



County of Los Angeles

**Anti-Racism,
Diversity,
& Inclusion**

CREATING AN LA COUNTY
WHERE WE ALL THRIVE

County of Los Angeles

PARTICIPATORY MAPPING STUDY

COMPREHENSIVE SUMMARY REPORT

December 2025





Los
Angeles

KH
CONSULTING
GROUP
MANAGEMENT
CONSULTANTS

This analysis and report were prepared by KH Consulting Group (KH).

KH Consulting Group, 1901 Avenue of the Stars, Suite 200, Los Angeles, CA 90067

Website: www.khcg.com

Phone: (310) 203-5417

Email: info@khcg.com

All photos from <https://www.pexels.com/license/>

Table of Contents

Table of Contents.....	4
PROJECT BACKGROUND.....	9
ABOUT THE COUNTY OF LOS ANGELES.....	2
PARTICIPATORY MAPPING & ITS STANDARDS.....	5
SYSTEMIC & INSTITUTIONALIZED BARRIERS ENGAGING HARD-TO-REACH POPULATIONS.....	8
Defining Non-Geographically Concentrated Populations.....	9
Intersectionality.....	10
METHODOLOGY.....	12
Tool and Protocol Development: Community Engagement.....	13
Data Collection: Participatory Mapping Workshops and Surveys.....	14
Figure 1: Sample Collective Mapping Activity from In-Person Participatory Mapping Workshop.....	15
Figure 2: Sample Collective Mapping Activity from Virtual Participatory Mapping Workshop.....	16
Data Analysis: Developing Maps and Identifying Key Themes.....	18
HOW TO READ THIS REPORT & LIMITATIONS.....	19
KEY FINDINGS.....	22
Embedded Resources: Trusted, relational infrastructure is the primary access point across communities.....	23
Spread Out: Geographic dispersion and administrative geographies (re)produce exclusion.....	23
Hidden: Data invisibility and lack of culturally responsive practices shape resource flows....	24
American Indian or Alaska Native Community Profile.....	28
Figure 3: Asset Mapping for American Indian or Alaska Native Participants.....	29
Background.....	30
Community Input: Living and Working in Los Angeles County.....	31
Community Input: Resource Availability.....	32
Importance of Trusted Community Spaces.....	32
Collaborative Community Strength.....	33
Cultural Preservation and Traditional Knowledge.....	33
Community Input: Resource Needs.....	34
Access to Land.....	34
Funding.....	35
Widespread Precarity, Lack of Information.....	35
Targeted Service Provision.....	36
Community Input: Existing Barriers to Access.....	36

Heavily Dispersed Community.....	37
Challenges of Recognition and Representation	37
Settler Colonialism.....	38
Community Input: Improving Access to Needed Resources.....	38
Invest in Existing Community Infrastructure	39
Indigenous Identity and Land Connection	39
Asian American Community Profile	40
Figure 4: Asset Mapping for Asian American Participants	41
Background	42
Community Input: Living in Los Angeles County.....	43
Community Input: Resource Availability.....	45
Reliance on CBOs and Faith-Based Institutions.....	45
Resource Clustering and Attachment to Ethnic Hubs.....	46
Informal Networks.....	47
Community Input: Resource Needs	47
Resources and Services for the Aging Population	47
Mental Health Resources and Health Services	48
Youth and Family Services.....	48
Community Input: Existing Barriers to Access	49
Language Accessibility	49
Transportation Barriers.....	50
Limited Affordable Housing and Gentrification	51
Lack of Trust in Government	52
Community Input: Improving Access to Needed Resources.....	53
Fund Trusted CBOs and Faith-based Institutions.....	53
Expand County Investments in Growing Communities.....	54
Invest in Accessibility.....	55
Immigrant Community Profile	57
Figure 5: Asset Mapping for Immigrant Participants.....	58
Background	59
Community Input: Living and Working in Los Angeles County.....	61
Community Input: Resource Availability.....	62
Access to Food	62
Having Someone to Listen.....	62
Networks and Trusted Community Organizations	63
Community Input: Resource Needs	63

Housing as an Anchor	63
Work Opportunities as a Way Forward.....	64
The Power of Third Spaces	65
Culturally-Appropriate and Safe Mental Health Services.....	66
Community Input: Existing Barriers to Access	66
Status as a Constant Wall	67
Fear and Social Stigma	67
Language Access	68
Lack of Recognition for Foreign Education and Credentials.....	68
Community Input: Improving Access to Needed Resources	68
Bring the Resources to the Community	69
Supporting Advocacy.....	69
Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Community Profile	71
Figure 6: Asset Mapping for LGBTQ Participants	72
Background	73
Community Input: Living and Working in Los Angeles County.....	74
Community Input: Resource Availability.....	75
Importance of LGBTQ+ Centers and other LGBTQ+ Non-Profits	76
Community Developed Resources/Networks	77
Community Input: Resource Needs	78
Jobs and Workforce Development.....	78
Gender Affirming Care and Resources.....	78
Food, Utilities, and Basic Necessities.....	79
Community Affirming Third Spaces	79
Community Input: Existing Barriers to Access	79
Distance to Assets and Access to Transportation	80
Homophobia, Transphobia, and Discrimination.....	80
Community Input: Improving Access to Needed Resources	81
Accessibility and Transportation	81
Cultural Competency	81
Invest in Trusted Organizations	82
Native Hawaiian & Pacific Islander Community Profile	83
Figure 7: Asset Mapping for NHPI Participants	84
Background	85
Community Input: Living and Working in Los Angeles County.....	86
Community Input: Resource Availability.....	87

Community-Based Organizations and Non-Profits	88
Online Resources	88
Mutual Aid and Family Networks	88
Community Input: Resource Needs	89
Health and Mental Health	89
Food Services/Healthy Foods.....	89
Elder Care.....	90
Youth Services and Activities	90
Community Input: Existing Barriers to Access	91
Cultural Competency and Language Accessibility.....	91
Lack of Available Assets, Resources, and Services in Close Proximity	92
Community Input: Improving Access to Needed Resources	92
Improving Accessibility and Transportation	93
Invest in Trusted Organizations	93
Figure 8: Asset Mapping for Disabled Participants.....	95
Background	96
Community Input: Living and Working in Los Angeles County.....	97
Community Input: Resource Availability.....	97
Public Transportation.....	98
Supportive, Connected Organizations in the Community.....	98
Los Angeles County Aging and Disabilities Department	98
Community Input: Resource Needs	98
Reliable and Safe Public Transportation	99
Social Service Navigation Assistance and Information.....	99
Accessible Spaces.....	100
Community Input: Existing Barriers to Access	100
Subpar Sidewalks, Bus Stops, and Accessible Transportation	100
Safety and Meeting Disability Needs in Public Spaces	101
Community Input: Improving Access to Needed Resources	101
Thoughtful Public Transportation and Public Spaces.....	101
Case Management and Service Navigation Assistance.....	102
Transgender, Transexual, Gender-Diverse, and Intersex (TGI) Community Profile	103
Figure 9: Asset Mapping for Trans, Gender Non-Conforming, and Intersex Participants	104
Background	105
Community Input: Living and Working in Los Angeles County.....	106
Community Input: Resource Availability.....	107

Trusted Organizations for the TGI Community	107
Community Input: Resource Needs	108
Accessible and Affirming Health Services	108
Social Service Assistance: Housing, Legal, and Financial	109
Service Navigation Assistance	109
Community Input: Existing Barriers to Access	110
Lack of Inclusion of TGI individuals in many LGBTQ organizations' operations	110
Transportation.....	111
Not Meeting Qualifications for Assistance	112
Community Input: Improving Access to Needed Resources	112
Supporting Trusted Organizations	112
Trained Support Service Employees	113
Targeted Engagement with the TGI community	113
RECOMMENDATIONS	115
Redefining Crises and Qualifying for Benefits, Services, and Resources.....	115
Invest in Trusted Partners	117
Improve Platforms and Opportunities for Information Sharing	119
Invest in Accessibility	122
Invest in Mobile Pop-Ups as Needed	124
Invest in Growing but Dispersed Communities	125
ACKNOWLEDGEMENTS	128
ENDNOTES & REFERENCES	129



PROJECT BACKGROUND

The COVID-19 pandemic has deeply impacted Los Angeles County, with approximately 3.6 million cases and over 36,000 deaths reported as of January 22, 2024. Low-income communities and communities of color have borne the brunt of the crisis, experiencing the highest rates of infection, death, and economic hardship. These impacts disproportionately affected people of color, women, immigrants, younger workers, and individuals with lower educational attainment or income. Among these hardest-hit groups are non-geographically concentrated communities—populations that are spatially dispersed, hard to locate, and often underrepresented in data collection. However, gaps in data have limited the understanding of their pandemic-related needs and recovery.

In 2021, the American Rescue Plan (ARP) Act was announced as additional resources to address the COVID-19 pandemic's harm. On July 13, 2021, the Los Angeles County Board of Supervisors directed the Chief Executive Office (CEO) to prioritize data collection on non-geographically concentrated communities. This effort ensures these groups are included in ARP fund allocations and other County programs. To this end, the CEO, through the Anti-Racism, Diversity, and Inclusion Initiative (ARDI), contracted KH Consulting Group (KH) to conduct a research study using participatory mapping and spatial analyses to identify non-geographically concentrated communities in Los Angeles County. The overarching goal of this study was to collect data and triangulate information that will enable the County to improve delivery of various services and reduce disparities on various outcomes.

The seven non-geographically concentrated communities included in this study are: American Indian Alaska Native (AIAN); Native Hawaiian Pacific Islander (NHPI); Asian American Pacific Islander (AAPI); Immigrant Communities; People with Disabilities (PWD); Lesbian, Gay, Bisexual, and Queer people (LGBQ); and Transgender, Transsexual, Gender-diverse, and Intersex (TGI) communities. In addition to being non-geographically concentrated, these

communities and/or subpopulations within these communities are often overrepresented among those in the County experiencing adverse outcomes such as poverty, poor health, homelessness and other outcomes due to inequitable access to programs, language barriers, discrimination, and other forms of marginalization. KH worked with ARDI, members of the aforementioned communities, County staff (including staff from the Internal Services Department), and subject matter experts to develop this final report alongside mapping layers to be integrated into the County’s Equity Explorer. The study was divided into four main phases:



Phase 1: Understanding the Landscape and Building Collaborative Partnerships

Phase 1 established the foundation for the participatory mapping project through research, analysis, and relationship-building. The team conducted a comprehensive literature review on hard-to-reach populations, systemic barriers to access, and participatory mapping best practices to ground the project in existing evidence. This review informed a landscape analysis identifying community-based organizations (CBOs) with deep knowledge and trust within non-geographically concentrated populations of interest. Using online databases, spatial analysis, and ARDI’s partner network, organizations were assessed based on their influence, knowledge, and community reach. More than thirty CBOs representing seven communities of interest were selected and formally onboarded through subcontractor agreements.



Phase 2: Preparing and Training Community-Based Organizations

Phase 2 focused on capacity building and resource development to prepare CBO partners for participatory mapping activities. The project team co-developed and translated a suite of materials—including training curricula, facilitator guides, surveys, focus group protocols, contextual maps, and toolkits—tailored to each community’s cultural and linguistic context. CBO partners participated in a series of virtual and community-specific training sessions designed to strengthen facilitation skills, ensure methodological consistency, and enhance understanding of recruitment and engagement strategies. These “train-the-trainer” sessions equipped partner organizations with the tools and confidence to lead data collection efforts effectively within their own communities.



Phase 3: Data Collection and Analysis

In Phase 3, CBO partners led data collection through participatory mapping workshops, focus groups, and surveys with their respective communities. Participants were recruited through trusted local networks to ensure inclusion and cultural relevance. The workshops generated both qualitative and quantitative data capturing community assets, barriers, and service gaps. The project team analyzed focus group notes, transcripts, survey responses, and mapped data to identify cross-cutting themes and spatial patterns. These findings informed the creation of new digital mapping layers integrated into ARDI's *Equity Explorer*, expanding the County's capacity to visualize and respond to the needs of dispersed and underrepresented populations.



Phase 4: Reporting, Evaluation, and Monitoring

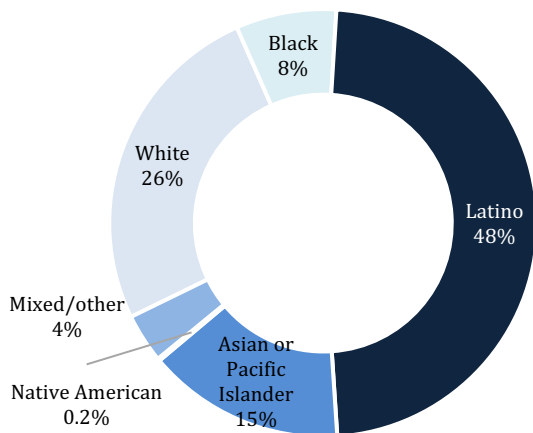
The final phase centered on synthesizing results, evaluating project outcomes, and sharing findings with county stakeholders. The team developed this comprehensive report detailing the methodology, landscape analysis, and key findings from all participatory mapping activities. Materials were delivered to ARDI to inform future equity-centered planning efforts. The project concluded with a set of recommendations to strengthen service delivery and future participatory mapping projects.



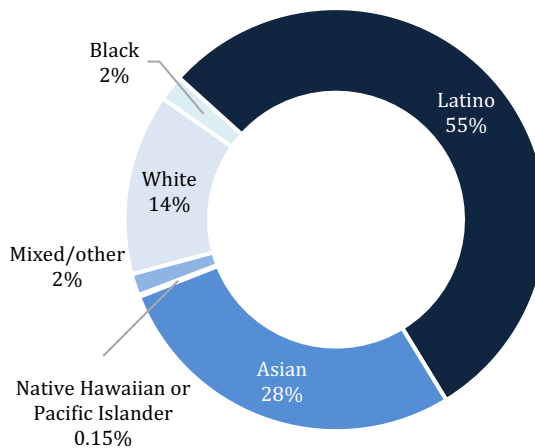
ABOUT THE COUNTY OF LOS ANGELES

The County of Los Angeles is home to approximately 10 million people—a population greater than that of 40 states.¹ The county spans across 4,058 square miles and can be divided into five Supervisorial Districts, eight service planning areas (SPAs), 88 incorporated cities, and more than 120 unincorporated areas.² The county is considered one of the most racially/ethnically diverse regions in the United States with three-quarters of the county's residents identifying as Black, Indigenous, or persons of color. More specifically, 8% of the county identify as Black, 15% Asian or Pacific Islander, 48% Hispanic or Latino, 26% non-Hispanic White, about 4% mixed or other, and 0.2% American Indian or Alaska Native.³ In 2023, the County of Los Angeles had a diversity index of 1.32 compared to a score of 1.22 for the United States with a score of 1.95 being the most diverse occurring when every racial/ethnic group is equally represented within a geography.⁴

Los Angeles County's Total Population by Race/Ethnicity



Los Angeles County's Immigrant Population by Race/Ethnicity



More than a third of the county's population, approximately 3.29 million residents, are foreign born. According to the [California Immigrant Data Portal](#) and [State of Immigrants in Los Angeles County](#), 55% of the county's immigrant population identify as Hispanic or Latino, 28% Asian, 14% White, 2% Black, and less than 2% mixed, Native Hawaiian, other Pacific Islanders, or other. Among the county's immigrant population, 51% are naturalized citizens, 26% are lawful residents, and 23% are undocumented immigrants. Notably, about 1 in 5 residents in the county are either undocumented or live with someone who is.

Collectively, more than 200 languages are spoken in the County of Los Angeles. Among the most spoken languages are English, Spanish, Armenian, Chinese (e.g., Cantonese and Mandarin), Korean, Tagalog/Filipino, Vietnamese, Japanese, and Farsi. Though the percentage of immigrant households that are linguistically isolated (i.e., no member aged 14 years or older speaks only English or speaks English at least very well) has been on the decline in the county, more than a quarter of immigrant households are still considered linguistically isolated. About 32% of Asian immigrants in the county live in a linguistically-isolated household, compared to 28% of Hispanic or Latino immigrants, 23% of White immigrants, and 6% of Black immigrants.

According to the [National Equity Atlas](#), about 12% of people in the county live in poverty. At 18%, Black residents are the most likely to live in poverty, followed by Native American residents (17%), Hispanic or Latino residents (14%), Asian residents (10%), Pacific Islander residents (8%), and White residents (8%). In terms of unemployment, 6% of the county's working-age population (25-64) are unemployed. At 8% and 9%, respectively, Native American and Black residents are among the most likely to be unemployed, followed by Pacific Islander residents (6%), Hispanic or Latino residents (6%), non-Hispanic White residents (6%), and Asian residents (5%).

Among renters in the county, 57% are experiencing renter burden (i.e., spending more than 30% of income on rent). Black renters in the county are the most likely to be rent burdened with 64% of Black renters spending more than 30% of their income on housing costs, followed by Native American renters (59%), Hispanic or Latino renters (59%), Asian renters (55%), White renters (54%), and Pacific Islander renters (44%). Among homeowners, 35% of homeowners in the county are housing burdened. At 42%, Black homeowners are the most likely to be housing burdened, followed by Hispanic or Latino homeowners (38%), Pacific Islander homeowners (37%), Asian homeowners (35%), and non-Hispanic White homeowners (33%). In 2020, 6% of the county's residents live in a high-poverty neighborhood (i.e., defined as census tracts with a poverty rate of 30% or higher). At 11%, Black residents are the most likely to live in high-poverty neighborhoods, followed by Hispanic or Latino residents (9%), Native American residents (6%), Pacific Islander residents (5%), Asian residents (3%), and non-Hispanic White residents (2%).

As can be seen in the statistics, from language needs to economic challenges, residents of the County of Los Angeles face varying issues that may be further exacerbated for populations without access to public resources and services. For non-geographically concentrated

“...recovery must prioritize lifting those who are the most vulnerable and who have disproportionately suffered the harmful effects of the [COVID-19] crisis.”

populations that reside within areas further away from areas with more concentrated populations with shared identities (e.g., ethnic enclaves), they may face disproportionate barriers to accessing culturally-aligned and population-specific resources. In times of disruption (e.g., COVID-19, wildfires, earthquakes), disparate access to resources to recover can lead to unequal and inequitable outcomes. As noted in [No Going Back: Together for an Equitable and Inclusive Los Angeles](#), a collaborative report by researchers from the University of Southern California and the University of California, Los Angeles, “...recovery must prioritize lifting those who are the most vulnerable and who have disproportionately suffered the harmful effects of the [COVID-19] crisis.”





PARTICIPATORY MAPPING & ITS STANDARDS

Participatory mapping is an umbrella term that encompasses various approaches and techniques, blending modern cartography with participatory methods to document and represent the spatial knowledge of local communities. Also referred to as "community mapping," this practice is grounded in the belief that local residents and inhabitants possess valuable insights into their customary lands and resources, which are typically unrecorded. It allows participants to express their ideas and needs through easily understandable visual formats. Engaging directly with community members allows researchers to gather firsthand perspectives, ensuring that the findings resonate with the lived experiences of those involved. This collaborative approach helps to uncover nuances and local knowledge that might otherwise be overlooked in conventional data collection methods. It also fosters trust and encourages participation, as community members see their input valued and reflected in the outcomes. This contrasts with conventional aggregate analysis, which often obscures the intricacies of daily life.

Participatory mapping offers several key benefits that make it an effective tool in planning processes. By including local residents early in the planning process, participatory mapping captures valuable experiential information that reflects the realities of the community. This method provides a quick overview of local issues, highlights potential spatial conflicts, and encourages high levels of community involvement, fostering a sense of ownership and collaboration among participants. Overall, participatory mapping enhances the relevance and effectiveness of planning efforts by ensuring that local voices are heard and considered.

Participatory mapping has been applied in a wide range of contexts, each highlighting its versatility and impact. For instance, in democratic governance, platforms like the [Public Mapping Project](#) allow citizens to engage directly in the drawing of electoral districts—a process

that has been criticized for its lack of transparency. This mapping tool promotes transparency and public involvement in shaping political boundaries. In another example, [Mapping for Rights](#) empowers local and indigenous communities in the Congo Basin to document their land use and ownership of the world's second-largest rainforest, promoting environmental stewardship and indigenous rights. Participatory mapping has also been used to assess environmental risks through the integration of indigenous knowledge.⁵ In this case, tribal groups collaborated in workshops where maps were proposed, critiqued, and revised, fostering critical dialogue and collective decision-making. These examples showcase how participatory mapping can democratize information and enhance local governance.

Participatory mapping stands in stark contrast to the role traditional maps have historically played in establishing and reinforcing unequal power relations, serving as tools to define territories and mark the boundaries of colonial power, segregation, and resource extraction.⁶ In addition, traditional mapping often exists within rigid power structures that rely on quantitative spatial analysis and the politics of representation to depict one way of viewing the world. Thus, critiques of these traditional mapmaking methods emphasize the need for community participation to ensure accuracy and representations of the multiple ways that space can be experienced.⁷ Understanding people's subjective experiences is crucial, especially as these experiences are shaped by broader and changing historical, geographical, and structural contexts.

Power and interpersonal dynamics, such as gender, significantly influence the ways people experience space, and feminist geographers have long highlighted the need for inclusive approaches in spatial analysis⁸. When applied to individual-level data, geographic information system (GIS) methods enable a deeper understanding of diverse experiences. To further this goal, incorporating mixed methods and qualitative data is essential, as they provide rich, contextual insights that quantitative data alone may overlook. By integrating narratives and lived experiences, participatory mapping facilitates a more feminist and decolonialist perspective in GIS methods, challenging traditional power structures and amplifying the voices of marginalized communities. This approach not only enriches spatial analysis but also fosters a more equitable understanding of how various identities interact with and shape their environments.

Participatory mapping is crucial in recognizing the uncertainty in data, which often stems from gaps in traditional methods of data collection. Certain populations, particularly marginalized groups, can be hard to reach due to barriers like socioeconomic challenges, language differences, or distrust of researchers. This can lead to missing data that fails to capture their unique experiences and needs. Additionally, the lack of formal data on marginalized groups complicates the situation further. Many existing datasets do not adequately include information from these populations, resulting in a distorted understanding of their circumstances. Without this critical data, policies and interventions may miss the mark, failing to address the specific challenges faced by these communities. By acknowledging these uncertainties and actively seeking input from underrepresented groups, participatory mapping can enhance the validity of their findings and create more inclusive and effective solutions.

Critiques of these traditional mapmaking methods emphasize the need for community participation to ensure accuracy and representations of the multiple ways that space can be experienced. Understanding people's subjective experiences is crucial, especially as these experiences are shaped by broader and changing historical, geographical, and structural contexts.





SYSTEMIC & INSTITUTIONALIZED BARRIERS ENGAGING HARD-TO-REACH POPULATIONS

Equity is a well-established area of concern for public administrators, public health officials, and government agencies striving to serve its residents, including the most marginalized and hard-to-reach populations.⁹ Significant public resources and programming have previously been directed to enhance racial equity, diversity, and inclusion in service provisions across all levels of government.¹⁰ Such programming has improved inclusion in program deployment and planning, producing both more equitable and more efficient outcomes for constituents.¹¹ Despite the recognition of equity as a foundation for governance and improved investments, many communities are still experiencing uneven access to public services that would improve their livelihood. The literature and research are rife with examples of disparities and inequities that are linked to lapses in service or exclusion from public health or social service provisions. Examples include:

- Native Hawaiian and Pacific Islander Americans and people with disabilities experienced higher rates of COVID-19 infection compared to their counterparts; their lack of visibility as populations has negatively impacted the analysis and deployment of resources to those communities.¹²
- Those with cognitive and physical disabilities are often more likely to experience health disparities and mortality due to barriers and lack of access to services.¹³
- Immigrant communities face higher barriers to accessing public services due to linguistic isolation, hostile political environments, and shame associated with accessing services.¹⁴

- Lesbian, gay, bisexual, transgender, and queer populations often interface with service providers lacking the competency and appropriate skills to provide affirming care; in some cases, they face outright discrimination in an attempt to access services¹⁵.

Given the benefits of increasing equity in public service access and provision, many scholars and practitioners have explored ways to identify barriers and reach populations that have been shut out of public services.

Defining Non-Geographically Concentrated Populations

Non-geographically concentrated communities can be described as hard-to-count populations that are spatially distributed and challenging to locate, contact, and engage (e.g., interview and survey).¹⁶ In this context, the term “hard-to-reach” is used to describe any community or populations that entities (e.g., the government, governing agency, or organization) have difficulty reaching through engagement efforts, or communities and populations that typically face barriers accessing important resources and services.¹⁷ The obstacles they face may cover different facets, including direct discrimination as well as a lack of stable housing, cultural barriers, social stigma, and physical or social isolation. This may entail people who are also excluded or missed by traditional avenues of service provision.¹⁸

Differing factors, often compounding each other, can make it consequently difficult to access services an individual may be eligible for or need for survival, health, and well-being. For example, women surviving domestic abuse may face challenges in accessing domestic violence services due to the need to remain mobile in the face of violence and intimidation from abusers, social stigma, and or lack of financial resources.¹⁹ LGBTQ+ communities of color, spread across multiple geographies, face difficulties accessing services due to heterosexism present within their families, forcing them to adapt their behavior to not risk disclosure, or an inability to afford or find community in other LGBTQ+ enclaves.²⁰ Undocumented immigrants and immigrants in mixed-status families may avoid government agencies and defer utilizing necessary resources and services they are eligible for out of fear of being detained and/or deported.²¹

Differing factors, often compounding each other, can make it consequently difficult to access services an individual may be eligible for or need for survival, health, and well-being.

Historically, some communities have settled into ethnic enclaves and networks that are geographically concentrated and demographically or socially distinct from the areas around them. These enclaves or neighborhoods may have arisen within the community as a way to adapt to systemic barriers and often reflect migration patterns. Their geographic concentration

promotes community members' abilities to share resources, create safety, and ease transition and integration²². As a result, community-based organizations, government outreach, and services strategically locate themselves within proximity of these neighborhoods to maximize impact and efficiently steward resources. Although the development of these organizations and services have brought increased inclusion and service provisions to many of the communities in the analysis, their place-based nature may leave many who are outside of these geographically concentrated areas without services or assistance. For example, culturally-aligned services for Asian American immigrant groups may be more abundant and accessible in areas with greater concentrations of Asian American immigrants (e.g., San Gabriel Valley) and not in other areas where there are smaller and harder-to-count populations of Asian American immigrants from diverse backgrounds. In some immigrant communities, including in the Latino and Asian American communities, groups may settle into more affordable enclaves upon resettlement and then move into other more middle- or working-class neighborhoods. In other types of dispersed communities, group identification may be less solidified and there may not be as clear social network formation around categories, or direct barriers to building community such as disability.

Importantly, concentration changes over time. It is important to note that in Los Angeles County, like many regions of the US, some populations may start as concentrated but disperse with waves of gentrification and shifts in rent and housing prices. In our analysis this included areas where LGBTQ+ communities may concentrate that become increasingly expensive such as West Hollywood, or shifting parts of Boyle Heights, Echo Park, or Northeast Los Angeles where low-income migrants have moved over time. In identifying non-geographically concentrated populations, this analysis examines the needs of the hard-to-reach populations that are geographically and spatially distributed in areas that make it more challenging to provide appropriate resources and services, especially during crisis situations.

Intersectionality

In attempting to address equity, as Black feminist researchers and advocates first brought to center stage, it's important to recognize that identity and group membership are never lived along a single axis, and that in fact, experiences like discrimination or systemic dispossession often occur at the *intersection* of different identity categories.²³ These experiences may have a compounding effect that often exacerbate existing barriers to accessing important public resources and services. Race, ethnicity, culture, gender, sexuality, ability, and migration status are deeply entangled and affect the experiences that different people have navigating service access and seeking support in crises. For example, Latine transgender people may face societal stigmas and transphobia from their families, the queer community, and religious institutions that provide support, but they also face racialized barriers in accessing culturally-competent and language-inclusive services at times due to their immigration status.²⁴ For Native and indigenous two-spirit and queer youth, there are concerns about the difficulties finding culturally-appropriate services and integrating into school and religious communities but also the challenges of finding support and safety from elders and native community members.²⁵

An intersectional lens allows for a more nuanced analysis of the multiple barriers different communities and populations may have historically faced in the lead up to crises, in accessing public resources and services during a crisis, and in their recovery to address overall wellbeing, including economic vitality and other supports. To promote a more equitable approach to support for the communities hardest hit by the pandemic and other disasters—especially the non-geographically concentrated communities (i.e., hard-to-count populations that are spatially distributed and often hard to locate, hard to contact, and difficult to interview)—it is important to better understand populations and the needs of those groups that are often overlooked and invisibilized by existing data. This approach can include allowing community members to share how the totality of experiences shapes their response in times of crisis, such as understanding the needs and aspirations of disabled immigrants with precarious status, queer folks experiencing racism, Asian residents who are refugees, and Native Hawaiians who are often lumped into the broader “Asian American Pacific Islander” category but also have been displaced and impacted by colonialism.



Race, ethnicity, culture, gender, sexuality, ability, and migration status are deeply entangled and affect the experiences that different people have navigating service access and seeking support in crises.

Intersectionality must also extend to the methods of research: an intersectional approach to participatory mapping allows more thoughtful partnership with community organizations who are better equipped to engage hard-to-reach and vulnerable populations with multiple intersecting identities. This means necessarily being willing to understand the dynamic and changing nature of identities and allowing community members to bring their full selves into the process without forcing them to choose or identify with just one singular axis of experience.



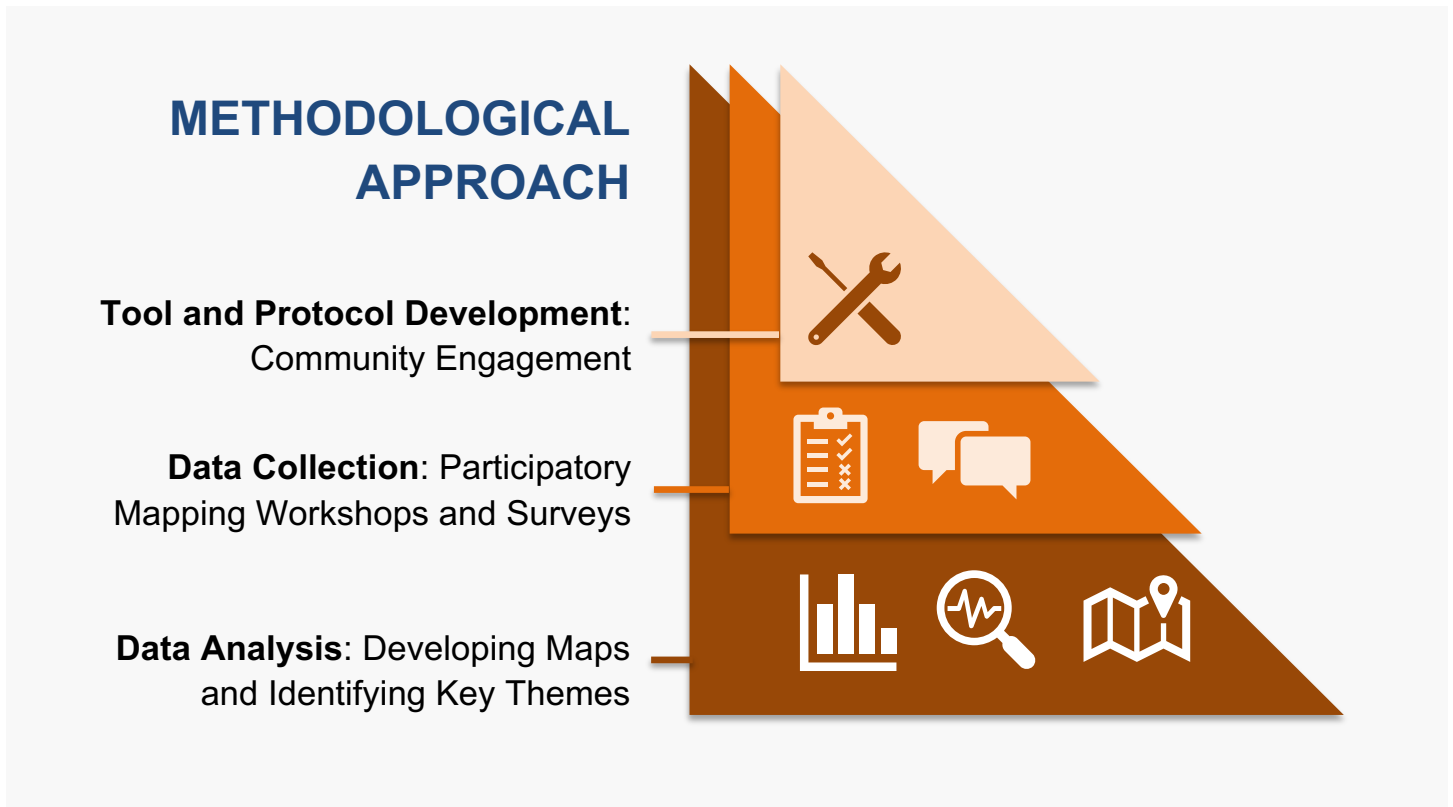
METHODOLOGY

This study began with a meta-analysis and literature review of existing research on community engagement, social vulnerability, and spatial inequities affecting historically marginalized populations. Sources included peer-reviewed articles and papers, public health and urban planning reports, and evaluations of culturally grounded outreach and service models. This review informed the development of a framework for understanding access to resources, trust-building, and cultural competency across different communities.

A landscape analysis, complementing the broader review, was conducted to identify organizations, coalitions, and community-based service providers with demonstrated experience engaging specific subpopulations and geographic areas. This included a detailed examination of publicly available databases, collaborative networks, and ARDI's trusted partner lists to create a database of key actors and potential partners with deep community ties. Importantly, this list was created with an intersectional approach in mind, and the team sought to include organizations that might represent different intersections of experience that have been particularly vulnerable and impacted during crises, such as organizations serving the transgender folks of color. The team assessed each organization and their capacity to facilitate surveys, focus groups, and workshops. A spatial analysis of organizational locations across Los Angeles County was also used to determine their geographic reach and identify potential service gaps.

Based on this combined research, the team developed a priority matrix to assess each organization's relative influence and knowledge. Selection criteria emphasized influence, community trust, cultural sensitivity, and demonstrated experience mobilizing participation and delivering services. Additional factors, such as language access, facilitation skills, and geographic reach, were also considered. Organizations were rated independently by three

evaluators, followed by a reconciliation process to address discrepancies and reach consensus. Findings from this review were combined with input from ARDI to ensure representation across both geography and population groups. The highest-rated organizations were invited to participate, resulting in the selection of more than thirty CBOs across seven communities of interest. This phase ensured that engagement activities were grounded in existing community trust and local expertise.



Tool and Protocol Development: Community Engagement

To ensure an inclusive and culturally grounded approach, the project centered on collaboration with community-based organizations (CBOs) and Tribal Councils that hold trust and credibility within their respective populations. CBO partners led the direct data collection process using a mixed-methods design that included surveys, focus groups, and participatory mapping workshops. Each CBO was responsible for recruiting participants through trusted community networks to ensure inclusive representation. Workshops were co-facilitated by trusted CBO staff, ensuring that discussions were grounded in community relationships and conducted in safe, culturally resonant settings. This participatory approach generated not only spatial data but also qualitative insights into the lived experiences, needs, and priorities of each community.

Most workshops were convened by selecting three CBO partners who recruited participants directly from the community member population. Community engagement was designed as an iterative process, where CBO partners provided input at multiple stages—from shaping outreach

and recruitment strategies to refining workshop tools and protocols. Each organization played an active role in identifying participants, hosting local sessions, and disseminating follow-up surveys to community members. This approach ensured that engagement was not extractive but rather co-developed and responsive to community realities. Within these experiences, CBOs provided important interventions to once again allow people to bring their intersectional identities to the conversation and to reflect the multiple factors shaping their experiences, for example ensuring space for migrants from what was colonized as Mexico to identity as indigenous and to broaden language access to match.

For the American Indian and Alaska Native (AIAN) community, a modified approach was used to reflect its diversity and complex governance structures. Rather than conducting a single community workshop, the team held two sessions with AIAN-focused nonprofit organizations and one with Tribal representatives. This approach ensured that the perspectives of both urban Native service providers and sovereign Tribal governments were represented. Additionally, recognizing the dispersed nature of the AIAN population, organizations were asked to distribute a supplemental survey to their members to gather additional input directly from community members.

A similar modified approach was used to account for the cultural, ethnic, and language diversity in the Asian American community. As the scope of work allowed only three workshops per community of interest, we leveraged CBOs' expertise and experiences serving different Asian American populations to gauge a more comprehensive understanding of the Asian American community. In these workshops, the CBOs participated and shared the experiences and insights on behalf of their communities.

In collaboration with CBO partners, the project team developed a Participatory Mapping Toolkit designed to guide partners through each phase of community engagement. The toolkit included outreach and promotional materials, presentations, training curriculum and scripts, surveys in the county's threshold languages, focus group protocols, contextual maps and templates, FAQs, and video-walkthrough of the survey. All materials were tailored to be culturally and linguistically appropriate to ensure accessibility through translations and visual aids.

