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# Community Health Needs Assessment

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**NOVEMBER 2019**

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**Catalina Island Medical Center  
Avalon, California**



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Table of Contents

**Executive Summary .....4**

**Introduction.....5**

**Methods .....6**

**Overview and Community Resources.....7**

**Catalina Island Medical Center .....8**

**Population Demographics and Health Statistics ..... 10**

**Demographic Trends ..... 10**

**Race/Ethnicity..... 11**

**Economy and Income ..... 12**

**Housing..... 14**

**Education..... 15**

**Health Insurance ..... 15**

**Crime and Public Safety ..... 16**

**Clinical Health Indicators and Chronic Conditions..... 19**

**CIMC Patient Satisfaction..... 21**

**Community Input..... 23**

**Survey Findings – All Surveys ..... 24**

**Interviews and Community Discussion Group Findings..... 27**

**Evaluation of 2016-2019 Implementation and Strategies/Outcomes ..... 31**

**2020 – 2023 Implementation Plan..... 37**

**Attachments ..... 39**

**Patient Survey..... 40**

**Staff and Healthcare Provider Survey..... 41**

**Community Member Survey ..... 42**

**Community Member Discussion Questions ..... 43**

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**Sources .....44**

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# Executive Summary

Catalina Island Medical Center (CIMC) engaged in a three-month community health needs assessment (CHNA) to identify and analyze community health needs and assets in order to prioritize, plan for, and adopt an implementation strategy to meet community needs. A previous CHNA was conducted in November 2015. Rural Health Solutions, Saint Paul, Minnesota facilitated and conducted the assessment. The assessment process included collection and analysis of primary and secondary data and input from community members and healthcare professionals. The assessment identified community strengths, such as strong local partnerships, access to healthcare, and a beautiful natural environment, as well as challenges, such as: lack of access to behavioral health services, the need to build a new healthcare facility, limited wellness education of local residents, and behavior management issues at the local K-12 school. All of these challenges are interrelated and the implementation plan reflects this through its objectives and strategies.

*Catalina Island Medical Center*

*Mission*

*To provide quality healthcare to each individual and improve the overall health of our community.*

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# Introduction

Catalina Island Medical Center (CIMC) engaged in a three-month community health needs assessment (CHNA) to identify and analyze community health needs and assets and prioritize, plan for, and adopt an implementation strategy to meet the needs. A previous CHNA was conducted in November 2015. Rural Health Solutions, Saint Paul, Minnesota facilitated and conducted the CHNA, including the collection and analysis of primary and secondary data.

Data used in the CHNA were from: 1) community, patient, and healthcare professional surveys; 2) stakeholder interviews; 3) a community discussion group; 4) aggregated data derived from the CIMC electronic health record and from local law enforcement; and 5) secondary data reflecting demographics, population health, and area health services. Since CIMC is located on an island but is also considered part of the Los Angeles County, careful consideration is given to the use of and applicability of county-level data as county level data often does not reflect Catalina Island and its residents.

The CHNA the project team set out to gain a better understanding of:

- Changes occurring in community demographics and population health trends,
- Views and perceptions of the community both in terms of current services and operations but also unmet needs, preferences, and perceived future needs, and
- Changes and trends since the last CHNA.

The CHNA findings may be used for:

- Creating and implementing plans to address community health priorities as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals,
- Promoting collaboration and partnerships throughout Catalina Island and mainland partners,
- Supporting community organizations and their efforts to address local needs and challenges,
- Responding to grant opportunities to support community development and health and wellness,
- Supporting and promoting community and health policy efforts,
- Educating local stakeholder groups about local health needs, priorities, and opportunities.

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# Methods

The CIMC CHNA was conducted by Rural Health Solutions, St. Paul, Minnesota. It included planning and tool development with input from CIMC staff; 3 surveys – patients, staff and healthcare providers, and community members; one discussion group; 15 interviews with community members, healthcare providers and staff, community and business leaders; aggregated patient data from the CIMC electronic health record; and service area data from public websites and the local sheriff's office.

- The patient survey was conducted from September 2 to 20, 2019 and was made available in both English and Spanish. A total of 23 surveys were returned, 26% were in Spanish. The survey included 7 multiple choice questions and two open-ended questions.
- The staff survey was conducted from September 2 to 27, 2019 and was made available in both English and Spanish. A total of 22 surveys were returned, none were in Spanish. Survey responses represent 25% of the staff working at CIMC. The survey included 6 multiple choice questions and 6 open-ended questions.
- The community member survey was conducted from September 24 to October 4, 2019 and was made available in both English and Spanish. A total of 21 surveys were returned, none were in Spanish. The survey included 7 multiple choice questions and two open-ended questions. Surveys were conducted at community meetings, such as the Rotary meetings, as well as at community businesses.
- Six community leaders representing CIMC, behavioral health, law enforcement, and city council participated in one discussion group. All participants actively engaged in sharing their insights and views on community health strengths and challenges.
- 15 interviews were held in-person and two by telephone with law enforcement, CIMC healthcare providers and staff, CIMC board members, Chamber of Commerce leadership, local school leadership, and community members. Eight of those interviewed are Hispanic/Latino.
- Aggregated CIMC electronic health record data were obtained and analyzed along with local law enforcement data.

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# Overview and Community Resources

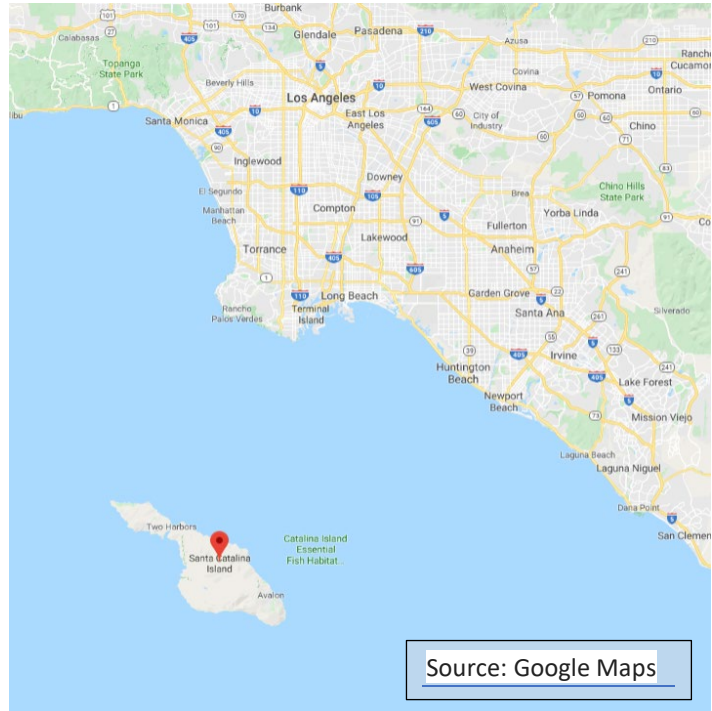
Santa Catalina (aka Catalina Island) is one of California's eight Channel Islands and has a land area of 74.98 square miles and over 50 miles of coastline. It lies southwest of Los Angeles in Los Angeles County about 1.25 hours ferry ride from Long Beach, San Pedro, Newport Beach, or Dana Point, California. Nearly 90% of the island is wilderness and protected from development. The most populated and only incorporated city on the island is Avalon, a resort community. Avalon is located on the waterfront, experiences about 1 million tourists per year, most of whom arrive via cruise ships and ferry.

The majority of businesses in Avalon cater to tourists as reflected in the 23 hotel options not to mention bed and breakfasts and vacation rentals<sup>i</sup>. Avalon is known for its relaxed atmosphere, harbor, boating, golf cart transportation, dive sites, and regular festivals and events. The city is less than two square miles so most choose to use golf carts.

Avalon's circular, art deco Catalina Casino is a cultural center with a movie theater, ballroom and museum. The resort town of Two Harbors lies on the northwest end of the island about 40 minutes by boat, an hour by car and two hours by bus from Avalon. Two Harbors, with its own calendar of events, is nestled between two coves and caters to tourists who tend to be boaters and campers.

The original inhabitants of Catalina Island were people of the Gabrielino/Tongva tribe who lived on the island until 1830 when the entire native population had reportedly relocated to the mainland. Afterwards, various business people and immigrants made efforts to inhabit and develop the island until 1891 when the Santa Catalina Island Company was established by the Banning family to develop the island as a resort. In 1919, chewing gum magnate William Wrigley, Jr. bought shares and controlling interest in Santa Catalina Island from the Bannings. During World War II, the island was closed to tourists and was used for military training. In 1975, the Wrigley shares in the Santa Catalina Island Company were deeded to the Catalina Island Conservancy which now stewards 88 percent of the island, primarily outside of Avalon.<sup>ii</sup>

Catalina Island has a Mediterranean-like climate that includes warm temperatures most of the year. Areas of the island have experienced extensive fires over the past 15 years, including: 300 acre fire in July 1999; 120 acre fire in 2003; 2.6 acre, 2 acre and 1,000 acre fires in 2006; a 4,750



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acre fire in 2007; and 5 additional fires since that time. According to the Catalina Island Conservancy, about 10 percent of the island is currently recovering from fires.<sup>iii</sup>



The first evidence of medical services on Catalina Island was in 1898 when medical doctors were treating patients on the island. In 1915 a clinic was established, then a hospital operated from 1923 – 1957 but burned and then a permanent hospital opened on January 24, 1960.<sup>iv</sup> Renovations have been made to the hospital building and surrounding structures as well as renovations and expansions. Currently, the building is owned by the City of Avalon. The organization is owned and operated by the 501©3 Avalon Municipal Development Corporation. Efforts are underway to obtain voter approval to implement a fee when traveling to Avalon to pay for the construction of a new hospital. Land for the project has been donated for the project from the Catalina Island Company.

Catalina Island medical and other health-related services include CIMC, its attached clinic, Home Help which offers light house cleaning, laundry and other supports, and Leo’s Drug Store which is also owned and operated by CIMC. Five first responder organizations work in partnerships to meet the needs on or near the island, including Baywatch, Las Angeles County Fire Department, Avalon City Fire Department, Harbor Patrol and the Sheriff’s Department. Given the number of first responders working and residing on the island, all work together and serve as back-up as needed. There is one public school on the island: Avalon School which is K-12 and is part of the Long Beach Unified School District. There is a public fitness studio on the island that offers yoga and fitness classes periodically, a dental clinic as well as dental services in the school, Dial-a-Ride organized by Avalon Transit, and one grocery store along with over 20 restaurants in Avalon and two restaurants in Two Harbors.

