Culver CITY

GENERAL PLAN UPDATE

COMMUNITY HEALTH AND ENVIRONMENTAL JUSTICE

EXISTING CONDITIONS REPORT | MAY 2021

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SUMMARY

This report analyzes existing conditions in Culver City (city) related to community health and environmental justice for the City of Culver City (City) General Plan Update (GPU) using baseline 2019 data. However, the report also considers the developing effects of the COVID-19 pandemic and some related limited data as its impacts on the Culver City community are inextricably linked to future health and environmental justice trends. The report assumes community health and environmental justice are achieved when every person has opportunities to reach their optimal social, physical, and mental well-being at all stages of life, regardless of where they live, their income or employment background, or their racial and ethnic identity. These assumptions, the statutory context for environmental justice planning, and best practices for community health planning inform this analysis of existing conditions and how to identify potential disadvantaged communities in the city. The report's findings will help to develop recommendations on where to focus planning efforts.

KEY FINDINGS

STRENGTHS

Culver City's inherent qualities and strengths—a Westside city founded on and economically driven by the creative economy, bolstered by decades of investment in public services and thoughtful urban design, and its regional proximity to health-promoting assets like open space, trails, and the ocean—create exceptional conditions to support community health. As a result, across many of the indicators explored in this report:

- Culver City has **equal or better health outcomes than most communities in Los Angeles County (LA County) or the State of California**, for example:
  - A child born in Culver City today can expect to live 82.4 years on average, compared to 82.3 years for the county.
  - Youth and adults in the city have healthier eating and physical activity behaviors than in the county and state.
  - Youth and adults also have lower rates of obesity and other chronic health conditions when compared to the county and state.
- **The population of the city, overall, has higher levels of household income, educational attainment, and employment than in neighboring communities to the east and south.** This is also true when comparing the population by race and ethnicity to their counterparts in jurisdictions east and south.
- **No census tracts in Culver City are designated as "disadvantaged communities" in the CalEnviroScreen (CES) 3.0 or 4.0 Tools**. Generally, this means there are not high rates of significant socioeconomic and vulnerability factors in the city coupled with high environmental pollution burden. For example, a higher income and educational attainment rate are likely contributing factors to mitigating health and economic impacts of pollution exposures (described below) and other unwanted environmental effects.

CITYWIDE ISSUES AND DISADVANTAGED COMMUNITIES

Despite the city's strengths, it is not immune to regional or legacy threats related to community health and environmental justice. Across neighborhoods or population groups, the data show the following trends:

- **Two low-income areas identified as disadvantaged communities**. The Clarkdale and Culver/West neighborhoods were identified as low-income areas disproportionately affected by environmental pollution and other hazards that can lead to negative health effects, pollution

exposure, or environmental degradation. The report refers to these two areas as "Priority Neighborhoods" because of how vulnerable low-income households are to health hazards. These two areas face housing pressures, including a high risk of displacement.

- **A 7-year gap in life expectancy across neighborhoods.** The Blair Hills and Jefferson neighborhoods have the longest life expectancies across the city, at over 85 years; while the Culver/West neighborhood has the shortest life expectancy at 78 years. The 7-year gap in life expectancy could be caused by several factors, requiring research and policy or planning interventions through and beyond the GPU process.
- **Growing concern for Alzheimer's Disease as a leading cause of death.** Alzheimer's Disease is the 4th leading cause of death in the city (27 deaths per 100,000 residents) and is the fastest growing disease by number of deaths, with an increase from 2 in 1999 to 27 in 2018. With an aging population and a longer life expectancy, it is likely that the health, social, and economic costs of Alzheimer's Disease will impact residents more in the next 25 years.
- **Adult obesity rates continue to rise.** Adult obesity percentages are still significantly lower in the city than in the state and county, but nevertheless they are increasing at a slow rate. An increase in adult obesity cases is a health concern for any community, regardless of how low the prevalence may be, and may indicate a need for improvements to the quantity and quality of parks and recreation facilities.
- **Asthma and respiratory disease incidence and mortality rates are also on the rise.** The proportion of adults in Culver City with asthma is higher than in the state and county. At the same time, the proportion of youth (age 17 and under) diagnosed with asthma declined significantly between 2012 and 2016 in California, LA County, and Culver City. This may indicate a need for improvements to air quality programs, including those related to transportation and mobility.
- **Deaths from COVID-19**. Culver City's death rate from COVID-19 (73 per 100,000 residents) ranks among the highest in LA County. Although demographic and socio-economic data is not available for Culver City, in LA County, Native Hawaiian or Other Pacific Islander, Hispanic/Latino, and Black residents are experiencing a disproportionate rate of incidences and deaths from COVID-19. Overall, life expectancy in the United States fell by a year in the first half of 2020. Racial groups that have been disproportionately affected by COVID-19 saw sharper declines in their life expectancy.
- **Widespread air quality and other pollution concerns across all neighborhoods.** More than half of Culver City census tracts fall in the top 5% and nearly all of Culver City falls in the top 10% of the worst-scoring census tracts in the state for pollution exposure indicators in CES. This means the city faces more pollution burdens than 90% of the rest of California. Indicators of concern are related to air quality, traffic density, and diesel particulate matter (PM) exposure. Poor air quality creates and worsens incidence and mortality rates related to several chronic health conditions, such as asthma, heart disease, and women's reproductive and children's developmental health. Traffic density and diesel particulate matter, like air quality, are a regional concern and require local action and regional collaboration.
- **Proximity of sensitive uses to urban oil extraction.** Many households and recreational amenities are near the Inglewood Oil Field—the largest active urban oil field in the country. This poses significant short- and long-term health risks related to exposures for residents in housing units near the oil field, workers who spend extended periods of time near the facilities, and others who may be spending recreational or leisure time at the adjacent Baldwin Hills Overlook or visiting with family members living nearby.
- **Cost-burdened renter and homeowner households are vulnerable to income fluctuation or sudden economic emergencies.** In Culver City, 43% of homeowner households with a mortgage and about 46% of renters are cost-burdened, paying more than 30% of their income on housing. Housing burden impacts the ability of households to pay for other basic needs, including food, transportation, and medical care. The City has several temporary and permanent housing solutions

in place, discussed in the Housing Safety and Affordability section of the report, to address these needs. However, the GPU may need to do more.

- **Homelessness, a related impact of housing cost-burden, is on the rise in the region.** In 2019, the LA County Homeless Count reported a total population of 236 persons experiencing homelessness in Culver City, a significant increase from 129 persons in 2016. While it is a regional and citywide issue, during that three-year period, the highest concentration of people experiencing homelessness continued to be near the Culver/West and McLaughlin neighborhoods. The GPU can address how to provide services to those who are unhoused and preventive support for households on the verge of homelessness.

OPPORTUNITIES

The GPU can enhance strengths while addressing threats to community health and issues related to environmental justice and disadvantaged communities:

- **Housing Solutions**. A close connection exists between rising housing costs and homelessness. The Housing and Land Use Elements, which are being updated as part of the GPU process, can identify solutions to address affordability, quality, and quantity of housing, offering an opportunity to pre-empt further impacts on health. For households not in economically precarious situations, the planning process can address issues of incompatible land uses—such as mitigating the health risks of living near the Inglewood Oil Field.
- **Climate Resilience and Hazards Planning**. Under the business-as-usual model, which projects that greenhouse gas (GHG) emissions will continue increasing through 2050 and plateau around 2100, days of extreme heat are expected to substantially increase from an observed five historical days between 1961 and 1990, to a predicted 2 to 11 days in 2050, and to 30 days by the year 2100. Now is the time to plan for these hazards. Doing so can increase community resilience and create equitable emergency management and response plans to ensure low-income and disadvantaged households are not left behind in any response or recovery efforts.
- **Environmental Justice Policies.** Senate Bill 1000 (SB 1000) requires the City to complete an environmental justice element because the City is updating more than two General Plan elements after January 1, 2018 and disadvantaged communities exist in the Planning Area. An environmental justice element, or environmental justice policies integrated throughout the Plan, provide the opportunity for the City to pursue additional and more robust health policies. Because Culver City's disadvantaged communities were identified by screening for low-income areas with disproportionate vulnerabilities, it will be important for the GPU to identify and address intersectional characteristics of vulnerability—such as race and ethnicity, immigration status, gender, age, ability, and housing status.

COVID-19 AND THE PLANNING PROCESS

At the time of writing this report, the COVID-19 pandemic emerged as a threat to the decades-long work of planning for healthy, thriving communities. Local governments have been significantly affected by structural changes to the economy and society has had to adjust day-to-day activities, from schooling to shopping to employment and beyond. What we know about the impacts of COVID-19 on the human body, the economy, and the future of cities continues to change. Nevertheless, we understand:

- The cumulative exposure to pollutants in the home or workplace that result in weakened or compromised immunity systems for people are also threats to public health in a pandemic:
    - Pre-existing chronic health diseases—like diabetes, heart disease and asthma—are all leading factors in complications requiring hospitalization.

    - Incidence and mortality rates are worse for Hispanic/Latino, Native Hawaiian or Other Pacific Islander, and Black/African American populations.
- Many people experience 'place-based' risk to COVID-19. Unhoused residents and essential workers in retail or food distribution cannot "shelter in place" to the extent needed to avoid contracting the virus. Further, these workers often do not have the means to seek medical treatment or do not have access to paid leave, leading to a dual threat of increased community transmission and decreased testing in their communities. Essential workers are also impacted by the affordable housing crisis, which forces multiple generations into the same household. Those who live in dense environments or far from parks and open space may also have difficulties practicing physical distancing measures.
- Women, particularly women of color, have experienced greater economic burdens during the COVID-19 crisis and it may take years to recover those losses. Many women reduced their hours at work or exited the labor market to manage unpaid labor in the house, including childcare and online schooling, experienced higher rates of domestic violence, or confronted sexual harassment and coercion by landlords. The resulting economic insecurity has far-reaching implications on their life outcomes related to jobs, housing, and healthcare.
    - Implementing public health measures need to be appropriate for persons with disabilities. For example, face coverings obscure a person's mouth, making it challenging for people who are deaf or hard of hearing to communicate. Additionally, obtaining necessary medication during supply shortages may be difficult and those with limited mobility or who cannot avoid coming into close contact with others who care for them may be at higher risk of exposure.
    - COVID-19 led to a rise in social stigmas, or negative beliefs or attitudes toward places, people, or things. Examples of groups who may have experienced the negative effects of stigma throughout the pandemic include racial and ethnic minority groups, such as Asian Americans, Black/African Americans, and Pacific Islanders; people with disabilities; and persons experiencing homelessness. In many cases, these stigmas led to negative actions against people in these groups, including stereotyping, discrimination, and labeling. Stress from discrimination has negative impacts on physical and mental health. Furthermore, health experts and the Centers for Disease Control and Prevention found that some groups that experience discrimination are also at higher risk of infection or severe illness.[1]
- Lastly, prior to the crisis, many people were unable to afford historic high rents and now, through the crisis, rents continue to rise—while more people are facing historic unemployment in the looming economic recession. Many predict that these conditions will lead to deep and wide-reaching waves of evictions and foreclosures once emergency eviction moratoriums and other renter protections are lifted.

These are just some of the health and economic conditions the pandemic has highlighted. The impacts of the virus, from lives lost and long-term economic losses, will affect society for many years, reinforcing the need for comprehensive health and environmental justice planning. As a result of these changes, the GPU will now include an economic recovery and resiliency component that will focus on addressing the impacts of COVID-19 and putting policies in place to make the city more resilient in the face of any future crises.

[1] CDC. "Coronavirus Disease 2019 (COVID-19): Reducing Stigma." June 11, 2020. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html

INTRODUCTION

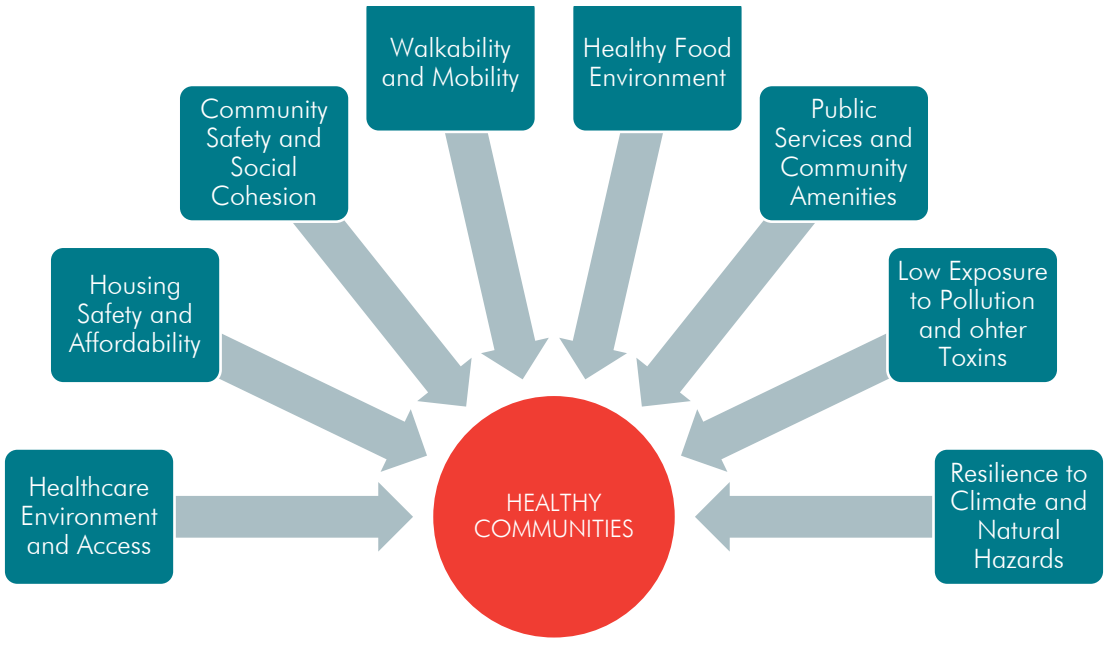
The purpose of this report is to illustrate Culver City's existing health and environmental justice conditions as of 2019. Understanding this baseline information will support development of health and environmental justice strategies through the GPU. Although this report focuses on 2019 data, it also considers the health and environmental justice impacts from the COVID-19 pandemic since it has and will continue to affect Culver City's approach to these topics.

Health and environmental justice are achieved when every person can reach their optimal social, physical, and mental well-being at all stages of life, regardless of where they live, their income or employment background, or their racial and ethnic identity. This chapter helps readers to understand how social determinants of health shape individual and community outcomes, how the State of California frames environmental justice planning through Senate Bill 1000, and how these topics fit into the GPU.

WHAT ARE HEALTHY COMMUNITIES?

Healthy communities are places that foster positive health outcomes for all who live, work, or play in them. They do this through policy, program, and design interventions in the physical environment. Research has shown that a community's physical environment is one of the social determinants of health that shapes individual and community health. Other social and economic determinants of health may fall outside of the realm of the GPU, including individual behaviors, social support, social norms and attitudes, language or literacy, quality of education and job training, and the socioeconomic status of the population.

Figure 1: Healthy Communities Components



This report provides an overview of health outcomes and behaviors and socioeconomic conditions, then focuses on eight components of the physical environment, where the GPU process may be most influential (Figure 1).

The following eight Healthy Communities Components were chosen because they are supported by rich data that can be analyzed historically and/or spatially, their distribution and concentration can be analyzed

by demographic characteristics of the population, and each component has a known relationship with the physical environment and health:

1. **Healthcare Environment and Access:** Access to quality health care, including physical access to service providers, institutions, and insurance coverage and usage, strengthens the safety net and helps people stay healthy year-round.
2. **Housing Safety and Affordability:** Housing stability, which is often connected to affordability and employment opportunities, can improve health outcomes, especially when it is also safe from environmental threats or poor habitability conditions and can reduce mental and physical health costs by reducing stress.
3. **Community Safety and Social Cohesion:** It is commonly accepted that feeling safe and having low crime rates in a community can promote use of public spaces. It can also support social cohesion strategies, such as building neighbor-to-neighbor relationships and developing a sense of ownership and belonging, that reduce distress and chronic illness in the population. Conversely, feeling unsafe in a neighborhood that experiences high crime rates results in higher rates of stress, adversely affecting health. This relationship between community safety, social cohesion, and health is further complicated for Black, Hispanic or Latino, linguistically isolated, poor, unhoused, or other marginalized populations through biased interactions with neighbors, law enforcement, or other government and social institutions that view them as threats to public safety, regardless of their relationships and tenure in the community.
4. **Walkability and Mobility:** An effective and efficient transportation network can support increases in physical activity, which offers physical and mental health benefits, promote pedestrian and vehicular safety, and increase access to and use of basic services that enhance population health. Planning for accessible and reliable public transportation can also help reduce GHGs and improve public health and resilience to climate change.
5. **Healthy Food Environment:** Access to healthy food promotes nutritious diets, lowers risk for chronic diseases, and addresses food insecurity for vulnerable populations. A healthy diet can serve both as a solid foundation of good health and as medicine to aid in chronic disease management. Sources for culturally relevant foods can support healthy diets as traditional foods native to people's cultures can promote well-being.
6. **Public Services and Community Amenities:** Increasing access to parks, schools, childcare, and other community amenities supports healthy lifestyles, strengthens recreational and enrichment opportunities, and fosters overall wellness and social cohesion by creating opportunities for social interaction and trust-building.
7. **Low Exposure to Pollution and Other Toxins:** Exposure to pollution, whether in the home, workplace, or community and from stationary sources, like industrial facilities, or mobile sources, like vehicles on high-traffic roadways, has significant impacts on the health of people across all ages. Exposure to pollution and other toxins can even cancel out the benefits of healthy behaviors.
8. **Resilience to Climate and Natural Hazards:** Identifying climate risks can help local governments support community preparedness and advance racial and social justice. How resilient a community or population is to climate and natural hazards depends on its ability to support its health and economic wellbeing through long-term changes to the natural environment.

WHAT IS ENVIRONMENTAL JUSTICE?

People of color, low-income and poor households, and other marginalized groups often have limited access to the health-promoting benefits of planning decisions and instead experience a greater share of the health-harming burdens. This is a historical and ongoing social and economic dynamic referred to as environmental justice that looks like:

- Only having the option to rent or buy homes that are next to land uses that pose public health risks, like industrial manufacturing and warehouses, freeways, or other uses.
- Being physically or economically unable to access high-quality and well-maintained public services or amenities, such as schools, parks, libraries, or community centers.
- Not being considered or having decision-making power when cities review projects and proposals that often lead to even higher concentration of health-harming burdens in a neighborhood. This can result from many inadequacies in the decision-making process, such as outreach and engagement strategies that are not designed to meet people where they are. It can also result from historically rooted mistrust in government, a lack of knowledge about how to participate or have power in decisions, and other factors contributing to power imbalances between government and communities of color.

By developing neighborhood-level analysis and analyzing data in the Healthy Communities Components by race or ethnicity, income and poverty level, or other factors that account for the historical roots of environmental injustice, a jurisdiction can begin to understand where and how community health is threatened in unique or compound ways.

What is Equity?

Equity is when socioeconomic and environmental factors, such as race, income, education, or place, can no longer be used to predict health, economic, or other wellbeing outcomes.

These factors are not decided by an individual alone, but by policies and laws that negatively affect certain communities while positively helping others.

In communities across the United States, race, income, and health are connected, but when we hold income constant, health inequities across race still exist.

The following dimensions of equity are considered in the GPU:

1. **Procedural**: Disparate or disproportionate ability to access and influence decision-making, especially as related to municipal planning and other processes that distribute benefits and burdens of economic and social policies.
2. **Distributional**: Disparate or disproportionate distribution of resources, benefits, and burdens.
3. **Structural**: Continued disparate or disproportionate procedural and distributional

Source: Raimi + Associates, Urban Sustainability Directors Network (2017).

HOW CAN THE GENERAL PLAN ADDRESS ENVIRONMENTAL JUSTICE?

The State of California recognizes environmental injustice as a threat to overall quality of life across communities and has developed various policies, such as Senate Bill 1000 (SB 1000), the Planning for Healthy Communities Act, to identify and address these disparities. The bill, adopted in 2016, serves three important purposes: reducing harmful pollutants and associated health risks in environmental justice communities; promoting equitable access to public facilities; and promoting public engagement.

Through SB 1000, the State of California mandates that jurisdictions concurrently updating two or more elements of their general plan identify "disadvantaged communities," engage stakeholders in these communities, and adopt either an environmental justice (EJ) element or integrate EJ policies throughout the general plan. The EJ element or policies should show how they prioritize the needs of "disadvantaged communities" and reduce their unique and compounded health risks and pollution burdens. The final policy document must address the following five community health and environmental justice outcomes:

- Reduce pollution exposure, including improvement of air quality,
- Promote public facilities,
- Promote food access,
- Promote safe and sanitary homes, and
- Promote physical activity.

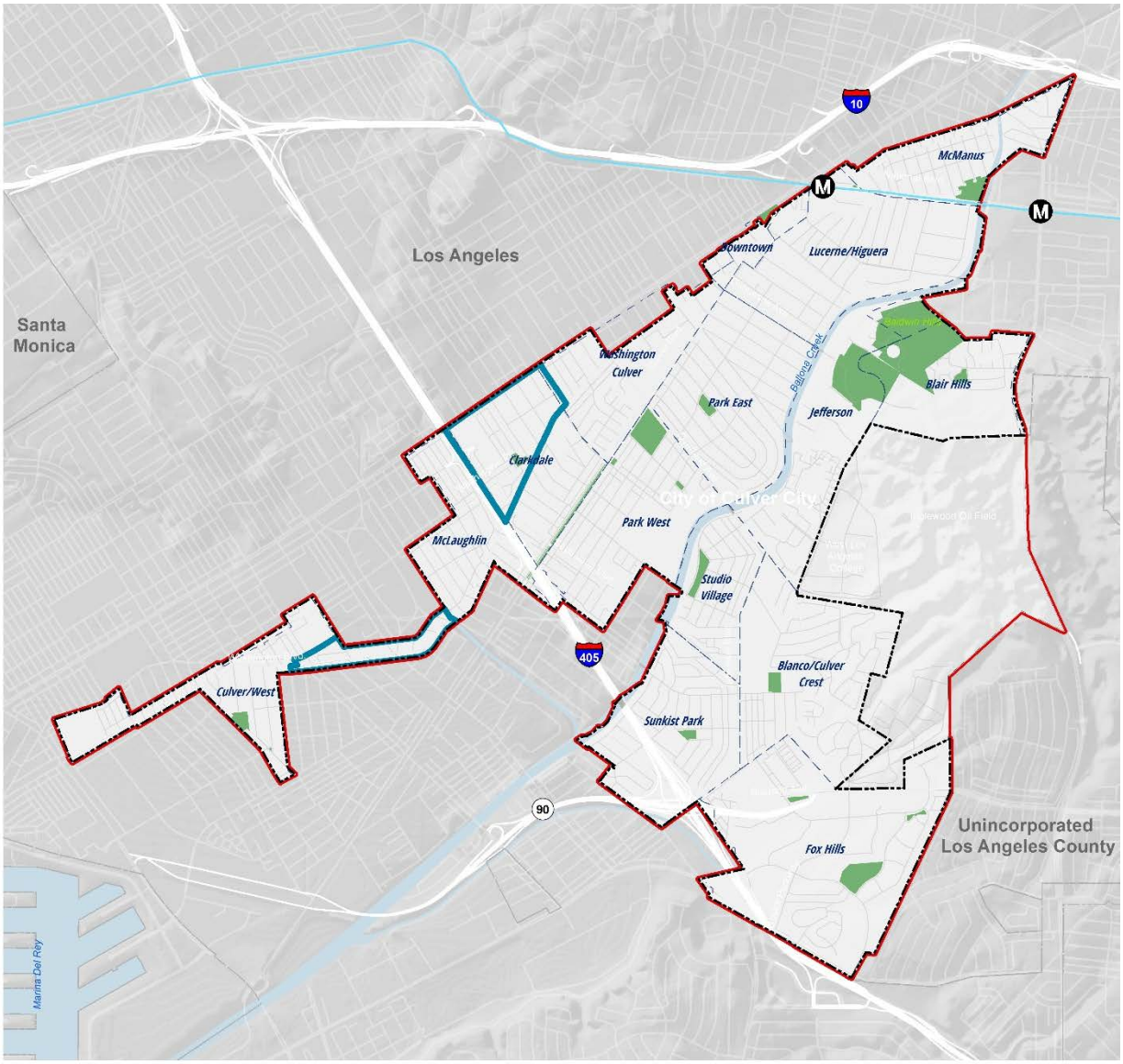
Culver City must comply with SB 1000 because two more General Plan elements are being concurrently updated after January 2018 and "disadvantaged communities" can be identified within the Planning Area. A full discussion of the Disadvantaged Communities Screening Methods is described in Appendix A: Disadvantaged Communities Screening Methods and a summary of the applicability of SB 1000 thresholds is included in Table 1. A map of "disadvantaged communities," hereafter referred to as "Priority Neighborhoods," is in Figure 2—these boundaries are overlaid on all maps produced for this report.

Table 1: SB 1000 Applicability Thresholds and Determination for Culver City GPU

SB 1000 Threshold	SB 1000 Threshold Definition	GPU Action	Threshold Applies?
1. Timeline and Scope of GPU			
Timeline	City or County is conducting GPU activities after January 1, 2018	Activities began September 3, 2019	Yes
Scope of Planning Activities	Concurrent adoption or next revision of two or more General Plan elements	Culver City is conducting a comprehensive update	
2. Identification of Disadvantaged Communities (DACs) within General Plan Area			
CES 3.0 - Statewide	Census tracts with CES 3.0 scores between the 75 to 100 percentile range	No census tracts in City identified as DACs under this threshold	No
AB 1550 - Median Household Income - Statewide	Area with household incomes at or below 80% of statewide median income (Calculated at $51,840, using HUD FY 2017 California Median Income)	No census tracts or block groups in City identified as DACs under this threshold	No
AB 1550 - Median Household Income - County	Area with household incomes at or below 80% countywide income limits (Calculated at $58,640, using HCD FY 2017 LA County Area Median Income)	No census tracts in City identified as DACs and Two block groups identified as DACs under this threshold	Yes

Sources: Raimi + Associates, 2020; Office of Planning and Research, General Plan Guidelines, 2017; Office of Environmental Health Hazard Assessment, CES 3.0, 2018; Income limits from California Housing and Community Development (HCD) Department, 2017; American Community Survey, 5-Year Estimates for 2013-2017, published 2018.

Figure 2: SB 1000 Disadvantaged Communities (Priority Neighborhoods) in Culver City (2020)



Sources: Raimi + Associates (2020).

WHAT IS DISCUSSED IN THIS REPORT?

This report begins with an overview of the historical context related to community health, environmental justice, and the physical environment. Three assessments follow the overview: Health Outcomes and Behaviors, Demographic and Socioeconomic, and Healthy Communities Assessments. Data sources are from public agencies, like the U.S. Census Bureau (Census), the LA County Public Health Department (LACDPH), and private entities that produce analyses on population health and environmental quality.

The **Historical Context** section highlights policies, past and present, that have shaped Culver City community health, environmental justice, and social equity conditions.[2]

The **Health Outcomes and Behaviors Assessment** is an overview of the health status—including discussion of leading causes of death, life expectancy, chronic disease, and health behaviors—of the population. Awareness of the data related to life expectancy, leading causes of death, and incidences of chronic disease can highlight areas where the City is doing well and where there may be a need for targeted policy or land use interventions. When available spatially, this section includes maps of health outcomes and behaviors to further aid the understanding of the health risks in SB 1000 Priority Neighborhoods.

The **Demographic and Socioeconomic Assessment** describes information on race and ethnicity, income, and other indicators that can be used to explore spatial, racial, and economic inequities across neighborhoods or the population. Understanding where people live can help promote civic engagement and develop targeted improvements to the physical environment that address unique health risks.

The **Healthy Communities Assessment** is the most comprehensive of the assessments. It intersects information from the first two assessments with maps and data on the built environment. Where possible, data from other existing conditions reports is also included in this assessment to illustrate the multi-layered health connections across components.

Across all assessments, data is provided and analyzed at the following units of analysis:

- **Planning Area** / **Citywide**: Outcomes for Culver City are compared to outcomes for other incorporated cities in the region, for LA County, and for California.
- **Census Tract**: Outcomes across neighborhoods are compared to each other using census tract level data. This data can be used as-is or can be combined into city, county, or state estimates for added comparisons. This flexibility makes it the golden standard for data collection.
- **Census Block Groups**: While not all public agencies supply data at the census block group level, this report uses block groups when mapping some indicators from the Census. This allows for a detailed analysis across neighborhoods.

[2] The Governor's Office of Planning and Research (OPR) and other sources advising on the implementation of SB 1000 emphasize how, "it can be beneficial for local jurisdictions to evaluate historical trends, contextualize current patterns of development, and assess how the community might change over time, with respect to EJ." OPR. "General Plan Guidelines Section 4.8: Environmental Justice Element." 2020. Available at: https://opr.ca.gov/docs/20200706-GPG_Chapter_4_EJ.pdf.

HISTORICAL CONTEXT

This section touches on the history of the land that became Culver City and on the City of Culver City as an incorporated agency in the greater metropolitan region of Los Angeles. It focuses on policies that are widely understood as having legacy impacts on economic, health, and environmental inequities today. This section is not intended as an in-depth analysis of all historical information but presents some context in which the existing conditions are analyzed.

INDIGENOUS PEOPLES

The area now called Culver City was originally inhabited by Indigenous peoples who lived here for several thousand years, built communal homes, nourished themselves from the local flora and fauna, and had their own unique and complex social and economic systems of relationships.[3] The Environmental Background Report describes the history of the GPU Planning Area, providing more detail on the Indigenous peoples of the area:

> *"There are four different names used for the Indigenous Peoples of Los Angeles: Gabrieleño, Gabrielino, Tongva, and Kizh. 'Gabrielino' and 'Gabrieleño' are Spanish names deriving from the San Gabriel Mission. 'Tongva' was likely a Native village in the same vicinity. The name the Indigenous Peoples may have originally called themselves is 'Kizh,' meaning home.[4] However, there is [a] pan-tribal name for LA's Indigenous Peoples that predates the arrival of Europeans."[5]*

Indigenous peoples in this region, as in other parts of the continent, were forcibly and violently subjugated and removed from their ancestral lands through the processes of Spanish colonization, Mexican nation-forming, United States westward expansion, and other practices of dispossession that occurred from the 1500s through the early 1900s and are well-researched. More history on Indigenous peoples and the transition period to Spanish colonization is described in Chapter 5 (Historical and Cultural Resources) of the GPU's Environmental Background Report.

FOUNDING OF CULVER CITY

Almost four centuries after the Spanish began colonizing the Americas and six decades after California gained statehood in the United States, Harry H. Culver founded Culver City in 1917. The Environmental Background Report provides a description of this:

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[3] City of Culver City. *"Early Settlers of Culver City: The Native Americans." N.d.* Available at: https://www.culvercity.org/how-do-i/learn/about-culver-city/history-of-culver-city/early-settlers-of-culver-city/the-native-americans.

[4] Stickel, Gary E., PhD. 2016. Why the Original Indian Tribe of the Greater Los Angeles Area is Called Kizh not Tongva. Available at: https://www.cpp.edu/~tgyoung/Pom_Parks/Kizh%20not%20Tongva_9-27-17.pdf.

[5] Los Angeles Almanac. January 2, 2019. Original Settlers of Los Angeles. Available at: http://www.laalmanac.com/history/hi03c.php.

"At the California Club in 1913, Harry Culver announced his plans to develop a city west of downtown Los Angeles. Culver saw an opportunity to capitalize on the excitement generated by Abbot Kinney's Venice of America development along the California coast south of Santa Monica. Between Venice and Los Angeles sat open land, originally part of Rancho La Ballona and Rancho Rincón de los Bueyes, and as the relationship between Los Angeles and Venice took shape, Culver saw a spot in between that was ideal for a new town site. 'If you draw a line from the Story Building to the Ocean Front at Venice, at the halfway mark you will find three intersecting electric lines—the logical center for what we propose to develop a townsite' (Cerra, 2013). Soon after Culver's speech, Culver City was established. Culver promoted his new community by holding special events like 'prettiest baby contests' and an annual marathon race. Newspaper advertisements exclaimed, 'All Roads Lead to Culver City!' Culver City continued to grow and incorporated in 1917."

Figure 3: Culver City "Model Little White City" Advertisement

Source: Los Angeles Herald, March 12, 1915. Reproduced with emphasis on highlighted text by John Kent, November 2019 GPU Speaker Series

The marketing of Culver City through such special events and newspaper advertisements as described in the Environmental Background Report reflects the typical marketing of new suburban towns in the early twentieth century. While industrialized areas of the region were hubs of working-class activity, places like Culver City provided opportunities for upwardly mobile workers in clerical and office jobs to seek leisure and entertainment away from the nuisances of industry. Electric lines, prior to the automobile, made it possible for prospective home buyers and businesses to move.

Newspaper advertisements of the time also show what have been interpreted as the roots of racially exclusionary development policies in Culver City (Figure 3). In the clipping, published on March 12, 1915, the city is marketed as a "model little white city." Racial and ethnic minority groups were economically excluded from Culver City through mandatory zoning requirements for large lot developments, which made land unaffordable. These exclusions were legalized through "deed restrictions," which stipulated how an owner may occupy or transfer property. These restrictions included language like "these premises shall not, nor shall any part thereof, ever be conveyed, transferred, leased or demised to any person other than of the White or Caucasian race" and were not unique to Culver City.[6]

As a powerful appointed leader of the real estate industry lobby in Los Angeles and California, Harry H. Culver advocated for various practices that boosted property values in Culver City and communities like it. These practices excluded or were financially burdensome for poor, working class, and, often, non-white

[6] Kent, John. GPU Speaker Series - Culver City: From Whites Only to National Model of Diversity and Inclusion? 2019. Available at: https://www.culvercity.org/city-hall/city-government/city-projects/speaker-series.

population groups. Culver was a prominent figure in *Los Angeles Times* articles describing and documenting the region's "boosterism" and growth. In the early decades of the city's founding, when marketing, zoning policy, deed restrictions, and similar tools were insufficient in excluding "unwanted" prospective residents, formal City entities, such as the police and attorneys, and informal city actors, such as the Ku Klux Klan, enforced racial exclusion.[7]

REDLINING AND REGIONAL DISINVESTMENT IN LOS ANGELES

Like most American cities, Culver City is also shaped by the history of "redlining" that further reinforced racial segregation and inequities. Redlining began in 1934, when the Federal Government-sponsored Home Owners Loan Corporation (HOLC) produced maps of cities nationwide that rated neighborhoods from "A," which represented the "best" areas for banks to invest and distribute loans, to "D," areas considered "hazardous."[8] Areas graded as "A" were depicted in green and areas graded as "D" were depicted in red—thus the origin of the term "redlining."

Newly arrived migrant and immigrant groups and minority populations, groups that comprised most of the working-class industrial employment base at the time, were more likely to live in neighborhoods assigned a "D" grade. Many historical records show that places that received poor grades designated as "hazardous" were places where Black or African American, Mexican or Mexican American, and other racial minority or immigrant groups lived. In these places, it was very difficult for homeowners to secure federally backed loans or favorable private sector loans.

The HOLC maps and related policies were a response to the conditions created by the Great Depression. During that time of great uncertainty and increased interstate migration, the Federal Government's goal was to stabilize housing turnover in residential neighborhoods. Unfortunately, because of racially restrictive or exclusionary real estate policies and practices in the private sector as well as in society overall, the stabilization programs and resources replicated and, in some cases, exacerbated racial segregation, the wealth gap between Black and White Americans, and other similar dynamics.

Culver City's redlined neighborhoods are shown in Figure 4. To receive a score, areas needed to meet a minimum threshold of developed units at the time of grading. Therefore, much of the city was never given a HOLC grade because development and urbanization occurred several decades later.