Before workshops and focus groups began, all partners attended virtual training sessions that provided an overview of the project, the purpose of participatory mapping, and guidance on implementing the toolkit. These sessions served as a foundation for trust-building and collaboration among CBOs. Follow-up sessions specific to each subpopulation allowed for deeper tailoring of facilitation strategies and refinement of discussion prompts.

Data Collection: Participatory Mapping Workshops and Surveys

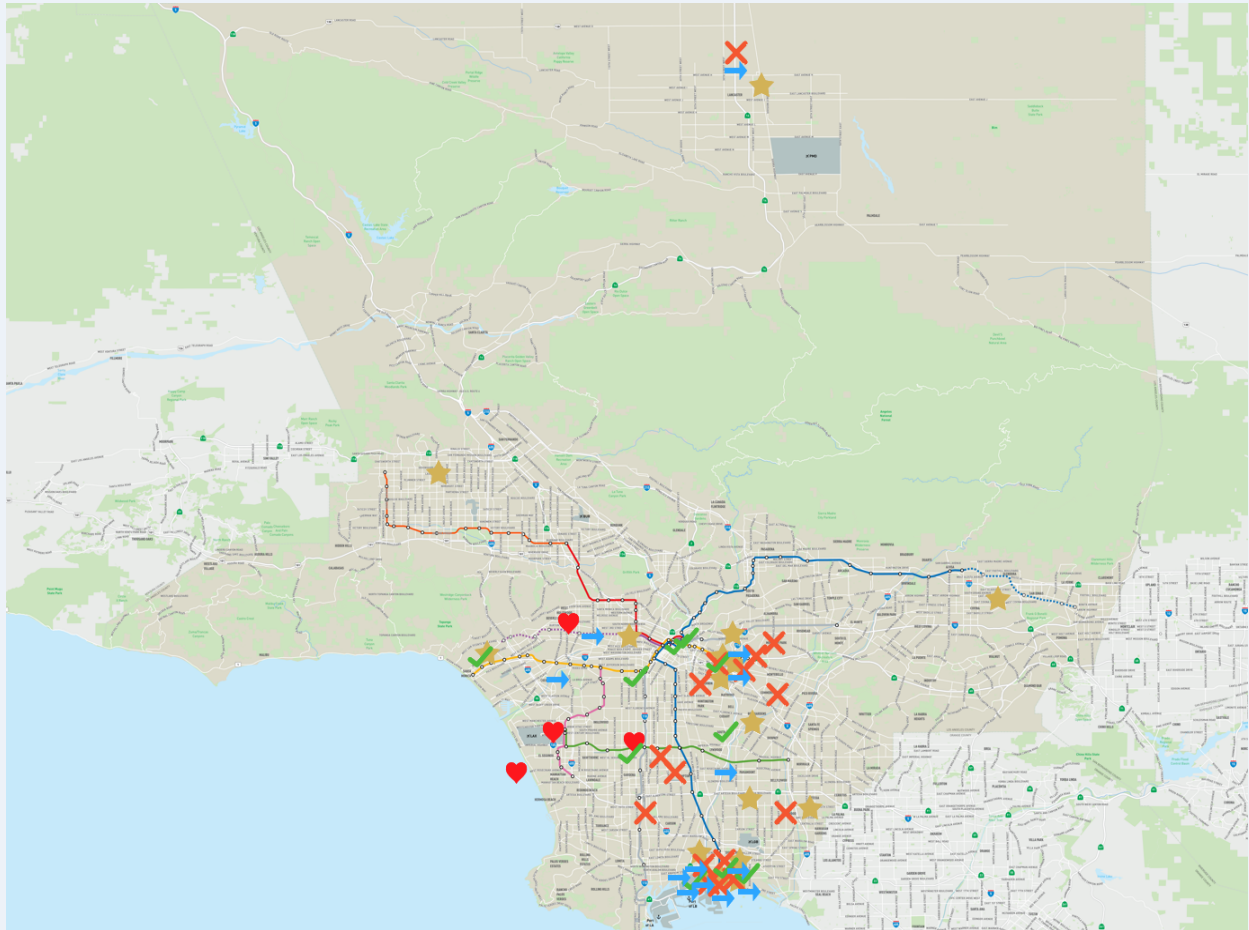
Overall, twenty-one participatory mapping workshops were conducted (three per community). Each workshop included six to fifteen participants and followed a standardized but culturally tailored facilitation guide co-developed with CBO partners during the training phase.

Workshops began with group agreements to establish an inclusive, respectful environment. Facilitators then engaged participants in collaborative framing exercises to help identify everyday assets and community touchpoints. Next, participants were provided with base maps of their community areas—either printed large-format maps or digital interactive versions accessible on tablets or laptops. Using these maps, participants identified locations where participants: (1) live; (2) work; (3) worship or gather for religious or communal reflection; (4) purchase food, groceries, and other goods; (5) have fun, engage in cultural activities, or seek out recreation (e.g., gym, movies); (6) seek help getting food, assistance with paying rent or other bills or legal aid; (7) seek medical care or health services; (8) report on problems in your community, or volunteer; (9) any other places that were important but did not fit into any of the previous categories. Afterwards, participants collectively added mapped points and discussed spatial patterns with the full group (Figures 1 and 2).

Figure 1: Sample Collective Mapping Activity from In-Person Participatory Mapping Workshop



Figure 2: Sample Collective Mapping Activity from Virtual Participatory Mapping Workshop



Following the mapping activity, each session transitioned into a focus group discussion guided by semi-structured protocols. These conversations explored key questions, including:

- What resources or supports do you currently rely on in your community?
- What barriers prevent you from accessing the resources you need?
- What types of services or spaces are missing or difficult to reach?
- Where should missing or improved resources be located?

When necessary, notes, transcripts, and written survey responses were translated into English to ensure consistency across datasets.

In addition to group sessions, each CBO distributed individual surveys to capture broader community input, yielding approximately 400 completed survey responses, which captured the same questions and themes discussed during the participatory mapping workshops.

Data collection activities were closely monitored by the project team, with regular check-ins to address challenges and maintain fidelity to research protocols.



Data Analysis: Developing Maps and Identifying Key Themes

Developing the maps required cleaning and analyzing place-based geographic data provided in the series of participatory mapping workshops and in the survey. Data from paper maps completed during the in-person participatory mapping workshops were digitized, geographic data provided in surveys were cleaned, and all valid geographic data points provided were georeferenced and visualized in ArcGIS Pro, a mapping software. Each category was converted into point data, allowing aggregation across workshops and identification of patterns, such as clusters of essential services or geographic gaps in resource access. The geographic data were aggregated to the ZIP code level to ensure participant confidentiality (e.g., providing input on places they find sacred) and to observe meaningful trends across geographies. Separate mapping files were created for each community of interest. Each mapping file has the following layers to visualize geographic data:



ZIP codes where participants live and/or work



ZIP codes with assets, resources, and services participants rely on



ZIP codes where participants report wanting more assets, resources, and services



Description of ZIP codes with asset availabilities and needs

An iterative thematic content analysis was conducted to identify key themes using qualitative data provided through focus groups and survey data. Qualitative data supplement findings from the spatial analysis and data, including additional community assets. The qualitative analysis reveals participants' experiences with structural barriers, cultural practices, common patterns and trends in access to resources, community resources and gaps, perceived barriers to resources, and suggested improvements.

To assess validity and usability, the team conducted cognitive interviews and user surveys with community member participants and CBO partners to evaluate map accuracy, accessibility, and ethical adherence. Findings from these evaluations informed refinements to the mapping outputs and recommendations for future participatory efforts. See Project Evaluation for more information.



HOW TO READ THIS REPORT & LIMITATIONS

It is important to note that during the duration of this project, several overlapping, major crises radically affected each of the communities we worked with while collecting data. As these crises unfolded, they directly impacted trust, ability to reach community members, service provision, and the data itself. First, the impact of major federal cuts in housing, food access, healthcare, and other services directly targeted vulnerable communities, and the service provision sites many spoke about were being shut down in real time. In other words, community members were reporting in workshops about places that they might have gone to closer to their homes—for example, a transgender health clinic in El Monte or immigrant-serving shelter in Long Beach—which were shut down just the month prior. Additionally, the organizations who participated were scrambling in real time to adjust to this reality and to fill in the expanding gaps in service and care, and thus stretched in their ability to conduct outreach especially for the survey.

Second, throughout summer 2025, when most data collection was happening, the county was experiencing a rapid increase in Immigration and Customs and Enforcement (ICE) raids and abductions that included service provision sites such as shelters and hospitals. This dramatically affected trust, capacity, and availability among community members, including hesitancy to provide any sensitive information. The strain caused from these raids is also reflected in some of the limitations listed below as the impacts shaped the scope of our research, and how we chose to analyze and report the data.

With regards to data, for some of the survey responses, participants would list the name of the city or neighborhood. This was especially true where we asked participants about where they would like to see additional services. To map these data, we chose a geographic midpoint of the area specified by the respondent (on the mapping data known as the polygon). We accounted for this in our findings by mapping out ZIP codes and thus better incorporating the less



geographically precise data in a reliable way that showed us neighborhoods and localities where services are either concentrated or needed. Using ZIP codes as the mapping geography also allowed us to ensure the protection of vulnerable communities and places, they found sacred and important. Many of the assets and sites discussed in workshops allowed subpopulations that were often under threat to access vital resources and services. Therefore, it was imperative that we maintained confidentiality and protection of those spaces, so that the information and maps could not be used by outside parties in ways that might harm those that had entrusted us with their time and experiences.

Additionally, in the process of attempting to cover what is a wide and diverse range of communities in a truncated period, we had limited overall observations for each subpopulation. We sought a balance of depth and breadth by selecting three organizations for communities of interest that represented different subpopulations within a given group that are particularly vulnerable during crises (for example, Black migrants). However, the fact that we saw numerous repeated patterns in our data demonstrates that we were able to reach representative samples with important insights despite statistical limitations.

It is important to note that during the duration of this project, several overlapping, major crises radically affected each of the communities we worked with while collecting data. As these crises unfolded, they directly impacted trust, ability to reach community members, service provision, and the data itself.

The primary respondents for the survey were most often workshop participants. Given some of the compounding pressures noted above, replying to a survey with a gift card drawing alone was much less likely to receive a response than a workshop where trust could be established, and compensation was guaranteed. At the same time, the workshop format allowed us to dive deeper and find complementary qualitative information that provided rich insights into the experiences noted in this report. Pulling from this mixed methods dataset, we were able to more squarely attend to the intersectional nature of these challenges.

Our community partners repeatedly stressed the inseparability of their experiences from an intersectional lens. Thus, we ask readers of this report to consider the ways in which the experiences for each of these geographically-dispersed populations are cross-cutting and shaped by multiple identities (e.g., gender, sexuality, disability, race, migration status, or other axes) simultaneously. There are also distinctions within groups: a heterosexual migrant may feel comfortable, for example, accessing faith-based food pantries, whereas a transgender person may have direct experiences of exclusion; a non-Black migrant may feel welcomed in a given social service office, while a Black migrant from East Africa may have been rejected based on racial bias or not having any language access options; and Black, migrants and/or transgender disabled people may find a wide range of services inaccessible. These examples are based directly on insights from workshops. Thus, we suggest reading each of the community profiles that follow with an eye toward understanding how entangled and interconnected participants' experiences are. Moreover, we encourage deep reflection as to how conclusions drawn from this information must account for such depth and variety of experiences to move forward collectively.

It is crucial to consider the situational context of Los Angeles in this present moment where we see displacement only increasing, in terms of evictions, high cost of living, and other factors that are only heightening geographic dispersal. This means that, coupled with the fact that budget cuts persist and grow, the data should be considered as giving a sense of a given time period. Solutions crafted from these insights therefore must be as dynamic as the times we are living in, and agencies willing to be as responsive and flexible as these crises have demanded of dispersed and vulnerable communities.

...consider the ways in which the experiences for each of these geographically-dispersed populations are cross-cutting and shaped by multiple identities (e.g., gender, sexuality, disability, race, migration status, or other axes) simultaneously.



KEY FINDINGS

The participatory mapping process surfaced a complex but coherent picture of how non-geographically concentrated communities across Los Angeles County interact with public services and resources. Despite their diversity, several themes consistently emerged across groups.



Reliance on Embedded Resources in Communities



Geographic Dispersion and Exclusion of Populations and Resources



Data Invisibility and Lack of Culturally Responsive Practices

Embedded Resources: Trusted, relational infrastructure is the primary access point across communities

Participants consistently stated that they rely first on culturally trusted networks, including community-based organizations (CBOs), faith groups, elders, peer leaders, and informal word-of-mouth, rather than county hotlines or one-off service referrals. These networks serve multiple functions: service navigation, culturally appropriate care, crisis response, and the transmission of knowledge. Participants described how government systems often fail to recognize the organizational and social networks already operating within their communities, leading to duplication of effort, underutilized expertise, and persistent exclusion from decision-making spaces. By resourcing these trusted infrastructure and stakeholders, the County can not only improve access to services but also strengthen the social fabric that enables communities to thrive between crises.

Participants described how government systems often fail to recognize the organizational and social networks already operating within their communities, leading to duplication of effort, underutilized expertise, and persistent exclusion from decision-making spaces.

Spread Out: Geographic dispersion and administrative geographies (re)produce exclusion

Across communities, participants identified structural and bureaucratic barriers that limit access to essential resources. Many communities are widely dispersed across the county, but gather temporally and relationally through powwows, seasonal events, cultural workshops, churches, peer meetups, or organizations engaging specifically with their community. Yet, this reality is not fully reflected in resource distribution or service provision by the County. Common issues included difficulty accessing transit, specialized needs (e.g., cultural, language, disability), rigid funding requirements, and geographic eligibility requirements that fail to reflect non-geographically concentrated populations.

Consequently, workshop participants across many communities described services being unreachable even when available on paper (e.g., food distributions too far, long wait-times, and clinics with language barriers or lack of culturally competent care). Moreover, County tools and funding criteria anchored in ZIP codes, SPAs, or facility-based metrics do not incorporate

knowledge of this dispersion and the resulting challenges into decision-making. Reimbursement models, nonprofit-status requirements, and short-term grants advantage organizations with cash reserves and institutional capacity. Participants linked these rules directly to organizational instability and service gaps. This was voiced by many CBOs and community groups, including AIAN representatives (tribal funding exclusions), immigrant CBOs (capacity constraints stemming from citizenship or documentation status requirements), and disability service groups (small organizations losing staff).

Hidden: Data invisibility and lack of culturally responsive practices shape resource flows

There was also widespread agreement that representation and recognition shape access to resources. Communities reported being undercounted or misclassified in conventional data systems. AIAN participants emphasized erasure rooted in settler colonial data practices. In workshops, organizational leaders noted that systems often lump AIAN individuals together with other identity groups due to the intersectional nature of the urban Native community (for example when someone identifies as both AIAN and Hispanic on the census). Furthermore, these governmental systems are built on federal recognition frameworks that exclude non-federally recognized tribes from funding and consultation reinforcing a cycle of erasure. Similarly, organizations serving historically marginalized communities (e.g., immigrants, Asian Americans, LGBTQ+, TGI) described how restrictive eligibility criteria tied to citizenship or documentation status exacerbate exclusion, particularly for those working in informal economies or living in mixed-status households. Immigrant groups also described fears about data sharing and legal exposure. LGBTQ+/Two-Spirit and disability community members reported that mainstream data rarely captures their intersectional needs (e.g., trans elders with disabilities). Furthermore, disability advocates emphasized the ongoing absence of physical accessibility, inclusive communication tools, and cross-system navigation support.





COMMUNITY PROFILES

This study integrates qualitative, quantitative, and spatial data with previous research to develop community profiles for Los Angeles County’s American Indian and Alaska Native (AIAN), Asian American, Immigrant, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+), Native Hawaiian and Pacific Islander, disability, and transgender, transexual, gender-diverse, and intersex (TGI) communities. These communities were identified as those that have been disproportionately impacted by COVID-19 and particularly vulnerable to crises. In these community profiles, specific subpopulations were focused on to uplift nuanced marginalities within the communities of interest. Partnerships with trusted organizations who serve these groups were intentional to ensure these historically marginalized and underserved communities had the opportunity to provide their insights regarding the assets in their community, resource needs, barriers to access, and their input on what can improve access.

American Indian and Alaska Native (AIAN): Given the dispersed and diverse populations of Los Angeles County’s AIAN community, this study involved multiple organizations serving the different AIAN communities in the county and Tribal groups. These community leaders participated in participatory mapping workshops and focus groups, while also supporting the distribution of surveys to their membership and community. This approach allowed a more comprehensive understanding of the AIAN community.

Asian American: Given the dispersed and diverse populations of Los Angeles County’s Asian American community, this study involved multiple organizations serving the different Asian American communities in the county. These organizations provide vital services, resources, and information to different Asian American communities in different languages and culturally-

aligned strategies, including Asian Americans living in non-geographically concentrated areas. This strategic approach allowed for a more comprehensive understanding of the different impacted communities (e.g., Cambodian, Chinese, Indian, Japanese, Korean, Thai, Vietnamese) within the scope and given resources of this study (e.g., addressing multiple language needs in participatory mapping workshops). Organizations were asked to engage their communities and membership prior to participatory mapping workshops and focus groups to be able to provide more holistic insights and inputs, while also supporting the distribution of surveys to their membership and community.

Immigrant: The immigrant community in Los Angeles County is diverse by many measures (e.g., race/ethnicity, age, status, socioeconomic class). To focus this effort on those who are particularly vulnerable during times of crises, this study partnered with organizations who serve Black immigrants, undocumented immigrants, and indigenous migrants in the county, including those who live in dispersed and non-geographically concentrated populations. The partner organizations convened members from the immigrant and migrant communities who have been especially impacted by crises like the COVID-19 pandemic and wildfires, given their intersectional identities that hinder their access to public resources, services, and programs, particularly in times of emergencies.

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+): The LGBTQ+ community is diverse and dispersed across the county, with a particular concentration in urban cores like West Hollywood, Downtown Los Angeles, and Hollywood. These areas with higher concentrations of LGBTQ+ people also have more assets, resources, and services tailored specifically to the LGBTQ+ community. Within this community, the most vulnerable, especially during times of crises, are those who have the highest barriers to these resources to meet their basic needs. This study partnered with organizations who serve the LGBTQ+ community in the San Fernando Valley, the Antelope Valley, the San Gabriel Valley, and South Los Angeles—areas that are further from the concentration of LGBTQ+ resources in West Hollywood, Downtown Los Angeles, and Hollywood. These partner organizations also serve community members who identify with other marginal identities that limit their access to resources, including those who are low-income and racial/ethnic minorities. This approach allows a more focused understanding of the LGBTQ+ community with limited access to assets, resources, and services because of their geographic location *and* marginal identities.

Native Hawaiian and Pacific Islander (NHPI): The NHPI community is diverse when considering the different cultures, languages, histories, migration patterns, and legal relationships to the United States. In Los Angeles County, the NHPI community is relatively small and dispersed with some concentration in areas like the South Bay and Long Beach, where there are also long-established NHPI-serving institutions (e.g., service organizations, churches, cultural groups). This study partnered with organizations that serve NHPI communities across the county, including those who live in dispersed, non-geographically concentrated areas. The partner organizations convened community members from across the county, including those who travel far distances to access important cultural assets, resources, and services.

People with Disabilities: The disability community is somewhat evenly dispersed across the county in similar patterns with the general population as disabilities are prevalent across race/ethnicity, socioeconomic class, and age. This study partnered with organizations that work with and provide services to disabled residents, experiencing physical and/or cognitive disabilities, from across the county, including those who live in urban, suburban, and rural areas. The partner organizations brought together community members with varying experiences of access to assets, resources, and services. The partner organizations serve particularly vulnerable populations who face the greatest mobility barriers, a challenge that is exacerbated during times of crises and when needing to travel to assets, resources, and services.

Transgender, Transexual, Gender-diverse, and Intersex (TGI): The TGI community is present throughout the county with a relatively stronger presence in areas like West Hollywood and Downtown Los Angeles, where there are more resources and support for the broader LGBTQ+ community. Given the TGI's particular marginalization, even within the LGBTQ+ community, it is important to uplift this community's needs, especially during times of crises. Within this community, the most vulnerable are those who have the highest barriers in meeting their basic needs. This study partnered with organizations who serve the TGI community in the San Fernando Valley, the Antelope Valley, and South Los Angeles—areas that are further from the concentration of LGBTQ+ and TGI resources in West Hollywood and Downtown Los Angeles. These partner organizations also serve community members who identify with other marginal identities that limit their access to resources, including Black trans women in South Los Angeles and Latine trans folks in the Antelope Valley and San Fernando Valley. This approach allows a more focused understanding of the TGI community with limited access to assets, resources, and services because of their geographic location *and* marginal identities.

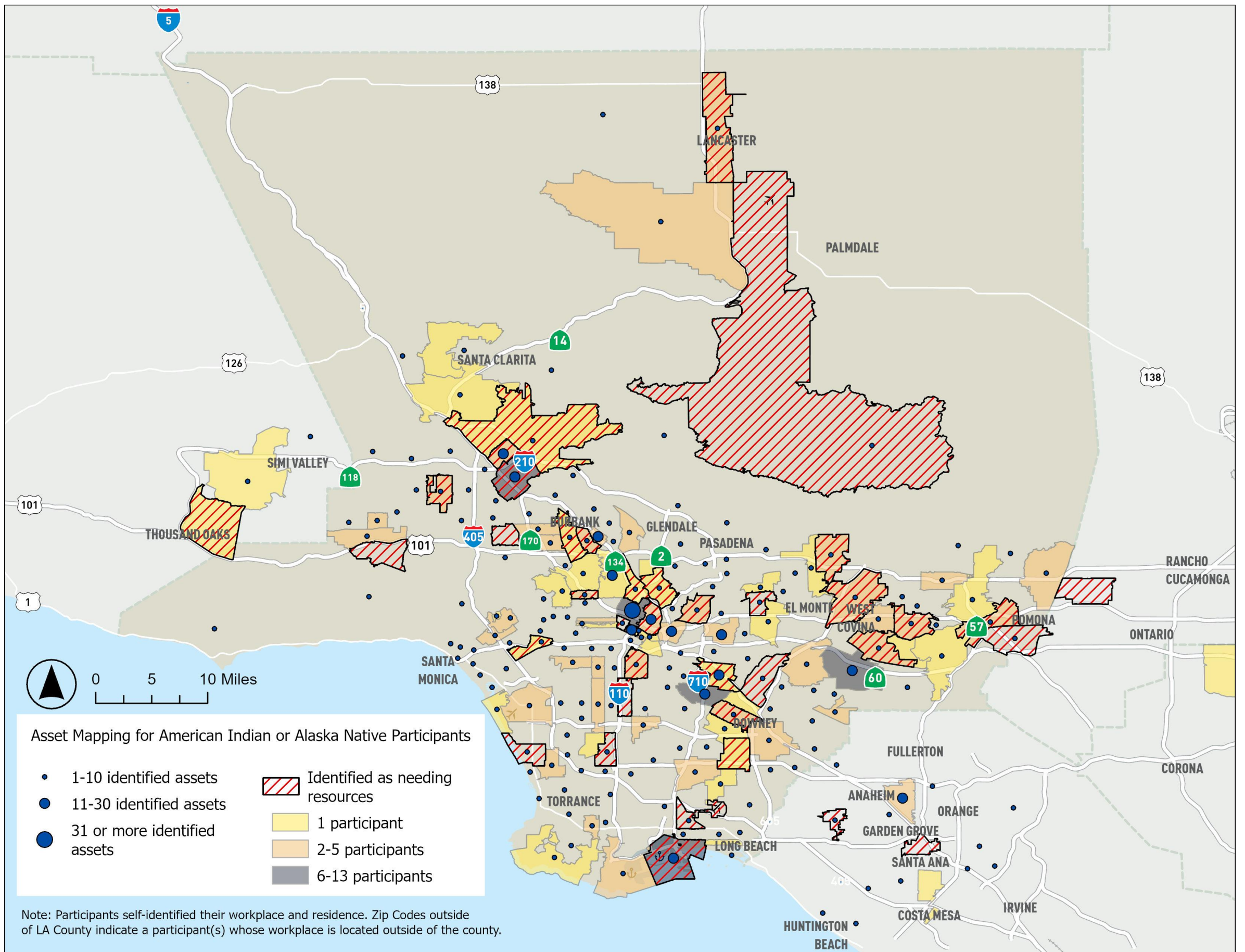
In these community profiles, specific subpopulations were focused on to uplift nuanced marginalities within the communities of interest. Partnerships with trusted organizations who serve these groups were intentional to ensure these historically marginalized and underserved communities had the opportunity to provide their insights regarding the assets in their community, resource needs, barriers to access, and their input on what can improve access.



American Indian or Alaska Native Community Profile

Los Angeles County's Native community includes local tribes with ancestral ties to the land and urban Indigenous residents from many tribal homelands. While widely dispersed across the region, the community has built a robust ecosystem of Native-led organizations, cultural spaces, and relational networks that provide care, knowledge, and critical services. Figure 3 visualizes some of these shared assets for participants from the AIAN community. Still, Native people face persistent gaps in land access, stable funding, healthcare, housing, and targeted support for vulnerable groups within this subpopulation. Barriers such as lack of public sector recognition, rigid funding rules, and colonial legacies deepen these challenges, but the infrastructure for solutions already exists. Workshop participants emphasized that the most effective way forward is for the County to invest in and expand the culturally grounded supports already in place.

Figure 3: Asset Mapping for American Indian or Alaska Native Participants



Background

Los Angeles County is home to overlapping but distinct American Indian and Alaska Native (AIAN) communities. First are the local Tribal nations whose ancestral village sites and cultural landscapes lie within the county; these Tribes maintain place-based, intergenerational ties to the land but may face limited recognition, constrained access to federal resources, and chronic underrepresentation in public planning. Second is the urban Indigenous population: people from a wide range of tribal homelands who have settled in Los Angeles through migration, often under conditions shaped by federal policy (namely relocation and termination programs such as the Navajo-Hopi Act and its subsequent expansions).^{26 27} Many members of the urban Indigenous community maintain connections to distant tribal governments while also building new, city-based social networks and cultural institutions.

As federal actions concentrated Indigenous populations in cities while severing ties to their ancestral land and resources, both Tribal nations and urban AIAN communities today must be central to local governance, disaster preparedness, and public health planning. The urgency of this inclusion was underscored during the COVID-19 pandemic, when AIAN communities faced disproportionately high infection and mortality rates.²⁸ Recovery planning cannot simply replicate top-down approaches; instead, it must draw on AIAN communities' own roadmaps for resilience, which emphasize reintegration with land, culture, and reciprocal systems of care.²⁹

There are several obstacles that must be recognized for authentic and meaningful collaboration with the AIAN community. First, AIAN communities have a deep-rooted distrust and mistrust of outsiders, particularly researchers and government institutions, given their history of systemic abuse and neglect.³⁰ Successful programs aimed at supporting indigenous communities must prioritize building trust and addressing the historical wrongs experienced by these populations. The goal of preserving sovereignty and autonomy is central to indigenous communities, thus, service providers who demonstrate cultural awareness and acknowledge historical trauma as a determinant of health and social outcomes are best equipped to engage and support the AIAN communities effectively.³¹

The goal of preserving sovereignty and autonomy is central to indigenous communities, thus, service providers who demonstrate cultural awareness and acknowledge historical trauma as a determinant of health and social outcomes are best equipped to engage and support the AIAN communities effectively.

Another persistent challenge in supporting and engaging AIAN communities is the lack of accurate, disaggregated data. Historical migration from ancestral lands has resulted in the dispersion of indigenous populations, making it difficult to identify and provide services to AIAN communities. This issue is compounded by mixed racial and ethnic identifications, which often lead to the misclassification of AIAN individuals in public data.³² Additionally, the small size of the population poses challenges for representative sampling and tribal-level disaggregation. Addressing these data gaps is critical for improving service delivery and fostering equitable outcomes for AIAN communities.

Community Input: Living and Working in Los Angeles County

More than 326,000 people in Los Angeles County identify as American Indian or Alaska Native, either alone or in combination with other races (2024 American Community Survey 1-Year Estimates). The Native community is sizable and deeply rooted, yet its presence is not concentrated in easily mappable or administratively convenient ways. This dispersion is evident in both the primary data collected for this project as well as in secondary data sets such as the Decennial Census and American Community Survey. Although there are modest clusters in areas such as Hawthorne, Carson, Long Beach, and the Gateway Cities of Norwalk, Santa Fe Springs, and Cerritos, (2019-2023 American Community Survey 5-Year Estimates), the AIAN community in Los Angeles remains highly dispersed. From Long Beach to Lancaster, Native individuals and families are spread across the region, making traditional mapping practices and place-based service models poorly suited to their lived realities. As one participant noted, *"It's a little bit tricky to kind of say, oh, here's like the main ZIP codes, or here's the main cross streets or main cities. I feel like, for our communities, especially in the urban settings, we're very spread out."*

Moreover, participants brought up the difficulty of being counted accurately due to the history of settler colonialism and the large proportion of the AIAN population with mixed ancestry. A workshop participant shared *"While I was at DCFS was the frustration of having children who were, for instance, Navajo or Dene and also had some Mexican [ancestry]. And you put, if you put Mexican or Hispanic on anything in the County, it goes to that count. It never was counted as [Native American or American Indian]...it's a disservice to our community. So, it's a big deal. It's a really big deal."*

"It's a little bit tricky to kind of say, oh, here's like the main ZIP codes, or here's the main cross streets or main cities. I feel like, for our communities, especially in the urban settings, we're very spread out."

Community Input: Resource Availability

Native community members in Los Angeles emphasized that resource availability is rooted in trust, cultural grounding, and interdependence rather than formal government systems. From collaborative Native-led organizations to sacred natural sites, everyday practices, and digital networks, these diverse spaces form the backbone of support, care, and cultural continuity across a highly dispersed population. Looking at the AIAN asset maps (Figure 1), there is a wide dispersion of resources across Los Angeles County, which reflects the strong community infrastructure that organizations and tribal leaders referenced in focus groups.

Importance of Trusted Community Spaces

Community members brought to the fore how access to resources is most effective when rooted in safe, culturally grounded spaces. Instead of turning to government agencies or impersonal referral systems, people rely on Native-led organizations, peer networks, and word-of-mouth to find services, share knowledge, and seek support. These spaces, whether they are community centers, women's circles, or powwows, serve as hubs where elders pass down stories, caregivers exchange guidance, and families connect to opportunities in ways that are relational and respectful.

“It's our small communities and our safe spaces... whenever I have an issue, whenever I have a problem, you know, it's word of mouth now, not so much technology. I know we have 2-1-1, you know, I can go and look for it, but it's not what I'm looking for about cultural teachings, traditional learning, our traditional ways.”

Because the Native community in Los Angeles is geographically dispersed, these trusted spaces take many forms. They include Native-run nonprofits, church gatherings, seasonal events, and increasingly, digital platforms like group chats, organizational text alerts, and social media. Many of these networks extend beyond county lines, reflecting the cross-jurisdictional nature of Native life in the region. Participants shared mainstream service delivery such as 2-1-1 or 3-1-1, which were often secondary contacts in emergencies. This sentiment was summarized by one participant stating, *“It's our small communities and our safe spaces... whenever I have an issue, whenever I have a problem, you know, it's word of mouth now, not so much technology. I know we have 2-1-1, you know, I can go and look for it, but it's not what I'm looking for about cultural teachings, traditional learning, our traditional ways.”*

Collaborative Community Strength

Despite systemic underinvestment and structural barriers, Native organizations in Los Angeles have built a resilient and far-reaching ecosystem of support. Driving home this point, one participant shared: *“Everybody really uplifts one another... We're just not often given the position, I think of power because our community doesn't embrace power in the same way. But I think the relationships are our power.”* These networks provide a wide range of services, from housing and workforce development to cultural revitalization, youth organizing, and climate resilience. Importantly, many organizations also take on functions that governments typically provide, such as needs assessments, data collection, and case management, tailoring these efforts to reflect community realities. One participant shared, *“Our native orgs work in collaboration behind the scenes. We're having case conferences between organizations and we're really trying to help our community members in need and helping one another and continually growing our wealth.”*

Alongside organizational support, Native community members rely on elders, family, trusted community spaces, and sacred natural sites for strength, healing, and guidance. Elders are valued for their lived experience, while cultural and spiritual practices, such as gathering at the ocean or springs, are seen as essential to well-being. One leader emphasized this point by saying in times of crises they, *“turn to the elders, asking questions, seeking advice to find solace and reprieve in times of need, and also thinking of how to move forward during difficult times. So, I think of that as like turning to my family, the extended tribal community.”*

“Our native orgs work in collaboration behind the scenes. We're having case conferences between organizations and we're really trying to help our community members in need and helping one another and continually growing our wealth.”

Cultural Preservation and Traditional Knowledge

Participants emphasized that resource availability cannot be separated from cultural preservation. Traditional knowledge is sustained through everyday practices rooted in specific environments: gardens that provide food and medicine, bodies of water used for ceremony, and art spaces that foster creativity and intergenerational exchange. These are not always formal institutions or designated cultural centers but often hyper-local, community-managed, or part of the natural world. In particular, access to green space and open land was seen as vital. These resources are essential to continuity of traditional knowledge with one participant explaining, *“I think there's so much land around, like in LA county and their surrounding areas that sometimes*

are accessible, sometimes they're not. So, I think developing those types of things to further our, you know, access to, like, food, to healthcare. I think all of those things are inherently tied to one another and be able to, like, I don't know, gather medicine, gather plant relatives that are important to sustaining our diet.” Bodies of water were also consistently mentioned as an essential resource which was represented by a participant sharing, *“I think of water [as an asset], drinkable, fresh water from, you know, the land. And also a place to practice traditional ceremonies that different native peoples in LA continue to do.”*

At the same time, participants underscored that not all cultural spaces can—or should—be treated as publicly available resources. Sacred and ceremonial places are governed by cultural protocols that prioritize privacy and respect, and community members emphasize the importance of protecting them from unwanted exposure or exploitation. Historical experiences of grave hunting, extractive research, and institutional mishandling of Native artifacts highlight why cultural sites require community control over what is shared and how.

Community Input: Resource Needs

Participants identified critical gaps in land access, funding structures, and essential services, underscoring how systemic barriers continue to undermine Native wellbeing across Los Angeles County. Needs were especially acute for elders, Indigiqueer and Two-Spirit individuals, and youth with disabilities and their caregivers, highlighting the importance of targeted, culturally grounded investments that address both material survival and cultural continuity. Additionally, the AIAN asset maps reveal that there remains dispersed and wide-spread need for more targeted resources for the AIAN community throughout Los Angeles County. In particular, three sections of the county appear to have need for more resources clustered together: 1) cities in the west of the county such as West Covina, Hacienda Heights, and Diamond Bar; 2) northern areas including Lancaster and Palmdale areas; 3) southern areas near San Pedro and Long Beach.

Access to Land

Access to land emerged as a central resource need. Participants stressed that land is not only about physical access but also about the ability to practice traditions in ways that are private, meaningful, and free from outside intrusion. Tribal members described ongoing difficulties securing entry to ceremonial and ancestral spaces, despite some progress through restoration projects and memoranda of understanding. Cultural objects remain scattered across county institutions, and the absence of a centralized, Native-governed space for preservation and storytelling was described as a critical gap. This was captured when a participant explained, *“All of our artifacts are spread throughout all of LA City and all of LA County. I think that the county owes us a lot. And a home for the relics and the artifacts and the ancestors that they forcefully removed and stolen is at the top of my list.”* For many, such spaces are necessary not only for healing and cultural continuity but also for asserting visibility in a region where Indigenous presence has long been displaced and erased.

Funding

Funding structures were also identified as a persistent barrier. Participants representing different community organizations emphasized that the community already has the infrastructure to provide essential services, but it lacks the stable and adequate funding needed to sustain it. In addition, many Tribal governments are excluded from County and State grants that require nonprofit status or federal recognition. Both tribes and non-profits mentioned frustration with bureaucratic processes that favor those with institutional access and financial flexibility. In particular, reimbursement-based models create prohibitive upfront costs for communities with limited financial reserves. These mismatches between institutional requirements and community realities have undermined stability, contributing to program closures in recent years and restricting the reach of Native-led services despite their essential role. A participant shared how the funding environment has become more challenging over time, particularly in the wake of COVID-19, sharing, *“I have a career where I've needed services here and there and then things happen where family, you know, situations you do require to reach out to people. Those organizations are no longer here that I needed when I needed them. And that's sad to hear.”*

“I have a career where I've needed services here and there and then things happen where family, you know, situations you do require to reach out to people. Those organizations are no longer here that I needed when I needed them. And that's sad to hear.”

Widespread Precarity, Lack of Information

Participants highlighted widespread precarity across essential needs, including limited public transportation, struggles to access healthcare marked by long wait times, scarce affordable and safe housing especially near traditional village sites, and ongoing struggles with food security. These challenges are compounded by the geographic dispersion of Native households, which makes it harder to reach food distribution sites, healthcare providers, transportation systems, and crisis response services.

Alongside these material gaps, participants emphasized the lack of centralized, accessible information about available resources. Many described learning about services only by chance or word of mouth, which creates additional burdens for community members who are constantly trying to share information with others. A workshop participant shared their experience stating, *“I think one of the things that's missing is just people being aware of all of the different organizations. I think there's a lot of different orgs that I'm constantly learning about...I think*

having a platform, a stronger platform for us to be able to have other people know about it... I'm constantly referring people to different resources that they've never even heard of and they had no idea that they could have been using for years.” Tools like the Red Pages and Urban Native 411 are essential and under development by organizational leaders, but they need to be updated and require financial support to make them more accessible and sustained. Participants called for a living, culturally grounded platform that integrates both formal services, such as healthcare, education, and legal aid, and informal networks of care, including traditional healers, artisans, and elders.

