



PRIMARY CARE ACCESS IN LOS ANGELES COUNTY

**SUPERVISORIAL
DISTRICT PROFILES
2020 REPORT**

pcdc.org



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INTRODUCTION

Primary care is the foundation of the healthcare system and the gateway to comprehensive, coordinated care. Access to high-quality primary care is essential to build thriving communities. Across the United States and California, inequities in primary care access are associated with many community-level factors. Availability of primary care providers (PCPs) varies widely across California. On average, Los Angeles County (LAC) has about 9.8 PCPs for every 10,000 people, **nearly three times fewer** than San Francisco, the county with the highest PCP availability in the state with an estimated 27.7 PCPs per 10,000 residents.¹

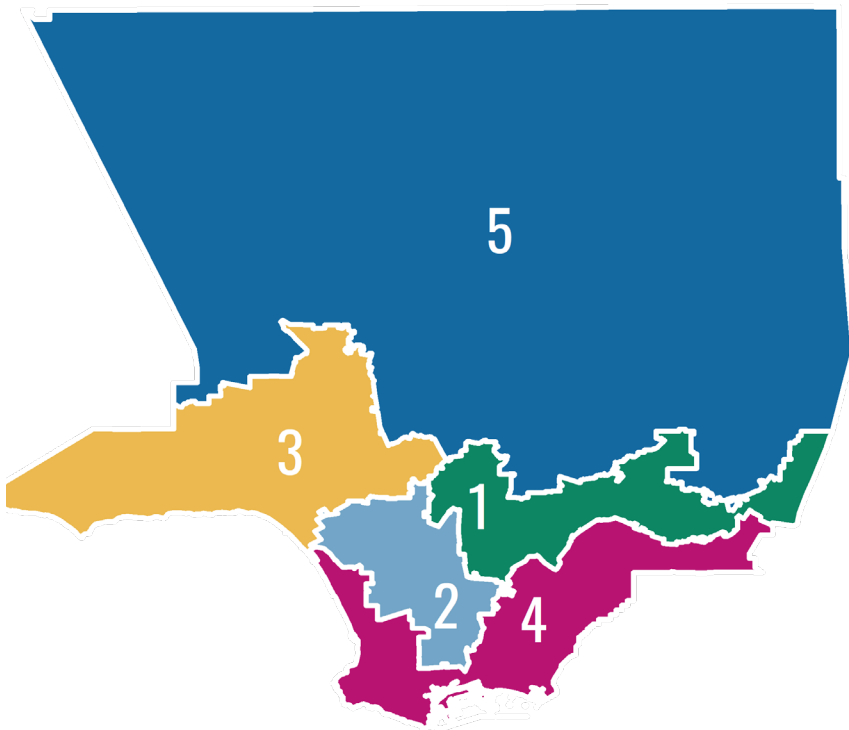
The LAC Board of Supervisors is the highest-level governing body in LAC, with each member representing a District of over two million constituents [Figure 1]. Each Supervisor has significant funding authority and provides oversight of

government services and regional planning across the 88 incorporated cities, numerous unincorporated neighborhoods, and a diverse population of over 10 million LAC residents.

In this report, the **Primary Care Development Corporation (PCDC)** presents data that describe key elements of primary care access for each Supervisorial District. The individual Supervisorial District profiles are intended to provide

context for understanding both primary care access and a need for health care within a District. We hope that this report will support the efforts of District Supervisors and policymakers, as well as providers, funders, and advocates of primary care to broaden primary care access and address health inequities across the county.

Figure 1.
Los Angeles County Supervisorial Districts



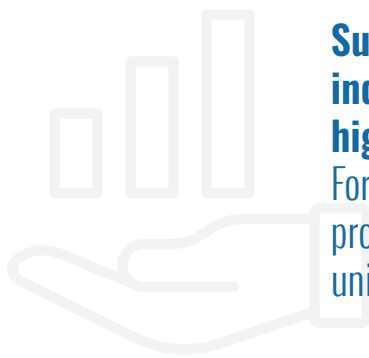
FINDINGS SUMMARY

Our report contains findings that highlight differences in access to health services, health status, and population characteristics. Across California, the Black and African American populations in the state experience

disproportionately higher rates of preventable hospitalizations and readmissions²; metrics associated with access to and quality of primary care. Similar findings are included in the individual District

profiles, and select measures are highlighted here.

With over two million residents in each District, poor access to care has notable health implications for Angelenos.



Supervisory District 2 data consistently indicate lowest primary care access and highest level of need for District residents.

For example, District 2 has both the lowest primary care provider availability (5.4 per 10,000 people) and highest uninsured rate (14.6%) of the LA Supervisory Districts.

District 2 had the largest percentage of Black residents (21.6%) compared to all other Districts, and nearly ten times that of District 1 (2.5%)

District 2 had the highest rate of residents living below the poverty level (21.7%), highest rates of asthma emergency department (ED) visits (157.8 per 10,000), and highest cardiovascular disease mortality rate (219.2 per 100,000)

District 2 and 3 have the highest proportion of residents living below the federal poverty level (21.7% and 19.1% respectively)

District 3 had the highest PCP availability in the county (13.2 PCPs per 10,000 people)

The uninsured rate was two times greater in District 2 (14.6%) than in District 5 (7.0%)

Each Supervisory District profile provides an in-depth look at characteristics that influence primary care access and need for District residents.

KEY MEASURES

Primary Care Access

Primary care access is where a person is able to receive the needed primary care services that are timely, affordable, and in a geographically proximate location. Such qualities are largely dependent on factors including the availability of health care practitioners and facilities that provide primary care, the quality of these services, and whether providers accept a patient's health insurance or provide care without regard to the ability to pay.