Though the maps were produced in 1934, nearly 20 years after Culver City was founded, geographic patterns related to community health and environmental justice can be observed today, including:

- Areas west of the 405, in the Culver/West neighborhood, received a "C" grade in the HOLC map. Today, those areas are in an SB 1000 Priority Neighborhood and have higher concentrations of Latino residents, low-income households, and lower access to parks.
- Areas east of the 405, in the Clarkdale neighborhood received a "D" grade in the HOLC map. Today, those areas are also in an SB 1000 Priority Neighborhood and have a higher concentration of low-income households. Additionally, the area has a higher concentration of both existing multi-family rental units and proposed or in-development projects for new, market rate multi-family rental units.

[7] ibid.

[8] Reft, Ryan. *Segregation in the City of Angels: A 1939 Map of Housing Inequality in LA*. KCET. 2017. Available at: https://www.kcet.org/shows/lost-la/segregation-in-the-city-of-angels-a-1939-map-of-housing-inequality-in-la.

- The northeastern area of the city, known today as the Culver City Arts District, received a "D" grade in the HOLC map due to its historic development as a manufacturing hub in Culver City. As many industrial and manufacturing businesses in the Los Angeles region and Culver City left the area, the buildings and railroad tracks were left vacant through the later decades of the twentieth century, leaving room for something new, and the economic and social fabric of the cities changed.
- Generally, the areas in the core of the city, in the Downtown, Blair Hills, and Park West neighborhoods, received a "B" grade in the HOLC map, the highest in Culver City, and have the lowest risk to displacement today.[9]

Recognizing the broader regional context is also critically important to understanding how these historical practices affect current issues, including the housing crisis and residential and business displacement. While the role of redevelopment agencies and other government entities and the private sector is to shape land use and, ultimately, economic conditions, there are historical development patterns that can be observed not just in Culver City, but across the region and country.

Many neighborhoods which were graded "C" or "D" in the HOLC maps continued to be majority Black/African American or Hispanic/Latino into the late 20th and early 21st centuries. Since housing prices began increasing in communities after the 2008 Great Recession, Culver City, like most jurisdictions in California, has lagged in building more housing units to keep up with demand, creating a spillover effect of demand into its neighboring communities. As a result, low-income Black/African American and Latino residents are being priced out of their homes as higher-income residents look for affordable places to live in Culver City and neighboring West Adams, Inglewood, Leimert Park, and other parts of South LA and the South Bay. The impact of these structural changes in the 2000s and 2010s on Culver City's Black/African American and Latino population is discussed in the **Demographic and Socioeconomic Assessment**.

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[9] See the Housing Safety and Affordability section of this report for more discussion of displacement risks in Culver City.

Figure 4: HOLC Redlining Map for Culver City (1934)

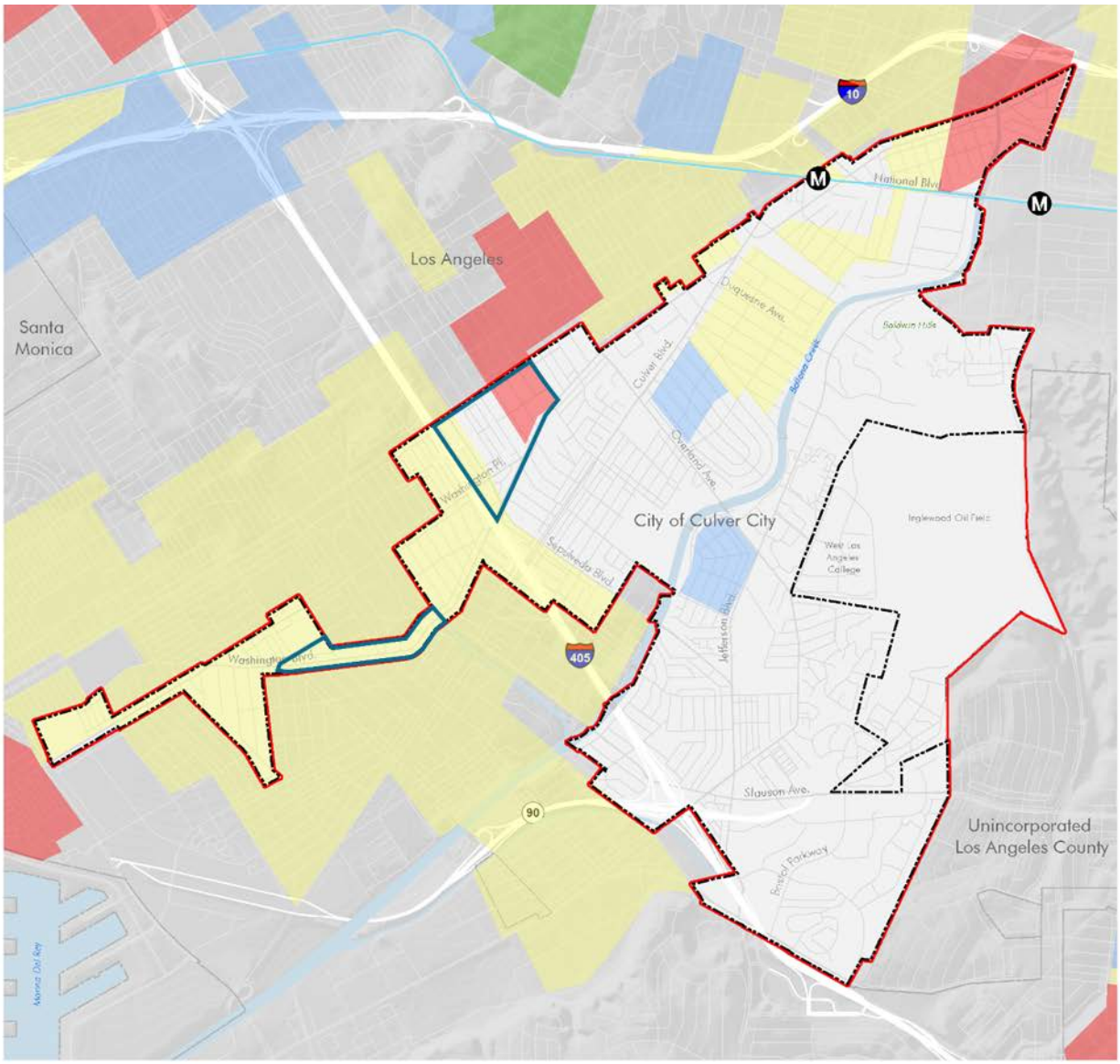


Figure 5 shows the same HOLC grades and Culver City in a regional context. This figure shows a few patterns that shaped and were shaped by planning and private development of the region:

- The area which comprises most of the present-day Westside Cities, including Santa Monica, Beverly Hills, and the Pacific Palisades, was generally given higher scores than areas closer to the Downtown Los Angeles commercial core or the southern and eastern industrial suburbs.
- Though some areas in Santa Monica and Venice were originally classified as "Hazardous" and given a "D" grade, the Westside Cities region has developed as a more affluent area through today. This is likely due to a combination of political, economic, and geographic factors which supported private investment in the region and successfully warded off community-disrupting infrastructure construction projects, like highways in the middle of the twentieth century and public transit in the late twentieth century.
- Regions with high concentrations of "C" and "D" grades, such as modern-day Boyle Heights, Downtown Los Angeles, and South Los Angeles were more likely to be bisected and disrupted through the national defense freeway construction projects of the 1950s and beyond.[10]

While the Westside cities continued growing as affluent and mostly white, most of the southern and central region of Los Angeles and the South Bay saw large-scale disinvestment throughout the twentieth century. When white, working class groups accepted white collar jobs and moved into the middle-class suburbs outside of Los Angeles, the new working class moved into these vacant homes. Between the 1940s and the 1960s, the area transitioned into a majority Black region. After deindustrialization began in the 1970s, the area experienced another racial and ethnic transition as more recently arrived Latino immigrants took on service, construction, and other jobs in new, emerging sectors (Figure 6).

Understanding the history behind the HOLC maps reveals their roles in creating a vast socioeconomic disparity by race in the area with a legacy that continues today. The HOLC maps acted as a local, wealth-generating policy for mostly white, higher-income households, and a racially driven economic exclusion policy. Though the history is even more complicated than this abbreviated discussion, this section provides context for understanding community health and environmental justice existing conditions that may be considered in planning for the next 25 years.[11] Undoing these and other long-term effects of racial exclusion is a difficult undertaking. In preparing the GPU, it is vital for the City and community to learn from past harms to plan for a more equitable future.

[10] History.com Editors. *The Interstate Highway System*. History Channel. 2019. Available at: https://www.history.com/topics/us-states/interstate-highway-system.

[11] Moore, Eli; Montogo, Nicole; Mauri, Nicole. *Roots, Race, and Place, a History of Racially Exclusionary Housing in the San Francisco Bay Area*. Haas Institute for a Fair and Inclusive Society, University of California Berkeley. 2019.

Figure 5: HOLC Redlining Map for the LA Region (1934)

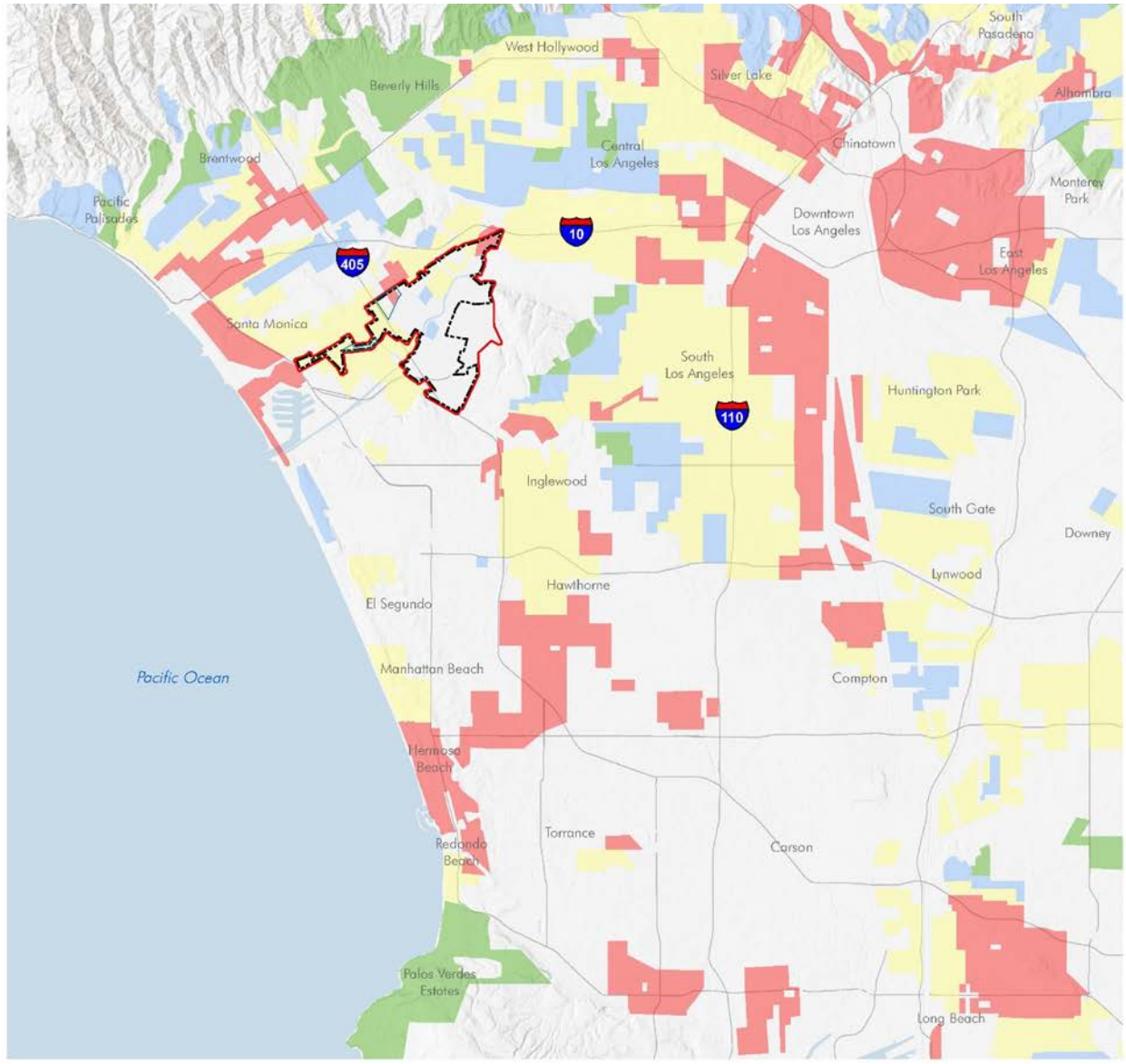
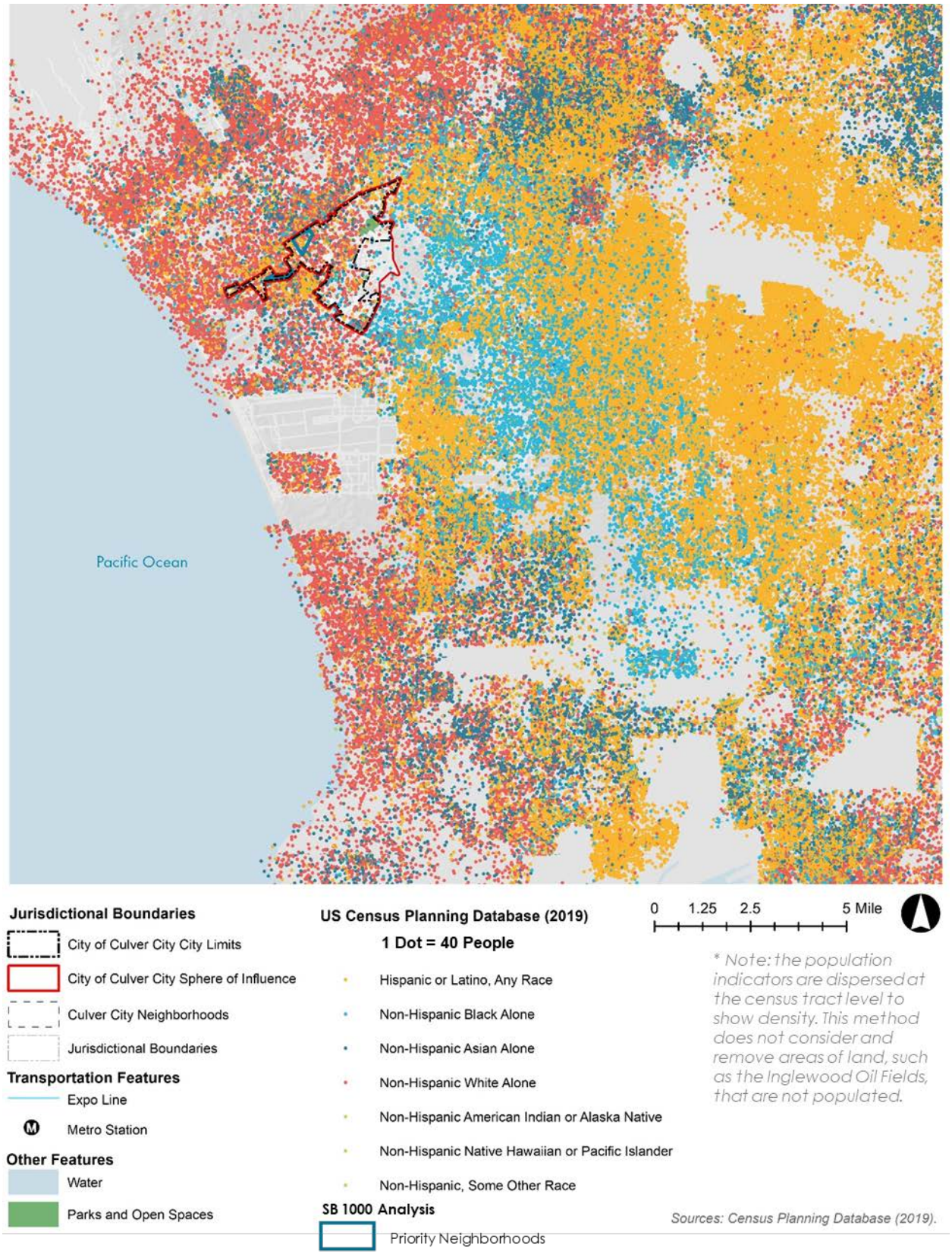


Figure 6: Race / Ethnicity in LA County (2019)



HEALTH OUTCOMES AND BEHAVIORS ASSESSMENT

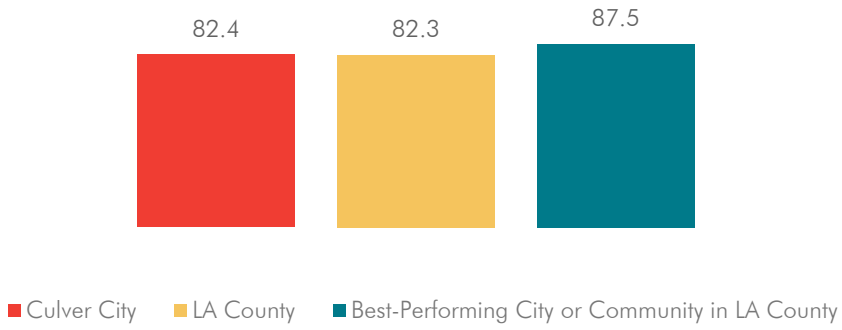
Today, Los Angeles is a county with vast racial or ethnic and income disparities—including in the distribution and concentration of positive or negative health outcomes that are influenced by the physical environment and access to resources. Many cities and neighborhoods within the county are among the healthiest in California. Other communities, however, struggle with the lowest life expectancies and highest levels of chronic disease incidence and mortality in the state. Culver City straddles the line, with some health outcomes exceeding the regional average and others lagging.

This section examines broad health outcomes and behaviors in Culver City compared to LA County overall. Where available, the report compares Culver City's data to the best-performing city or community in the county or across census tracts and neighborhoods within the city to further aid the understanding of the health risks in SB 1000 Priority Neighborhoods. The indicators in this section were chosen for assessment because of the body of research that shows strong associations between these health outcomes and behaviors and demographic and socioeconomic factors or the quality of the built environment.

LIFE EXPECTANCY

A child born in Culver City today can expect to live 82.4 years on average. This life expectancy is about the same as that of the average LA County resident but five years shorter than that for the City of Walnut, the best-performing city in the county (Figure 7).

Figure 7: Life Expectancy at Birth in Years

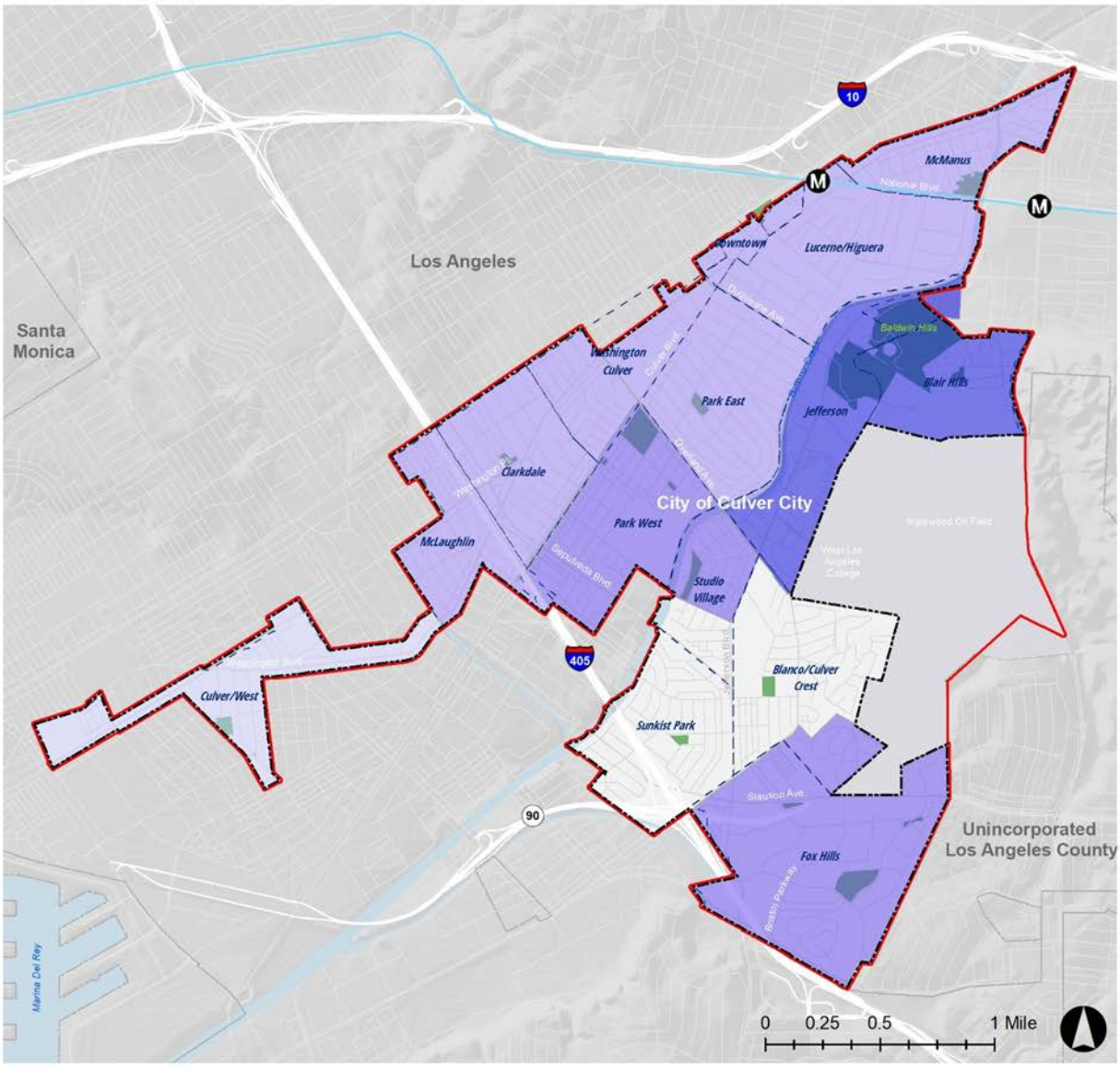


Source: LACDPH. City and Community Health Profiles: Culver City. June 2018. Los Angeles County Linked Death Data, 2012 - 2016; Hedderson Demographic Services, Population Estimates, 2012 - 2016

Life expectancy at birth, however, varies significantly across the city. The Blair Hills and Jefferson neighborhoods have the longest life expectancies, at over 85 years, while the Culver/West neighborhood, one of the SB 1000 Priority Neighborhoods, has the shortest life expectancy at 78 years (Figure 8).[12]

[12] Data for census tracts covering Studio Village, Blanco/Culver Crest, and Sunkist Park not available.

Figure 8: Life Expectancy at Birth in Culver City by Census Tract and Neighborhood



Jurisdictional Boundaries

- City of Culver City City Limits
- City of Culver City Sphere of Influence
- Culver City Neighborhoods
- Jurisdictional Boundaries

Transportation Features

- Expo Line
- Metro Station

Other Features

- Water
- Parks and Open Spaces

Life Expectancy At Birth (Years)

USALEEP Estimates (78-85.8)

- 78.0 - 80.0
- 80.1 - 82.5
- 82.6 - 85.0
- 85.1 - 85.8

Sources: City of Culver City, 2019; County of Los Angeles, 2019. National Center for Health Statistics. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File for Culver City, California, 2010-2015. National Center for Health Statistics. 2018. Available from: https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html.

LEADING CAUSES OF DEATH

The leading causes of death refer to mortality based on the frequency of their occurrence and may be measured as absolute counts or as rates in relation to total deaths or total population. The top five leading causes of death in Culver City, in the latest year for which data is available by count, are: (1) diseases of the heart, (2) cancers, (3) other causes, (4) Alzheimer's Disease, and (5) chronic lower respiratory disease. These closely align with the leading causes for Los Angeles County (Table 2).

Table 2: Leading Causes of Death in Culver City and LA County (2016)

	Deaths in Culver City		Deaths in LA County	
Leading Causes of Death	Count	%	Count	%
Heart-related Diseases (Cardiovascular Disease)	90	26	18,783	26
All Cancers	89	26	16,774	23
All Other Causes of Death[13]	53	15	10,899	15
Alzheimer's Disease	27	8	4,613	6
Chronic Lower Respiratory Disease	21	6	4,290	6

Source: State of California, Department of Public Health, Death and Birth Records, 2012 – Current. Retrieved from: https://data.chhs.ca.gov/dataset/leading-causes-of-death-by-zip-code.

Cardiovascular disease and cancer have remained a consistent leading cause of death in Culver City over the last twenty years, though the total number of cardiovascular disease deaths has decreased significantly from its peak in 2000 from 35% to 26% of all deaths in 2016. However, Alzheimer's Disease deaths in Culver City have risen most in the latest years. In 1999 there were two deaths related to Alzheimer's Disease (1% of all deaths) and 27 (8% of all deaths) in 2016 (

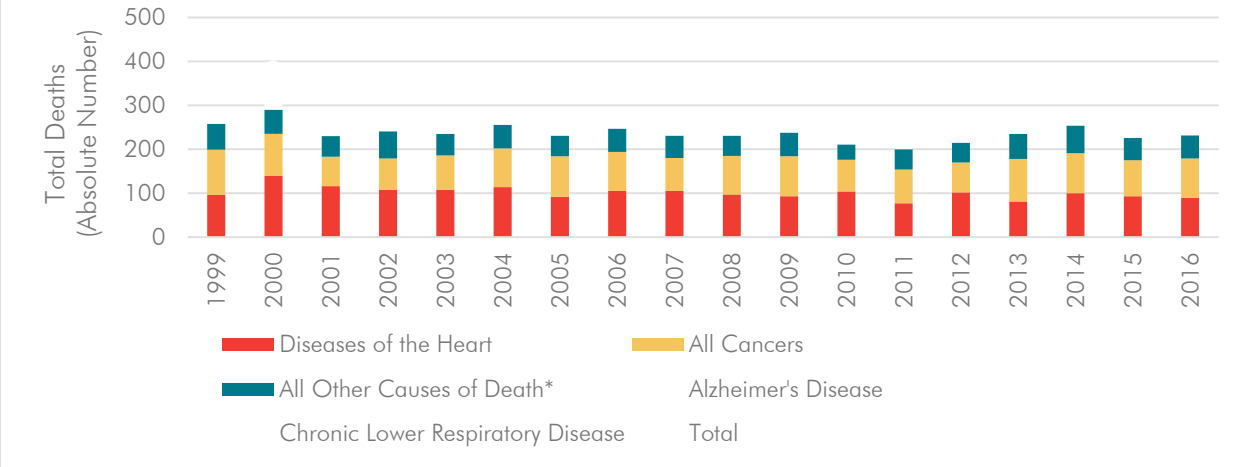
Figure 9).

Many of these leading causes result in premature deaths, or deaths that occur before the age of 75 and are often considered preventable. Because specific data is not available for Culver City alone, this section analyzes data reported for West LA, Health Service Planning Area 5 (SPA 5), which includes Culver City.[14] Seeing the leading causes of death hints at the variables that affect the average life span for residents in an area. For example, there are correlations between age, race and ethnicity, gender identity, sex, sexual orientation, income, ability, and various diseases. Consequently, policymakers can review this data and understand how to prioritize resources that address the greatest health needs in their community.

[13] "All Other Causes of Death" includes infections and parasitic diseases; endocrine, nutritional and metabolic diseases (not including anemias and cholelithiasis); diseases of the nervous system (not Alzheimer's); other diseases of the blood, blood-forming organs, and certain immune disorders mechanism; and "other" causes of infant/child mortality.

[14] SPA 5 – West Los Angeles includes Culver City, Beverly Hills, Brentwood, Malibu, Pacific Palisades, Playa del Rey, Santa Monica, and Venice.

Figure 9: Top Five Leading Causes of Death in Culver City (1999 to 2016)



Source: State of California, Department of Public Health, Death and Birth Records, 2012 – Current. Retrieved from: https://data.chhs.ca.gov/dataset/leading-causes-of-death-by-zip-code.

Table 3 compares the leading causes of premature death in West LA (SPA 5) with LA County by the years of potential life lost (YPLL). YPLL estimates the average time a person would have lived if that person had not died prematurely and assumes that everyone has a life expectancy of 75. If a person dies at a younger age, their YPLL is calculated by subtracting their age from 75. It is one way to quantify the social and economic loss from premature death. As shown in

Table 3, the YPLL does not necessarily correlate with the corresponding death rank and provides some insight into which populations may be more susceptible to those causes of death.

Based on the data across LA County and West LA, the leading cause of death is coronary heart disease and this also results in the greatest YPLL. In LA County, about 53,380 YPLL were accounted for in 2013 from coronary heart disease and 2,203 YPLL were accounted for within West LA due to premature deaths.

Table 3: Leading Causes of Premature Death by Years of Potential Life Lost (YPLL) in SPA 5 and LA County (2013)

LA County			West LA (SPA 5)		
Disease	YPLL	Death Rank	Disease	YPLL	Death Rank
Coronary Heart Disease	53,380	1	Coronary Heart Disease	2,203	1
Homicide	29,993	20	Drug Overdose	2,022	13
Motor Vehicle Crash	23,660	17	Suicide	1,472	17
Drug Overdose	22,412	16	Liver Disease/ Cirrhosis	1,022	16
Suicide	21,641	15	Breast Cancer	969	8
Source: LACDPH, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2013 Leading causes of death and premature death with trends for 2004-2013. October 2016.					

When developing health policies around preventing premature deaths, another variable to consider is gender. As Table 4 shows, the leading causes of premature deaths in West LA (SPA 5) varies by gender.

For females, the leading cause of premature death is breast cancer. For males, the leading cause of death is coronary heart disease, which is the third leading cause of death for females.

Table 4: Leading Causes of Premature Death in SPA 5 by Gender (2013)

Rank	West LA (SPA 5) Females	West LA (SPA 5) Males
1	Breast Cancer	Coronary Heart Disease
2	Drug Overdose	Drug Overdose
3	Coronary Heart Disease	Suicide
4	Suicide	Motor Vehicle Crash
5	Lung Cancer	Liver Disease / Cirrhosis

Source: LACDPH, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2013 Leading causes of death and premature death with trends for 2004-2013. October 2016
Note: The ranking is based on the total number of potential years of life lost.

CHRONIC DISEASES

ADULT OBESITY

Obesity is the most prevalent, chronic, and relapsing health disorder of the 21st century. It is a leading cause of the nation's mortality, morbidity, disability, healthcare use, and healthcare costs. California has experienced a dramatic increase in obesity during the last few decades. In 1985, less than 10% of California's population was obese; by 2010, over 20% of Californians were considered obese.

Mirroring national trends, the percentage of adults[15] considered obese increased in California, LA County, and Culver City between 2012 and 2016 (Table 5). For Culver City, the percentage of adults who are obese remains significantly lower than the state and county and is increasing at a slower rate. While Culver City's rate only increased by .4 percentage points, the county and state overall saw an increase of about 4 percentage points.

Table 5: Percentage of adults considered to be obese in Culver City, LA County, and California (2012 and 2016)

	2012	2016
Culver City	17.8	18.2
LA County	24.7	28.9
California	24.8	28

Source: UCLA Center for Health Policy Research. AskCHIS Neighborhood Edition 2015-2016. Obese Comparing Culver City and Los Angeles County. Accessed December 2019.

[15] All references herein for adults will mean ages 18 and over and youth will mean ages 17 and under while children will mean ages 5 and under.

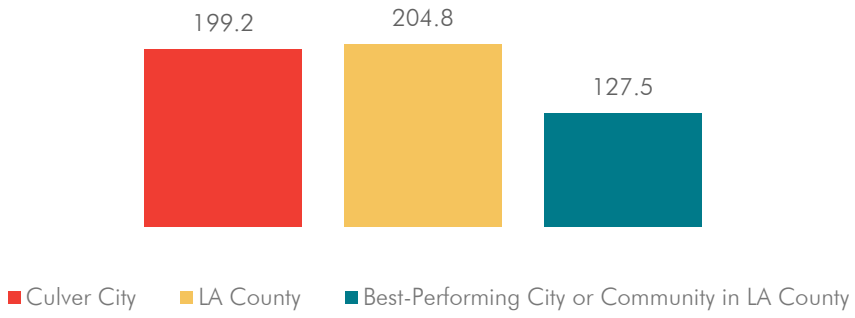
While many socioeconomic and physical environment factors affect physical fitness, the prevalence of obesity in adults can increase with sedentary lifestyles. Adults in Culver City were significantly more likely (44.6%) to walk at least 150 minutes per week (federal physical fitness guidelines) than LA County residents (38.4%) in 2016.[16]

CARDIOVASCULAR DISEASE

Cardiovascular disease, or heart disease, is the leading cause of death not only in the city and county, but also in the country. This umbrella term is used for multiple diseases affecting the heart, such as hypertension, coronary artery disease and angina, and acute myocardial infarction or heart attack. Recent research on the causality and implications of cardiovascular disease has shown that exposure to high levels of air pollution, in the short- and long-term, can contribute to complications related to -cardiovascular disease and even pose lethal threats to heart attack survivors.[17]

The age-adjusted death rate for all cardiovascular diseases in Culver City is 199 per 100,000. This is slightly better than the countywide death rate (204.8 per 100,000) but worse than for the City of Calabasas, the best-performing city or community in LA County (Figure 10).

Figure 10: Cardiovascular Disease Age-Adjusted Death Rate Per 100,000 Population



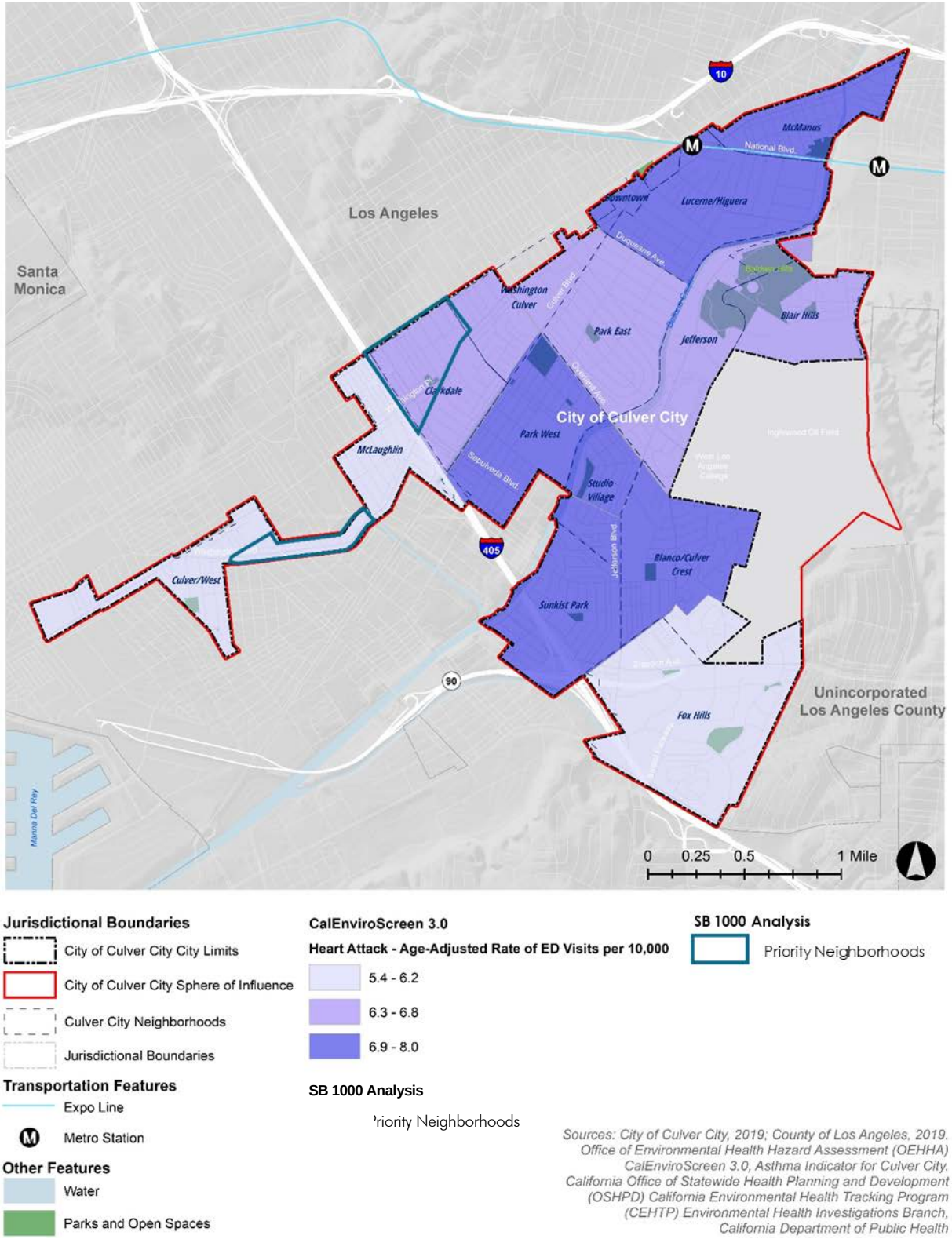
Sources: LACDPH. City and Community Health Profiles: Culver City. June 2018. Los Angeles County Linked Death Data, 2012 - 2016; Hedderson Demographic Services, Population Estimates, 2012 - 2016

The incidence of cardiovascular disease, using emergency department visits as a proxy, varies across the city as shown in Figure 11. Neighborhoods in the northeastern and southcentral areas of the city have rates of cardiovascular disease emergency department visits of about seven to eight visits per 10,000 residents per year, while the Fox Hills, Culver/West, and McLaughlin neighborhoods have only about five to six.