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### Catalina Island Medical Center

Catalina Island Medical Center (CIMC) is the sole healthcare organization on Catalina Island. It is designated as a Critical Access Hospital (CAH) by the Centers for Medicare and Medicaid Services (CMS) which means it must meet specific geographic and certification requirements in order to receive cost-based reimbursement from CMS and MediCal. CAH designation was made available to geographically isolated and rural hospitals in 1997 to assure rural communities retain access to key rural health services, including inpatient and emergency room services. There are 34 CAHs in California and over 1,300 in the U.S. CIMC includes an acute care hospital



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with swing beds, medical clinic, emergency room, physical and occupational therapy, laboratory, radiology, detached retail pharmacy, long term care, social services, mental health services, and visiting physician specialty clinics. Its social services include information and referrals for community members to various programs in Avalon and on the mainland, such as:

- Case Management and Home Help Services for seniors
- Health Education and Nutritional Counseling for Prenatal Patients
- Information on skilled nursing facility admissions
- Assistance with financial aid applications including Medi-Cal, Food Stamps and Pharmacy Assistance Programs
- Medicare Part D (pharmacy) application assistance
- Appointments through a telepsychiatry program
- Home Care referrals

The Home Help program offers at-home services to assist community members with non-medical services. A case manager is available to help seniors secure services.

Visiting specialty services are available one Saturday a month for podiatry, vascular medicine, cardiology and semi-monthly for ophthalmology and diagnostic imaging capabilities include: CT scanner, digital x-ray, ultrasound, Dexa scan, tele-radiology, PACS technology, and studies available on CD. Considering behavioral health services, therapy is provided onsite while psychiatry is provided through telemedicine. Prenatal care is provided at CIMC, however, expecting mothers are highly encouraged to spend their last four weeks of pregnancy on the mainland because CIMC no offers labor and delivery services. This is important because transport to mainland hospitals cannot be guaranteed, ferry transport often takes longer than two hours and relying on medevac helicopters increases health risks and is expensive.

Emergency room services are available 24/7 at CIMC. CIMC has partnered with the University of California (UC) – Irvine, Irvine, California to provide physician staff in the emergency department. The emergency room medical director is provided from UC-Irvine.

CIMC rents many housing units in and around Avalon to meet the housing needs of its staff. This housing serves both short-term needs, such as for health care providers who most often live and work on the mainland, as well as long-term needs for new employees who are unable to find housing.

CIMC has secured land to build a new hospital, clinic, and skilled nursing facility on Catalina Island. Funding is being sought through a local tax levy that would impact individuals traveling to the island. The CIMC Foundation has begun a capital campaign to reduce the amount that CIMC would need to borrow to replace the current facility. The planned facility will meet changing demands for services, modern demands due to best practices in clinical settings (e.g., privacy), service expansion or realignment, and technology needs, as well and improve the patient experience and most likely ease the burden of clinical staff recruitment to an outdated physical plant. Additionally, the hospital will meet the 2030 California mandated seismic safety requirements.<sup>v</sup>

# Population Demographics and Health Statistics

Population demographics and health related trends play a determining role in the types of health, wellness, and social services needed by communities. Increasingly, public programs and healthcare organizations are paying more attention to the social determinants of health, often defined as: 1) biology and genetics (e.g., sex and age), 2) individual behavior (e.g., alcohol use and smoking), 3) social environment (e.g., income and gender), 4) physical environment (e.g., where a person lives), and 5) health services (e.g., quality of care and health insurance). Each of these is described here to provide a context for the population of Catalina Island. Although county level data are often used in CHNAs to describe local and area demographics and trends, Catalina Island is part of Los Angeles County which is significantly different from the population, health services, economics, and social trends of Catalina Island. Therefore, data beyond county-level data were used to better identify and understand the current state and future trends of Catalina Island.

## Demographic Trends

According to the U.S. Census Bureau, a total of 4,046 people lived in the 56.96 square mile population areas of Catalina Island in 2014. This includes the 3,802 people in Avalon. Using the American Community Survey (ACS) and looking only at the population of Avalon (due to the availability of data), the total population of Avalon in 2017, by age group, is estimated as:

- Under 5 years of age – 301
- 5-19 years of age – 954
- 20-34 years of age – 703
- 35-54 years of age – 872
- 55 – 64 years of age – 589
- 65 – 84 years of age – 307
- 85 and older – 82

Looking at population trends in Avalon, the city continues to have limited population growth.

Table 1: Avalon Population Trends: 2010-2017

	2010	2011	2012	2013	2014	2015	2016	2017
Avalon	<b>3,661</b>	<b>3,690</b>	<b>3,717</b>	<b>3,744</b>	<b>3,768</b>	<b>3,777</b>	<b>3,767</b>	<b>3,778</b>

Source: American Community Survey, Table DP05

The median age in Avalon is 34.5 years<sup>vi</sup>, slightly lower when compared to the last CHNA. The age of Avalon’s population, when compared to California and the U.S. as a whole is younger (CA median age was 36.5 and the U.S. was 38.1 in 2017). Those in Avalon are more likely to be female (53.8%) and for those 65 years and older they are even more likely to be female (59.3%). Table 2 compares age data estimates for 2010, 2014 (year of the last CHNA) and 2017 (latest year data are available through the ACS).

**Table 2: Avalon Population Trends by Age: 2010, 2014, 2017**

	2010	2014	2017
Under 5 years	<b>276</b>	<b>324</b>	<b>301</b>
5-19 years	<b>778</b>	<b>823</b>	<b>954</b>
20-64 years	<b>2,213</b>	<b>2,235</b>	<b>2,164</b>
65 to 84 years	<b>366</b>	<b>324</b>	<b>307</b>
85 and older	<b>28</b>	<b>62</b>	<b>52</b>
Median Age	<b>34.5</b>	<b>34.7</b>	<b>34.5</b>

Source: American Community Survey, Table DP05

## Race/Ethnicity

Looking at race alone, Catalina Island is predominantly white (87%); however, when considering ethnicity, the majority of the population is Hispanic or Latino (68.9%), an increase of almost 6% when compared to the prior CHNA and greater than California as a whole (38.6%). For those who are foreign born (944), 26% are naturalized citizens and 74% are foreign born non-citizens; 83% of all foreign born people have a Mexican birthplace.<sup>1</sup> Using 2010 U.S. Census Bureau data, the languages spoken at home are predominantly Spanish (52.4%) and English (47.8%). As expected, languages spoken at home reflect race/ethnicity; however, what is most important here is the impact that both race/ethnicity, as well as language, play on health services, outcomes, and demand for services, as well as possible language barriers.

Changes in race/ethnicity in Avalon from 2010 to 2014 to 2017 have not been significant except for 2013 when there was a decline in whites and an increase in all other racial/ethnic groups.<sup>2</sup> This may be attributed to the economic downturn in the U.S.; however, as new data become available it can be determined if this is a long-term trend.

**Table 3: Avalon Trends by Race: 2010, 2014, 2017**

	2010		2014		2017	
Total Population	<b>3,661</b>		<b>3,768</b>		<b>3,778</b>	
Hispanic/Latino	<b>2,252</b>	<b>61.5%</b>	<b>2,721</b>	<b>72.2%</b>	<b>2,603</b>	<b>68.9%</b>
Not Hispanic	<b>1,409</b>	<b>38.5%</b>	<b>1,047</b>	<b>27.8%</b>	<b>1,175</b>	<b>31.1%</b>
White	<b>1,370</b>	<b>37.4%</b>	<b>969</b>	<b>25.7%</b>	<b>1,078</b>	<b>28.5%</b>
Black or African American Alone	<b>0</b>	<b>0%</b>	<b>10</b>	<b>0.3%</b>	<b>15</b>	<b>0.4%</b>
American Indian or Alaskan Native	<b>0</b>	<b>0%</b>	<b>10</b>	<b>0.3%</b>	<b>10</b>	
Asian Alone	<b>0</b>	<b>0%</b>	<b>3</b>	<b>0.07%</b>	<b>0</b>	<b>0%</b>
Two or More Races	<b>39</b>	<b>1.1%</b>	<b>55</b>	<b>1.5%</b>	<b>71</b>	<b>1.9%</b>

<sup>1</sup> <http://www.movoto.com/avalon-ca/90704/demographics/>

<sup>2</sup> US Census, <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

**Table 4: Avalon Trends by Hispanic/Latino Nationality: 2010, 2014, 2017**

	2010		2014		2017	
Hispanic/Latino	<b>2,252</b>	<b>61.5%</b>	<b>2,721</b>	<b>72.2%</b>	<b>2,603</b>	<b>68.9%</b>
Mexican	<b>2,201</b>	<b>97.7%</b>	<b>2606</b>	<b>95.8%</b>	<b>2,321</b>	<b>89.2%</b>
Puerto Rican	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>24</b>	<b>.9%</b>
Cuban	<b>0</b>	<b>0%</b>	<b>10</b>	<b>.3%</b>	<b>21</b>	<b>.8%</b>
Other	<b>51</b>	<b>2.3%</b>	<b>105</b>	<b>3.9%</b>	<b>237</b>	<b>9.1%</b>

Source: American Community Survey, Table DP05

## Economy and Income

The economy of Avalon is diverse but dominated by tourism with retail and service industries (art, entertainment, recreation, accommodation, and food service). In 2017, 47.8% of the workforce ages 16 and older was employed in these industries compared to 57.8% in 2014 and 51.5% in 2010.<sup>vii</sup> The decline from 2017 to 2014 can be attributed to 54 less persons estimated to be working in retail. Considering the most common occupations, 21% of males work in food preparation and serving related jobs with 14% working in sales, 14% in management, 13% in construction and 11% in building and grounds keeping positions.<sup>3</sup> For females, 23% work in sales related occupations, 19% in office and administrative support, 18% in building and ground maintenance, and 17% in food preparations and serving.<sup>4</sup> These differences in employment can have a significant impact on work hours, wages, health insurance coverage, income, and work related injuries. According to the 2012 Survey of Business Owners, 468 firms had employees in Avalon, including 166 with paid employees. According to the Employment Development Department of California, the state unemployment rate in October 2019 was 3.9%, Los Angeles County was 4.5%, and Avalon was 1.3%.<sup>viii</sup> Avalon’s unemployment rate has declined significantly since 2014 when it was 6.2% and 2010 when it was 13.3%. Trends in employment are displayed in Table 5.

<sup>3</sup> <http://www.city-data.com/city/Avalon-California.html#ixzz3rhIR9uUa>

<sup>4</sup> Ibid.