Primary Care Provider (PCP) Availability within communities is associated with positive health outcomes and increases in preventive health care service utilization.^{3,4} People who live in areas with fewer primary care providers may have to travel farther or wait longer to access primary care services.⁵



Health insurance coverage is essential to accessing primary care and health care services. Persons who are uninsured are often sicker,⁶ spend a greater portion of their income on out-of-pocket health care costs, have greater difficulty accessing services^{7,8}, and are more likely to lack a usual source of care than their insured counterparts.⁹

Sociodemographic Position

The relationship between sociodemographic position (SDP) and primary care is important in evaluating factors that determine access to high-quality primary care. SDP refers to the social, demographic, and economic factors that influence a person's position within a larger, socially stratified population. This significantly contributes to existing disparities in the quality of available primary care.^{10,11}



Race and Ethnicity measures help to describe the racial and ethnic characteristics of each District population and may be indicative of existing health inequities or a need for culturally appropriate care. Primary care practices are well-positioned to respond to unique cultural needs of their patient populations¹² and thereby reduce racial/ethnic inequities in health outcomes.¹³



Poverty is measured by the percent of residents at or below 100% of the Federal Poverty Level (FPL) and is a key component of access. This metric represents families of four with an income of \$25,100 or less. Beyond the correlation between poverty and many health and quality of life measures, poverty is indicative of the level of need for affordable primary care services, particularly for residents that have low incomes, are uninsured, or are under-insured.^{14,15}

Health Status

The health status of a population reflects the level of health care need by measuring key chronic disease rates. Examining multiple measures of population health provides insight into the level of health care need for residents and may also indicate over-burdened primary care physicians and facilities. The health status of a population informs the number of PCPs and services required to adequately address the health care needs of residents.



Asthma ED Visits are potentially preventable with high-quality primary care and asthma education. Visits to the ED for asthma are due in large part to insufficient access or low-quality primary care.^{16,17}



Heart Disease Mortality rates are a measure of chronic disease-attributed mortality. Heart disease is the leading cause of death nationwide.¹⁸ Key components of high-quality primary care, including team-based and patient-centered approaches, can reduce the risk of cardiovascular disease or slow progression when detected early.^{19,20}



Adult Depression prevalence may indicate need for primary care services integrated with behavioral health care and a need for continuous, comprehensive care management. Untreated depression is more prevalent in uninsured and low-income populations, and among people lacking access to quality primary care.²¹

Primary Care Profile

Supervisory District 1 • Los Angeles County

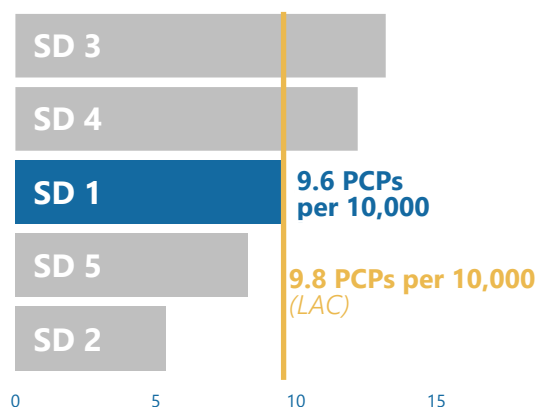
Supervisory District 1 includes Azusa, Baldwin Park, Bell Gardens, Claremont, La Puente, Huntington Park, Montebello, Pomona, South Gate, West Covina, and others. It overlaps with Service Planning Areas 3, 4, 6, and 7. This profile describes measures in three key areas that are important to understanding primary care access and need. Each metric is presented at the Supervisory District and Los Angeles County (LAC) level.

Primary Care Access

Primary care access is where a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.

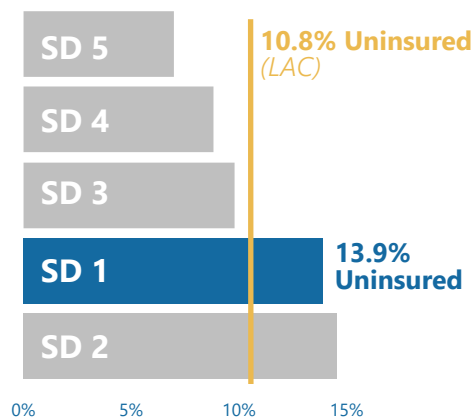
Primary Care Provider Availability

This District has an estimated 9.6 Primary Care Providers (PCPs) per 10,000 residents.



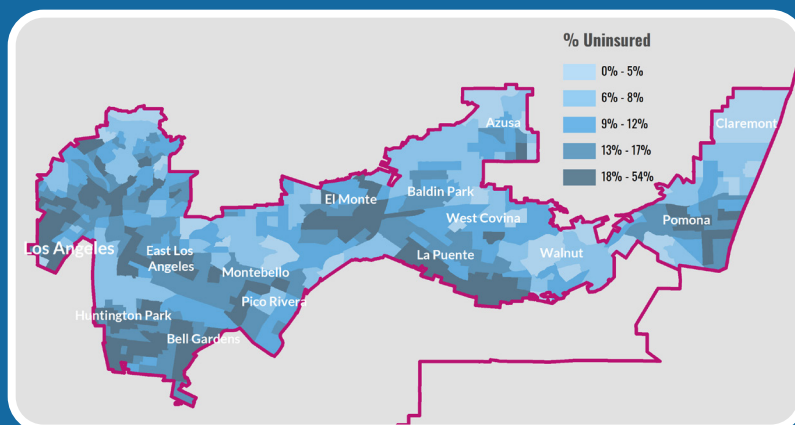
Uninsured Population

13.9% of the District population is without health insurance coverage.

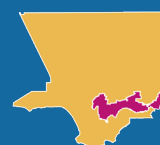


A Closer Look: Uninsured Rates in District 1

- Within Supervisory District 1 uninsured rates ranged from 0% to 54%
- Highest uninsured rates were in the City of Los Angeles
- Lowest uninsured rates were in Claremont



Percent (%) Uninsured Population by Los Angeles County Census Tract, 2018.



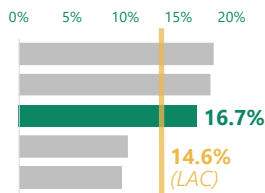
Sociodemographic Position

Sociodemographic position (SDP) refers to the social and economic factors that significantly contribute to existing health disparities. SDP is interdependent with the quality of available primary care and level of care continuity provided.

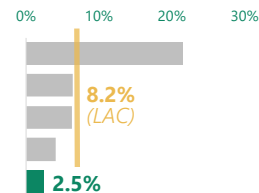
Race and Ethnicity

2.5% of District residents are Black or African American, and 70.2% are Hispanic or Latino.