Targeted Service Provision

Community members identified persistent gaps for specific groups within the Native population: elders, Indigiqueer and Two-Spirit individuals, and youth with disabilities and their caregivers. Notably, these same groups were also identified previously in a report by the L.A County Department of Mental Health and So'oh-Shinálí Sister Project.³³ These subpopulations are often excluded from eligibility criteria or overlooked in program design. For example, in programs like TANF you must have a child dependent, which leaves elders without support despite their essential roles as cultural keepers. The cultural importance of elders and their deep need was echoed by several participants with one person saying, *“I just really want to add more emphasis on the support for our senior relatives. I think the food thing is truly number one on many of our lists, especially with our relatives retiring and trying to stay in California. You know, we've built generations out here, despite being from tribal nations everywhere.”* Similarly, caregivers of youth with disabilities face compounded burdens navigating schools, healthcare systems, and mental health needs for their entire family unit with little tailored assistance. Two-Spirit and Indigiqueer individuals experience a lack of visibility in both Native and non-Native service infrastructures, resulting in scarce affirming spaces and limited culturally competent resources.

“I just really want to add more emphasis on the support for our senior relatives. I think the food thing is truly number one on many of our lists, especially with our relatives retiring and trying to stay in California. You know, we've built generations out here, despite being from tribal nations everywhere.”

Community Input: Existing Barriers to Access

Native communities in Los Angeles face barriers rooted in both geography and governance, including wide dispersion across the region that makes standard service models ineffective,

while limited recognition—especially for non-federally recognized tribes—undermines access to resources and representation. These challenges are compounded by structural legacies of settler colonialism, which continue to render Native people invisible in public systems and perpetuate inequities in funding, data, and decision-making.

Heavily Dispersed Community

Participants emphasized that Native people in Los Angeles often connect through culturally significant practices and relational networks that stretch far beyond conventional geographic boundaries. Social ties and resource networks extend across counties and even state lines. This wide dispersion makes it difficult to identify community “hubs” using standard tools like ZIP codes, census tracts, or Service Planning Areas (SPAs). To this end, a participant shared, “...[our organization was] supported by funding of \$100,000 a year from LA County. And that stopped because we didn't fit...we heard that often our community didn't fit into this SPA structure.” Institutions that fail to recognize this dispersion, or that treat small numbers as insignificant, risk perpetuating the invisibility and underinvestment that Native communities have faced for generations. To this end, an organization representative uplifted a common sentiment, “We also have to think about how people are getting together, when they're getting together, whom those connectors are and how people are connecting. When I look at events and we have let's say 500 people, that may not be a large gathering in comparison to the overall L.A. non-native population, but that would be, you know, what I would call significant gathering or Native community. I think an important piece of this particular research report has to also be focused on the equity of numbers and understanding, you know, what is significant for us when we come together.”

Challenges of Recognition and Representation

Tribal groups described persistent struggles for acknowledgment, particularly for non-federally recognized tribes whose existence and contributions are routinely overlooked by public institutions. This lack of recognition limits access to resources, excludes tribes from key decision-making bodies, and often forces unpaid or uncompensated participation in County processes. Tribal leaders urged the County to help in this fight for recognition, “*the County of Los Angeles is willing to be defiant against the federal government, they should also be defiant against what the federal government is doing to us by not recognizing that we're still here.*” Participants stated that representation on official commissions remains minimal, and when opportunities for engagement do occur, they are frequently short-term or symbolic rather than sustained commitments to partnership. Many participants spoke of the resulting sense of erasure and being rendered invisible within their own homelands despite ongoing efforts to protect cultural sites and maintain tribal governance.

In workshops, Tribal leaders also discussed the importance of power sharing and co-production rather than simpler forms of consultation. They discussed funding rules that prioritize nonprofit intermediaries over tribal governments, coupled with rigid grant requirements, which divert resources away from Tribal Councils. This was summed up by a participant explaining, “It's a

love-hate relationship with the [County]...And that's because it has different [leaders]. Some are hot, some are cold. They offer a community block grant. Sometimes there's favoritism...within that organization I feel a lot of erasure of our people because Los Angeles has so many inter tribal Native Americans...And I feel like the [County] has kind of contributed to some of that erasure.”

Settler Colonialism

Participants identified settler colonialism as the root cause of the persistent disparities Native communities face. Rather than viewing gaps in services or data as accidental or isolated, participants and community leaders emphasized that these are the ongoing results of systemic disinvestment and exclusion rooted in a long history of colonization. This structural reality not only shapes present-day inequities, but it also constrains the ways Native communities are seen and counted within public systems. One key barrier highlighted was the reliance on geographic markers—such as ZIP codes or predefined neighborhood boundaries—that do not reflect how Native communities are organized or where they live. An organizational leader explained, *“When you ask why are things missing, it's settler colonization. It is ongoing and that is what we're still dealing with. Because even for those of us who represent organizations and we're getting funds, we have to make the case to not use geography or ZIP codes for our data analysis.”*

“When you ask why are things missing, it's settler colonization. It is ongoing and that is what we're still dealing with. Because even for those of us who represent organizations and we're getting funds, we have to make the case to not use geography or ZIP codes for our data analysis.”

Community Input: Improving Access to Needed Resources

Participants stressed that improving access requires investing in Native-led infrastructure that already exists, expanding flexible service models, and strengthening coordination with Tribal Councils. Effective support must also recognize the distinct needs of local tribes with ancestral ties to the land and the broader urban Indigenous population, ensuring both groups are resourced in ways that reflect their unique identities and connections to place.

Invest in Existing Community Infrastructure

Participants emphasized that the most effective way to improve access is not to create new systems from scratch, but to invest in and expand the Native-led infrastructure already in place and functioning effectively. Community organizations and Tribal Councils have developed trusted, culturally grounded networks of care that are responsive to the realities of dispersed Native populations. This was encapsulated by a participant sharing, *“I think some of the assets in our community are represented and led by the women in this group...those are assets for my kids. I think of all the native led orgs that provide community connection, like genuine protective factors in ways that are very different than like my local city community center does.”*

Participants felt that mainstream systems often overlook this infrastructure as a strength, either failing to recognize the depth of these collaborations or burdening Native organizations with short-lived initiatives and fragmented databases that do little to improve long-term outcomes. There is significant need for additional resources to expand flexible service models that recognize community dispersion and improve intergovernmental coordination with Tribal Councils. In particular, Tribal leaders discussed the importance of flexible programs that recognize the inherent dispersion of their community members and felt the best practice for further service development would be through a voucher system since there is no single location that can adequately serve everyone’s needs.

Indigenous Identity and Land Connection

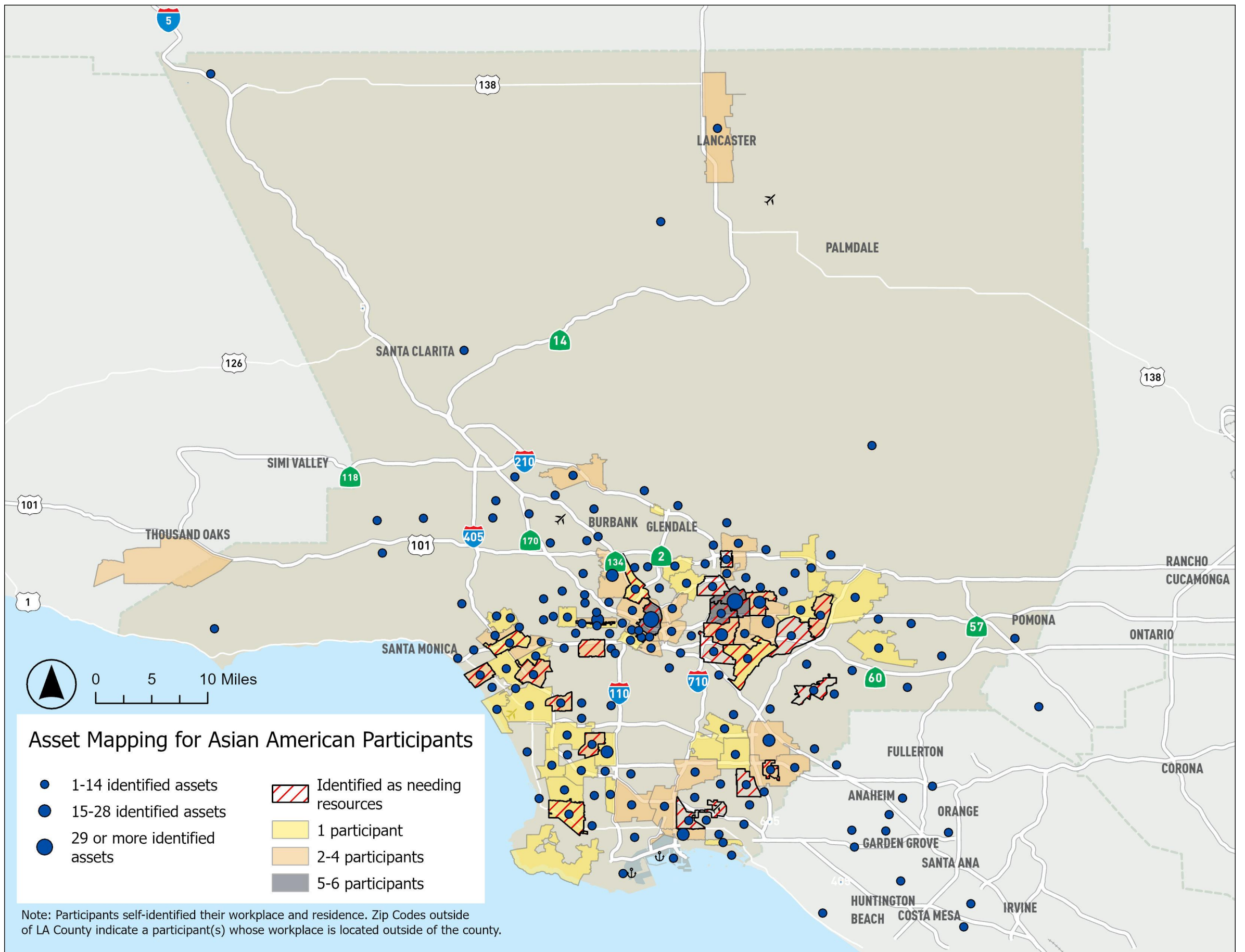
Tribal participants emphasized their deep, enduring connection to Los Angeles County as original inhabitants with ancestral ties that stretch back in time. This relationship is not only historical but also spiritual, reflected in creation stories and ongoing cultural practices tied to specific landscapes. As a result, local tribes' needs are deeply rooted in their ancestral sites and cultural landscapes, which creates distinct challenges and requires formal recognition from County government officials. This sentiment was captured by one leader stating, *“Our needs are different than the needs of those indigenous people who are pushed here, which is awful and terrible and they have a terrible story too. But you can’t push us any farther. This is our ancestral homeland. We can’t go anywhere else...This is where creation started.”* The group highlighted that while some assets and needs overlap between tribal communities and the broader urban Indigenous population, they also differ significantly, *“I think for us, a lot of us stay here in Southern California because we don’t know anything else and our families have been here forever... So our needs are greater and our desires are greater, but we are the most invisible. And so that’s a very, it puts us in a very hard position because I don’t want to erase them and say that they don’t have needs. Because of course there’s needs, because that’s what colonization does.”* Effective support and services must recognize these distinctions through separate engagement processes that honor each group’s unique identity and connection to place. A differentiated approach will allow the County to understand where overlap exists to distribute services broadly, while maintaining specialized communication and distribution channels for each group.



Asian American Community Profile

Asian Americans in Los Angeles County represent a vast diversity of cultures, languages, history, and needs. Though there is a concentration of populations in ethnic enclaves (e.g., San Gabriel Valley, Koreatown, Cambodia Town, Chinatown), there is a small but growing population in other suburbs and more rural communities in the county (e.g., San Fernando Valley, Pomona, Antelope Valley). Many assets identified are located in traditional enclaves where there has been a historical demand based on population density. As such, many Asian American participants continue to rely on accessing services, resources, and programs in these ethnic enclaves even if they live and work in non-geographically concentrated communities. Figure 4 visualizes these patterns and trends among Asian American participants. As research, including our own analysis, reveals, there continues to be multiplicative barriers to access that contributed to disparate patterns of service utilization across groups and geographies. In expanding programs, resources, and services, there are important factors to consider maximizing access for the Asian American community, including cultural and language needs, geographic barriers, and issues of trust.

Figure 4: Asset Mapping for Asian American Participants



Background

With an estimated number of nearly 1.7 million residents, the Asian American population makes up approximately 15% of Los Angeles County's total population, making Los Angeles County home to more Asian Americans than any other county in the United States.³⁴ The Asian American population is one of the fastest-growing racial/ethnic groups in the county, with the population tripling in size since the 1980s and outpacing the overall population growth in the County.³⁵ The Asian American population is diverse by many measures, including culture, migration patterns, language spoken, English proficiency, and socioeconomic status. As such, Asian Americans also experienced disparate impact during times of crises like COVID-19.

Studies show that “while Asian Americans make up a small proportion of COVID-19 deaths in the USA, they experience significantly higher excess all-cause mortality (3.1 times higher), case fatality rate (as high as 53% higher), and percentage of deaths attributed to COVID-19 (2.1 times higher) compared to non-Hispanic Whites,”³⁶ and this can be attributed to many factors, including less access to COVID tests, socioeconomic factors, and racial discrimination.³⁷ As a consequence of COVID-19, Asian Americans also experienced increased violence, xenophobia and hate crimes.³⁸ Disaggregated, there were certain subgroups in the Asian American community who were disproportionately vulnerable to COVID-19, including those in high-risk occupations (e.g., healthcare, transportation, and service), those living in crowded intergenerational homes, and those with limited English proficiency.³⁹ For instance, Filipino Americans face heightened risks of workplace exposure to COVID-19 due to the historical prevalence of Filipinos in the nursing industry.⁴⁰

The Asian American population is diverse by many measures, including culture, migration patterns, language spoken, English proficiency, and socioeconomic status. As such, Asian Americans also experienced disparate impact during times of crises like COVID-19.

Across Asian American groups, the research shows that limited English proficiency, concerns about immigration status, and social stigma are common barriers experienced when accessing services. Limited English proficiency (LEP) has been identified as a prominent barrier across Asian American groups when accessing essential services. The lack of bilingual staff and accessible information in native languages inhibit participation and service uptake among LEP Asian Americans.⁴¹ Similarly, a study on barriers to participation in the Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California, found that insufficiently translated information about program rules led to reduced enrollment among Asian Americans.⁴²

Language barriers are a critical obstacle to accessing healthcare. Asian Americans with LEP face challenges in seeking help, scheduling appointments, locating facilities, and effectively communicating with healthcare professionals.⁴³

Immigration status presents additional concerns, particularly for Asian American immigrants. Although much of the literature on immigrant populations does not focus specifically on Asian Americans, undocumented Asian American immigrants face similar challenges as other undocumented populations, including difficulties securing employment with employer-provided health insurance or qualifying for government-funded healthcare programs.⁴⁴ One study noted that immigration status was a concern for Asian Americans, with fears that utilizing public benefits could negatively impact their naturalization process.⁴⁵ Policies such as the public charge rule exacerbate these fears, leading to a chilling effect on service utilization among Asian immigrant populations.⁴⁶

Mistrust of service providers, researchers, and government entities is a pervasive issue within the Asian American community, rooted in a history of discrimination and stereotyping. Historical examples, such as the Chinese Exclusion Act, have contributed to a legacy of mistrust. More recently, racialized scapegoating during the COVID-19 pandemic has amplified discrimination against Asian Americans in the United States. This type of bias perpetuates a monolithic perception of Asian Americans that oversimplifies the diversity within the community. For example, the "Model Minority Myth" portrays Asian Americans as universally successful and assimilated, which masks inequities faced by many subgroups. Such biases can manifest in interactions with service providers and researchers, leading to mistrust of medical systems and, consequently, lower quality care or missed opportunities for care.⁴⁷ Additionally, cultural and linguistic barriers exacerbate these challenges and mistrust, creating further trauma and diminishing confidence in available services.⁴⁸

Stigma and shame represent significant barriers to service utilization and research participation in the Asian American community. In health research, many Asian Americans cite fears of judgment from family members as a deterrent, particularly in studies involving sensitive topics such as HIV and mental health.⁴⁹ Similarly, stigma extends to the use of social services with some Asian Americans reporting feelings of shame associated with acknowledging poverty and accessing food assistance programs.⁵⁰ In certain cases, community members themselves perpetuate this stigma by shaming individuals who utilize food benefits.

Community Input: Living in Los Angeles County

Across Los Angeles County, there are key areas with high concentrations of Asian American residents and other regions with more dispersed populations. Mapping population data from the 2019-2023 5-year American Community Survey by race/ethnicity, the areas with large populations of Asian Americans include Artesia, Koreatown, Long Beach, the San Gabriel Valley, and South Bay, which aligns with participant input and the communities they serve. Traditional ethnic enclaves and ethnoburbs located in these specific areas are a result of

migration patterns and shape where resources are more accessible for certain Asian American communities.

Cambodian residents in Los Angeles County have had a strong presence in Long Beach, an area that has historically been considered the largest Cambodian population outside of Cambodia.⁵¹ Data and insights collected from the participatory mapping workshops and surveys reveal a non-geographically concentrated but growing population of Cambodian residents in areas like Pomona due to gentrification in the Long Beach area.

Chinese residents in Los Angeles County historically were concentrated in the Chinatown area in Downtown Los Angeles, however, changing migration patterns has led to a declining and aging Chinese population in Chinatown and growing prominent Chinese ethnoburbs in the western part of the San Gabriel Valley, including cities like Alhambra, Arcadia, Monterey Park, Rosemead, San Gabriel, San Marino, and Temple City.⁵² Data and insights from the participatory mapping workshops and surveys reveal a non-geographically concentrated but growing population of Chinese residents in the Santa Clarita Valley and Antelope Valley (e.g., Lancaster and Palmdale) areas.

Filipino residents in Los Angeles County were historically concentrated in the area adjacent to Downtown Los Angeles known as Historic Filipinotown, however, the growth and migration patterns of Filipinos has led to growing numbers in Carson and Long Beach.⁵³ Data collected from the participatory mapping workshops and surveys reveal a non-geographically concentrated but growing population of Filipino residents in areas like Panorama City, Walnut, and Cerritos.

Indian and South Asian residents in Los Angeles County have been concentrated in the southern part of the county, including in Artesia and Cerritos.⁵⁴ In addition, there is a notable Indian and Bangladeshi population in Little Bangladesh located within the boundaries of Koreatown, Los Angeles.⁵⁵ Data collected from the participatory mapping workshops and surveys reveal a non-geographically concentrated but growing population of South Asian residents in the western part of the county (e.g., Palms and Culver City), the San Fernando Valley, Santa Clarita Valley, and the South Bay (e.g., Hawthorne, Redondo Beach, and Torrance).

Japanese residents in Los Angeles County were previously concentrated in a neighborhood in the Downtown Los Angeles area, popularly known as “Little Tokyo.” After World War II and the forced incarceration of Japanese Americans, there was a shift in the Japanese population to more suburban areas in the South Bay, including Torrance and Gardena, and parts of the San Gabriel Valley.⁵⁶

Korean residents in Los Angeles County are highly concentrated in Koreatown, Los Angeles, serving as an initial hub to the growing and shifting Korean population in suburbs, including the South Bay (e.g., Gardena, Torrance, West Carson), the San Fernando Valley, Cerritos, Glendale, Hacienda Heights, and Rowland Heights.⁵⁷ ⁵⁸ Koreatown still holds a strong

commercial presence for the Korean population. Data collected from the participatory mapping workshops and surveys reveal a non-geographically concentrated but growing population of Korean residents in the Antelope Valley, Santa Clarita Valley, La Crescenta, and La Cañada Flintridge.

Thai residents in Los Angeles County are concentrated in Thai Town located in the East Hollywood area and Wat Thai in the North Hollywood area, and has been experiencing a growing and shifting population in peripheral suburban communities in the eastern San Fernando Valley neighborhoods of Pacoima and Sun Valley.^{59 60} Data collected from the participatory mapping workshops and surveys reveal a non-geographically concentrated but growing population of Thai residents in other parts of the San Fernando Valley and Santa Clarita Valley.

Vietnamese residents in Los Angeles County are typically located in certain parts of the San Gabriel Valley, including El Monte and Rosemead, though this concentration is notably smaller than the Vietnamese enclaves in Orange County.⁶¹ Data collected from the participatory mapping workshops and surveys reveal a non-geographically concentrated population of Vietnamese residents in areas including Chinatown, Koreatown, the San Fernando Valley, and the South Bay.

Community Input: Resource Availability

An analysis of the qualitative and quantitative data from the workshops and the survey reveals distinctions on which resources Asian American participants relied heavily on when seeking help and certain services, namely culturally-specific assets in areas that have been traditionally home to larger and more concentrated populations of Asian Americans. As expected, many of the Asian American participants named resources and assets that offer cultural and language-inclusive services. The distinctions are also clear by ethnic identity, which is further defined by areas that continue to serve as commercial spaces for certain groups despite outward migration to suburbs (e.g., Koreatown).

Reliance on CBOs and Faith-Based Institutions

There is a notable reliance on trusted institutions and groups among Asian American participants and those who serve Asian American communities, including those who reside in non-geographically concentrated areas throughout the county. Faith-based institutions, such as churches, temples, and gurdwaras, are frequently mentioned as important assets as they provide food distributions, host health fairs, and distribute crisis aid. For example, Sikh gurdwaras in Buena Park and Hindu temples in Norwalk host food drives during crises that benefit not only the South Asian population in that area but also the South Asian population who travel far distances from non-geographically concentrated areas (e.g., Antelope Valley and San Fernando Valley). These faith-based institutions are led and supported by members of the community who share similar languages, cultures, and experiences. Participants noted the importance of community and trust that these institutions offer.

Similarly, community-based organizations are repeatedly mentioned across workshops and survey responses as trusted navigators and service providers who are able to engage with Asian American communities more thoughtfully and in more culturally and linguistically appropriate ways. Residents from near and far come to these groups first, who then refer out to county or mainstream services. In some instances, the organizations travel to areas with growing populations of interests.

During COVID-19 and wildfires, trusted CBOs and faith-based organizations played frontline roles in distributing aid, running clinics, and providing in-language information. Participants shared instances when County emergency alerts were often only in English or Spanish, leaving many Asian Americans without English-language proficiency uninformed during disasters. CBOs frequently set up pop-up and mobile clinics or food distribution in community spaces, including church parking lots, showing adaptive community-based responses. One participant shared *“I reached out to non-profit partners serving the community, like API Forward Movement. They have deep reach in the San Gabriel Valley and after the LA Wildfires they pivoted to support families needing food.”*

“I reached out to non-profit partners serving the community, like API Forward Movement. They have deep reach in the San Gabriel Valley and after the LA Wildfires they pivoted to support families needing food.”

Resource Clustering and Attachment to Ethnic Hubs

Ethnic hubs like Little Tokyo, Koreatown, San Gabriel Valley, Artesia (Little India), and Long Beach (Cambodia Town) are primary anchors for accessing culturally-appropriate food, rent assistance, legal aid, and medical support for Asian Americans who reside in these ethnic enclaves and also those who live further and in non-geographically concentrated areas. Participants in the workshops and survey noted continued reliance on these ethnic hubs to provide consistent services to their community even when they reside in far off areas because of the lack of trusted resources in their areas. For example, participants shared how there are still a sizeable share of Cambodian Americans who were pushed out of Long Beach due to gentrification still traveling long distances to Long Beach because of their established relationships with service providers who can speak Khmer/Cambodian (e.g., healthcare providers and legal aid), need to access culturally-appropriate food, and to engage in community activities. This return to historic enclaves highlight the absence of local culturally competent and aligned infrastructure in non-geographically concentrated areas.

Informal Networks

When needing to access pertinent services or information, including on how to apply for aid for fire-impacted communities/businesses and receiving vaccinations for disproportionately COVID-impacted communities, participants shared the importance of informal networks. Such informal networks include neighbors, family, faith leaders, and ethnic media. Though these informal networks can serve as primary navigators for residents who lack immediate access to trusted networks and sources (e.g., CBOs and County agencies), there are concerns that the information and services provided are not always reliable. For Asian Americans with limited English-language proficiency living in non-geographically concentrated areas, important information from the County may not be readily available in their language so they instead rely on incomplete or inaccurate information through other sources (e.g., WhatsApp, Kakao, Facebook). In some cases, there are also risks for vulnerable communities (e.g., undocumented immigrants) who lack access to credible resources to rely on costly services, third-party intermediaries, and scams (e.g., “notarios”).

Community Input: Resource Needs

Given the vast diversity within the Asian American community, there is a demand for basic resources and services that meet the cultural and language needs of the communities where they reside. Many reported having to travel far distances to access important services and resources in their preferred language, including healthcare and legal assistance. Participants are calling for additional resources that meet the specific needs of the particularly vulnerable Asian American populations in the community: aging Asian Americans, Asian Americans with limited access to mental health resources and health services, and families with young children.

Resources and Services for the Aging Population

Participants shared that there is a lack of County-funded senior centers and resources tailored to Asian American elders, including food and transportation services that are more fitting to their culture. Aging Asian Americans in non-geographically concentrated areas, including the Antelope Valley, rely on local senior centers and healthcare facilities that may not have the necessary services and resources in their spoken language. Consequently, they are left with little choice, especially if they are limited in their transportation to other senior or community centers in ethnic enclaves. Additionally, there have been calls for more accessible interpretation services and empathetic interpreters for hospital visits. One participant shared *“Translation services and empathetic translators for hospital visits would be great for people older in age in need of better care.”* As Asian American elders need better healthcare, those living in non-geographically concentrated areas are less likely to have access to healthcare providers or interpreters who speak their language.

“Translation services and empathetic translators for hospital visits would be great for people older in age in need of better care.”

Mental Health Resources and Health Services

There is a heavy reliance on cost-free health fairs and clinics among uninsured residents. There has been some temporary relief for communities lacking access to culturally-relevant healthcare services through mobile clinics, however, such pop-ups only offer limited health services. Additionally, participants shared the continued need for referrals depending on availability of in-language providers. However, in-language providers are not always readily available or within close geographic proximity. For those living in non-geographically concentrated areas, the only in-language providers available may require travel. Travel, especially for those with limited mobility and lack of transportation, may create difficult circumstances in emergencies.

Participants also shared a rising need and demand for culturally-relevant and language-inclusive mental health resources for vulnerable populations, including but not exclusive to refugees, the elderly, and transitional-aged youth. Though some of these resources are available virtually, there is concern that the lack of in-person resources and support will make it more challenging for those who lack the digital skills. More specifically, there is an expressed need for mental health services with multilingual capabilities, especially for Japanese, Cambodian, Hindi, Bengali, Vietnamese, and other less-served languages.

There is a heavy reliance on cost-free health fairs and clinics among uninsured residents. There has been some temporary relief for communities lacking access to culturally-relevant healthcare services through mobile clinics, however, such pop-ups only offer limited health services.

Youth and Family Services

Community leaders and participants described how family services, such as parenting classes, early childhood programs, youth programs, and food assistance, remain heavily concentrated in historic urban enclaves. A recurring theme across workshops with Asian American service providers was an urgent need for more childcare options. Asian American families may rely on informal childcare arrangements with relatives, neighbors, or faith communities because licensed childcare options are too expensive, culturally misaligned, or simply unavailable in their neighborhoods. The need for youth programs was equally pressing, including cultural programs, language classes, tutoring services, and youth leadership programs offered by community organizations. These already exist in traditional enclaves but are not readily available in areas with small but growing Asian American populations. There is a need to expand family resource centers, childcare programs, youth services, and parenting education programs into growing

Asian American residential areas so that families do not have to depend solely on enclaves far from home.

Community Input: Existing Barriers to Access

Among community participants, the existing barriers in accessing services and resources for the Asian American community align with existing research, including challenges related to language accessibility and cultural misalignment. Other critical concerns gauged include barriers that exacerbate access when there are no trusted and reliable resources within the vicinity of where people live or work. The lack of transportation to and limited affordable housing in urban cores with higher concentrations of services and resources creates a stark disparity of access for those living in non-geographically concentrated areas (e.g., the small but growing Asian American population in the Antelope Valley and Santa Clarita Valley). Across Asian American communities, the lack of trust in the government has been underscored as an emerging issue that prevents people from fully utilizing government services and resources, particularly in a political tense climate that targets immigrant communities.

Language Accessibility

In line with the literature, focus group and survey data reinforce how language continues to be one of the most pervasive barriers shaping Asian Americans' (in)ability to access services, emergency information, health care, legal support, economic opportunities, and county resources. Although Los Angeles County has "threshold languages" that encourages (and at times requires) translation, there is inconsistency in the languages used to disseminate important information and services. During workshops and focus group discussions, community leaders emphasized that even when translated materials exist, they are not widely distributed or accurate. Participants shared how they believe the County lacks capacity to produce consistent, high-quality translations in a timely manner, including County emergency alerts during COVID-19 and wildfire evacuations. Community leaders noted how such pertinent information was frequently only in English and Spanish, leaving large numbers of monolingual Asian Americans (e.g., seniors and immigrants) without real-time information, sometimes learning about crises and resources available through neighbors or ethnic media. There are also increasing concerns about how smaller Asian American communities are overlooked as resources are not always offered in their languages or dialects (e.g., Bengalis, Urdu, Punjabi, Lao, Nepali).

"Honestly, I feel like my community (Nepali) are not focused on as much. Most of the resources we learned about were through the news or through word of mouth but there were no person or place where we can call or go to get the help needed to apply or follow up with these resources. I know many families who couldn't get the help they needed due to not knowing about the resources or being able to apply as everything was in English and or online with the application asking for many documents. In addition to that, due to the stigma that still exists with the Nepali community, many did not seek help to apply for public benefits such as

unemployment nor CalFresh. The few that did apply did not want to publicize it and didn't advise other to apply to help alleviate their financial burden.”

Language barriers produce deep systemic inequities. People who cannot navigate English-language websites, forms, or information provided by providers and the county often miss deadlines for important resources like housing applications, emergency grants, and public-health updates. Asian American immigrant seniors were named as a group that are likely to not speak English and particularly vulnerable to language barriers as they may also depend entirely on informal networks, family, or community-based organizations and navigators to apply for Medi-Cal, CalFresh, or disaster-relief funds. Essentially, if assistance in translating materials is unavailable, services and resources are effectively inaccessible.

Community-based organizations and faith-based institutions, as previously discussed, are heavily relied on because of language inaccessibility and shoulder the burden of improving language access by translating flyers, interpreting at events, helping residents complete applications, and correcting misinformation found on informal (e.g., WeChat) and formal channels (e.g., ethnic newspapers) of information sharing. It was noted several times across workshops and focus groups how such reliance on these organizations and institutions is not sustainable without additional resources and funds as they are already under tremendous strain as under-resourced nonprofits and groups. Limited availability of multilingual service providers (e.g., mental health providers) have also resulted in months-long waitlists for residents who prefer culturally and language matched services.

“I know many families who couldn't get the help they needed due to not knowing about the resources or being able to apply as everything was in English and or online with the application asking for many documents.”

Transportation Barriers

Transportation barriers are a salient challenge for Asian Americans who lack the ability to travel far distances to enclaves (e.g., Koreatown, Chinatown, Thai Town, Little Tokyo, San Gabriel Valley, Little India in Artesia, and Cambodia Town in Long Beach) with more resources and services that fit their needs. As populations migrate outward into more affordable areas with non-geographically concentrated populations of Asian Americans, such as the San Fernando valley, Santa Clarita, Antelope Valley, Pomona, and other regions beyond the county (e.g., Inland Empire), culturally competent resources and multilingual providers do not follow them nor are they available. Consequently, many residents in need must travel long distances to reach even the most basic supports. For example, Cambodian families in Pomona travel to Long Beach for cultural events, groceries, community gatherings, and social services offered in

Cambodian/Khmer. Korean Americans living in La Crescenta, Palmdale, or the Antelope Valley report traveling to Koreatown for medical appointments with Korean-speaking healthcare providers. Thai residents in Rosemead, San Gabriel Valley, and the San Fernando Valley travel back to Thai Town for legal aid, small business support, and cultural goods and groceries. Chinese seniors in the Antelope Valley return to the San Gabriel Valley for grocery stores, health resources, and senior services. Community leaders shared how these travel burdens disproportionately impact the elderly, low-income, undocumented immigrants, and people without cars.

Though public transportation may be relied on, participants shared how public transit does not consistently and efficiently connect non-geographically concentrated areas with traditional enclaves. Bus routes connecting suburban and rural communities to ethnic hubs may take hours. Some areas, such as Santa Clarita or Antelope Valley, are seen as transit deserts. During crises, such as wildfires or COVID-19, the lack of transportation reduces access to important assets like vaccination sites, evacuation centers, health facilities, and food distribution events. In less urban areas, a single missed bus or connection often leads to missing important health appointments or accessing services during working hours.

Limited Affordable Housing and Gentrification

Housing instability and rising gentrification in urban areas are creating increasingly common access barriers for Asian American communities throughout Los Angeles County. Historic ethnic enclaves like Koreatown, Chinatown, Little Tokyo, and Cambodia Town, have experienced rapid increases in rent that is leading to displacement. As people are pushed outward to more affordable areas (e.g., San Fernando Valley, Santa Clarita, Antelope Valley, Inland Empire, Pomona), they are separated from culturally familiar environments and supportive social networks that have historically filled gaps in government services. In non-geographically concentrated areas, in-language services, legal clinics, culturally-specific food programs, and health providers are limited or nonexistent. People who relocate often continue traveling back to the ethnic hubs and enclaves because no equivalent services exist near them or if they are attached to providers they trust after years of building a relationship.

People who relocate often continue traveling back to the ethnic hubs and enclaves because no equivalent services exist near them or if they are attached to providers they trust after years of building a relationship.

Community leaders and participants note how gentrification threatens key community infrastructure and assets that have taken decades to build. Long-standing small businesses, temples, community centers, and other community assets that have served as multilingual

navigators for health care, legal aid, benefits enrollment, and workforce development are facing rising rents and evictions. When community anchors like these disappear, entire neighborhood- and community-based support ecosystems are weakened and leaves Asian Americans who rely on such informal and formal networks without the support they need for translation, interpretation, and connecting with needed resources (e.g., food distributions and crisis aid).

Lack of Trust in Government

In line with the existing research, community leaders emphasized how trust barriers profoundly limit Asian Americans' use of County services, particularly among immigrants, refugees, mixed-status families, and monolingual seniors. Participants consistently shared that residents often trust community-based organizations, faith-based institutions, and ethnic media far more than governmental institutions. This distrust stems from notable experiences, including fear, past negative interactions and experiences of being scammed, and inconsistent language access. Recent government-sanctioned ICE raids in the county have caused widespread fear, leading many immigrants to avoid public spaces, county offices, and even aid distribution sites. Some families stopped relying on food banks or health fairs after hearing rumors about enforcement actions and raids.

Participants consistently shared that residents often trust community-based organizations, faith-based institutions, and ethnic media far more than governmental institutions. This distrust stems from notable experiences, including fear, past negative interactions and experiences of being scammed, and inconsistent language access.

For those who do access public resources, participants shared how they and those in their community frequently encounter complicated forms, unclear eligibility rules, and documentation requirements they could not understand. These participants noted how, based on their experiences, County programs are not meant for them or fear making mistakes that could jeopardize their ability to stay in their communities. Additionally, when government agencies fail to provide multilingual support and information, it signals to communities that systems are not designed with Asian American immigrants in mind and reinforces feelings of exclusion and wanting to avoid government services entirely.

Small business owners, seniors, and immigrants with limited English-speaking abilities have been targeted and scammed by fraudulent providers who claim to help with relief funds, grants,

legal aid, or rental assistance. These experiences have made some skeptical of legitimate County services and outreach.

Due to this lack of trust, particularly vulnerable Asian Americans (e.g., seniors, monolingual immigrants) may rely exclusively on informal networks such as neighbors and social media platforms for information. These sources, however, may be more likely circulating misinformation about important updates on immigration rules, disaster response, and public benefits. When people turn to these systems instead of formal government channels, they may miss deadlines, misunderstand eligibility criteria, or rely on illegitimate services and scams. For example, during COVID-19, a notable subgroup of Asian immigrants avoided county-run testing and vaccination sites. In response, faith-based institutions and community-based organizations had to set up pop-up and mobile clinics to serve immigrant communities in both urban areas and in non-geographically concentrated neighborhoods. Though this dependence on community intermediaries highlights the strength of the community ecosystem, it also underscores the failure of government systems to build direct and trusting relationships. Even if a service is available, translated, and geographically close, people may not choose to access them if they do not believe the system will help them or if they fear it will harm them.