**Table 5: Employment by Industry: 2010, 2014, and 2017**

Industry Employment	2010		2014		2017	
Civilian employed population 16 years and over	2188		1940		1970	
Agriculture, forestry, fishing and hunting, and mining	38	1.7%	30	1.5%	23	1.2%
Construction	125	5.7%	82	4.2%	43	2.2%
Manufacturing	7	0.3%	4	0.4%	23	1.2%
Wholesale trade	24	1.1%	6	0.3%	0	0.0%
Retail trade	419	19.1%	307	15.8%	254	12.9%
Transportation and warehousing, and utilities	153	7.0%	102	5.3%	237	12.0%
Information	45	2.1%	16	0.8%	34	1.7%
Finance and insurance, and real estate and rental and leasing	190	8.7%	130	6.7%	122	6.2%
Professional, scientific, and management, and administrative and waste management services	100	4.6%	110	5.7%	184	9.3%
Educational services, and health care and social assistance	163	7.4%	178	9.2%	188	9.5%
Arts, entertainment, and recreation, and accommodation and food services	708	32.4%	815	42.0%	688	34.9%
Other services, except public administration	99	4.5%	108	5.6%	152	7.7%
Public administration	117	5.3%	49	2.5%	22	1.1%

Source: US Census, American Fact Finder, Source: American Community Survey, DP03

Other economic indicators to consider and that have a significant impact on community health are income and poverty. As described by the Centers for Disease Control and Prevention, “When a person or group of people lack human needs because they cannot afford them. Human needs include clean water, nutrition, health care, education, clothing, and shelter”.<sup>ix</sup> As shown in Table 5, 2017 estimated median household income in Avalon was \$62,986, lower than both Los Angeles County and the State. This is understandable given the predominant job sectors in Avalon. Table 6 indicates household income and the nearly 20% or more of households with incomes at or below the national poverty level across all three years. Looking at the population as whole, the ACS estimates that 14.7% of the total population and 21.5% of children lived below poverty in in 2017 compared to 8.8% of families and 9.4% of children in 2014, and 13.2% of families and 17.3% of children in 2010. Interestingly, poverty rates declined as unemployment declined but rose sharply between 2016 and 2017 even though unemployment continued to decline.

**Table 6: Median Household Income in Avalon, Los Angeles, and California: 2010, 2014, 2017**

	2010	2014	2017
Avalon	<b>\$47,634</b>	<b>\$54,231</b>	<b>\$62,986</b>
Los Angeles	<b>\$55,476</b>	<b>\$55,870</b>	<b>\$61,015</b>
California	<b>\$60,883</b>	<b>\$61,489</b>	<b>\$67,169</b>

**Table 7: Avalon Household Wages by Income Level: 2010, 2014, 2017**

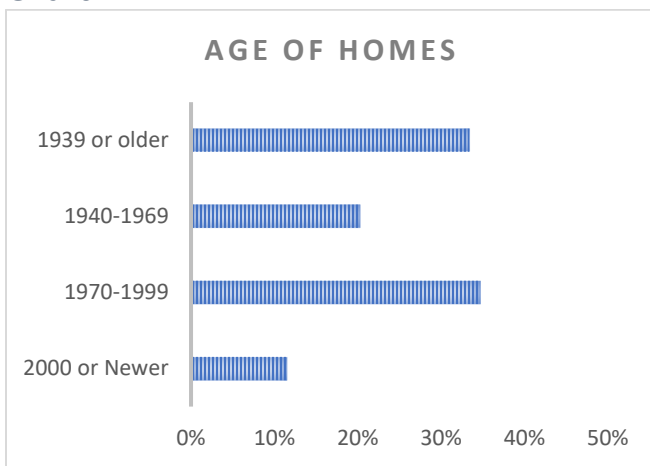
	2010	2014	2017
Avalon - Total Households	<b>1,315</b>	<b>1,262</b>	<b>1,358</b>
Less than \$10,000	<b>1.4%</b>	<b>2.9%</b>	<b>5.2%</b>
\$10,000 - \$14,999	<b>12.0%</b>	<b>5.8%</b>	<b>3.5%</b>
\$15,000 - \$24,999	<b>6.2%</b>	<b>11.0%</b>	<b>15.0%</b>
\$25,000 - \$34,999	<b>16.0%</b>	<b>10.5%</b>	<b>6.5%</b>
\$35,000 - \$49,999	<b>16.3%</b>	<b>16.6%</b>	<b>9.8%</b>
\$50,000 - \$74,999	<b>12.3%</b>	<b>19.8%</b>	<b>25.8%</b>
\$75,000 - \$99,999	<b>15.9%</b>	<b>10.7%</b>	<b>8.2%</b>
\$100,000 - \$149,999	<b>11.9%</b>	<b>13.0%</b>	<b>15.2%</b>
\$150,000 - \$199,999	<b>4.3%</b>	<b>4.5%</b>	<b>3.8%</b>
\$200,000 or more	<b>3.6%</b>	<b>5.2%</b>	<b>7.1%</b>

Source: US Census, American Fact Finder, Source: American Community Survey, S1901

## Housing

With a limited supply of housing on the island, housing costs also play a significant role in population health, healthcare staff recruitment and retention, property taxes, and residents' disposable income. In 2017, it was estimated there were 2,216 housing units in Avalon compared to 2,189 in 2014, and 2,126 in 2010. In November 2019, Zillow reported a median home value of \$755,800 in Avalon, an increase of 18.7% when compared to 2018 and an increase of 136.32% since 2000. Using data from Neighborhoodscout.com, they report a median home value of \$763,465, a home ownership rate of 23.3%, 76.7% renters, and 5.5% of homes having 4 or more bedrooms. Charts 1 - 3 highlight the housing stock available.

**Chart 1**



**Chart 2**

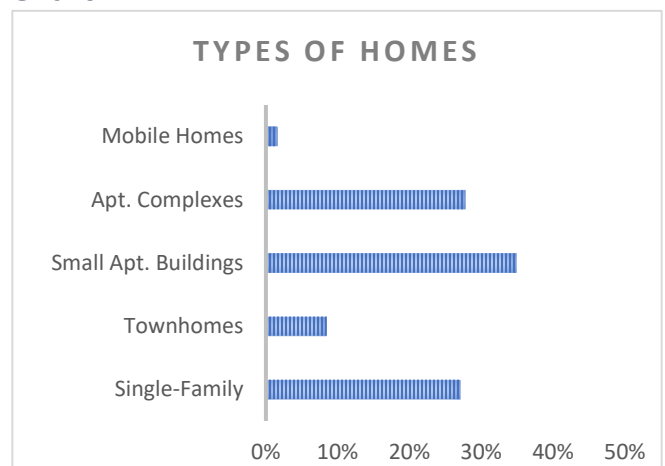
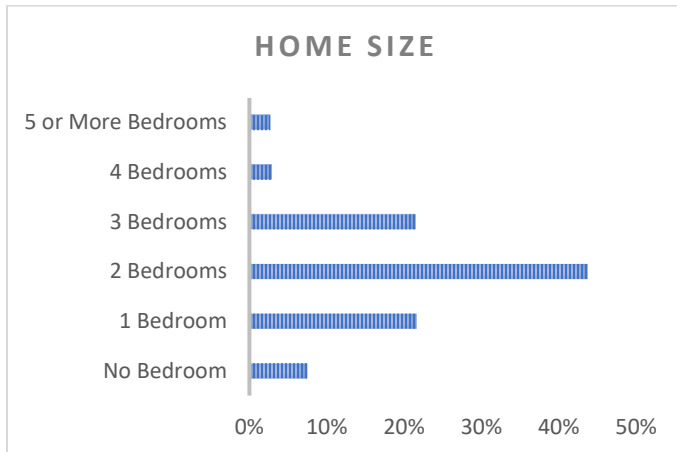


Chart 3



Charts 1 – 3 Source: NeighborhoodScout.com

In November 2019, Payscale.com estimated the cost of living in Avalon is 60% higher than the national average.<sup>x</sup> This reflects cost of housing that is 190% higher, utilities that are 8% higher, groceries that are 12% higher, healthcare that is 10% higher, transportation that is 31% higher, and a median rent of \$3,150 per month. Consequently, it is not surprising that the cost of living in Avalon is a challenge for many, if not most people.

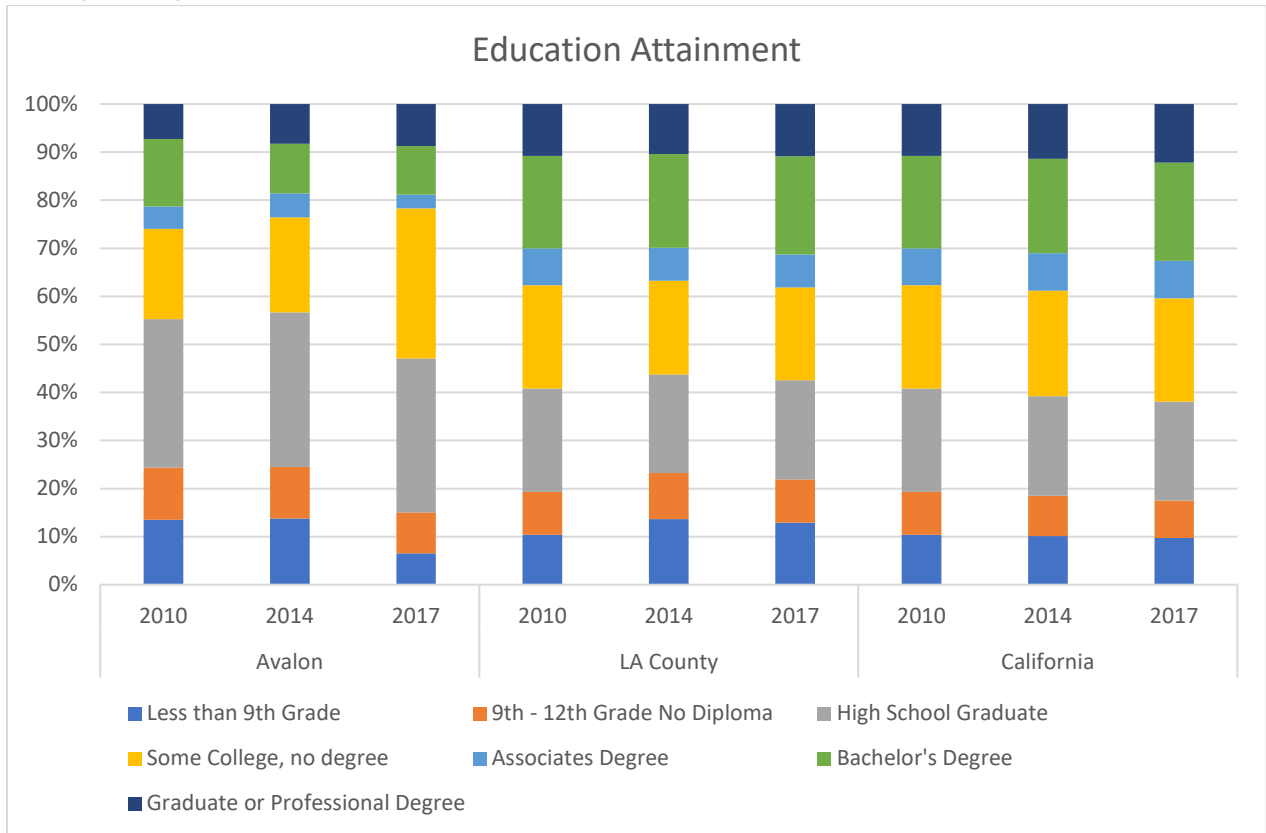
## Education

Educational level is a social determinant of health and a key consideration towards improving the health and wellness of the community. Considering the education attainment of those 25 years and older in Avalon, as indicated in Table 9 and Chart 4, fewer people have less than a 9<sup>th</sup> grade education when comparing 2010 to 2017; however, the percent of population that have either a bachelor’s degree or a graduate or professional degree is about half that of Los Angeles County and the State.