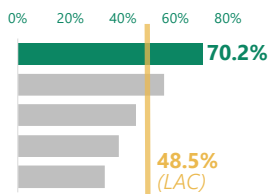
% Asian



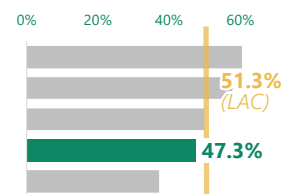
% Black



% Hispanic/Latino

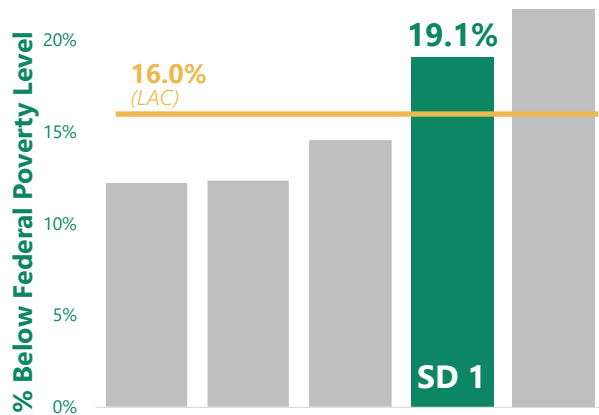


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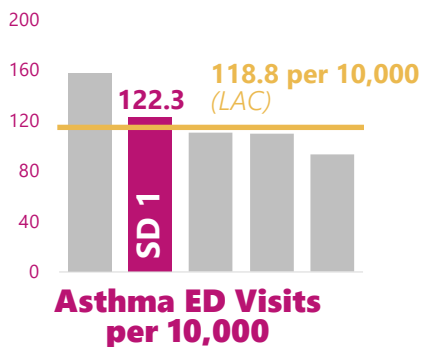
Poverty

19.1% of District adults (18+ years) live at or below the Federal Poverty Level (FPL), representing nearly 300,000 residents.

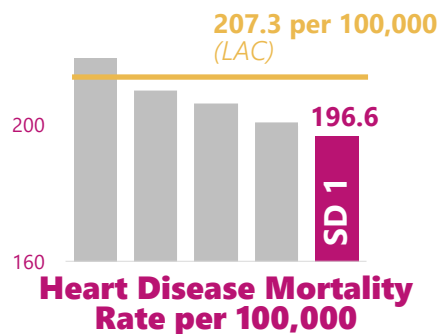


Health Status

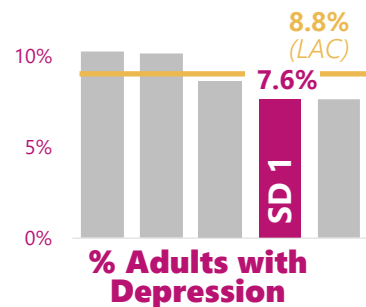
Health status indicators reflect a population's overall health, and the level of primary care services needed to address the health needs of a population. Behavioral health and chronic conditions, such as asthma and cardiovascular disease, are all treatable in a primary care setting; the following indicators may be used to identify areas where primary care access is limited, culturally discordant, or altogether unavailable.



122.3 asthma ED visits per 10,000 among District residents.



196.6 deaths per 100,000 District residents result from heart disease.



7.6% of District adults (18+ years) experience depression.

Primary Care Profile

Supervisory District 2 • Los Angeles County

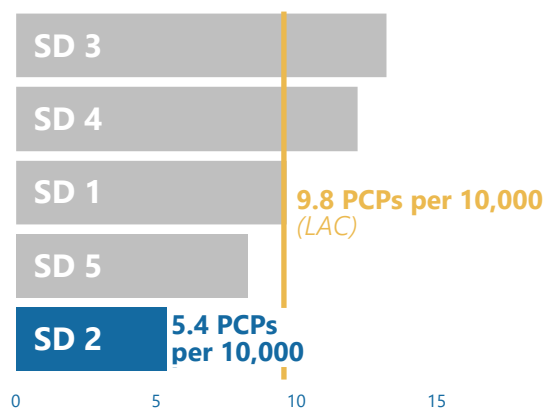
Supervisory District 2 includes Carson, Compton, Culver City, Florence-Graham, Gardena, Hawthorne, Inglewood, Lawndale, Lynwood, Westmont, and others. It overlaps with Service Planning Areas 4, 5, 6, and 8. This profile describes measures in three key areas that are important to understanding primary care access and need. Each metric is presented at the Supervisory District and Los Angeles County (LAC) level.

Primary Care Access

Primary care access is where a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.

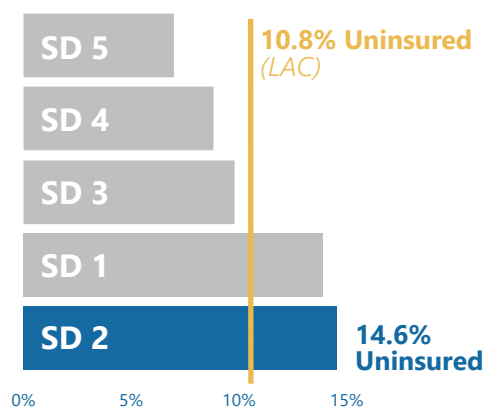
Primary Care Provider Availability

This District has an estimated 5.4 Primary Care Providers (PCPs) per 10,000 residents.



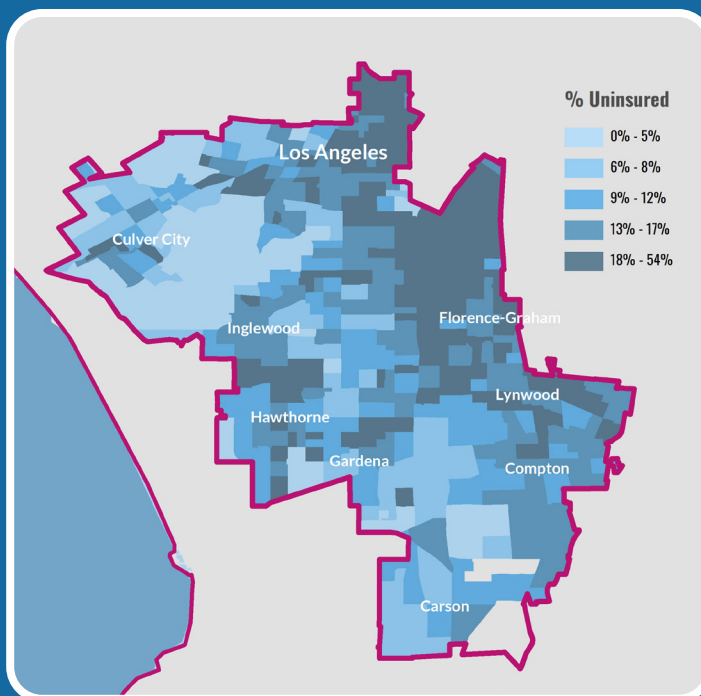
Uninsured Population

14.6% of the District population is without health insurance coverage.