Community Input: Improving Access to Needed Resources

Given the challenges in accessing resources and services, there has been a call for greater investment in both areas with existing concentrations (i.e., ethnic enclaves in urban cores) and small but growing populations (i.e., non-geographically concentrated places) of Asian American communities. Community-driven solutions underscore a need to fund trusted partners in the field who are providing more localized services that are tailored to the needs of each community. Such investments would allow for greater accessibility by relying on local partners with the knowledge and skills on how each community is engaging resources and services (e.g., language needs, cultural needs, transportation needs, stigma-related barriers, trust).

Fund Trusted CBOs and Faith-based Institutions

For many Asian American communities, trusted community-based organizations and faith-based institutions serve as the navigators and connectors to essential services, a role they have developed over years of culturally sensitive, multilingual, and relationship-based support that community leaders noted government agencies have struggled to replicate. These organizations and institutions draw expertise from the community, bringing in people who have similar cultural backgrounds and experiences navigating an ecosystem of service providers and resources. Providing direct, sustained county funding to these organizations has been shared as one of the most impactful ways to expand access across Asian American communities, including those living in non-geographically concentrated areas.

Across workshops and focus groups, participants emphasized that community-based organizations and faith-based institutions have been the assets that vulnerable groups of Asian Americans (e.g., seniors, monolingual immigrants, low-income residents) have turned to first

during crises such as COVID-19, floods, and recent wildfires. For example, temples, churches, Sikh gurdwaras, cultural centers, and community organizations ran food distributions, hosted health fairs, translated and interpreted COVID-19 guidelines, and coordinated mass vaccination mobile clinics in ethnic enclaves and in emerging Asian American communities. These groups focused on reaching monolingual elders, mixed-status families, refugees, and low-income workers who community leaders shared that County programs rarely engage effectively.

Community-based organizations serve as navigators, helping residents and their beneficiaries connect to services by providing support with completing rental assistance applications, referral forms, and small business grants. As navigators, they provide hands-on support, language translation and interpretation services, and cultural sensitivity. When applications are overly complex, long, bureaucratic, and/or only available in English, residents routinely seek help from trusted organizations rather than county offices. Without sustained funding, however, these organizations face capacity constraints. One participant shared a common sentiment *“I am grateful to know of community orgs like KYCC and Chinatown Service Center that offer immense support to monolingual Asian residents who were especially vulnerable during 2019 to 2021 during heightened anti-Asian sentiment and rise of COVID-19. But many folks didn't have anywhere to turn for support. Grassroots mutual aid organizations, like Ktown for All and others, popped up here and there, but didn't have the capacity to meet the needs of every resident, especially monolingual Asian residents.”*

Funding trusted organizations can dramatically help vulnerable residents connect to needed services and resources. Through navigator grants, operational support, translation and interpretation funding, disaster-response partnerships, and funded contracts, the County can dramatically expand its reach and ensure hard-to-reach populations have access to needed services, resources, and information that are culturally grounded.

“But many folks didn't have anywhere to turn for support. Grassroots mutual aid organizations, like Ktown for All and others, popped up here and there, but didn't have the capacity to meet the needs of every resident, especially monolingual Asian residents.”

Expand County Investments in Growing Communities

The Asian American population in Los Angeles County is rapidly shifting due to rising housing costs, new migration patterns, and displacement from historic ethnic enclaves. Communities are expanding outward into places like the San Fernando Valley, Santa Clarita, Antelope Valley, and Pomona. Given that these areas have a small but emerging Asian American population,

they also often lack culturally competent services, in-language resources, and community anchors. Community leaders shared how though it is important that County investment continues to grow and sustain services in ethnic enclaves, such as San Gabriel Valley and Koreatown, there is a need for the County to also invest in culturally and language aligned services in non-geographically concentrated areas experiencing a growth in Asian American populations. In growing communities, the absence of local services forces vulnerable groups (e.g., seniors, low-income families, and monolingual immigrants) to travel long distances back to ethnic hubs to access services and resources (e.g., healthcare, legal aid, food assistance, childcare, cultural programming, senior services). In some cases, if traveling becomes too much of a barrier, these populations may forgo these needed services and resources.

Expanding County investment would involve establishing satellite offices or resource centers in areas with emerging populations (e.g., Chinese and Korean in Antelope Valley, South Asians in Santa Clarita and the San Fernando Valley, Cambodians in Pomona) and attuned to the different cultural and language needs. Such services and resources should prioritize the needs of the particularly vulnerable populations during times of crises, including opening legal clinics, healthcare facilities, and culturally specific senior and resource centers closer to where there is a small but growing community. The County can also consider better supporting mobile services that are more culturally appropriate and provide resources specific to the needs of the community in these non-geographically concentrated areas, including funding culturally tailored food and caregiving programs that meet seniors' dietary needs. Importantly, the County needs to invest in timely and culturally- and language-appropriate information dissemination, such as emergency alerts, updates on wildfire resources and response centers, and disaster hubs within or near areas where Asian Americans live.

These types of investments could significantly reduce geographic inequities by bringing appropriate services and resources to the communities rather than expecting communities to travel long distances. Community leaders and participants noted that investing in an inclusive service ecosystem in these hard-to-reach communities will also strengthen social cohesion, reduce isolation among vulnerable populations, and build continuity between residents' lived experiences and County resource systems. Investing resources in growing communities recognizes the long-term demographic trends identified by participants and research, such as continued migration into nontraditional Asian American communities like the San Fernando Valley and ensures services and resources evolve alongside population shifts.

Invest in Accessibility

Investing in accessibility requires a comprehensive rethinking and investment into how the County delivers information, designs programs, communicates, and connects the ecosystem of service providers and resources in ways that reflect the lived realities of Asian American communities. Participants and community leaders consistently described accessibility barriers across multiple dimensions, including language, digital navigation, bureaucratic processes, and service design.

There are a multitude of languages and dialects in the Asian American community, many of which are not covered by the County's current threshold language requirements. Community leaders highlighted the need for countywide language access expansion beyond the threshold languages, investments and consistent implementation of translation and interpretation tools (e.g., Worldly) to support smaller organizations engaging with Asian American communities, hiring bilingual and bicultural liaisons and navigators embedded within the communities, and multilingual healthcare providers, particularly for mental health services. Investing in improved language access would help ensure the public are appropriately informed about services, resources, and important information (e.g., emergency alerts and crisis relief), especially during times of crises and emergencies.

Participants shared how Asian American elders and low-income immigrants navigate the digital world with difficulty. Many noted that community members often cannot identify specific addresses or find resources online without help. Investing in technology and digital accessibility means simplifying county websites and application portals, creating multilingual explainer videos and translated flyers, providing phone-based helplines with in-language operators, incorporating informal community resources and assets (e.g., grocery stores, senior groups, temples) into digital tools, and designing service directories that reflect real and shifting community needs.

Accessing County resources and services may require those in need to navigate complex systems and forms. Participants called for a centralized multilingual help desk to access services like workforce development, permitting, and business support, a comprehensive housing hub available in multiple languages for tenants facing eviction or discrimination, partnership-based resource navigators stationed within trusted community organizations and institutions, and multilingual community days where multiple departments deliver services in a single location and tailored to the community's cultural and language needs. This type of navigation support ensures that Asian Americans, namely monolingual and low-income immigrants, are able to access the support they need to navigate complicated bureaucratic processes that require English fluency, internet access, and/or formal documentation.

Improving and investing in accessibility also will require that services and resources match cultural expectations and community practices. For example, participants recommended culturally specific shelters for South Asian women and seniors, senior programs that reflect cultural food preferences, satellite legal clinics offering assistance in appropriate languages, and crisis-response systems that integrate community-based organizations and faith-based institutions.

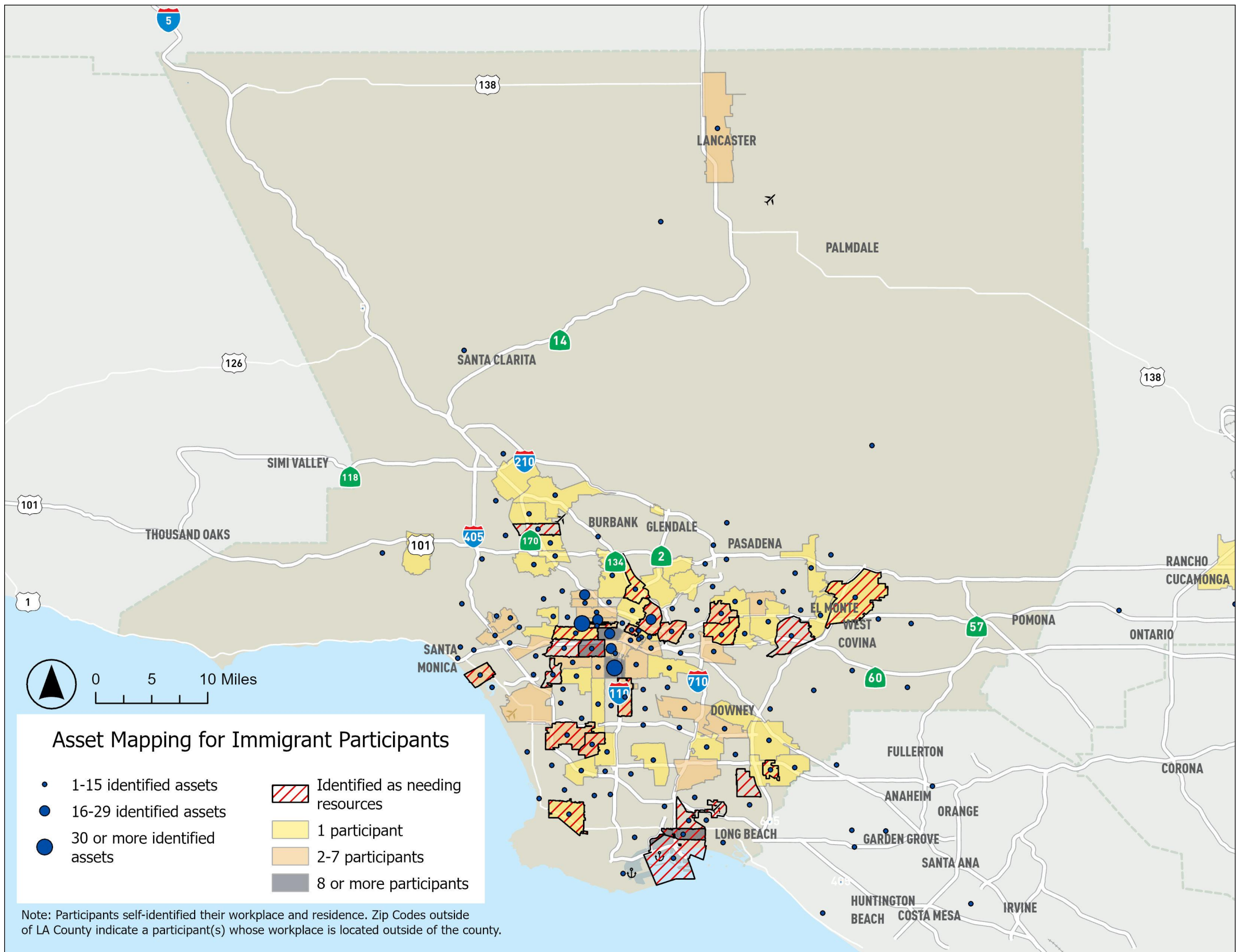
Investing in accessibility across these factors would ideally reduce systemic inequities among the most vulnerable populations during crises and emergencies, ensure that County programs and services reach populations that have been historically overlooked, and create a more inclusive, resilient service infrastructure capable of meeting the needs of the diverse and growing Asian American communities across the county.



Immigrant Community Profile

Los Angeles County is home to one of the largest and most diverse immigrant populations in the nation, encompassing a diversity of legal status, geographies, race/ethnicity, work conditions, and access to services. Figure 5 visualizes the spread of immigrant participants across the county and the assets they rely on. While immigrants sustain key industries and community economies throughout the county, many face systematic barriers tied to immigration status, enforcement fears, misinformation, language access limitations, and discrimination. Community input from surveys and workshops highlights how these barriers translate into unstable housing, precarious employment, and dependence on limited, centrally located emergency resources such as food pantries and crisis shelters. Participants consistently emphasized the need for stable housing, dignified work opportunities, and culturally rooted community “third spaces,” alongside improved access to trusted service hubs, mobile resources, and localized outreach models. Advocacy and community organizing emerged as critical pathways for both practical navigation of services and the restoration of agency, dignity, and hope amid ongoing instability and isolation caused by crises.

Figure 5: Asset Mapping for Immigrant Participants



Background

Los Angeles County is home to 3.5 million immigrants, including indigenous migrants or indigenous people from what is now Mexico and Central America, making up about 35% of the county's population. Nearly one in five of the county's population are naturalized citizens, 9% are lawful residents, and 8% are undocumented immigrants.⁶² Cut differently, most recent estimates show that over one quarter (27%) of the immigrant population in the county are undocumented, and more than 843,000 households were mixed-status (i.e., naturalized citizens or lawful residents living with an undocumented immigrant).⁶³ At 55%, the majority of the county's immigrant population is Latino, followed by 28% who are Asian American, 14% who are White, and 2% who are Black. Over the last decade, the highest populations of immigrants in the county were from Mexico, El Salvador, the Philippines, China, Guatemala, and Korea.

Immigrants are geographically spread across the county; some of these concentrations are discussed within the other sections of this report, such as those regarding the Asian American community. According to a USC Equity Research Institute analysis, the most significant number of immigrants are concentrated in Supervisorial Districts 1 and 2.⁶⁴ Indigenous migrants, or indigenous people from what is now Mexico and Central America, are primarily concentrated in the core of the City of Los Angeles, in neighborhoods including Westlake, Koreatown and South Central.⁶⁵ Los Angeles County is by far home to the largest population of Black migrants in California. Although data on these concentrations is lacking, there are distinct enclaves in the region, such as Little Ethiopia and Belizean neighborhoods in South Central. The Black immigrant population has also increased in part to rising numbers of people who crossed the Southern Border from countries including Haiti; however, this has been brought to a halt by the near-shuttering of asylum, so these numbers and geographies continue to change rapidly.⁶⁶

According to the Los Angeles Worker Center Network (LAWCN), immigrants make up a majority of the workforce in key county industries like construction (56%) and manufacturing (54%).⁶⁷ However, research from LAWCN shows this work is often lower-paid and subject to consistent issues of wage theft. For undocumented workers, employment often pays dramatically less: undocumented households had a median household income of \$46,500 annually, compared to almost \$84,000 for U.S.- born-headed households.⁶⁸ It is important to note that immigrant men experienced the lowest rates of unemployment or being out of the labor force (4% and 12%) during 2017-2021; a larger portion of immigrant women were not in the labor force (34%, shaped in part by visa requirements for spouses and other restrictions), though only 4% were unemployed.

...immigrants are not a homogenous group. They come from diverse racial and ethnic backgrounds and experiences. These differences require nuanced interpretation of findings about immigrants as a collective category.

As detailed above, immigrants are not a homogenous group. They come from diverse racial and ethnic backgrounds and experiences. These differences require nuanced interpretation of findings about immigrants as a collective category. Nonetheless, recurring themes such as legal barriers, shifting political climates, misinformation, and language challenges emerge as critical issues affecting immigrants, particularly those with certain immigration statuses.

As it relates to eligibility, immigrants with precarious status (e.g., undocumented) may face numerous constraints in accessing public programs, services, and assistance.⁶⁹ However, in recent years, some states have taken steps to provide greater support, including emergency and generalized healthcare coverage for immigrants of varying statuses (e.g., undocumented), including in California.⁷⁰ Despite these expansions and existing legal frameworks that allow citizen family members to receive services, approximately 1 in 5 immigrants report avoiding public programs due to fears that participation might jeopardize their ability to legalize their immigration status.⁷¹ Anti-immigrant policies (e.g., enforcement) and rhetoric have contributed to this chilling effect and broad mistrust of authority and government entities.

Despite these expansions and existing legal frameworks that allow citizen family members to receive services, approximately 1 in 5 immigrants report avoiding public programs due to fears that participation might jeopardize their ability to legalize their

Furthermore, following the 2016 election federal immigration policies have become increasingly hostile to undocumented individuals. This trend builds off two decades of increasing criminalization of migrants that began in the mid-1990s and involved the shutting out of migrants of different social services and job protections. The introduction of the "Public Charge Rules" amplified fears among immigrant communities, as these regulations suggested that using public benefits could harm their eligibility for legal status. Likewise, efforts to treat undocumented status as criminal and instituting 10-year bars and other punitive laws forced many into the shadows. In response, some local and state governments enacted protective policies, such as refusing to cooperate with federal immigration authorities and covering gaps in health services left by federal inaction.⁷² This fragmented system of service provision creates confusion for both immigrants and service providers.⁷³ Many immigrants fear accessing services due to concerns about being detained by U.S. Citizenship and Immigration Services (USCIS), having their personal information shared with authorities, or endangering their legal status. These fears are not entirely unfounded, as there is a rise in hate crimes and discrimination targeting immigrants, alongside challenges in providing stable, informed guidance to these communities.⁷⁴

Even when immigrants are eligible for programs and services, program rules and eligibility criteria are often poorly understood by frontline providers.⁷⁵ This gap in knowledge has been

exploited by third-party actors, such as notarios (unlicensed notaries or paralegals), who offer unauthorized and often inaccurate guidance to immigrants.⁷⁶ These individuals frequently charge exorbitant fees without providing proper follow-through or accountability. Immigrants who are misled by such services often have no legal recourse for seeking restitution, adding to their general mistrust of providers. Furthermore, local governments often lack the resources or incentives to proactively inform immigrants of their rights or counteract misinformation. This leaves immigrant communities vulnerable to exploitation and perpetuates confusion about available resources and services.⁷⁷

Additionally, non-English-speaking or LEP immigrants face significant linguistic barriers that hinder their participation in public programs and services. In many jurisdictions, especially those with smaller immigrant populations or limited resources, materials are not translated and trained interpreters are unavailable. This lack of linguistic support impacts healthcare, social services, and community planning efforts. A study interviewing non-profit service providers revealed that the absence of translators and interpreters in prominent and accessible roles during public meetings often discouraged participation from immigrants with limited English proficiency. Additionally, speakers who did not allocate sufficient time for interpretation further reduced the effectiveness of these events, limiting immigrants' ability to engage meaningfully.⁷⁸

Community Input: Living and Working in Los Angeles County

Community insights from the surveys and workshops affirmed that within immigrant communities, there are certain areas with geographic concentrations of sub-populations; for example, indigenous people from Southern Mexico in areas of South Central and Central Los Angeles. However, for the most part, the diversity of the (im)migrants who participated in the participatory mapping workshops and focus groups were from East and West Africa, regions of the Arab world, Iran, Pakistan, Russia, the Caribbean, and so forth showed a much wider set of patterns that had scattered migrants from San Gabriel Valley to Long Beach. There were some consistencies with community input. For example, there were clusters of people who were living unsheltered in central Los Angeles or Long Beach. Community input underscores the importance of neighborhoods in central cores of Los Angeles, especially for the populations of interest and who have been disproportionately impacted by crises (e.g., COVID-19), including undocumented immigrants and less-visible indigenous, migrant, and LGBTQIA+ migrants. There were also participants who reported living in the sprawling suburbs of the county, including in the San Fernando Valley and the San Gabriel Valley.

Where participants worked varied depending on the industry. For example, immigrants who in the garment and light manufacturing industries report downtown Los Angeles and parts of Southeast Los Angeles as places where they work; in higher-end service jobs, participants noted West Los Angeles and further reaches of the San Fernando Valley as places of work; informal day labor shared more central regions of Los Angeles as places where they work. At the same time, it's important to recognize that in 2025 work started to dramatically shift for many immigrants, especially those in service-based work or in the informal sector. Some immigrants were living in Altadena or working in Malibu, and they lost service-based jobs during the

wildfires. Others stopped working in street vending or construction in East Los Angeles, Koreatown, or Central Los Angeles when raids commenced. The workshops not only underscored the diversity and spread of migrants, but the volatility and vulnerability they face in housing and work opportunities, especially in relation to their status and perceived racialized identity.

The workshops not only underscored the diversity and spread of migrants, but the volatility and vulnerability they face in housing and work opportunities, especially in relation to their status and perceived racialized identity.

Community Input: Resource Availability

Across the resources discussed below, it is important to note that the dispersed patterns in the mapping are important assets participants rely on near where they work and live. However, the bulk of resources relied on by immigrant participants, including shelters, food pantries, and clinics, are concentrated in central Los Angeles, Koreatown, and parts of South Los Angeles. Where there were once hubs, such as El Monte, Van Nuys, or parts of Long Beach, participants described these assets as no longer available (e.g., closed) or limited (e.g., fewer hours open). Even the small subset of resources available, especially for undocumented or mixed-status immigrants, were limited by geographic availability. In addition to access to food, participants also shared resources they rely on related to mental health and trusted community organizations.

Access to Food

For most participants, they shared how when they experience crises or facing hardships, the primary source of support they relied upon was food aid or pantries. Being unable to qualify for certain public benefits and/or out of fear of accessing different programs, many turned to local food banks that were run by either immigrant organizations themselves, such as CIELO, or other faith-based venues. Importantly, several of these organizations pivoted to delivering food due to the restrictions and fear gripping the community accelerated by the relentless Immigration and Customs Enforcement (ICE) raids that ramped up Summer 2025. It is important to note that some who rely on faith-based programs, like churches in Koreatown or South Central, for weekly food boxes, stressed they were not religious but appreciated the availability of such food.

Having Someone to Listen

For immigrant participants tied into case management supportive services, they described the ways they were surprised to find that in Los Angeles, they had access to counseling and mental

health services even as immigrants. As one older LGBTQIA+ migrant from the Arab world shared, *“One thing this country does good is therapy. We don’t always have access to mental health at home. At least we have been able to talk to someone.”* They described the ways that even as economic and other crises worsened, the fact that they were encouraged by their community or case managers to seek a mental health professional to share their experiences with had a significant effect in mitigating their struggles.

Networks and Trusted Community Organizations

Participants shared how there are a few key resources that stood out in terms of temporary housing and crisis support that served as a central hub. Many discussed their reliance on organizations like APAIT (Access to Prevention Advocacy Intervention and Treatment), as one of the few agencies that had in-roads in diverse immigrant communities, very few roadblocks, and was supportive of gender-expansive communities. Others relied upon crisis case management from TransLatin@ and TransWellness as trans migrants, BAJI as Black migrants, Tiyya as asylum-seekers, and CIELO as an important resource for indigenous communities. In addition to community organizations and nonprofits, participants also relied on schools: *“At the school I took my son to everyday, they helped me sign up for a card for food [likely SNAP] during the pandemic and get other kinds of help.”* Participants shared the value of a centralized resource that they could trust, especially as immigrants. Additionally, there are limited social services immigrants without lawful status qualify for. As such, participants shared their reliance on having a one-stop, informed provider who is able to connect them and help them access critical resources.

The placement of such hubs of trusted community partners and providers in key areas of concentrated (temporary or permanent) housing and work was viewed as critical. APAIT, CIELO and other hub providers are located in areas where there are greater concentrations of immigrants, such as Koreatown, Macarthur Park, and South Central. Participants who live further and in non-geographically concentrated areas travel far distances to these hubs.

Community Input: Resource Needs

Across participants, stable housing, meaningful work opportunities, and accessible community “third spaces” emerged as interconnected foundations for safety, dignity, and belonging. Housing stability anchors individuals to supportive neighborhoods, while equitable access to workforce training, employment, and labor protections offers a pathway out of crisis and chronic insecurity. Community gathering spaces, including parks, cultural centers, and youth and family programs, were shared as essential for reducing isolation, supporting well-being, and strengthening social connection alongside economic stability.

Housing as an Anchor

Participants across workshops named housing as a common need due to the continual experience of crises and the ways that crises, including COVID-19, can lead to a cascade of negative effects and struggles. Numerous participants in workshops and in the survey shared

that they were living temporarily with others or in shelters, due to job loss, housing loss from disasters, landlord harassment, or simply being unable to find anything affordable. In one focus group, every single participant shared they had experienced some form of temporarily living unsheltered in the street even though the partner organization was not focused on this matter. Participants shared the importance of affordable housing in communities and neighborhoods with resources they can safely use and culturally aligned with their needs. Participants shared how, without affordable and stable housing, they are forced to live on the streets, move further away from their communities and resources, and/or share spaces with their community (e.g., family and friends) leading to overcrowded homes. One participant emphasized the dangers of not having housing, sharing *“A community center is something we've never had, and it's very difficult to find in hot weather. We also need help with the homeless, because there are many in our community, while others don't have such services. And we need more cleaning in the parks and alleyways. They're very dirty.”*

“A community center is something we've never had, and it's very difficult to find in hot weather. We also need help with the homeless, because there are many in our community, while others don't have such services. And we need more cleaning in the parks and alleyways. They're very dirty.”

Work Opportunities as a Way Forward

Across workshops and focus groups, participants shared the importance and critical need for comprehensive workforce training and placement. Several immigrant participants discussed how the current system of support for immigrants could provide baseline survival support, however, they feel consistently unable to secure more stable and sustainable employment to move out of crisis mode. One LGBTQ+ asylum seeker shared, *“Job opportunities are key. We don't have access to good work. We wouldn't need all this: to eat out of a food bank. To sleep one day in the street and another week in a shelter.”* Jobs that are available are often contingent, precarious, and offer little protections.

Another participant, a transgender asylum seeker, shared that without work, crises magnify, including a lack of fulfillment and a sense of frustration: *“We need something that fulfills us but also allows us to get out of the hole. When you are here, they kick you down a hole and hope you can climb out. And if you can't, you live on the street. And then you realize, oh the people I thought were homeless and different, we're all the same. We all have been kicked down and the government, the rich people, they want you to think you did something to deserve this. But we're all so close to living on the street and losing our hope.”*

Participants emphasized that they have varying access to gainful employment depending on their legal status. Workforce development efforts and opportunities may be limiting depending on who they are (e.g., legal status, visa status), where they live (e.g., programs not located near where they live), and if they have other needs that prohibit their participation (e.g., childcare needs, language needs). Especially during times of crises, vulnerable immigrants may be more impacted. One participant described their experience during COVID-19 and how their precarious status impacted their community, sharing *“In my area, there wasn’t much support. Many people suffered emotional breakdowns because they couldn’t go out; others, because there were so many of them at home, saw their families get infected, and some even died due to a lack of medical resources and safe access. Consequently, they lost their jobs and couldn’t pay rent.”*

Further, the rise in immigration enforcement has impacted how immigrant communities, especially those with precarious status, find sustainable work. Participants report experiencing discrimination not only in finding work but also while working, threatened by employers who may use employees’ lack of legal paperwork to extort and threaten them. To address this, participants shared how they want to see more access to resources and services that help provide them with legal and labor protections.

“We need something that fulfills us but also allows us to get out of the hole. When you are here, they kick you down a hole and hope you can climb out. And if you can’t, you live on the street. And then you realize, oh the people I thought were homeless and different, we’re all the same. We all have been kicked down and the government, the rich people, they want you to think you did something to deserve this. But we’re all so close to living on the street and losing our hope.”

The Power of Third Spaces

Another nuanced and important need that participants shared was “third spaces,” cultural and community gathering places that helped break what many described as “isolation and loneliness.” As one participant described, *“with very few community and cultural centers, we feel alone.”* Others felt life in the United States had become *“pure work,”* and needed ways to affirm their whole self and manage the stresses that come with their tenuous immigrant status. Such spaces can provide a sense of safety and community; a participant who is an indigenous

migrant shared that *“In this area we need many more parks especially in South Central so they aren’t just playing in the street and the parks can be safer, and outside of the cycle of violence.”*

Some older participants shared that prior, some years ago, they were able to participate more in organizations tied to their *pueblo* or home village in Mexico, however, those ties have since dissipated due to many different reasons, including more border restrictions. During the pandemic, others took the opportunity to go to the mountains, the beach, and other places that felt out of reach during the usual pressures. Participants shared a need for more opportunities to be in nature, including community gardens that *“remind us of our connection to the earth”* or parks where there is diverse programming. Several immigrants and migrants also spoke to how diverse programming should include more programming for youth; one participant shared, *“We need more places where the kids can stay active in the summer, recreational - many have limits, many have not enough room.”*

Culturally-Appropriate and Safe Mental Health Services

Participants shared the importance of having a professional to listen to and to help with their mental health. Though some participants noted their access, many immigrant participants emphasized greater access especially during these times of anti-immigrant rhetoric and policies. One participant shared *“I would like there to be more mental health workshops because the truth is that we have been greatly affected since COVID. We have gone through that mental health situation, and we are experiencing it again day by day with that fear of ICE, and we need these workshops to at least feel supported with that mental health support.”* Such services and resources may be available but not necessarily accessible and easy to use, especially for immigrants who do not speak English or have access to health insurance.

“I would like there to be more mental health workshops because the truth is that we have been greatly affected since COVID. We have gone through that mental health situation, and we are experiencing it again day by day with that fear of ICE, and we need these workshops to at least feel supported with that mental health support.”

Community Input: Existing Barriers to Access

Participants consistently identified immigration status as a fundamental barrier that limits access to stable housing, workforce programs, financial support, and other long-term resources, while fear of enforcement and widespread stigma further discourages individuals from seeking help

even when services exist. Language barriers and inconsistent interpretation restrict access to accurate, timely information, leaving many reliant on misinformation or unable to navigate systems during crises. Compounding these challenges, the lack of recognition for foreign education and professional credentials prevents skilled immigrants from securing appropriate employment, forcing many into underemployment, prolonged instability, and dependency despite prior experience and qualifications.

Status as a Constant Wall

Most consistently, participants described their immigration status itself as a key barrier to accessing resources beyond minimum food access or temporary shelter. Participants and survey respondents particularly noted challenges in obtaining support for longer-term issues like public housing, job training and placement, or other sources of support to manage the effects of crises. One indigenous migrant shared, *“We struggled a lot to find any one organization that could help us [during COVID-19] because of our status.”* Even attempting to establish economic stability via loans was out of reach due to status. One participant explained, *“I tried to start a business but there is nothing to help. No loans, nothing. I’ll pay you back. In my country I was able to run a clothing business, a technology shop. But here the rent, the cost of everything makes it impossible and the support for immigrants does not exist.”*

Even if resources and services are available to immigrants regardless of their status, participants shared how the lack of information (e.g., unaware what resources are available to undocumented immigrants) and fear from increased immigrant enforcement has led them and their communities to not seek out resources and services despite needing them. Participants may rely on misinformation from their peers because they do not know how to access accurate information, sometimes in their native language. Partner organizations also shared how accessing accurate information, including about the Public Charge Rule, has been challenging and consequently they are unable to provide their members the appropriate information in a timely manner.

“We struggled a lot to find any one organization that could help us [during COVID-19] because of our status.”

Fear and Social Stigma

Participants shared how fear and social stigma strongly shape their behaviors in seeking out resources and services. For many of the participants, even venturing outside the home can be a major challenge, especially in the current climate of ICE raids and repression. However, this did not start in 2025. Participants describe how, during the pandemic, they *“...didn’t go out or seek help because [they] couldn’t leave without being afraid something would happen to [them].”* Participants went on to share how they fear being rejected or deported for trying to seek help.

This fear in part is not just from agencies but also from the sense of being blamed for crises by the media and by politicians, and how this plays out in communities. *“We as immigrants are the ones who are working, and we are being told we are using too many resources, but then they blame us if we work too and when their economy is not doing good. It’s a chain that binds us.”* Others describe constantly seeing news that show *“we immigrants are criminals,”* which made them reluctant to venture out for support or networks.

“We as immigrants are the ones who are working, and we are being told we are using too many resources, but then they blame us if we work too and when their economy is not doing good. It’s a chain that binds us.”

Language Access

For participants who do not speak English or Spanish, but spoke another language (e.g., indigenous, Amharic, Tigrinya, Arabic and other such diverse languages), they found interpretation and translation very inconsistent. This limited their knowledge of what services were available and how to access them. Even among those who spoke one of the County’s 14 threshold languages, translated materials and interpretation services were not always available in a timely manner. The lack of available information in multiple languages has become an issue for participants during times of crises (e.g., wildfires) when they are seeking help and resources.

Lack of Recognition for Foreign Education and Credentials

Participants described how their life experience itself could not be translated in easy ways in order to get ahead. In some cases, participants experienced discrimination because they had worked or sought education in their home countries. Immigrants with foreign degrees or work experience may not be able to use those credentials towards obtaining professional licenses and advance in fields they were once part of in the country of origin. One asylum seeker shared *“I came to this country with a degree, with experience in public health, running programs. But they tell me: that is from Africa. It doesn’t matter here. You can’t. Start again. But you can’t without money so it means I have to live on someone’s couch. I have to find whatever job. It took years to get asylum. Now I just hope I can work in a kitchen or something.”*

Community Input: Improving Access to Needed Resources

When it came to the question of where resources could best be placed, participants noted in workshops and the survey how multiple areas beyond the central core could be ideal hubs for more resources, including Long Beach, El Monte, San Fernando Valley (Van Nuys & Pacoima), Northeast Los Angeles, and more outlying parts of Koreatown and central Hollywood. Importantly, given insight from the focus groups, participants noted that some of these regions

had prior hubs or concentrations of services, however, budget cuts had led to reduced or eliminated programs in these areas for resources like health care. Participants emphasized the importance of bringing services directly into communities through mobile clinics and localized outreach, which can reduce transportation barriers, alleviate fears tied to immigration status, and build trust that opens pathways to additional support. Participants also highlighted the need for more advocacy and leadership programs as they can provide both practical resource connections and opportunities for collective action during times of crises and instability.

Bring the Resources to the Community

Across workshops and focus groups, participants discussed the ways that the pandemic provided a unique opportunity where there was an increase in mobile resources coming to the community. Many first accessed vaccines in mobile vans that came to different communities from organizations like St John's Well Community Health, and that became an opening to then receive other services. These models resounded overwhelmingly across different groups of immigrants and migrants, allowing for a greater level of trust in these agencies and an ability to navigate challenges like the fear of traveling too far out of one's community due to status. Many noted they rely upon public transportation, which they also report as being inconsistent and can make what is a simple journey to a clinic into a daylong journey.

Additionally, participants underscored the importance of easily accessible mental health resources. One participant shared *"All mental health services are essential today. We need short and easy-to-understand processes to access these services."* Another immigrant participant who shared how their disability prevents them from "going anywhere or see anyone," underscored the critical need for accessible care in their community, sharing *"I would like to have mental health services access in my area because it has been difficult to go through life at this moment with the current administration policies and events."*

"I would like to have mental health services access in my area because it has been difficult to go through life at this moment with the current administration policies and events."

Supporting Advocacy

In several workshops, participants described how participating in advocacy and organizing leadership groups helped re-orient their approach to seeking services, especially in the face of stigma, cuts, and other vulnerabilities. Several participants noted how they were connected to resources and services via organizations like APAIT and AIDS Healthcare Foundation, and then joined leadership development and organizing groups. As one young migrant from Columbia shared, *"The leadership program gave me confidence and also helped me get a sense that I*

didn't have to just be abused." That participant not only helped share resources during the workshop with other participants but also followed up with lists of support and a willingness to help connect other participants to these housing and job resources. Another participant explained how these advocacy groups helped them as an immigrant Arab trans person advocate to their landlord about the eviction moratorium, who was initially resistant, and gained the stability needed during the crisis. Other participants described how during service cuts, being part of an organizing-oriented group helped them feel that they could respond to the crisis and not just be swept away by its devastating effects.

“The leadership program gave me confidence and also helped me get a sense that I didn’t have to just be abused.”

Advocacy and community organizing approaches offered participants not only the ability to self-advocate and have deeper knowledge of material resources, but it also offered more intangible value in times of crises. A transmigrant Latina shared, *“I have loved standing up with my brothers and sisters. That has given me hope.”* Another explained how advocating with her migrant rights group helped her meet others who happened to be from her hometown, and it allowed her to speak her language in community for the first time. Given the intersecting, multiple ways in which fear, frustration, and instability have come to mark especially undocumented and mixed-status migrant lives, hope is in high need, and the ability to build these kinds of deeper systems of community empowerment may be a most critical lifeline.