[16] UCLA Center for Health Policy Research. AskCHIS Neighborhood Edition 2015-2016. Walked at least 150 minutes (18+) Comparing Culver City and Los Angeles County. Accessed December 2019.

[17] California Environmental Protection Agency and Office of Environmental Health Hazard Assessment. *Update to the California Communities Environmental Health Screening Tool – CalEnviroScreen 3.0 Report.* 2017. Available at: https://oehha.ca.gov/media/downloads/calenviroscreen/report/ces3report.pdf.

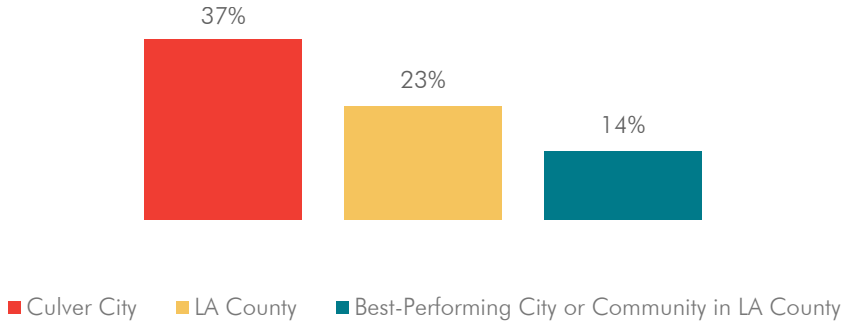
Figure 11: Age-Adjusted Rate of Emergency Department Visits for Heart Attacks, per 10,000 Residents, Averaged over 2011-2013



While this Figure illustrates where the highest incidence of emergency room visits for heart attacks occur, it does not provide a full picture of the population living with cardiovascular disease because not every person will experience a heart attack requiring emergency hospitalization. Variance in accessibility to regular care to manage heart disease, the local food environment, income available for basic goods and services, attitudes toward emergency service providers, concerns about the cost of emergency care, and several other factors can influence who needs and who seeks emergency medical treatment.

Hypertension, or high blood pressure, is a disease in which a person has elevated blood pressure and is interrelated with broader measures of cardiovascular disease. Over time it can damage tissue and organs—including the heart, brain, and kidneys—and reduce functionality, leading to several conditions classified as cardiovascular disease. Many people with high blood pressure do not know they have the condition until it is too late. In Culver City, the percentage of adults (ages 18 years and older) diagnosed with hypertension is 37%, compared to 23% for the county and 14% for City of Los Angeles Council District 5, the best-performing city or community in Los Angeles County (Figure 12).[18]

Figure 12: Percentage of Adults Ever Diagnosed with Hypertension (2012-2016)



Sources: LACDPH. City and Community Health Profiles: Culver City. June 2018. Los Angeles County Linked Death Data, 2012 – 2016.

While lifestyle changes can help reduce the incidence of hypertension, cities and communities can also support community health by improving access to healthy food retail and increasing access to parks, open spaces, preventive health services and other health-promoting resources. These policies, as with others that address health disparities, should be designed with an analysis and understanding of the connections between health, the physical environment, and the social context of a community.

DIABETES

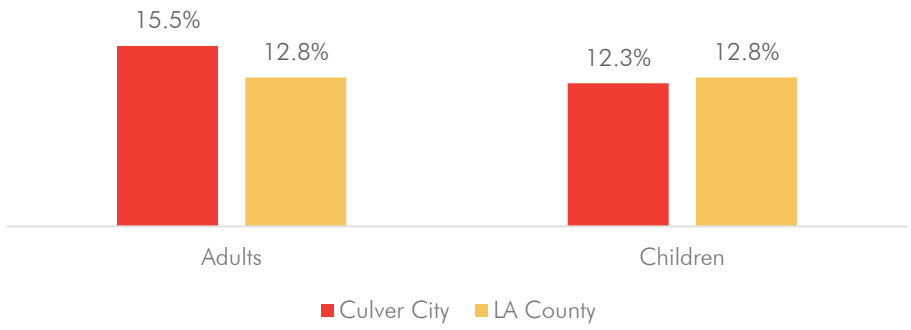
Diabetes is the leading cause of death in the United States and, since the 1970s, the risk of developing diabetes has increased by over 50% for American adults.[19] There are two types of diabetes: Type I is less prevalent and most often occurs during childhood or adolescence. Type II is the most common and

[18] Council District 5 includes Westside LA and San Fernando Valley neighborhoods of: Bel Air, Beverly Crest, Beverly Grove, Century City, Cheviot Hills, Fairfax, Palms, Pico-Robertson, Westwood, UCLA, Encino, and others.

[19] Heron, Melonie. Deaths: Leading Causes for 2016. National Vital Statistics Reports. 2018. Available at: https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf

preventable and can develop at any age.[20] The percentage of adults ever diagnosed with diabetes is increasing in California, LA County, and Culver City. The rates for adults and youth are shown in Figure 13.

Figure 13: Percentage of Adults and Youth Ever Diagnosed with Diabetes (2016)



Source: UCLA Center for Health Policy Research. AskCHIS 2015-2016

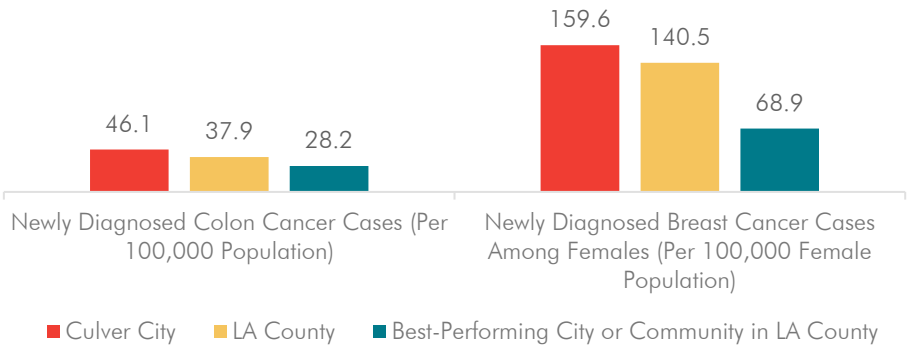
As with other conditions discussed in this section, cities can encourage healthier eating and more active lifestyles through interventions in the physical environment.

CANCER

Cancer is the second-highest leading cause of death in the city and county. It is a disease in which cells in the body reproduce at uncontrollable rates and can invade nearby healthy tissue or other parts of the body. The most regularly tracked types of cancers include colorectal, lung, breast, and prostate. In Culver City, rates for newly diagnosed cases of colon and breast cancer are much higher than those for the county as a whole or for the best-performing city or community in Los Angeles County for each of these types of cancers (Figure 14). The incidence of colon cancer in Culver City is 46.1—which is higher than both for the County (37.9) and for Rancho Palos Verdes (28.2), the best-performing city or community in this health indicator. Similarly, the incidence of breast cancer is significantly higher in Culver City (159.6) than in the County (140.5) or in Florence-Graham (68.9), the best-performing city or community in this health indicator. The age-adjusted rate of lung cancer deaths in Culver City is slightly higher than for the County (27.5 and 27.1, respectively) and much higher than for Huntington Park (14.3), the best-performing city or community in this health indicator (Figure 15).

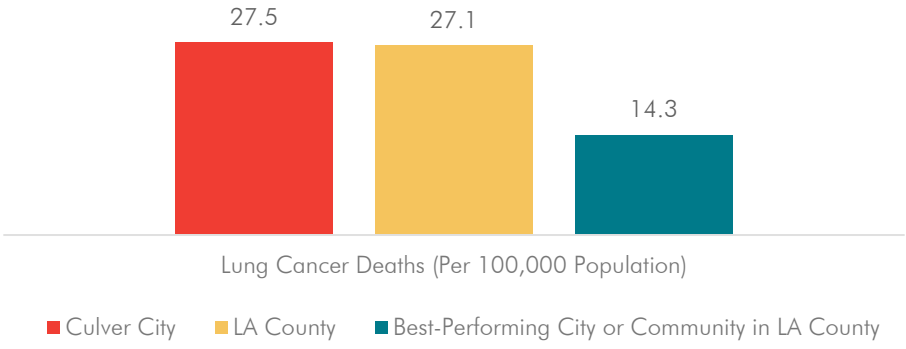
[20] National Diabetes Education Program. *Diabetes: What Is It?* Retrieved from: https://www.cdc.gov/diabetes/library/factsheets.html

Figure 14: Newly Diagnosed Colon and Breast Cancer Case Rates per 100,000 Residents (2011-2016)



Sources: LACDPH, City and Community Health Profiles: Newly Diagnosed Colon Cancer Cases (Per 100,000 Population); Newly Diagnosed Breast Cancer Cases Among Females (Per 100,000 Female Population); Lung Cancer Deaths (Per 100,000 Population). June 2018.

Figure 15: Lung Cancer Death Rates per 100,000 Residents (2011-2016)



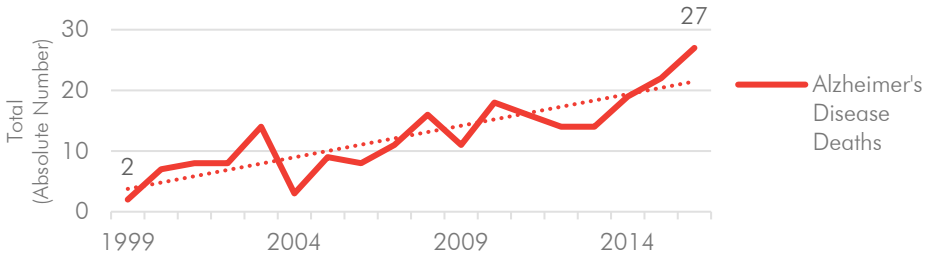
Sources: LACDPH, City and Community Health Profiles: Newly Diagnosed Colon Cancer Cases (Per 100,000 Population); Newly Diagnosed Breast Cancer Cases Among Females (Per 100,000 Female Population); Lung Cancer Deaths (Per 100,000 Population). June 2018.

ALZHEIMER'S DISEASE

Alzheimer's Disease is the fourth leading cause of death by count in Culver City. The number of Alzheimer's Disease deaths rose significantly from 2 to 27 between 1999 and 2016 (Figure 16). Alzheimer's disease is the most common type of dementia syndromes. Alzheimer's causes problems with memory, thinking, and other cognitive abilities. The exact cause of the disease is unknown, though it is often linked to hereditary traits and genetics. While the greatest risk factor is advanced age, new research has revealed additional risk factors such as head trauma and the health and environmental conditions of a person, particularly for Latinos and Blacks/African Americans who have higher rates of Alzheimer's disease.[21]

[21] California Health and Human Services Agency Alzheimer's Disease and Related Disorders Advisory Committee. *California State Plan for Alzheimer's Disease: An Action Plan for 2011-2021*. 2011.

Figure 16: Number of Alzheimer's Disease Deaths in Culver City (1999 to Present)



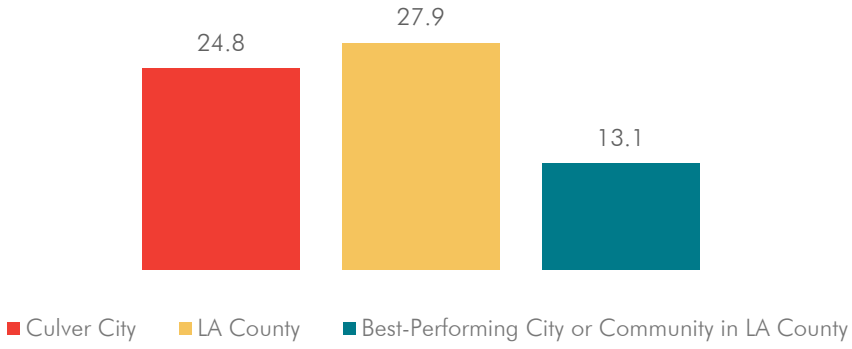
Source: State of California, Department of Public Health, Death and Birth Records, 2012 – Current. Retrieved from: https://data.chhs.ca.gov/dataset/leading-causes-of-death-by-zip-code.

During the same time where the incidence of Alzheimer's Disease deaths increased (2000 to 2017), the number of adults aged 65 years or older decreased from 5,390 in 2000, to 5,235 in 2010, and increased to 6,196 in 2017.[22] As life expectancy has increased, Alzheimer's Disease has come to account for a greater share of deaths in places including and outside of Culver City. This points to the need to plan for communities where people can age in place and have reliable access to health care services.

CHRONIC LOWER RESPIRATORY DISEASE

Chronic lower respiratory disease, sometimes referred to as chronic obstructive pulmonary disease (COPD), is a broad term used to describe chronic inflammatory diseases, including emphysema, chronic bronchitis, and refractory asthma. This disease is progressive, causing increasing breathing difficulty, and sometimes irreversible damage to the lungs. In Culver City, the age-adjusted mortality rate for COPD is 24.8 per 100,000, which is slightly better than the countywide rate of 27.9 per 100,000 and significantly worse than the 13.1 rate for South Pasadena, the best-performing city or community for this health indicator (Figure 17).

Figure 17: Age-Adjusted COPD Death Rates per 100,000 Residents (2012-2016)



Source: LACDPH, City and Community Health Profiles: Chronic Obstructive Pulmonary Disease Deaths (Per 100,000 Population). June 2018.

[22] Decennial Census data for 2000 and 2010; American Community Survey 5-Year Estimates data for 2017.

ASTHMA

Asthma is a chronic lung disease that inflames and intermittently narrows the airways characterized by repeated episodes of wheezing, chest tightness, shortness of breath, and coughing. Various environmental factors can trigger asthma attacks—smog, dust, pollen, and smoke.

The percentage of adults (age 18 and over) ever diagnosed with asthma rose in California (13.7% to 15%), LA County (12.2% to 12.8%) and Culver City (14.6% to 15.5%). The proportion of adults in Culver City with asthma is higher than the state and county.[23] While the percentage of adults increased, the proportion of youth (age 17 and under) ever diagnosed with asthma declined significantly between 2012 and 2016 in California (15.4% to 14.6%), LA County (15% to 12.8%) and Culver City (15.4% to 12.3%).[24]

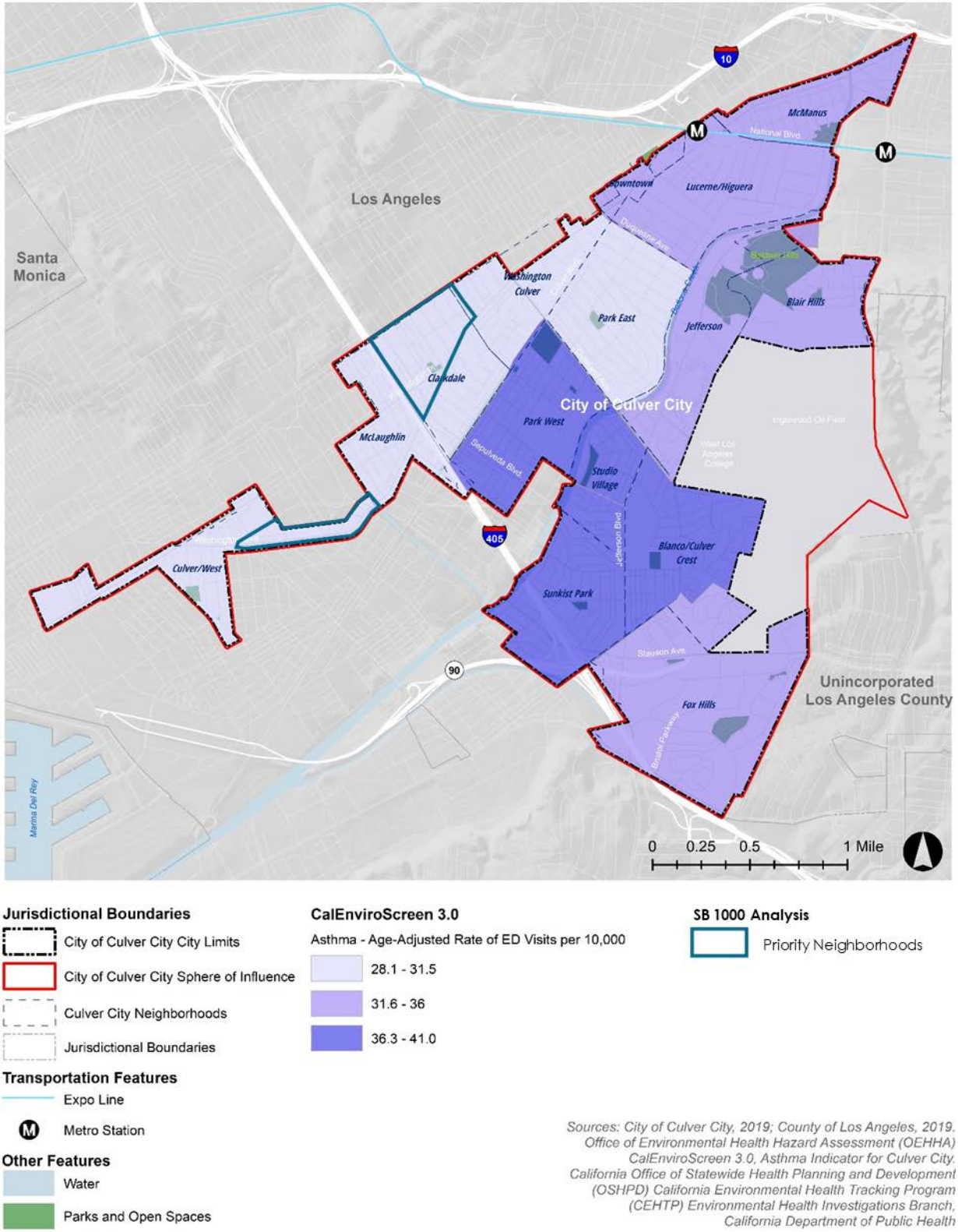
As shown in Figure 18, the age-adjusted rate of asthma emergency department visits varies across the city. The Park West, Studio Village, Blanco/Culver Crest, and Sunkist Park neighborhoods all have higher rates of asthma emergency department visits. Higher rates of asthma-related emergency department visits generally indicate asthma prevalence, possible lack of access to quality preventative care and management, and potential over-exposure to irritating pollutants. Research shows strong associations not only between asthma and poor physical environment but between these outcomes and conditions and the socioeconomic and demographic characteristics of the population. Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and Native American groups tend to have higher rates of chronic disease, including asthma, due to the confluence of those interrelated factors.[25]

[23] UCLA Center for Health Policy Research. AskCHIS 2015-2016.

[24] ibid.

[25] U.S. Department of Health and Human Services Office of Minority Health. "Minority Population Profiles." October 2, 2018. Available at: https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlID=26

Figure 18: Age-Adjusted Asthma Emergency Department Visit Rates per 10,000 Residents, Averaged over 2011-2013



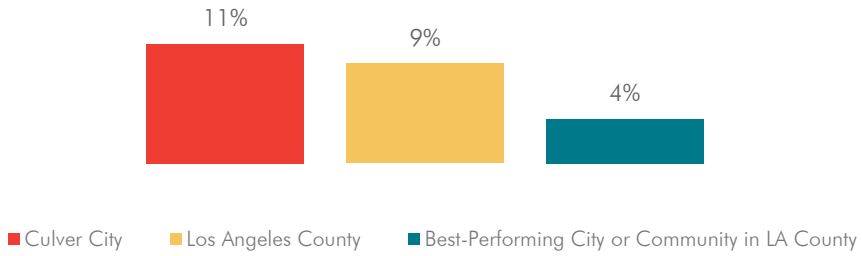
Sources: City of Culver City, 2019; County of Los Angeles, 2019. Office of Environmental Health Hazard Assessment (OEHHA) CalEnviroScreen 3.0, Asthma Indicator for Culver City. California Office of Statewide Health Planning and Development (OSHPD) California Environmental Health Tracking Program (CEHTP) Environmental Health Investigations Branch, California Department of Public Health

MENTAL HEALTH

Mental health has a profound impact on an individual's physical and social wellbeing, affecting quality of life, educational attainment, self-care, and level of activity. Poor mental health can contribute to an increased risk of unhealthy behaviors, health issues, and stress. Understanding that mental health goes beyond a diagnosable psychological disorder is important, as a person's quality of life and perceived sense of wellbeing can also affect a person's health status.

A primary indicator used to understand baseline mental health status in a community is the rate of depression diagnoses. While the exact cause of depression is not known, many factors at the individual, societal, and environmental level can influence the onset and treatment of depression. In Culver City, 11% of adults are diagnosed with depression, compared to 9% in LA County and 4% in Cerritos, the best-performing city or community for this indicator (Figure 19).

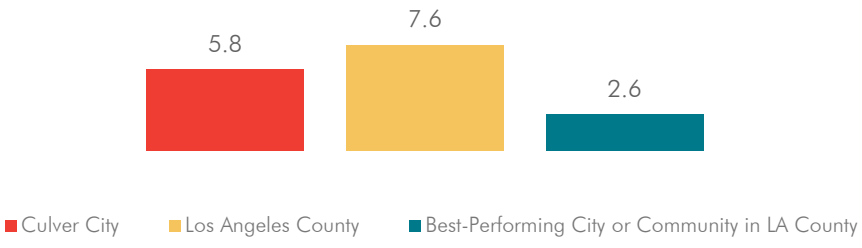
Figure 19: Percentages of Adults Diagnosed with Depression (2015)



Source: LACDPH, City and Community Health Profiles: Percentage of Adults (Ages 18 Years and Older) with Diagnosed Depression. June 2018.

Mental health diagnoses can range from mild to severe and include several behavioral health problems, such as schizophrenia, bipolar disorder, depression, anxiety, suicidal ideation, and addiction to alcohol, illegal drugs, or prescription drugs. In general, the severe cases of mental illness, including serious psychological distress and rates of suicide are lower in Culver City. For example, in Culver City, 6.9% of adults are diagnosed with serious psychological distress, compared to 8.9% in LA County. Though the Culver City rate of 5.8 suicides per 100,000 residents is lower than the countywide rate of 7.6, it is much higher than the unincorporated East LA rate of 2.6 (the best-performing city or community in Figure 20).

Figure 20: Suicide Death Rates per 100,000 Residents (2012-2016)



Source: LACDPH, City and Community Health Profiles: Suicides (Per 100,000 Population). June 2018.

HEALTH BEHAVIORS

Health behaviors influence the leading causes of death and chronic illnesses, and include activities such as preventive care, exercise and nutrition, and drug use.

PHYSICAL ACTIVITY

Regular, moderate-intensity physical activity combined with balanced nutrition and diet practices provide substantial health benefits that help reduce incidences of illness and disease. Consequently, they help improve overall community health outcomes.

Physical Activity Guidelines for Americans were first developed in 2008 and give science-based guidance to improve health through physical activity.[26] The updated Guidelines provide recommendations for different ages and populations. They also discuss the relationship between physical activity, chronic illness, and injury recovery. Generally, adults should do at least 150 to 300 minutes of moderate-intensity, or 75 to 150 minutes of vigorous-intensity, aerobic exercise per week. Youth aged 6 to 17 years should do 60 minutes or more of moderate-to-vigorous exercise daily and should combine aerobic, muscle-strengthening, and bone-strengthening activities throughout the week.[27]

The percentage of adults (age 18 and over) who met the Guidelines rose in California (33.3% to 38.9%), LA County (35.0% to 38.4%) and Culver City (37.8% to 44.6%). While the percentage of adults increased, the proportion of youth (age 17 and under) who met the Guidelines declined significantly between 2012 and 2016 in California (20.8% to 16.5%) and LA County (19.9% to 14.3%) but *increased* in Culver City (16.7% to 18.3%) (Table 6).

Table 6: Percentages of Adults and Youth Meeting the Physical Activity Guidelines for Americans (2012 and 2016)

	Culver City		LA County		California	
	2012	**2016**	**2012**	**2016**	**2012**	**2016**
Adults	37.8	44.6	35	38.4	33.3	38.9
Youth	16.7	18.3	19.9	14.3	20.8	16.5

Source: UCLA Center for Health Policy Research. AskCHIS Neighborhood Edition 2015-2016.

FRUITS AND VEGETABLES AND SUGAR-SWEETENED BEVERAGES

Increasing consumption of fruits and vegetables and decreasing consumption of added sugars improve health outcomes, as this reduces the risk of developing chronic illnesses or diseases.[28] The US Department of Agriculture (USDA) and other federal agencies have produced the Dietary Guidelines for Americans since the 1980s to provide a nutrition science and evidence-based recommendation for consuming fruits and

[26] US Department of Health & Human Services. Physical Activity Guidelines for Americans, 2nd Edition. 2018.

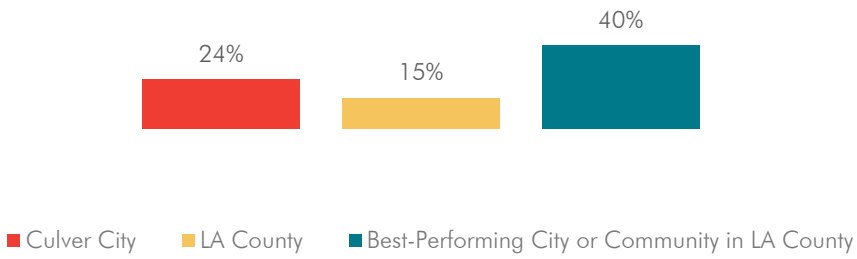
[27] Ibid.

[28] Added sugars are "sugars and syrups that are added to foods or beverages when they are processed or prepared. Naturally occurring sugars such as those in fruit or milk are not added sugars." US Centers for Disease Control. "Know Your Limit for Added Sugars." Retrieved from https://www.cdc.gov/nutrition/data-statistics/know-your-limit-for-added-sugars.html.

vegetables and other foods. As of the 2015 Guidelines, 2.5 cup-equivalents of vegetables and 2 cup-equivalents of fruits were recommended for daily consumption in a 2,000-calorie diet.[29]

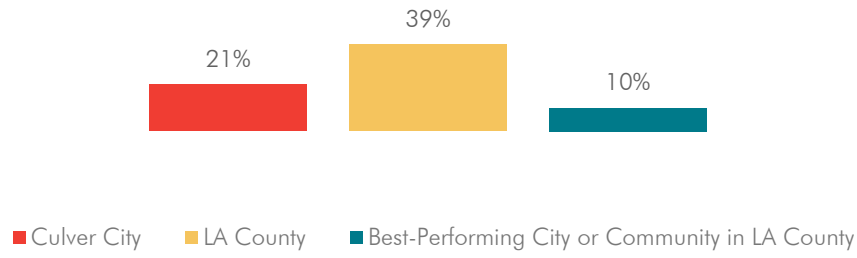
In Culver City, 24% of adults meet the USDA Guidelines for daily fruit and vegetable consumption. This is better than for the county (15%) but significantly lower than for West Hollywood (40%), the best-performing city or community for this indicator (Figure 21). Approximately 21% of youth in Culver City report consuming sugar-sweetened beverages daily. This is markedly better than 39% of youth in the county as a whole and slightly worse than in Claremont (10%), the best-performing city or community for this indicator (Figure 22).

Figure 21: Percentages of Adults Meeting Recommended Fruit and Vegetable Consumption Recommendations



Sources: LACDPH, City and Community Health Profiles: Percentage of Adults (Ages 18 Years and Older) Meeting Recommended Guidelines for Daily Fruit and Vegetable. June 2018.

Figure 22: Percentages of Youth Reporting Daily Consumption of Sugar-Sweetened Beverages



Sources: LACDPH, City and Community Health Profiles: Percentage of Children (Ages 17 Years and Younger) Reporting Daily Consumption of Sugar Sweetened Beverages. June 2018.

[29] US Department of Agriculture. Dietary Guidelines for Americans, 2015-2020, Eighth Edition.

DEMOGRAPHIC AND SOCIOECONOMIC ASSESSMENT

This section describes Culver City's demographic and socioeconomic population characteristics using the American Community Survey (ACS) 5-Year Estimates, for the five-year period from 2013 to 2017, which was made publicly available late in 2018 and served as the basis of analysis for existing conditions reports written in 2019 and 2020. All data in this section, unless otherwise noted, comes from this source. Though newer data will be available at the time of publication of this report, the report maintains the ACS 2013-2017 5-Year Estimates as its baseline to align with other reports prepared for the GPU. Data is presented for Culver City, Los Angeles County, and census tract or census block group level as available to approximate distribution and concentration trends by neighborhood, with emphasis on SB 1000 Priority Areas.

SOCIAL VULNERABILITY

Identifying population groups that are most likely to have community health, environmental justice, or equity vulnerabilities relevant to SB 1000 requirements can help figure out unique or compounded health risks and pollution exposures.

PEOPLE OF COLOR

The phrase "people of color" refers to all other racial and ethnic groups besides those who are white, and includes American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, and Native Hawaiian and Other Pacific Islanders. These racial and ethnic groups are distinguished for census purposes. People of color live throughout the city's neighborhoods (Figure 25) and include over half (54%) of all Culver City residents:

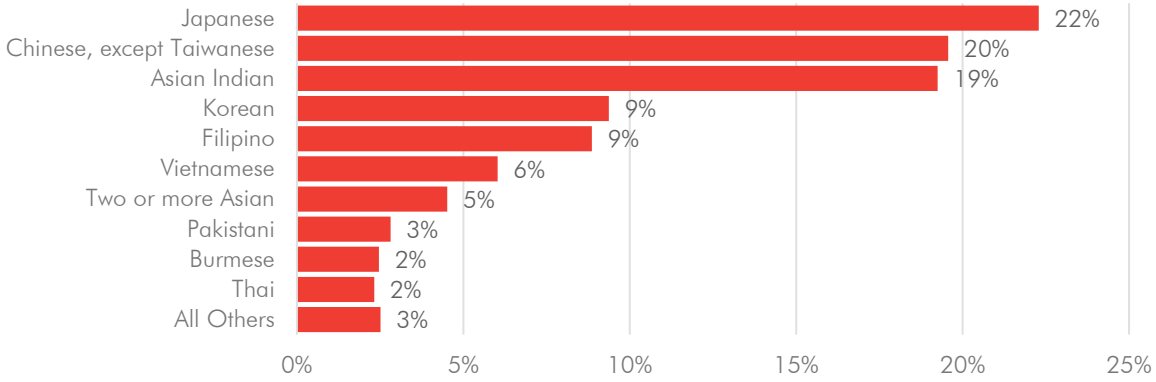
- 24% of all residents identify as Hispanic or Latino of any race.
- 16% of all residents identify as not Hispanic Asian alone.
- 8% of all residents identify as not Hispanic Black or African American alone
- ~6% of all residents identify as not Hispanic and some other race(s), including American Indian and Alaskan Native alone (<1%), Native Hawaiian or Other Pacific Islander alone (<1%), or some other race alone (<1%) or two or more races (~5%).

These broad racial and ethnic categories used for the census are a helpful starting point to understanding demographic and socioeconomic factors and relationships. Yet they should not be taken at face value to represent the diverse and varied experiences of people within any of these categories. To illustrate, due to the historical development patterns of the United States, from slavery to segregation to the present day, those who select Hispanic or Latino as their ethnicity and select "Black" for their race may experience more social and economic exclusion than Hispanic or Latino people who select "white" as their race.

Further, Asian Americans are often presented as the "model minority," a minority group considered to be as successful if not more than white Americans. The Asian or Asian American category used through the end of the 20th century represents over 45 ethnicities. Reducing the understanding of their experiences and conditions to such a broad category can lead to unintentionally ignoring the needs of the least represented ethnicities. Since 1997, the federal government mandated that Asian data be disaggregated to account for the analysis of data for Native Hawaiian and Other Pacific Islander (NHPI) populations. By disaggregating the data, researchers now understand that NHPIs experience similar socioeconomic conditions as other marginalized groups.

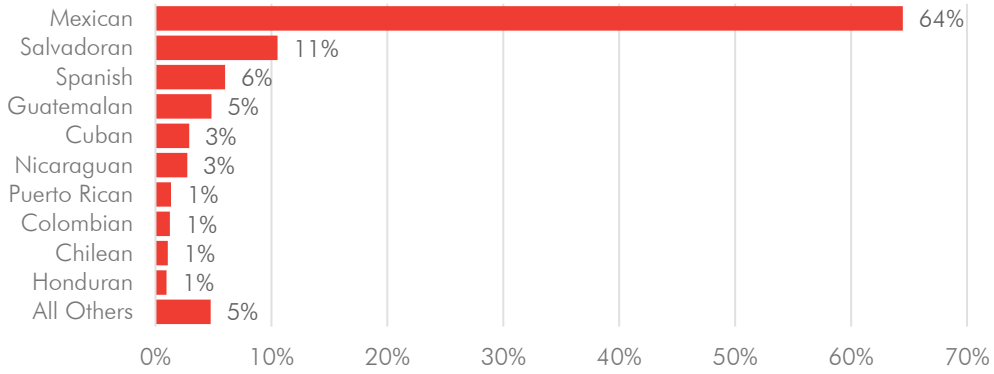
While it is best practice and even a mandate in some cases to disaggregate data, some population groups make up a very small percentage of residents in Culver City. This leads to data estimates that are often not statistically reliable and cannot be included in all analyses for the purpose of the GPU. Figures 23 and 24 show the diversity of the Asian and Hispanic or Latino population in Culver City and that should be considered in the process of updating the General Plan.