## Health Insurance

Health insurance rates in California have fluctuated significantly over the past few years, primarily due to Medicaid expansion but also rising healthcare costs and employer shifts to high deductible health plan options for employees. Table 9 includes health insurance trends for Avalon, Los Angeles County, and California. Although the rates for individuals in Avalon without insurance were noticeably higher than the state and Los Angeles County, the trends across all three geographic areas are similar. After significant improvement in insurance rates in Avalon (2017 rates were about half those in 2012), 2017 rates are nearing those of the County and State. It should be noted that 2010 insurance data were not available for Avalon so 2012 data, the most recent year available, was included.

**Chart 4: Education Attainment of Avalon, Los Angeles County, and California: 2010, 2014, and 2017**



Source: US Census, American Fact Finder, Source: American Community Survey, S1501

## Crime and Public Safety

According to HealthyPeople 2020, repeated exposure to crime and violence may be linked to an increase in negative health outcomes. For example, people who fear crime in their communities may engage in less physical activity and have poor physical and mental health. A recent study in the Journal of the American Heart Association found that “recurrent exposure to high rates of violent crime was consistently associated with obesity and elevated blood pressure”.<sup>xi</sup>

Using 2018 data from City-Data.com, the crime rate in Avalon was 2.9 times less than the U.S. average and the 2018 crime rate fell by 171% when compared to 2017. In addition, in the last five years, Avalon has seen a decrease in violent crime and property crime and crime appears to have peaked in 2007. Although crime has declined, in 10 of the last 16 years, Avalon’s violent crime rate was higher than the national average and in eight of the last 10 years its property crime rate was higher than the national average.<sup>xii</sup>



**Table 8: Education Attainment in Avalon, Los Angeles County, and California: 2010, 2014, 2017**

Education Attainment	2010					2014					2017				
	Avalon			LA County	CA	Avalon			LA County	CA	Avalon			LA County	CA
	Avalon	Males	Females			Avalon	Males	Females			Avalon	Males	Females		
25 Years and Older															
Less than 9th Grade	13.5%	14.0%	12.9%	13.9%	10.4%	13.8%	12.0%	15.4%	13.6%	10.1%	6.50%	4.20%	8.50%	12.9%	9.7%
9th - 12th Grade No Diploma	10.9%	13.0%	8.7%	10.2%	8.9%	10.7%	8.6%	12.4%	9.6%	8.4%	8.5%	10.1%	7.2%	9.0%	7.8%
High School Graduate	30.9%	31.1%	30.7%	21.3%	21.5%	32.2%	38.3%	26.4%	20.5%	20.7%	32.0%	37.0%	27.5%	20.7%	20.6%
Some College, no degree	18.8%	18.2%	19.4%	18.8%	21.5%	19.8%	18.1%	21.2%	19.5%	22.0%	31.2%	30.7%	31.7%	19.3%	21.5%
Associates Degree	4.7%	1.7%	7.7%	6.8%	7.7%	5.0%	6.7%	3.5%	6.8%	7.8%	2.9%	2.4%	3.4%	6.9%	7.8%
Bachelor's Degree	14.0%	15.7%	12.4%	19.0%	19.2%	10.3%	9.3%	11.1%	19.5%	19.6%	10.1%	7.8%	12.3%	20.4%	20.4%
Graduate or Professional Degree	7.3%	6.3%	8.3%	9.9%	10.8%	8.3%	6.4%	10.0%	10.4%	11.4%	8.7%	7.9%	9.4%	10.9%	12.2%

Source: US Census, American Fact Finder, Source: American Community Survey, S1501

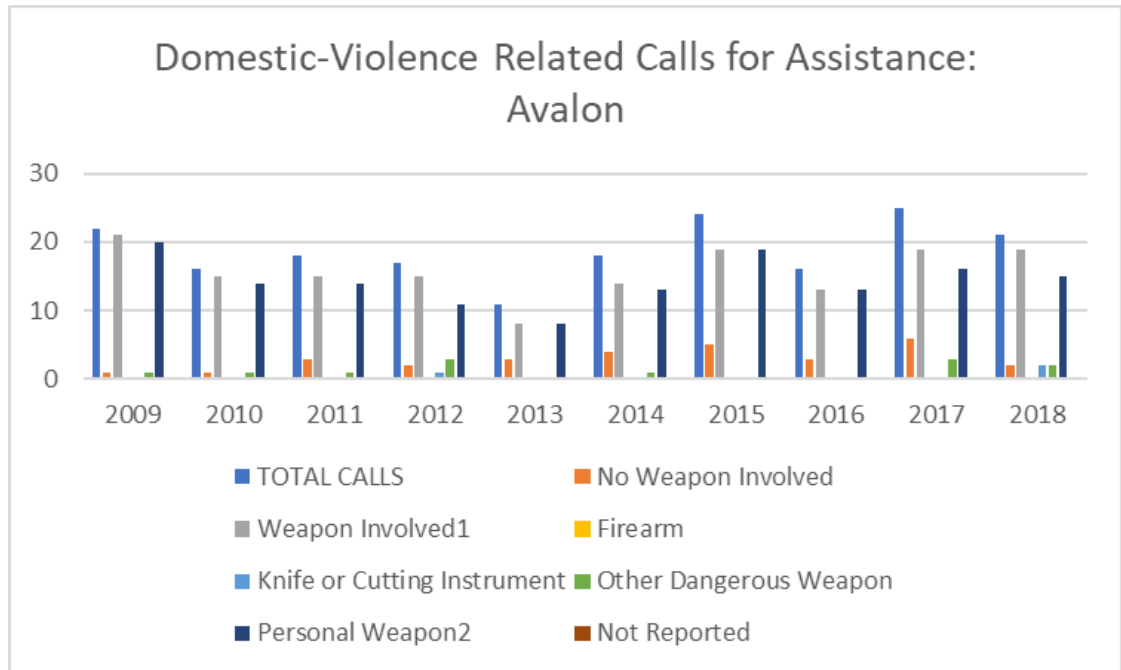
**Table 9: Health Insurance Coverage in Avalon, Los Angeles County, and California: 2012, 2014, and 2017**

	2012 Avalon		LA County	CA	2014 Avalon		LA County	CA	2017 Avalon		LA County	CA
	Number	Percent	Percent	Percent	Number	Percent	Percent	Percent	Number	Percent	Percent	Percent
Civilian noninstitutionalized population	3,698				3,748				3761			
With health insurance coverage	2,382	64.4%	77.8%	82.2%	2,464	65.7%	79.1%	83.3%	3068	81.6%	86.7%	89.5%
With health insurance coverage - With private health insurance	1,806	48.8%	55.2%	61.9%	1,749	46.7%	54.1%	60.8%	1956	52.0%	56.8%	62.6%
With health insurance coverage - With public coverage	854	23.1%	28.9%	28.7%	897	23.9%	31.1%	30.8%	1327	35.3%	36.4%	35.8%
No health insurance coverage	1,316	35.6%	22.2%	17.8%	1,284	23.9%	20.9%	16.7%	693	18.4%	13.3%	10.5%
Civilian noninstitutionalized population under 19 years	962				1,114				1,222			
Civilian noninstitutionalized population under 19 years - No health insurance	301	31.3%	10.4%	8.8%	389	34.9%	8.4%	7.5%	238	19.5%	5.5%	4.7%

Source: US Census, American Fact Finder, Source: American Community Survey, DP03

No murders have occurred in Avalon since 2004. While there were few rapes, in 2018, 2014, 2015, 2016, and 2017 had significantly higher rape rates when compared to the U.S.<sup>xiii</sup> The 2013 CHNA indicated domestic violence was a community health challenge. Looking at Chart 5 and Table 10 that include domestic violence calls for assistance data from 2009 through 2018, the average number of calls per year was 18.8 calls, and nearly all were calls with a weapon involved.

**Chart 5**



**Table 10: Domestic Violence-Related Calls for Assistance, Avalon: 2009 – 2018**

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
<b>TOTAL CALLS</b>	22	16	18	17	11	18	24	16	25	21
<b>No Weapon Involved</b>	1	1	3	2	3	4	5	3	6	2
<b>Weapon Involved1</b>	21	15	15	15	8	14	19	13	19	19
<b>Firearm</b>	0	0	0	0	0	0	0	0	0	0
<b>Knife or Cutting Instrument</b>	0	0	0	1	0	0	0	0	0	2
<b>Other Dangerous Weapon</b>	1	1	1	3	0	1	0	0	3	2
<b>Personal Weapon2</b>	20	14	14	11	8	13	19	13	16	15
<b>Not Reported</b>	0	0	0	0	0	0	0	0	0	0

Source: Open Justice, <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance>

Catalina Island residents report crime and public safety are strengths of Catalina Island and crime statistics from the local sheriff's office tend to reflect that perception. Looking specifically at Level 1 crimes, those that are considered most severe, larceny and theft are the most common crimes. Due to the nature of Catalina having a small population that is separate from the mainland and with limited services to serve those with behavioral health needs and/or substance abuse issues, it is not uncommon for one category of crimes to reflect the actions of a limited number of individuals. This understanding by locals may be another contributing factor impacting perceptions of crime and public safety.

**Table 11: Level 1 Crimes in Avalon: 2014, 2018, and 2019**

	2014	2018	2019
Homicide	0	0	0
Forcible Rape	5	2	2
Robbery	1	0	0
Aggravated Assault	11	3	8
Burglary	21	11	6
Larceny and Theft	50	27	25
Grand Theft Auto	7	5	1
Arson	0	0	0

## Clinical Health Indicators and Chronic Conditions

There is limited public health data available specific to Catalina Island or Avalon; however, data related to student immunizations and from CIMC's electronic health record shed some light on the community and patients. Immunization rates for kindergarteners attending Avalon K-12 School are near 100% and have been flat since the 2013-2014 school year. Considering aggregated data from CIMC's electronic health record, individual behavior and clinical indicators were examined such as: smoking, obesity, and substance abuse. Table 12 includes the number of patients seen in 2018 (2,814) and those who were identified as having substance abuse (marijuana) and illegal drug abuse challenges and those who are smokers. Table 13 includes obesity, hypertension, and cholesterol data. The data indicate the majority of patients seen at CIMC clinic are overweight, including children. No trend data were available but it is clear that opportunities exist to address all patient health behavior challenges.