A Closer Look: Uninsured Rates in District 2

- Within Supervisory District 2, uninsured rates ranged from 0% to 36.4%
- Highest uninsured rates were in Downtown Los Angeles
- Lowest uninsured rates were in Culver City



Percent (%) Uninsured Population by Los Angeles County Census Tract, 2018.

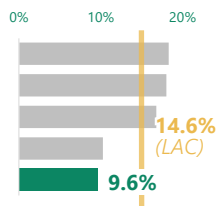
Sociodemographic Position

Sociodemographic position (SDP) refers to the social and economic factors that significantly contribute to existing health disparities. SDP is interdependent with the quality of available primary care and level of care continuity provided.

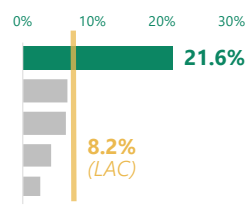
Race and Ethnicity

21.6% of District residents are Black or African American, and 55.7% are Hispanic or Latino.

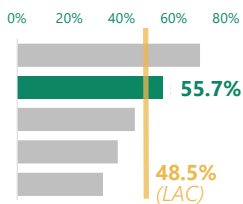
% Asian



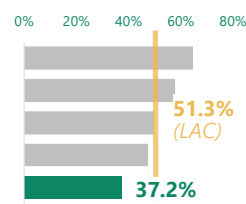
% Black



% Hispanic/Latino

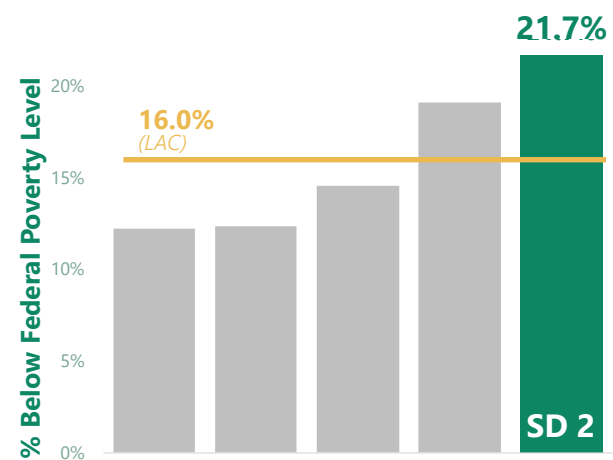


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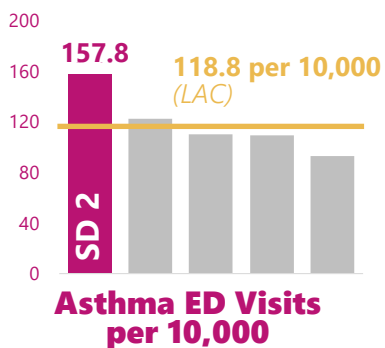
Poverty

21.7% of District adults (18+ years) live at or below the Federal Poverty Level (FPL), representing over 330,000 residents.

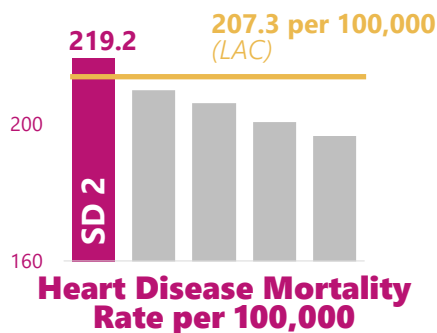


Health Status

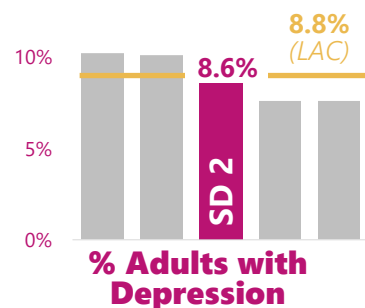
Health status indicators reflect a population's overall health, and the level of primary care services needed to address the health needs of a population. Behavioral health and chronic conditions, such as asthma and cardiovascular disease, are all treatable in a primary care setting; the following indicators may be used to identify areas where primary care access is limited, culturally discordant, or altogether unavailable.



157.8 asthma ED visits per 10,000 among District residents.



219.2 deaths per 100,000 District residents result from heart disease.



8.6% of District adults (18+ years) experience depression.

Primary Care Profile

Supervisory District 3 • Los Angeles County

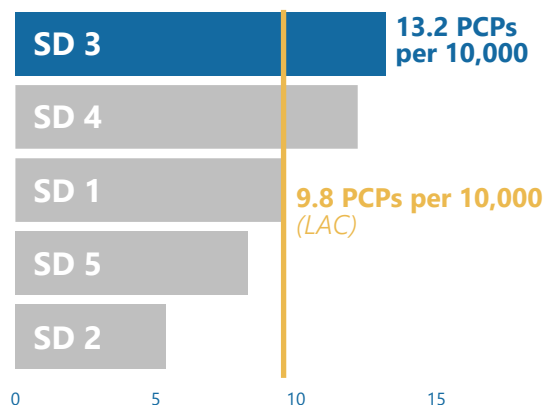
Supervisory District 3 includes Beverly Hills, Calabasas, San Fernando, Santa Monica, and West Hollywood. It overlaps with Service Planning Areas 2, 4, and 5. This profile describes measures in three key areas that are important to understanding primary care access and need. Each metric is presented at the Supervisory District and Los Angeles County (LAC) level.

Primary Care Access

Primary care access is where a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.