Figure 23: Asian or Asian American by Origin in Culver City (2013-2017)



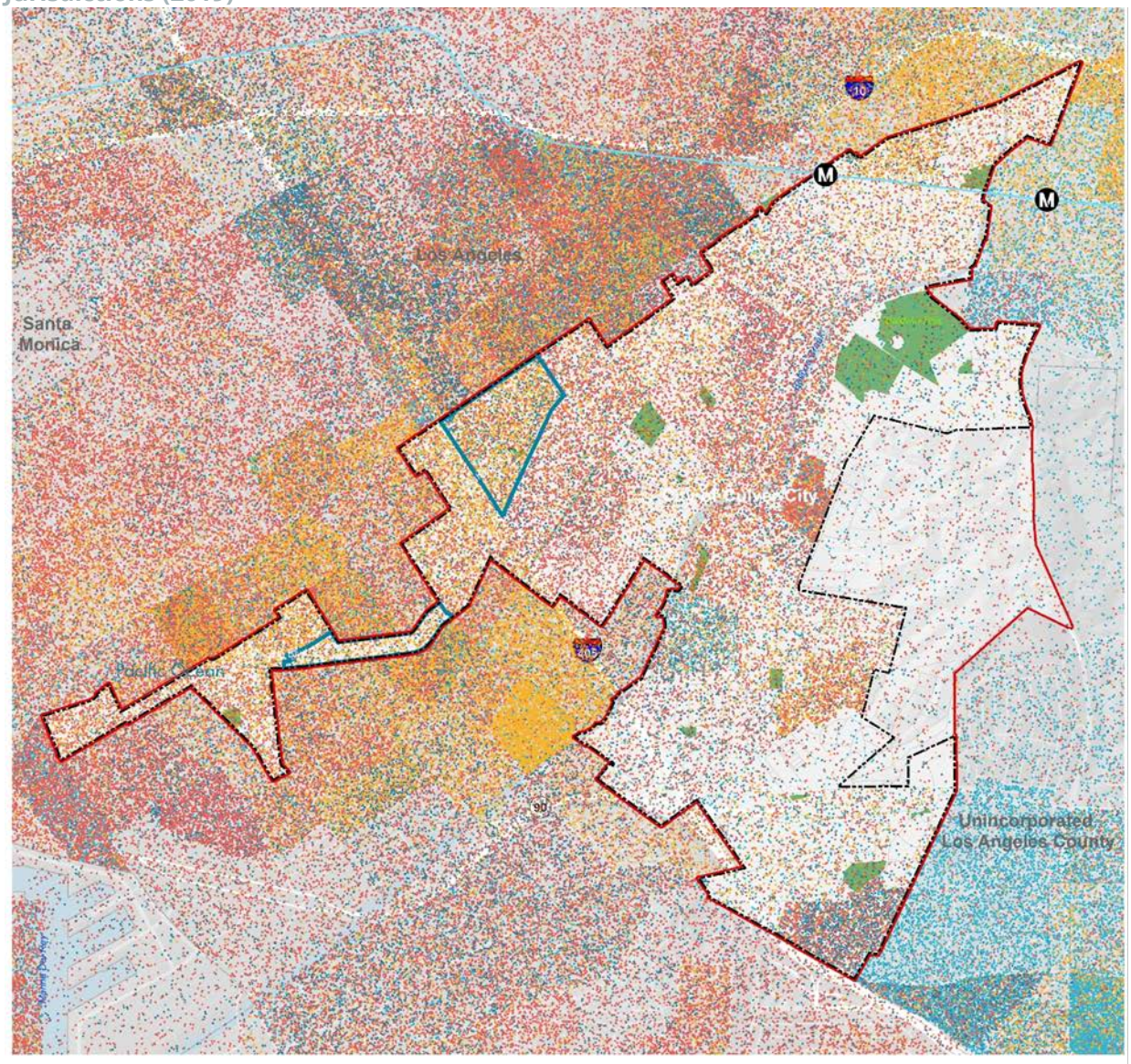
Source: ACS 13-17, Table B02015

Figure 24: Hispanic or Latino by Origin in Culver City (2013-2017)



Source: ACS 13-17, Table B03001

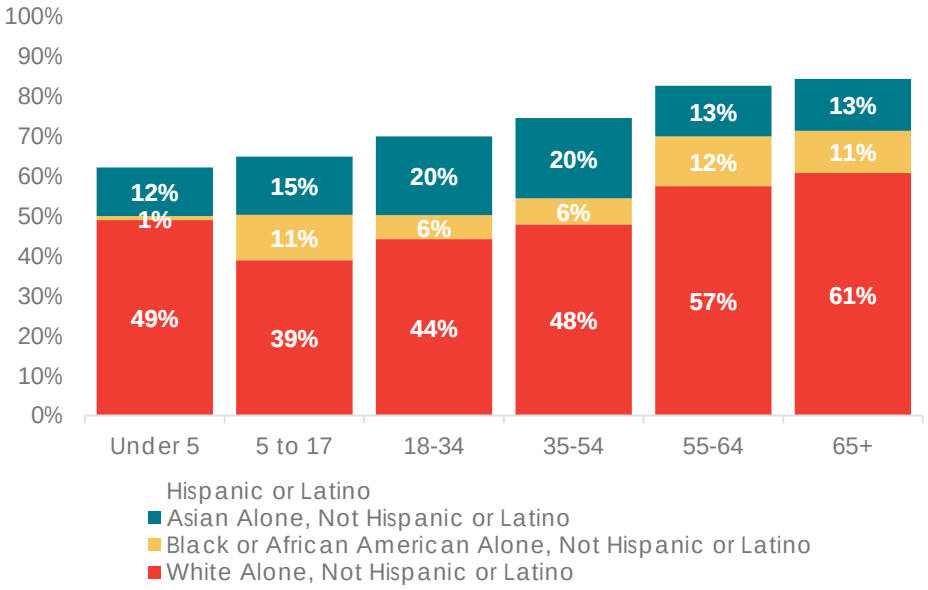
Figure 25: Population Distribution by Race and Ethnicity in Culver City and Neighboring Jurisdictions (2019)



YOUTH

Approximately one quarter of people in Culver City are 24 years old or younger. When considering younger people who are just entering what is considered prime working age, those aged 25 to 34, the distribution of youth grows from 26% to 41% of the population. The majority multi-ethnic future of the nation is evident in the racial and ethnic composition of younger people in Culver City, with school-aged youth (5 to 17 years old) and young adults (18 to 34) being more diverse than older age groups (Figure 26).

Figure 26: Culver City Population Distribution by Race* or Ethnicity and Age



** Note that, for the purposes of this chart, population groups making up a smaller percentage of the total population in Culver City are not included. Source: ACS 2013-2017, Tables B01001.*

This is commonly referred to as the racial generation gap and is at the center of tensions that surface during planning and policy conversations and have the potential to transform the future of the city in a myriad of ways.[30] Young people, particularly young people of color, may not feel welcome, or empowered, to participate in government and planning processes that are seen as led by people from older, and often whiter, population groups.

Research presented by Dr. Manuel Pastor at a Culver City Speaker Series event for the GPU in October 2018 shows that, from 1970 to 2016, the share of population growth held by people of color went from 12% to 52% in Culver City.[31] The data presented in Figure 26, however, show that the diversity of people of color

[30] PolicyLink and the USC Program for Environmental and Regional Equity (PERE) have produced a wide body of research in support of understanding and bridging the racial generation gap. For more information and resources, such as the report "*Talkin' 'Bout Our Generations: Data, Deliberation, and Destiny in a Changing America*" (2015), visit: https://dornsife.usc.edu/pere/generations-data-deliberation/.

[31] Dr. Manuel Pastor. Culver City Speaker Series: A City for Everyone. Accessed July 2020. Available at: https://www.culvercity.org/Home/Components/News/News/2857/2313?arch=1.

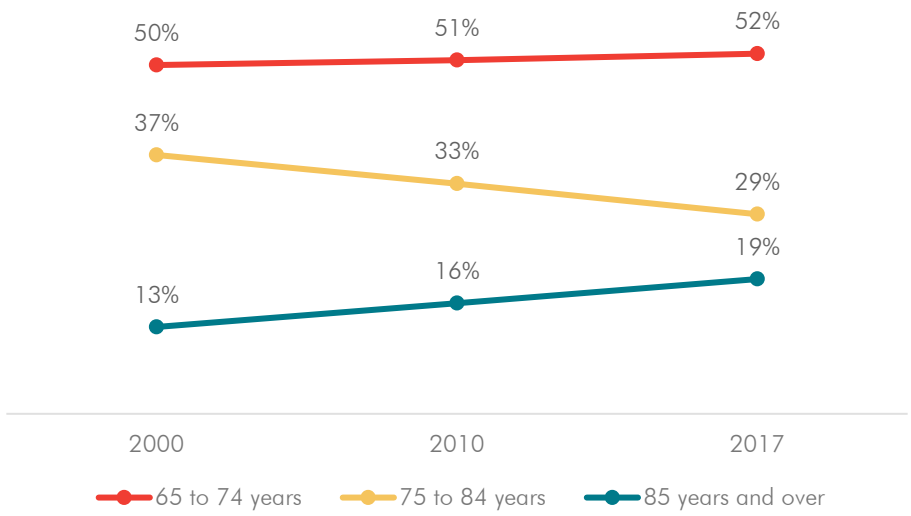
in Culver City is not currently even across all age groups—with fewer than 1% of children under 5 years old being Black or African American.

Socioeconomically, younger people (ages 18-34) may be dependents with limited resources or autonomy or may be in early and demanding stages of their work or career trajectories—with some people also focused on starting their own families. Physiologically, youth (ages 5-17) and children (under 5 years old) have physical, emotional, and mental development needs that other age groups do not. These characteristics, when combined with other factors, make children, youth, and young people more likely to be socially vulnerable to health effects of environmental hazards.

OLDER ADULTS

Approximately 16% of people in Culver City are 65 years old or older. According to ACS data, approximately 58% of all seniors are female and 61% are not Hispanic white alone. Further, since 2000, the number of adults aged 65 years or older in Culver City decreased from 5,390 in 2000, to 5,235 in 2010, but increased to 6,196 in 2017. About half of all older adults are 65 to 74 years old, which has remained a steady share of all older adults. One in five older adults are 85 years and older, a 6% increase in the share of all older adults since 2000 (Figure 27).

Figure 27: Age Group Distribution Over Time of Seniors (65+) in Culver City



Sources: Census 2000; Census 2010; ACS 2013-2017

Developmentally, seniors are also in a stage where they have unique physiological needs related to normal human development. Many seniors also experience multiple chronic health conditions or impairments and the age group has the highest rate of disabilities. These are all critical aspects that affect day-to-day living and require different levels of support or types of physical, mental, and emotional health support. These factors, combined with other population group characteristics related to economic vulnerability, make them more vulnerable to the health effects of environmental hazards.

PEOPLE WITH DISABILITIES, ACCESS, OR FUNCTIONAL NEEDS

Nearly one in ten people in Culver City have disabilities, access, or functional needs, including:

- 3% of residents 17 years or younger,
- 5% of residents 18 to 64 years old, and
- 38% of residents 65 years and older.[32]

People with disabilities, access, or functional needs often have additional social, economic, or health vulnerabilities related to other population characteristics described in this report. For example, LA County Health Department data shows that people with disabilities in the county have very high rates of food insecurity (41.4%) compared to people without disabilities (24.2%).[33] While the Black and African American population experiences a higher prevalence of disability, Hispanic or Latino people with disabilities have a higher rate of food insecurity.[34] The data from this report also show that Black and African American people with disabilities experience higher rates of housing instability and younger people with disabilities have more difficulty accessing care. It also shows that adults with disabilities have a higher rate of depression compared to adults without a disability.

Access to affordable housing for people with disabilities and market-rate housing appropriate for people with disabilities, access to healthcare, changes to urban design such as streetscaping, and emergency cooling, heating, or other utilities can all support people with limited mobility or other specific health-related needs to enjoy a good quality of life. Effective planning can ensure that built environment and service provisions benefit those whose needs are the greatest, especially when it concerns community health and environmental justice issues.

DEMOGRAPHIC CHANGE

From 2000 to 2020, the total population of Culver City has remained about the same, hovering between 38,816 in 2000 at its lowest and 40,448 in 2016 at its highest point.[35] While this would indicate that not much has changed in the city, the demographic data indicates that change over the second half of this two-decade period was not equally distributed by race or ethnicity. For example, block group data show that in the southernmost area of the city, in the Fox Hills neighborhood, hundreds of Black residents moved out and white and Asian residents moved in.[36] All neighborhoods experienced demographic change and the preliminary review of ACS data supports statements and comments from community members regarding the patterns of demographic change, where lower income residents, many of whom are Black or African American, are being displaced from the city.

Another demographic change of note is a sharp decrease in population in parts of Clarkdale, an SB 1000 Priority Neighborhood. This decrease may be related to the combination of housing affordability and displacement risks—such as the high concentration of multifamily housing, low-income tenants, and clustering of proposed new projects—discussed later in the Housing Safety and Affordability section of this

[32] American Community Survey 2017, 5-Year Estimates. Table DP02: Selected Social Characteristics.

[33] Los Angeles County Department of Public Health. "LA Health: Disability Among Adults in Los Angeles County." September 2016.

[34] Ibid.

[35] Southern California Association of Governments. Profile of the City of Culver City. 2019.

[36] Analysis based on comparison of population data by race or ethnicity in the 2019 Census Planning Database.

report. The observed trends are limited without more information and present an opportunity to look more closely into the relationships between displacement, demographic change, and community health.

ECONOMIC WELLBEING

Economic wellbeing includes the ability of families and individuals to meet their basic needs, such as food, housing, and health care, while building long-term financial security. Higher incomes are associated with longer life expectancies, a pattern that is evident regardless of where a person lives.[37]

Income disparities in LA County and Culver City are embedded within the diverse economic landscape. Culver City is a hub of creative industries, a unique confluence of technology and entertainment alongside manufacturing, hospitality, and the arts. Notwithstanding these positive attributes, the city's diverse economic landscape exhibits deep social and economic disparities that are entrenched in historical socioeconomic and racial relationships.

MEDIAN HOUSEHOLD INCOME

The median household income in Culver City in 2018 was $86,997. This is higher than both the Federal Housing and Urban Development (HUD) Fiscal Year 2019 California Median Income of $82,200 and the California Housing and Community Development (HCD) Fiscal Year 2019 LA County Area Median Income of $73,100. The distribution of median income, however, is unequal across race or ethnicity for householders.

- Asian and white householders have estimated incomes above both the state and county median incomes:
  - Asian householders have the highest median income at $102,823, and
  - White alone, not Hispanic or Latino, householders have a median income of $92,384.
- Black or African American householders have a median income between the state and county median incomes at $80,889.
- Hispanic or Latino (of any race) householders have a median income of $61,551, below both the state and county median incomes.

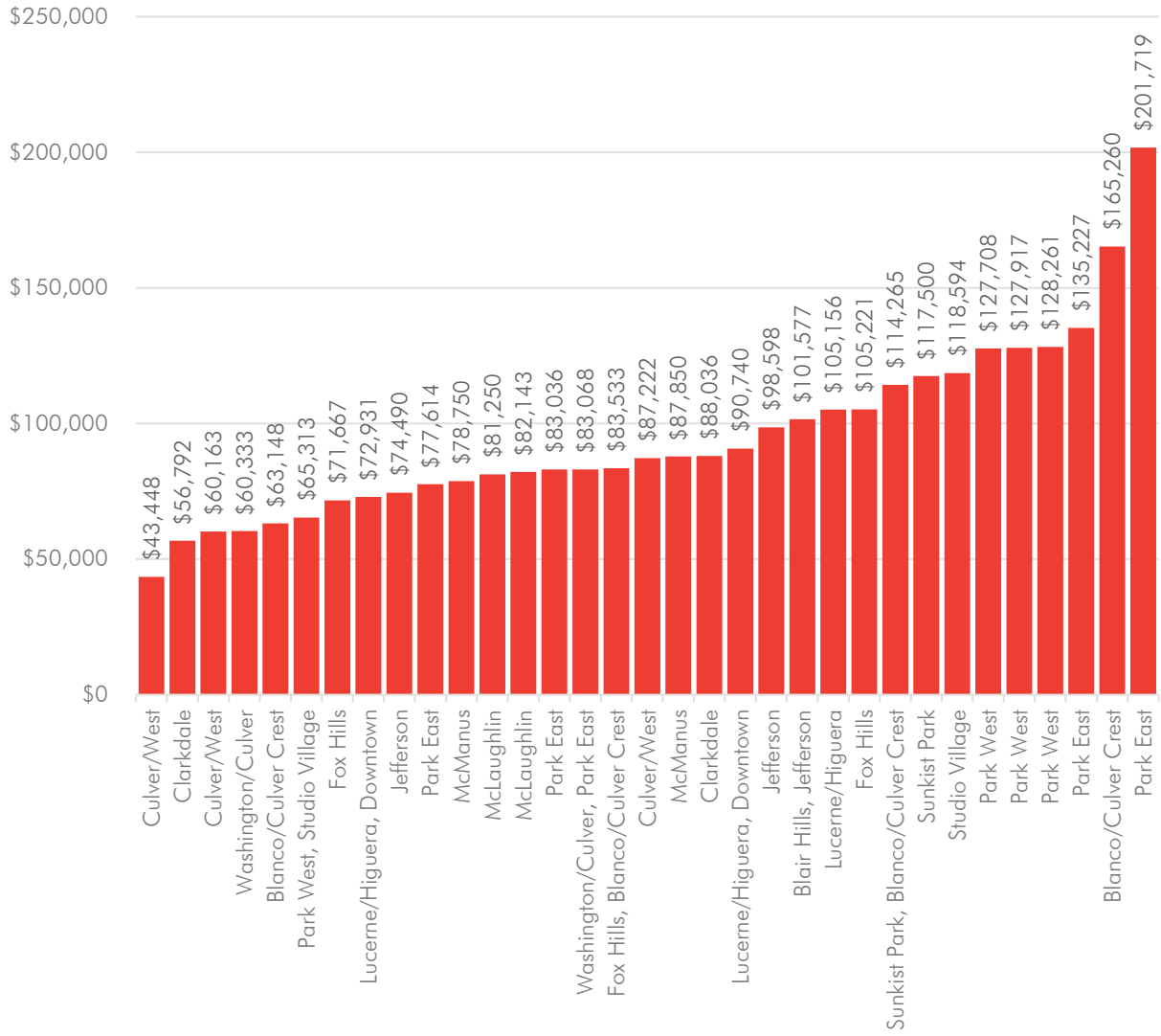
LOW-INCOME HOUSEHOLDS

Guidance on SB 1000 follows the California Housing and Community Development Department's income limits to identify low-income communities as areas with household incomes at or below 80% of the median income. For Culver City analyses, the 80 percent of Area Median Income (AMI) threshold for the County has been established at $58,640 and the 80 percent of AMI threshold for the State has been established at $51,840.

Figures 28 and 29 show the distribution of median household income by block group and related neighborhoods. Only two block groups, those identified as SB 1000 Priority Neighborhoods, fall below either the County or State threshold for identification as low-income. One block group, in Clarkdale, has a median household income of $56,792. The other, in Culver/West, has a median household income of $43,480.

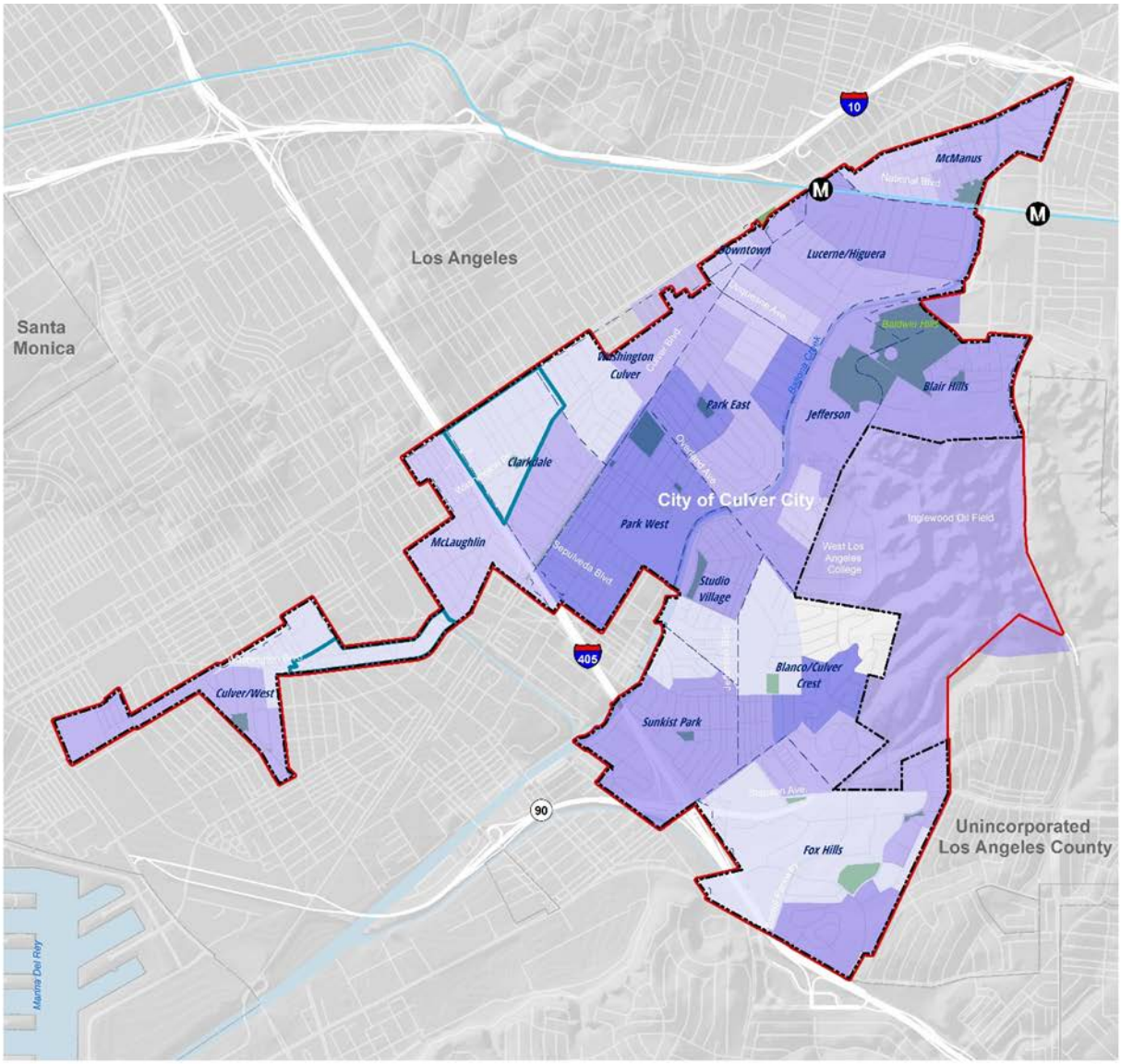
[37] Chetty, R. and et. al. 2016. "The Association Between Income and Life Expectancy in the United States, 2001-2014." JAMA, 315(16): 1750-1766.

Figure 28: Median Household Income by Block Group and Related Neighborhood



Source: ACS 2013-2017

Figure 29: Median Household Income



PEOPLE IN POVERTY

In addition to low-income households, another measure of economic vulnerability is the percentage of people living in poverty. When looking at the poverty level, calculated at the individual level for almost the entire population (39,157 of the total estimated population of 39,432), the baseline for estimating income below the poverty level in the ACS 2017 5-Year data was $12,050. This statistic considers the number of individuals, regardless of household income or working age status, with household income below ratios related to the baseline ($12,050). About 18% of the population in Culver City lives with an income less than $24,100 (or 200% of the poverty level). Figure 30 illustrates the distribution and concentration of this population.

RENTERS

Half of Culver City households rent their homes. Most neighborhoods in the city are dominated by renters, but nearly half of all renters are concentrated in Fox Hills and Culver-West (Figure 31). The impact of community health or environmental justice issues experienced by renters can be worsened when in a scarce and expensive housing market with limited protections for tenants. This can compound and perpetuate their exclusion from taking ownership over their lives.

As an illustration of how these topics connect and compound: renters tend to have lower incomes and pay a higher share of their income towards housing costs, leaving them less likely to be able to leave a neighborhood if they are exposed to community health or environmental justice issues. Being financially and geographically restricted to living in unhealthy living environments makes renters more likely to be exposed to public health risks for a long time, which may increase healthcare costs, making them even more economically vulnerable over time.

Figure 30: Percent of Persons in Culver City Below 200% Poverty Level

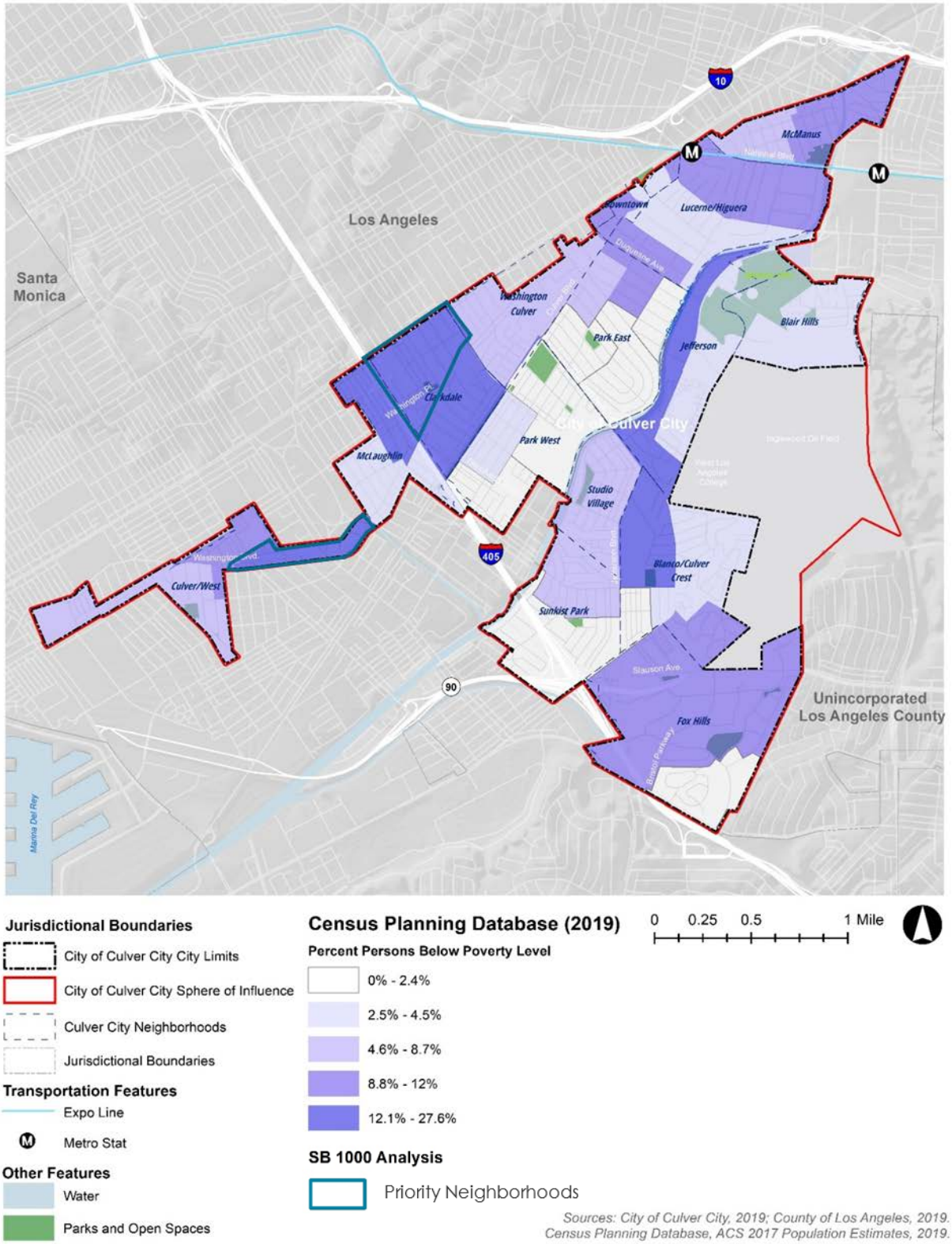
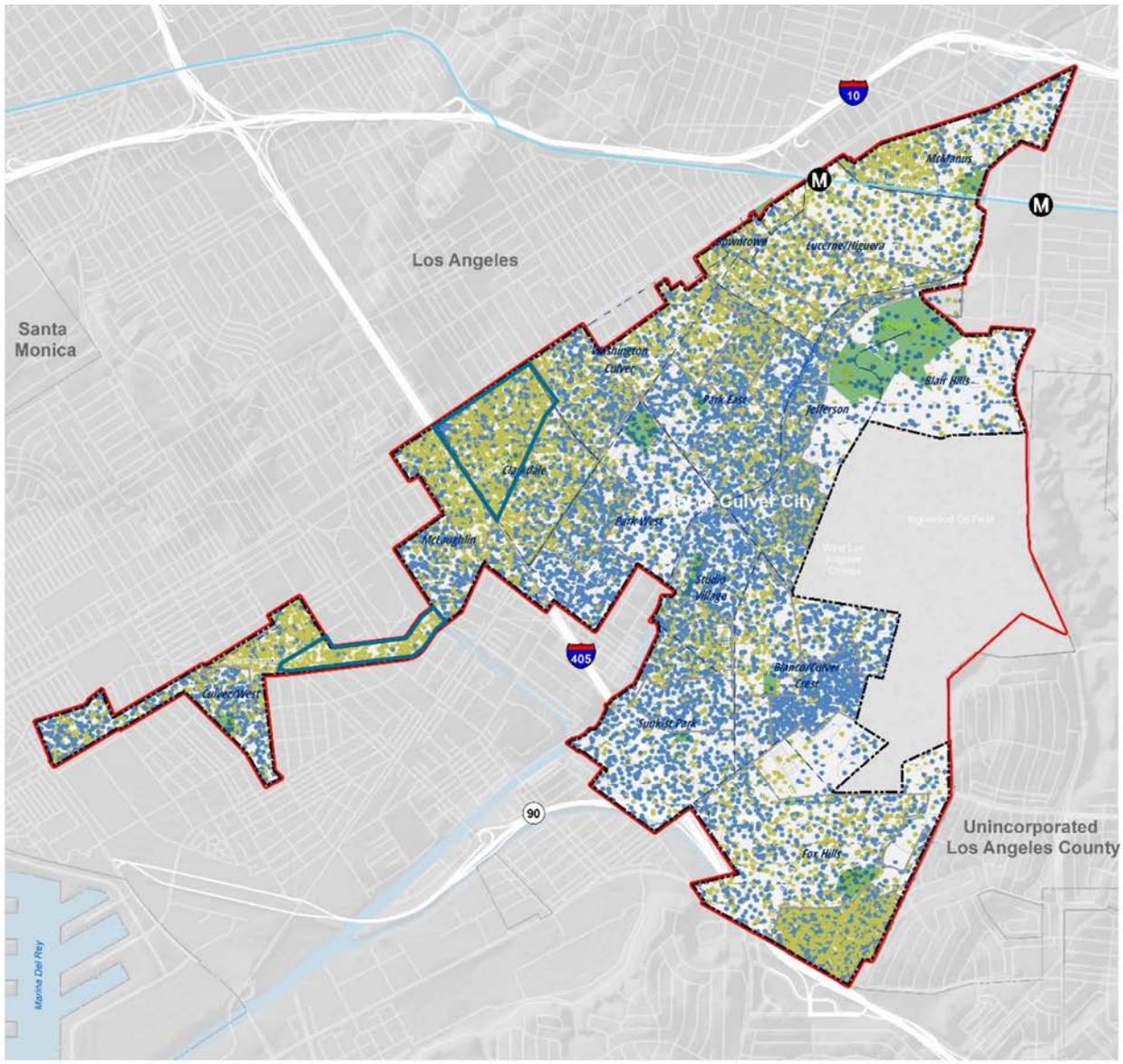


Figure 31: Renter- and Owner-Occupied Households in Culver City



PEOPLE EXPERIENCING HOMELESSNESS

The Los Angeles Homeless Services Authority (LAHSA) is the County agency tasked with leading efforts to evaluate, track, and support efforts to address homelessness throughout the county, including in Culver City. Many local and regional governments and the State of California have declared the rising rates of homelessness in the California population as an emergency, due to the continued rising rates of homelessness connected to the affordable housing crises and other factors related to economic vulnerability. Culver City, as part of the Los Angeles Metropolitan Area, is in the least affordable housing market in the United States.[38]

Based on data from LAHSA's 2019 Point in Time (PIT) Count, 236 individuals were counted as experiencing homelessness throughout Culver City—a significant increase from 129 in the 2016 PIT Count. While homelessness is a regional and citywide issue, during that four-year period, the highest concentration of people experiencing homelessness in Culver City continued to be near the Culver/West neighborhood, an SB 1000 Priority Area. Further, data from the 2019 PIT Count show that, at the county level:

- Youth homelessness increased by 24%.
- Senior homelessness increased by 8%.
- Family households experiencing homelessness increased by 6.4%.

Self-reported responses from people experiencing homelessness also show that over half (53%) of people experiencing homelessness for the first time cited economic hardship as a leading factor.[39] Further, demographic data from the PIT count show that most people (67.6%) experiencing homelessness are long-time residents of LA County and have lived here for more than 10 years.[40] Hispanic and Latino and Black or African American residents make up the largest share of people experiencing homelessness and American Indian or Alaskan Native and Native Hawaiian or Pacific Islander residents are the most disproportionately represented.[41]

Lastly, the data show that 71% of people experiencing homelessness do not have serious mental illness and/or report a substance abuse disorder. Understanding these characteristics and factors, along with many other nuances represented in the PIT Count data and reports, can help jurisdictions break down stereotypes and identify systemic issues contributing to the rise in homelessness and can lead to more targeted services and solutions to support neighbors who are long-time residents and part of the community.

The impacts of living in a community while unsheltered from the elements mean that exposure to environmental pollutants and threats is experienced for longer periods of time. Because the rising rates of people experiencing homelessness are connected to housing affordability, additional discussion of the topic is found in the Housing Safety and Affordability section of the report.

SPATIAL DISTRIBUTION AND CONCENTRATION OF SOCIALLY VULNERABLE POPULATIONS

Culver City is a diverse community with progressive policies, agencies, and institutions collaborating to sustain a healthy, equitable, and thriving community for all. Nevertheless, there are neighborhoods where

[38] Joint Center for Housing Studies of Harvard University. "The State of The Nation's Housing." (2018).

[39] LAHSA. "Greater Los Angeles Homeless Count: 2019 Results." (Updated June 2020).

[40] Ibid.

[41] Ibid.

vulnerable populations are concentrated or where environmental justice, community health, or social equity baseline concerns may be greater (Table 7).

These neighborhood observations align closely with the population characteristics composite score of the CES Tool. It combines data on sensitive populations—those with pre-existing vulnerabilities, such as asthma, cardiovascular disease, and low birth-weight infants—with data on socioeconomic factors. Figure 29 shows that the boundaries of Priority Neighborhoods do not cover all areas of the city that have elevated population characteristics that make people vulnerable to threats of pollution hazards or other health-harming land uses. Through the community engagement process, the City may determine if additional neighborhoods or areas should be added to the Priority Neighborhoods that will have targeted community health and environmental justice interventions in the General Plan.

People of color are more likely to live in multifamily housing, are more likely to be renters, and are overrepresented in both SB 1000 Priority Neighborhoods. They are also more likely to be in neighborhoods directly outside of the Planning Area and near environmental hazards, like the Inglewood Oil Field. While there is somewhat even distribution across various neighborhoods within the city, there is concentration of specific groups most notably along the boundaries of the city, where ethnic enclaves exist in neighboring jurisdictions (Figure 32).

For example, many Hispanic or Latino people in Culver City reside in Clarkdale, McLaughlin, and Culver/West at the southwest boundary of the city that is shared with the heavily Hispanic or Latino neighborhoods of Mar Vista and Del Rey in the City of Los Angeles. Further, many non-Hispanic Black people in Culver City reside in Fox Hills, which is adjacent to both incorporated and unincorporated heavily Black neighborhoods in South Los Angeles.