**Table 12: Non-Tourist Population: Substance Abuse and Use**

Age	Age		Substance Abuse (Marijuana)		Substance Abuse (Illegal Drugs, including prescription drugs)		Smoker	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 5	68	69	N/A	N/A	N/A	N/A	N/A	N/A
5-19 years	280	288	3	N/A	N/A	N/A	1	N/A
20 - 34 years	303	354	2	4	6	6	44	28
35 - 54 years	269	320	4	2	4	2	46	37
55 - 64 years	204	201	1	1	1	0	42	34
65 - 74 years	126	141	1	3	1	0	31	25
75 - 84 years	54	73	N/A	N/A	N/A		13	13
85 years and older	28	36	N/A	N/A	N/A	N/A	6	4

**Table 13: Non-Tourist Population: Obesity, Hypertension, and Cholesterol**

Age	Age		BMI 25-29.9		BMI 30 and higher		Hypertension Stage 1		Hypertension Stage 2		Hypertensive Crisis		Diagnosed with high cholesterol	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Under 5	68	69	64	63	N/A	N/A	N/A	3	1	N/A	N/A	N/A	N/A	N/A
5-19 years	280	288	225	240	38	24	36	24	13	1	N/A	N/A	N/A	N/A
20 - 34 years	303	354	204	235	65	89	33	21	48	19	1	N/A	N/A	N/A
35 - 54 years	269	320	137	192	83	102	26	28	63	48	2	2	N/A	1
55 - 64 years	204	201	116	124	64	61	45	38	74	47	5	3	N/A	1
65 - 74 years	126	141	76	97	27	34	32	42	27	39	12	10	1	1
75 - 84 years	54	73	35	47	14	20	14	20	11	22	7	1	N/A	N/A
85 years and older	28	36	17	26	5	3	2	5	11	17	1	1	1	N/A

Emergency room utilization rates and inappropriate use can be an indicator of health care needs in a community. Overuse can point to a need to adjust or add clinic operating hours, provide urgent care, address patient’s chronic conditions or other needs through care coordination and/or care planning, and/or address other social determinants of health that may be leading to regular use of the emergency department. Table 14 includes data on emergency room use (2 visits or more), comparing use in 2017 and 2018. Utilization increased from 2017 to 2018 for all patient age groups.

**Table 14: Non-Tourist Population: Emergency Room Use by Age, 2017 and 2018**

Age	Age		Patients who used the ER more than 2x in 2018		Patients who used the ER more than 2x in 2017	
	Male	Female	Male	Female	Male	Female
Under 5	68	69	17	14	4	8
5-19 years	280	288	25	26	9	7
20 - 34 years	303	354	26	38	20	27
35 - 54 years	269	320	34	44	15	17
55 - 64 years	204	201	13	16	8	10
65 - 74 years	126	141	15	10	7	8
75 - 84 years	54	73	8	10	8	6
85 years and older	28	36	5	3	2	0

Tourists who received services at CIMC are highlighted in Table 15 and total 1,999 patients.

**Table 15: Tourist Population Services Received at CIMC**

Total Tourist Population (All Service Lines)		
Age	Age	
	Male	Female
Under 5	33	24
5-19 years	185	152
20 - 34 years	260	236
35 - 54 years	227	232
55 - 64 years	140	157
65 - 74 years	107	88
75 - 84 years	53	56
85 years and older	20	29

The top 10 diagnosis for island visitors were: hypertension, falls, Type 2 diabetes mellitus without complications, hyperlipidemia, striking against or struck by other objects, chest pain, abdominal pain, anxiety disorder, atrial fibrillation, and cough.

## CIMC Patient Satisfaction

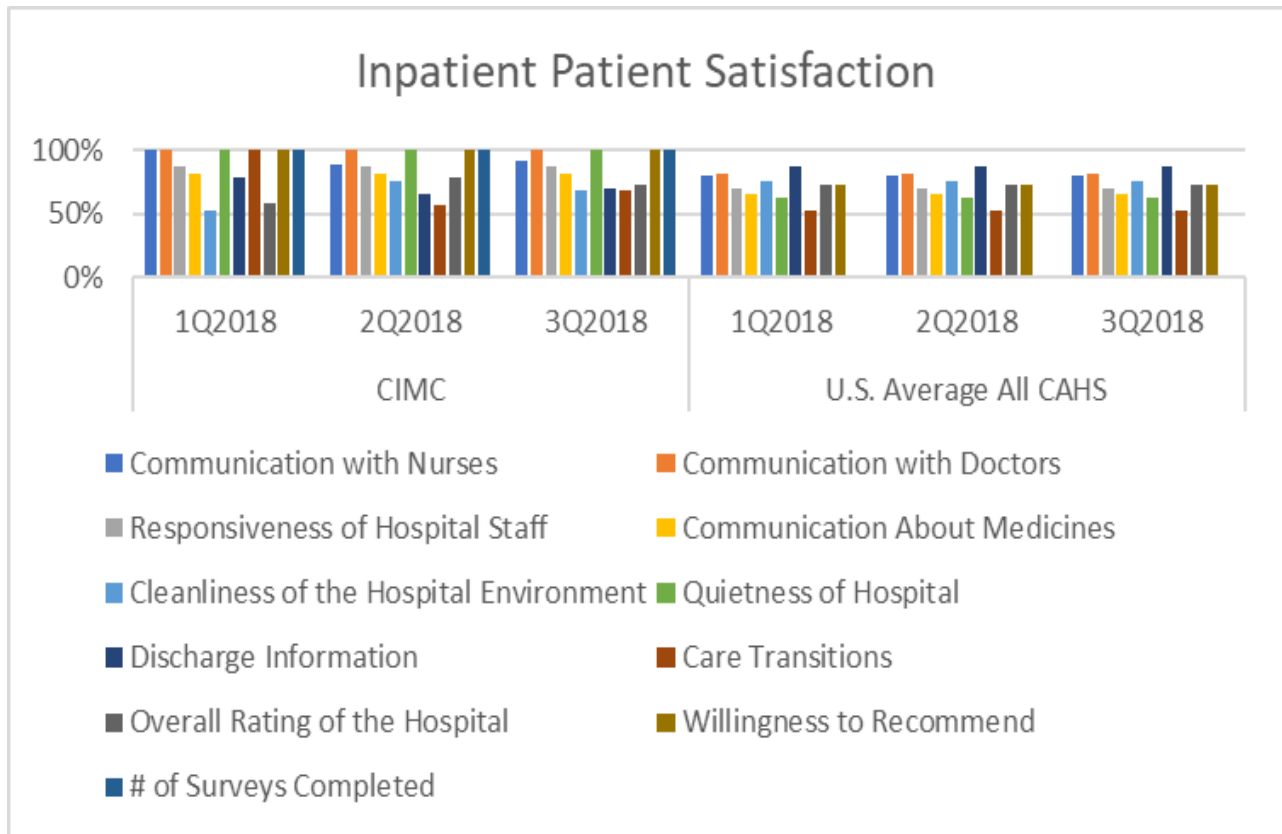
Hospital compare is a CMS website that publicly posts patient satisfaction data for all reporting hospitals in the U.S. CIMC has been reporting data to Hospital Compare for inpatient services since 2017 and like most other hospitals, CIMC works to improve inpatient patient satisfaction as well as services across all care settings. Data in Table 16 and Chart 6 reflect patient surveyed who reported the highest possible score for all survey questions (“always” happened, “strongly agree”, 9 out of 10 rating, or “definitely recommend”). For all measures and in all quarters, CIMC scores above the national average of CAHS in the U.S. except for discharge instructions

and cleanliness of the hospital. Additionally, CIMC consistently scores in the top 3 of all CAHs in California for patient satisfaction when scores are aggregated.

**Table 16: Inpatient Patient Satisfaction for CIMC and US: Quarters 1 – 3, 2018**

	CIMC			U.S. Average All CAHS		
	1Q2018	2Q2018	3Q2018	1Q2018	2Q2018	3Q2018
Communication with Nurses	100%	88%	91%	80%	80%	80%
Communication with Doctors	100%	100%	100%	81%	81%	81%
Responsiveness of Hospital Staff	87%	87%	87%	70%	70%	70%
Communication About Medicines	82%	82%	82%	66%	66%	66%
Cleanliness of the Hospital Environment	52%	76%	69%	75%	75%	75%
Quietness of Hospital	100%	100%	100%	62%	62%	62%
Discharge Information	79%	66%	70%	87%	87%	87%
Care Transitions	100%	57%	68%	53%	53%	53%
Overall Rating of the Hospital	58%	79%	73%	73%	73%	73%
Willingness to Recommend	100%	100%	100%	72%	72%	72%
# of Surveys Completed	3	5	5	NA	NA	NA

**Chart 6: Inpatient Patient Satisfaction CIMC and US Average of All CAHs: Quarters 1 – 3, 2018.**



## Community Input

Community input was obtained through surveys, interviews, and a discussion group during September and October 2019. The processes to engage community members and findings are described here.

Three surveys were conducted as part of the CHNA - CIMC staff and healthcare provider survey, CIMC patient survey, and community survey:

- The patient survey was conducted from September 2 to 20, 2019 and was made available in both English and Spanish. A total of 23 surveys were returned, 26% were completed in Spanish. The survey included 7 multiple choice questions and two open-ended questions.
- The staff survey was conducted from September 2 to 27, 2019 and was made available in both English and Spanish. A total of 22 surveys were returned, none were completed in

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Spanish. Survey responses represent 25% of the staff working at CIMC. The survey included 6 multiple choice questions and 6 open-ended questions.

- The community member survey was conducted from September 24 to October 4, 2019 and was made available in both English and Spanish. A total of 21 surveys were returned, none were in Spanish. The survey included 7 multiple choice questions and two open-ended questions. Surveys were conducted at community meetings, such as the Rotary meeting, as well as at community businesses.

Survey questions for all three surveys were very similar and are attached as Attachment A. They all asked questions about perceived physical and mental health, barriers to achieving health and wellness, health care access issues and social determinants of health, changes respondents would like to see on Catalina Island to achieve personal wellness goals, age, race/ethnicity. Community and patient surveys also asked questions about services received and satisfaction with services at CIMC. CIMC healthcare provider and staff surveys also asked questions about work related and patient related changes they would like to see at CIMC.