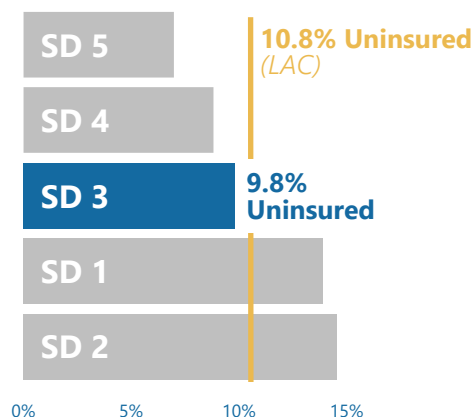
Primary Care Provider Availability

This District has an estimated 13.2 Primary Care Providers (PCPs) per 10,000 residents.



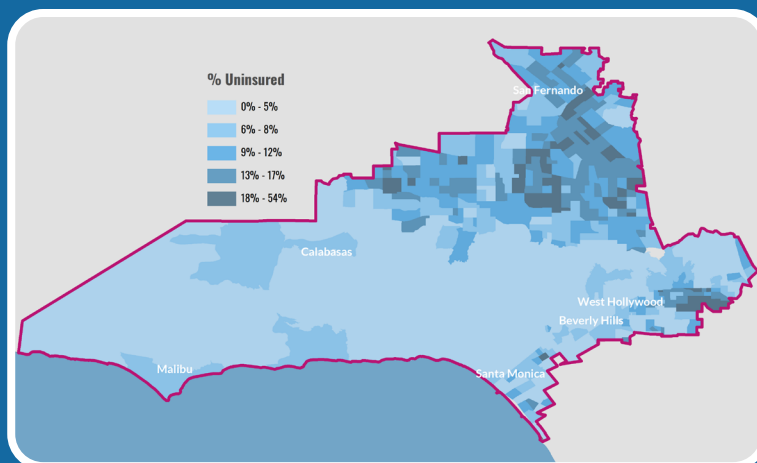
Uninsured Population

9.8% of the District population is without health insurance coverage.

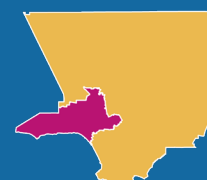


A Closer Look: Uninsured Rates in District 3

- Within Supervisory District 3, uninsured rates ranged from 0% to 32.5%
- Highest uninsured rates were in the City of Los Angeles
- Lowest uninsured rates were in West Los Angeles



Percent (%) Uninsured Population by Los Angeles County Census Tract, 2018.



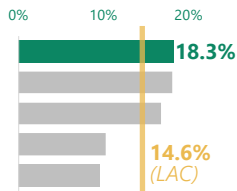
Sociodemographic Position

Sociodemographic position (SDP) refers to the social and economic factors that significantly contribute to existing health disparities. SDP is interdependent with the quality of available primary care and level of care continuity provided.

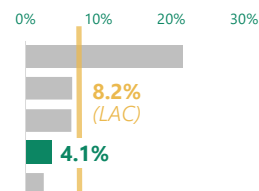
Race and Ethnicity

4.1% of District residents are Black or African American, and 38.4% are Hispanic or Latino.

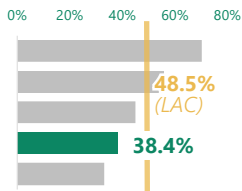
% Asian



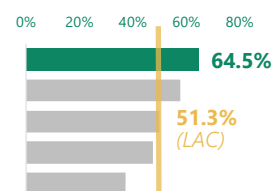
% Black



% Hispanic/Latino

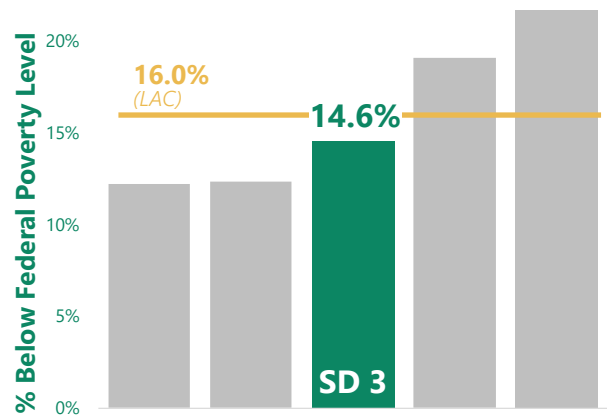


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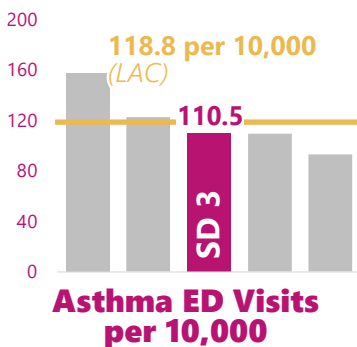
Poverty

14.6% of District adults (18+ years) live at or below the Federal Poverty Level (FPL), representing nearly 240,000 residents.

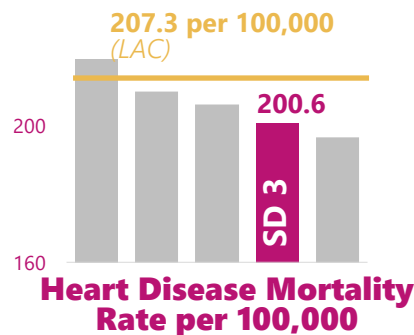


Health Status

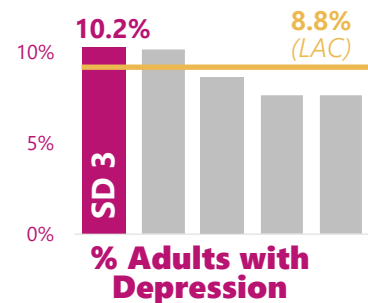
Health status indicators reflect a population's overall health, and the level of primary care services needed to address the health needs of a population. Behavioral health and chronic conditions, such as asthma and cardiovascular disease, are all treatable in a primary care setting; the following indicators may be used to identify areas where primary care access is limited, culturally discordant, or altogether unavailable.



110.5 asthma ED visits per 10,000 among District residents.



200.6 deaths per 100,000 District residents result from heart disease.



10.2% of District adults (18+ years) experience depression.

