chronic disease burdens across SFCHC's service area. An estimated 11.3% of adults in SPA 2 have been diagnosed with diabetes, compared to 10.2% in LA County. See Figure 18.

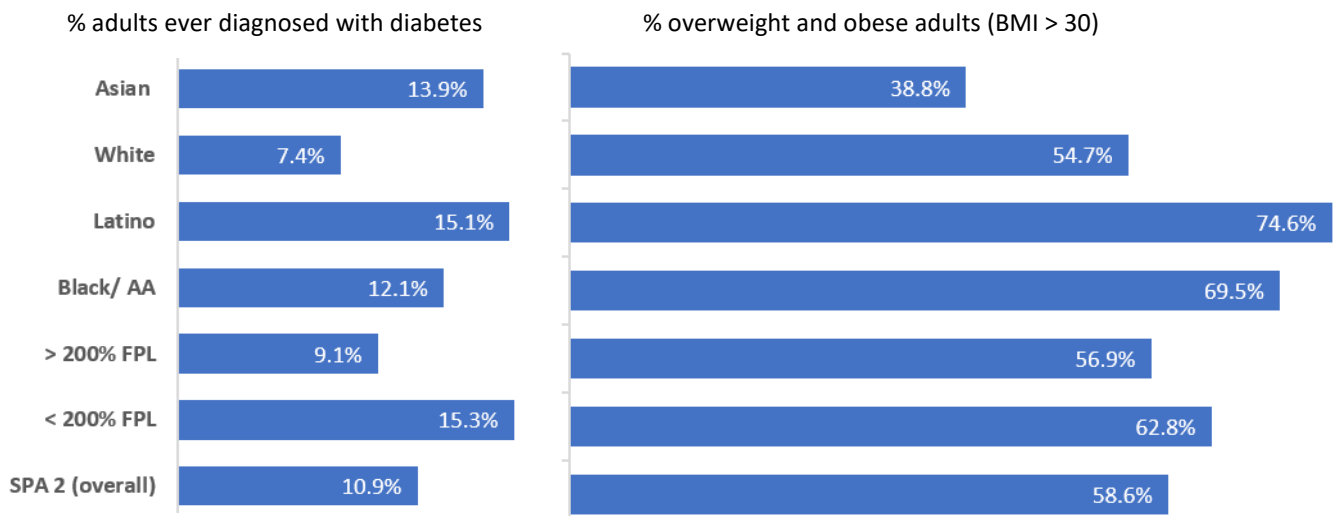
FIGURE 18: Leading chronic conditions (morbidity) – service area vs. LA County



Source: CHIS 2018–2022; CDC PLACES 2024; LA County DPH SPA 2 Health Profile.

Communities of color and under-resourced communities experience significant disparities in metabolic health, including obesity and type 2 diabetes. As shown in Figure 19 below, Hispanics/Latinos, Blacks, and low-income populations across LA County have higher obesity rates and diabetes prevalence than other racial/ ethnic groups and higher income populations (disaggregated data by race/ethnicity and income was not available at the zip code level).

FIGURE 19: Disparities in obesity rate and diabetes prevalence in SPA 2



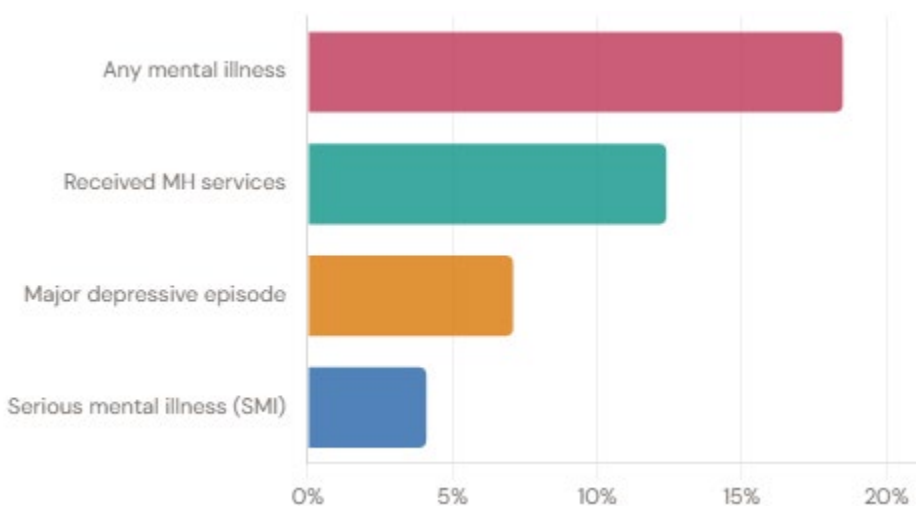
Source: California Health Interview Survey (CHIS), 2024