Table 7: Summary of Vulnerable Populations and High-Need Neighborhoods

Populations	Demographic Distribution	Baseline Concerns+
People of Color	• ~54% are not white • 24% are Hispanic/Latino • 16% are Asian • 8% are Black • 6% identify as not Hispanic and some other race(s), including: - Two or more races (5%) - American Indian and Alaskan Native alone (<1%) - Native Hawaiian or Other Pacific Islander alone (<1%) - Some other race alone (<1%)	• Fox Hills is the city's most racially diverse and housing dense neighborhood. Recent surveys have found that residents here feel disconnected from or overlooked in planning processes. • Fox Hills has lost more Black residents than any other neighborhood, indicating a need to engage residents and identify if this is by choice or from displacement. • Clarkdale, McLaughlin, and Culver/West have the highest concentration of Hispanic or Latino residents. • Blanco/Culver Crest, Jefferson, Sunkist Park, and Studio Village all have pocket concentrations of Black, Asian, and/or Hispanic or Latino populations.
Youth and Families	• 26% of people are 24 or younger and 25% of households are families with children	• Fox Hills has both a higher resident concentration of youth and a worker concentration for those who work in Culver City and are 29 years or younger. • Fox Hills, Clarkdale, and Jefferson all have higher concentrations of related family households, though

Populations	Demographic Distribution	Baseline Concerns+
		not all related family households have children of their own.
Older Adults	• 16% of people are 65 or older	• Washington Culver, Sunkist Park, and Jefferson all have higher concentrations of older adults.
People with Disabilities, Access, or Functional Needs	• 1 in 10 people in Culver City	• People with disabilities, access, or functional needs live throughout Culver City.
Transit-Dependent Households	• 6% of all households • 61% of transit-dependent householders are seniors	Transit-dependent households are distributed throughout the city, including the following neighborhoods with high rates of renter-occupancy by seniors who are transit-dependent: • Jefferson (1 in 4); • Southwest area of Washington/Culver (2 in 5); and • Culver/West (1 in 6).
Low Income Households and Poverty	• Two block groups are low-income, per SB 1000 • 18% of persons live below 200% of the federal poverty level	• Areas of Clarkdale and Culver/West are SB 1000 Priority Neighborhoods because they have block groups where the median household income falls below 80% of the area and state median income.* • Clarkdale, McLaughlin, Culver/West, Jefferson, and Blanco/Culver Crest have higher concentrations of persons living below 200% of the federal poverty level. • The widest disparity exists between Culver/West and areas of Park East and Sunkist Park, where 28% and 0%, respectively, of persons are living below 200% of the federal poverty level.
Renters	• 47% of households are renter-occupied	• Fox Hills has the highest concentration of renters in the city. • Culver/West, Clarkdale, McManus, and Downtown also have significant concentrations of renters.
People Experiencing Homelessness**	• 236 persons were identified during the 2019 Homeless Count	• Culver/West, likely due to its adjacency to Venice, has historically had a higher total count of people experiencing homelessness. • The distribution of people experiencing homelessness is spread throughout the city, though it is uneven: - Culver/West, Sunkist Park, Blanco/Culver Crest, Downtown, Lucerne/Higuera, and McManus census tracts had between 46 and 60 people counted; - The Fox Hills census tract had between 31 and 45 people counted; and

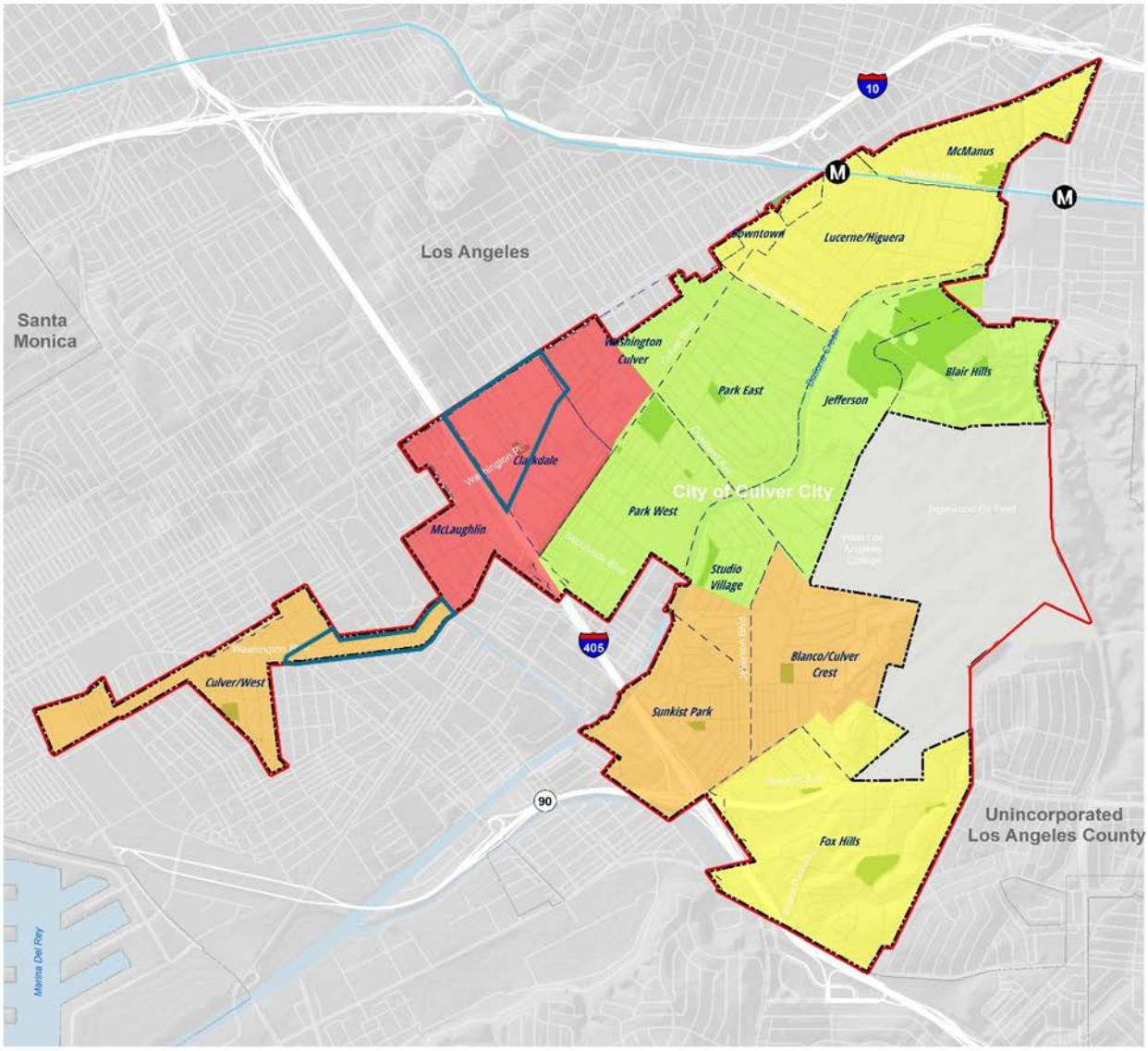
Populations	Demographic Distribution	Baseline Concerns+
		- The Park West census tract had between 16 and 30 people counted.

+ *Note that data is available at the census or block group level, which does not align precisely with smaller neighborhood boundaries and this discussion only provides an approximation of the distribution and concentration of vulnerable populations in Culver City. Data and insights gleaned from this data must be verified by local sources, including community members and leaders.*

** Disadvantaged community status of these neighborhoods is only mentioned in the first instance for each neighborhood but applies throughout the table and in the identification of neighborhoods of interest.*

*** Note: The 2020 Homeless Count, available after the baseline year of this report, identified 216 persons.*

Figure 32: Population Characteristics Percentile Scores in Culver City



Jurisdictional Boundaries

- City of Culver City City Limits
- City of Culver City Sphere of Influence
- Culver City Neighborhoods
- Jurisdictional Boundaries

Transportation Features

- Expo Line
- Metro Station

Other Features

- Water
- Parks and Open Spaces

CalEnviroScreen 3.0

Population Characteristics Percentile

- 15% - 20%
- 21% - 30%
- 31% - 40%
- 41% - 50%

SB 1000 Analysis

- Priority Neighborhoods

0 0.25 0.5 1 Mile

** Color ramp adjusted to show local disparities.*

Sources: City of Culver City, 2019; County of Los Angeles, 2019. Office of Environmental Health Hazard Assessment (OEHHA) CalEnviroScreen 3.0, Population Characteristics Percentile Score for Culver City.

HEALTHY COMMUNITIES ASSESSMENT

HEALTHCARE STATUS

Health care affordability, long distances to facilities, and limited transportation options can pose significant barriers for the city's population of older adults and residents currently living at or below the poverty line.

In Culver City, 93.4% of residents have health insurance coverage, compared to 86.7% in LA County.[42] Of those with health insurance coverage, almost 80% have private insurance and 24% have public insurance; compared to 57% with private insurance and 36% with public insurance in LA County.[43]

Despite having higher levels of health insurance coverage in the city, 12% of adults report experiencing difficulty accessing healthcare, compared to 6% for Calabasas, the best-performing city or community in LA County.[44] According to the LACDPH, gaps in progress made toward increasing availability and usage of health insurance coverage are due to lower enrollment rates in some communities, such as among low-income Latinos.[45]

A community's ability to access comprehensive, quality health care services is vital to promoting health, preventing disease, and improving overall quality of life. As shown in Figures 33a and 33b, Culver City houses various health care facilities and services, many of which are close to or in SB 1000 Priority Neighborhoods.

Figure 33a: A Selection of Healthcare Centers in and Around Culver City (List)

A Selection of Healthcare Centers in and Around Culver City

1. Advanced Chiropractive Rehab †
2. Advanced Urology *
3. Airport Marina Counseling Service ††
4. Arthritis Care & Treatment Center *
5. Beach City Dermatology Medical Center †
6. Big Brothers Big Sisters Culver City Branch ‡
7. Cedars-Sinai Internal Medicine *
8. Cedars-Sinai Urgent Care - Culver City *
9. Culver City Urgent Care ‡‡
10. Culver Palms Meals on Wheels ‡
11. Didi Hirsch CMHC Culver Palms Center ††
12. Didi Hirsch Mental Health Services ††
13. Didi Hirsch Sepulveda ††
14. Disability Community Resource Center ††
15. Exceptional Children's Foundation ††
16. Exodus Recovery ††
17. Exodus Recovery ††
18. Exodus Recovery – Urgent Care Services and Immediate Crisis ††
19. Gentle Circumcision *
20. Hirani Wellness Medical Center †
21. Kaiser Permanente Culver Marina Medical Offices †
22. Meadowbrook Manor ††
23. Medical Group of Culver City †
24. Mindful Health LA ††
25. Nei Jing Eastern Medicine *
26. Oasis Healing Center ††
27. Open Paths Counseling Center ††
28. Pacific Interventional Vascular Access Center †
29. Pelican Medical Group / QTC Medical Group (QTCM) *
30. Planned Parenthood Los Angeles *
31. SA5 SB82 Mobile Triage - LA County Dept. of Mental Health ††
32. Safe Place for Youth ‡
33. Saint Ana Women's Medical Clinic *
34. Sandy Segal Youth Health Center (SSYHC) †
35. SHARE! – Self Help and Recovery Exchange ††
36. Southern California Hospital at Culver City **
37. St. Joseph Center ‡
38. The Achievable Foundation †
39. The Center for the Partially Sighted *
40. The Help Group ††
41. Tower Wound Care Centers †
42. UCLA Health Culver City †
43. Upward Bound House ‡
44. Venice Culver Marina Urgent Care ‡‡
45. Venice Family Clinic *
46. Westside Children's Center ‡
47. Westside Family Health Center †
48. Westside Regional Center ‡

Symbol Legend

*	Clinic
**	Hospital
†	Medical Office
††	Mental Health
‡	Social Services
‡‡	Urgent Care

Source: City of Culver City (2020)

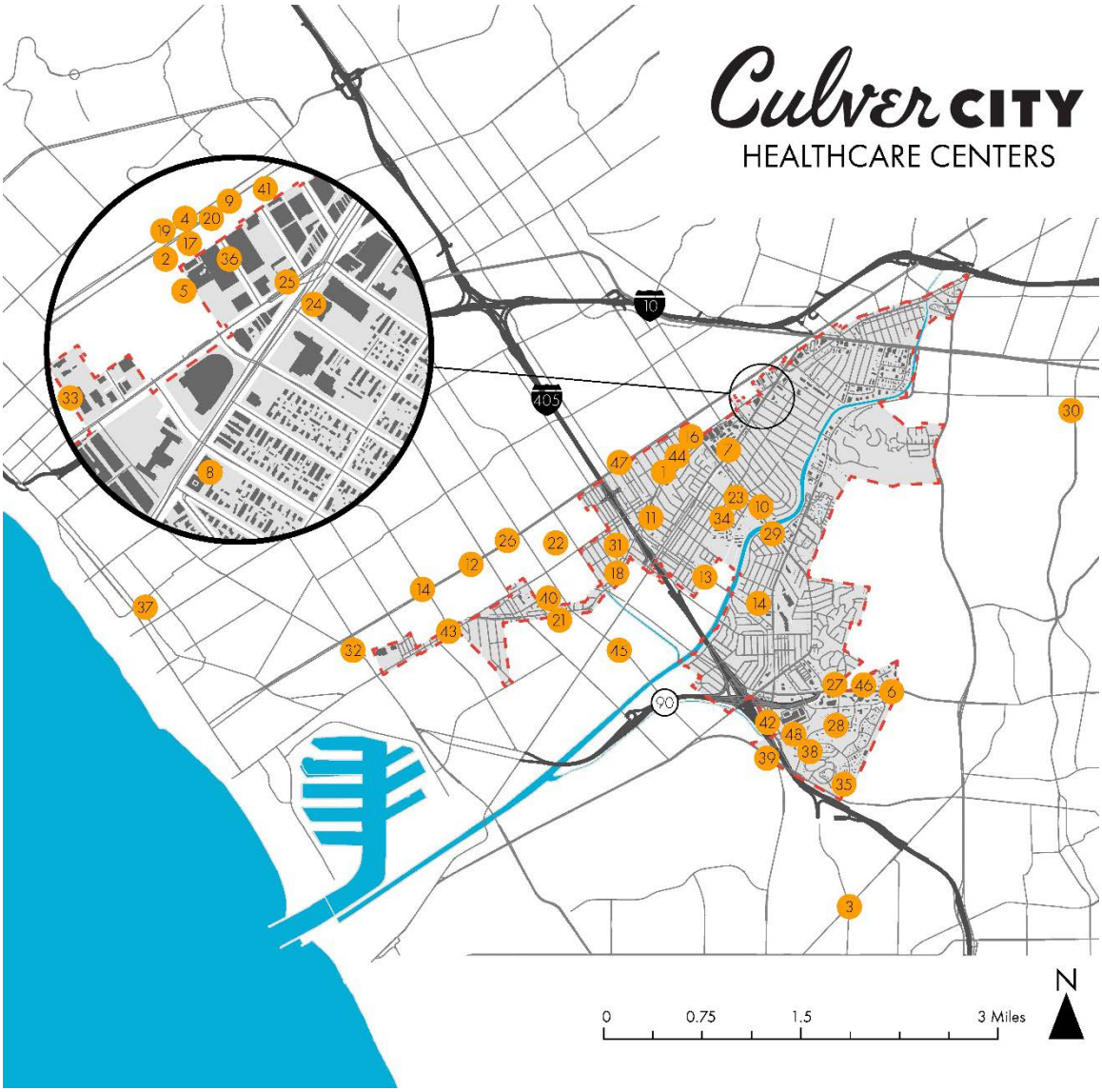
[42] American Community Survey (ACS) 5-Year Estimates, 2017.

[43] Ibid.

[44] LACDPH. City and Community Health Profiles | Culver City. June 2018. Available at: http://publichealth.lacounty.gov/ohae/docs/cchp/pdf/2018/CulverCity.pdf

[45] Ibid.

Figure 33b: A Selection of Healthcare Centers in and Around Culver City (Map)



Source: City of Culver City (2020)

Access to health care professionals is critical for low-income individuals and families, particularly the elderly, uninsured, those with chronic conditions and disabilities, and pregnant women.[46] Language can also be a significant barrier to health care access. These barriers can be amplified for community members who lack access to high-quality public transportation, defined as service at a bus station at least every fifteen minutes during peak commute times. The General Plan can propose strategies to increase access to medical services that promote the health of all city residents.

[46] Paradise, Julia. Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid. 2017. Available at: https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-health-outcomes-in-medicaid

HOUSING SAFETY AND AFFORDABILITY

This section presents maps and related data from other reports, overlaid with boundaries for SB 1000 Priority Neighborhoods, and compares how the data points are geographically distributed. For comprehensive information about housing in Culver City, refer to the Housing Element and the Socio-Economic Profile and Market Analysis Existing Conditions Reports.

HEALTHY HOMES

A home can impact a person's health due to various physical and environmental factors, such as exposure to secondhand smoke, presence of radon, fire hazards, fall hazards, allergens, lead, pesticides, moisture, volatile organic compounds, and drinking water quality. Indeed, typically indoor air quality is worse than outdoor air quality, which can lead to increased exposure to pollutants, especially during times of prolonged indoor stays.[47] These factors can lead to various health impacts like asthma attacks, difficulty sleeping, behavioral problems, and death. For example, poor or low-income residents that live in substandard housing conditions can experience increased risk to an asthma attack due to common indoor triggers like dust mites, mold, or cockroaches.

Traditionally, multifamily housing has been associated with unhealthy living conditions, a misconception that stigmatizes renters but holds some truth in that it is poor and low-income renters who are most likely to live in substandard housing. Vulnerable renters who are poor or low-income likely start off in substandard housing due to economic restrictions and may feel discouraged to advocate for improving the habitability of their rental units. Often this discouragement is driven by fears of displacement, retaliation from landlords, or their inability to afford another rental unit. Renters in general, may be unaware or less informed of their legal rights and have fewer financial means to pursue legal action if harassed by a landlord or discriminated against. Poor and low-income renters may also be acutely aware of the power and political influence that landlords have, both as individual corporate entities and as an organized lobby that can restrict or circumvent renters' protections. The combination of these and other factors, and not any individual poor or low-income renter, creates these structural and systemic obstacles to healthy homes for a majority of the population that are renters across the region. On the other hand, higher-income renters likely start off in better quality rental units, whether they are newly constructed or well-maintained, and may be less hesitant to advocate for housing habitability improvements due to being in a more socially or economically secure place.

To estimate the number and location of healthy homes in Culver City, this report identifies low-income areas (see the **Demographic and Socioeconomic Assessment**) and compares their location to the rental inventory by concentration and type. Figure 34 shows the distribution and concentration of the multifamily rental inventory and Figure 35 shows residential building types in Culver City as of 2019.[48]

- Fox Hills has the highest concentration and density of renters (Figure 31). Most residential buildings in this area are higher density. In recent years, the demographic changes in the area have resulted in a decrease of Black or African American population and an increase in Asian or Asian American population (see Figure 25). As of the 2013-2017 American Community Survey data release, the two block groups where these multi-family rental units are concentrated had the highest estimated aggregate household income ($156,319,500 and $101,785,600) of any other

[47] US Environmental Protection Agency. "Indoor Air Quality." (n.d.). Available at https://www.epa.gov/report-environment/indoor-air-quality.

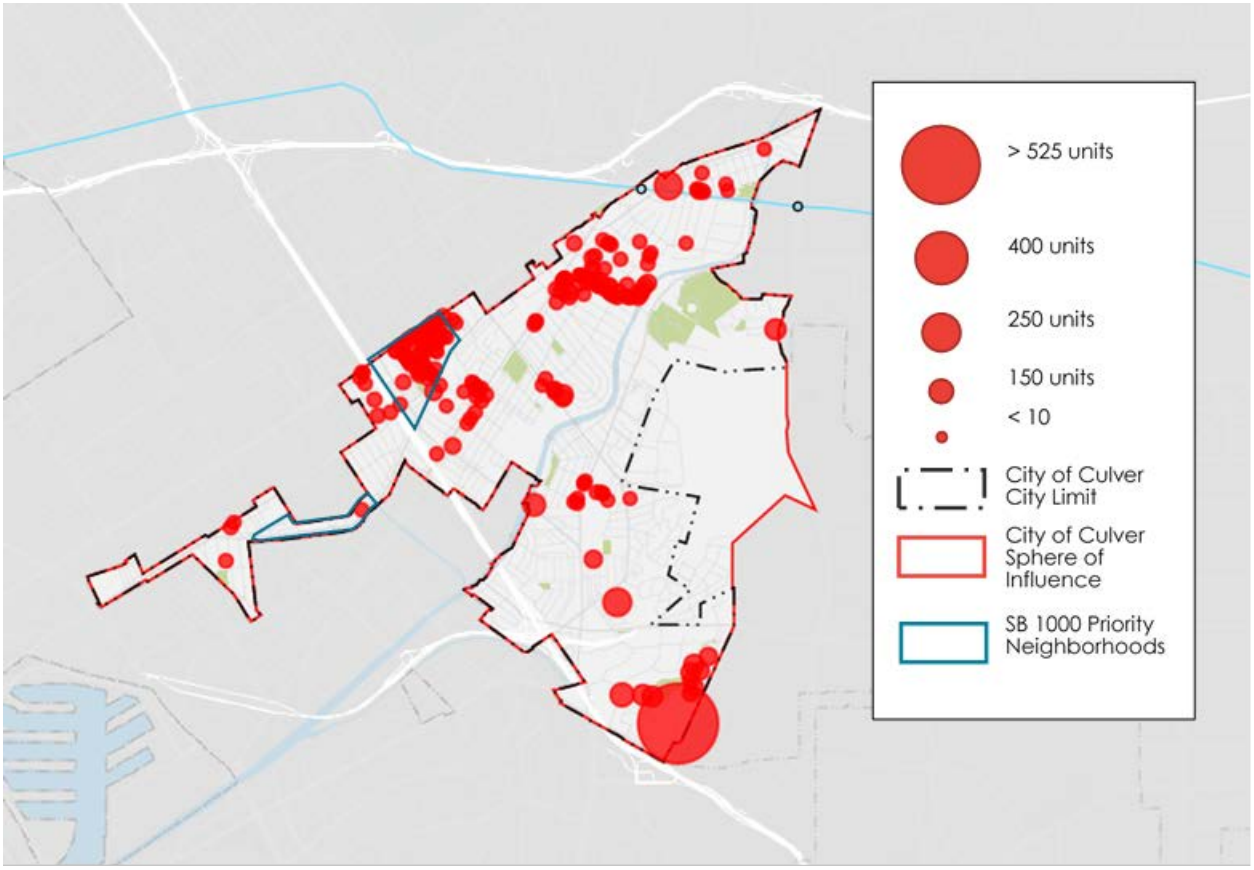
[48] For more information on these figures, see the Socio-Economic Profile and Market Analysis and Land Use and Community Design Existing Conditions Reports, respectively.

block groups in Culver City. These factors are not sufficiently detailed to provide direction as to whether more evaluation of habitability issues, but may require community engagement to assess affordability, displacement, and demographic change trends.

- Clarkdale, especially in the area identified as an SB 1000 Priority Neighborhood, also has a high concentration of renters and a cluster of smaller multifamily rental units. Renters here, given demographic distribution and concentration patterns of all residents by race or ethnicity (see Figure 25), may be more likely to be people of color and low-income. Based on the mix of residential types in Figure 36, rental units in this area are likely older. Due to the high concentration of poor and low-income households, this indicates that more evaluation of habitability or other housing-related needs is needed for this area of the city.
- The Lucerne/Higuera, Park East, and McManus neighborhoods near Downtown Culver City and the Metro E (Expo) Line Culver City Station also have a large cluster of lower-density multi-family rentals and a high concentration of renters. Based on the demographic distribution and concentration patterns, renters in these areas of the city are more likely to be White or Latino (Figure 25) and the associated block groups have a wide range of median household incomes (Figure 29). These factors are not sufficiently detailed to provide direction as to whether more evaluation of habitability issues exist.

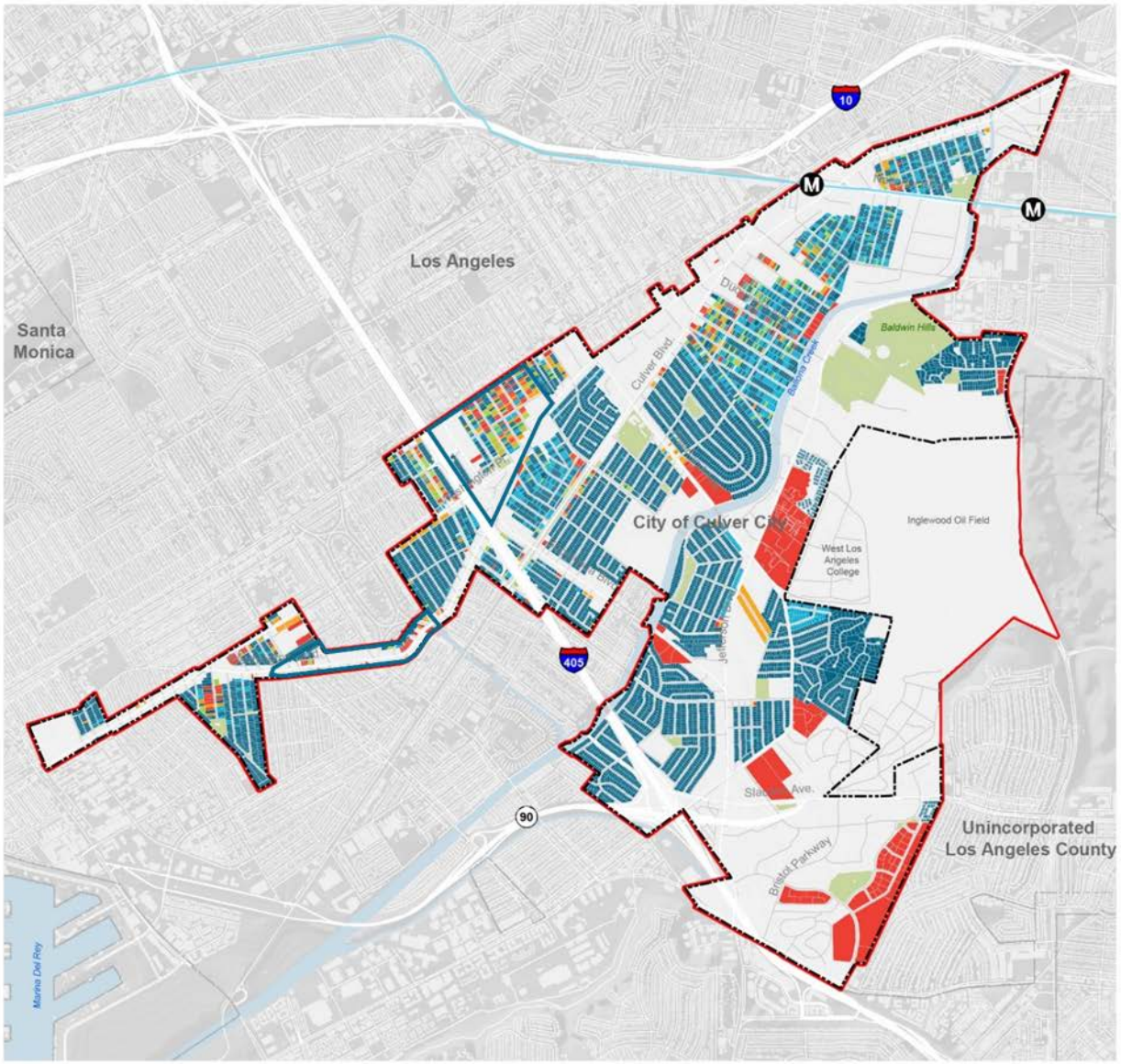
While these figures show how housing units are distributed and concentrated by housing type, which can hint at where there may be unhealthy living conditions, they do not show the actual or measured habitability conditions of any units. An initial review of substandard housing complaints received by the City in 2019 does not show any noticeable concentration or distribution patterns. Because the 2019 complaints represent only 46 cases, engagement with community members in high-renter concentration areas of the city, such as Fox Hills and Clarkdale, may be necessary.

Figure 34: Multifamily Rental Housing Inventory in Culver City (2019)



Source: CoStar, 2019.

Figure 35: Residential Building Types in Culver City (2019)



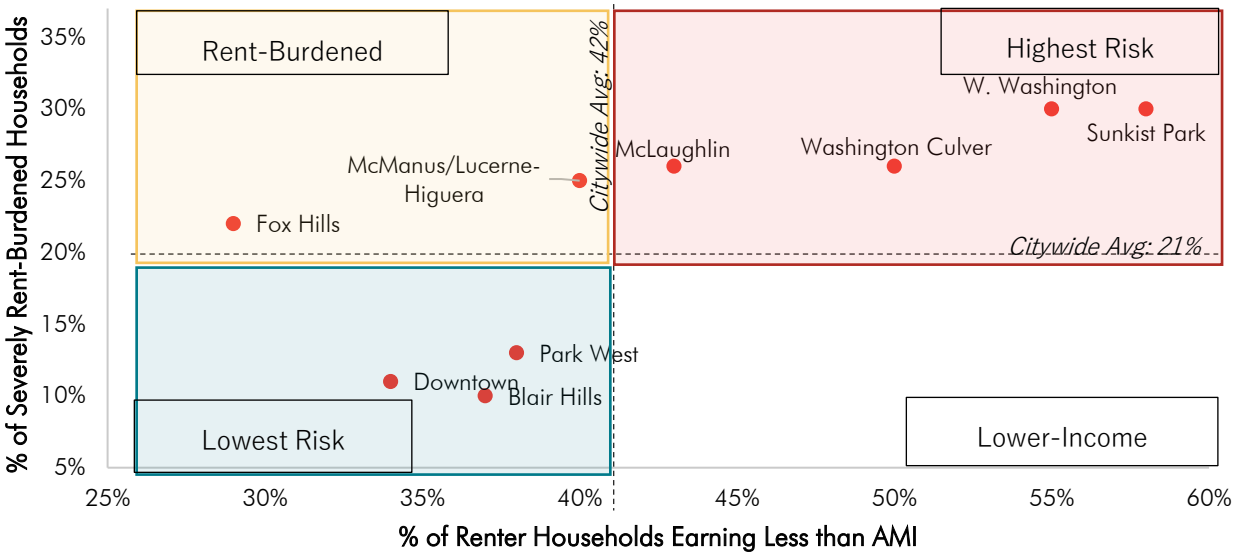
HOUSING BURDEN

Housing burden is a critical issue across the state. For many families, housing is the single largest expense. Households that pay more than 30% of their income on housing are considered "cost-burdened." In Culver City, 43% of homeowner households with a mortgage face a housing cost-burden, compared to 44.7% in LA County. For renters, 45.7% of Culver City households face a housing cost-burden, compared to 59% in the county. These statistics show a slightly lower housing burden, likely due to a higher median household income, but are still concerning. As housing prices continue to increase in the region, housing burden can be a vulnerability risk for displacement.

DISPLACEMENT RISK ANALYSIS

The GPU Project Team consultant HR&A Economic Advisors prepared a displacement risk analysis as part of the Socio-Economic Profile and Market Analysis Existing Conditions Report. The analysis was conducted by census tract and is presented here with an overlay of SB 1000 Priority Neighborhoods (Figures 36 and 37) to support with identification of health risks or vulnerabilities related to housing safety and affordability.[49]

Figure 36: Neighborhood Displacement Risk (2019)

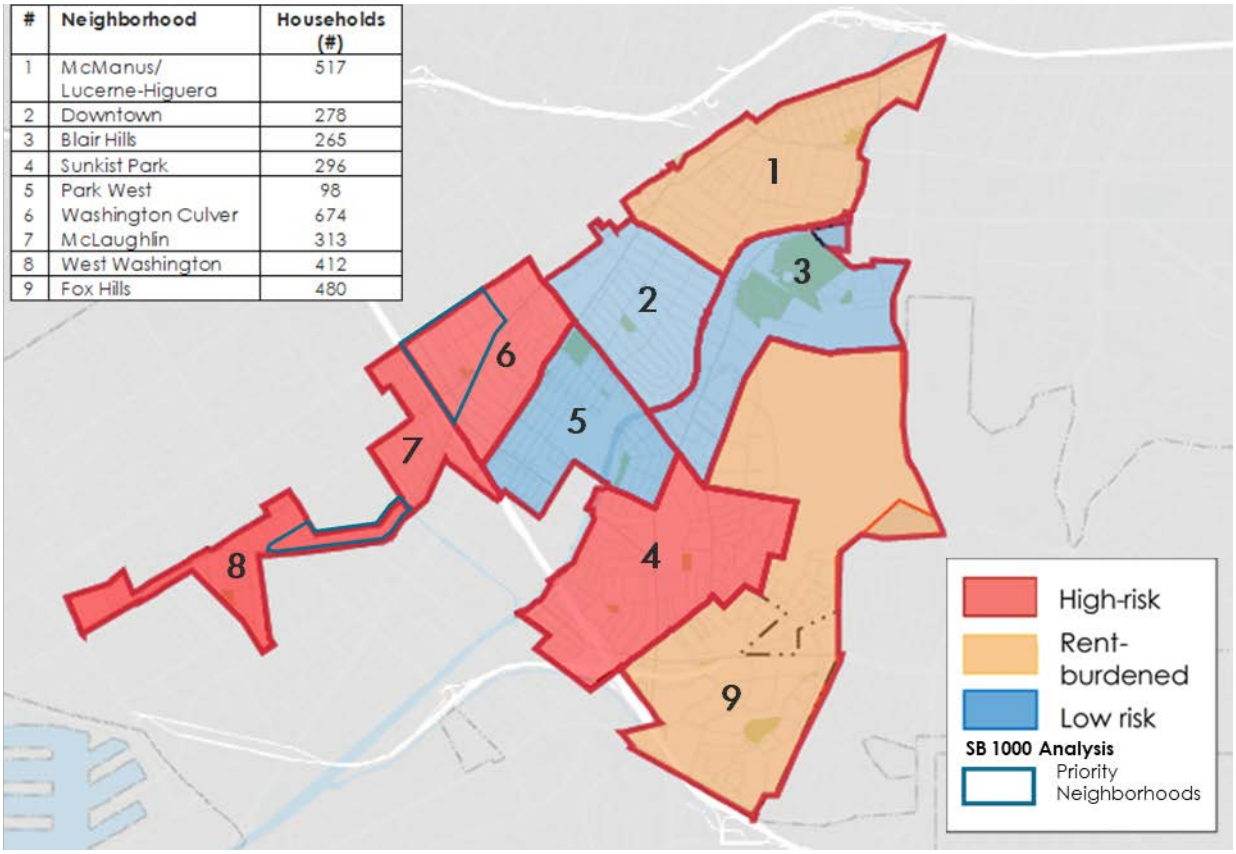


Source: U.S. Census ACS 2013-2017, HR&A Advisors

[49] Census Tracts were used as they are the most granular, reliable data available. HR&A evaluated each of the Census Tracts within Culver City: 7024, 7025.01, 7025.02, 7026, 7027, 7028.01, 7028.02, 7028.03, and 7030.01. The displacement risk analysis quantifies both the percentage of severely rent-burdened households (defined as those paying more than 50% of their household income on rent) and lower-income households (defined as those earning less than the Area Median Income). The Area Median Income threshold was adjusted according to household size, which ranges between one and three people per household for Culver City's Census Tracts. Census tracts having a relatively high share of both rent-burdened households and low-income households are considered at the highest risk for displacement.