Primary Care Profile

Supervisory District 4 • Los Angeles County

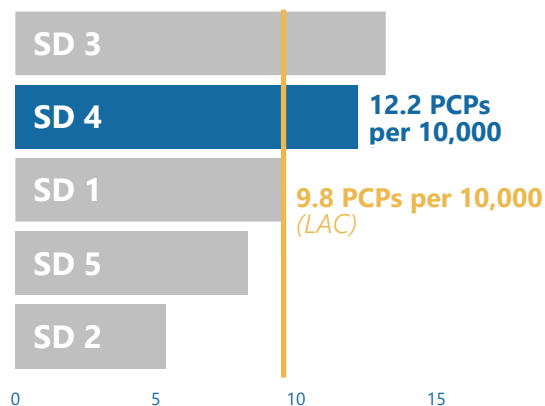
Supervisory District 4 includes Bellflower, Cerritos, Downey, Hacienda Heights, Lakewood, Long Beach, Redondo Beach, Whittier, and others. It overlaps with Service Planning Areas 3, 5, 6, 7, and 8. This profile describes measures in three key areas that are important to understanding primary care access and need. Each metric is presented at the Supervisory District and Los Angeles County (LAC) level.

Primary Care Access

Primary care access is where a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.

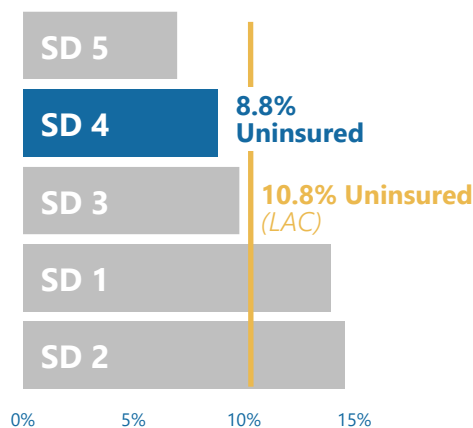
Primary Care Provider Availability

This District has an estimated 12.2 Primary Care Providers (PCPs) per 10,000 residents.



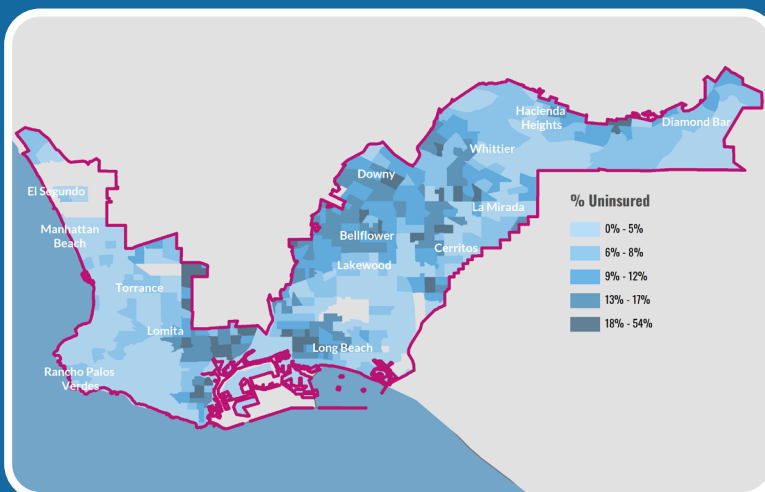
Uninsured Population

8.8% of the District population is without health insurance coverage.



A Closer Look: Uninsured Rates in District 4

- Within Supervisory District 4 uninsured rates ranged from 0% to 29.5%
- Highest uninsured rates were in cities of Norwalk and Long Beach
- Lowest uninsured rates were also in Norwalk and Long Beach



Percent (%) Uninsured Population by Los Angeles County Census Tract, 2018.



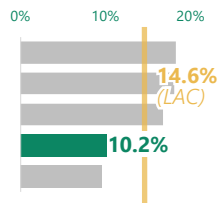
Sociodemographic Position

Sociodemographic position (SDP) refers to the social and economic factors that significantly contribute to existing health disparities. SDP is interdependent with the quality of available primary care and level of care continuity provided.

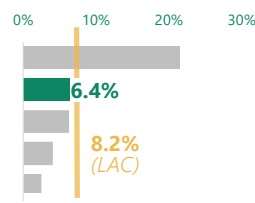
Race and Ethnicity

6.4% of District residents are Black or African American, and 45.1% are Hispanic or Latino.

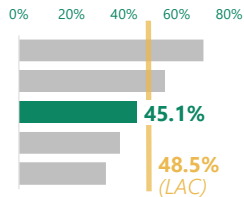
% Asian



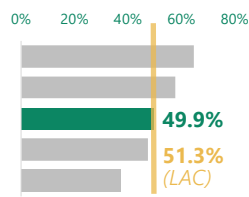
% Black



% Hispanic/Latino

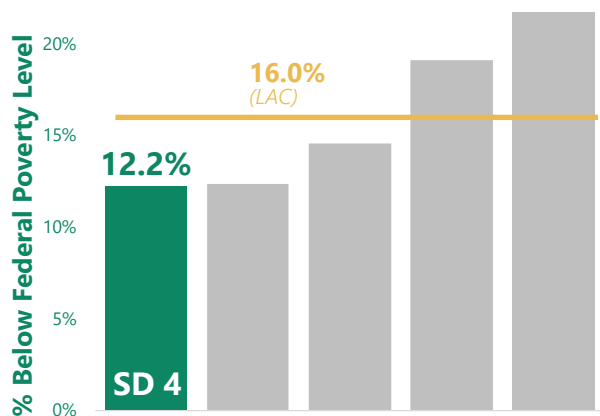


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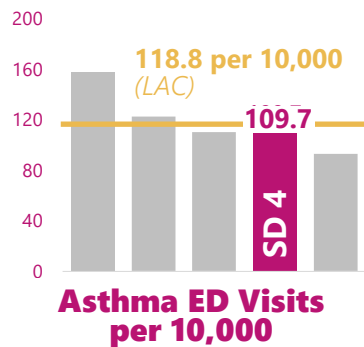
Poverty

12.2% of District adults (18+ years) live at or below the Federal Poverty Level (FPL), representing nearly 190,000 residents.