## Survey Findings – All Surveys

All the surveys asked respondents about perceived health and wellness. When asked, “How would you describe your physical health?” on average, survey respondents reported “good”. When asked “How would you describe your mental health” on average, survey respondents also responded “good”. When asked, “Do you have any barriers to achieving optimal health and wellness?” the majority of respondents (56%) reported “yes”. Barriers to access were identified as: too much stress in the workplace, lack of childcare, inability to take time off from work to because of payment lost, medical record privacy and CIMC and staff viewing and sharing patient information, limited food options and prices of food, lack of a public gym for youth and adults, lack of a public swimming pool, inability to lose weight, and cost of pharmaceuticals.

Community members, CIMC staff, healthcare providers and patients were all asked questions about their concerns or family concerns related to health and wellness, chronic conditions, access to healthcare, and social determinants of health. Table 17 includes a summary of findings related to all areas and reflects both those who indicated they have their own concern and/or any concerns for family members. Survey respondents are most likely to have concerns about high deductible health insurance, local providers that do not accept community health insurance, obesity, diabetes, and alcohol use.



**Table 17: Community, Patient, Staff and Provider Health and Wellness Concerns**

	# Reporting Concern	Percent Reporting Concern
		(n=58)
Diabetes	<b>20</b>	<b>34.4%</b>
Obesity	<b>20</b>	<b>34.4%</b>
Alcohol Use	<b>18</b>	<b>31%</b>
Illegal Substances	<b>9</b>	<b>15.5%</b>
Smoking	<b>12</b>	<b>20.7%</b>
Safety	<b>5</b>	<b>8.6%</b>
Firearms/Guns	<b>6</b>	<b>10.3%</b>
Domestic Violence	<b>3</b>	<b>5.2%</b>
Employment	<b>4</b>	<b>6.9%</b>
Lack of Health Insurance	<b>16</b>	<b>27.6%</b>
High Deductible Health Insurance	<b>22</b>	<b>37.9%</b>
Local Providers Don't Accept Health Insurance	<b>21</b>	<b>36.2%</b>
Access to Food	<b>9</b>	<b>15.5%</b>
Access to Housing	<b>12</b>	<b>20.7%</b>
Access to Transportation	<b>4</b>	<b>6.9%</b>
Access to Prescribed Medications	<b>9</b>	<b>15.5%</b>
Access to Behavioral Health/Mental Health Services	<b>10</b>	<b>17.2%</b>
Access to Dental/Oral Health Services	<b>11</b>	<b>19%</b>
Lack of a Support System	<b>6</b>	<b>10.3%</b>
Average for All Survey Respondents	<b>3.68 Concerns/Survey Respondent</b>	

Community members and CIMC patients were also asked about satisfaction with CIMC services that they have used within the past 12 months. Survey respondents were most likely to report using clinic services followed by therapy services. When asked about satisfaction with services, they were most likely to be satisfied with inpatient care which received an average score of 5 on a scale of 1-5, 5 being “very satisfied” and 1 being “very dissatisfied” (all respondents reported being “very satisfied” with services, n=3). This was followed by emergency room services which had an average score of 4.5 (n=17) and the clinic with an average score of 4.2 (n=29).

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**When CIMC staff and healthcare providers were asked what they like most about working at CIMC, they report:**

- 8-hour shifts, schedule (2)
- Being able to take care of patients, the community and seeing outcomes of treatments (5)
- Teamwork, co-workers and relationships (6)
- Opportunity to grow/expand career
- Level of influence
- Job overall
- Talking to people
- Work environment
- Small size and small groups of people

**“I’ve never seen our staff not do what it takes to take care of a patient.”**

**When CIMC staff and healthcare providers were asked what they like least about working at CIMC, they report:**

- Too small of an organization
- 12-hour shifts
- Commute/parking costs
- One organization that can often feel like and operate like separate organizations
- Trust issues
- Employee’s lack of motivation
- Communication between departments (4)
- Poor protocols
- Lack of management for clinical and nursing needs
- Lack of some equipment that could support patient care
- Shortage of staffing
- Difficulty hiring people who want to commit to the hospital

**“Having the ability to care for a unique and dynamic patient population. Working alongside colleagues and coworkers that maintain or desire to give extraordinary care to patients.”**

All three of the surveys asked about changes needed on Catalina Island to support respondents in achieving wellness goals. Survey respondents were most likely to report the need for a local gym, community center, or wellness center. Other recommendations included:

- Better food
- Local access to additional clinical procedures
- 24/7 physician coverage
- Additional support/programs for special needs populations
- City regulations that limit the amount of vacation rentals on the island to help alleviate the housing shortage
- Decrease the cost of living
- Improve patient privacy
- Build a new hospital
- Accept HMO coverage at CIMC
- Local public swimming pool
- Better timing/more clinic appointment options

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## Interviews and Community Discussion Group Findings

Fifteen interviews and one community health discussion group were conducted to talk about the strengths, challenges, and opportunities for health and wellness for the people of Catalina Island. Those interviewed represented law enforcement, community leaders, CIMC board members and leadership, local education leadership, healthcare providers, and community members. Just over half of those interviewed represented those with Hispanic/Latino heritage. Discussion group participants included those representing CIMC leadership, law enforcement, behavioral health, and community leadership. Questions focused on Catalina Island community health strengths, challenges, and service needs; CIMC challenges and opportunities; and any issues or opportunities surrounding domestic violence, substance abuse, and population health. A summary of findings is below.

Participants describe Catalina Island as a small community that is safe, beautiful, an “oasis”, “paradise”, and a “place to find peace”. It has a unique topography, easy access to outdoor activities, many resources despite its size and population, quiet, clean air, people who are “really nice” and “kind”, and has uniqueness in terms of land, ocean, transportation, and people. When asked about the meaning of community health, participants report:

- People who get along
  - Strong schools
  - Strong values
  - Substance use and abuse under control
  - Everything and anything between physical, mental, emotional, and spiritual well-being
  - Access to healthcare for all
  - Optimal healthcare for all
  - Addressing community health issues so the whole community can be productive and happy
- “It’s like a little Mediterranean Island safely tucked in the U.S.”**

When asked about community health strengths, participants talked about community groups working well together or increasingly working well together, less risk of communicable diseases, a community that comes together when someone has a need, access to and an improving hospital and emergency medical services as well as CIMC as a whole, securing land for a new healthcare facility, partnerships with healthcare organizations on the mainland, caring staff and healthcare providers at CIMC, local pharmacy that is well-stocked and accessible, and a streamlined process for involuntary behavioral health holds. Those interviewed also talked about the possibility of new and expanded services in a new healthcare facility.

When asked about community health challenges and needs, all participants talked about lack of access to behavioral health services. Community members also talked about the challenges of no access to obstetrics (OB) and gynecological (GYN) services, long wait times for physical therapy and clinic appointments, lack of continuity of care because patients cannot see the same doctor, no gym or fitness facility on the island, student behavior at Avalon K-12 school, lack of housing, customer service and patient privacy at CIMC, domestic violence, substance

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abuse, lack of boundaries between people in particular on social media, and cost of living. Obstetric services were identified because there are none on Catalina Island and there are financial and family burdens when expectant mothers are required to spend their last four weeks of pregnancy on the mainland. Other challenges identified were lack of access to dialysis services, no alternative medicine such as acupuncture, and the large number of community members who are insured through a health plan that is not accepted at CIMC.

About half of those interviewed and the discussion group spent an extended amount of time talking about youth behavior issues at Avalon K-12 school. The issue was also raised during a local community meeting that Rural Health Solutions staff participated. Although many of the school conversations led back to the decisions, policies, and poor management by the Long Beach Unified School District, other highly relevant contributing factors also discussed, included: the long-term impacts of and an increasing number of children who lack supervision and guidance during their free time (e.g., after school), an increasing financial gap between those who are financially well-off and those who struggle with basic needs, parents who are working 2-3 jobs to afford housing and food, alcohol use and abuse, methamphetamine use, a lack of housing that has led to too many people sharing small spaces, few to no supervised and structured after school and summer activities available for youth of all ages and abilities, stressful home environments that may include domestic abuse and/or child abuse, students' and families' behavioral health issues and no resources to address/support them, no formal and permanent security at the school, a K-12 campus, no alternative learning opportunities for youth, no family planning services, and a large undocumented worker population that feels threatened and often isolated. Participants report these challenges have a significant impact on the health and well-being of everyone on Catalina Island. They also impact CIMC's ability to address issues related to social determinants of health and staff recruitment and retention. The same applies to all other industries on the island.

**“A lot of kids are misbehaving because parents have to work all the time.”**

When community members talked about opportunities to address school related issues, opportunities focused on: changing school policies and procedures to further discipline or expel students, holding community-wide anti-bullying and kindness campaigns, having professional safety personnel on campus during school hours, offering more after-school opportunities for students, providing access to behavioral health and counseling services to students and families, providing classroom and behavior management training for teachers, paying local workers a livable wage and offering better benefits so parents don't have to work 2-3 jobs, coming together as a community to identify community-based solutions, community-wide cultural awareness support and training, nutrition outreach and counseling, community events that are more inclusive to all families and children, and mental health check-ins for those identified with challenges.

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Other community health challenges raised by participants:

- Staff at CIMC obtain health services on the mainland versus CIMC because of privacy issues
- Methamphetamine use
- Lack of and unpredictable supply of Epi pens and other high demand pharmaceuticals
- Lack of diabetes and dialysis expertise for patients
- Flow of information between the main CIMC campus and pharmacy and patient expectations
- Weather that impacts the flow of patients and supplies from the mainland
- Nurse translators who incorrectly translate on behalf of healthcare providers and/or patients
- Planning for and being prepared to meet the healthcare needs of a much larger population (e.g., tourists) during large local events and festivals
- Delivery of large items such as furniture and appliances

Opportunities to improve community health on Catalina Island focused primarily on: 1) behavior issues at Avalon K-12 School and in the community as a whole, 2) telemedicine, in particular services to address behavioral health, 3) finding ways to offer services (e.g., laboratory) at CIMC at a more affordable price, 4) building a new facility that can better meet current and future community health needs, 5) making more clinic appointments available on weekends and evenings, 6) privacy and customer services at CIMC, and 7) creating fitness and wellness opportunities on Catalina Island that can meet the needs of the community across all age groups and development (identified by all participants). Suggestions for fitness and wellness opportunities included having a gym at the new hospital that can serve both physical and occupational therapy and rehabilitation needs but also community needs; converting the old Vonn's grocery store location or current hospital building location into a multi-use gym and housing complex; creating fitness opportunities around town for residents and visitors alike (e.g., multi-generational hiking or walking clubs, Tai Chi or morning yoga on the beach); hosting lunch and learning classes and evening classes about health and wellness, pre-diabetes and diabetes, the impacts of obesity, accessing community supports and mental health services, and food choices and cooking; and improving healthy food options.