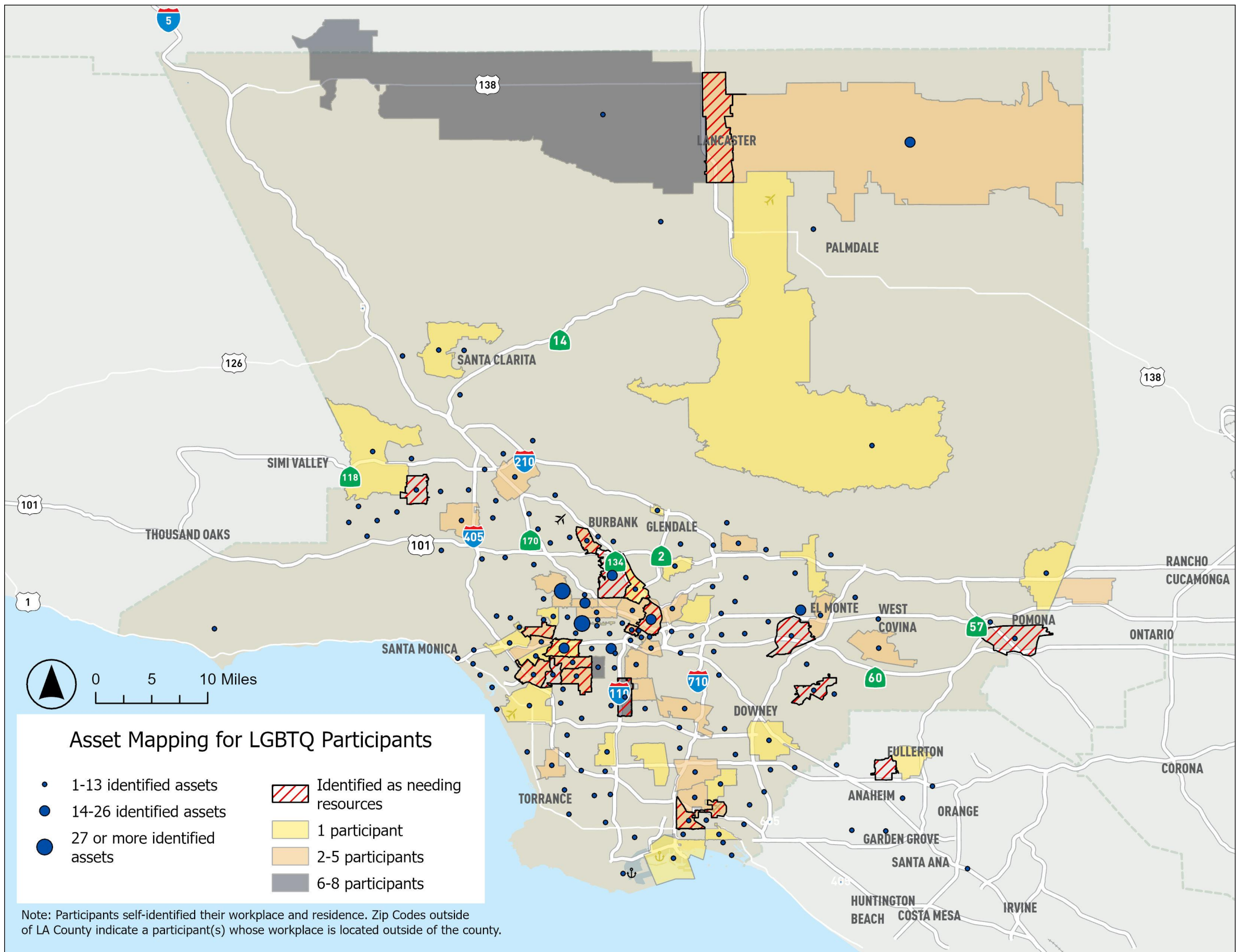
“I came to this country with a degree, with experience in public health, running programs. But they tell me: that is from Africa. It doesn’t matter here. You can’t. Start again. But you can’t without money so it means I have to live on someone’s couch. I have to find whatever job. It took years to get asylum. Now I just hope I can work in a kitchen or something.”



Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Community Profile

Los Angeles County is home to a large and diverse LGBTQ+ community, whose intersecting identities across race/ethnicity, class, gender, sexuality, and immigration status shape very different needs, risks, and access to support. Despite the existence of LGBTQ+-specific services and centers, discrimination, social stigma, and a long history of institutional harm have produced deep mistrust of government and mainstream providers, while intracommunity inequities often marginalize trans and non-binary people, bisexual people, and LGBTQ+ people of color. Spatially, many LGBTQ+ people, especially those outside West Hollywood, Hollywood, and Downtown Los Angeles, live in resource-poor, geographically dispersed areas where distance, transportation barriers, and limited local services make it difficult to access affirming health care, gender-affirming care, mental health support, basic necessities, and workforce opportunities. Figure 6 visualizes this dispersed pattern. In this context, LGBTQ+ centers and a small number of trusted nonprofits and community organizations function as lifelines but are overstretched, leading many community members to build their own mutual-aid networks, digital resource lists, and informal support systems to fill gaps. Community input underscores the need to expand and better fund trusted organizations, improve transportation and proximity of services, and strengthen cultural competency and safety across all providers so that LGBTQ+ people can access the resources they need.

Figure 6: Asset Mapping for LGBTQ+ Participants



Background

According to 2024 data from the Williams Institute, there are around 665,000 LGBTQ adults in Los Angeles County, about one in ten adults.⁷⁹ The LGBTQ community is highly diverse, with intersecting identities across class, race/ethnicity, gender, and sexual orientation, leading to varied needs and resources. In understanding best practices providing services to the LGBTQ community, much of the existing literature focuses on the community's health service utilization and behaviors, largely due to the enduring impact of health crises from the 1980s to the present.⁸⁰ More recent research has explored the community's reliance on social connections and mental health services to foster a sense of belonging and improve well-being, as well as ways to thoughtfully engage LGBTQ populations in public services. The literature predominantly focuses on cisgender gay men, with less attention paid to other groups in the community. Nonetheless, shared barriers across these groups include societal stigma and shame, mistrust of institutions, and discrimination. Lesbian, bisexual, and transgender individuals, in particular, face unique challenges within these broader issues that can further impact service utilization and engagement.

Discrimination remains a significant barrier for the LGBTQ+ community when accessing services. A study of LGBTQ+ residents in Los Angeles and Kern Counties highlights that religiously affiliated housing and food providers often reject individuals based on their sexual orientation or gender identity.⁸¹ Additionally, fears of discriminatory behavior from food program staff discourage many LGBTQ+ people from utilizing these services, creating an emotional burden that deters future participation. Social stigma continues to jeopardize relationships for many LGBTQ+ individuals, particularly within family, work, or religious contexts. Participation in programs or research related to LGBTQ+ identities may carry the risk of exposing ("outing") one's identity or health status, particularly in studies related to HIV/AIDS. This fear of exposure can prevent individuals from accessing specialized care or services designed for LGBTQ+ populations.⁸² Additionally, internalized shame or societal rejection may further discourage individuals from seeking affirming support or resources.⁸³

As a historically stigmatized sexual and gender minority, the LGBTQ+ community has experienced discriminatory practices across various institutions, which contributes to the general mistrust of government agencies and authorities.

As a historically stigmatized sexual and gender minority, the LGBTQ+ community has experienced discriminatory practices across various institutions, which contributes to the general mistrust of government agencies and authorities. In research contexts, historical misuse of community data has been used to argue against legal rights for LGBTQ+ individuals, further exacerbating distrust. Medical and health institutions have also contributed to this mistrust by

historically pathologizing sexual and gender identities, with outdated and harmful guidelines persisting until recently.⁸⁴ Coupled with the social stigma and discrimination by individual providers, this legacy of institutional harm deepens the community's hesitance to engage with organizations, providers, and agencies that serve or engage LGBTQ+ populations.⁸⁵

An additional layer of complexity within the LGBTQ+ community involves intracommunity dynamics and the intersection of other marginalization. Intracommunity stigma—based on race, gender expression, or sexual position—is common in digital and physical spaces, creating alienating experiences for some members.⁸⁶ Social and advocacy spaces, such as bars and community organizations, often prioritize the needs of cis-gendered, white, gay men and men who have sex with men (MSM) over other groups, particularly women, femme-identifying, transgender, and people of color.⁸⁷ Despite findings from the 2017–2019 Behavioral Risk Factor Surveillance System indicating that 55% of LGBTQ individuals identify as women, many women within the community report disproportionately high rates of physical violence, sexual assault, discrimination, and poverty. Bisexual individuals also face frequent erasure in social spaces, programming, and academic literature, often leaving their unique needs unaddressed. These dynamics contribute to further marginalization within the LGBTQ community itself, compounding barriers to support and inclusion.⁸⁸

The LGBTQ+ community, on average, are in more precarious situations as defined by poverty, lack of insurance, and unemployment, and the COVID-19 pandemic exacerbated this community's challenges in accessing basic necessities.⁸⁹ According to the UCLA Williams Institute, LGBTQ+ people were more likely than their non-LGBTQ counterparts to be laid off during the peak of the COVID-19 pandemic; within the LGBTQ+ community, people of color were twice as likely as White non-LGBTQ+ people to test positive; and LGBTQ+ people were less likely than their non-LGBTQ+ counterparts to report trusting the government to provide accurate information about COVID-19.⁹⁰ In the LGBTQ+ community, those who have been experiencing precarious economic situations, stigmas, and discrimination are likely the ones disproportionately impacted by crises.

The LGBTQ+ community, on average, are in more precarious situations as defined by poverty, lack of insurance, and unemployment, and the COVID-19 pandemic exacerbated this community's challenges in accessing basic necessities.

Community Input: Living and Working in Los Angeles County

Due to a combination of historical, political and economic factors like lower levels of policing, the presence of affordable housing and proximity to safe nightlife spaces, historical enclaves for LGBTQ+ people took root in and around West Hollywood, Hollywood, and East Hollywood.⁹¹

According to the Williams Institute, Supervisorial District 3 which encompasses the City of West Hollywood contains around (32%) of LGBTQ people in the county.⁹² Despite the concentration of LGBTQ+ adults in these cities and neighborhoods, the rest of the population is dispersed throughout the county.

This study focuses on LGBTQ+ participants who live and work in non-geographically concentrated areas (i.e., not in LGBTQ+-dense areas like West Hollywood), including North Los Angeles County, South Los Angeles, and San Fernando Valley, and are likely to be more disproportionately impacted by COVID-19 and other crises. The partner organizations that facilitated workshops and focus groups primarily serve LGBTQ+ people in these communities and also LGBTQ+ people of color in other regions who are disproportionately impacted by COVID-19 and other crises. This dispersion can be difficult to measure, however, as LGBTQ+ people are not accurately represented in the census or American Community Survey. Notably much of the demographic data surrounding sexual or gender identity is collected through smaller regional or even municipal surveys, which may not be representative. Nonetheless, anecdotally, LGBTQ+ people can be found everywhere and are more likely to disperse as they age which can lead to feelings of isolation. One participant shared: *“So ones in my age group are all over, like in the suburbs, like the Inland Empire, Riverside, Fontana, Lancaster, Palmdale. There's a whole bunch in the Simi Valley, but everyone's quite isolated in my age group. They don't leave their homes, especially if you're out.”*

Geographical spread across the county can make it difficult to meet the community's needs, as services and assets for LGBTQ+ people are predominantly concentrated in places like West Hollywood, Hollywood, and Downtown Los Angeles. In fact, the spatial mismatch between the community and its assets was of prime concern to many participants. One participant elaborated, sharing *“I think it shows the need for more funding for medical outreach, we need more community centers that help specifically LGBTQIA individuals. Because there's not that much here in the [San Fernando] Valley for our community.”*

“I think it shows the need for more funding for medical outreach, we need more community centers that help specifically LGBTQIA individuals. Because there's not that much here in the [San Fernando] Valley for our community.”

Community Input: Resource Availability

Many in the non-geographically concentrated areas, including the Antelope Valley and San Fernando Valley, described the lack of local access to services like health care, mental health, community spaces, and food and employment services specific to the LGBTQ+ community. Participants shared they rely on a few service providers equipped to serve the LGBTQ+

community but located geographically far in more central parts of the county, including Downtown Los Angeles, West Hollywood, and Hollywood. The lack of local resources often means that organizations that do provide local services in non-geographically concentrated areas like the San Fernando Valley, Lancaster, and San Gabriel Valley operate more as limited resource islands that do not comprehensively meet all of the needs of the local community, however, are lifelines for crucial services or representation in the community. In this environment, participants shared how they and others in the community turn to mutual-aid and grassroots navigation networks to connect to resources and fill gaps.

Importance of LGBTQ+ Centers and other LGBTQ+ Non-Profits

Many of the participants noted that LGBTQ+ centers are particularly helpful and important assets. These centers provide a variety of basic needs and services, including food, connection to employment or workforce development programs, and medical assistance. One participant underscored the importance of LGBTQ+ centers, sharing *“I know from my experience, all of the different LGBTQIA centers were the most helpful for myself and for the people I'm involved with at home and stuff like that. That's where we got the majority of our resources, whether it was for food, like doing things like this [workshop] to get gift cards or whatever it may be.”*

“I know from my experience, all of the different LGBTQIA centers were the most helpful for myself and for the people I'm involved with at home and stuff like that. That's where we got the majority of our resources, whether it was for food, like doing things like this [workshop] to get gift cards or whatever it may be.”

Beyond food and cash assistance, the mental health and gender affirming care provided by these centers was especially emphasized by participants as important services and resources. Another participant shared *“I know APLA [Health & Wellness] had a lot of resources for the LGBTQ community and from my personal experience, when COVID was happening, I know some of my sisters were getting [hor]mones from them.”* These important services are highly utilized throughout the county and many report long waiting times as there are not as many accessible services and resources like this in the county, which can be difficult when obtaining much needed medical and mental healthcare services. Despite the crucial services provided by these organizations and assets, participants noted the considerable distance traversed in order to obtain these services. A common sentiment and experience shared by one participant: *“I would say that you have to travel a bit for most of the spaces but also I feel like we use the same spaces or the same resources.”*

Given the distance to these types of organizations, lack of supply to meet demand, or sometimes the lack of awareness of the resources they provide, many community members shared they end up relying on other types of non-profits to meet their other needs, including local food banks, YMCAs, and churches. However, these organizations could only meet certain food assistance needs and participants shared that they did not always feel comfortable in those spaces.

“I would say that you have to travel a bit for most of the spaces but also I feel like we use the same spaces or the same resources.”

Community Developed Resources/Networks

In order to find or locate different resources that are more readily accessible (e.g., located locally), especially in unforeseen emergencies, participants shared that they and community members often relied on more grassroots support systems (e.g., mutual aids) that are shared through self-made resource lists, social media posts, and word of mouth. These systems provide important information on resources, connect people to emergency funds put together by donations, and connect people to temporary but available places to sleep and work.

One participant affirmed the importance of community-developed resources, sharing *“I’m also wondering how we account for made assets in this study, like our families, loved ones, and chosen communities. While I do feel supported by many physical organizations, I also recognize what’s still missing. Just wanting to name the labor and care involved in building our own resources and assets when there isn’t a go-to space when we’re in crisis.”* Another participant shared how they developed resources so that other parents would not have the same difficulties accessing resources, sharing *“COVID made raising a small child very difficult, especially with the lack of parent resources for people experiencing intense health issues during COVID. I created a library of resources for people going through long COVID to help others out.”*

People noted the crucial role that social media, word-of-mouth, and community groups served in connecting people to vital services like utility bill assistance, free groceries, and gender affirming care. Participants noted that if a resource was not advertised or publicized effectively online, then the chances of community members being able to access it were severely reduced. Altogether these experiences drive home how these networks of support serve to not only fill gaps but also fulfill specific cultural needs and affirm community experiences. These strong interpersonal bonds within the community are often unrecognized and underutilized when thinking of assets and the distribution of services.

Community Input: Resource Needs

LGBTQ+ participants named a variety of resources that they need more of in their local communities, including health services, jobs and workforce development, mental health resources, basic necessities, and social gathering spaces. Participants shared that these resources must also be provided in a safe and comfortable environment because of the stigma the LGBTQ+ community face societally. Addressing any one of these needs will require assurances of safety for community members, while also improving mediating factors like distance and cost.

Jobs and Workforce Development

Jobs, job training, and resources to prepare people for work are some of the services that participants commonly asked for. Many noted that finding and keeping employment for LGBTQ+ people—particularly for trans, non-binary identified individuals—is a substantial barrier. Having a location nearby that would allow people to prepare for job interviews with services like laundry, dry cleaning, and professional clothing closets can help people be more successful in their job searches. Others suggested partnering with corporations or public agencies to help connect community members to job opportunities as potential solutions. One participant shared: *“I feel like, no shade, that’s true before just from a personal experience before my transition, not to toot my own horn, I got any job I wanted, after my transition I couldn’t get a job for anything. I could not get a job; I was fighting for my life to get a job. It took so long to get hired.”*

“I feel like, no shade, that’s true before just from a personal experience before my transition, not to toot my own horn, I got any job I wanted, after my transition I couldn’t get a job for anything. I could not get a job; I was fighting for my life to get a job. It took so long to get hired.”

Gender Affirming Care and Resources

Health care services and resources like hormones, facial feminization surgery, and other cosmetic gender affirming care were among the most shared resources tapped into by different participants and community members. Many of these services are publicly provided via LGBTQ+ centers, however, for more intensive gender affirming services like cosmetic surgery, community members often look to informal networks, social media, and word-of-mouth to locate affordable, trusted, and quality care providers. Many of these providers are more well known among the community and are known for providing gender affirming cosmetic services in a safe and culturally-appropriate manner.

Food, Utilities, and Basic Necessities

Participants relied on temporary resources like school lunch distribution programs, food banks, clothing drives, and cash or gift cards to cope with pandemic. Many within the community shared their challenges paying utility bills on time and keeping their households afloat. In some cases, participants were able to connect to specific government or non-profit programs that met these needs, while many others mentioned not knowing of these services. Of those who did utilize services, some reported difficulty accessing them or filling out the applications. As mentioned previously this has led to many within the community to develop informal information networks and guides to help others access these services. The financial pressures from the pandemic, the high cost of living in many parts of the county, and the ubiquitous discrimination LGBTQ+ people experience left many feeling unstable. A general theme of those experiencing employment issues was that by meeting the community's financial and basic necessities, they would be better equipped to find employment or to seek out education.

Community Affirming Third Spaces

There was a desire commonly expressed by participants to increase the number of “third spaces,” or spaces for community gathering and socializing. These spaces could provide services that many need, including wi-fi, in addition to being a place of safety for those in the community who are looking for others from the community. These LGBTQ+ specific third spaces do exist in other parts of Los Angeles but are often not as available in places like San Fernando Valley, Antelope Valley, and San Gabriel Valley. Although some services like wi-fi are available at libraries, they are not recognized as being innately social spaces. Some had commented that these spaces are often underfunded and not recognized as important by government or philanthropic funders.

The need for third spaces is rooted in a desire for more welcoming, safe, and comfortable places to convene and connect that are more open to wider swaths of the community and serve as sites of community building and identity formation, a place outside of traditional nightlife spaces where it can feel exclusionary because they prioritize cis-gendered, White, and able-bodied gay men. Those operating at the intersection of identities shared that finding spaces where they could “show up,” as one participant shared, in the fullness of their identities were especially rare but very important. One participant shared *“I wish there was a physical space for me to practice Taiji with other young queer Asian folks. I meet online with folks but wish I could do this in-person.”* Moreover, some of these identities are experiencing increasing marginalization in our current political climate⁹³ and emphasize the need for safety, especially for LGBTQ+ people and those LGBTQ+ people who may face compounding oppression because of their race/ethnicity, gender, transness, and immigration status.

Community Input: Existing Barriers to Access

Services for the LGBTQ+ community do exist; however, they are often more difficult to reach for some, especially those located outside of West Hollywood, Downtown Los Angeles, and Hollywood. Participants shared the multiple barriers, including distance, access to

transportation, and the complexity of navigating different programs. The experiences shared in workshops and focus groups also confirmed findings in the literature that the existence of discrimination towards LGBTQ+ people (e.g., homophobia and transphobia) often deter many from using needed services.

Distance to Assets and Access to Transportation

Many of the assets, including resources and services, for the LGBTQ+ community do exist within the county, however, at a distance for those living in non-geographically concentrated areas. These services are often located in areas like Downtown Los Angeles, Hollywood, and West Hollywood. Distance, however, serves as a deterrent for participants from seeking services at all. Many of the participants are reliant on public transportation and desired more frequent, reliable, and flexible public transportation. In addition, given the irregular schedules (e.g., working odd hours) of many in the community, participants shared the need for having transit extend beyond its current end time. Participants commuting to and from Central Los Angeles in the middle of the night often end up stranded, taking riskier forms of transportation, or simply waiting until the system opens again in the morning, which can put them at risk for harassment and violence. Some key programs that people identified as needed include Metro Micro, a ridesharing pilot program operated by LA Metro, but it is only currently available in specific regions of the county.⁹⁴ Many expressed the desire for these programs to reach their home communities, instead of going “to areas [they were] less familiar with for help.”

Participants commuting to and from Central Los Angeles in the middle of the night often end up stranded, taking riskier forms of transportation, or simply waiting until the system opens again in the morning, which can put them at risk for harassment and violence.

Homophobia, Transphobia, and Discrimination

Participants' experiences with accessing resources align with much of the literature surrounding public service utilization for LGBTQ people, including how their experiences with homophobia, transphobia, and discrimination deter them from seeking and using services. In addition, participants shared that they and many in their community cannot turn to family for support due to shame, prejudice, or discomfort, which can leave many in the community without a support network and/or a feeling of helplessness. One participant described this challenge, sharing *“Having to ask people for help puts us in a vulnerable position, especially as marginalized people, navigating our systems for resources is difficult and inaccessible.”* In response, participants and people within the community have often crowdsourced community-based resources that are more affirming. Folks who operate at the intersections of different identities

have more difficulty finding culturally-competent services that allow them to fully embrace their identities and have their varied needs met.

Community Input: Improving Access to Needed Resources

The needs of the communities are often multi-layered and complicated by the notions of intersectionality and safety. Many participants within the workshops and focus groups represented a variety of race/ethnicities, immigration statuses, gender, queerness, socioeconomic statuses, and ages. The needs identified reflected this dynamic. Participants reported reliance on multiple types of assets that reflected their cultural heritage and ability to access resources given their immigration status. Participants underscored that elders and those with more limited language skills, lack of documentation, and mobility barriers would often not be able to have the same level of access or safety accessing certain resources either because of the political climate or because of stigma.

Addressing many of the barriers to resources will improve access. This can include making resources more ubiquitous and available, improving transportation, funding trusted organizations to increase the quantity, quality, and reach of their services. Additionally, encouraging more cultural competency and sensitivity to the unique needs of LGBTQ+ people will also help to close some of these gaps and make services more accessible.

Accessibility and Transportation

The need for accessibility was a key point highlighted by LGBTQ+ participants. Many participants in the LGBTQ+ community reported needing better access to healthy foods, health services, and workforce development assistance. This could be facilitated by providing these services proximate to dispersed communities and/or by facilitating better transportation to areas with more resources attuned to the needs of the LGBTQ+ community. Participants emphasized the need to improve LA Metro services, including expanding alternative public transit options like Metro Micro, increasing bus and rail operating hours, and enhancing reach and reliability. Safe and reliable transportation is important to improve access to key LGBTQ+ services and safety for LGBTQ+ people who are more likely to be targeted and discriminated against, especially within the current climate.

Cultural Competency

Given the heightened lack of safety and cultural insensitivity experienced by many community members considering the current climate, ensuring cultural competency of services is paramount to improving access to needed resources. Many participants described how, given their identities, asking for help or searching out assistance could often feel very vulnerable in this current climate. Participants called for non-LGBTQ+ organizations, including public agencies, to do better as to not deter LGBTQ+ community members and clients, suggesting that these organizations regularly incorporate gender, sexuality, and cultural competency training and be more intentional in developing trust with the LGBTQ+ community.

Invest in Trusted Organizations

Many of the survey respondents and participants in the mapping workshops mentioned frequenting the same locations for services, whether they be food, workforce development, or gender affirming care. Among these trusted organizations are LGBTQ+ Centers, which are located in more urban spaces in the county, with the larger centers offering more comprehensive services and resources in Hollywood, Downtown Los Angeles, West Hollywood, and Long Beach. Because the same organizations are relied on, there are longer wait times for these services and resources with some appointments needing to be scheduled months in advance, particularly with specialized gender affirming care like hormones.

Many participants expressed their appreciation for these trusted service providers because they provide services with safety and a deeper understanding of the community. However, not all service providers have the same capacity and resources as LGBTQ+ Centers. Many trusted organizations in the San Fernando Valley, Antelope Valley, and San Gabriel Valley are not equipped with the staff, funding, or facilities to be a “one-stop shop” for the LGBTQ+ community. These organizations may be able to connect community members to resources and services, but they do not provide deeper mental health services or specialized medical care. As such many in the workshops and focus groups advocated for expanding these existing services and to support long-standing, trusted LGBTQ+ organizations in centralized areas while developing local resources that could be deployed to geographically-dispersed communities.

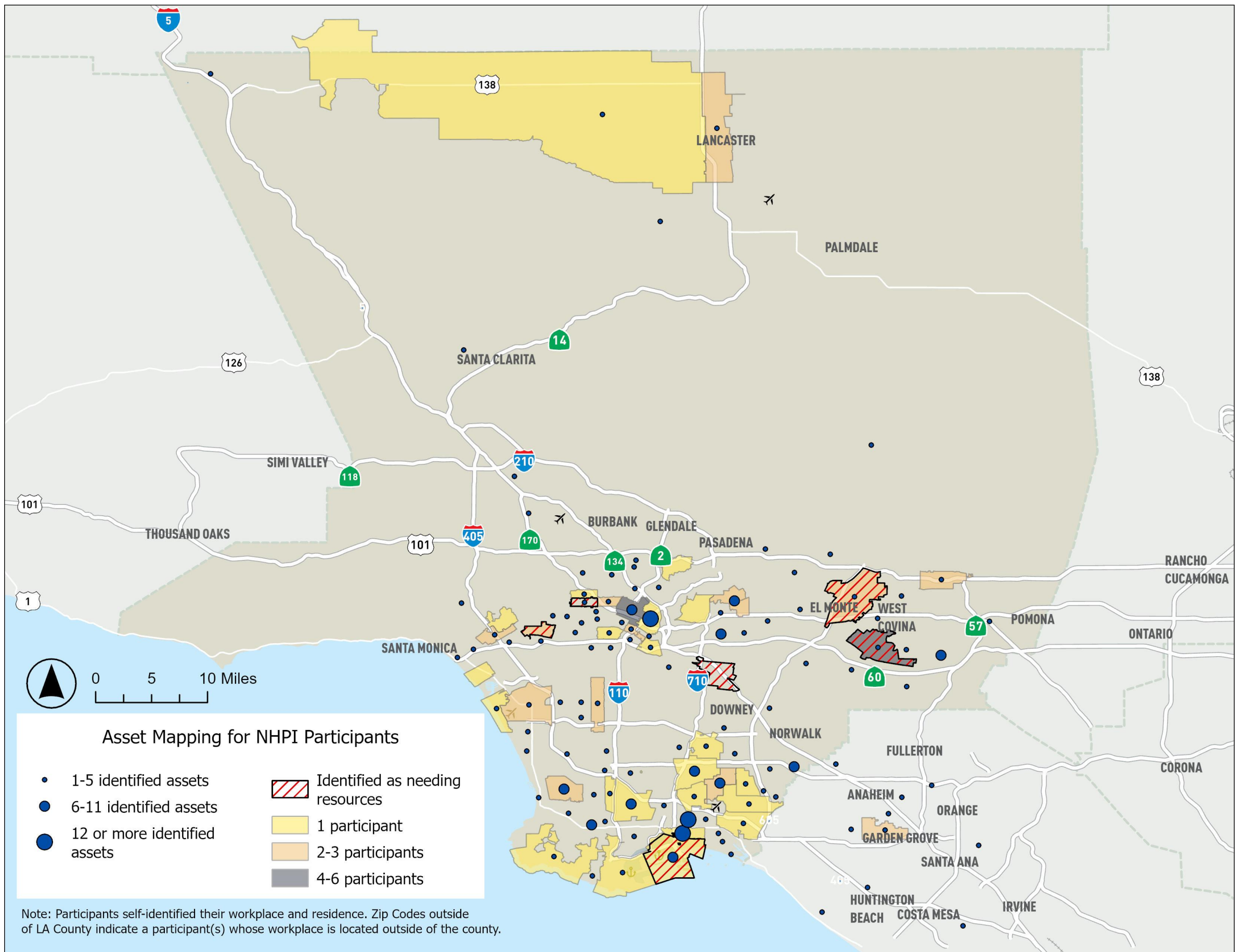
Many participants expressed their appreciation for these trusted service providers because they provide services with safety and a deeper understanding of the community. However, not all service providers have the same capacity and resources as LGBTQ+ Centers. Many trusted organizations in the San Fernando Valley, Antelope Valley, and San Gabriel Valley are not equipped with the staff, funding, or facilities to be a “one-stop shop” for the LGBTQ+ community.



Native Hawaiian & Pacific Islander Community Profile

The Native Hawaiian and Pacific Islander (NHPI) community in Los Angeles County is diverse and shaped by distinct legal, cultural, and historical relationships to the United States that distinguish many community members from traditional immigrant narratives and require tailored approaches to engagement and service delivery. Long-standing advocacy within the NHPI community reflects the need to make visible the specific disparities facing NHPIs, including higher rates of chronic disease and disproportionate impacts during crises such as COVID-19. As shown in Figure 7, community input highlights both the importance of historical NHPI enclaves in areas like the South Bay and South Los Angeles and the growing dispersion of families into other regions of the county, which has increased isolation and distance from culturally familiar supports. Participants rely heavily on trusted community-based organizations, churches, mutual aid networks, and family systems to meet their basic needs, yet geographic separation and limited transportation often restrict access to culturally aligned health, food, elder care, and youth services. Improving outcomes for NHPI communities will require investments in culturally competent, language-inclusive services, strengthened support for trusted organizations, and expanded transportation options to bridge the distance between dispersed households and essential community resources.

Figure 7: Asset Mapping for NHPI Participants



Background

The Native Hawaiian and Pacific Islander (NHPI) community represents a diverse group with complex, varying legal relationships to the United States federal government. For example, Chamorros from Guam and Native Hawaiians are granted U.S. citizenship, while American Samoans are classified as U.S. nationals.⁹⁵ This designation provides freedom of movement within the United States but denies them the right to vote, serve in public office, or sit on a jury.⁹⁶ Additionally, the Compact of Free Association allows Micronesians to travel and work legally within the United States.⁹⁷ Despite their U.S. citizenship, however, residents of territories such as Guam are disenfranchised in federal elections, unable to vote for the U.S. president, and lack recognized congressional representation.⁹⁸

NHPI populations, including those with ancestral ties to Micronesia, Melanesia, and Polynesia, have long advocated for the disaggregation of federal data.⁹⁹ NHPI communities often have distinct ties to their historical lands, setting them apart from traditional immigrant narratives that they are often lumped into with Asian American immigrants. Aggregating the NHPI community under broader categories, including with Asian Americans, often obscures the unique disparities and legal or colonial relationships these communities face. Addressing this invisibility requires more nuanced data collection and analysis. These unique legal and cultural relationships should inform tailored engagement and interventions that consider the specific needs and circumstances of each NHPI community.

As with other hard-to-reach and marginalized groups, NHPI communities often harbor mistrust toward researchers and outsiders due to negative historical experiences.¹⁰⁰ Community-based participatory research has identified several issues contributing to this mistrust. For example, researchers have been criticized for retaining ownership of data collected from these communities and failing to share study results in ways accessible or beneficial to participants. Concerns also include the lack of effort by researchers to build trust, enhance community understanding of findings, or develop resources to address the community's needs.¹⁰¹ Establishing trust and obtaining informed consent are essential steps for conducting meaningful research within NHPI communities.¹⁰²

Additionally, stigma presents a significant barrier to service utilization in NHPI communities, particularly around topics like mental health and illnesses. Cultural norms often discourage open discussions about health and mental health, creating a culture of silence. This lack of dialogue frequently leads to underutilization of services and a lack of awareness or understanding of mental health issues within the community. Shame associated with seeking help compounds these challenges, further preventing individuals from accessing necessary care.¹⁰³

Engaging with and providing effective services to NHPI communities require a culturally competent approach that acknowledges their unique needs and values.

Engaging with and providing effective services to NHPI communities require a culturally competent approach that acknowledges their unique needs and values. In the realm of mental health, a study conducted in Southern California highlighted that the absence of culturally competent staff fluent in Samoan posed a significant barrier to care.¹⁰⁴ Literature underscores the importance of including NHPI collaborators in research and service delivery, including NHPI-identified interviewers who are better equipped to elicit accurate responses, integrate cultural norms, and create an environment of trust and comfort.¹⁰⁵ This includes leveraging oral traditions, faith-based values, and collectivist norms to engage community members meaningfully. Tailoring services and research practices in these ways enhances participation and improves outcomes for NHPI populations.¹⁰⁶

During times of crises, the NHPI community is disproportionately impacted given the social, economic, and health disparities the group experiences. During the peak of the COVID-19 pandemic, the NHPI community infection rates were approximately five times that of White and Asian Americans in Los Angeles County and the highest among all racial and ethnic groups in California.¹⁰⁷ Research emphasize the concerns with the high rates of COVID-19 infections and deaths among NHPIs, arguing their disproportionate vulnerability given health conditions and high rates of chronic diseases (e.g., diabetes and cardiovascular disease) in the community, their overrepresentation in essential work, likeliness to have fewer financial resources, and likeliness to live in multigenerational households and densely populated neighborhoods.¹⁰⁸ NHPI communities with limited access to assets, resources, and services are particularly vulnerable during times of crises and in the aftermath

Research emphasize the concerns with the high rates of COVID-19 infections and deaths among NHPIs, arguing their disproportionate vulnerability given health conditions and high rates of chronic diseases in the community, their overrepresentation in essential work, likeliness to have fewer financial resources, and likeliness to live in multigenerational households and densely populated neighborhoods.

Community Input: Living and Working in Los Angeles County

There are approximately 57,491 Native Hawaiians or Pacific Islanders (alone or in combination with one or more other races) living in Los Angeles County, comprising around 0.5 percent of the population.¹⁰⁹ According to the literature, NHPI communities do have enclaves in and around areas of the South Bay, South Los Angeles, and the Gateway Cities. These enclaves

have developed in alignment with historic migration patterns and entry points tied to the Pacific, World War 2, and the presence of military bases.¹¹⁰ Combined with other economic opportunities and affordability that make these areas attractive for settling for many Pacific Islanders historically. These areas have developed many NHPI-serving institutions, including churches, non-profits, as well as social and cultural groups, over time and are well recognized throughout the community. Although cultural enclaves house many NHPI residents, some participants and community members have reported branching out of these historical areas and into other parts of the county, including the San Fernando Valley, Antelope Valley, and San Gabriel Valley. More specifically, participants reported living in areas like El Monte, Lancaster, Alhambra, San Gabriel, Lakewood, and Northeast Los Angeles.

Moving from historical NHPI neighborhoods can be isolating, one participant mentioned *“In South El Monte, our family was one of the only Samoan families in the area. No one knew where we lived.”* This isolation often causes many NHPIs to travel far distances to historical enclaves where there is more of an established community and familiar assets, including in Long Beach, Carson, and South LA, to congregate with family, obtain services for religious, cultural, and other service support. Another participant shared this strong pull to historic NHPI communities, sharing *“People are willing to drive relatively far for religious or spiritual places. Multiple cities away, and we will travel. It also speaks to how spread out the community is but how important it is to maintain that connection with community.”*

“People are willing to drive relatively far for religious or spiritual places. Multiple cities away, and we will travel. It also speaks to how spread out the community is but how important it is to maintain that connection with community.”

Community Input: Resource Availability

Across input from NHPI community participants, there was a common emphasis on the importance of community-based organizations (CBOs), mutual aid and family networks, and the utilization of government programs, including food assistance and housing assistance. Many participants shared how they often traveled far from home to places like Long Beach and Carson to access certain resources and services, especially cultural resources. Though resources and services to meet certain basic needs could be found in their local communities, participants underscored how those particular resources and services often lack the cultural familiarity and alignment that facilitate greater access and comfort.

Community-Based Organizations and Non-Profits

NHPI participants reported taking advantage of a variety of services, ranging from cultural programming, food services and assistance, and health and mental health services. Participants relied on NHPI-run organizations, churches, food banks, and public agencies for food, generators, care packages, and housing assistance. Some commented that obtaining these services from trusted organizations like NHPI-serving institutions and churches often felt more comfortable and easier. One participant spoke to this feeling, sharing *“A couple of NHPI orgs like SoCal PICRT and PIHP did food giveaways, and it was easier to pick up from them. We trusted them depending on your area. It was rougher in some areas than others.”* These types of services, however, may not be as accessible for some if they are not near South Los Angeles, Long Beach, and the South Bay where many NHPI organizations operate. Other organizations participants relied on were not necessarily NHPI-led and -run. These organizations included organizations serving the broad Asian American and Pacific Islander (AAPI) community in other parts of the county. However, it was noted that those organizations serving the larger AAPI community often lacked NHPI-specific programs and NHPI staff.

“A couple of NHPI orgs like SoCal PICRT and PIHP did food giveaways, and it was easier to pick up from them. We trusted them depending on your area. It was rougher in some areas than others.”

Online Resources

Many participants discussed their reliance on online resources, including online classes via Zoom to learn their ethnic language, cultural traditions and dances, and other cultural/educational programming. Churches often offered virtual masses regularly, which provided a semblance of normalcy during the pandemic and provided spiritual support. These sorts of online gatherings kept regular schedules, helping to maintain a sense of social engagement and structure to many people, especially youth. Though participants still rely on spaces to physically gather, virtual spaces continue to provide a platform for community members to connect, learn about available resources and services, and engage in community advocacy.

Mutual Aid and Family Networks

Participants often relied on informal information networks, family, friends, and other forms of mutual aid that facilitate connections between NHPI families and vital resources. This included bartering and trading basic resources like chickens, eggs, and other food items. Many would often inform other family members of existing programs and resources or pick up extra food

items, toiletries, and clothing for other families in their network. Participants emphasized that close connections to family often make life easier as families would help each other to run errands, buy groceries, provide transportation to appointments, and help to ease economic burdens that might be more difficult to resolve alone.

