



County of Los Angeles

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

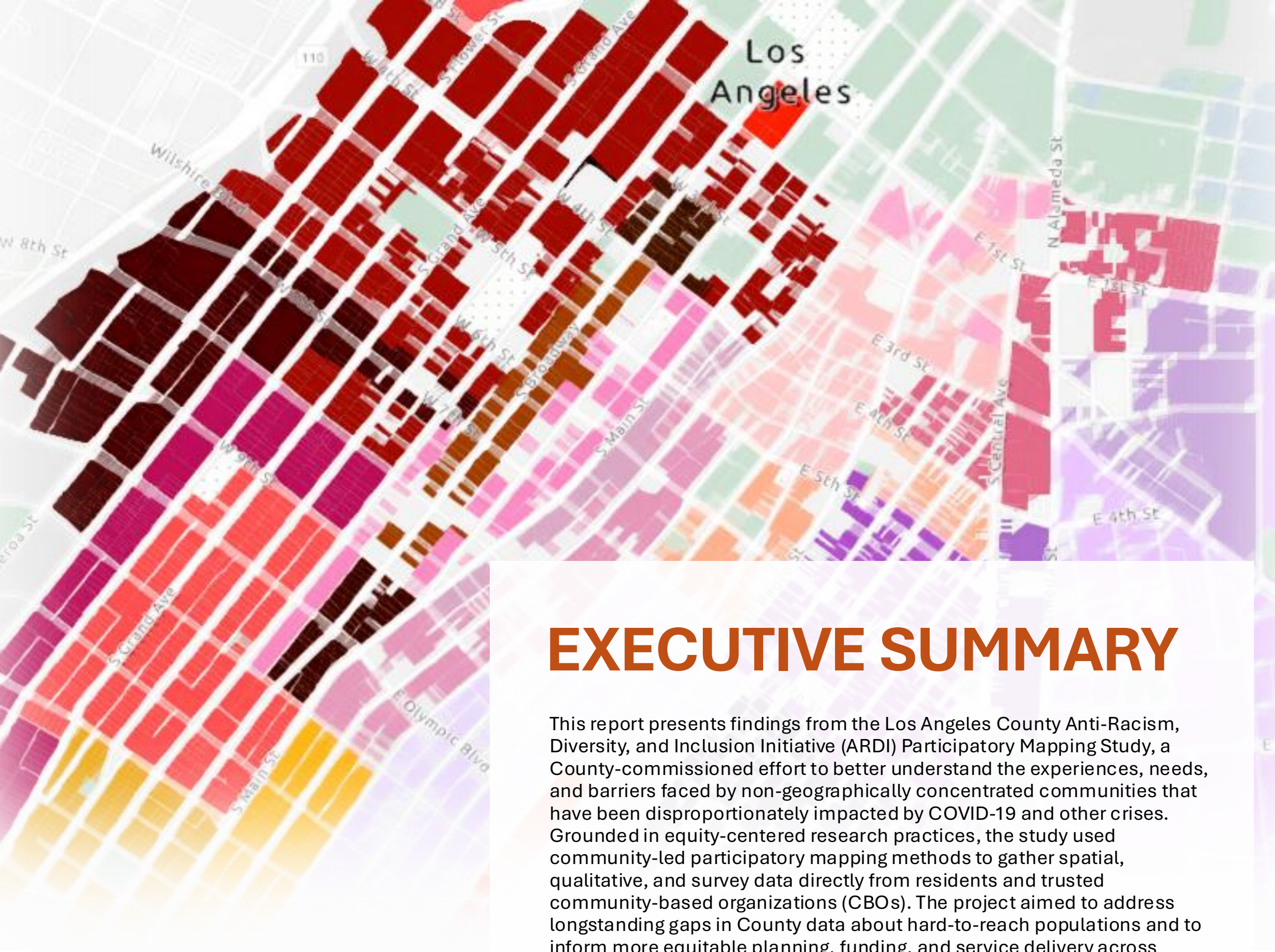
CREATING AN LA COUNTY  
WHERE WE ALL THRIVE