Other opportunities that were raised for consideration include:

- Recruiting additional primary care providers.
- Expanding participation in monthly Rotary Club community clean-up to include youth.
- Including community health improvement as part of a broader coalition with CIMC as the lead.
- Matching health services pricing to that of providers on the mainland.
- Continuing to find small opportunities to improve the current CIMC environment, including teamwork, care transitions, professionalism of some staff, and communication across departments.
- Creating a domestic violence coalition that includes and engages community members with more ties into the Hispanic/Latino community.

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- Creating and holding community events that better engage the broader community (vs. focusing just on those with higher income and within business community).
  - Establishing the medical home model at CIMC.
  - Engaging the CIMC board and key hospital staff more in discussing healthcare quality, patient engagement, and fostering a healthy community.
  - Addressing community postal delivery issues that can result in pharmaceuticals not being delivered on time and/or being returned to sender or elsewhere.
  - Further developing the chronic care management program.
  - Encouraging community use of the new nurse advice line.
  - Expansion of CIMC services such as an MRI.
  - Recruiting dry cleaning and orthodontic services to Catalina Island.
  - Recruiting additional dentists, eye doctors, dermatology, social services and behavioral health, healthcare providers who speak Spanish, and pharmacists to Catalina Island.
  - Addressing CIMC electronic health record issues.
  - Establishing social opportunities for new CIMC staff and island residents to meet and greet.
  - Creating community outreach and educational courses for health topics such as: menopause, diabetes, dialysis, food and diet, weight loss, domestic violence, smoking cessation, alcohol use, and breast health.
  - Establishing safe housing for those facing domestic abuse
  - Addressing over-serving of alcohol in local establishments

Discussion group participants and those interviewed universally agree that a new hospital needs to be built on Catalina Island. Differences in opinion reflected a need to come to agreement on the scale and scope of the project, a well-defined timeline for the transit tax, a need for increased input from the broader community as well as education of community members about plans and the cost/benefit of the intended project.

#### **Limitations of Survey, Interview, and Discussion Groups Findings**

Given the limited number of community members that participated in the CHNA, it is unclear if all community groups are represented. Those who may be least represented are those under the age of 18 because they neither completed the surveys nor participated in any interview or the discussion group.

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# Evaluation of 2016-2019 Implementation and Strategies/Outcomes

The 2016 Community Health Needs Assessment priorities included opportunities to address the following: access to healthcare providers, specialty services and behavioral health; community outreach; wellness services; customer satisfaction; community partners and decision makers; and health literacy. Below is an overview of each along with the steps taken by CIMC to address each priority.

## **Community Aim: Continuity of Care through a Stable Team of Health Care Providers**

In general, all assessment participants believe that a stable and high-quality health care provider team should be the top priority for CIMC. This includes health care providers who are: highly trained and follow national best practices, interested in working long-term at CIMC, interested in getting to know their patients, know their skills and limitations, timely and efficient, speak Spanish, and listen to the patients they serve. Also important is having at least one female healthcare provider.

### **Outcomes:**

CIMC has stabilized the medical staff in both the Emergency Department and the Rural Health Clinic. Over the past four years, the following providers were recruited and are currently practicing at CIMC:

- **Dr. Aimee Warren, D.O.**  
Dr Warren is a graduate of Midwestern University Arizona College of Osteopathic Medicine and she did her residency at the University of Nevada, Reno. Dr. Warren is board certified in family medicine and is an experienced primary care physician. She has worked in private practice and served patients as a staff physician at Kaiser Permanente in San Diego as well as Temecula Valley Hospital and Fallbrook Hospital.
- **Dr. Edwin McGroarty, M.D.**  
Dr. McGroarty has been a physician for more than 20 years, specializing in family and emergency medicine. He is also a military veteran, having served 10 years in the United States Navy. He is board certified by the American Board of Family Medicine.
- **Dr. Daniel Davis, M.D.**  
Dr. Davis served as emergency medicine faculty at UC San Diego for 16 years, specializing in both inpatient and pre-hospital resuscitation science. He has authored more than 200

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peer-reviewed articles and created the Advanced Resuscitation Training (ART) program. He previously served in the emergency department at CIMC.

- **Santa Dominguez, F.N.P.**  
Santa Dominguez has worked in the healthcare field for 30 years, including more than 25 years serving the people of Avalon.
- CIMC has established a long-term **relationship with University of California Irvine**. UC Irvine provides emergency room medicine services with Emergency Medicine Board Certified Providers.

#### **Community Aim: Establish Targeted Services and Outreach for Parents, Youth, and Seniors**

Community members discussed some of the unmet needs of the community, as well as the need for a community outreach specialist. Recurring topics were parenting skills, family planning, alcohol use and abuse, and additional support for seniors. There were several discussions about seniors aging in place, seniors who are choosing to live year-round on the island, and how there is a need to further support seniors so they can stay healthier longer, as well as support for caregivers so they too can live healthy lives.

#### **Outcomes:**

- CIMC now offers Medicare certified Chronic Care Management (CCM) services to patients 65 years and older who have two or more chronic conditions that: are expected to last at least 12 months, increase the risk of death, and/or lead to the illness getting worse or permanently affect their ability to do their normal activities. The goal is to keep patients as healthy as possible, out of the hospital, minimize costs, and continue to provide patients with the best care.
- The CIMC social services department has stabilized with the addition of two clinical social workers. Child and family social workers protect vulnerable children and support families in need of assistance. Social workers help people solve and cope with problems in their everyday lives. Clinical social workers also diagnose and treat mental, behavioral, and emotional issues.

#### **Community Aim: Address Health Promotion and Disease Prevention/Population Health:**

Many community members reported a need to be better informed about how to identify health issues, steps to take to prevent them, and how to be healthier in general. Many talked about the poor diets and obesity levels of area youth, a shift to parents driving children to school vs. children walking to school, as well as a preponderance of social events that focus on alcohol consumption. These discussions pointed to the need for the community and individuals to understand its population's health and its overall health status, to focus on health and wellness, to address population health needs, as well as for more community collaboration in order to reach and impact individuals and the community as a whole.



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**Outcomes:**

- CIMC established a quarterly newsletter includes articles on living a healthy lifestyle.
- An annual community Health Fair is held offering the following services at low or no cost:
  - Diabetes, Skin Cancer, & Vision Screenings
  - Hearing Tests
  - Low Cost Blood Tests
  - Complete Metabolic Panel & CBC
  - Disaster Preparedness
  - Substance Abuse Prevention
  - Mental Health Services
  - Blood Pressure Checks
  - HIV Information
  - DEXA Scan
- CIMC partnered with Hoag Vascular Institute to provide a quarterly FREE vascular screening event for vascular diseases such as Aortic Aneurysms, Carotid Disease, and Peripheral Artery Disease.
- A fall community-wide flu shot clinic was established where 150 free vaccines were provided to the community.

**Community Aim: Establish Wellness Services**

Every focus group raised the need for the community to have access to a gym with workout equipment and classes that are accessible to all. Other frequent wellness topics focused on nutrition, access to organic fruits and vegetables, and access to the broader set of healing arts services (e.g., acupuncture).

**Outcomes:**

- Nutrition counseling is in place.
- Discussions continue towards establishing more accessible and diverse fitness opportunities as well as construction of a new hospital.

**Community Aim: Develop Community Partnerships/Decision-Making**

Community members discussed opportunities for CIMC and other local organizations to organize, leverage their resources, and partner. Some of these discussions included the need to establish a community health organization or integrate community health discussions and planning into an already established organization. Other discussions focused more on the need for improved communications and coordination so community members are more aware of and can better access the services of CIMC. Examples of past or current programs/initiatives that may offer opportunities to collaborate included: Choices, City Council's Recreation Department, and Stepping into Health Program.

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**Outcomes:**

- CIMC regularly advertises services and health information in the local newspaper and on Facebook.
- A Market Needs Assessment and Strategic Facilities Plan was developed with community input over a period of 6 months.
- CIMC leadership and staff participate on numerous local boards and are members of various local committees and organizations on behalf of CIMC. Additionally, CIMC related information is provided regularly to:
  - Rotary
  - Lions
  - Chamber of Commerce
  - Avalon City Council
  - Yacht clubs
  - Women’s Forum
  - Business leadership groups
- CCS conducted a Feasibility and Planning Study in 2017 engaging over 70 potential donors to develop a strategy for building a new hospital.
- Tarzana Treatment Centers which offers cost-effective substance abuse and mental health treatment to adults and youth has partnered with CIMC to provide services in Avalon.

**Community Aim: Expanded Access to Specialty/Behavioral Health Care Services**

Community members expressed its priorities of improved access to specialty care services, such as: oncology, ENT, dermatology, women’s health, podiatry, geriatrics, nutrition counseling, and cardiology.

**Outcome:**

- Two female providers are now employed at CIMC and focus on women’s health.
- CIMC has stabilized the Physical Therapy Department with full-time employment of two physical therapists.
- A position was created for an occupational therapist who provides daily services.
- CIMC is in the process of developing a monthly specialty calendar that will be in the weekly newspaper and online.
- Regular visiting and telemedicine physicians provide the following services at CIMC:
  - Endocrinology

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- Cardiology
  - Vascular medicine
  - Podiatry
  - Pain management
  - Optometry
  - Psychiatry

### **Community Aim: A Population that is Health Literate**

Community members believe the best way they can improve and maintain their health is through an understanding of the healthcare system, insurance, available services, latest trends, and how to access services. Health literacy can be built through regular education and information that is provided throughout the community, through community venues and partnerships, and/or within the healthcare setting. It is important that this information be made available in Spanish and in multiple formats and venues so the community views and experiences the information in various ways and multiple times.

#### **Outcomes:**

- CIMC organizes an annual Community Health Fair.
- Quarterly newsletters are distributed and provide health information.
- Physicians periodically provide health information articles for the local newspaper.

### **Community Aim: Address Issues Related to CIMC Patient Satisfaction**

Areas identified for improvement and their related outcomes are as follows:

- Patient Confidentiality
  - a. Staff were provided education on patient confidentiality.
  - b. A culture of patient confidentiality was developed in the organization.
  - c. Staff violating patient confidentiality are immediately released from employment.
  - d. Sound systems were installed to improve confidentiality.
- Patient Rooms/Office
  - a. Clinic rooms were remodeled.
  - b. New furniture was added to waiting room.
- Spaces Not Supporting Privacy
  - a. Barriers were put in place to improve patient confidentiality.
  - b. Non employed personnel are not allowed in departments
- Limited and Irregular Specialty Care Services
  - a. Specialty care services are provided on a regular weekly basis.