Figure 37: Neighborhood Displacement Risk Map (2019)

#	Neighborhood	Households (#)
1	McManus/ Lucerne-Higuera	517
2	Downtown	278
3	Blair Hills	265
4	Sunkist Park	296
5	Park West	98
6	Washington Culver	674
7	McLaughlin	313
8	West Washington	412
9	Fox Hills	480



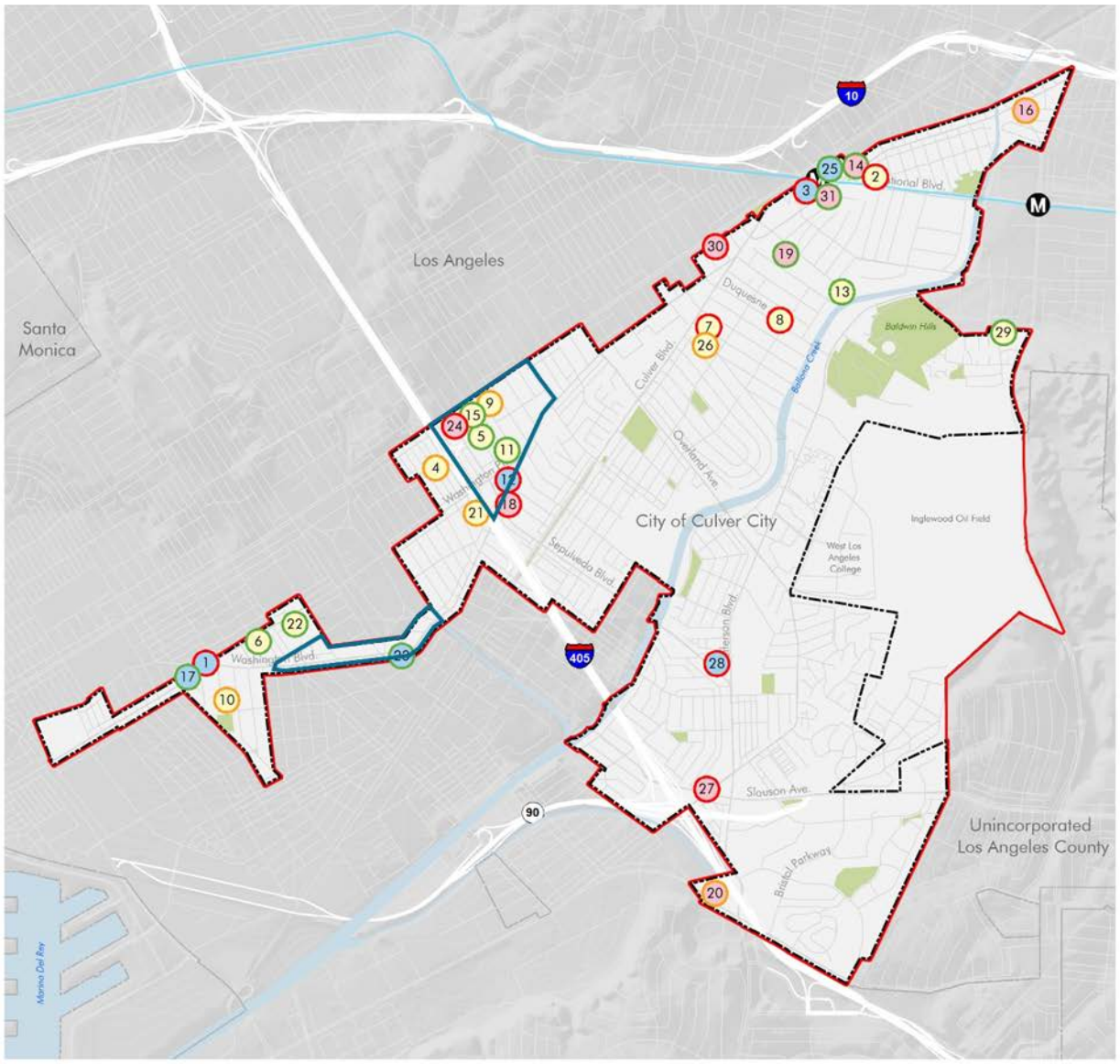
Source: ESRI, HR&A Advisors

Note: the population indicators and estimates produced by the American Community Survey are dispersed at the census tract level. This method does not consider and removes areas of land, such as the Inglewood Oil Fields, that are not populated.

Figures 36 and 37 show two dimensions of displacement vulnerability that align closely with the results of the SB 1000 Priority Neighborhoods identification methodology (Appendix A: Disadvantaged Communities Screening Methods) and with the CES composite scores for population vulnerability (Figure 32). When compared to the race and ethnicity dot density map for Culver City (Figure 25) it is also evident that neighborhoods with the highest densities of people of color are facing the greatest displacement risk. These neighborhoods are Sunkist Park (with the second highest concentration of Black residents) and Washington Culver, McLaughlin, and West Washington (all with high concentrations of Hispanic or Latino residents).

Areas at high-risk for displacement face added threats as new multi-unit developments, most with only market rate units, come down the pipeline (Figure 38). For more information on the characteristics of development projects, please see the Land Use and Community Design Report.

Figure 38: Development Projects in Culver City (As of December 2019)



HOMELESSNESS

As housing costs have risen over the last decade, the number of people experiencing homelessness has also increased (see discussion regarding population vulnerability and health in the Economic Wellbeing section). As the City of Culver City plans for the next 25 years, the GPU project's horizon period, stagnant wages and the economic impacts from COVID-19 are projected to contribute to an immediate growth of homelessness in the region and may have lasting impacts for decades. The City continues to address the crisis within city boundaries, but homelessness is a regional issue. Understanding this, City representatives coordinate on and address homelessness with regional agencies. However, the City cannot control the influence of policy decisions that the City of Los Angeles and LA County make that may impact the city.

Figure 39 shows, by census tract, which areas of Culver City had higher or lower concentrations of people experiencing homelessness counted in LAHSA's 2019 PIT Count. While not specific to the 236 people counted in Culver City, nearly one quarter of all adults experiencing homelessness for the first time reported having lost their housing in 2018 in the 2019 PIT Count.[50] Further, about two thirds (64.9%) of people experiencing homelessness lived in Los Angeles County before becoming homeless and another 15% lived in another county either in Southern California or the state. These statistics support the findings in the research that show housing affordability and economic hardship go hand in hand in contributing to these regional problems. Addressing housing needs for people experiencing homelessness and for people who are in economically precarious situations—whether they are living in poverty, low-income households, or moderate-income households—can benefit the city's health.

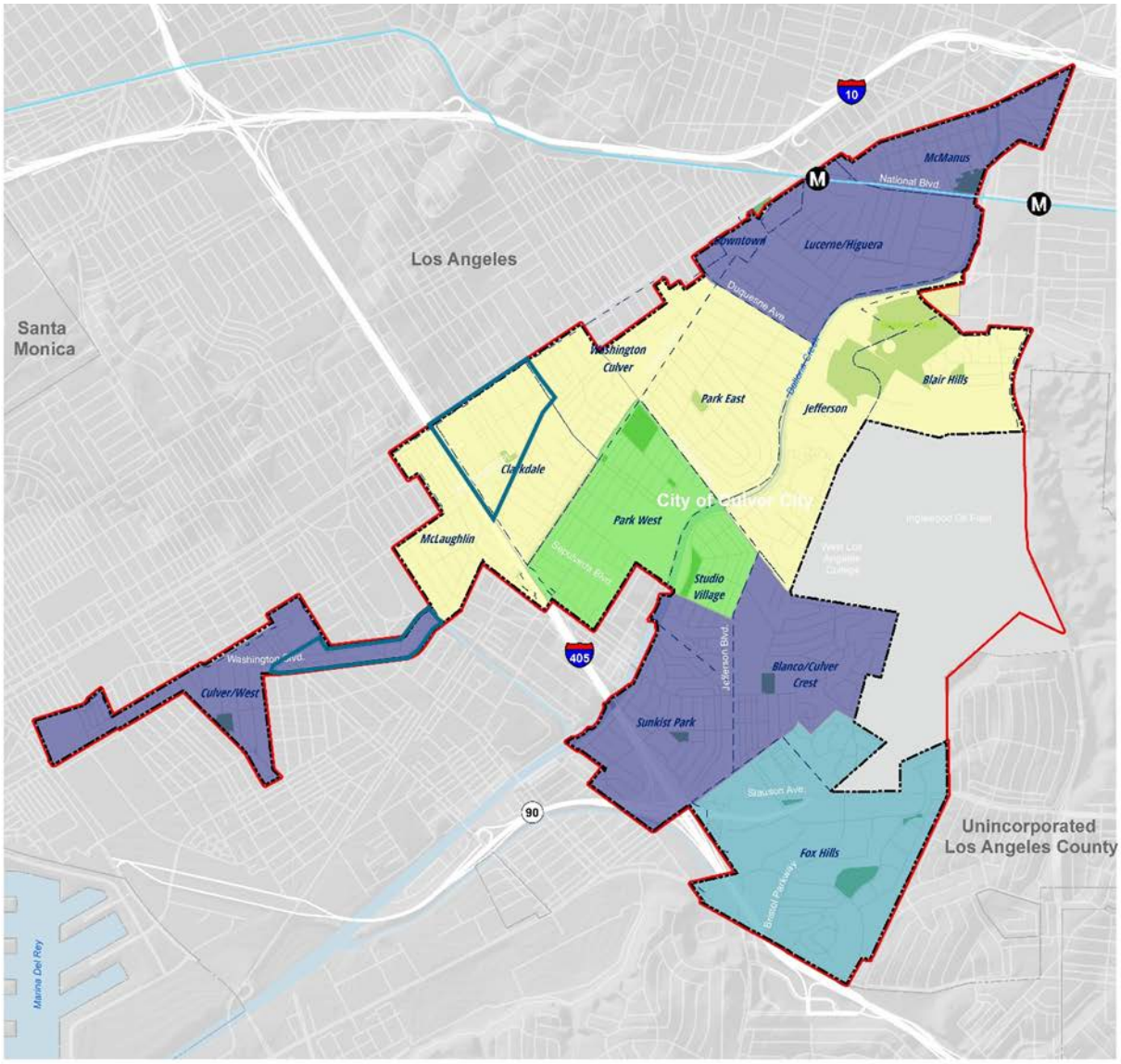
POLICY CONTEXT

The City is proactively addressing the range of housing affordability and production issues facing the region. Some of the policies and programs underway or being explored are presented below.

- **Site Identification and Assessment for New Housing.** Including re-thinking and repurposing parking, commercial, and office spaces; a Mixed-Use Ordinance requiring 15% of units are affordable; and a study of the potential to rezone parcels along the Sepulveda Blvd corridor in Culver City to allow residential uses.
- **Site Identification and Assessment for Temporary and Permanent Housing for People Experiencing Homelessness.** Including constructing temporary shelters and identifying publicly owned lots for new shelters.
- **Partnerships with Non-Governmental Agencies**. Including exploring acquisition and development models and best practices to develop or finance housing.
- **Market-Based Approaches for Affordability**. Including rental assistance programs, accessory dwelling unit programs and incentives tied to affordability covenants, linkage fees, and fast-tracking affordable housing development through entitlements and review.

[50] LAHSA. "Greater Los Angeles Homeless Count: 2019 Results." (Updated June 2020).

Figure 39: Culver City Homeless Count Results by Census Tract (2019)



Sources: City of Culver City, 2019; County of Los Angeles, 2019. Los Angeles Homeless Services Authority, Greater Los Angeles Homeless Count, Census Tract Data, 2019.

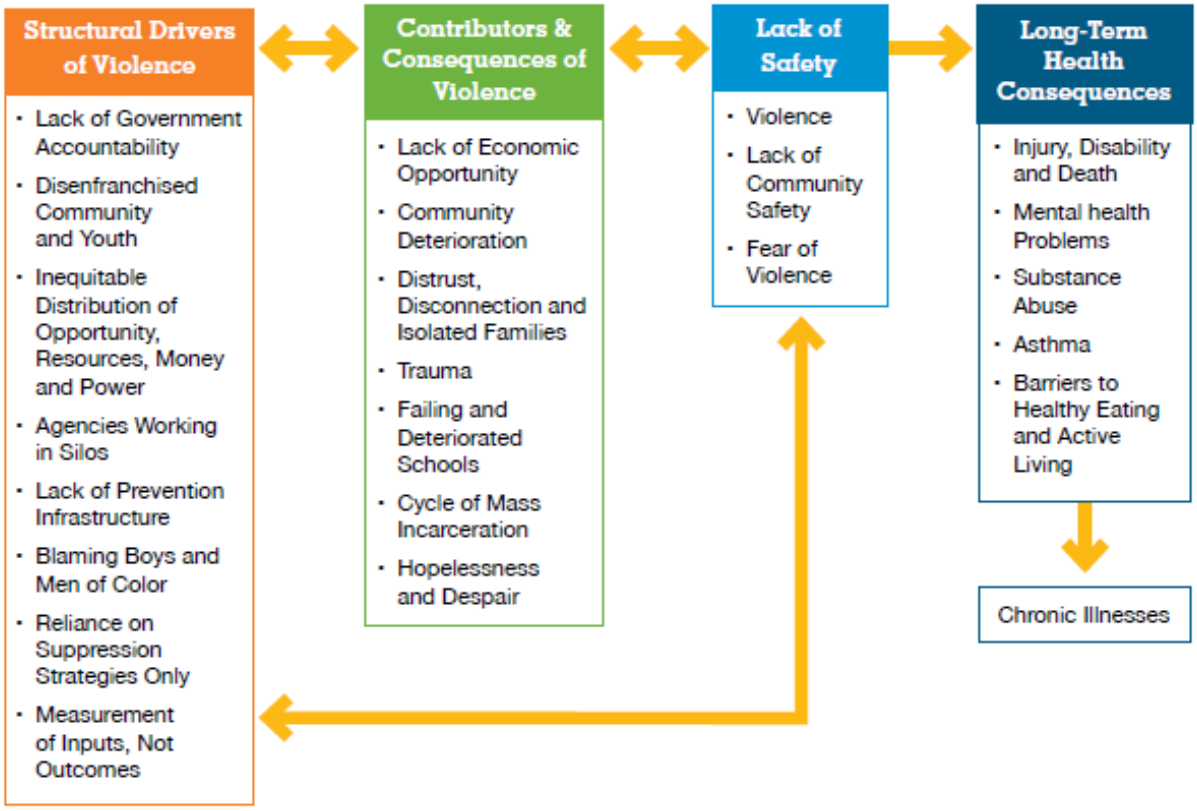
COMMUNITY SAFETY AND SOCIAL COHESION

Like other components, different groups in the community do not experience community safety equitably, which can fracture social cohesion and have long-term mental and physical health consequences for public health. At the root of the inequity are complex social and racial dynamics that trace their roots to how the city formed, as discussed in the **Historical Context** section of this report. Ideas about the values of renters versus homeowners, the impact of poor neighbors and people of color on property values, and who can access public space freely all influence how safety is defined. Planning for equitable development that considers all economic and racial or ethnic groups of a population is critical to changing these stigmatizing perceptions and uniting stakeholders in developing a shared vision for the community's future.

Various factors can impact community safety, as depicted in Figure 40. These can include increasing widening racial and economic gaps resulting from inequitable policies, the presence of an informal economy and gangs in place of formal employment and meaningful social relationships for young people, and targeted policing of specific population groups for the benefit of other population groups. These underlying social, economic, and racialized issues in a community contribute to increased perceptions of crime and a generalized feeling of being unsafe—impacting individual health, the local economy, and overall social cohesion.

Regardless of the underlying causes, real and perceived crime can have significant health, social, and behavioral implications—resulting in a frayed social fabric. Among the most affected by these dynamics are victims of crime and their families and people whose visible identity is criminalized and overpoliced, such as Black or African American and Latino residents and visitors who may be perceived as a threat to more affluent white homeowners. The impacts can range from emotional distress to depression and other chronic illnesses, leading people to distrust one another and societal institutions and causing long-term disruption to social and economic outcomes.

Figure 40: The Causes of Unsafe Communities and the Links to Health



Source: Building Healthy Communities, Prevention Institute, and Advancement Project. "Community Safety: A Building Block for Healthy Communities." January 2015. Retrieved from: https://www.preventioninstitute.org/publications/community-safety-a-building-block-for-community-health

CIVIC ENGAGEMENT

Civic engagement, or participation, encompasses a wide range of formal and informal activities related to place-based community engagement and social cohesion.[51] The Federal Office of Disease Prevention and Health Promotion recognizes civic participation as a social determinant of health for its "direct benefit to the community" and "secondary health benefits for participants." Activities like voting, volunteering, participating in organized groups, completing surveys, tending to community gardens, or planning joint projects like community meetings all beneficially increase an individual's social capital. When scaled across the community, social capital fosters coordination and cooperation for mutual benefit and creates a sense of belonging.[52]

In the context of community health, environmental justice, and the related concepts of social equity, civic engagement relates to procedural equity. As discussed earlier in the report, procedural equity is one dimension of the social equity framework. Procedural equity involves developing and implementing

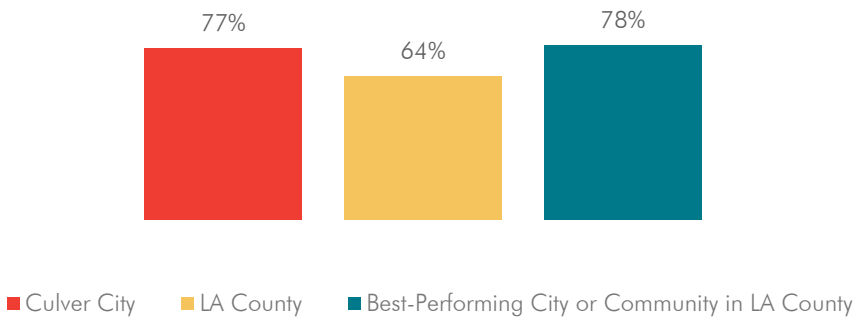
[51] HealthyPeople.gov. Social Determinants of Health: Interventions and Resources: Civic Participation. November 2019. Available at: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/civic-participation#1.

[52] ibid.

participatory processes that improve how communities distribute and concentrate land uses that burden and benefit the community, including health-promoting and health-harming uses. Addressing civic engagement and improving procedural equity is also a requirement of the SB 1000 legislation and must be addressed in the resulting EJ element or policies.

Though not an inclusive indicator for all population groups, voter participation is widely accepted as a proxy for understanding broader dynamics of civic engagement. In Culver City, 77% of registered voters voted in the 2016 General Election (Figure 41). This is a higher participation rate than for LA County (64%) and almost equal to that in South Pasadena and Manhattan Beach (78%), the best-performing cities or communities for this indicator.

Figure 41: Percentage of Voter Participation in 2016 General Election



Source: LACDPH, City and Community Health Profiles: Percentage of Registered Voters Who Voted in the 2016 General Election. June 2018. Retrieved from: http://publichealth.lacounty.gov/ohae/docs/cchp/xlsx/2018/VoterParticipation2016GE.xlsx

TRANSPORTATION AND MOBILITY

An effective and efficient transportation network can help increase physical activity, promote pedestrian and vehicular safety, and improve access to and use of basic health-related services. Planning for accessible, convenient, low-cost, and reliable public transportation can also help reduce traffic congestion and GHGs, improve public health, and build resilience to climate change.

This section presents maps and data from the Mobility and Transportation Existing Conditions Report,[53] overlaid with SB 1000 Priority Neighborhoods boundaries, and compared to other health risk data from this report.

TRANSIT-DEPENDENT HOUSEHOLDS AND PROXIMITY TO BUS ROUTES

Transit-dependency is defined here as having access to zero vehicles within the household, as approximated in the ACS data. About 6% of households in occupied units in Culver City are transit

[53] City of Culver City. General Plan Update Mobility and Transportation Existing Conditions Report. 2020. Available at: https://static1.squarespace.com/static/5d950bfaae137b5f0cbd75f5/t/5fa5f48d8657be665ece8639/1604711665351/CCGPU_TransportationMobilityECR_Final.

dependent. When considering housing tenure (whether a person is a renter or homeowner), the disparity is apparent: 9% of renter-occupied and 3% of owner-occupied households are transit-dependent.

Figure 42 shows the distribution of all renter-occupied transit-dependent households is wide-spread but generally concentrated in census block groups along the major boulevards of Venice, Washington, Culver, and Jefferson. These boulevards all have major bus lines (Figure 44) connecting to local and regional key destinations and to the Metro E (Expo) Line Culver City, Expo/Sepulveda, Westwood/Rancho Park and La Cienega/Jefferson stations.

Figure 43 shows the distribution of all owner-occupied transit-dependent households is also wide-spread but more heavily concentrated in the western and southern areas of the city which are further from the E Line Culver City Station, but closer to the Culver City Transit Center at the Westfield Mall.

Some transit-dependent households rely on ride-hailing, buses, trains, and active transportation by choice, but others rely on them due to limited incomes or other restrictive economic or physical factors. Some studies have found that bus riders experience very high rates of pollution exposures while waiting for the bus to arrive. This exposure, combined with the likelihood of being lower-income, or living in substandard housing or close to high-volume roadways and freeways, both sources of air pollution, could result in disproportionate environmental burdens for some transit-dependent households.[54]

VEHICLE COLLISIONS

As cities improve walkability, build active transportation infrastructure, and enhance transit systems and options to improve community health and environmental conditions, public health concerns around vehicular collisions increase. Mapping collisions involving vehicles, pedestrians, and cyclists helps to identify specific locations (or "hotspots" of collisions) where physical design solutions can enhance safety for all transportation system users. Figure 45 shows vehicle-involved collisions regularly occur throughout Culver City's neighborhoods, with hotspots near and around the major boulevards.

[54] Choi, W., D. Ranasinghe, J.R. DeShazo, J-J. Kim, and S.E. Paulson. "Where to locate transit stops: Cross-intersection profiles of ultrafine particles and implications for pedestrian exposure." Journal of Environmental Pollution. February 2018.

Figure 42: Percent of Transit-Dependent Renter-Occupied Households in Culver City (2019)

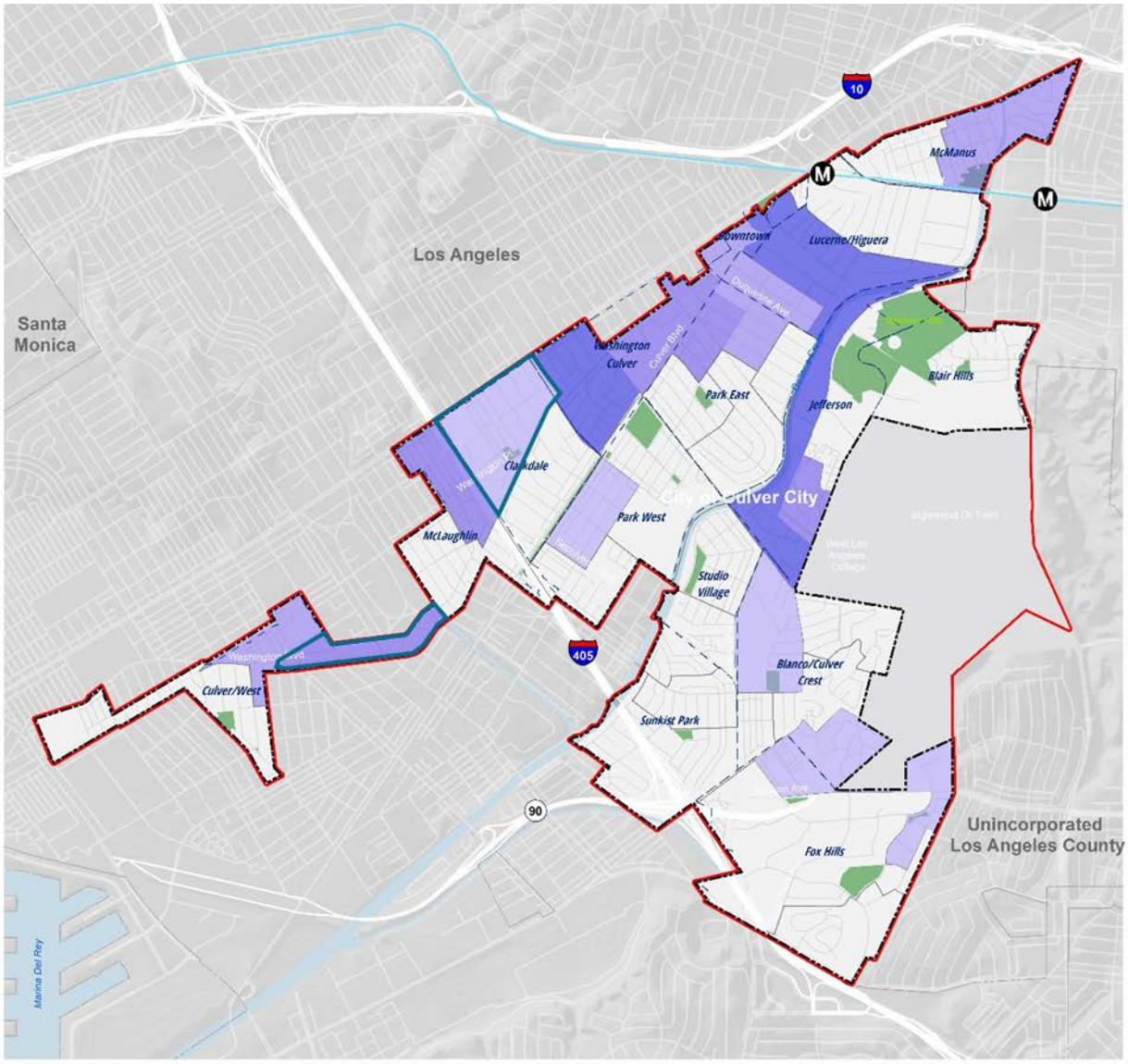


Figure 43: Percent of Transit-Dependent Owner-Occupied Households in Culver City (2019)

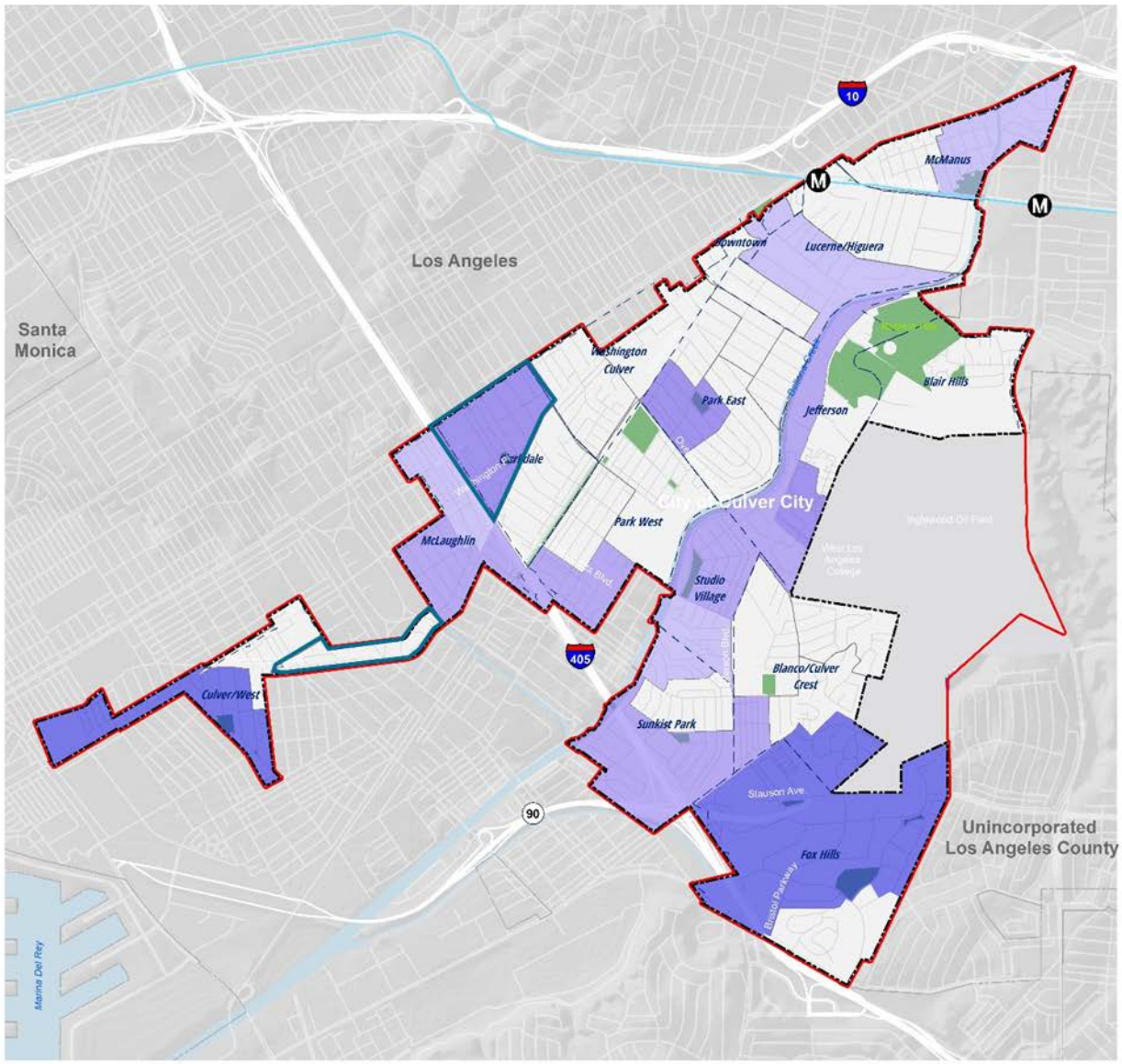


Figure 44: Bus Routes in and around Culver City (2019)

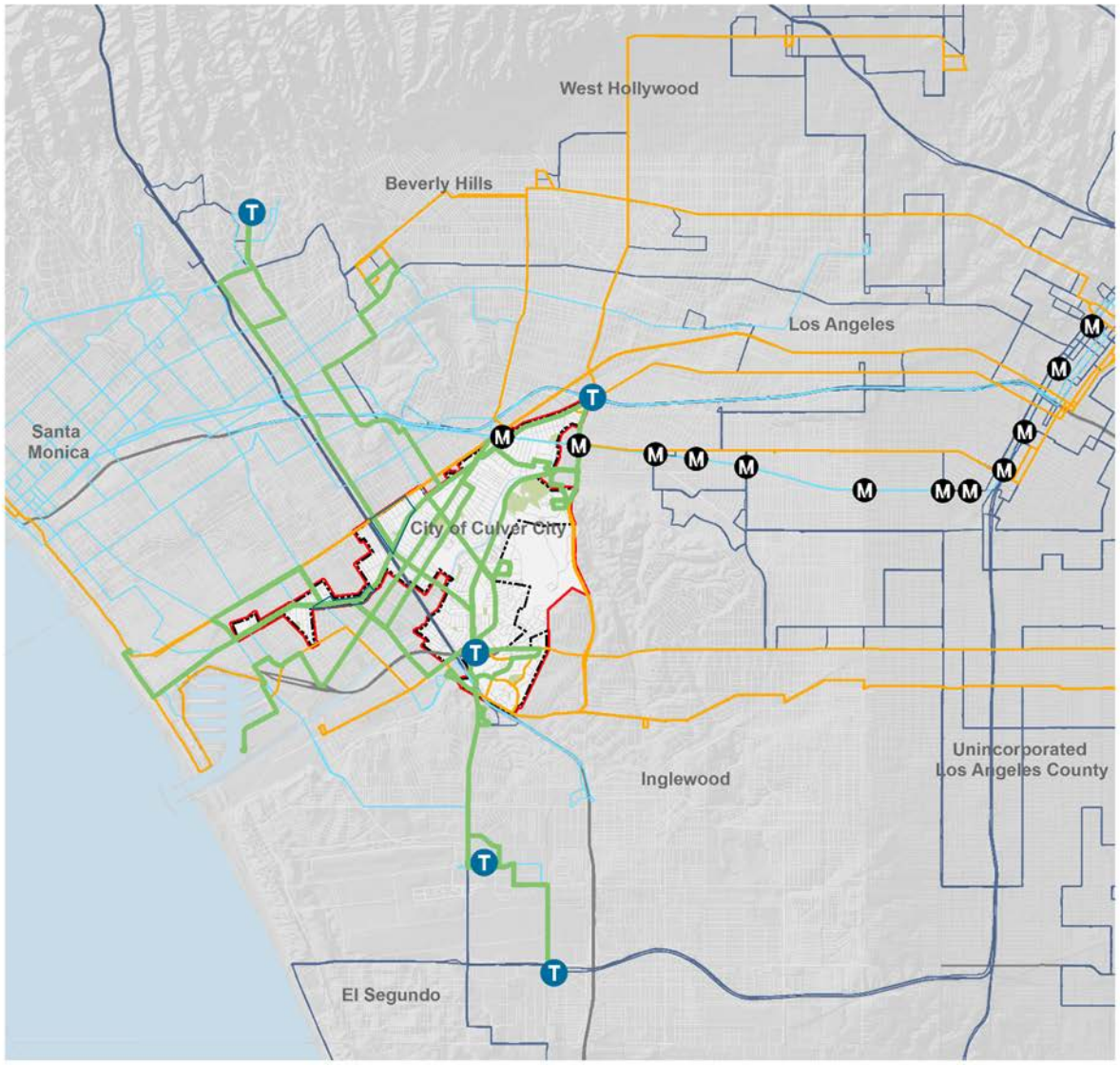
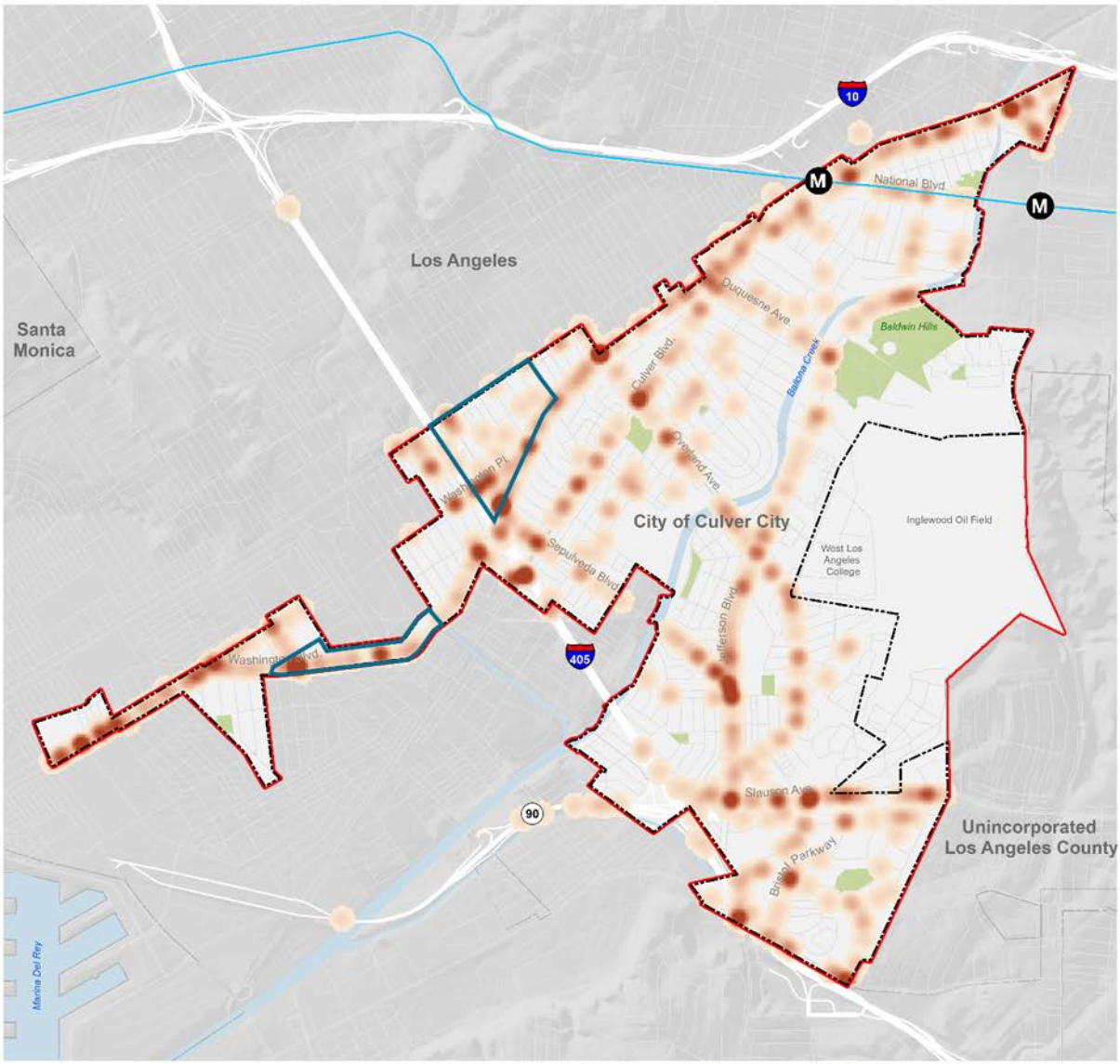


Figure 45: Vehicle Involved Collisions in Culver City - Excluding Freeways (2014-2018)



Sources: Transportation Injury Mapping System (TIMS), Safe Transportation Research and Education Center, University of California, Berkeley, 2019; City of Culver City, 2019; County of Los Angeles, 2019.