County of Los Angeles

# **PARTICIPATORY MAPPING STUDY EXECUTIVE SUMMARY**

**DECEMBER 2025**

*Prepared by KH Consulting Group*



# EXECUTIVE SUMMARY

This report presents findings from the Los Angeles County Anti-Racism, Diversity, and Inclusion Initiative (ARDI) Participatory Mapping Study, a County-commissioned effort to better understand the experiences, needs, and barriers faced by non-geographically concentrated communities that have been disproportionately impacted by COVID-19 and other crises. Grounded in equity-centered research practices, the study used community-led participatory mapping methods to gather spatial, qualitative, and survey data directly from residents and trusted community-based organizations (CBOs). The project aimed to address longstanding gaps in County data about hard-to-reach populations and to inform more equitable planning, funding, and service delivery across systems.



# Background

Los Angeles County is home to nearly 10 million residents across 88 cities and more than 120 unincorporated areas, making it one of the most racially, ethnically, linguistically, and geographically diverse regions in the nation. Over one-third of residents are foreign born, more than 200 languages are spoken, and significant racial and economic inequities persist across neighborhoods. These structural conditions are further compounded for non-geographically concentrated populations, communities that are spatially dispersed, undercounted in traditional datasets, and frequently excluded from place-based service models. During times of crises, including COVID-19, wildfires, and immigration enforcement actions, these communities experience heightened vulnerability due to barriers tied to language, documentation status, discrimination, disability access, stigma, displacement, lack of information, and proximity to assets.

Participatory mapping was leveraged as the core research methodology to counteract the invisibility produced by traditional data collection approaches. This community-centered method elevates lived experience, relational networks, and culturally specific knowledge that are otherwise overlooked within conventional governance frameworks. The approach is particularly fit for capturing nuanced spatial realities, including where people live, work, gather, and seek services, and for documenting the gaps between need and service availability. Recognizing power imbalances embedded within traditional mapping and data systems, the study incorporated feminist and decolonized GIS principles to ensure community voice guided both the process and interpretation of findings.

## About the Study

The study was implemented through a four-phase, mixed-methods design that prioritized trust-based community partnerships. Phase 1 included an extensive literature review, landscape analysis, and identification of trusted CBO partners capable of engaging specific communities. Phase 2 focused on capacity-building and the creation of culturally and linguistically tailored engagement tools, including facilitator guides, surveys translated into threshold languages, and workshop protocols. Phase 3 involved community-led participatory mapping workshops, focus groups, and surveys conducted with seven communities of



interest: American Indian and Alaska Native (AIAN), Asian American, Immigrant, Native Hawaiian and Pacific Islander (NHPI), Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+), Transgender, Transsexual, Gender-Diverse and Intersex (TGI), and People with Disabilities (PWD). Approximately 400 survey responses and 21 facilitated workshops with 186 community members generated rich qualitative evidence and geographic datasets.

All mapped data were anonymized and aggregated to the ZIP-code level to protect participant confidentiality and sensitive community spaces. Data was digitized into ArcGIS Pro, a mapping software, and integrated into the County's Equity Explorer platform. An iterative thematic analysis supplemented spatial findings to identify cross-cutting barriers, service gaps, and community-generated solutions.

Readers should interpret findings within the context of dynamic, overlapping crises that were occurring throughout data collection, including federal program cuts and heightened Immigration and Customs Enforcement (ICE) activity. These conditions affected both participation and service availability, as some resources identified by participants had closed or shifted by the time of reporting. Additionally, while workshops engaged diverse participants across geographies, the project emphasizes depth of narrative insight over statistical representativeness, using community expertise to capture core trends and lived realities of dispersed populations.

“

*“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.”*

*-Participatory Mapping Study Participant*



# Key Findings

## American Indian and Alaska Native (AIAN) Communities

**Background:** AIAN participants described ongoing invisibility resulting from data aggregation and limited urban investment in Native- and Indigenous-serving institutions. Historical displacement remains coupled with underfunded cultural and wellness infrastructures that serve AIAN communities in meaningful ways.