These health disparities are related to social and physical determinants of health (higher cost of healthy foods, food deserts, no time or safe location for physical activity) as well as differences in attitudes and cultural norms regarding food and weight. Studies have shown that individuals with greater access to greenspace have lower rates of diabetes, that communities with greater access to supermarkets and limited access to convenience stores have lower levels of obesity, and that adults with diabetes and food insecurity are 40% more likely to have poor glycemic control.¹⁹ For most of these conditions the service area sits at or above county levels, reinforcing the case for investment in primary care, chronic disease management, and the social conditions that shape them.

MENTAL HEALTH

Rates of mental illness and psychological distress have been on the rise. In LA County, the percentage of adults who reported experiencing serious psychological distress increased by one-third, from 9.8% in 2015 to 13% in 2019.²⁰ Annual averages from 2020-2022 and population estimates show that, within SFCHC's service area, about one in six adults (18.5%) experienced a mental, behavioral, or emotional disorder (any mental illness) over the course of 12 months. However, only about two-thirds received mental health services (12.4%). In addition, one in 14 adults experienced a major depressive episode (7%); and about one in 26 adults living in SFCHC's service area (4%) experienced a serious mental illness (SMI) that resulted in difficulty carrying out major life activities. See Figure 20.

FIGURE 20: Mental health in service area (adults 18+), 12-month prevalence



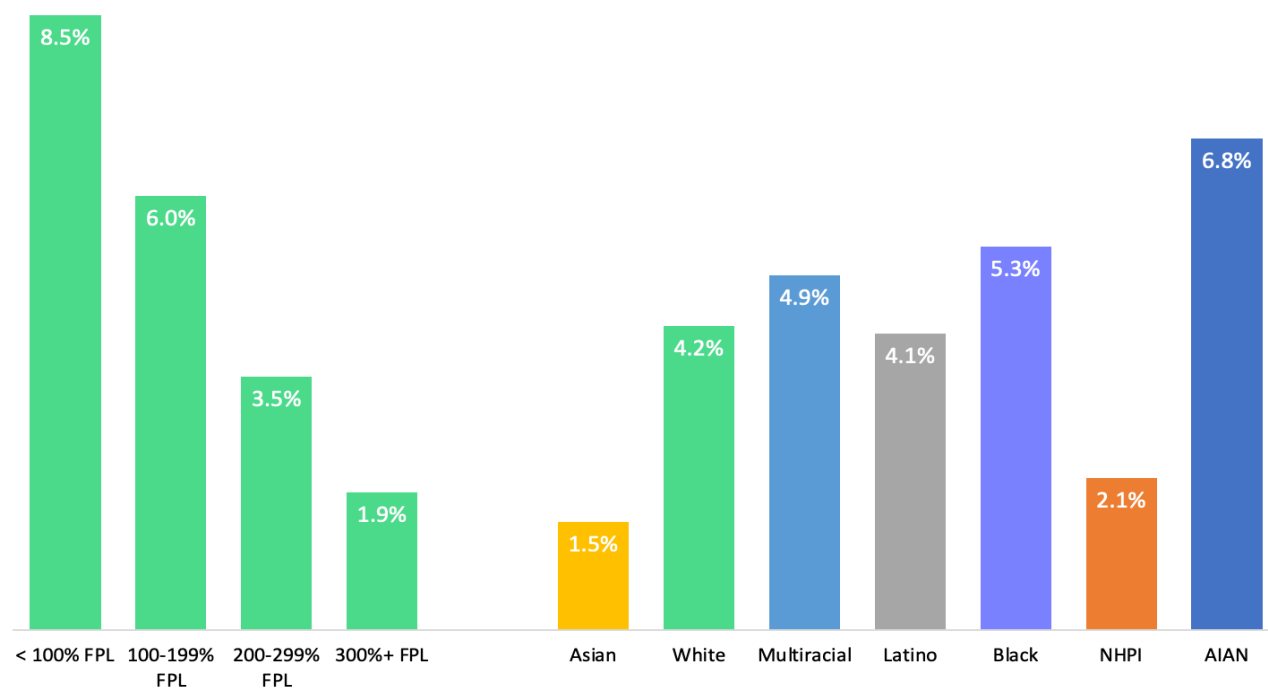
Source: SAMHSA 2016-2018 NSDUH; extrapolated from LA County SPA data