Community Input: Resource Needs

When exploring what resources are needed for the NHPI community, participants focused on those who are particularly vulnerable, including those experiencing chronic diseases, the elderly, and youth. Specifically, participants identified health and mental health services, quality accessible food, elder care, and youth and educational programming as top needs for them and their community. These needs are grounded in lived community experiences and the shared knowledge that the community suffers from higher rates of comorbidities, including heart disease, diabetes, and obesity, issues that have become focal points for community advocacy shared by participants. Participants highlighted the lack of affordable healthy food options, limited access to fresh foods, and insufficient opportunities for physical activities as contributing factors to these health disparities.

Health and Mental Health

Health and mental health services are among the key services that participants reported needing more access to in their communities. This need is accentuated by the feeling that health issues within the NHPI community do not receive enough attention or that there are disproportionate impacts or burdens on the community. More specifically, participants named the following care needs: general health and preventative care services, mental health services and counseling, crisis care, abortion and pregnancy care, health services tailored to the elderly and youth. Participants cited that when health care services existed in their local communities, they were not always safe, comfortable, or easy to use, with one participant sharing *“I know there are clinics out there like planned parenthood, but those places can sometimes be hostile. I wish there were safer clinics for women to get services where they don’t feel judged. I know during COVID a lot of people ended up pregnant or just needed better services and education on their health.”*

Food Services/Healthy Foods

Existing in tandem with the need for health care resources, there is an expressed need for access to healthy, fresh foods. This again was cited as common knowledge contributing to the growing health issues within the NHPI community. Many of the participants reported the lack of accessible grocery stores and would have to travel far distances for affordable groceries. One participant discussed this specific situation saying *“I have an uncle who lives in Gardena. Where he lives, we have to drive far to go to a grocery store. Here, in Alhambra, it’s easier because there are more groceries closer.”* Some had noted that there were no farmers markets, or “name brand” stores where there is more access to fresh fruits and vegetables. Another participant emphasized this point, sharing *“I would like more quality food. I wish we had sprouts. I live in an*

unincorporated LA area, and we have all the off-brand grocery stores. I would have to drive to the South Bay to get to an Albertsons and Vons.”

“I would like more quality food. I wish we had sprouts. I live in an unincorporated LA area, and we have all the off-brand grocery stores. I would have to drive to the South Bay to get to an Albertsons and Vons.”

Elder Care

There was a common concern among NHPI participants that there is a lack of elder care and resources available in their communities. NHPI communities are more likely to live in intergenerational homes than many other racial/ethnic groups but feel they do not have the resources and support to properly care for older relatives. Others who do not live with elders shared that it can be difficult to travel and help relatives who live further away. Others described how barriers like language access, ineligibility for Medicaid services, the complexity of applying for public benefits, and the inadequacy of benefits made it more difficult to take care of elders. Some also talked about how working with family members to accept newer services could be difficult with one community member who shared *“I also take care of my mom and uncle and find it difficult to get them any services. I get calls from other insurance [companies] that offer more services but require them to change their hospital and doctors and because they are old and set in their ways, they will not make that change.”* Another participant echoed a similar sentiment, sharing *“I take care of my grandmother who is elderly and because she isn’t deemed low income, I find it difficult to get her services even though she would benefit from them.”* Although many described medical and health needs, others also discussed the desire to have easily-accessible exercise and social activities for the elderly to maintain a healthy lifestyle at their age.

Youth Services and Activities

Participants shared the need for more accessible youth services and activities in their communities. Specifically, participants named the need for affordable or no-cost tutoring, recreational programs, and educational programs around health, education, science, technology, engineering and math. Although these types of programs exist throughout the county, many discussed how providing these types of programs in a culturally relevant way would be more enticing to youth in the NHPI community. Some described how enrolling their young children into cultural programming encourages positive youth development and helps the wider community. These cultural programs, however, are not as readily available outside of the historical cultural enclaves in the South Bay and South Los Angeles. Those living further away and wanting to engage their children in cultural youth programming (e.g., cultural dance

classes) have to drive far distances. A participant from La Puente shared this common sentiment, remarking *“I live in an unincorporated area in La Puente. We want more youth culturally relevant programming for my children. More non-profit based organizations in my area. I always have to travel to the South Bay to attend events and festivals. I definitely would like to see that kind of stuff on this side of the county.”*

“I live in an unincorporated area in La Puente. We want more youth culturally relevant programming for my children. More non-profit based organizations in my area. I always have to travel to the South Bay to attend events and festivals. I definitely would like to see that kind of stuff on this side of the county.”

Community Input: Existing Barriers to Access

Many of the barriers shared by NHPI participants that prevent them from accessing services in their communities align with the common issues seen in the literature and reported in other studies. These barriers include issues with language accessibility, complexity of programs, distance and transportation to key resources, and the absence of culturally-relevant or -competent services.

Cultural Competency and Language Accessibility

Participants raised the concern that the resources, services, and programs that could help them meet their basic needs are inaccessible because they are difficult to navigate or uncomfortable to use because they are culturally misaligned. Many offered the insight that NHPI mental health and healthcare providers understand the community and can make clients feel more comfortable. In the absence of NHPI staff, trusted organizations like NHPI-serving organizations in Long Beach, the South Bay, and South Los Angeles often help to close service gaps by facilitating connection to these services even if they might not provide them directly. However, as communities disperse throughout the region, they lose contact with these services and find it more difficult to connect to new services.

These needs are even more pronounced for elders as they often have difficulty navigating more complicated government programs or experience language barriers. NHPI languages are not as widely spoken nor included in the County’s threshold languages, given the size of the community. Consequently, many community members are conducting service transactions without the benefit of an interpreter or translator. In addition to the comfort and enhanced service quality benefits that community members experience with the provision of culturally

competent services, many discussed how seeing NHPI people in service provider roles may also provide positive, emotionally, and culturally reaffirming experiences for youth who may not always see their community members in these roles.

Lack of Available Assets, Resources, and Services in Close Proximity

NHPI participants commonly shared how having to travel far distances limits their use of needed resources and services. Some described how the absence of fresh, healthy foods in markets nearby caused people to travel great distances. Participants also described how moving further from family, historical enclaves with resources, and churches meant they had to travel long distances on the weekends for cultural and social enrichment. For some, food and cultural programming were closer in proximity but other services like legal aid and housing services were more likely to be located near urban cores (e.g., Downtown Los Angeles). Many would traverse these distances in order to obtain services or reunite with community, either because of the strength of those community connections or the severity of the need prompting them to do so. However, some described foregoing services if the travel distance was too far or if traveling was not possible given the lack of transportation.

Many would traverse these distances in order to obtain services or reunite with community, either because of the strength of those community connections or the severity of the need prompting them to do so. However, some described foregoing services if the travel distance was too far or if traveling was not possible given the lack of transportation.

Community Input: Improving Access to Needed Resources

To improve access to needed resources, participants call for greater investments in culturally-appropriate and language-inclusive assets, resources, and services in the communities that dispersed communities live. Participants also emphasize the need for increased resources for and investments in trusted organizations within historical enclaves, allowing them to sustain their services and to expand their reach. To access assets in historical NHPI communities, participants ask for better and more accessible transportation options to and from key destinations. These investments will make needed resources more accessible for more vulnerable populations of the community, particularly elders and families in non-geographically concentrated areas.

Improving Accessibility and Transportation

Across participatory mapping sessions, NHPI participants consistently identified transportation challenges (e.g., lack of available transportation) and geographic distance as major barriers to accessing services and community assets. As many NHPIs are now dispersed beyond historical enclaves, community members often travel long distances to visit family, purchase culturally-appropriate groceries, connect with community networks, and obtain social and economic assistance from trusted NHPI organizations. Participants also described regularly driving extended distances to support less mobile relatives with essential daily needs, further compounding time and financial burdens. Though participants emphasized that improving accessibility would require locating services closer to dispersed NHPI communities, there is a need to strengthen affordable public transportation options (e.g., bus lines and transportation vouchers) to reliably connect residents to key destinations and service hubs that cannot be expediently or feasibly (re)created in other areas.

Invest in Trusted Organizations

Across participatory mapping sessions, NHPI participants emphasized the critical role that trusted community organizations play in meeting their social, health, and economic needs. As NHPI communities have become more geographically dispersed, many individuals travel long distances to reach culturally-responsive organizations that provide familiar language support, community connection, and navigation of essential services. Participants described relying on a small number of trusted providers for multiple forms of assistance, often despite the time and financial burdens required to access them. Community members stressed that investing in these organizations through expanded funding, staffing, and satellite or mobile service capacity would strengthen their ability to continue serving dispersed populations and ensure more equitable, community-centered access to support.

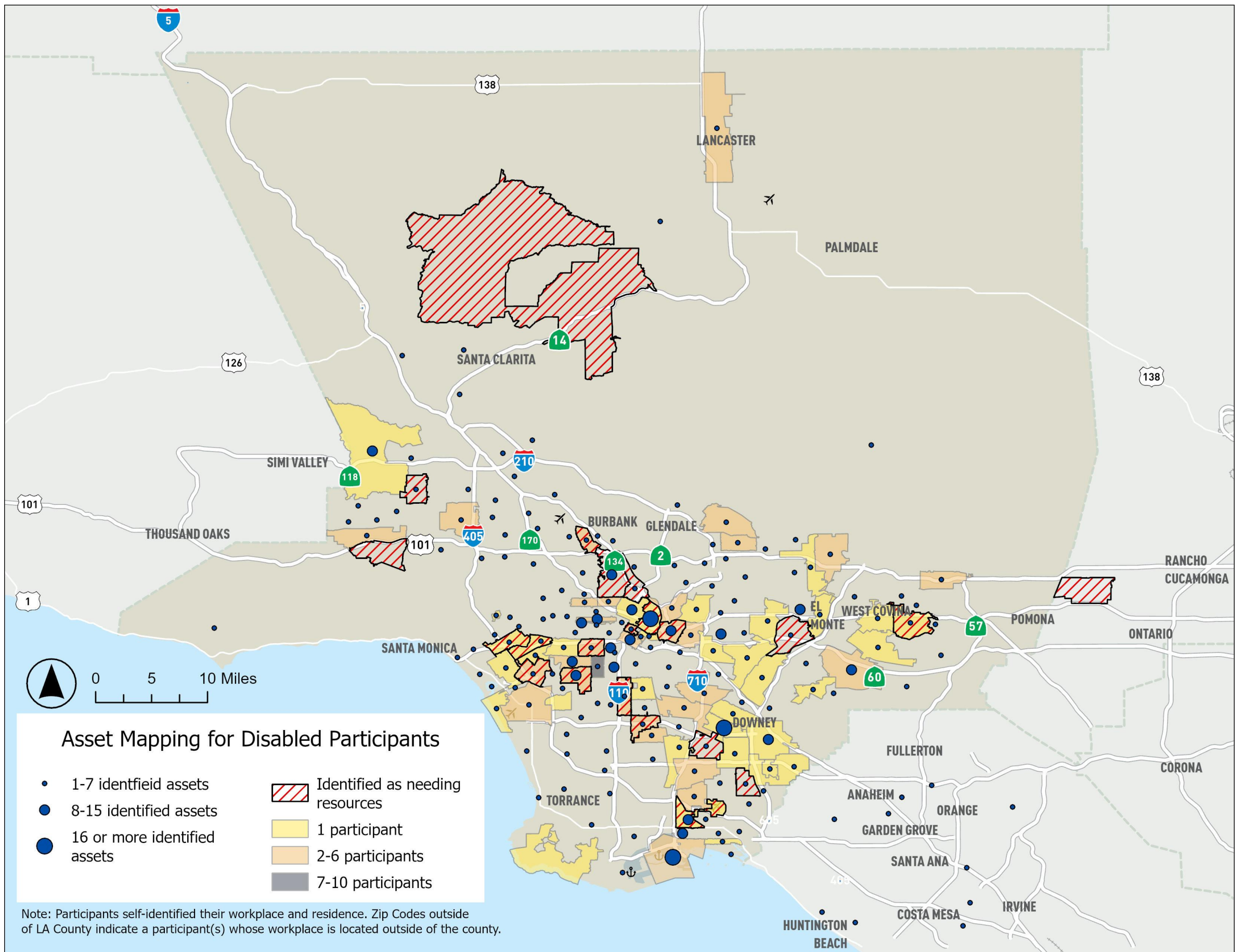
Community members stressed that investing in these organizations through expanded funding, staffing, and satellite or mobile service capacity would strengthen their ability to continue serving dispersed populations and ensure more equitable, community-centered access to support.



People with Disabilities Community Profile

People with disabilities represent a diverse population shaped by varying physical, cognitive, and mental health conditions, yet they share a common history of systemic discrimination, social exclusion, and underinvestment that continues to affect access to resources and services. In Los Angeles County, more than one in ten residents live with a disability, with community members dispersed across urban, suburban, and rural areas and facing intersecting barriers related to poverty, race, aging, and employment instability. Community input highlights heavy reliance on public transportation, trusted nonprofit organizations, and County departments to meet daily needs, as visualized in Figure 8, yet access to these supports is often undermined by inaccessible infrastructure, unreliable transit, limited digital inclusion, and gaps in culturally competent service delivery. Participants reported persistent challenges navigating complex systems without consistent case management or service coordination, especially for individuals experiencing later-in-life disabilities and caregivers supporting loved ones. Improving access across the disability community will require comprehensive investments in accessible transportation and public spaces, expanded navigation and case management supports, and centralized, inclusive information systems that ensure all individuals can connect to the resources they need safely, reliably, and with dignity.

Figure 8: Asset Mapping for Participants with Disabilities



Background

People with disabilities can experience a wide range of physical, cognitive, and mental differences that contribute to their various needs. Despite these differences, individuals with disabilities share a common history of systemic discrimination rooted in policies and social norms.¹¹¹ From the forced institutionalization of individuals with disabilities to the forced sterilization of women with disabilities, these practices reflect a history of marginalization and abuse. While this shared history overlaps with the discrimination faced by groups organized around race, gender, and sexuality, people with disabilities are often excluded from these broader discussions of equity and justice.¹¹²

One significant barrier faced by people with disabilities is their lack of visibility. Many programs fail to prioritize or tailor their offerings to the needs of individuals with disabilities, often due to a lack of knowledgeable, skilled, and competent staff.¹¹³ As a result, their needs are deprioritized or overlooked, particularly during times of emergency. For instance, a report by the U.S. National Council on Disabilities (NCD) found that the effects of Hurricanes Katrina and Rita were disproportionately severe for people with disabilities; evacuation, sheltering, and recovery efforts for disabled individuals were poorly coordinated, leading to significantly worse outcomes compared to their non-disabled counterparts.¹¹⁴

Social isolation and a lack of support further exacerbate the challenges faced by people with disabilities. This population is more likely to experience loneliness and has higher rates of depression and anxiety compared to the general population.¹¹⁵ During the COVID-19 pandemic, social distancing measures significantly disrupted the support networks of individuals with disabilities, often cutting them off from caregivers and essential services.¹¹⁶ Even when individuals are connected to a social network, these networks may lack the resources or motivation to support participation in wellness programs and physical activity, limiting opportunities for improved health and social engagement.¹¹⁷

People with disabilities encounter disproportionate physical, digital, and financial barriers that consequently impact their wellbeing and ability to access important resources and services. For example, this population often faces higher healthcare costs, ranging from three to seven times greater than those of non-disabled individuals, and struggles to maintain stable employment due to the complexity of their conditions.¹¹⁸ These combined burdens increase the likelihood of poverty and reliance on public benefits. However, accessing services is complicated by digital and physical barriers, especially in a time when reliance on digital technologies are outpacing digital skills.¹¹⁹ During the COVID-19 pandemic, for example, many regions failed to provide critical communications in accessible formats such as sign language or captioning.¹²⁰ Similarly, urban infrastructure often lacks adequate accommodations, such as accessible outdoor spaces, connected streets, and reliable public transportation, limiting access to essential services and recreational venues.¹²¹

During the COVID-19 pandemic, for example, many regions failed to provide critical communications in accessible formats such as sign language or captioning. Similarly, urban infrastructure often lacks adequate accommodations, such as accessible outdoor spaces, connected streets, and reliable public transportation, limiting access to essential services and recreational venues.

Community Input: Living and Working in Los Angeles County

More than one in ten residents in Los Angeles County have a disability, including those with physical and “hidden” disabilities (e.g., cognitive disabilities).¹²² Disabled people live across the county, with relatively high rates among populations in the San Fernando Valley and the Antelope Valley.¹²³

Participants report a similar pattern of dispersion in where they live similar to larger patterns known about the disability community. This is not surprising, considering that the disability community is extremely diverse by race/ethnicity, age, gender identity, and sexuality, which shape their day-to-day experiences with their disability.¹²⁴ Moreover, some individuals with disabilities have maintained this status their entire lives while others have acquired them later in life, sometimes due to a sudden onset health event. Participants live and work in various places across the county, including in dense urban spaces (e.g., Downtown Los Angeles), suburbs (e.g., Gateway cities), and less urban places (e.g., Antelope Valley). Community input and participation in the workshops highlighted the geographical diversity of people with disabilities, with some participants who participated in person citing having traveled well over two hours.

Community Input: Resource Availability

Participants from the disability community highlighted the diversity of their day-to-day experiences, including their different needs and the resources they typically access. The disability community cited the importance of public transportation, trusted nonprofit and community-based organizations, and assistance through the Los Angeles County Aging and Disabilities Department. Participants reported seeking additional resources through organizations they already frequented, including those near where they live or work and in areas with relatively more established resources given historical need (e.g., San Fernando Valley).

Public Transportation

Participants shared how they regularly rely on public transportation (e.g., Access, bus, train, rail service), noting that it is a major and vital service for the disability community. Public transportation provides important mobility for access to services and experiences outside the home, particularly in cases where they did not or could not drive themselves. Public transportation that is accessible (i.e., is ADA compliant) is an equitable tool to ensure that people with disabilities can physically navigate the county. This asset is “county-wide,” but often is not fairly accessible.

Supportive, Connected Organizations in the Community

Participants shared how they heavily rely on trusted organizations, particularly those that catered to disability-focused needs and those that met primarily medical-based needs for care. Participants cited organizations like CRS-IL as a major resource hub, particularly for learning about available services or programming provided by the County, about which they might not have known prior. Other organizations and agencies that were often cited by participants include Little Tokyo Service Center and the Regional Centers across the county.

Los Angeles County Aging and Disabilities Department

The Los Angeles County Aging and Disabilities Department was cited by a number of participants as being helpful, particularly in getting support for public transportation, housing, and medical services. *“The Department of disability for LA feels like a central place to find resources and emergency management,”* shared one participant. *“The Department can be helpful if you know what services you are looking for,”* shared another participant adding though that the potential resources are often not well advertised. Some participants cited a “shock” or “surprise” in realizing the County would provide or pay for specific services or assistance, for example.

“The Department of disability for LA feels like a central place to find resources and emergency management.”

Community Input: Resource Needs

Having a disability is more common among lower-income individuals, communities of color, and older adults. In Los Angeles County, among adults, those who are living below the federal poverty line (at 0-99%) have the highest rate of living with a disability (29%) across socioeconomic class, Black adults have the highest rate of living with a disability (34%) across race/ethnicity, and adults 65 years and older have the highest rate of living with a disability (40%) across age groups.¹²⁵ These intersecting identities contextualize the disproportionate physical, digital, and financial barriers that impact disabled people’s wellbeing and ability to

access important resources and services. For example, the disabled population often faces higher healthcare costs, ranging from three to seven times greater than those of non-disabled individuals, and struggles to maintain stable employment due to the complexity of their conditions.¹²⁶ These combined burdens increase the likelihood of poverty and reliance on public benefits. However, accessing services is complicated by digital and physical barriers, especially in a time when reliance on digital technologies is outpacing digital skills.¹²⁷

Participants highlighted multiple needs, with the most cited needs being better public transportation, more accessible public spaces, and more social service navigation assistance.

Reliable and Safe Public Transportation

Given their heavy reliance on public transportation, participants with disabilities commonly shared their frustration with public transportation, including its delays, lack of reliability, and occasional inaccessibility due to ADA noncompliance. Participants expressed the need for more frequent stops, bus lines, and bus stops. Many participants cited the challenges of getting to and using bus stops. Participants also emphasized their concerns about the safety of the physical spaces with public transportation. One participant shared: *“Public transportation was overcrowded, and there was a serious lack of security on the buses. The homeless population made the buses even more unsafe for passengers, especially those with disabilities.”*

“Public transportation was overcrowded, and there was a serious lack of security on the buses. The homeless population made the buses even more unsafe for passengers, especially those with disabilities.”

Social Service Navigation Assistance and Information

Particularly for participants who cited a later-in-life onset of a disability, the need for continual assistance in identifying resources and navigating them was shared heavily. This was particularly true for participants that identified as caregivers. One participant hoped there could be clearer and more easily accessible information for and about caregivers. They shared: *“There’s not a lot of info on it and it’s important.”* In these suggestions, participants cited simply having someone to identify resources, reach out, and follow up, not necessarily strict assistance through social workers. Another participant shared *“I think lots of resources and services exist in my community, but knowing about all of them is difficult.”*

Accessible Spaces

In connection to public transportation, the disability community cited issues with both using public spaces and having public events not being accessible. One participant shared *“It doesn’t feel like a lot of events in Downtown LA think about the aging population and people with disabilities and how we access those places and things.”* In the same workshop, participants spoke about events put on by the City and County of Los Angeles that lacked ADA-compliant entrances or ensured that the bathrooms were accessible, for example.

Community Input: Existing Barriers to Access

Mobility was a primary concern when discussing barriers to access, particularly the built physical space. Among participants with disabilities, non-ADA compliant public spaces and subpar transportation continue to be the top issues limiting participants’ access to resources. Especially for participants who must travel to use services and resources they trust, the lack of safe, reliable, and ADA-compliant paths can delay their access (e.g., missing healthcare appointments).

Subpar Sidewalks, Bus Stops, and Accessible Transportation

Subpar bus stops, sidewalks, and public spaces continue to make the use of public transportation a challenge. One participant shared *“the bus stop is really dangerous on the side of the street. And then you have to wait for the bus that comes from Gardena, there are many things that have a connection with the city and we want more connections. Lack of sidewalks, shade, connectivity is so hard.”* Other participants agreed that many bus stops are on roads without sidewalks and/or lack shade protection, which is challenging for someone using a mobility device. Regarding this challenge, a participant shared *“It is a danger for people who are disabled because there is nothing there. Because if someone has a wheelchair, they can’t be there too long.”*

Other participants shared a concern about the lack of curb cuts, broken sidewalks, and lack of sidewalks in Downtown Los Angeles where they frequent for specific resources and services for the disability community. A participant shared, *“Sidewalks are a huge issue for mobility and they are also dirty...pee and poop...so it really makes the experience terrible even though it’s our most pedestrian-oriented area of Los Angeles. The county needs shade trees, clean sidewalks, and regular love and care.”* Another participant discussed how the infrastructure for public transportation may serve one disability but fail another, sharing *“the biggest problem, curb ramps that are not compliant with the law. And... the truncated domes... it’s good for people who are blind but they are really hard on manual wheelchairs and motorized chairs.”* Another participant mentioned specific challenges using LA Metro around platform screen doors: *“Another thing I wanted to make sure I put on record is the importance of platform screen doors at rail stations, both to keep people from rolling/jumping/falling onto tracks, but also to help with noise/wind from trains for those sensitive to overstimulation.”*

“Sidewalks are a huge issue for mobility and they are also dirty...pee and poop...so it really makes the experience terrible even though it’s our most pedestrian-oriented area of Los Angeles. The county needs shade trees, clean sidewalks, and regular love and care.”

Safety and Meeting Disability Needs in Public Spaces

Participants shared how public spaces, including parks, often would be unusable and not safe. More specifically, participants expressed how using these spaces is unreliable because people with disabilities cannot rely on bathrooms, sidewalks, or security cameras working that will ensure their access and safety. This makes using the available green, park, or public spaces a challenge for those with physical disabilities and who require bars for movement in bathroom settings. A participant shared *“And everywhere they don’t respect the ADA guidelines. I went to the park. Two restrooms were women, and both didn’t have bars. And there aren’t restrooms here so I couldn’t go. I’m frustrated.”*

Community Input: Improving Access to Needed Resources

Disability community participants called for improved access through fully accessible transportation and public spaces, including reliable door-to-door transit and County facilities that consistently meet accessibility standards. They emphasized the need for dedicated case management and service navigation to help individuals connect to housing, employment, and independent living supports, especially for those not eligible for regional center services. Participants also recommended a centralized, fully accessible resource repository available online and by phone/teletypewriter (TTY), paired with efforts to close digital access gaps so these tools reach all community members.

Thoughtful Public Transportation and Public Spaces

Participants identified inaccessible transportation infrastructure and public facilities as persistent barriers to fully engaging with available services and community programs. Bus stops without sidewalks or shade, limited wheelchair capacity on buses, and a lack of reliable door-to-door transit all restrict mobility for people with disabilities and reduce their ability to reach needed resources. One participant shared a common frustration with public transportation, noting *“In the disabled access area, there should be a bus just for us. There isn’t much space. On the buses, there are only two spaces for wheelchairs. If the bus is full at a stop, it won’t pick us up at the*

next stop.” Participants also noted that County-sponsored programs and events are often located in buildings with unreliable accessibility features, such as broken elevators or aging infrastructure, effectively excluding many community members from participation. As one participant explained, even when programs exist, “they are happening in buildings we can’t get into,” underscoring the need for consistent, comprehensive accessibility across both transportation systems and public spaces.

Case Management and Service Navigation Assistance

Participants emphasized the need to improve access through expanded case management and service navigation assistance that supports individuals beyond clinical or therapeutic care. Community members described challenges in obtaining stand-alone case management to help identify services, connect with organizations, and coordinate supports related to housing, employment, career development, independent living, and skills training for disabled adults, including those who do not qualify for regional center services. One participant shared *“It’s been my experience and the people I provide support to... you can’t just get case management, you have to receive therapy or something, you can’t just get help. During the time I needed case management more than I needed therapy. But if you could just have a case manager work with me, that would have helped.”* Participants also recommended creating a centralized, streamlined resource system to connect people to housing assistance and other programs, noting that such a “repository” should be accessible both digitally and through phone, TTY, and video platforms (e.g., Zoom). However, they stressed that expanding digital navigation tools must also be paired with investments to address “digital desert” areas, where limited internet access continues to prevent residents from accessing online services and supports.

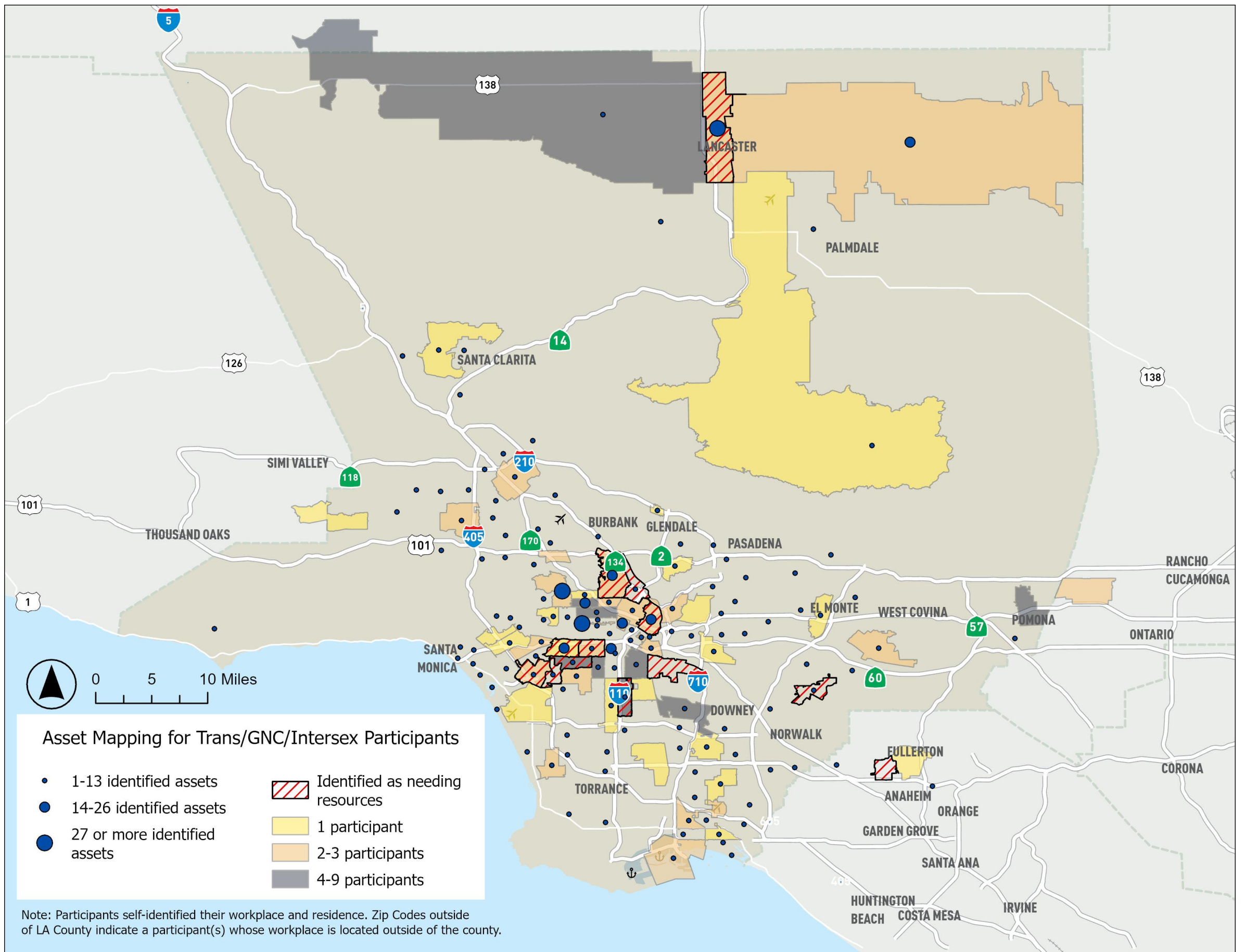
“It’s been my experience and the people I provide support to... you can’t just get case management, you have to receive therapy or something, you can’t just get help. During the time I needed case management more than I needed therapy. But if you could just have a case manager work with me, that would have helped.”



Transgender, Transexual, Gender-Diverse, and Intersex (TGI) Community Profile

The Transgender, transexual, gender-diverse, and intersex community (TGI) of Los Angeles County are not concentrated in one specific area but have a strong presence of community members and trusted resources in the West Hollywood, Westlake, and Downtown neighborhoods. As visualized in Figure 9, there is also a presence of TGI populations in areas far from urban cores, including the Antelope Valley. The TGI community is heavily reliant on trusted organizations for entertainment, financial, food, and rental assistance, and in referrals for additional assistance. The lack of support in broader LGBTQ+-focused organizations, though, can be isolating. The lack of TGI and LGBTQ+ organizations outside of the City of Los Angeles and Long Beach puts many TGI folks living far from these areas in a position of lacking nearby trusted organizations. Participants call for better support of trusted TGI-serving organizations with additional funding to do their work and provide financial assistance, especially in areas that experienced closures of needed resources during the COVID-19 era.

Figure 9: Asset Mapping for TGI Participants



Background

An estimated 71,000 individuals who are transgender, transsexual, gender-diverse, and intersex (TGI) call Los Angeles County home.¹²⁸ The TGI community of Los Angeles County is not concentrated in one specific area, however, the community has a strong presence and trusted resources in the West Hollywood, Westlake, and Downtown neighborhoods.¹²⁹ The TGI community is racially diverse, though a higher percentage of community members surveyed in 2023 are Hispanic/Latine or Black than the broader county population.¹³⁰ TGI community members are more likely to deal with economic hardship and to live at or near the poverty line as compared to other county residents; half of respondents in a 2023 study lived at or below the poverty line.¹³¹ In the same survey, about one in four respondents reported being unemployed, as compared to the 5% county average. Moreover, 25% of TGI respondents in that 2023 survey stated they were currently experiencing homelessness.

Evaluating the nuanced barriers the TGI community faces requires a clear understanding of their distinct identities and experiences from other groups in the broader LGBTQ+ community. Broadly, TGI individuals identify with a gender different from the one assigned to them at birth. Their experiences are underscored by the discrimination they face not only by broader societal stigmas but also within the LGBTQ+ community (e.g., transphobia).¹³²

The TGI community can face both implicit and explicit bias in accessing government services and broader societal exclusion. Implicit bias includes behaviors such as invasive questioning about anatomy, the use of an individual's deadname, or the improper use of pronouns. Explicit bias manifests as outright denial of services, difficulties altering legal documents to reflect gender identity, and overt discrimination. These biases are compounded by an increasingly contentious political discourse around transgender-inclusive policies, which further marginalizes this population.¹³³ The shifting political and social climate, marked by the passage of anti-transgender legislation across the country, has heightened safety concerns among the TGI community. A quality-of-life study of transgender people in Los Angeles found increased fears for personal safety, which often extended to their hesitance in using public transportation or walking in certain neighborhoods. This pervasive sense of insecurity underscores the broader impacts of hostile political environments on daily life.¹³⁴

The TGI community can face both implicit and explicit bias in accessing government services and broader societal exclusion... These biases are compounded by an increasingly contentious political discourse around transgender-inclusive policies, which further marginalizes this population.

Economic barriers also remain a significant challenge for the TGI community, particularly transgender women, who face limited employment opportunities and disproportionately high poverty rates. The same quality-of-life study in Los Angeles found that more than half of participants were unemployed, and many who were employed had to work multiple jobs to make ends meet. Despite 25% of respondents holding a bachelor's degree, only 10% reported earning an annual income above \$50,000.¹³⁵ Challenges related to employment often stem from difficulties obtaining identification documents that reflect their gender identity. These systemic inequalities make cost a considerable obstacle for accessing necessary services, especially during times of crises. Gender-affirming services, critical for the mental health and well-being of transgender individuals, are often prioritized over other health and social services due to financial constraints.¹³⁶

In addition, a lack of cultural competency regarding TGI populations frequently creates barriers to providing accessible public services, particularly healthcare. Research indicates that many healthcare providers lack knowledge about TGI-specific needs, creating environments that feel unsafe or uncomfortable for patients. Providers may be unfamiliar with essential topics such as transition-related care, appropriate terminology, and correct pronoun usage.¹³⁷ One study of providers working with Native American transgender communities revealed that healthcare professionals often struggled with the social, medical, and mental health aspects of transgender care. This included uncertainty about their role in supporting transitioning patients and discomfort addressing gender-specific needs.¹³⁸ TGI-specific services led and staffed by TGI individuals have been identified as strong facilitators of engagement. These programs are not only more effective in addressing the community's needs but also build trust and improve service delivery. Adequate funding and support for such initiatives are essential to ensuring comprehensive and affirming care for TGI populations.¹³⁹

TGI-specific services led and staffed by TGI individuals have been identified as strong facilitators of engagement. These programs are not only more effective in addressing the community's needs but also build trust and improve service delivery. Adequate funding and support for such initiatives are essential to ensuring comprehensive and affirming care for TGI populations.

Community Input: Living and Working in Los Angeles County

Participants from the TGI community live (or stay, if experiencing unstable housing situations) near major organizational resource hubs, like in West Hollywood, Long Beach, and Downtown Los Angeles, where trusted organizations serving the community are located. Still, a number of

participants report they lived farther away from these resource-rich communities because (1) access to affordable housing pushed them to the exurbs or (2) cheaper rent left them in communities like the Antelope Valley, far from the county's urban cores. Participants reported working close to where they live or at locations accessible via public transportation, on which the majority of participants relied to get around.

Community Input: Resource Availability

The TGI community largely relies on a small set of trusted organizations for services, gathering spaces, and referrals to outside resources. Even with having to travel far to these organizations' locations, the trust and community they foster is most important. The TGI community reported utilizing a myriad of services in West Hollywood, for example, but specific organizations were vetted and often only recommended by positive word of mouth from other community members.

Trusted Organizations for the TGI Community

The TGI community relied heavily on a number of organizations that catered specifically to TGI individuals, including Bienestar, TransLatin@ Coalition, St. John's Medical Facilities, APAIT, the Trans Wellness Center, The Unique Woman's Coalition, the OUTreach Center, Reach LA, and LGBT Centers. The organizations were heavily cited and positively referred to in workshops by participants as being important resources for community and service referrals, along with being able to provide rental, legal, or other financial assistance, or, at least, referrals to trusted organizations that could. One participant shared "I contacted the LA Care location in Koreatown for help on various basic needs to be met like healthcare, housing, food access, transportation, and general wellness. They were very helpful and a staff member was thorough in supporting my needs with detailed instructions and advice on how to navigate services here in SoCal."

These organizations served not only as resource hubs for TGI community members but also as important physical gathering spaces. Community members highlighted the insecurity and lack of safety and disorganization that could come from gathering in public spaces, including parks. *"We can't just meet on our own to create meetings in the park because someone could fire on us or attack us, and who will help support us?"* shared one workshop participant. Another participant added a lack of trust in police to appropriately address such crises: *"If there is problems among us that is one thing but what if other people come who hate our community and attack? The police will not do anything."*

"If there is problems among us that is one thing but what if other people come who hate our community and attack? The police will not do anything."