**Where Participants Live and Work:** Participants are dispersed across the county, including South Los Angeles, the San Fernando Valley, Gateway Cities, and Antelope Valley, working across education, caregiving, advocacy, service sectors, and informal economies.

**Resources Available:** Native- and Indigenous-led nonprofits, Tribal organizations, and ceremonial cultural spaces provide food assistance, housing referrals, wellness resources, and cultural programming.

**Resource Needs:** Core needs include culturally grounded healing and behavioral health services, housing stabilization supports, youth and elder services, food assistance, transportation, and preservation of ceremonial spaces.

**Barriers to Access:** Geographic dispersion, limited culturally responsive providers, and distrust stemming from historical data misuse constrain service and resource usage.

**Improving Access:** Participants emphasized equitable and sustainable grant access for Native- and Indigenous-led organizations, mobile and county-wide service delivery models, stronger transportation supports, and long-term investment in Native and Indigenous service infrastructure.



# Key Findings

## Asian American Communities

**Background:** Asian Americans are notably diverse by ethnicity, language, immigration history, and class. Community vulnerability was exacerbated by pandemic inequities and ongoing experiences of anti-Asian violence and discrimination.

**Where Participants Live and Work:** While many still reside in established neighborhoods such as the San Gabriel Valley, Koreatown, and South Bay, participants increasingly reported settling in areas like Santa Clarita, Pomona, the Antelope Valley, and the San Fernando Valley. Employment is concentrated in service industries, healthcare, education, and small businesses.

**Resources Available:** Participants primarily accessed ethnic-specific CBOs, faith institutions, worker centers, and merchant associations that provide language assistance, food relief, health navigation, workforce development, and small business support.

**Resource Needs:** Identified needs included culturally and linguistically accessible healthcare, mental health services, elder supports, family stabilization programs, affordable housing navigation, and workforce development services.

**Barriers to Access:** Language access limitations, even within threshold languages, transportation gaps due to community dispersion, and safety concerns tied to racial violence all limited engagement with available services.

**Improving Access:** Participants recommended expanding place-based CBO investments beyond traditional enclaves, strengthening multilingual capacity across County systems, increasing mobile service options, and improving transit connections to trusted providers.



# Key Findings

## Immigrant Communities

**Background:** Immigrant communities across Los Angeles County include residents with a wide range of immigration statuses, languages, and country-of-origin backgrounds. Participants described immigration status itself as a persistent barrier shaping nearly every aspect of daily life and access to support, especially for undocumented and mixed-status households.

**Where Participants Live and Work:** Immigrant participants reported living throughout the county, including the San Fernando Valley, South Los Angeles, Gateway Cities, South Bay, Antelope Valley, and San Gabriel Valley. Employment is commonly concentrated in hospitality, construction, caregiving, domestic labor, food service, retail, and informal work sectors.

**Resources Available:** Trusted CBOs, faith institutions, worker centers, ethnic associations, and school-based family centers served as primary entry points for food distribution, legal referrals, emergency assistance, health navigation, and language support. During the COVID-19 pandemic, mobile clinics and pop-up resource sites proved especially effective in establishing trust and expanding service reach.

**Resource Needs:** Participants identified urgent needs for housing stabilization, legal assistance (particularly related to immigration matters and tenant protections), workforce development, affordable health and mental health care, childcare, and food support.

**Barriers to Access:** Participants consistently described fear tied to immigration enforcement, lack of culturally and linguistically accessible information, misinformation about Public Charge and eligibility, and distrust of institutions as key deterrents to service utilization. Geographic dispersion and inconsistent transportation further limited access, particularly when trusted services remained concentrated in central urban cores in Los Angeles.

**Improving Access:** Participants emphasized the importance of mobile and neighborhood-based service delivery, expanding language access beyond threshold languages, strengthening legal protection services, funding trusted CBOs as frontline navigators, and extending crisis support beyond short-term emergency windows to address long-term housing and employment instability.