0 0.25 0.5 1 Mile

Jurisdictional Boundaries

- City of Culver City City Limits
- City of Culver City Sphere of Influence
- Jurisdictional Boundaries

Transportation Features

- Expo Line
- Metro Station

Other Features

- Water
- Parks and Open Spaces

SB 1000 Analysis

- Priority Neighborhoods

Density of All Collisions Excluding I-405

- High
- Low

HEALTHY FOOD ENVIRONMENT – INSECURITY & ACCESS

Healthy food access promotes nutritious food options, lowers risk for chronic diseases, and addresses food insecurity for vulnerable populations. A healthy diet can promote good health and help manage chronic diseases. Outside of the food environment, factors such as travel time to work, household income, and home cooking facilities also shape healthy eating behaviors.

Healthy communities provide access to affordable and nutritious food at grocery stores, produce markets, community gardens, and farmers' markets. "Food access" is based on physical access to a food store (e.g., supermarket, large grocery store, etc.), which varies across neighborhoods and based on householders' income. In Culver City, most neighborhoods are further than a half-mile from their nearest food store (Figure 46). This definition of food access, however, does not account for mode of transportation, affordability of groceries, dietary choices or restrictions, or other such factors that influence how people access food.

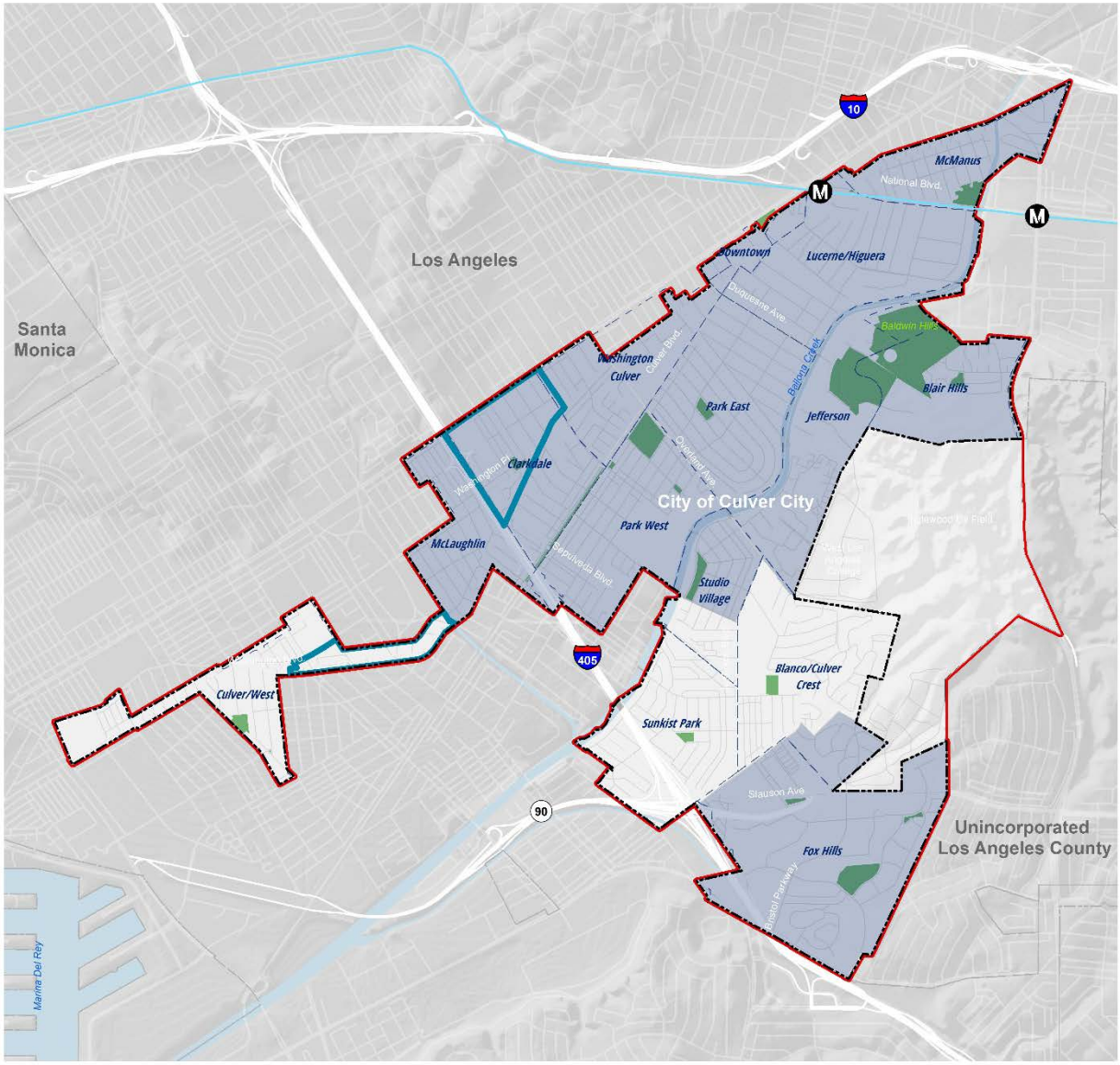
Based on the US Department of Agriculture (USDA)'s Food Access Research Data in Figure 46, food access and security vary significantly across Culver City. Nevertheless, other data shows that food insecurity, defined as people's inability to access food for a healthy lifestyle,[55] for low-income populations steadily decreased from 4.3% in 2012 to 1.1% in 2016.[56] These rates are significantly lower than the percentage of food insecurity population countywide (8.4%) in the same time period. The combination of poverty, low food security, and poor nutrition have serious consequences on residents' health and well-being, regardless of the rate reported across sources. A lack of quality, nutritious food is linked to higher incidences of chronic disease and behavioral health issues.

In Culver City, households that lack food security are eligible for supplemental help from government programs. These include the Federal Supplemental Nutrition Assistance Program (SNAP) and Women Infants and Children (WIC) programs, the State CalFresh program (based on food stamps assistance), and local emergency programs like the Westside Food Bank. During the COVID-19 Pandemic, Culver City has implemented food delivery programs to support residents and households with limited access to healthy food.

[55] United States Department of Agriculture. "Ranges of Food Security and Food Insecurity." 2018. Available at: https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx

[56] UCLA Center for Health Policy Research. AskCHIS 2015-2016. Self-Reported Low-Income Food Insecurity Comparing Culver City and Los Angeles County. Accessed December 2019.

Figure 46: Low Income (Priority Neighborhoods) and Low Food Access in Culver City



Sources: Raimi + Associates (2020).
US Departmetn of Agriculture, Food Access Research Data (2017).
Census Planning Database, ACS 2017 Population Estimates (2019).

ACCESS TO PARKS

For young families in a community, access to safe and affordable schools and childcare can augment or hinder parents' and caregivers' ability to hold stable work. If childcare is out of reach—whether by cost, distance, service, or other factors—a householder may choose to remain outside of the workforce, which impacts the individual household and the economy.

Access to quality parks can significantly impact residents' health and wellbeing. Living near parks and recreational services can encourage the use of facilities and programming, physical activity, and offer mental health benefits. Access to parks in Culver City is generally good, compared to other areas of the county.

The LA County Department of Parks and Recreation completed a Parks Needs Assessment in 2018 and ranked Culver City as a moderate-need community. A total of 188 community areas in the county were assessed for park acres, distance to parks, and population density, which all combined, generated a park need score. Those communities ranked as moderate, such as Culver City, fall in the middle quintile—meaning they are somewhere near average when compared to all other communities in the county. High-need areas have the lowest number of available park acres, are far from parks, and have high population densities; the opposite is true for low-need areas.

Though there are many great local parks and a large regional park nearby, including the Baldwin Hills Scenic Overlook and Kenneth Hahn State Recreation Area, not all residents live within a half-mile of their nearest park. Some residents live near parks that are not very well-maintained (Figure 47). These nuances in the proximity and quality of parks shows that the need for parks varies across Culver City (Figure 48). For example, the Fox Hills and Culver/West neighborhoods have a significantly higher park need than the Lucerne/Higuera and Downtown neighborhoods.

Figure 47: Park Access and Infrastructure Conditions in and around Culver City (2019)

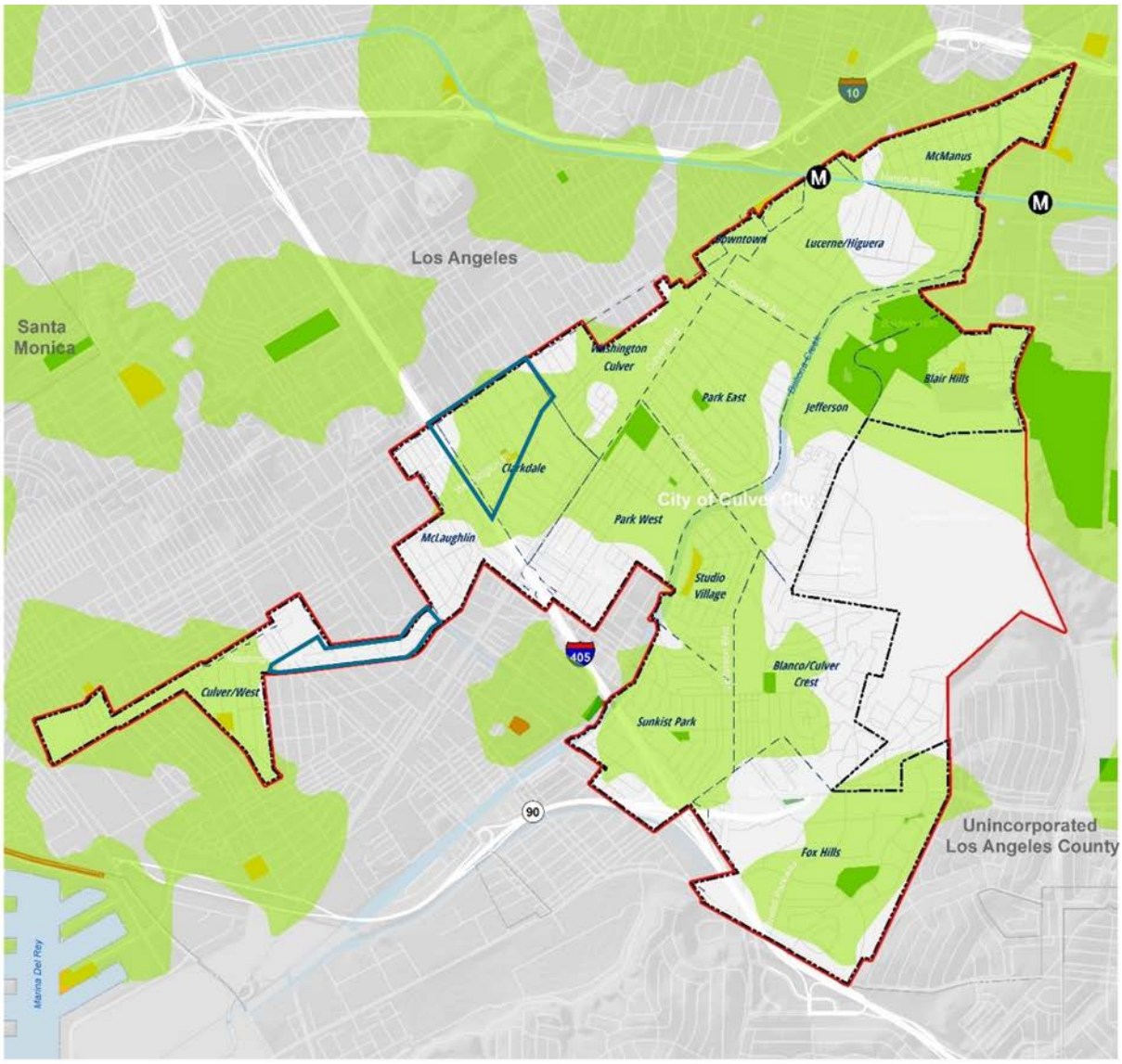
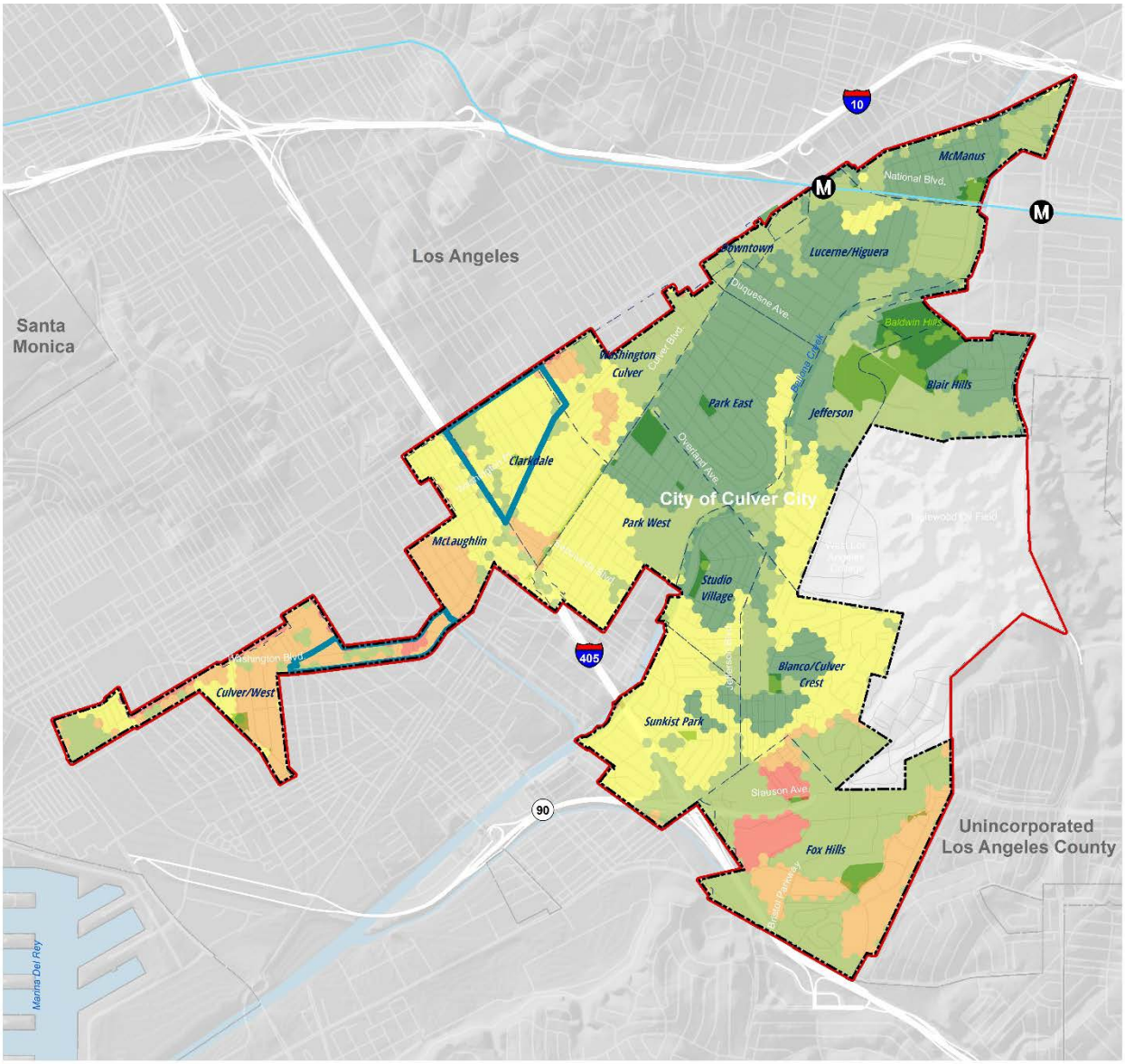


Figure 48: Park Needs Assessment in Culver City



Sources: LA County Department of Parks and Recreation, Parks Needs Assessment (2018).

EXPOSURE TO POLLUTION AND OTHER TOXINS

Environmental pollution how long-term costs and impacts on both natural resources and community health. Environmental pollution exposures and the lingering effects on natural resources are also inequitably distributed across California and LA County. Air pollution, proximity to industrial pollutants, and water and soil pollution are examples of the types of hazards that impact health.

POLLUTION BURDEN (COMPOSITE)

All tracts in Culver City score highly on the pollution exposure and environmental effects indicators of CES—with most tracts ranked in the top 10%, the highest-scoring percentile (Figure 49: Composite Pollution Burden Percentile Scores in Culver City (2019)).[57] This indicator is a composite score, meaning it combines scores for all pollution sub-indicators, like ozone, traffic density, waste generators and more. The State does not consider high scores in pollution exposure and environmental effects indicators alone when designating disadvantaged communities, regardless of the associated negative health impacts. This indicates that the City must voluntarily lead and act locally and regionally to mitigate the impacts of pollution exposure.

AIR QUALITY

As noted in Table 4, the leading cause of premature death in SPA 5, which includes Culver City, is coronary heart disease. Air pollution affects heart health and directly impacts other causes of premature death, including lung cancer, stroke, and breast cancer. Living near high volume roadways and freeways and industrial areas increases exposure to several air pollutants, including diesel and ozone from vehicle exhaust.[58]

Fine particulate matter can cause asthma attacks in youth, in addition to impaired lung function, premature death, and death from cardiovascular diseases and cardiovascular morbidity. Youth, the elderly, people who live and work in industrial areas and near heavy truck or train traffic, and people with existing cardiovascular or lung diseases are most impacted by exposure to air pollutants. The California Environmental Protection Agency recommends sensitive uses maintain a minimum distance of 500 feet from high volume roadways, including freeways, urban roads with 100,000 vehicles per day, or rural roads with 50,000 vehicles a day.[59]

High levels of traffic density exist along the 405, Venice and Culver Boulevards, and La Cienega as shown in Figure 50. Neighborhoods in census tracts nearest to the 405—including McLaughlin, Clarkdale, Park West, Studio Village, Sunkist Park, Blanco/Culver Crest, and Fox Hills—all rank in the top 25% worst-scoring areas statewide for traffic density. This CES indicator captures data on mobile and on-road sources of pollution in the state.

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[57] Figure 49 depicts the subset indicators of pollution burden percentile score alone and not the full CES Percentile Score, which includes indicators of sensitive populations.

[58] Ozone is the main ingredient of smog. Ozone comes from trucks, cars, planes, trains, factories, farms, construction, and dry cleaners. Diesel PM comes from the exhaust of trucks, buses, trains, ships, and other equipment with diesel engines.

[59] Sensitive land uses include areas where vulnerable populations may spend time, including schools and schoolyards, parks and playgrounds, daycare centers, nursing homes, hospitals, and residential communities.

Diesel particulate matter (PM) occurs throughout the environment and comes from both on-road and off-road sources that include many of the same sources as those that generate ozone. Exposure to diesel PM can irritate the eyes, throat, and nose and contribute to respiratory and cardiovascular disease and cancer. While traffic density scores are highest along the 405, diesel PM percentile scores are highest throughout the census tracts nearest to commercial, civic, and other activity corridors in the city (Figure 51). This indicates a higher concentration of roadway usage dispersed throughout the hours of the day, rather than a higher concentration of traffic that may be represented by peak hours in the traffic density indicator (Figure 50).

The Governor's mandate, which prohibits the sale of gasoline-powered vehicles after 2035 in California in favor of Zero Emission Vehicles, will encourage automotive manufacturers and drivers to purchase electric or hydrogen fuel-cell vehicles. This will substantially reduce the amount of air pollution generated around these transportation corridors.

INGLEWOOD OIL FIELD

Culver City sits adjacent to the Inglewood Oil Field (IOF), the largest urban oil field in the United States, having a current active surface area of about 1,000 acres. About 78 acres, or less than 10 percent, of the IOF overlaps with the jurisdictional city-limit boundary for Culver City. An additional approximately 400 acres of the IOF lies outside the city limit but within the Culver City sphere of influence and within the Planning Area for this GPU. The remaining 450 or so acres of the IOF lie outside of the Culver City sphere of influence, east of La Cienega Boulevard. Approximately 3 miles of the City's eastern developed edge abuts the IOF, including a significant edge of the Blair Hills, Jefferson, Blanco/Culver Crest and Fox Hills neighborhoods.

The IOF has operated for almost 100 years, since about 1925, and at least 1,600 wells have been drilled throughout the IOF during that time. While almost half of those wells have been plugged and abandoned over time, as of the date of this report, approximately 810 wells remain active or potentially active (Figure 52).[60,61]

Today, it is estimated that active wells range between 500 and 10,000 feet in depth. On-site facilities within the IOF include petroleum extraction wells and Class II injection wells; storage tanks and pumps; graded well pads; pipelines to convey oil, produced water, and natural gas; and internal dirt and paved access roads. Extracted oil and natural gas is conveyed by pipeline to a processing facility located within the County portion of the IOF (Figure 53). The average production volumes of the IOF are summarized in Table 8.

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[60] MRS Environmental. Baldwin Hills Community Standards District, Periodic Review II, Initial Draft Report. September 2019. Available at: https://planning.lacounty.gov/assets/upl/project/bh_periodic-review-II-draft.pdf

[61] Note that Figure 52: Inglewood Oil Field Drill Sites (2015) was prepared for a different project and was reviewed by the City at the time of its creation. It is used in this report for reference only. For updates on the status of IOF drilling, consult City staff.

Table 8: Average Production Values from the Inglewood Oil Field (2014-2018)

Year	Barrels - Oil Per Day	Thousand Standard Cubic Feet – Gas per Day	Barrels - Water per Day
2014	7,298	3,484	349,088
2015	6,512	2,919	339,608
2016	5,702	2,606	330,433
2017	5,567	2,510	337,547
2018	5,463	2,497	351,802

Source: MRS Environmental. Baldwin Hills Community Standards District, Periodic Review II, Initial Draft Report. September 2019.

Living close to oil drilling activities can have serious health impacts on residents, particularly on youth, the elderly, or those with chronic health conditions. Exposure to the contaminants typically produced by extracting, processing, or distributing oil-production materials is believed to impact human health. According to some studies, living even within 1,500 feet from active oil wells can result in higher incidences of: throat irritation, sinus problems, nasal irritation, eye burning, severe headaches, loss of sense of smell, persistent cough, frequent nose bleeds, and swollen painful joints.[62] While the health data reviewed in the Health Outcomes and Behaviors Assessment does not indicate whether or not Culver City residents near the IOF experience these adverse impacts, more study may be needed through community engagement or other parts of the GPU process. Though a direct correlation is not conclusively documented, the IOF could pose health hazards to Culver City residents. Monitoring activities at the IOF have not revealed significant impacts, however, activities on site are still deemed a potential threat for pollution exposure and environmental effects.

HAZARDOUS PIPELINE NETWORK

In addition to on-site facility emissions and hazards, oil production requires transmitting materials through a network of pipelines (Figure 53) that also transport hazardous oil and gas products through urbanized communities.[63] While much of this infrastructure was developed decades ago, it appears that careful thought was given to ensuring the pipeline network did not cut through the central core of Culver City, where lower density residential neighborhoods are concentrated. However, several pipelines are located near outer boundaries of Culver City, which are closer to higher-density multi-family residential areas. Most pipelines shown in Figure 53 are active, while several have been closed and permanently abandoned.[64]

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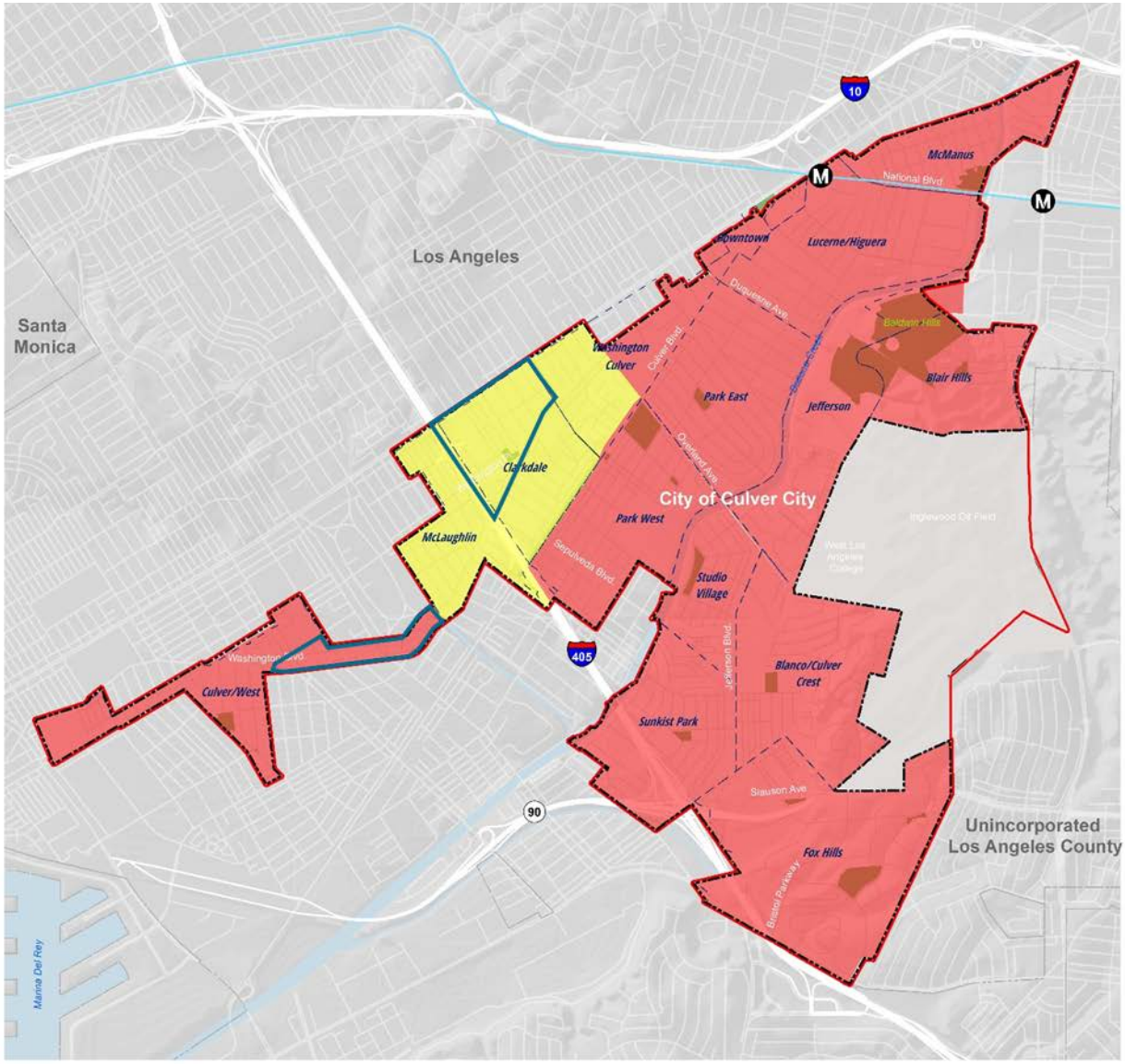
[62] Nicole J. Wong, MPH. Existing scientific literature on setback distances from oil and gas development sites (version 2). November 2017.

[63] Note: Most of the hydrocarbon pipelines referenced in this section and in Figure 53 are not associated with the IOF. Operation of the pipelines within the city limit and within City property or right-of-way is through franchise agreement with the City (so the City has some limited control over the conditions of operation for some segments of the pipeline).

[64] City of Culver City. General Plan Update Infrastructure Existing Conditions Report. 2020. Available at: https://www.pictureculvercity.com/s/CCGPU_InfrastructureECR_WebCovidMemo.pdf

Figure 49: Composite Pollution Burden Percentile Scores in Culver City (2019)



Sources: City of Culver City, 2019; County of Los Angeles, 2019. Office of Environmental Health Hazard Assessment (OEHHA) CalEnviroScreen 3.0, Pollution Burden Percentile Score for Culver City.

Figure 50: Traffic Density Percentile Scores in Culver City (2019)

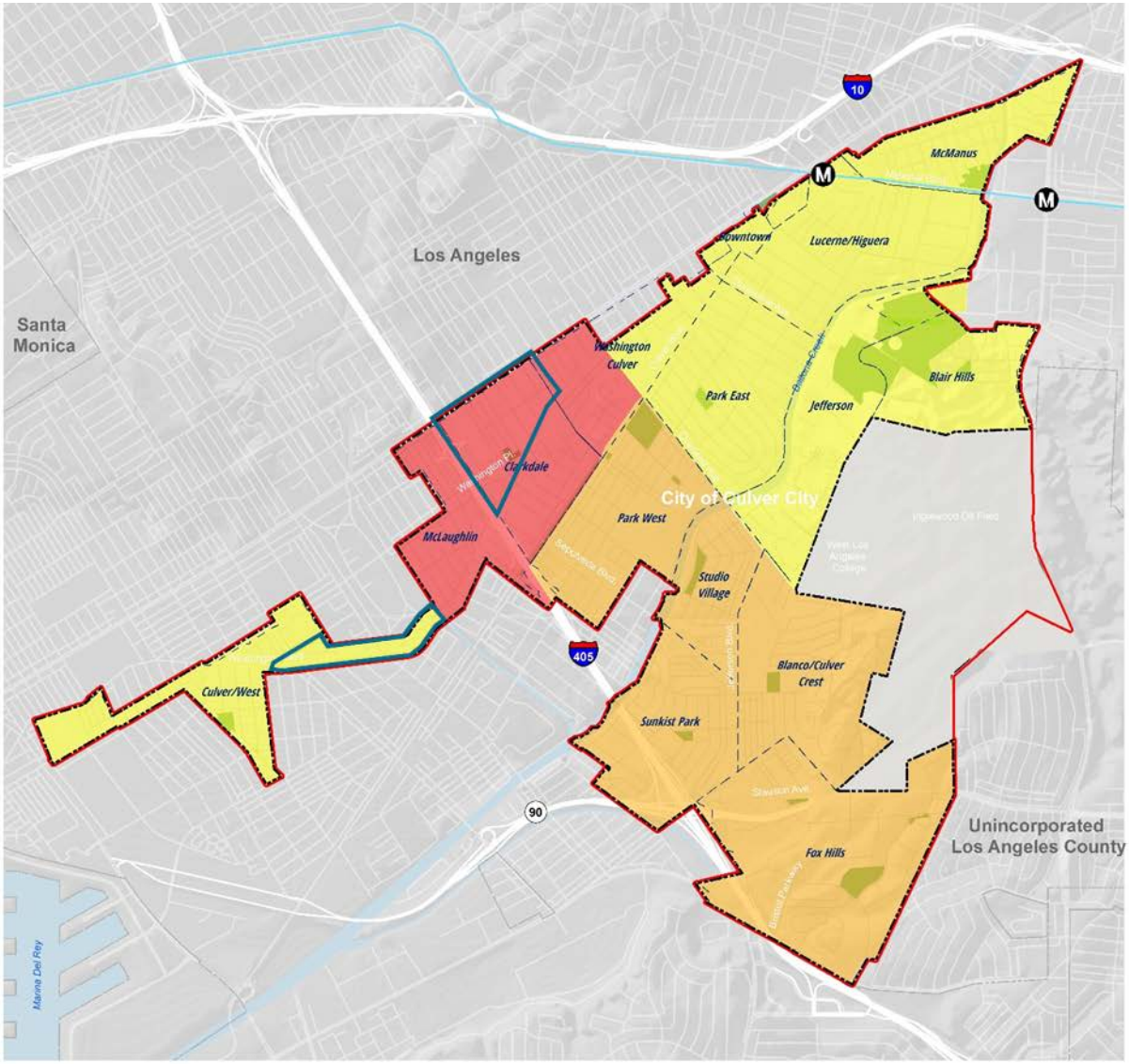


Figure 51: Diesel Particulate Matter Percentile Scores in Culver City (2019)

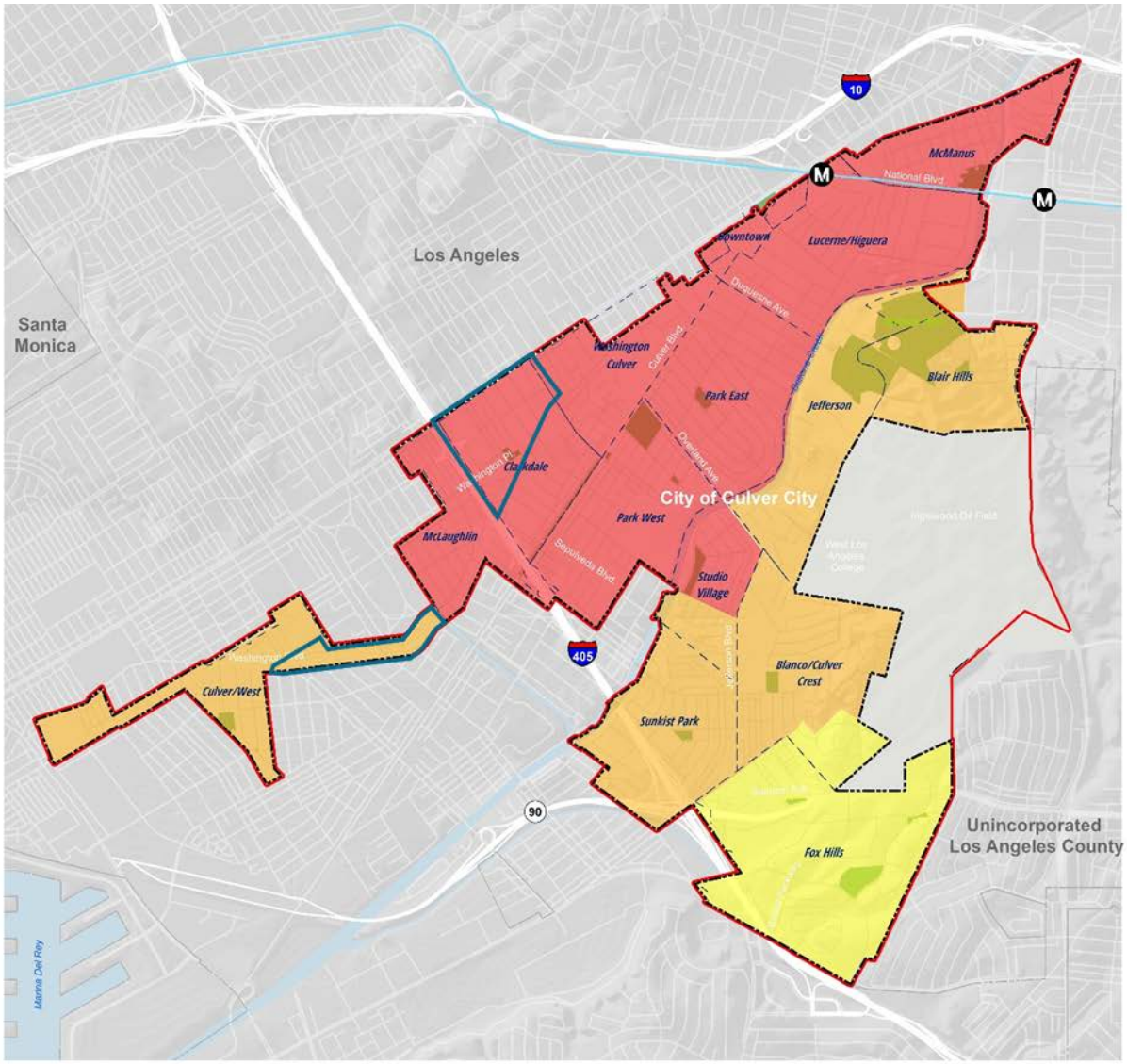


Figure 52: Inglewood Oil Field Drill Sites (2015)