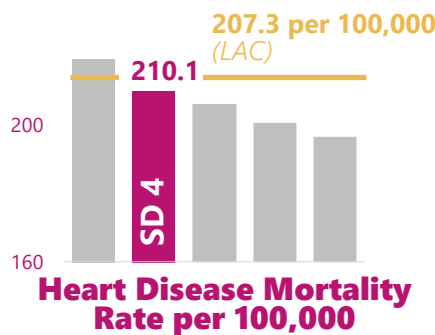


Health Status

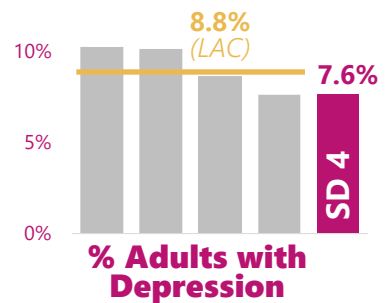
Health status indicators reflect a population's overall health, and the level of primary care services needed to address the health needs of a population. Behavioral health and chronic conditions, such as asthma and cardiovascular disease, are all treatable in a primary care setting; the following indicators may be used to identify areas where primary care access is limited, culturally discordant, or altogether unavailable.



109.7 asthma ED visits per 10,000 among District residents.



210.1 deaths per 100,000 District residents result from heart disease.



7.6% of District adults (18+ years) experience depression.

Primary Care Profile

Supervisory District 5 • Los Angeles County

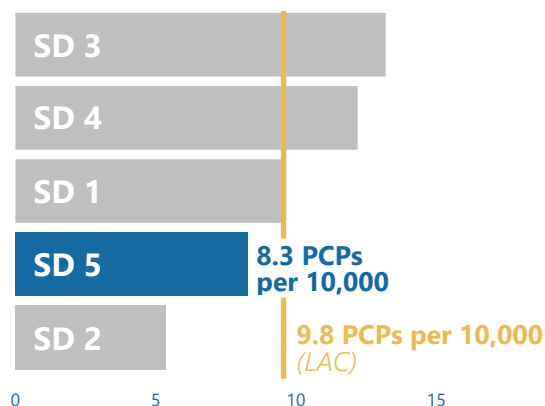
Supervisory District 5 includes Alhambra, Altadena, Burbank, Covina, Glendale, Lancaster, Pasadena, Santa Clarita, and others. It overlaps with Service Planning Areas 1, 2, and 3. This profile describes measures in three key areas that are important to understanding primary care access and need. Each metric is presented at the Supervisory District and Los Angeles County (LAC) level.

Primary Care Access

Primary care access is where a person is able to receive the primary care services needed that are timely, affordable, and in a geographically proximate location.

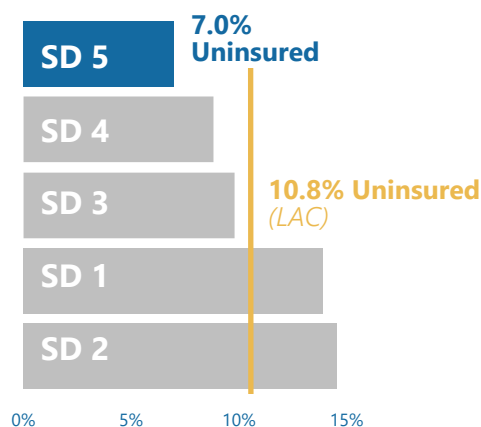
Primary Care Provider Availability

This District has an estimated 8.3 Primary Care Providers (PCPs) per 10,000 residents.



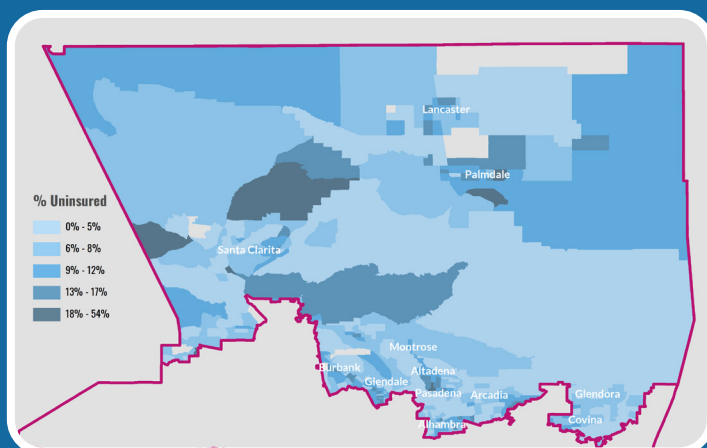
Uninsured Population

7.0% of the District population is without health insurance coverage.



A Closer Look: Uninsured Rates in District 5

- Within Supervisory District 5, uninsured rates ranged from 0% to 23.7%
- Highest uninsured rates were in Santa Clarita
- Lowest uninsured rates were south of Palmdale



Percent (%) Uninsured Population by Los Angeles County Census Tract, 2018.



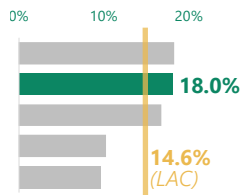
Sociodemographic Position

Sociodemographic position (SDP) refers to the social and economic factors that significantly contribute to existing health disparities. SDP is interdependent with the quality of available primary care and level of care continuity provided.

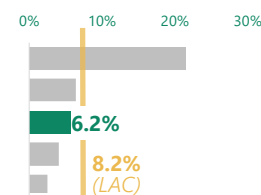
Race and Ethnicity

6.2% of District residents are Black or African American, and 33.0% are Hispanic or Latino.