¹⁹ Cleveland, J.C., *et al.* The impact of social determinants of health on obesity and diabetes disparities among Latino communities in So. California. *BMC Public Health* 23, 37 (2023). <https://doi.org/10.1186/s12889-022-14868-1>

²⁰ California Health Care Almanac (2022). Mental Health in California: Waiting for Care. California Health Care Foundation. Available at: <https://www.chcf.org/wp-content/uploads/2022/07/MentalHealthAlmanac2022.pdf>

Like other health issues, the prevalence of SMI varies by income, with much higher rates of mental illness for both children and adults in families with incomes below 100% FPL. Rates of SMI also varied among racial and ethnic groups. American Indian and Alaska Native adults experienced the highest rates, followed by Black and multiracial adults. See Figure 21.

FIGURE 21: SMI prevalence in California adults by income and race/ethnicity, 2019



Source: <https://www.chcf.org/wp-content/uploads/2022/07/MentalHealthAlmanac2022.pdf>

Unfortunately, across the state, many low-income individuals with mental health concerns do not have access to the treatment they need. Insufficient private insurance coverage for mental health services and insufficient availability of publicly funded treatment services are significant barriers for many and lead to missed opportunities for early problem identification and prevention—resulting in more people experiencing mental health crises. From 2011 to 2020, emergency department discharges to psychiatric care in California increased by more than 50% from 20.4 to 32.2 per 10,000 population.

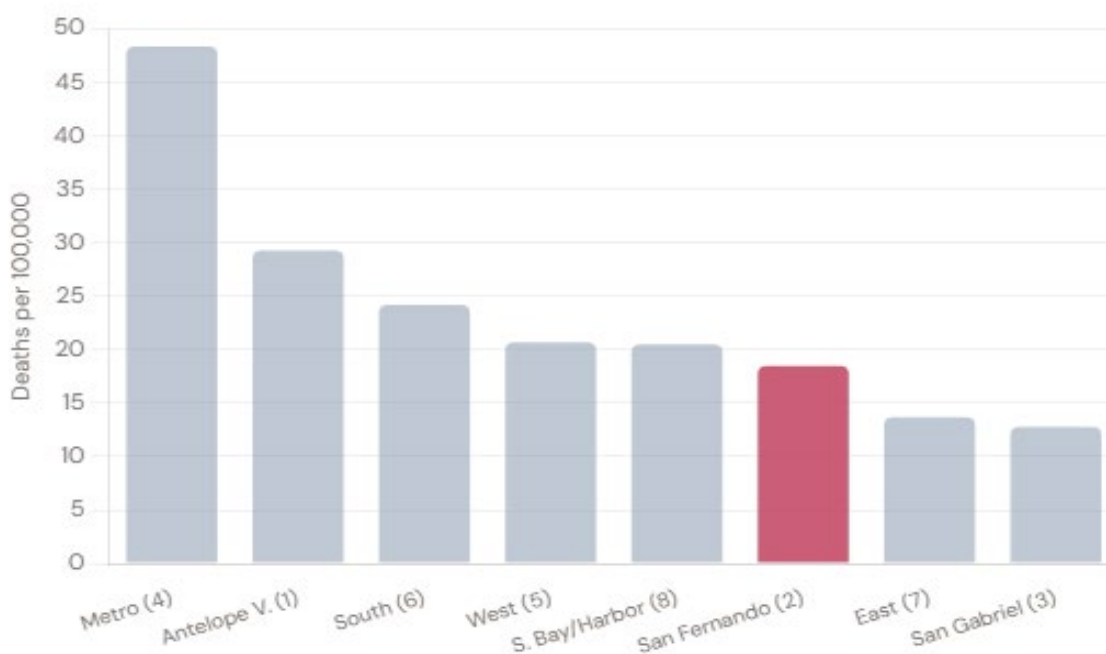
SUBSTANCE USE DISORDERS

Substance use disorder (SUD) is a common health concern facing our nation and state. Despite ongoing progress to address and treat this condition, many indicators suggest that SUD has become increasingly prevalent over the past few years. In 2022, approximately 9% of Californians ages 12 years and older met criteria for an SUD. SUDs are key drivers of distress, disability, and morbidity. Substance use disorders generally are associated with a 10 to 20 year

decrease in life expectancy.²¹ This reduction in life expectancy is primarily related to comorbidities, such as cardiovascular illness, diabetes, renal disease, and other chronic conditions—many of which are associated with higher risk behaviors and all of which contribute to increased health costs.²²