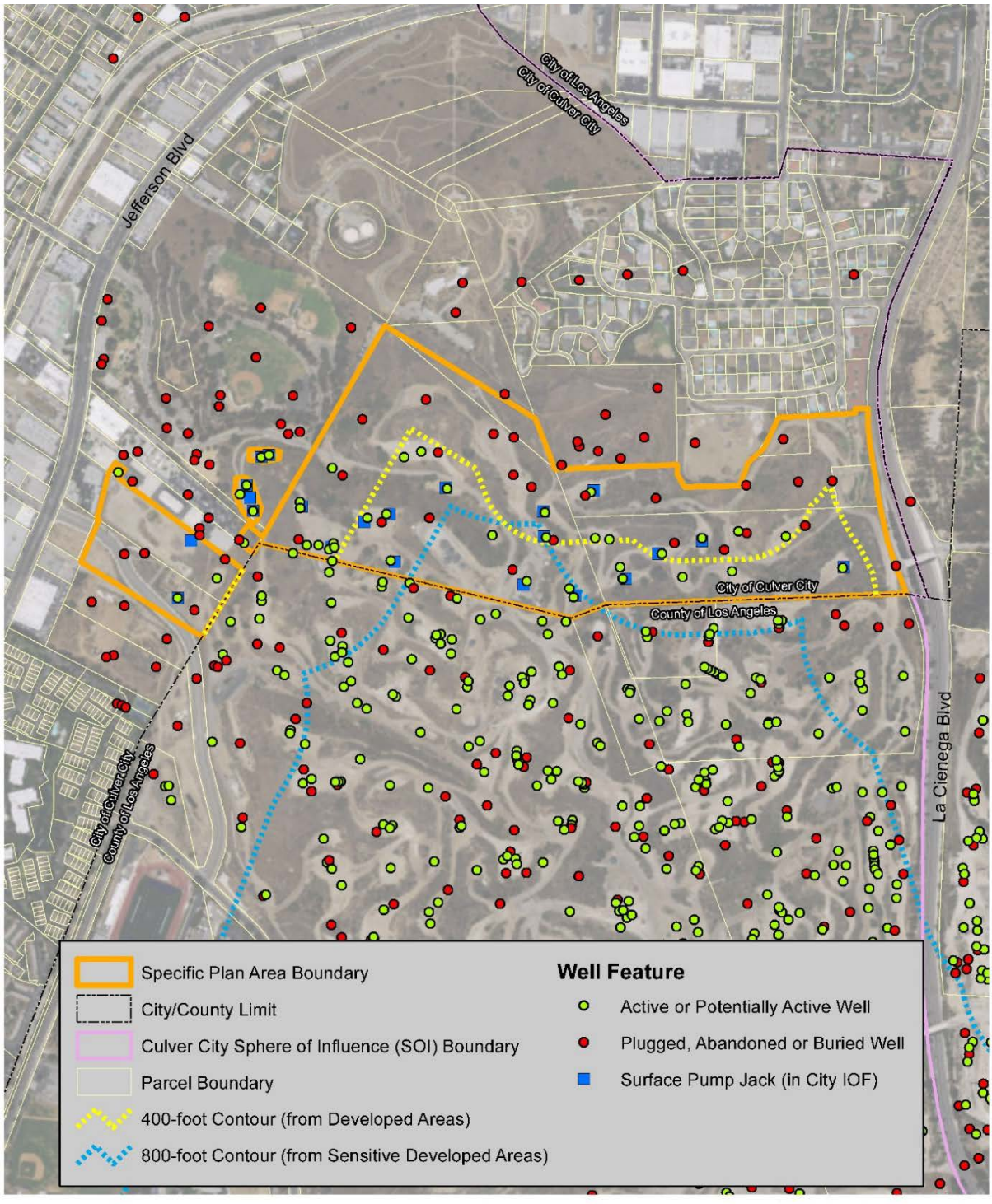
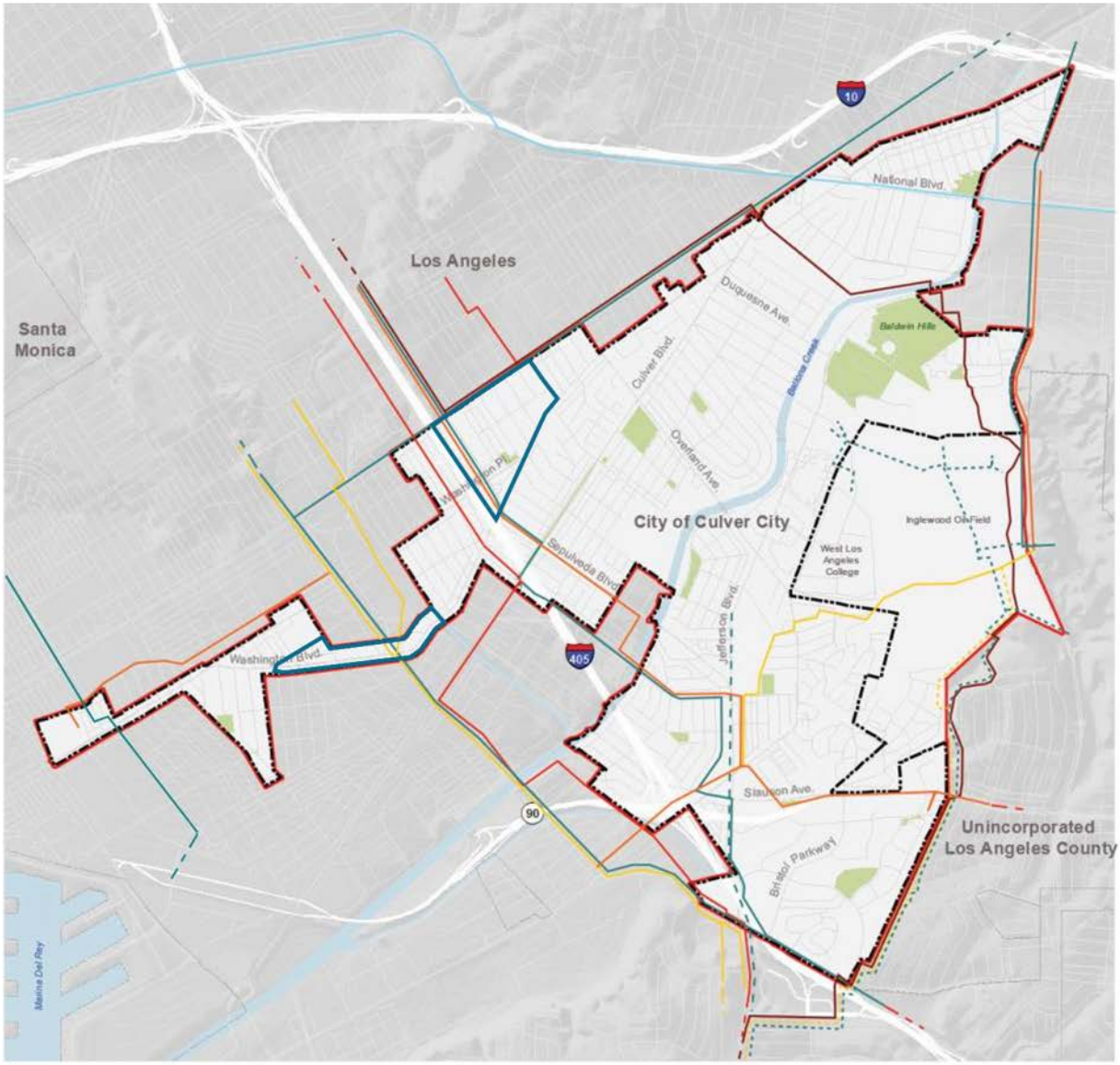


Figure 53: Culver City Hydrocarbon Pipeline Network (2019)



Sources: City of Culver City, 2019; County of Los Angeles, 2019.

Jurisdictional Boundaries
- City of Culver City City Limits
- City of Culver City Sphere of Influence
- Jurisdictional Boundaries

Transportation Features
- Expo Line
- Metro Station

Other Features
- Water
- Parks and Open Spaces

SB 1000 Analysis
- Priority Neighborhoods

0 0.225 0.45 0.9 Mile

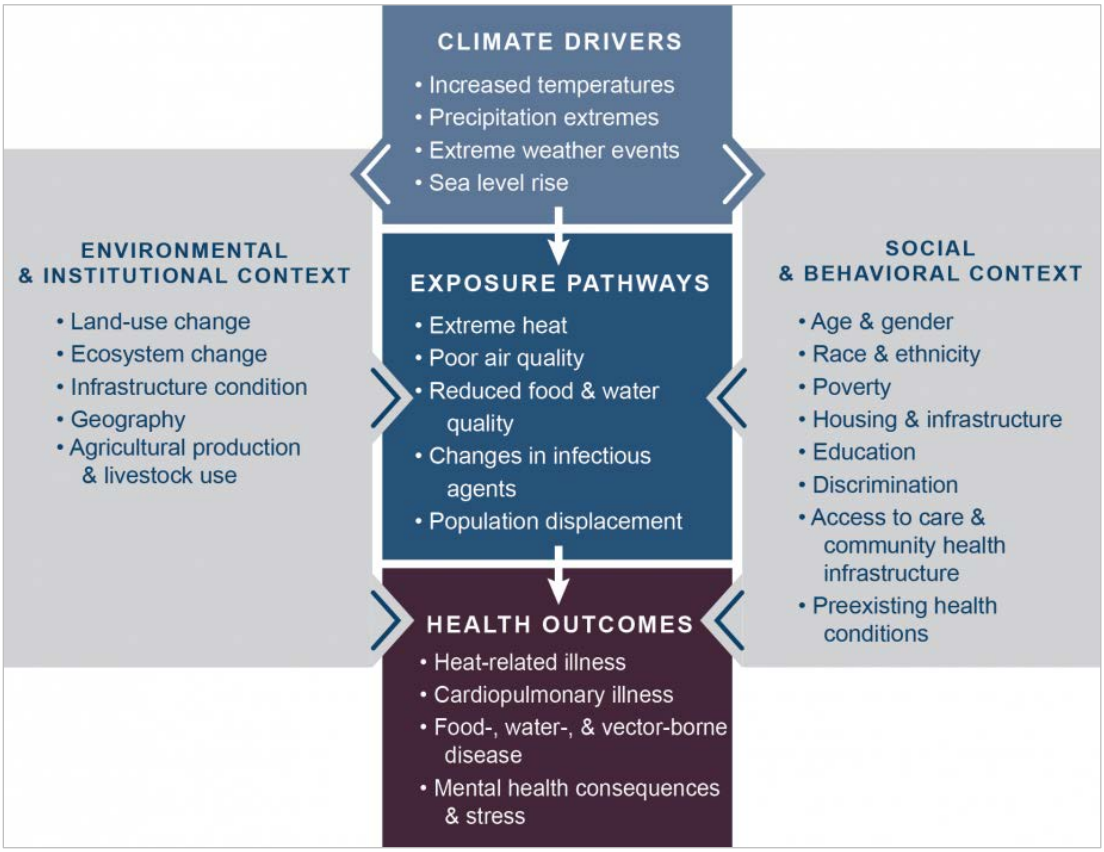
Hazardous Pipelines
- Active (Filled)
- Active (unfilled)
- Permanently Abandoned
- Natural Gas (High Pressure Distribution)
- Natural Gas (Transmission)
- Gasoline
- Crude Oil
- Multiple Products

RESILIENCE TO CLIMATE AND NATURAL HAZARDS

Climate change is a critical environmental challenge and poses significant threats to the health and wellbeing of communities across the region. Everyone will not experience the impacts of climate change in the same way. The impacts of climate change will fall hardest on those who are historically over-burdened and under-resourced. In these neighborhoods and communities, factors ranging from disproportionately poor environmental quality, lack of healthcare access, and linguistic isolation, contribute to greater climate risk.[65] The burden is compounded by having fewer resources to prepare for or recover from the impacts of climate change. In responding to the risks of climate change, Culver City has an opportunity to address climate vulnerabilities, while building more equitable communities in adapting to changes in the built environment, natural ecosystems, and economy.

In Culver City, extreme heat, poor air quality, drought, and other climate hazards are expected to negatively affect human health, health behaviors, and the socioeconomic factors that influence health outcomes. Figure 54 illustrates the relationships between climate drivers and health.

Figure 54. Climate Change and Community Health Diagram

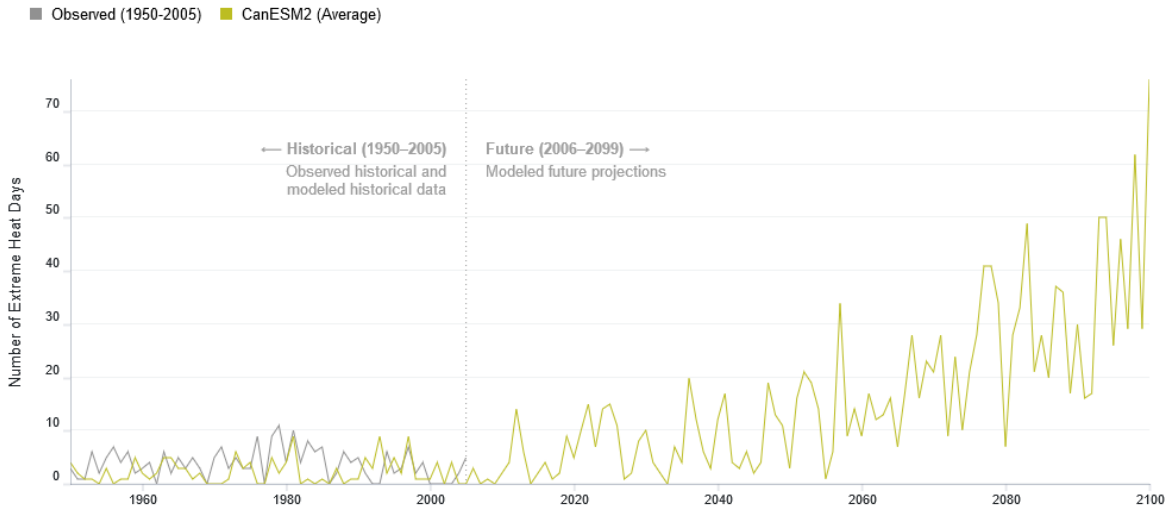


Source: U.S. Global Change Research Program, Climate and Health Assessment (2016).

65. U.S. Global Change Research Program, Climate and Health Assessment (2016). Available at: https://health2016.globalchange.gov/low/ClimateHealth2016_FullReport_small.pdf.

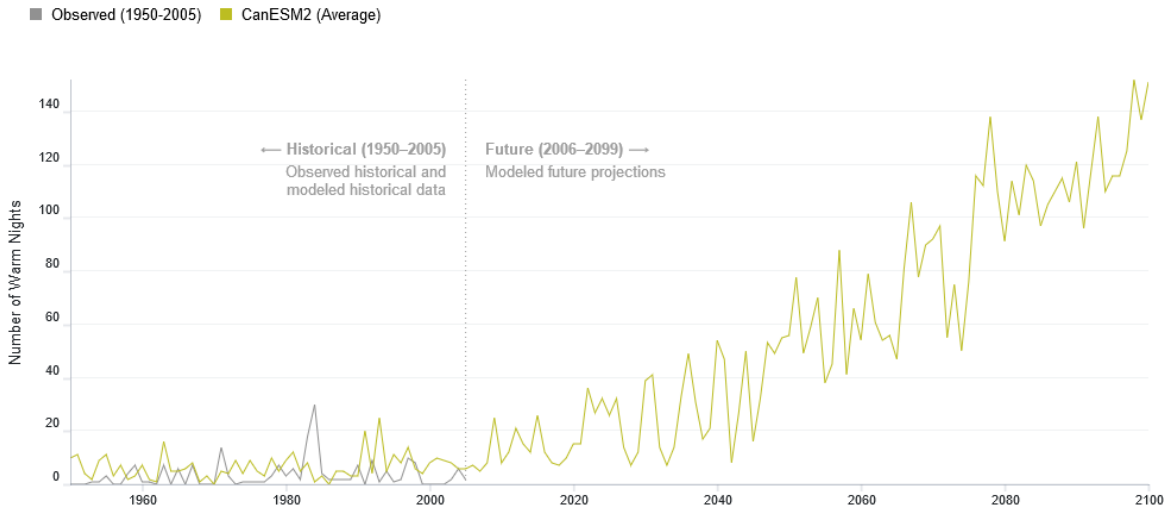
To illustrate the compounded and interconnected vulnerabilities and consequences of climate change: extreme heat and multi-day heat waves can directly impact human health, deaths, and illnesses. Indirectly, climate change disrupts energy systems and increases energy prices, making it more challenging for lower-income populations to afford basic services. As shown in Figures 56 and 57, the number of extreme heat days and warm nights is expected to increase in Culver City. Certain populations, such as older adults, young children and infants, pregnant women, and people with chronic illnesses, are more susceptible to warmer temperatures and heat-related illnesses.

Figure 55: Number of Extreme Heat Days by Year in Culver City (1960-2100)



Note: Data is shown for Culver City under the RCP 8.5 scenario in which emissions continue to rise strongly through 2050 and plateau around 2100. Business as Usual Scenario (High Emissions), CanESM2 Model (Average). Source: CalAdapt (2018)

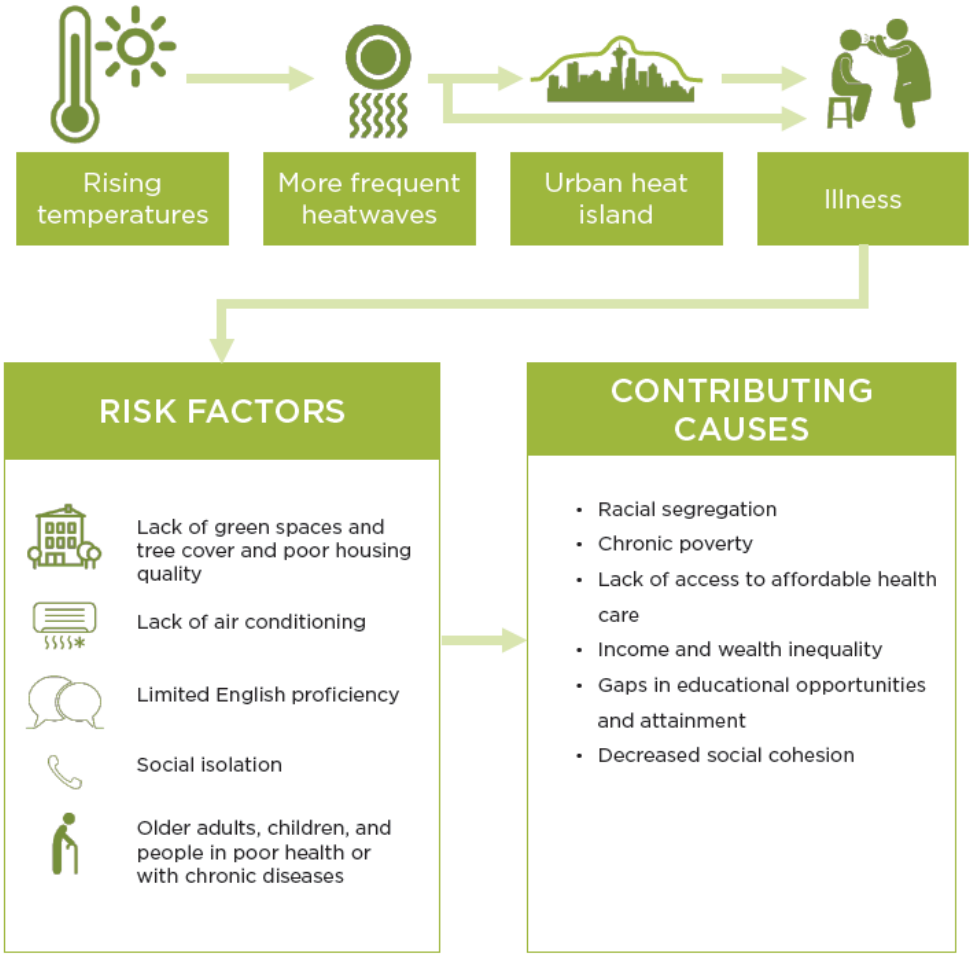
Figure 56: Number of Warm Nights by Year in Culver City (1960-2100)



Note: Data is shown for Culver City under the RCP 8.5 scenario in which emissions continue to rise strongly through 2050 and plateau around 2100. Business as Usual Scenario (High Emissions), CanESM2 Model (Average). Source: CalAdapt (2018)

Lower-income communities and communities of color are also more susceptible to the effects of extreme heat due to existing social inequities. Lower-income areas and communities of color are more likely to live in urban areas lacking enough park space or tree canopy coverage. Therefore, they are more prone to suffer from the urban heat island effect, which increases the effects of extreme heat events. Outdoor workers, individuals who have limited transportation options, or families who live in lower-quality housing are also at greater risk to extreme heat. Figure 57 shows example risk factors and contributing causes to extreme heat risk.

Figure 57: Extreme Heat and Health Diagram



Source: Urban Sustainability Director's Network and Raimi + Associates. "Guide to Equitable, Community-Driven Climate Preparedness." 2017.

APPENDIX A: DISADVANTAGED COMMUNITIES SCREENING METHODS

METHODOLOGIES TO IDENTIFY PRIORITY NEIGHBORHOODS

The Office of Planning and Research (OPR) provides guidance for implementing SB 1000. Additionally, the Office of the Attorney General (OAG) monitors and reviews whether communities comply with SB 1000. These state agencies recommend two methods to identify disadvantaged communities (DACs), referred to as "Priority Neighborhoods" in this report:

1. **CES 3.0 TOOL TO IDENTIFY DISADVANTAGED COMMUNITIES.** The CES Tool was developed by the Office of Environmental Health Hazards Assessment (OEHHA) to identify areas of the state, using census tract mapping, with high exposures to pollution and significant vulnerabilities related to demographic or socioeconomic characteristics of the population. Data for multiple indicators is collected for each census tract and combined into an index which is used as a scoring mechanism that compares communities across the state. The tool is currently in its third iteration (CES 3.0) and OEHHA has produced publicly available maps, data tables, and reports that show the statewide distribution of CES 3.0 scores.[66] Based on SB1000, all census tracts with CES 3.0 scores that are in the percentile range of 75 to 100 are identified as disadvantaged communities.
2. **LOW INCOME COMMUNITIES ANALYSIS TO IDENTIFY DISADVANTAGED COMMUNITIES.** California law defines a low-income disadvantaged community as "an area that is low-income" and "disproportionately affected by environmental pollution and other hazards that can lead to negative health effects, exposure, or environmental degradation." Guidance recommends using the Housing and Community Development (HCD) income limits to identify low-income areas with household incomes at or below 80% of the median income.

   The State does not specify the geographic unit of analysis (*e.g.,* census block groups, census tracts, zip codes, or other units of analysis) necessary to identify low-income areas. A city may choose to use any unit. Nevertheless, the best practice is to use census block groups—a unit of analysis that is small enough to show the full range of variation in household income across a community.

   The State also does not provide direct guidance on which types of pollution or health hazards to consider or what thresholds for "disproportionate" effects to consider. Nevertheless, both OPR and OAG identify the CES Tool and its individual indicators as a reliable source to identify negative health effects, exposure, or environmental degradation.

RESULTS FOR CULVER CITY

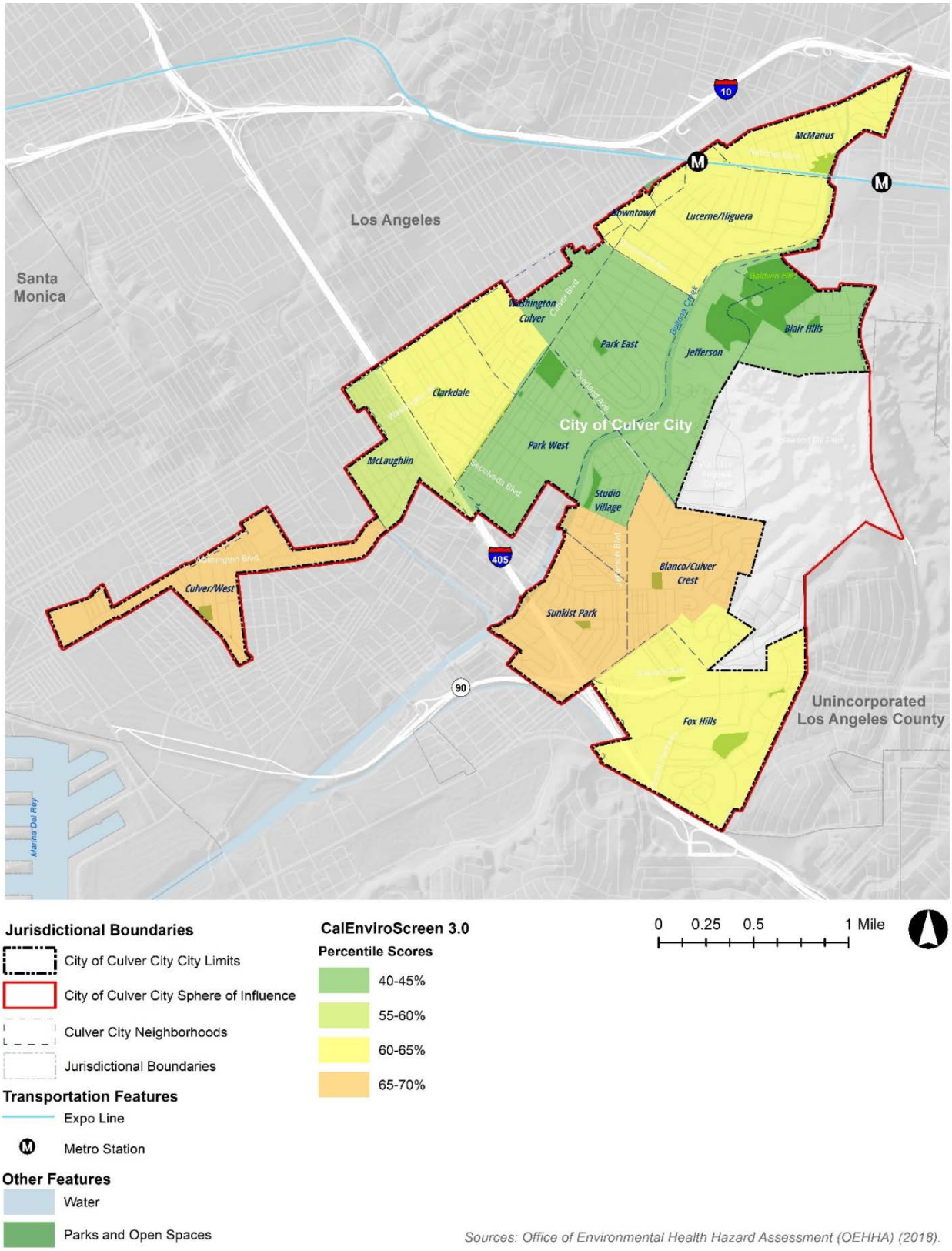
In most jurisdictions across California, it is necessary to apply both identification methods—as the first method may not fully capture the vulnerabilities of low-income communities. Priority neighborhoods in Culver City have been identified by applying both methods.

[66] All information is available through the CES webpage on the OEHHA website at https://oehha.ca.gov/calenviroscreen.

The results of the first method, showing no CES 3.0 scores in the 75-100 percentile range, are in Figure 58 and those of the second method, showing low-income communities, are in Figure 59 and the related Table 9. Because all census tracts in Culver City have significantly elevated levels of exposure to diesel particulate matter and other air quality pollutants (Table 10), low-income communities identified through the second method are automatically classified as priority neighborhoods.

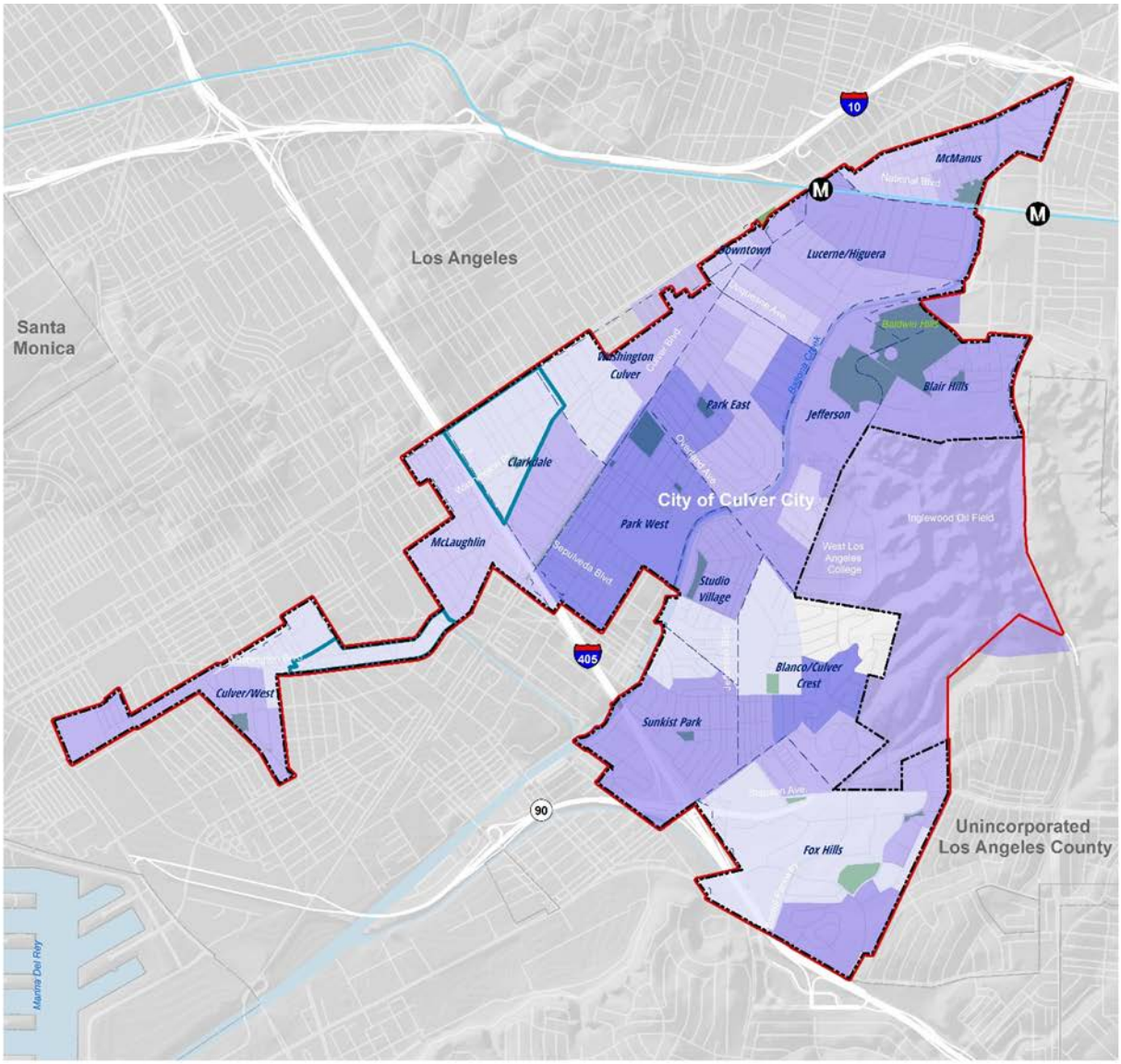
An interesting finding of this screening analysis is that Culver City tracts generally score worse than 90% of all other tracts in the state when all indicators for pollution exposures and environmental effects are considered together (*see the last column in Table 10 for a Pollution Burden Composite score*). However, householders are generally higher income and less socially or economically vulnerable than in other areas of the state, so the CES overall score remains low (*see the first column in Table 10*).

Figure 58: CES 3.0 Scores in Culver City (2018)



Sources: Office of Environmental Health Hazard Assessment (OEHHA) (2018).

Figure 59: Median Household Income by Block Group (2018)



Jurisdictional Boundaries
- City of Culver City City Limits
- City of Culver City Sphere of Influence
- Culver City Neighborhoods
- Jurisdictional Boundaries

Transportation Features
- Expo Line
- Metro Station

Other Features
- Water
- Parks and Open Spaces

SB 1000 Analysis
- Priority Neighborhoods

Median Household Income by Block Group
- $43,448.00 - $71,667.00
- $71,667.01 - $82,143.00
- $82,143.01 - $90,740.00
- $90,740.01 - $118,594.00
- $118,594.01 - $201,719.00

0 0.25 0.5 1 Mile

** Note: the population indicators are dispersed at the census tract level. This method does not consider and remove areas of land, such as the Inglewood Oil Fields, that are not populated.*

Sources: Office of Environmental Health Hazard Assessment, CalEnviroScreen 3.0 (2018).

Table 9: Median Household Income Analysis Table by Census Tract and Block Group (2019)

			Census Tract Data			Block Group Data		
Tract	Block Grp.	Related Neighborhood	Median Household Income	Below 80% of State AMI	Below 80% of County AMI	Median Household Income	Below 80% of State AMI	Below 80% of County
702400	1	Lucerne/Higuera, Downtown	$ 88,464	No	No	$ 90,740	No	No
	2	Lucerne/Higuera, Downtown				$ 72,931	No	No
	3	McManus				$ 78,750	No	No
	4	Lucerne/Higuera				$ 105,156	No	No
	5	McManus				$ 87,850	No	No
702501	1	Washington/Culver, Park East	$ 88,092	No	No	$ 83,068	No	No
	2	Park East				$ 201,719	No	No
	3	Park East				$ 77,614	No	No
	4	Park East				$ 83,036	No	No
	5	Park East				$ 135,227	No	No
702502	1	Blair Hills, Jefferson	$ 89,813	No	No	$ 101,577	No	No
	2	Jefferson				$ 98,598	No	No
	3	Jefferson				$ 74,490	No	No
702600	1	Blanco/Culver Crest	$ 92,008	No	No	$ -- ND	ND	ND
	2	Blanco/Culver Crest				$ 165,260	No	No
	3	Blanco/Culver Crest				$ 63,148	No	No
	4	Sunkist Park, Blanco/Culver Crest				$ 114,265	No	No
	5	Sunkist Park				$ 117,500	No	No
	6	Park West, Studio Village				$ 65,313	No	No
702700	1	Park West	$ 127,561	No	No	$ 127,708	No	No
	2	Park West				$ 128,261	No	No
	3	Park West				$ 127,917	No	No
	4	Studio Village				$ 118,594	No	No
702801	1	Clarkdale	$ 63,965	No	No	$ 56,792		No
	2	Clarkdale				$ 88,036	No	No
	3	Washington/Culver				$ 60,333	No	No
702802	1	McLaughlin	$ 82,143	No	No	$ 82,143	No	No
	2	McLaughlin				$ 81,250	No	No
702803	1	Culver/West	$ 69,526	No	No	$ 43,448		
	2	Culver/West				$ 60,163	No	No
	3	Culver/West				$ 87,222	No	No
703001	1	Fox Hills	$ 92,895	No	No	$ 105,221	No	No
	2	Fox Hills				$ 71,667	No	No
	3	Fox Hills, Blanco/Culver Crest				$ 83,533	No	No

Notes: The 80% of Area Median Income (AMI) threshold for the County has been established at $58,640 and is not adjusted to household size; The 80% of AMI threshold for the State has been established at $51,840 and is

not adjusted to household size.

Table 10: CES Pollution Exposures and Environmental Effects Percentiles (2018)

Census Tract	CES 3.0 Score (Composite)	Ozone	PM 2.5	Diesel PM	Drinking Water Contaminants	Pesticide Use	Toxic Releases from Facilities	Traffic Density	Cleanup Sites	Groundwater Threats	Hazardous Waste Generators and Facilities	Impaired Water Bodies	Solid Waste Sites and Facilities	Pollution Burden (Composite)
702400	63	53	82	86	53	16	67	73	91	93	83	81	91	99
702801	61	53	82	88	28	0	67	92	0	52	16	86	57	80
703001	62	53	82	74	66	0	68	90	76	90	81	81	74	98
702802	59	53	82	87	54	0	67	98	0	68	0	86	0	78
702502	42	53	82	83	54	8	67	66	61	83	69	81	90	96
702700	45	53	82	87	56	0	67	88	11	78	61	86	39	91
702803	68	53	82	82	63	0	66	71	88	83	43	97	33	94
702501	41	53	82	89	52	0	67	59	56	65	64	81	90	94
702600	68	53	82	83	55	0	68	90	73	94	72	86	10	95

Notes: Rows with the census tract number highlighted in orange represent areas that have SB 1000 Priority Neighborhoods within them. Cells at or above the 75th percentile of tracts means that the census tract scores worse than 75% of all other census tracts in the state regarding these indicators.

Source: OEHHA; Raimi + Associates.