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- Billing Issues
    - a. A new information system was installed, reducing billing issues.
  - Poor Customer Service/Skills and Professionalism of Some Staff
    - a. Staff are provided customer service training on a regular basis.
    - b. An incentive program was instituted for outstanding service.
    - c. Past 6 months of Press Ganey results reflect nationwide ranking above the national average:
      - i. Emergency – 96<sup>th</sup> percentile
      - ii. Medical Practice – 71<sup>st</sup> percentile
      - iii. Outpatient – 52<sup>nd</sup> percentile
  - Patient Flow/Wait Times
    - a. Clinic wait times have been reduced to an average of 15 minutes.
    - b. Patients rank wait times well above the national average:
      - i. Emergency Department – 88<sup>th</sup> percentile
      - ii. Medical Practice – 75<sup>th</sup> percentile
      - iii. Outpatient – 86<sup>th</sup> percentile
  - After hours services
    - a. Implemented but not used by the community
  - Access to services via telemedicine
    - a. CIMC provided 1,600 Telemedicine visits in FYE 2019
  - Case Management
    - a. Chronic Care Management was established.
  - Access to Professional Translation Services.
    - a. CIMC contracts with a service to provide language translation for most individuals that speak a different language than English.

Enhanced customer service through patient follow-up after visits (including emergency room visits) and email and telephone appointment reminders to patients.

- After an emergency room visit patients are contacted within a couple of days by a nurse for follow-up.
- Processes have been established to remind patients of appointments:
  - Text messages
  - Emails
  - Reminder phone calls the day prior to appointments

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# 2020 – 2023 Implementation Plan

## Priority #1: Engage the Community in Planning to Build a New Hospital

### Resources

CIMC  
K-12 School  
Rotary Club  
Chamber of Commerce  
Local Businesses

### Objectives

- Complete architectural design of new hospital

### Strategies

- Achieve passage of voter initiative to implement cross channel fee
- Raise a minimum of \$15 million dollars from private donors and foundations
- Secure funding for remaining portion of capital costs through USDA

## Priority #2: Decrease Obesity and Increase Physical Fitness

### Resources

CIMC  
Local Businesses

### Objectives

- Prevent and reduce the level of obesity on Catalina through improved nutrition, physical activity and supportive environments.

### Strategies

- Proactively help individual's management of diet, fitness and healthy behaviors with the supervision of a physician.
- Create a holistic approach to improve the lives of community members
- Develop program to perform a comprehensive assessment of patient's overall health.
- Provide services and protocols for:
  - Diet and nutrition
  - Physical fitness
  - Hormone therapy
  - Sleep patterns
  - Counseling

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- Weight loss medications
  - Dietary supplements
  - Develop motivational information for participants

### **Priority #3: Improve Access to Behavioral Health Services**

#### **Resources**

CIMC

K-12 School

Tarzana Treatment Centers

Telemedicine

#### **Objectives**

- Increase Patient Access By 10%

#### **Strategies**

- Integrate psychology services into primary care
- Build a full continuum of behavioral health services
- Link all the providers

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# Attachments

**Patient Survey**

**Staff and Healthcare Provider Survey**

**Community Member Survey**

**Community Member Interview Questions**



## Health Services Assessment Patient Survey

- 1) What is your age?  18 – 30 Years  31 – 50 Years  51 – 65 Years  66 – 75 Years  76 & Older
- 2) What is your race/ethnicity?  White (non-Hispanic)  Hispanic  Black/African American  Asian  Other
- 3) How would you describe your physical health?  Excellent  Good  Fair  Not So Good  Poor
- 4) How would you describe your mental health?  Excellent  Good  Fair  Not So Good  Poor
- 5) What service(s) have you used at Catalina Island Medical Center in the past 12 months and how satisfied were you with the services?

Service	Check All Services Used	Indicate Level of Satisfaction with Each Service Used				
		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Clinic (routine exam, immunization, illness, check-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiological imaging (X-rays, CT scan, ultrasound)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy (physical, occupational, Speech)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient services (overnight stay at the hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency room (ER)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 6) Have you or has someone in your household delayed health care due to lack of money, health insurance, or because the service is not available locally? If yes, check all that apply:

- Money  Insurance is not accepted by Catalina Island Medical Center  
 No health insurance  High deductible for my insurance  
 The service(s) is not available locally

Please indicate the service(s) not available that delayed care: \_\_\_\_\_

- 7) Do you have any concerns about accessing health care services? If yes, check all that apply:

- Clinic Care  Emergency Room  Dental  
 Urgent Care  Pharmacy  Obstetrics  
 Skilled Nursing/Long-term Care  Behavioral/Mental Health  Specialty Care

If you selected specialty care, please indicate they type(s) of specialty care:

\_\_\_\_\_

Please describe your concerns:

- 8) Do you have any concerns about factors that can affect your health? If yes, check all that apply:

- Food  Transportation  Safety  
 Housing  Employment  Other

Please describe your concerns:

- 9) Is there anything you would like to see change on Catalina Island that would support you in achieving your personal wellness goals?





## Health Services Assessment Staff Survey

- 1) What is your age?  18 – 30 Years  31 – 50 Years  51 – 65 Years  66 – 75 Years  76 & Older
- 2) How would you describe your physical health?  Excellent  Good  Fair  Not So Good  Poor
- 3) How would you describe your mental health?  Excellent  Good  Fair  Not So Good  Poor
- 4) Do you have any barriers to achieving optimal health and wellness?  Yes  No  Unsure
  - a. If you answered “Yes” or “Unsure” to question 4, what are your barriers?
- 5) Are there any concerns you have or you hear from patients or community members regarding community health needs (chronic conditions, transportation, access to food)? Please indicate below

Concern	Check Box Where You Believe Personal or Local Concerns Exist	Concern	Check Box Where You Believe Personal or Local Concerns Exist
Diabetes		Access to Food	
Obesity		Access to Housing	
Alcohol Use		Access to Transportation	
Illegal Substance Abuse		Access to Prescribed Medications	
Smoking		Access to Behavioral Health/Mental Health Service	
Safety		Access to Oral Health Services	
Firearms/Guns		Other (Specify)	
Lack of Support System		Other (Specify)	

- 6) What do you like most about working at Catalina Island Medical Center? (Describe)
- 7) What do you like least about working at Catalina Island Medical Center? (Describe)
- 8) What changes would you like to see at Catalina Island Medical Center? (Specify)
 

Work Related Changes:

Patient Related Changes:
- 9) Is there anything you would like to see change on Catalina Island that would support you in achieving your personal wellness goals?

Please return the survey in the attached envelope to NAME or in her mailbox. Thank you for participating!

- 1) How would you describe your physical health?  Excellent  Good  Fair  Not So Good  Poor
- 2) How would you describe your mental health?  Excellent  Good  Fair  Not So Good  Poor
- 3) Do you have any barriers to achieving optimal health and wellness?  Yes  No  Unsure  
 a. If you answered "Yes" or "Unsure" to question 3, what are your barriers?
- 4) Do you or your family members have any health or healthcare access concerns? Please X all that apply below.

Concern	My Concern	Family Member Concern	Concern	My Concern	Family Member Concern
Diabetes			High Deductible Health Insurance		
Obesity			Local Providers Don't Accept Health Insurance		
Alcohol Use			Access to Food		
Illegal Substance Abuse			Access to Housing		
Smoking			Access to Transportation		
Safety			Access to Prescribed Medications		
Firearms/Guns			Access to Behavioral Health/Mental Health Services		
Domestic Violence			Access to Dental/Oral Health Services		
Employment			Lack of Support System		
Lack of Health Insurance			Other (Specify)		

5) What service(s) have you used at Catalina Island Medical Center in the past 12 months and how satisfied were you with the services?

<input type="checkbox"/> Check Here if No Services Received	Indicate Level of Satisfaction with Each Service Used					
Service	Check All Services Used	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Clinic (routine exam, immunization, illness, check-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiological imaging (X-rays, CT scan, ultrasound)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy (physical, occupational, Speech)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient services (overnight stay at the hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency room (ER)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) Is there anything you would like to see change on Catalina Island that would support you in achieving your personal wellness goals?

7) What is your age?  18 – 30 Years  31 – 50 Years  51 – 65 Years  66 – 75 Years  76 & Older

8) What is your race/ethnicity?  White (non-Hispanic)  Hispanic  Black/African American  Asian  Other

Please return the survey in the attached envelope to the registration desk. Thank you for participating!

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## Community Member Discussion Questions

**How would you describe Catalina Island to someone who is not familiar with it?**

**What does “community health” mean to you?**

**In terms of the health and wellness of the community, what is working well in your community?**

**What is not working or what are the challenges and needs locally?**

**Thinking about Catalina Island Medical Center (CIMC), how would you describe it to someone who is not familiar with it?**

**Thinking of the healthcare services that are available locally, including those at CIMC, what are the strengths?**

**Challenges or opportunities?**

**If you could address or resolve one or two community health needs on Catalina Island, what would they be?**

**Add on – If they didn’t talk about domestic violence and alcohol abuse:**

**Domestic violence and alcohol abuse were two common issues raised during the last community health needs assessment, do these continue to be challenges? Explain or describe.**

**Are there any other health or community health strengths, challenges, opportunities, or threats you would like to talk about today that I didn’t ask about or anything you were hoping I would ask, that I didn’t ask?**

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# Sources

<sup>i</sup> Catalina Island Official Visitors Guide 2019, Catalina Island Chamber of Commerce, <https://www.catalinachamber.com/>

<sup>ii</sup> Wikipedia, [https://en.wikipedia.org/wiki/History\\_of\\_Santa\\_Catalina\\_Island\\_\(California\)](https://en.wikipedia.org/wiki/History_of_Santa_Catalina_Island_(California))

<sup>iii</sup> Catalina Island Conservancy, [https://www.catalinaconservancy.org/index.php?s=wildlife&p=accidental\\_wildland\\_fires](https://www.catalinaconservancy.org/index.php?s=wildlife&p=accidental_wildland_fires)

<sup>iv</sup> <https://cimedicalcenter.org/history/>

<sup>v</sup> Office of Statewide Health Planning and Development, <https://oshpd.ca.gov/construction-finance/seismic-compliance-and-safety/>

<sup>vi</sup> <https://datausa.io/profile/geo/avalon-ca>, retrieved online August 15, 2019.

<sup>vii</sup> <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

<sup>viii</sup> Monthly Labor Force Data for Cities and Census Designated Places, Employee Development Department State of California, <https://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>.

<sup>ix</sup> Centers for Disease Control and Prevention, <https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>

<sup>x</sup> Payscale.com, <https://www.payscale.com/cost-of-living-calculator/California-Avalon>

<sup>xi</sup> Tung, Elizabeth, Wroblewski, Kristen, Boyd, Kelly, Makelarski, Jennifer, Peek, Monica, and Tessler Lindau, Stacy; Police-Recorded Crime and Disparities in Obesity and Blood Pressure Status in Chicago; Journal of the American Heart Association; April 3, 2018.

<sup>xii</sup> City-Data.com, <http://www.city-data.com/crime/crime-Avalon-California.html>

<sup>xiii</sup> Ibid.