Drug overdose continues to be the leading cause of accidental death in Los Angeles County (LAC), with methamphetamine and fentanyl as the predominant drugs involved in accidental drug overdose deaths. However, LA County has seen a nearly 30% decrease in drug-related overdoses, with a 40% drop in fentanyl- and 25% drop in methamphetamine-related deaths between 2022 and 2025. However, the June 2026 LA County Department of Public Health Substance Abuse Prevention and Control (SAPC) report flags that SPA 2 was the only Service Planning Area where the death rate did not decrease from 2023 to 2025.²³ While the service area's overall age-adjusted rate (18.5 per 100,000) sits below the county average, its trajectory is diverging from the county's progress — a signal that prevention and treatment resources may not be reaching Valley communities at the same pace.

FIGURE 22: Overdose Death Rate by SPA (Aggregate age-adjusted rate 2016-2025).



Source: LA County DPH SAPC, Data Report: Drug Overdoses in LA County, June 2026 (Table 4)

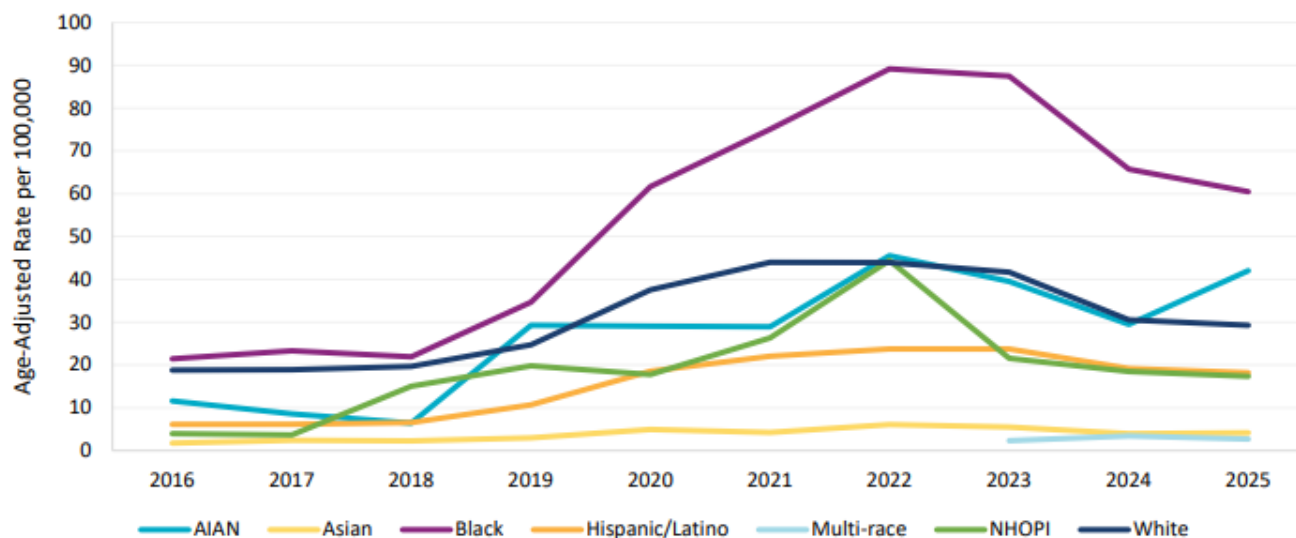
²¹ Nam Chan JK, Correll CU, Man Wong CS. Life Expectancy and Years of Potential Life Lost in People with Mental Disorders: A Systematic Review and Meta-Analysis. *eClinicalMedicine*. 2023;65:102294.

²² CHCF. Substance Use in California: Prevalence and Treatment. *California Health Care Almanac*. Jan 2022. Available at: <https://www.chcf.org/wpcontent/uploads/2022/01/SubstanceUseDisorderAlmanac2022.pdf>

²³ Data Report: Drug Overdoses in Los Angeles County. Health Outcomes and Data Analytics Branch, Substance Abuse Prevention and Control, LA County Dept of Public Health, June 2026. Available at: <http://ph.lacounty.gov/sapc/MDU/SpecialReport/Report-on-Drug-Overdoses-in-Los-Angeles-County.pdf?26>