# Key Findings

## Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) Communities

**Background:** LGBTQ+ residents comprise approximately one in ten adults in Los Angeles County and encompass highly diverse identities across race, gender, age, and socioeconomic status. Participants described ongoing impacts of stigma, discrimination, and historical institutional mistrust that continue to shape engagement with services.

**Where Participants Live and Work:** Although historic LGBTQ+ enclaves remain centered in West Hollywood, Hollywood, and parts of Downtown Los Angeles, participants increasingly reported living in dispersed areas including the San Fernando Valley, Antelope Valley, South Los Angeles, Gateway Cities, and inland suburbs.

**Resources Available:** LGBTQ+ Centers and health-focused nonprofits serve as critical hubs offering food assistance, medical referrals, mental health services, employment navigation, and gender-affirming care. However, most services remain geographically centralized and face long waitlists due to limited capacity.

**Resource Needs:** Participants identified needs for accessible health and mental health services, job preparation and placement supports, housing stabilization, legal assistance, financial support programs, and community gathering spaces (“third spaces”) outside nightlife settings.

**Barriers to Access:** Geographic mismatch between service locations and where LGBTQ+ people now live pose a major barrier, compounded by transportation limitations. Experiences of discrimination and fear of outing or stigmatization also discourage engagement with mainstream providers.

**Improving Access:** Participants recommended expanding satellite LGBTQ+ service sites into underserved regions, funding mobile outreach teams, strengthening cultural competency requirements for public and nonprofit agencies, investing in transportation enhancements, and supporting the development of affirming community spaces that provide social connection alongside services.



# Key Findings

## Native Hawaiian and Pacific Islander (NHPI) Communities

**Background:** NHPI communities maintain unique legal, historical, and cultural relationships with the United States, yet remain frequently aggregated into broader racial/ethnic categories (e.g., Asian American Pacific Islander). This erasure contributes to limited recognition of NHPI-specific needs and disparities.

**Where Participants Live and Work:** While historical enclaves exist in Long Beach, Carson, South Los Angeles, and the South Bay, participants increasingly reported living in dispersed areas including the San Fernando Valley, Antelope Valley, San Gabriel Valley, and Gateway Cities. Many continue to travel significant distances to remain connected to NHPI service hubs.

**Resources Available:** NHPI community-based organizations, churches, and cultural groups operate as trusted service anchors providing food distribution, housing assistance referrals, health education, and cultural connection. Virtual platforms and mutual aid networks have expanded access and maintained social ties.

**Resource Needs:** Priority needs included chronic disease prevention and management, mental health services, elder care, healthy food access, youth educational and cultural programming, and transportation assistance.

**Barriers to Access:** Distance to culturally aligned resources, lack of NHPI language inclusion among County threshold languages, program navigation complexity, and mistrust of institutions unfamiliar with NHPI identities contributed to underutilization of services.

**Improving Access:** Participants called for increased funding to NHPI-serving organizations, development of satellite service hubs in new settlement areas, mobile health and food supports, culturally inclusive language access expansion, and targeted transportation investments to connect dispersed households to trusted centers.



# Key Findings

## People with Disabilities (PWD)

**Background:** Disability intersects with every demographic group and remains systemically invisible within many service frameworks. Participants highlighted how accessibility considerations are often secondary rather than central to planning.

**Where Participants Live and Work:** PWD residents live countywide, with slightly higher rates in the San Fernando Valley and Antelope Valley. Barriers to mobility, including disability and socioeconomic status, contribute to participants' increasing reliance on paratransit, buses, and rail systems.

**Resources Available:** Trusted nonprofits, Independent Living Centers, Regional Centers, and the County Aging and Disabilities Department are primary access points for transit support, case referrals, and benefits navigation.

**Resource Needs:** Participants identified needs for reliable ADA-compliant transportation, accessible public facilities, employment services, independent living support, and consistent case management and service navigation, particularly for those who are not eligible for services and programming from the Regional Centers.