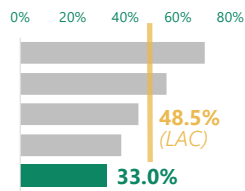
% Asian



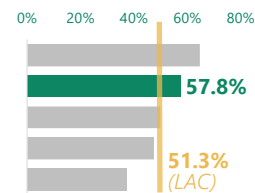
% Black



% Hispanic/Latino

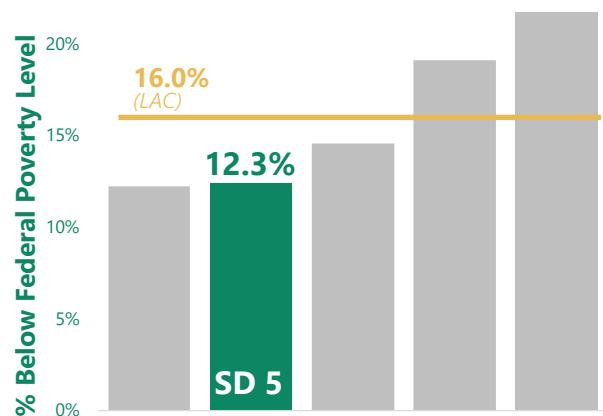


% White



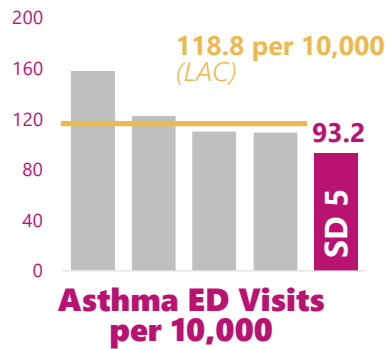
Poverty

12.3% of District adults (18+ years) live at or below the Federal Poverty Level (FPL), representing over 190,000 residents.

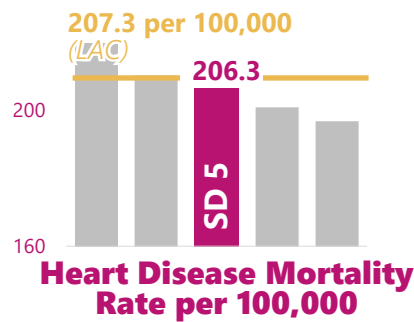


Health Status

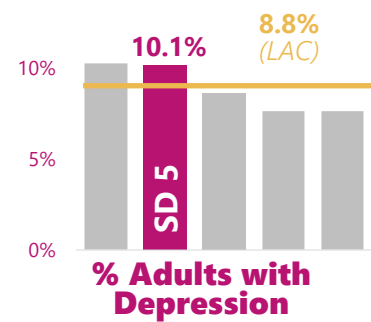
Health status indicators reflect a population's overall health, and the level of primary care services needed to address the health needs of a population. Behavioral health and chronic conditions, such as asthma and cardiovascular disease, are all treatable in a primary care setting; the following indicators may be used to identify areas where primary care access is limited, culturally discordant, or altogether unavailable.



93.2 asthma ED visits per 10,000 among District residents.



206.3 deaths per 100,000 District residents result from heart disease.



10.1% of District adults (18+ years) experience depression.

Recommendations

to Invest in Health Equity

Address health inequities in LAC and the state of California through targeted and sustainable investment in high-quality primary care services.

Use the understanding that primary care is a core determinant of health and Angelenos experience disparate access to care based on where they reside to shape all health care policy making decisions.

Conduct continued analyses, such as these, to measure and monitor care access, and evaluate the impact of policies or programs aimed at increasing investment in primary care and health equity.

Create meaningful care delivery solutions and reimbursement models using innovative financing solutions to attract committed, high-quality providers to communities with low access to primary care.



Methodology

This report presents data that estimate primary care access, sociodemographic position, and health status. All data were aggregated to and described at the LAC or LA Supervisorial District level. Multiple measures were used to capture the multidimensional concept of access to care and community-level need.

Primary care access measures included in the Profiles represent provider availability (PCPs per 10,000 persons) and affordability of services (uninsured rates).

Sociodemographic Position (SDP) measures, which were cited most consistently throughout the literature as determinants of access and health equity were included in these profiles; race, ethnicity, and poverty status. Additional racial and ethnic groups were not listed in these profiles as they represented <1% of the population of each District and therefore margins of error for these groups were the largest.

Health status measures included are indicative of the chronic condition and behavioral health burden on a community. Avoidable health outcomes that are treatable in a primary care setting are indicators of areas where primary care is limited, culturally inappropriate, or unavailable.

PCDC collected data at the city, community, or census tract (CT)-level and translated these data to District-level estimates. To do this, a spatial overlay was used to calculate the proportion of data in each City, Community, or CT that was within a Supervisorial District. The proportion (or count) of data was then assigned to the District and summed to create totals and calculate averages for each District.

Primary Care Provider Definition :

In this profile, Primary Care Provider (PCP) is defined as a physician (MD or DO) with a primary specialty of Internal Medicine, General Medicine, or Family Medicine.

DATA SOURCES

Primary Care Providers (PCPs) per 10,000 people

IQVIA, (2018)

National Plan and Provider Enumeration System (NPPES), 2018.

American Community Survey (ACS) five-year estimate, ID: B01003, 2018.

Percent (%) Uninsured Adults

American Community Survey (ACS) five-year estimate, ID: B27001, 2018.

Percent (%) Population by Race and Ethnicity

American Community Survey (ACS) five-year estimate, ID: DP05, 2018.

Percent (%) Population by Poverty Status

American Community Survey (ACS) five-year estimate, ID: S1701, 2018.

Asthma Emergency Department (ED) Visit Rate per 10,000 people

CalEnviroScreen 3.0, 2011-2013.

Cardiovascular Disease Mortality per 100,000 people

Los Angeles County City and Community Health Profiles 2018 via County of Los Angeles Public Health

Percent (%) Depression Among Adults

Los Angeles County City and Community Health Profiles 2018 via County of Los Angeles Public Health

Spatial Data

Los Angeles County Census Tract Boundaries via Los Angeles County Open Data, 2010

Los Angeles County City and Community Boundaries via Los Angeles County Open Data, 2020

Los Angeles County Supervisorial Districts via Los Angeles County Department of Public Works, 2012

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Primary Care Development Corporation

Founded in 1993, PCDC is a nationally recognized nonprofit that catalyzes excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

As a Community Development Financial Institution (CDFI), PCDC provides low-interest capital and expertise to build, renovate, and expand community-based health care facilities, supporting providers in delivering quality care to their patients in settings that promote dignity, respect, and wellness. PCDC also provides expert consulting, training, and coaching to help primary care practices adopt patient-centered models, care coordination, and integrated services; improve operations; incorporate coordinated care; leverage health information technology; and boost patient health outcomes.

PCDC works with key policy makers, trade associations, and industry leaders to advance policy initiatives that strengthen, sustain, and expand access to quality primary care. In a rapidly evolving health policy environment, PCDC brings both policy expertise and nearly a quarter century's experience investing in and strengthening primary care practices.

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