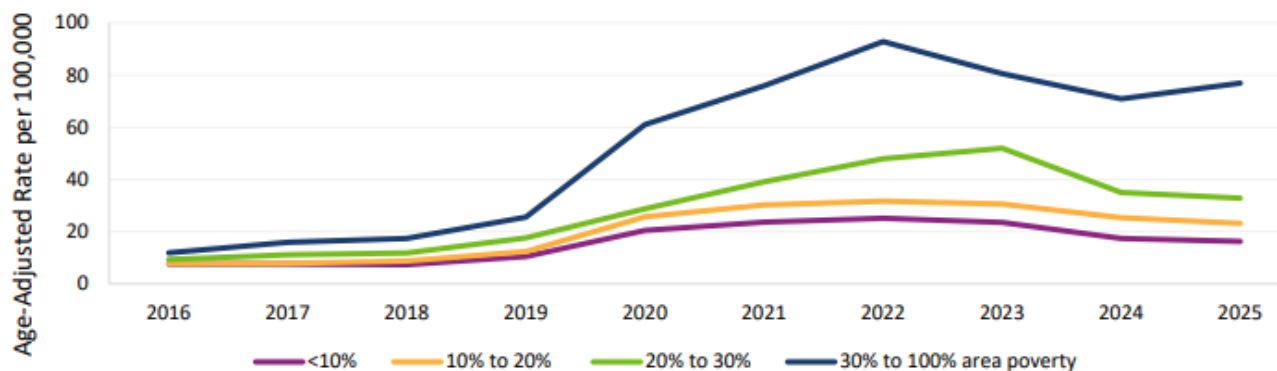
Overdose mortality continues to disproportionately affect historically underserved populations and residents living in economically disadvantaged neighborhoods. In particular, drug overdose death rates remain substantially higher among Black residents and individuals residing in high-poverty communities. Although Black residents comprise approximately 7% of the County population, they accounted for 22% of drug overdose deaths in 2025. See Figure 23. Similarly, drug overdose deaths are much higher in poorer areas compared to more affluent areas. As shown in Figure 24 below, the age-adjusted accidental drug overdose death rate for the poorest areas of LA County was 1.6 times that of the most affluent areas in 2016. One decade later, the age-adjusted accidental drug overdose death rate for the poorest areas are 4.7 times that of the most affluent areas in 2025.

FIGURE 23: Age-Adjusted Rate of Accidental Overdose Deaths by Race/Ethnicity



Source: LA County DPH SAPC, Data Report: Drug Overdoses in LA County, June 2026 (Figure 7)

FIGURE 24: Age-Adjusted Rate of Accidental Overdose Deaths by Area Poverty



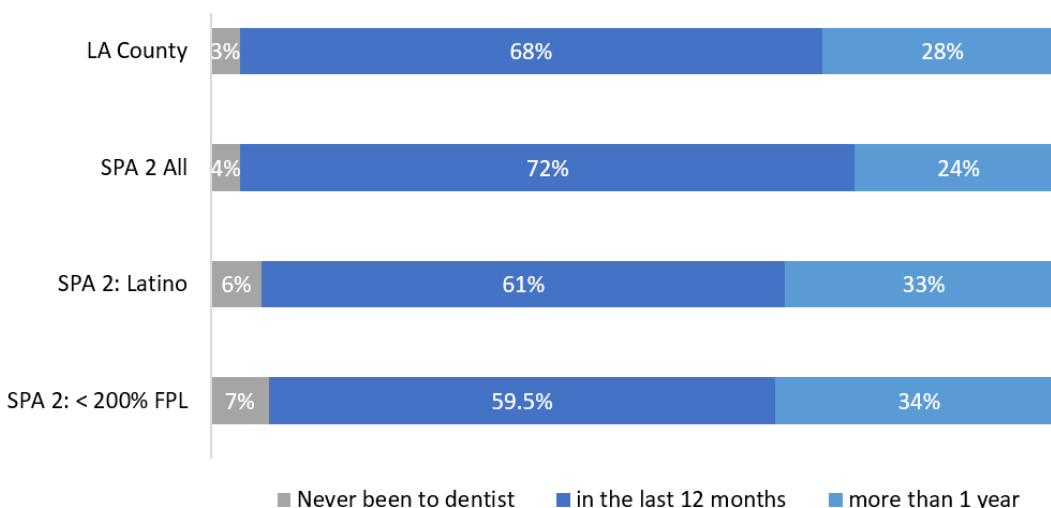
Source: LA County DPH SAPC, Data Report: Drug Overdoses in LA County, June 2026 (Figure 9)

ORAL HEALTH

Oral health is an integral component of overall health and well-being, playing a critical role in the quality of life of individuals and communities. Poor oral health increases the risk of cardiovascular disease, diabetes, and respiratory infections.²⁴ Poor oral health can also have significant consequences on a person's diet, nutrition, speech, and mental health. In LA County, more than 1 in 4 adults (28%) have not visited a dentist in the past year, and disparities in dental care access and utilization exist across various sociodemographic groups, including low-income populations and racial and ethnic minorities.²⁵

Low-income and Latino adults living in SFCHC's service area fair worse than the overall service area and LA County residents when it comes to oral health and access to dental care. As shown in Figure 21 below, about one third of low-income and Latino adults have not seen a dentist in more than one year and about 1 in 14 have never been to the dentist.