**Barriers to Access:** Broken sidewalks, unsafe bus stops, limited wheelchair bus capacity, unreliable paratransit scheduling, broken elevators in public buildings, digital accessibility gaps, and fragmented service systems hinder participation and access to services, programs, and resources.

**Improving Access:** Participants recommended expanding door-to-door transit and micro-mobility options, maintaining ADA-compliant infrastructure, creating centralized accessible service navigation systems, and investing in dedicated case managers.



# Key Findings

## Transgender, Transexual, Gender-Diverse, and Intersex (TGI) Communities

**Background:** TGI participants reported systemic marginalization, employment discrimination, housing instability, healthcare barriers, and stigma. These challenges are often unaddressed by broader LGBTQ service systems. TGI residents are dispersed across the County including San Gabriel Valley, San Fernando Valley, Antelope Valley, and South Los Angeles, while most specialized services remain concentrated in Downtown LA and West Hollywood.

**Where Participants Live and Work:** 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. Several participants report living farther away in South Los Angeles, the San Fernando Valley, and the Antelope Valley.

**Resources Available:** LGBTQ+ Centers and select specialized clinics serve as primary hubs for food support, healthcare referrals and medical services, housing navigation, and legal assistance, though demand widely exceeds capacity.

**Resource Needs:** Participants prioritized gender-affirming healthcare, housing supports across all age groups, employment programs, legal assistance for immigration and identity documentation, safe food access, and community gathering spaces.

**Barriers to Access:** Geographic distance, transportation gaps, program eligibility restrictions (especially age limits), harassment and discrimination within service spaces, and lack of trusted information networks impede service utilization.

**Improving Access:** Participants recommended expanding neighborhood-based TGI hubs, funding specialized service navigators, requiring cultural competency training for frontline providers, strengthening workforce pipelines, supporting mobile services, and improving transportation safety.



# Recommendations

This study provides recommendations that respond directly to community input across all communities of interest, who emphasized that access challenges are not driven by a lack of services alone but also by how crises are defined, how information is shared, where resources are located, and whether systems are built to reach geographically dispersed and structurally marginalized communities. Participants consistently described overlapping crises, reliance on trusted local organizations, barriers tied to transportation and physical accessibility, and limited awareness of available services as core factors shaping their ability to secure stability and wellbeing. Together, the recommendations outline a coordinated strategy focused on expanding equitable definitions of crisis response, strengthening trusted community partners, improving information-sharing infrastructure, enhancing transportation and accessibility, and deploying flexible mobile service models. This approach centers both immediate access and long-term stabilization while prioritizing investments in communities experiencing growing dispersion and compounded vulnerability. Implemented as an integrated policy and partnership framework, these recommendations aim to make County systems more responsive, culturally aligned, and capable of equitably delivering resources to all residents, regardless of geography, status, or identity.

**Redefine Crises and Eligibility Frameworks:** Adopt an equity-centered approach to identifying and responding to crises that recognizes overlapping, long-term, and policy-driven emergencies (e.g., immigration enforcement surges and budget cuts) as qualifying events for coordinated County response. Extend disaster recovery timelines beyond immediate emergency phases to maintain supports such as eviction protections, mobile health services, and cash assistance, and pair emergency response with investments in stability (e.g., affordable housing development, tenant protections, workforce pathways, and labor protections) that reduce ongoing vulnerability across communities of interest.

**Invest in Trusted Community Partners:** Strengthen trusted organizations, including community-based organizations, Tribal entities, faith institutions, schools, libraries, food pantries, and senior centers, as frontline service hubs for non-geographically concentrated communities. Restructure County grant



programs to simplify applications, expand eligibility for smaller and grassroots organizations, shift from reimbursement-only to upfront funding models, and provide multi-year, flexible operating grants to support continuity, staff stability, and service expansion. Provide technical assistance through dedicated County staffing, office hours, grant workshops, and peer navigators to ensure equitable access to funding opportunities.