Trusted organizations also provided a role in conflict management. *“If there is no organization or support then it feels like there is no protection, or the ability to stop conflict, or if there are issues. There is a need for the structure,”* shared a participant on the value of trusted organizations for providing safe, managed spaces for gathering. Overall, the trust these organizations maintained with TGI community members meant that many participants in the workshop focused on being able to get more services from these existing organizations rather than new ones. One participant specifically shared *“We need more services at the hubs!”* referring to the central roles these trusted organizations already play. Still, the closure of organization branches in El Monte and Van Nuys during COVID highlighted a community need for trusted organizations to return to these areas.

“If there is no organization or support then it feels like there is no protection, or the ability to stop conflict, or if there are issues. There is a need for the structure.”

Community Input: Resource Needs

Participants in the TGI community identified significant unmet needs across health care, social services, and service navigation that are compounded by geographic isolation, discrimination, and limited access to affirming providers. Many described long travel distances, extended waitlists, and difficulty finding primary and mental health care providers who are knowledgeable and respectful of TGI identities, particularly in areas such as the Antelope Valley. Community members also emphasized gaps in housing assistance, financial support, and affordable legal services, especially supports that serve working-age adults and address issues such as immigration enforcement and identity documentation. Across these challenges, participants underscored the need for trusted, specialized service navigators who can connect individuals to safe, affirming resources, reduce experiences of discrimination, and improve awareness of available supports so that critical services are not lost due to underutilization.

Accessible and Affirming Health Services

Participants who live in the Antelope Valley expressed that there is a lack of medical and health services, including mental health care and gender-affirming care, specific to the TGI community in their area. *“There are some free clinics in WeHo, but there aren’t any up this way so it’s a long way to go,”* shared one participant on the 2-hour journey to the closest free clinic. Other Antelope Valley TGI residents also noted how even with some available medical and health facilities, wait times were astronomical. One participant shared *“I think we need a lot more mental health resources out here. We moved out here and we called every [mental health care provider] and we called everyone, and they had these year long waiting lists.”* Another participant shared: *“since I moved, hard to find [a] PCP that [is considerate of my needs as a*

TGI community member]...they are months back behind. I'm having a hard time with finding a PCP I can see in a few weeks."

“I think we need a lot more mental health resources out here. We moved out here and we called every [mental health care provider] and we called everyone, and they had these year long waiting lists.”

Social Service Assistance: Housing, Legal, and Financial

TGI participants heavily cited a need for more social service assistance programs, whether government or privately funded, to better deal with the challenges of low-wages, unemployment, retirement, and disability—all statuses that often overlapped with TGI identities. For many participants, available resources, particularly for housing assistance, catered to either the “young” or the “older,” leaving working-age population members without many resources. One participant shared: *“[we need] more housing. And not specific to 18 to 29 [age group] and the 29 to 55 [age group], resources are missing for those ages and a lot of us are left out of the loop because we are not old enough or young enough.”* TGI community members also cited a need for more accessible legal assistance services, which could be referred through trusted organizations or even provided by them. A participant shared *“[we need more] legal services for transgender community, legal services for dealing with ICE and also specific support for the transgender service in this context. Especially [free of] cost.”*

Participants also emphasized the need for services and assistance in safe spaces, especially within this climate when TGI folks are particularly targeted and discriminated against. When asked about additional resource needs, one participant shared *“Food and clothing that isn't religious based especially in West Covina and La Puente. Almost all services I've found are church based and I'm LGBTQ.”*

“[we need more] legal services for transgender community, legal services for dealing with ICE and also specific support for the transgender service in this context. Especially [free of] cost.”

Service Navigation Assistance

TGI community members expressed a need for assistance in navigating available resources. This stemmed from two main desires: safety and lack of information. The first revolved around

safety and trusted resources that could best meet the needs and safety concerns of the TGI community. One participant shared: *“I want specialist services, so one person or two who are there to support us in an organization, especially around housing because there is discrimination, the little apartments in neighborhoods are so expensive.”* Service navigation, similar to a social worker, might help reduce experiences of discrimination.

Secondly, service navigation assistance would help in the many instances in which participants stated they didn't know about resources or even where to look on their own. One participant shared *“I don't utilize support because how would I know about it.”* And even for the handful of participants that cited using and appreciating 211 for information, they felt unsure about how the organizations shared as potential resources would support or discriminate against them because of their TGI identities. Another participant mentioned how the lack of information may lead to inaccurate conclusions that they do not need these services, sharing *“when we can't find the specific resources we need, they close. Because they aren't being used and they falsely conclude those resources aren't necessary, so let's move them.”*

“when we can't find the specific resources we need, they close. Because they aren't being used and they falsely conclude those resources aren't necessary, so let's move them.”

Community Input: Existing Barriers to Access

TGI participants described persistent barriers to accessing needed services rooted in organizational exclusion, transportation challenges, and restrictive eligibility requirements. Many reported feeling underserved or actively marginalized within LGBTQ+-identified organizations, where programming often centers cisgender LGB populations and provides inadequate or inconsistent support for trans and gender non-conforming communities. Transportation gaps further limit access, particularly for residents outside central parts of Los Angeles County, who face long travel times, high costs, limited routes, inadequate “last mile” connections, and barriers to accessible transit options. Participants also highlighted difficulty qualifying for critical housing and financial assistance due to age-based eligibility rules, leaving both younger and working-age TGI individuals without consistent support while seniors lack adequate wellness and safety check-in services. Collectively, these barriers contribute to isolation, unmet needs, and diminished trust in systems intended to serve the TGI community.

Lack of Inclusion of TGI individuals in many LGBTQ organizations' operations

Participants cited challenges in using services that might be beneficial to them in organizational spaces, particularly those aimed at the broader LGBTQ+ community. One participant shared *“Let's not confuse that LGBT is in the name and that they don't cater to us. Normally these are*

LGB companies, unless there is funding for us. [If] there is a center, that doesn't mean they are here for us. Historically, they haven't been for us. A lot of organizations [in LA] don't care about the trans, "T," part without funding." This comment highlighted how a handful of participants noted "lip service" at organizations that likely are labeled as being TGI-friendly, but at which programs did not exist, were limited, or the service was poor or discriminatory in nature. This was also represented in how participants spoke of other organizations that were not highly trusted. One respondent shared *"I went to a place in Pasadena that was LGBT and it was so white and we were the only two transgender folks and they did not care for us."*

“Let’s not confuse that LGBT is in the name and that they don’t cater to us. Normally these are LGB companies, unless there is funding for us. [If] there is a center, that doesn’t mean they are here for us. Historically, they haven’t been for us. A lot of organizations [in LA] don’t care about the trans, “T,” part without funding.”

Transportation

The TGI community shared a near universal need for better public transportation across the county, both in expanding existing bus and train lines, and in providing better accessible care for (1) people with disabilities through Access or other services and (2) micro-transportation to cover “last mile” services to people’s homes, particularly outside of City of Los Angeles area. For residents of the Antelope Valley, public transportation was not just time-consuming but cost prohibitive. One respondent shared *“The train down to LA takes like two hours and it’s actually so cost prohibitive. It’s like 10 bucks, so people have to say if they can afford to take the train or if they can afford a meal or a snack when we get there.”* Another participant added that the group was “good at finding resources in Lancaster” because they didn’t have transport to go elsewhere, though these resources may be limited and not meeting every need. Another respondent added *“the bus routes are not the best. The stops are few and far between and it’s hard to use the buses. You have to plan it like days ahead and probably have to do a lot of walking to get to a bus stop and then walk to where you want to go.”*

Transportation was also cited as a barrier when participants did not feel safe. One participant shared “Transportation is hard to access because it’s dangerous for transgender women being targeted all the time, especially at late hours. And staff need sensitivity training on how to handle and work with LGBTQ folks especially trans folks.”

Not Meeting Qualifications for Assistance

TGI participants cited challenges in receiving aid, particularly financial or housing assistance, because they did not meet qualifications for programs, often due to their age. The barriers to program usage was not from lack of trying, but it was from not qualifying. Still, participants also mentioned that services for clients on both ends of the age spectrum (i.e., the young and the old) are particularly lacking. These services often included efforts to ensure safety or access to food, particularly for homebound seniors. One respondent shared *“We need more services that will check on our seniors. So they aren’t just home alone and can’t get help.”* Another respondent shared *“I feel like we’re missing so much now, we’re not getting what we need now. I would say more services for young people and we’re lacking still in that department, and no matter how good they make it for the adults, the 18 and under are still suffering and they have to wait until they are older and there’s a lot that we can use.”*

“I would say more services for young people and we're lacking still in that department, and no matter how good they make it for the adults, the 18 and under are still suffering and they have to wait until they are older and there’s a lot that we can use.”

Community Input: Improving Access to Needed Resources

Participants emphasized that improving access to needed resources for the TGI community requires strengthening trusted, community-based organizations that already provide safe and affirming support. They called for expanded and more flexible funding to increase staffing, scale programs, and reestablish neighborhood-level service hubs. Participants also underscored the importance of training frontline staff across service agencies and public systems, including housing providers and transit operators, to reduce discrimination and improve safety for TGI individuals. Finally, targeted outreach and engagement were identified as essential to increase awareness of available resources, such as 211 and specialized community programs, through partnerships with trusted organizations and dedicated funding for TGI-specific services within broader LGBTQ+ providers.

Supporting Trusted Organizations

Participants cited a heavy reliance on organizations they already use and trust. Participants heavily cited a desire for more funding support for the organizations they already frequent and trust. A participant and trusted organization employee described their organizational-level challenge of meeting the need for services in the TGI community: *“I have experience where I’ve been looking for grants to help the center with programs you describe. We are a goldilocks organization because we are too small or too big. So, what could help would be grants that*

*could help our scale of organization and help to write the grants and win them to help.” In this way, more grants and funding support for programs or staff could benefit currently existing organizations. Moreover, participants heavily cited a need to have organizational hubs in communities that lost them during COVID-19, with particular attention to the El Monte and Van Nuys communities. The importance of having local organizations provide basic needs is underscored by a participant, sharing *“If there could be neighborhood level organizations for local programming like for bloc parties, welcoming new residents, supporting current residents with basic needs, etc., then this would be a huge help because often times people have to seek out their own services to make sense of things when they move or struggle with different crises.”**

Trained Support Service Employees

Members of the TGI community in workshops noted some serious discrimination in seeking out and in using organizational-based services, along with county-provided resources. Participants emphasized the need for better trained service providers who are more attuned to the experiences and needs of the TGI community. One participant shared *“specialist services, so one person or two who are there to support us in an organization, especially around housing because there is discrimination.”* Additionally, participants mentioned that trainings could be useful for the organizations and entities on which they rely for transit services (e.g., Metro), sharing *“they don’t know how to cater to us. The metro, everywhere. So, when they [other transgendered people] come on the bus, they are likely to be targeted. Trans don’t look a specific way, they [trained operators] might know and then be able to keep an eye on them. So important.”*

“They don’t know how to cater to us. The metro, everywhere. So, when they [other transgendered people] come on the bus, they are likely to be targeted. Trans don’t look a specific way, they [trained operators] might know and then be able to keep an eye on them. So important.”

Targeted Engagement with the TGI community

Participants shared a lack of confidence in what resources exist and where to look to find them. Some participants cited 211 as a useful resource, however, others noted needing help navigating the tool or in contacting suggested organizations or government offices for services. Partnering with trusted organizations to share and train how to use 211 or similar services would be beneficial for reaching more members of the community. Additional sensitivity training would also help cultivate a safe and welcoming environment for the TGI community, especially during times of crises when their needs are amplified. Additional targeted engagement could include specific programmatic funding support for TGI community-focused services at LGBTQ+ organizations as well.





RECOMMENDATIONS

Redefining Crises and Qualifying for Benefits, Services, and Resources

Across workshops, focus groups, and surveys, participants consistently described crises not as isolated or temporary events, but as overlapping, ongoing conditions with long-lasting consequences that extend well beyond the County’s typical emergency response timelines. Many noted that the County’s frameworks for defining and responding to disasters often fail to recognize crises that disproportionately affect vulnerable communities, particularly those driven by government action or policy decisions rather than disasters alone. During summer 2025, this disconnect was especially evident as immigrant communities faced a surge in multi-agency Immigration and Customs Enforcement (ICE) raids, instilling widespread fear, shuttering businesses, and confining thousands of residents to their homes. Despite these impacts being acute and destabilizing, they did not align with conventional declarations of emergency and therefore did not readily trigger coordinated crisis response systems, even as federal budget cuts simultaneously reduced available services.

Participants further emphasized that for many communities, crises deemed “over” by formal response processes remain ongoing realities. The compounding effects of the COVID-19 pandemic, including persistent rent debt, long-term health complications, and continued unemployment, were described as unresolved and increasingly burdensome. Similarly, households affected by the Altadena and Palisades fires reported prolonged recovery struggles



months after the immediate disaster period had lapsed, particularly among uninsured residents or those lacking stable employment. These extended recovery periods underscored a common pattern of how short-term interventions fail to match the long-term timelines through which vulnerable households experience loss, rebuild stability, and address cumulative harm.

Participants across communities of interest repeatedly linked disaster vulnerability to pre-existing structural conditions. For TGI folks, ongoing employment discrimination and barriers to accessing gender-affirming care maintain constant precarity regardless of disaster status. Undocumented (im)migrants similarly face compounded vulnerability through lower wages, limited labor protections, substandard housing conditions, and broad exclusions from public services. These are factors that persist independent of crises yet intensify their impacts. While immediate emergency support was consistently described as essential for meeting basic survival needs, participants noted that post-crisis “returns to normal” often mean returning to housing

These extended recovery periods underscored a common pattern of how short-term interventions fail to match long-term timelines through which vulnerable households experience loss, rebuild stability, and address cumulative harm.

instability, wage theft, discriminatory systems, and pervasive fear of institutions such as ICE. This cyclical instability highlighted that crises remain costly precisely because underlying drivers of vulnerability are not addressed.

To respond to these realities, the County should adopt an expanded, equity-centered approach to defining and responding to crises that recognizes both their overlapping nature and extended duration. Specifically, the County should:

- Develop an equity-centered disaster identification framework that recognizes crises produced by government actions and policy shifts, such as immigration enforcement surges or targeted budget reductions, as destabilizing events requiring coordinated response, informed directly by ongoing communication with vulnerable communities.
- Extend disaster response and recovery timelines beyond immediate emergency phases, sustaining interventions such as eviction protections, mobile health services, and cash assistance to address long-term impacts, particularly housing displacement and employment disruption.
- Invest in protective stability measures alongside emergency relief by strengthening affordable housing development, tenant protections, workforce development pathways, and labor protections to mitigate compounding crises and reduce persistent vulnerability

A broadened crisis framework that combines immediate response with long-term stabilization investments would enable the County to address not only the symptoms of emergencies but also the structural vulnerabilities that transform crises into enduring hardship for vulnerable populations across the county, including those in non-geographically concentrated areas.

Invest in Trusted Partners

To improve the County's ability to reach and serve non-geographically concentrated communities, investments should prioritize strengthening trusted community organizations as frontline partners and expanding equitable access to grant funding opportunities. Community members consistently turn first to organizations they already know and trust, including schools, faith-based institutions, food banks, libraries, and community centers, regardless of whether those organizations are formally designed or resourced to meet emergency or long-term needs.¹⁴⁰ These trusted partners function as essential access points for information, services, and connection, particularly during crises, and also support ongoing relationship-building and social cohesion.¹⁴¹ ¹⁴² As a result, ensuring that these organizations are sufficiently resourced, supported, and connected to County systems is critical to improving community access to care and assistance.

To strengthen these partnerships, the County should adopt a multi-pronged strategy focused on grant accessibility, sustainability, and capacity-building. This includes restructuring grant programs to accommodate smaller and grassroots organizations by simplifying application processes, expanding eligibility, and reducing administrative barriers that favor larger institutions with greater staffing and technical capacity. Reimbursement-only funding models should be revised to allow for upfront payments and streamlined reimbursement protocols, recognizing

that many trusted organizations lack the financial reserves to advance costs or withstand delayed payments. The County should also prioritize multi-year, flexible operating grants for community-based and Tribal organizations to promote service continuity, workforce stability, and long-term community trust.

In addition to funding reforms, the County should provide direct application support and technical assistance to community partners, including dedicated staff capacity for phone and email assistance, office hours, and biannual grant workshops. Training community leaders to serve as peer navigators and grant advisors would further support equitable access to funding opportunities. Finally, the County should continue broad outreach across diverse trusted institutions, including schools, community centers, libraries, houses of worship, food pantries, and senior centers, to ensure a wide and representative network of partners can access funding and sustain critical community-based service delivery.



These trusted partners function as essential access points for information, services, and connection, particularly during crises, and support ongoing relationship-building and social cohesion. Ensuring that these organizations are sufficiently resourced, supported, and connected to County systems is critical to improving community access to care and assistance.

Improve Platforms and Opportunities for Information Sharing

It is recommended that the County builds a community-led information sharing network across all communities of interest, with the goal for communities to reliably learn about, share, and act on information about County and community resources, especially during crises and emergencies, through the channels and relationships they already trust.

As the data and research in this report underscore, vulnerable groups learn about and use resources through trusted community-based organizations, faith-based institutions, and informal networks. Thus, it is important that these trusted sources have the most up-to-date and accurate information. Access to services and resources is threatened when information about programs, mobile clinics, and benefits does not reach dispersed communities in ways they can actually understand and use. Across insights shared through workshops, focus groups, and surveys, there were explicit calls for more integrated communication platforms, including text alerts, multilingual flyers, centralized directories, and social media. There was a common understanding among participants that people use the services and resources they know about and are comfortable in using. In addition to trusted community organizations, there was also a call to invest in third spaces for people from the same background and experiencing similar challenges to safely connect and share information outside of formal service settings.

Access to services and resources is threatened when information about programs, mobile clinics, and benefits does not reach dispersed communities in ways they can actually understand and use.

In building a community-led information sharing network, the County can consider the following steps:

Designate and Fund Community Partners to Serve as “Information Anchor”

Community organizations have shown to be valuable partners in not only connecting people to needed services but also ensuring residents receive accurate information from a trusted source and in a timely manner.¹⁴³ These anchors are typically place-based with a track record of community advocacy and development in the communities they serve, while also providing space and opportunity to maintain the community’s social capital and networks (i.e., connecting the community to each other and to needed resources).¹⁴⁴

- Identify a set of trusted community-based organizations, Tribal entities, and faith-based institutions within each community of interest to serve as “information anchors.” This could be by service planning area or major cluster of community of interest populations.

- Provide multi-year, flexible funding so these anchors can translate, interpret, and adapt County messages, disseminate information out through their own channels (e.g., social media, messaging apps, temples, newsletters), and host regular information-sharing sessions at their sites and virtually.
- Adjust grant rules so smaller, grassroots organizations can participate without being limited or blocked by reimbursement-only funding or complex applications.

Create an Integrated, Multilingual Information Infrastructure

Given the diversity of the county and the communities of interest, there are several ways that people consume information. Even with the use of social media, there are different trends by generation with which platforms they rely on to read the news or learn about services, resources, and programs from their local jurisdictions.¹⁴⁵ It is important to develop an information infrastructure that leverages multiple information platforms to ensure accurate information reaches the communities of interest with multiple touch points.

- Develop, institutionalize, and keep up to date a centralized, living resource directory that is cross-community and multilingual, listing organizations, clinics, legal aid, mental health, housing resources, mobile units, and hotline numbers that organizations can use to connect their communities.
- Invest in and regularly integrate channels tied to community anchors by creating standard messages (e.g., about services and resources) then distributing them to anchors in plain English and priority languages for each community to localize and share. The County will need to use texts, messaging apps, email lists, and social media platforms commonly used by each community, not just County websites.
- Develop and provide ready-to-use outreach templates and toolkits to community anchors, which can include flyers, slide decks, social media posts, and short scripts for announcements at services, cultural gatherings, support groups, and community assets. Ensure accessibility (e.g., alt-text, large print, plain language) and multiple formats (e.g., digital, print, oral/visual) to help with outreach especially among vulnerable populations.

Leverage Third Spaces as Information Hubs

Third spaces function as informal spaces for participants to negotiate, reflect, and build new knowledge and perspectives. In these spaces, information can be shared about important resources, services, and programs among people with similar needs.¹⁴⁶

- Partner with community gardens, libraries, parks, cultural centers, grocery stores, and sports venues to host information kiosks or bulletin boards with updated flyers in multiple languages and resource tables where organizations and County staff jointly share information on key topics (e.g., disaster assistance, tenant rights, disability accommodations). These third spaces are important especially for residents who are not directly involved with community-based organizations, Tribal entities, faith-based institutions, and other trusted community groups.

- Identify and prioritize third spaces and hubs where non-geographically concentrated communities already gather (e.g., powwows, temples, queer meetups, disability peer groups).

Establish Cross-Community Information Exchange and Governance

To ensure community partners and information anchors are informed with the most up-to-date information, they need to be regularly briefed and connected. It is important to leverage these relationships as two-way discussions to also inform County policies and actions to better serve communities of interest.

- Convene regular hybrid (in-person and virtual) information-sharing roundtables with community anchors and partners from all communities of interest to share emerging issues (e.g., ICE raids, clinic closures, discontinued services), co-create outreach messages and identify misinformation trends, and coordinate communications around major crises (e.g., fires, pandemics, policy changes).
- Use convenings to formulate and implement recommendations on power-sharing over data and decision-making, so communities help decide what information is shared, how, and with whom.
- Integrate the directory and network of community anchors and partners into the Equity Explorer, so County staff can see where information hubs exist and which communities and geographies remain under-reached and underrepresented.



Invest in Accessibility

To address many of the service, health, and social gaps cited by the different communities of interests, accessibility to the region's assets must be enhanced. Access and accessibility are key terms often used in much of the public services literature and commonly employed in public discourse. Despite its universally acknowledged importance, it can be difficult to operationalize accessibility and to measure its improvement. As a starting point, access is defined as the ease with which people can reach a destination, service, or opportunity of interest, while accessibility can more broadly mean the potential opportunity to interact with services, opportunities regardless of whether an individual decides to utilize that opportunity.

Improving access to assets and opportunity by locating services within more communities was a priority for many of the communities. However, many also acknowledged the importance of providing services in areas where the most people and communities would be more likely to utilize them. This means building up organizations, service providers in historical enclaves, and co-locating resources in areas where jobs and other opportunities are also clustered, even if they may be farther away from dispersed communities. Increasing access to these opportunities then becomes a question of facilitating easier transportation and transit.

Participants throughout the sessions mentioned increasing the diversity of transit options, their quality, reliability, frequency of service, and coverage as a means of improving access to assets.

Participants throughout the sessions mentioned increasing the diversity of transit options, their quality, reliability, frequency of service, and coverage as a means of improving access to assets. Historically, the field of transportation has considered accessibility and access as outcome indicators although there has been little consistency or agreement on how to measure these concepts. Synthesizing the needs raised by participants and from a review of recent Los Angeles-based transportation, the County can consider the following actions:

- Adopt consistent metrics for measuring access to opportunity, accessibility of transportation, and access to opportunity. In the transportation field, different agencies conceptualize and measure access and accessibility differently.¹⁴⁷ ARDI can work with agencies like LA Metro and the other transit providers and municipal transportation agencies to develop consistent metrics for accessibility.
- Prioritize investments for areas that have historically received fewer benefits. This, however, does not mean that the County must target only historically marginalized communities but rather special attention must be paid to these areas' connectivity to the overall region in addition to ensuring transit and transportation accessibility and mobility within these communities.

- Increasing (frequency, coverage, and reliability) of service in high need areas. Different communities mentioned the expansion of transportation service as a key need. This includes expanding the actual coverage bus, rail and paratransit to more isolated parts of the county to expand the hours of service. In addition, the expansion of pilot programs like Metro Micro can often provide safer, more flexible service to those who have disabilities or who are disproportionately vulnerable to harassment on public transit.
- Increased investment in key transportation infrastructure like Bus Rapid Transit, Bus Service, and paratransit. Although investments in rail and subway are important, Bus and Bus Rapid Transit often provide benefits to low-income populations relative to other modes.¹⁴⁸
- Continue to expand representation and inclusiveness in transit planning. Transit planning and planning processes have historically excluded marginalized communities.¹⁴⁹ Transit advisory boards can be difficult to attend, and also public meetings may be inaccessible for certain communities. Continuing to expand BIPOC and other underrepresented groups in planning processes will ensure continued accountability and representativeness.
- Increase visibility and access to Low income fair and voucher programs. LA Metro provides the Low-Income Fare is Easy Program (LIFE) to meet the needs of low-income transit riders by providing 20 free rides or discounted fare.¹⁵⁰ Assisting with enrollment, increased publicity, and loosening eligibility criteria will help to connect more people to services without cost being a factor.



Invest in Mobile Pop-Ups as Needed

Participants consistently emphasized that access to essential services is not only constrained by underinvestment but also geography and mobility barriers. For some groups, emerging enclaves are forming due to displacement or regional migration; for others, long-standing dispersion has always been the norm. Consequently, many community members struggle to reach centralized service hubs, especially if they lack the time, transportation, or capacity to access the resources and services during operational hours. Participants underscored that even when programs exist, they are often too far, too rigid, or too unfamiliar to meet people where they are at in terms of both geography and cultural competency. Given these dynamics, participants urged the County to invest in service models that bring resources directly to the people. Mobile and temporary spaces like pop-ups not only deliver assistance but also act as entry points for building trust and strengthening social ties.

These insights underscore the need for service approaches that expand flexibility and choice while partnering with the trusted providers community members already rely on. To address the gaps, the County should invest in distributed service delivery models that bring programs and resources to communities through mobile units, pop-up events, and flexible voucher systems.

These models meet residents where they already exist geographically and culturally as well as create temporal spaces where community members can connect with peers, receive real-time guidance, and build ongoing relationships with service providers.

Mobile and pop-up services, such as health and mental health clinics, food distribution, legal aid, and workforce development, should operate on rotating schedules across regions with limited fixed infrastructure. These models meet residents where they already exist geographically and culturally as well as create temporal spaces where community members can connect with peers, receive real-time guidance, and build ongoing relationships with service providers. These models proved successful during the COVID-19 response, particularly among the elderly, and can be institutionalized as part of long-term service delivery.^{151 152 153}

Collaborative siting and scheduling with CBOs and Tribal entities to ensure that pop-ups and mobile units align with existing gathering places and cultural calendars. Working with CBO's to determine scheduling, the County will be able to increase trust and turnout. Furthermore, integrated communication platforms, including text alerts, multilingual flyers, centralized resource directories, and social media, can notify residents of service schedules and updates while reinforcing relationships with local CBOs.¹⁵⁴

Transportation and resource vouchers can supplement mobile efforts by enabling residents to access services that cannot easily be brought to them. Voucher programs should be flexible, allowing participants to choose from trusted community providers rather than requiring use of preselected contractors.^{155 156}

By decentralizing service delivery and anchoring investments in trusted community networks, the County can overcome structural mobility barriers, build trust, and make access to essential resources more equitable across Los Angeles County's diverse and dispersed populations.

Invest in Growing but Dispersed Communities

As identified in this study, there are several areas where participants recommend wanting to see greater investment. Participants across communities of interest shared a need to continue to invest in areas with high concentrations of people in need, including ethnic enclaves, but also needing to provide access to basic needs and services more locally in growing, dispersed communities of interest. Basic needs and services include access to culturally-aligned and group-specific food, healthcare services, third spaces, youth and family programs, elder care, and reliable transportation.

Participants across communities of interest shared a need to continue to invest in areas with high concentrations of people in need, including ethnic enclaves, but also needing to provide access to basic needs and services more locally in growing, dispersed communities of interest.

American Indian or Alaska Native (AIAN): For American Indian and Alaska Native communities, participants emphasized that meaningful investment must account for both deep historical ties to place and the realities of widespread dispersion across the region (i.e., there were no particular regions identified by participants as non-geographically concentrated and specifically needing more resources), a pattern that is expected to persist and intensify as living cost pressures continue to shape residential mobility. Tribal leaders and Native-led organizations noted that existing community infrastructure and networks across the county remains the most trusted and effective foundation for meeting community needs. Participants described widespread precarity across basic needs, including food, transportation, housing, and healthcare, and stressed that many community-led groups are already providing these supports but lack the sustained funding necessary to expand their capacity. It is recommended the County explores (1) long-term investment in Tribal and community institutions to help improve AIAN access to needed resources and services; (2) clearer pathways to information so community members can more easily locate resources during times of need, and (3) improving

access to land, sacred sites, and cultural objects essential to individual and collective well-being as well as recovery in times of crises.

Asian American: While continuing to invest in expanding resources for Asian American communities, by culture and ethnicity, in areas with high concentrations of Asian Americans (e.g., San Gabriel Valley, South Bay, Long Beach, Koreatown, Artesia), participants and community partners share the need to invest in growing communities, including the Antelope Valley, the San Fernando Valley, the Santa Clarita Valley, and Pomona. It is recommended that the County consider investing basic resources in these non-geographically concentrated areas to ensure the growing Asian American communities have improved access to culturally-aligned assets providing healthcare, mental health services, food and groceries, elder care, and youth and family services. This investment in resources will need to be coupled with partnerships with trusted organizations that have been serving the diverse Asian American communities across the county.

Immigrant: Immigrant participants emphasized that stable housing, dignified work opportunities, access to mental health services, and culturally rooted “third spaces” form the foundation of their safety, belonging, and wellbeing. While community members rely heavily on trusted hubs in urban cores in Los Angeles (e.g., Koreatown, MacArthur Park, South Los Angeles), immigrants, especially those who are particularly vulnerable or often overlooked, are needing more readily accessible resources tailored to their specific needs to handle long-term and unexpected crises. Given participant input and the current anti-immigrant political climate, it is recommended that the County invest in trusted organizations that have served as community anchors for immigrants who have been particularly vulnerable during crises (e.g., undocumented immigrants, Black immigrants, indigenous migrants, and those in non-geographically concentrated areas). The County can provide the necessary funding, information, and training that will allow these trusted organizations to effectively connect their communities with important services, information, and resources. Funding will allow trusted organizations to expand and/or establish culturally-appropriate and appropriately-identified services, resources, and programs for their communities; expand their reach and presence to non-geographically concentrated areas with dispersed but growing immigrant populations (e.g., Antelope Valley); and sustain more sustainable services and resources for community members who are experiencing long-term crises. More information and training will allow trusted organizations to effectively connect the community to already existing and legitimate resources and services in the region; keep community members informed about changing policies and eligibility requirements for public benefits and resources; and create a network of responsive organizations in times of emergencies and crises. As the immigrant community is diverse in cultures, languages, and needs, investing in trusted organizations that have been serving pockets of immigrant communities will help to supplement the County’s reach and impact in a more strategic and meaningful way.

Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+): Although LGBTQ+ resources are clustered in West Hollywood, Hollywood, Downtown Los Angeles, and Long Beach, there has been a dispersed but growing LGBTQ+ population in areas that lack the same level of

resources, especially resources and services specific for the LGBTQ+ community. Participants living in non-geographically concentrated areas described traveling far distances and having to wait long times at trusted and popular resources, including for gender-affirming care and mental health services. It is recommended that there be more investments in LGBTQ+ resources, services, and spaces to gather in additional core areas closer to the San Fernando Valley, Antelope Valley, South Los Angeles, and the San Gabriel Valley.

Native Hawaiian or Pacific Islander (NHPI): NHPI participants reported strong reliance on churches, mutual aid networks, and NHPI-run organizations concentrated in the South Bay, South Los Angeles, and Long Beach, while NHPI folks increasingly migrated out to more distant areas. Travel distances limit ongoing access to culturally familiar services that remain in traditional NHPI enclaves. It is recommended that there be more investments in culturally-aligned health and mental health care resources, healthy food options, elder care, and youth programming in core areas closer to areas in the San Gabriel Valley, San Fernando Valley, and Antelope Valley.

People with Disabilities (PWD): The population of people with disabilities in Los Angeles County is uniquely diverse, spanning every demographic group and life stage, with individuals acquiring disabilities at different points across the lifespan. Because disability intersects with all other identities, community members experience many of the same challenges as geographically dispersed populations, while often remaining rooted in cultural enclaves, living with family, or residing in disability-specific housing or care facilities. Across these living arrangements, participants reported heavy reliance on public transportation, which was consistently described as inadequate in meeting physical accessibility needs, providing specialized mobility options, and operating reliably or on time. Considering these barriers, it is recommended that there is more investment in addressing shadeless bus stops, broken sidewalks, limited wheelchair accommodation, and delayed or infrequent transit, prioritizing areas that are often frequented by the disability community (e.g., Regional Centers).

Transgender, Transexual, Gender-Diverse, and Intersex (TGI): The TGI community is geographically dispersed throughout Los Angeles County yet remains reliant on a limited set of specialized services concentrated primarily in Downtown Los Angeles and West Hollywood. Historically underserved, participants expressed significant distrust toward “unvouched” or unfamiliar nonprofit and service providers, including those serving the broader LGBTQ+ community that may not consistently meet the needs of the TGI community. Community members identified urgent needs for basic support, such as food assistance, clothes, and affirming health care, in the suburbs (e.g., San Gabriel Valley) and less urban areas (e.g., Antelope Valley). Participants emphasized that service providers must be intentionally inclusive, culturally competent, and specifically responsive to TGI experiences, as their needs are often insufficiently addressed within broader LGBTQ+-focused service models. It is recommended that additional resources go into providing culturally-competent services, especially health services, for the TGI community in additional urban cores throughout the county beyond Downtown Los Angeles and West Hollywood, including the San Gabriel Valley, San Fernando Valley, and the Antelope Valley.