FIGURE 21: Time since last dental visit – SPA 2 (San Fernando) by FPL and race/ethnicity



Source: 2024 California Health Interview Survey, AskCHIS, LA County SPA 2 (San Fernando)

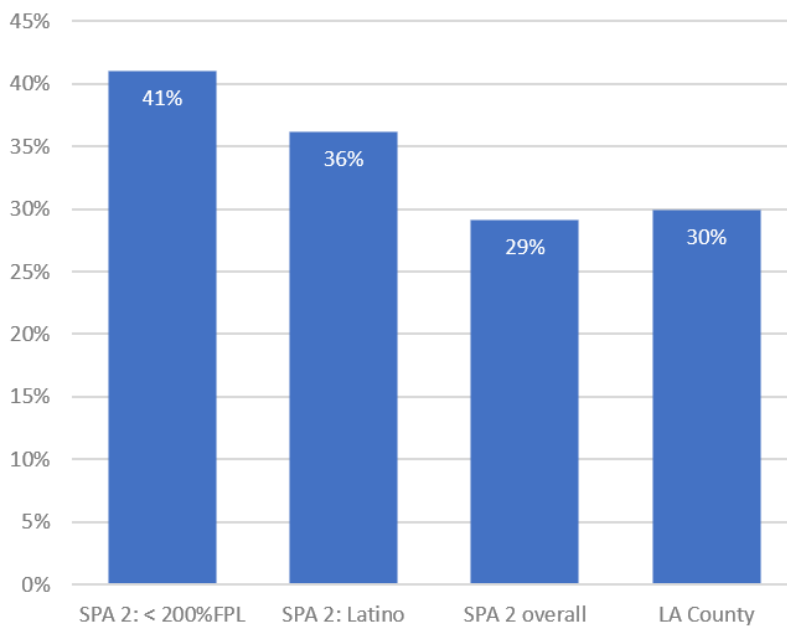
Also, about 41% of low-income adults and 36% of Latino adults in the service area self-disclose that their teeth are in fair or poor condition, compared to only 29% of adults in SPA 2 and 30% of adults in LA County. These numbers reflect long-standing racial/ethnic and income disparities in accessing oral health services.²⁶

²⁴ Kapila YL. Oral health's inextricable connection to systemic health: Special populations bring to bear multimodal relationships and factors connecting periodontal disease to systemic diseases and conditions. *Periodontology* 2000. 2021;1(87):11–6. doi: 10.1111/prd.12398

²⁵ Farmer-Dixon CM, Thompson MF, Barbour JA. Health Disparities in Oral Health. Cham: Springer International Publishing. In *Oral Health and Aging*. 2022:239–251

²⁶ Catherine H. Bersell. Access to Oral Health Care: A National Crisis and Call for Reform. *The Journal of Dental Hygiene*. February 2017: 91(1): 6-14. <https://jdh.adha.org/content/jdenthgy/91/1/6.full.pdf>

FIGURE 22: Fair/ poor condition of teeth – SPA 2 (San Fernando) adults by FPL and race/ethnicity



Source: 2024 California Health Interview Survey, AskCHIS, LA County SPA 2 (San Fernando)

6. CONCLUSION

This 2026 community needs assessment was compiled for SFCHC as an informational resource to guide strategic planning activities, fund development, and program development. The data collected identify common needs, issues, and priorities across various segments of the service area population, as well as those unique to age, race/ethnic, and socio-economic groups within the community.

The data presented here confirms the significant need for high quality, culturally and linguistically competent, coordinated, and comprehensive primary medical, behavioral health, and dental care in the community. SFCHC is in a unique position to meet the needs of the target population given its current and future resources and its history of successfully serving community populations that are the most vulnerable. With the support of its partners on the federal, state and community levels, SFCHC will continue to adjust and expand its service offerings to close the gap in health disparities in the service area.



SFCHC

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