**Improve Platforms and Opportunities for Information Sharing:** Build a community-led, cross-county information network anchored by trusted organizations designated as “information anchors.” Fund anchors to adapt, translate, and distribute County information through culturally relevant channels (e.g., texts, messaging apps, social media, newsletters, community gatherings), and to host regular information-sharing sessions. Develop and maintain a centralized, multilingual resource directory and create ready-to-use outreach toolkits (e.g., flyers, social media posts, presentations, scripts) in accessible formats. Convene recurring cross-community roundtables to coordinate messaging, surface emerging crises, address misinformation, and strengthen shared governance over data and communications.

**Enhance Accessibility and Transportation:** Operationalize accessibility by adopting consistent metrics across agencies to measure access to opportunity and transportation equity. Prioritize investments in historically underresourced and poorly connected areas through expanded bus, rail, paratransit, and micro-transit coverage, increased service frequency and hours, and greater investment in bus and Bus Rapid Transit infrastructure. Strengthen representation of marginalized communities in transit planning processes and increase outreach and enrollment for low-income fare and voucher programs to remove cost barriers to mobility.

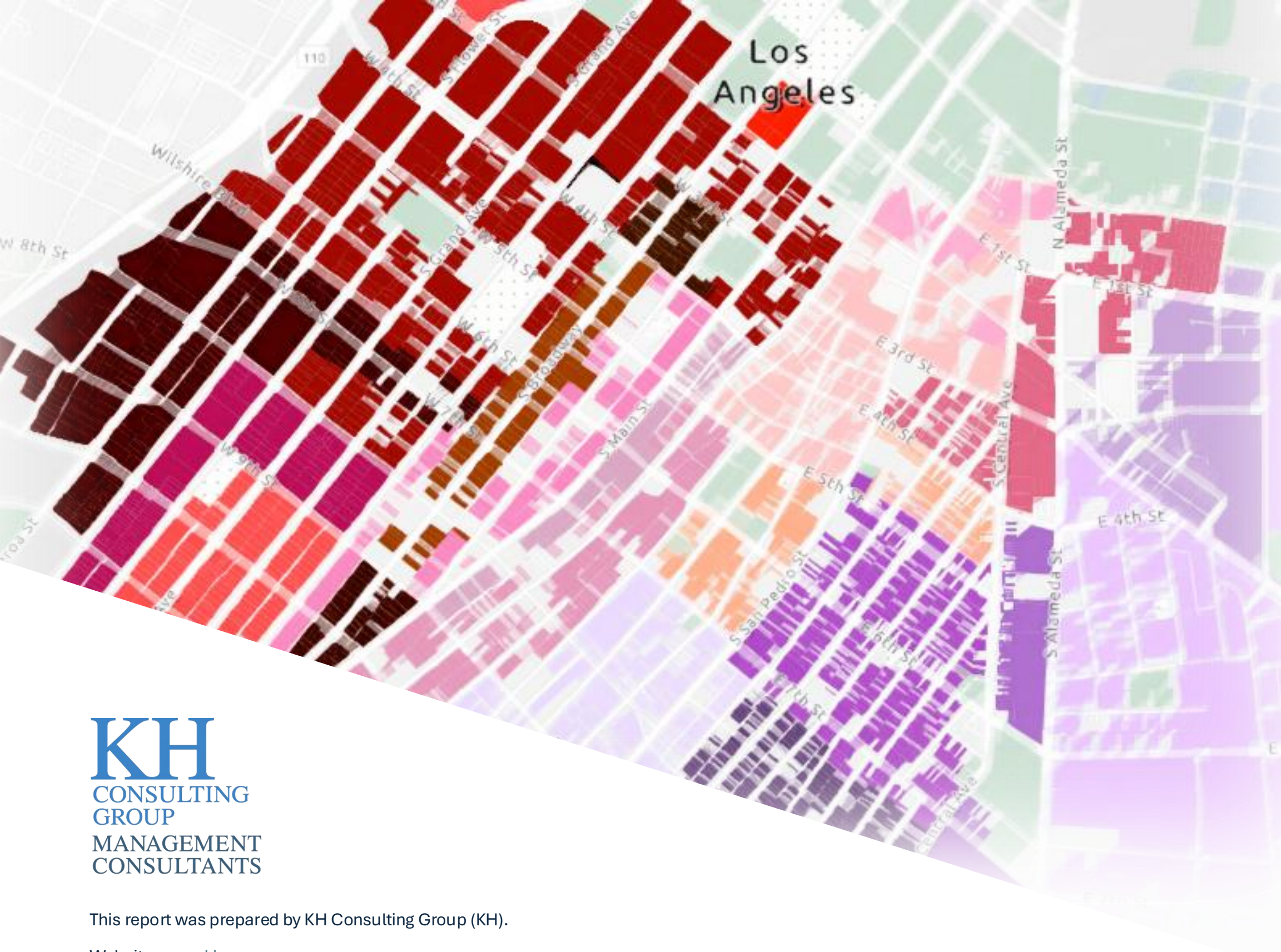
**Expand Mobile and Pop-Up Service Delivery Models:** Institutionalize mobile clinics, pop-up service sites, and traveling legal, housing, workforce, and food assistance programs to meet residents where they are geographically and culturally. Coordinate siting and scheduling with community-based organizations and Tribal entities to align service delivery with community gathering locations and cultural calendars. Pair mobile outreach with transportation and resource vouchers that allow residents to choose trusted service providers across the county.