ACKNOWLEDGEMENTS

This study was done in collaboration with trusted community organizations that provided important insights and support on the design and implementation of the research design. We are grateful for the thoughtful partnership and contribution from community members and the organizations that serve these communities:

- AC and Associates
- American Indian Community Council
- API Equality Alliance
- API Forward Movement
- Asian Americans Advancing Justice
- Asian Business Association
- Asian Resources Inc
- Bienestar
- Black Alliance for Just Immigration
- California Resource Services for Independent Living
- Chapter House, The
- Comunidades Indigenas En Liderazgo
- Deaka McClain
- Disability Rights California
- Faith and Community Empowerment
- Gabrielino-Tongva Indians of California Tribal Council
- Gabrielino-Tongva Springs Foundation
- Khmer Girls in Action
- Kutturan Chamoru Foundation
- Little Tokyo Service Center
- Long Beach Forward
- Los Angeles City/County Native American Indian Commission
- Moonbow (FKA: API Equality-LA)
- Move LA (Aging and Disability Transportation Network)
- Outreach Center, The
- Pukú Cultural Community Services
- Rooted and Restore
- Rosemead Chamber of Commerce
- Sacred Path Indigenous Wellness Center
- Sahaas for Cause
- San Gabriel Band of Mission Indians
- So'oh-Shináli Sister Project
- Socal Pacific Islander Community Response Team
- Somang Society
- Somos Familia Valle
- Tiyya Foundation
- Unique Woman's Coalition
- United American Indian Involvement

ENDNOTES & REFERENCES

- ¹ U.S. Census Bureau. (n.d.). *QuickFacts: Los Angeles County, California*. U.S. Department of Commerce. Retrieved November 21, 2025, from <https://www.census.gov/quickfacts/fact/table/losangelescountycalifornia/PST045223>
- ² Los Angeles County Department of Regional Planning. (2025). *Unincorporated Los Angeles County*. Retrieved November 21, 2025, from <https://planning.lacounty.gov/unincorporated-los-angeles-county/>
- ³ National Equity Atlas. Retrieved November 28, 2025, from <https://nationalequityatlas.org/indicators/Race-ethnicity?geo=04000000000006037>
- ⁴ PolicyLink & USC Equity Research Institute. (2024). *Diversity index*. National Equity Atlas. Retrieved November 26, 2025, from https://nationalequityatlas.org/indicators/Diversity_index?geo=04000000000006037
- ⁵ Robinson, C. J., Maclean, K., Hill, R., Bock, E., & Rist, P. (2016). Participatory mapping to negotiate indigenous knowledge used to assess environmental risk. *Sustainability Science*, *11*(1), 115-126.
- ⁶ Pacheco, D., & Velez, V. N. (2009). Maps, mapmaking, and a critical pedagogy: Exploring GIS and maps as a teaching tool for social change. *Seattle J. Soc. Just.*, *8*, 273.
- ⁷ Knigge, L., & Cope, M. (2006). Grounded visualization: Integrating the analysis of qualitative and quantitative data through grounded theory and visualization. *Environment and planning A*, *38*(11), 2021-2037.
- ⁸ Kwan, M. P. (2002). Feminist visualization: Re-envisioning GIS as a method in feminist geographic research. *Annals of the association of American geographers*, *92*(4), 645-661.
- ⁹ Cepiku, D., & Mastrodascio, M. (2021). Equity in Public Services: A Systematic Literature Review. *Public Administration Review*, *81*(6), 1019–1032. <https://doi.org/10.1111/puar.13402>
- ¹⁰ *Advancing Equity and Racial Justice Through the Federal Government*. (n.d.). The White House. Retrieved September 27, 2024, from <https://www.whitehouse.gov/equity/>
- ¹¹ Jakobsen, M., & Andersen, S. C. (2013). Coproduction and Equity in Public Service Delivery. *Public Administration Review*, *73*(5), 704–713. <https://doi.org/10.1111/puar.12094>
- ¹² Wang, D., Gee, G. C., Ehete, B., Yang, E. H., & Hsu, J. J. (2020). Asian-Americans and Pacific Islanders in COVID-19: Emerging Disparities Amid Discrimination. *Journal of General Internal Medicine*, *35*(12), 3685–3688. <https://doi.org/10.1007/s11606-020-06264-5>
- ¹³ Pineda, V. S., & Corburn, J. (2020). Disability, Urban Health Equity, and the Coronavirus Pandemic: Promoting Cities for All. *Journal of Urban Health*, *97*(3), 336–341. <https://doi.org/10.1007/s11524-020-00437-7>
- ¹⁴ Yu, M., Kelley, A. T., Morgan, A. U., Duong, A., Mahajan, A., & Gipson, J. D. (2020). Challenges for Adult Undocumented Immigrants in Accessing Primary Care: A Qualitative Study of Health Care Workers in Los Angeles County. *Health Equity*, *4*(1), 366–374. <https://doi.org/10.1089/heq.2020.0036>; Lee, C. A. (2019). Engaging Non-Citizens in an Age of Uncertainty: Lessons From Immigrant-Serving Nonprofits in Los Angeles County. *Journal of the American Planning Association*, *85*(3), 271–286. <https://doi.org/10.1080/01944363.2019.1616318>
- ¹⁵ Wilson, B. D., Badgett, M. L., & Grissell Gomez, A. (2020). “We’re Still Hungry” Lived experiences with food insecurity and food programs among LGBTQ people. <https://escholarship.org/content/qt23x444hz/qt23x444hz.pdf>
- ¹⁶ Stempowski, D. (2023). Counting Every Voice: Understanding Hard-to-Count and Historically Undercounted Populations. U.S. Census Bureau. <https://www.census.gov/newsroom/blogs/random-samplings/2023/10/understanding-undercounted-populations.html>
- ¹⁷ Flanagan, S. M., & Hancock, B. (2010). ‘Reaching the hard to reach’—Lessons learned from the VCS (voluntary and community Sector). A qualitative study. *BMC Health Services Research*, *10*, 92. <https://doi.org/10.1186/1472-6963-10-92>
- ¹⁸ *ibid.*
- ¹⁹ Lipsky, S., Caetano, R., Field, C. A., & Larkin, G. L. (2006). The role of intimate partner violence, race, and ethnicity in help-seeking behaviors. *Ethnicity and Health*, *11*(1), 81-100.
- ²⁰ McDermott, E., Roen, K., & Scourfield, J. (2008). Avoiding shame: Young LGBT people, homophobia and self-destructive behaviours. *Culture, health & sexuality*, *10*(8), 815-829.
- ²¹ Capps, R., Fix, M., & Batalova, J. (2020). Anticipated ‘Chilling Effects’ of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families. *Migration Policy Institute*.
- ²² Song, T., & Szurop, M. (2024). *Immigrant Ethnic Enclaves: Causes and Consequences*. IntechOpen. doi: 10.5772/intechopen.1004923
- ²³ Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of women in culture and society*, *38*(4), 785-810.
- ²⁴ Lee, J. J., Leyva Vera, C. A., Ramirez, J. I., Munguia, L., Aguirre Herrera, J., Basualdo, G., Small, L., & Robles, G. (2023). “They already hate us for being immigrants and now for being trans—we have double the fight”: A qualitative study of barriers to health access among transgender Latinx immigrants in the United States. *Journal of Gay & Lesbian Mental Health*, *27*(3), 319–339. <https://doi.org/10.1080/19359705.2022.2067279>

-
- ²⁵ Angelino, A., Evans-Campbell, T., & Duran, B. (2020). Assessing Health Provider Perspectives Regarding Barriers American Indian/Alaska Native Transgender and Two-Spirit Youth Face Accessing Healthcare. *Journal of Racial and Ethnic Health Disparities*, 7(4), 630–642.
- ²⁶ Berman, M., & Wang-Cendejas, R. (2024). Rural–urban migration of Alaska Indigenous peoples: changing patterns and drivers. *The Annals of Regional Science*, 1-19.
- ²⁷ Snipp, C. M. (2013). American Indians and Alaska Natives in urban environments. *Indigenous in the city: Contemporary identities and cultural innovation*, 173-192.
- ²⁸ American Indian Culture and Research Journal 44(2), 2020; UCLA American Indian Studies Center.
- ²⁹ Weber, T. Perilous paradise: How ancient native wisdom could help California manage its wildfires. *USC Dornsife Magazine*. <https://dornsife.usc.edu/magazine/perilous-paradise/>
- ³⁰ Garcia, A. N., Venegas-Murrillo, A., Martinez-Hollingsworth, A., Smith, L. V., Wells, K., Heilemann, M. V., Fischbach, L., Cummings, P. L., & Kuo, T. (2024). Patterns of Health Care Access and Use in an Urban American Indian and Alaska Native Population. *Journal of Racial and Ethnic Health Disparities*, 11(3), 1478–1488. <https://doi.org/10.1007/s40615-023-01624-3>
- ³¹ Angelino, A., Evans-Campbell, T., & Duran, B. (2020). Assessing Health Provider Perspectives Regarding Barriers American Indian/Alaska Native Transgender and Two-Spirit Youth Face Accessing Healthcare. *Journal of Racial and Ethnic Health Disparities*, 7(4), 630–642.
- ³² Weaver, H. N. (2012). Urban and Indigenous: The Challenges of being a Native American in the City. *Journal of Community Practice*, 20(4), 470–488. <https://doi.org/10.1080/10705422.2012.732001>
- ³³ Los Angeles County Department of Mental Health. (2022). *2021-2022 Community mental health needs assessment project*. Indigenous Circle of Wellness. https://file.lacounty.gov/SDSInter/dmh/1123611_AI-ANCommunityMentalHealthNeedsAssessmentFinalSummary.pdf
- ³⁴ U.S. Census Bureau. (2023). *Asian alone or in combination with one or more other races* (Table B02011), American Community Survey 5-year estimates, 2019–2023. <https://data.census.gov/table/ACS5YR2023.B02011?q=asian+los+angeles+county>
- ³⁵ Ylanan, A. & Kambhampati, S. (2024). How Los Angeles County became home to the biggest AAPI communities in the country. *Los Angeles Times*.
- ³⁶ Yan, B. W., Hwang, A. L., Ng, F., Chu, J. N., Tsoh, J. Y., & Nguyen, T. T. (2021). Death toll of COVID-19 on Asian Americans: disparities revealed. *Journal of General Internal Medicine*, 36(11), 3545-3549.
- ³⁷ Khalifeh, Z., Saluja, S., Lam, C. N., & Kaplan, C. (2024). Disparities in access to COVID-19 testing in Los Angeles County. *Preventive Medicine Reports*, 37, 102567.
- ³⁸ Wang, D., Gee, G. C., Bahiru, E., Yang, E. H., & Hsu, J. J. (2020). Asian-Americans and Pacific Islanders in COVID-19: emerging disparities amid discrimination. *Journal of general internal medicine*, 35(12), 3685-3688.
- ³⁹ Wang, D., Gee, G. C., Bahiru, E., Yang, E. H., & Hsu, J. J. (2020). Asian-Americans and Pacific Islanders in COVID-19: emerging disparities amid discrimination. *Journal of general internal medicine*, 35(12), 3685-3688.
- ⁴⁰ Escobedo, L. A., Morey, B. N., Sabado-Liwag, M. D., & Ponce, N. A. (2022). Lost on the frontline, and lost in the data: COVID-19 deaths among Filipinx healthcare workers in the United States. *Frontiers in public health*, 10, 958530.
- ⁴¹ George, S., Duran, N., & Norris, K. (2014). A systematic review of barriers and facilitators to minority research participation among African Americans, Latinos, Asian Americans, and Pacific Islanders. *American Journal of Public Health*, 104(2), e16–e31. <https://doi.org/10.2105/AJPH.2013.301706>
- ⁴² Huynh, V. N., Pham, N. H. T., Ro, S., Wafford, Q. E., & Vu, M. (2024). A Scoping Review on Food Insecurity Among Asian Americans. *Journal of health care for the poor and underserved*, 35(4), 7-47.
- ⁴³ Kim, W., & Keefe, R. H. (2010). Barriers to healthcare among Asian Americans. *Social Work in Public Health*, 25(3–4), 286–295. <https://doi.org/10.1080/19371910903240704>
- ⁴⁴ Kim, W., & Keefe, R. H. (2010). Barriers to healthcare among Asian Americans. *Social Work in Public Health*, 25(3–4), 286–295. <https://doi.org/10.1080/19371910903240704>
- ⁴⁵ Louie, N. T., Kim, L. P., & Chan, S. E. (2020). Perceptions and barriers to SNAP utilization among Asian and Pacific Islanders in greater Los Angeles. *American Journal of Health Promotion*, 34(7), 779–790. <https://doi.org/10.1177/0890117120925746>
- ⁴⁶ Bustamante, A. V., Félix-Beltrán, L., Nwadiuko, J., & Ortega, A. N. (2022). Avoiding Medicaid enrollment after the reversal of the changes in the public charge rule among Latino and Asian immigrants. *Health Services Research*, 57, 195-203.
- ⁴⁷ Jin, S. W., & Yoon, Y. J. (2020). Barriers and facilitators to colorectal cancer screening among older Korean Americans: A focus group study. *Social Work in Health Care*, 59(9–10), 668–680. <https://doi.org/10.1080/00981389.2020.1852359>; Tran, S. K., & Santhiveeran, J. (2024). Predictors of healthcare usage among Asian Americans during the COVID-19 pandemic in California. *Journal of Human Behavior in the Social Environment*, 1–13. <https://doi.org/10.1080/10911359.2024.2337272>
- ⁴⁸ Kim, W., & Keefe, R. H. (2010). Barriers to healthcare among Asian Americans. *Social Work in Public Health*, 25(3–4), 286–295. <https://doi.org/10.1080/19371910903240704>
- ⁴⁹ George, S., Duran, N., & Norris, K. (2014). A systematic review of barriers and facilitators to minority research participation among African Americans, Latinos, Asian Americans, and Pacific Islanders. *American Journal of Public Health*, 104(2), e16–e31. <https://doi.org/10.2105/AJPH.2013.301706>
- ⁵⁰ Louie, N. T., Kim, L. P., & Chan, S. E. (2020). Perceptions and barriers to SNAP utilization among Asian and Pacific Islanders in greater Los Angeles. *American Journal of Health Promotion*, 34(7), 779–790. <https://doi.org/10.1177/0890117120925746>

- ⁵¹ Needham, S., & Quintiliani, K. (2007). Cambodians in Long Beach, California: The making of a community. *Journal of Immigrant & Refugee Studies*, 5(1), 29-53.
- ⁵² Zhou, M., & Yang, A. Y. (2023). Divergent experiences and patterns of integration: contemporary Chinese immigrants in metropolitan Los Angeles, USA. In *Reimagining Chinese Diasporas in a Transnational World* (pp. 67-86). Routledge.
- ⁵³ Sepina, N. (2022). A Brief History of Filipino in Los Angeles. *Alon: Journal for Filipinx American and Diasporic Studies*, 2(2), 93-100.
- ⁵⁴ Sheth, A. (2010). Little India, next exit: Ethnic destinations in the city. *Ethnography*, 11(1), 69-88.
- ⁵⁵ Kaijo, C. (2014). *Contested Spaces: Capturing the Cultural Layers of Koreatown, Los Angeles* (Doctoral dissertation, California State University, Northridge).
- ⁵⁶ Smith, J. M. (2008). Identities and urban social spaces in Little Tokyo, Los Angeles: Japanese Americans in two ethno-spiritual communities. *Geografiska Annaler: Series B, Human Geography*, 90(4), 389-408.
- ⁵⁷ Min, P. G. (2017). Korean Immigrants in Los Angeles 1. In *Immigration and entrepreneurship* (pp. 185-204). Routledge.
- ⁵⁸ Gonzalez, E. S. (2021). No "Little Saigon" in LA: Vietnamese Refugees in a Multicultural Los Angeles, 1975–1990. *California History*, 98(4), 30-58.
- ⁵⁹ Iwasaki, S., & Gasigitamong, J. (2021). Thai as a Diasporic Language in GREATER Los Angeles. In *Multilingual La La Land* (pp. 288-311). Routledge.
- ⁶⁰ Gonzalez, E. S. (2021). No "Little Saigon" in LA: Vietnamese Refugees in a Multicultural Los Angeles, 1975–1990. *California History*, 98(4), 30-58.
- ⁶¹ Gonzalez, E. S. (2021). No "Little Saigon" in LA: Vietnamese Refugees in a Multicultural Los Angeles, 1975–1990. *California History*, 98(4), 30-58.
- ⁶² Moreno, C., Duncan, K., Gonzalez, D., & Le, T. (2024). *State of immigrants in LA County*. USC Equity Research Initiative.
- ⁶³ Giang, J., Le, T., Vilorio, P., & Pastor, M. (2025). *Undocumented immigrants in LA County*. USC Equity Research Initiative.
- ⁶⁴ Moreno, C., Duncan, K., Gonzalez, D., & Le, T. (2024). *State of immigrants in LA County*. USC Equity Research Initiative.
- ⁶⁵ Lee, J., Renteria Salome, L., & Martinez, J. (2024). *Indigenous migrants in Los Angeles County*. USC Equity Research Initiative.
- ⁶⁶ Washington, A., & Zacarias, M. (2025). Black immigrants navigate dual identities and erasure as ICE crackdowns continue. *AfroLA*.
- ⁶⁷ Los Angeles Worker Center Network. (2021). *Fact sheet: Wage theft*.
- ⁶⁸ Moreno, C., Duncan, K., Gonzalez, D., & Le, T. (2024). *State of immigrants in LA County*. USC Equity Research Initiative.
- ⁶⁹ Lee, C. A. (2019). Engaging non-citizens in an age of uncertainty: Lessons from immigrant-serving nonprofits in Los Angeles County. *Journal of the American Planning Association*, 85(3), 271–286.
- ⁷⁰ Santos, P. M. G., Shah, K., Gany, F. M., & Chino, F. (2023). Health Care Reform and Equity for Undocumented Immigrants — When Crisis Meets Opportunity. *The New England Journal of Medicine*, 388(9), 771–773. <https://doi.org/10.1056/NEJMp2213751>
- ⁷¹ Haley, J. M., Kenney, G. M., Bernstein, H., & Gonzalez, D. (2020). One in five adults in immigrant families with children reported chilling effects on public benefit receipt in 2019. *Washington, DC: Urban Institute*, 1, 1-21..
- ⁷² Lee, C. A. (2019). Engaging non-citizens in an age of uncertainty: Lessons from immigrant-serving nonprofits in Los Angeles County. *Journal of the American Planning Association*, 85(3), 271–286.
- ⁷³ Yu, M., Kelley, A. T., Morgan, A. U., Duong, A., Mahajan, A., & Gipson, J. D. (2020). Challenges for adult undocumented immigrants in accessing primary care: A qualitative study of health care workers in Los Angeles County. *Health Equity*, 4(1), 366–374.
- ⁷⁴ Le, T. V., Camacho, S., Pan, E., & Vo, A. (2024). *Asian American Immigrant Inclusion in California: Citizenship, Community, and Policy*. <https://dornsife.usc.edu/eri/publications/asian-american-immigrant-inclusion-in-california-citizenship-community-and-policy/>
- ⁷⁵ Yu, M., Kelley, A. T., Morgan, A. U., Duong, A., Mahajan, A., & Gipson, J. D. (2020). Challenges for adult undocumented immigrants in accessing primary care: A qualitative study of health care workers in Los Angeles County. *Health Equity*, 4(1), 366–374.
- ⁷⁶ Le, T. V., Camacho, S., Pan, E., & Vo, A. (2024). *Asian American Immigrant Inclusion in California: Citizenship, Community, and Policy*. <https://dornsife.usc.edu/eri/publications/asian-american-immigrant-inclusion-in-california-citizenship-community-and-policy/>
- ⁷⁷ Lee, C. A. (2019). Engaging non-citizens in an age of uncertainty: Lessons from immigrant-serving nonprofits in Los Angeles County. *Journal of the American Planning Association*, 85(3), 271–286.
- ⁷⁸ Lee, C. A. (2019). Engaging non-citizens in an age of uncertainty: Lessons from immigrant-serving nonprofits in Los Angeles County. *Journal of the American Planning Association*, 85(3), 271–286.
- ⁷⁹ Sears, B., Conron, K. J., Mallory, C., & Fuentes Carreño, M. (2024). *Communities of Resilience: The Lived Experiences of LGBTQ Adults in Los Angeles County*. The Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LACo-LGBTQ-Adults-Jun-2024.pdf> (williamsinstitute.law.ucla.edu)
- ⁸⁰ Rees, S. N., Crowe, M., & Harris, S. (2021). The lesbian, gay, bisexual and transgender communities' mental health care needs and experiences of mental health services: An integrative review of qualitative studies. *Journal of Psychiatric and Mental Health Nursing*, 28(4), 578-589.
- ⁸¹ Wilson, B. D. M., Badgett, M. V. L., & Grissell Gomez, A. (2020). "We're still hungry": Lived experiences with food insecurity and food programs among LGBTQ people. <https://escholarship.org/content/qt23x444hz/qt23x444hz.pdf>

- ⁸² Matthews, A. K., Rak, K., Anderson, E., Bostwick, W., Ramirez-Valles, J., Ruiz, R. A., Macapagal, K., et al. (2018). White paper from a CTSA workshop series on special and underserved populations: Enhancing investigator readiness to conduct research involving LGBT populations. *Journal of Clinical and Translational Science*, 2(4), 193–200. <https://doi.org/10.1017/cts.2018.317>
- ⁸³ Romanelli, M., & Hudson, K. D. (2017). Individual and systemic barriers to health care: Perspectives of lesbian, gay, bisexual, and transgender adults. *American Journal of Orthopsychiatry*, 87(6), 714–728. <https://doi.org/10.1037/ort0000306>
- ⁸⁴ Reed, G. M., Drescher, J., Krueger, R. B., Atalla, E., Cochran, S. D., First, M. B., Cohen-Kettenis, P. T., Arango-de Montis, I., Parish, S. J., Cottler, S., Briken, P., & Saxena, S. (2016). Disorders related to sexuality and gender identity in the ICD-11: revising the ICD-10 classification based on current scientific evidence, best clinical practices, and human rights considerations. *World Psychiatry*, 15(3), 205–221. <https://doi.org/10.1002/wps.20354>
- ⁸⁵ Regnerus, M. (2012). How different are the adult children of parents who have same-sex relationships? Findings from the New Family Structures Study. *Social Science Research*, 41(4), 752–770. <https://doi.org/10.1016/j.ssresearch.2012.03.009>
- ⁸⁶ Hammack, P., Grecco, B., Wilson, B. D. M., & Meyer, I. H. (2021). “White, Tall, Top, Masculine, Muscular”: Narratives of Intracommunity Stigma in Young Sexual Minority Men’s Experience on Mobile Apps. Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/mobile-apps-stigma-sm/>
- ⁸⁷ Hale, S. E., & Ojeda, T. (2018). Acceptable femininity? Gay male misogyny and the policing of queer femininities. *European Journal of Women’s Studies*, 25(3), 310–324. <https://doi.org/10.1177/1350506818764762>
- ⁸⁸ Monro, S., Hines, S., & Osborne, A. (2017). Is bisexuality invisible? A review of sexualities scholarship 1970–2015. *The Sociological Review*, 65(4), 663–681. <https://doi.org/10.1177/0038026117695488>; Ault, A. (1994). Hegemonic Discourse in an Oppositional Community: Lesbian Feminists and Bisexuality. *Critical Sociology*, 20(3), 107–122. <https://doi.org/10.1177/089692059402000306>
- ⁸⁹ Nowaskie, D. Z., & Roesler, A. C. (2022). The impact of COVID-19 on the LGBTQ+ community: Comparisons between cisgender, heterosexual people, cisgender sexual minority people, and gender minority people. *Psychiatry research*, 309, 114391.
- ⁹⁰ Sears, B., Conron, K.J., & Flores, A.R. (2021, February). *The Impact of the Fall 2020 COVID-19 Surge on LGBT Adults in the US*. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/publications/covid-surge-lgbt/>
- ⁹¹ Rojas, James. (2016). *Is L.A. Losing Its Outrageous Past? The Birth of Gay Urbanism in 1970s West Hollywood*. PBS SoCal. https://www.pbssocal.org/shows/lost-la/is-la-losing-its-outrageous-past-the-birth-of-gay-urbanism-in-1970s-west-hollywood?utm_source=chatgpt.com
- ⁹² Sears, B., Castleberry, N. M., & Mallory, C. (2024, November). *LGBTQ people by supervisorial district in Los Angeles County: Supplemental to Communities of Resilience* [Supplemental report]. Williams Institute, UCLA School of Law. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LACo-Districts-Nov-2024.pdf>
- ⁹³ Cahill, S., & Pettus, M. (2020). Trump–Pence administration policies undermine LGBTQ health equity. The Fenway Institute. https://fenwayhealth.org/wp-content/uploads/TFIP-37_Policy-Brief-Cover-Trump-Biden-LGTQIA-equality-HIV-health-and-racial-justice-Full-Brief.pdf
- ⁹⁴ Los Angeles County Metropolitan Transportation Authority. (n.d.). *Metro Micro FAQs*. <https://www.metro.net/micro/#faq>
- ⁹⁵ U.S. Citizenship and Immigration Services. (2023, April 21). *Chapter 2 - Becoming a U.S. citizen*. <https://www.uscis.gov/policy-manual/volume-12-part-a-chapter-2>
- ⁹⁶ Kaholokula, J., Okamoto, S., & Yee, B. (2019). Special issue introduction: Advancing Native Hawaiian and other Pacific Islander health. *Asian American Journal of Psychology*, 10, 197–205. <https://doi.org/10.1037/aap0000167>
- ⁹⁷ U.S. Citizenship and Immigration Services. (2024, July 30). *Federated States of Micronesia, Republic of the Marshall Islands, and Palau*. <https://www.uscis.gov/i-9-central/completing-form-i-9/federated-states-of-micronesia-republic-of-the-marshall-islands-and-palau>
- ⁹⁸ Right to Democracy. (2024, May 7). *Building a Movement*. Right to Democracy. https://drive.google.com/file/d/1Yili9g0I_M1L4tUax0KbSrvG4DhMKtEG/
- ⁹⁹ Kaholokula, J., Okamoto, S., & Yee, B. (2019). Special issue introduction: Advancing Native Hawaiian and other Pacific Islander health. *Asian American Journal of Psychology*, 10(3), 197–205. <https://doi.org/10.1037/aap0000167>
- ¹⁰⁰ McElfish, P. A., Yeary, K., Sinclair, K. A., Steelman, S., Esquivel, M. K., Aitaoto, N., Kaholokula, K., Purvis, R. S., & Ayers, B. L. (2019). Best practices for community-engaged research with Pacific Islander communities in the US and USAPI: A scoping review. *Journal of Health Care for the Poor and Underserved*, 30(4), 1302–1330.
- ¹⁰¹ Panapasa, S., Jackson, J., Caldwell, C., Heeringa, S., McNally, J., Williams, D., Coral, D., et al. (2012). Community-based participatory research approach to evidence-based research: Lessons from the Pacific Islander American Health Study. *Progress in Community Health Partnerships*, 6(1), 53–58.
- ¹⁰² Right to Democracy. (2024, May 7). *Building a Movement*. Right to Democracy. https://drive.google.com/file/d/1Yili9g0I_M1L4tUax0KbSrvG4DhMKtEG/
- ¹⁰³ Yamada, A.-M., Vaivao, D. E. S., & Subica, A. M. (2019). Addressing mental health challenges of Samoan Americans in Southern California: Perspectives of Samoan community providers. *Asian American Journal of Psychology*, 10(3), 227–238. <https://doi.org/10.1037/aap0000140>
- ¹⁰⁴ Right to Democracy. (2024, May 7). *Building a Movement*. Right to Democracy. https://drive.google.com/file/d/1Yili9g0I_M1L4tUax0KbSrvG4DhMKtEG/

- ¹⁰⁵ McElfish, P. A., Yeary, K., Sinclair, K. A., Steelman, S., Esquivel, M. K., Aitaoto, N., Kaholokula, K., Purvis, R. S., & Ayers, B. L. (2019). Best practices for community-engaged research with Pacific Islander communities in the US and USAPI: A scoping review. *Journal of Health Care for the Poor and Underserved*, 30(4), 1302–1330.
- ¹⁰⁶ Right to Democracy. (2024, May 7). *Building a Movement*. Right to Democracy. https://drive.google.com/file/d/1Yili9g0l_M1L4tUax0KbSrvG4DhMKtEG/
- ¹⁰⁷ Kwan, P. P., Esmundo, S., Rivas, E. A., Co, D. E., & Sabado-Liwag, M. (2022). Experiences and impacts of COVID-19 among Pacific Islanders in Los Angeles county. *Therapeutic Advances in Infectious Disease*, 9, 20499361221093102.
- ¹⁰⁸ Kwan, P. P., Esmundo, S., Rivas, E. A., Co, D. E., & Sabado-Liwag, M. (2022). Experiences and impacts of COVID-19 among Pacific Islanders in Los Angeles county. *Therapeutic Advances in Infectious Disease*, 9, 20499361221093102.
- ¹⁰⁹ U.S. Census Bureau. (2023). *Native Hawaiian and Other Pacific Islander alone or in combination with one or more other races* (Table B02012), American Community Survey 5-year estimates, 2019–2023. <https://data.census.gov/table/ACSDT5Y2023.B02011?q=asian+los+angeles+county>
- ¹¹⁰ Spickard, P. (2015). *Island peoples in the United States and across the Pacific: Models of migration*.
- ¹¹¹ Krahn, Gloria L., Deborah Klein Walker, and Rosaly Correa-De-Araujo. "Persons With Disabilities as an Unrecognized Health Disparity Population." *American Journal of Public Health* 105, no. S2 (April 2015): S198–206.
- ¹¹² Krahn, Gloria L., Deborah Klein Walker, and Rosaly Correa-De-Araujo. "Persons With Disabilities as an Unrecognized Health Disparity Population." *American Journal of Public Health* 105, no. S2 (April 2015): S198–206.
- ¹¹³ Rimmer, James H. "Addressing Disability Inequities: Let's Stop Admiring the Problem and Do Something about It." *International Journal of Environmental Research and Public Health* 19, no. 19 (September 20, 2022): 11886. <https://doi.org/10.3390/ijerph191911886>.
- ¹¹⁴ Pineda, Victor Santiago, and Jason Corburn. "Disability, Urban Health Equity, and the Coronavirus Pandemic: Promoting Cities for All." *Journal of Urban Health* 97, no. 3 (June 2020): 336–41. <https://doi.org/10.1007/s11524-020-00437-7>.
- ¹¹⁵ Rimmer, James H. "Addressing Disability Inequities: Let's Stop Admiring the Problem and Do Something about It." *International Journal of Environmental Research and Public Health* 19, no. 19 (September 20, 2022): 11886. <https://doi.org/10.3390/ijerph191911886>.
- ¹¹⁶ Pineda, Victor Santiago, and Jason Corburn. "Disability, Urban Health Equity, and the Coronavirus Pandemic: Promoting Cities for All." *Journal of Urban Health* 97, no. 3 (June 2020): 336–41. <https://doi.org/10.1007/s11524-020-00437-7>.
- ¹¹⁷ Martin Ginis, Kathleen A., Jasmin K. Ma, Amy E. Latimer-Cheung, and James H. Rimmer. "A Systematic Review of Review Articles Addressing Factors Related to Physical Activity Participation among Children and Adults with Physical Disabilities." *Health Psychology Review* 10, no. 4 (December 2016): 478–94. <https://doi.org/10.1080/17437199.2016.1198240>.
- ¹¹⁸ Kennedy, J., Wood, E. G., & Frieden, L. (2017). Disparities in Insurance Coverage, Health Services Use, and Access Following Implementation of the Affordable Care Act: A Comparison of Disabled and Nondisabled Working-Age Adults. *Inquiry (Chicago)*, 54, 1–10. <https://doi.org/10.1177/0046958017734031>
- ¹¹⁹ Botelho, F. H. (2021). Accessibility to digital technology: Virtual barriers, real opportunities. *Assistive Technology*, 33(sup1), 27–34.
- ¹²⁰ Pineda, Victor Santiago, and Jason Corburn. "Disability, Urban Health Equity, and the Coronavirus Pandemic: Promoting Cities for All." *Journal of Urban Health* 97, no. 3 (June 2020): 336–41. <https://doi.org/10.1007/s11524-020-00437-7>.
- ¹²¹ Rimmer, James H. "Addressing Disability Inequities: Let's Stop Admiring the Problem and Do Something about It." *International Journal of Environmental Research and Public Health* 19, no. 19 (September 20, 2022): 11886. <https://doi.org/10.3390/ijerph191911886>.
- ¹²² U.S. Census Bureau. (2023). *Disability Characteristics* (Table S1810), American Community Survey 5-year estimates, 2019–2023.
- ¹²³ Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. (2015). *2015 Los Angeles County Health Survey*. <https://www.publichealth.lacounty.gov/ha/>
- ¹²⁴ Los Angeles County Department of Public Health. (2019, September). *LA Health: Disability among adults in Los Angeles County*. County of Los Angeles. http://publichealth.lacounty.gov/ha/docs/2015LACHS/LA_Health_Briefs_2019/LA_HEALTH_DISABILITY_FINAL_PRINTED_19.pdf
- ¹²⁵ Los Angeles County Department of Public Health. (2019, September). *LA Health: Disability among adults in Los Angeles County*. County of Los Angeles. http://publichealth.lacounty.gov/ha/docs/2015LACHS/LA_Health_Briefs_2019/LA_HEALTH_DISABILITY_FINAL_PRINTED_19.pdf
- ¹²⁶ Kennedy, J., Wood, E. G., & Frieden, L. (2017). Disparities in insurance coverage, health services use, and access following implementation of the Affordable Care Act: A comparison of disabled and nondisabled working-age adults. *Inquiry*, 54, 1–10. <https://doi.org/10.1177/0046958017734031>
- ¹²⁷ Botelho, F. H. (2021). Accessibility to digital technology: Virtual barriers, real opportunities. *Assistive Technology*, 33(sup1), 27–34.
- ¹²⁸ UCLA Center for Health Policy Research. (n.d.). *2022 California Health Interview Survey*. <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis>
- ¹²⁹ This was noted in workshop answers and also in additional, external research. See Herman, J. L., Salcedo, B., Chatham, K., Mahowald, L., Ortega, Q. V., & Refield, E. (2024). *Para mi punto de vista/from my point of view: Results of the 2023 LA County Trans & Nonbinary Survey*. UCLA School of Law Williams Institute and TransLatina@ Coalition.

-
- ¹³⁰ Sprague, L., & Grasso, J. (2025). *Impacts of immigration enforcement on LGBT adult immigrants in Los Angeles County*. Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/la-lgbt-immigrants/>
- ¹³¹ Sprague, L., & Grasso, J. (2025). *Impacts of immigration enforcement on LGBT adult immigrants in Los Angeles County*. Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/la-lgbt-immigrants/>
- ¹³² Weiss, J. T. (2012). GL vs. BT: The archaeology of biphobia and transphobia within the US gay and lesbian community. In *Bisexuality and Transgenderism* (pp. 25-55). Routledge.
- ¹³³ Calleros, L., Emetu, R. E., & Missari, S. (2022). Interpersonal and structural healthcare barriers among transgender women: Healthcare curriculum needs. *Health Education Journal*, 81(8), 1006–1018. <https://doi.org/10.1177/00178969221128639>
- ¹³⁴ Ibid.
- ¹³⁵ Fuentes, M., Salcedo, B., Ortega, Q. V., & Conron, K. J. (2023). *A quality of life study with transgender, gender nonconforming, and intersex (TGI) adults in the City of Los Angeles*. <https://escholarship.org/content/qt9sx747h8/qt9sx747h8.pdf>
- ¹³⁶ Lee, J. J., Leyva Vera, C. A., Ramirez, J. I., Munguia, L., Aguirre Herrera, J., Basualdo, G., Small, L., & Robles, G. (2023). "They already hate us for being immigrants and now for being trans—we have double the fight": A qualitative study of barriers to health access among transgender Latinx immigrants in the United States. *Journal of Gay & Lesbian Mental Health*, 27(3), 319–339. <https://doi.org/10.1080/19359705.2022.2067279>
- ¹³⁷ Fuentes, M., Salcedo, B., Ortega, Q. V., & Conron, K. J. (2023). *A quality of life study with transgender, gender nonconforming, and intersex (TGI) adults in the City of Los Angeles*. <https://escholarship.org/content/qt9sx747h8/qt9sx747h8.pdf>
- ¹³⁸ Angelino, A., Evans-Campbell, T., & Duran, B. (2020). Assessing health provider perspectives regarding barriers American Indian/Alaska Native transgender and Two-Spirit youth face accessing healthcare. *Journal of Racial and Ethnic Health Disparities*, 7(4), 630–642.
- ¹³⁹ Calleros, L., Emetu, R. E., & Missari, S. (2022). Interpersonal and structural healthcare barriers among transgender women: Healthcare curriculum needs. *Health Education Journal*, 81(8), 1006–1018. <https://doi.org/10.1177/00178969221128639>
- ¹⁴⁰ Lamothe, M., & Lamothe, S. (2012). To trust or not to trust? What matters in local government–vendor relationships? *Journal of Public Administration Research and Theory*, 22(4), 867–892.
- ¹⁴¹ Small, M. L., & Gose, L. E. (2020). How do low-income people form survival networks? Routine organizations as brokers. *The ANNALS of the American Academy of Political and Social Science*, 689(1), 89–109.
- ¹⁴² Pescosolido, B. A. (1992). Beyond rational choice: The social dynamics of how people seek help. *American Journal of Sociology*, 97(4), 1096–1138.
- ¹⁴³ Henderson, J., Escobar, O., & Revell, P. (2021). Public value governance meets social commons: community anchor organisations as catalysts for public service reform and social change?. *Local Government Studies*, 47(6), 887–909.
- ¹⁴⁴ Clopton, A. W., & Finch, B. L. (2011). Re-conceptualizing social anchors in community development: utilizing social anchor theory to create social capital's third dimension. *Community Development*, 42(1), 70–83.
- ¹⁴⁵ Hruska, J., & Maresova, P. (2020). Use of social media platforms among adults in the United States—behavior on social media. *Societies*, 10(1), 27.
- ¹⁴⁶ Hansen, P., Fourie, I., & Meyer, A. (2021). *Third space, information sharing, and participatory design*. Morgan & Claypool Publishers.
- ¹⁴⁷ Ferrell, C. E., Reinke, D. B., Eells, J. M., & Schroeder, M. M. (2023). *Defining and measuring equity in public transportation* (Report No. 2100). Mineta Transportation Institute, San José State University. https://transweb.sjsu.edu/sites/default/files/2100-Ferrell-Public-Transit-Equity-Metrics-Measurement_2.pdf
- ¹⁴⁸ Li, F., & Wyczalkowski, C. K. (2023). How buses alleviate unemployment and poverty: Lessons from a natural experiment in Clayton County, GA. *Urban Studies*, 60(13), 2632–2650. <https://doi.org/10.1177/00420980231159569>
- ¹⁴⁹ Sanchez, T., Stolz, R., Ma, J., & Center for Transportation Change. (2003). *Moving to equity: Addressing inequitable effects of transportation policies on minorities*.
- ¹⁵⁰ Los Angeles County Metropolitan Transportation Authority. (n.d.). *Low-Income Fare is Easy (LIFE) program* [Web page]. <https://www.metro.net/riding/fares/life/>
- ¹⁵¹ Abbaspur-Behbahani, S., Monaghesh, E., Hajizadeh, A., & Fehrest, S. (2022). Application of mobile health to support the elderly during the COVID-19 outbreak: A systematic review. *Health policy and technology*, 11(1), 100595.
- ¹⁵² Attipoe-Dorcoo, S., Delgado, R., Gupta, A., Bennet, J., Oriol, N. E., & Jain, S. H. (2020). Mobile health clinic model in the COVID-19 pandemic: lessons learned and opportunities for policy changes and innovation. *International Journal for Equity in Health*, 19(1), 73.
- ¹⁵³ Stillwagon, R., & Ghaziani, A. (2019). Queer pop-ups: A cultural innovation in urban life. *City & Community*, 18(3), 874–895.
- ¹⁵⁴ Wang, Y., Min, J., Khuri, J., Xue, H., Xie, B., Kaminsky, L. A., & Cheskin, L. J. (2020). Effectiveness of mobile health interventions on diabetes and obesity treatment and management: systematic review of systematic reviews. *JMIR mHealth and uHealth*, 8(4), e15400.
- ¹⁵⁵ Samuel, P. S., Lacey, K. K., Giertz, C., Hobden, K. L., & LeRoy, B. W. (2013). Benefits and quality of life outcomes from transportation voucher use by adults with disabilities. *Journal of Policy and Practice in Intellectual Disabilities*, 10(4), 277–288.
- ¹⁵⁶ Starbird, L. E., DiMaina, C., Sun, C. A., & Han, H. R. (2019). A systematic review of interventions to minimize transportation barriers among people with chronic diseases. *Journal of community health*, 44(2), 400–411.