**Invest in Growing but Dispersed Communities of Interest:** Continue supporting resources in historic enclaves while expanding culturally aligned services into growing, non-geographically concentrated areas, including:



- **AIAN:** Provide sustained funding to Tribal and Native-led institutions, improve pathways for resource information-sharing, and support access to land, sacred sites, and cultural practices essential to community wellbeing and crisis recovery.
- **Asian American:** Expand investments beyond traditional hubs (e.g., SGV, South Bay, Koreatown) into emerging growth areas such as Antelope Valley, San Fernando Valley, Santa Clarita Valley, and Pomona to provide healthcare, food access, elder care, and youth/family services through trusted partners.
- **Immigrant:** Invest in community anchor organizations serving undocumented migrants, Black immigrants, Indigenous migrants, and residents in dispersed regions to expand culturally competent housing, workforce, mental health, legal, and community-building services and to enhance crisis-response capacity.
- **LGBTQ+:** Increase funding for affirming service centers, gathering spaces, mental health supports, and gender-affirming care in areas beyond Downtown LA and West Hollywood, particularly in the San Fernando Valley, Antelope Valley, South LA, and the San Gabriel Valley.
- **NHPI:** Expand culturally aligned health and mental health services, food access initiatives, elder care, and youth programs closer to dispersed NHPI communities in the San Gabriel Valley, San Fernando Valley, and Antelope Valley, while sustaining core investments in South Bay, South LA, and Long Beach.
- **PWD:** Prioritize investments in fully accessible transit and streetscapes, including shaded and sidewalk-connected bus stops, curb cuts, increased wheelchair accommodation, and more reliable service near Regional Centers and frequently used resource hubs.
- **TGI:** Increase access to culturally competent health care, food, and supportive services outside of Downtown LA and West Hollywood by funding affirming service providers and trusted partners in the San Gabriel Valley, San Fernando Valley, and Antelope Valley, ensuring services are specifically responsive to TGI needs rather than subsumed within broader LGBTQ+ programming.

Together, these strategies provide a framework for transitioning the County's approach from geographically rigid, short-term crisis response models toward relational, culturally grounded systems capable of supporting dispersed communities both during emergencies and throughout long-term recovery.



**KH**  
CONSULTING  
GROUP  
MANAGEMENT  
CONSULTANTS

This report was prepared by KH Consulting Group (KH).

Website: [www.khcg.com](http://www.khcg.com)

Phone: (310) 203-5417

Email: [info@khcg.com](mailto:info@khcg.com)

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