USC Norris Cancer Hospital

Community Health Needs Assessment

2016

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Introduction

Background and Purpose

USC Norris Cancer Hospital is a private, nonprofit acute care hospital staffed by the faculty at the Keck School of Medicine of the University of Southern California. On November 1, 2011 we introduced the Keck Medical Center of USC – a new name in world-class medicine encompassing USC Norris Cancer Hospital and Keck Hospital of USC (formerly USC University Hospital), and 500 renowned faculty physicians from the Keck School of Medicine of USC.

One of only a few facilities in Southern California built exclusively for cancer research and patient care, USC Norris Cancer Hospital is a 60-bed inpatient facility providing acute and critical care. The hospital features a designated bone marrow transplantation unit and a surgical unit with specially trained staff who strive to meet the unique needs of cancer patients and their loved ones. USC Norris Cancer Hospital is affiliated with the USC Norris Comprehensive Cancer Center – a National Cancer Institute-designated comprehensive cancer center. The close affiliation between the Hospital and Cancer Center offers access to patients seeking the latest breakthroughs in cancer prevention and treatment. Outpatients are provided with on-site diagnostic testing, chemotherapy, and radiation treatment. USC Norris Cancer Hospital has a radiation oncology department equipped with a CyberKnife and a Varian Trilogy Linear Accelerator, providing the latest state-of-the-art technology, such as stereotactic radiosurgery, intensity modulated radiation therapy and image guided radiation therapy.

Staffed by physicians, who are also faculty at the renowned Keck School of Medicine of the University of Southern California, USC Norris Cancer Hospital offers advanced treatment devoted to cancer treatment and research. Treatment options include surgery, radiation therapy and chemotherapy, and newer approaches to cancer management, such as immunotherapy and gene therapy.

In addition to patient care, USC Norris Cancer Hospital is a site for clinical research, supporting patients participating in cutting edge clinical trials. USC Norris Cancer Hospital is also strongly committed to education. As a member of the USC family, it is a teaching hospital, training residents and fellows in graduate medical education.

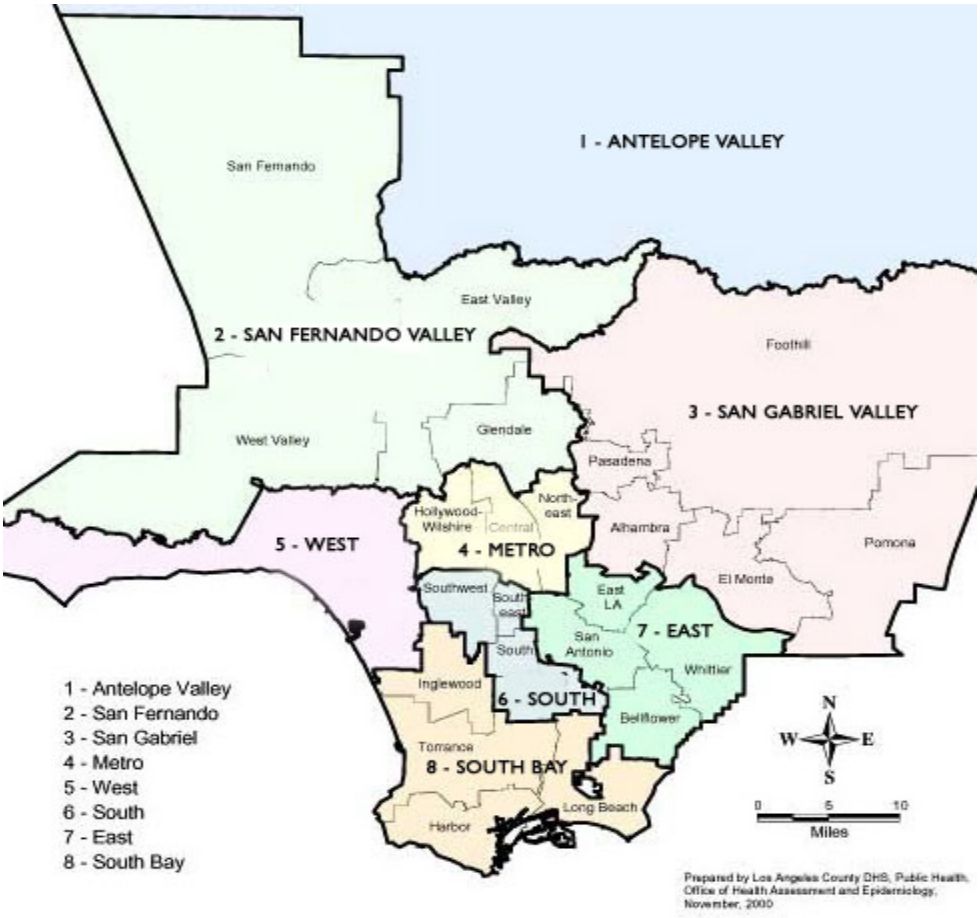
USC Norris Cancer Hospital has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax exempt hospitals to conduct a community health needs assessment and develop an Implementation Strategy every three years.

The Community Health Needs Assessment is a primary tool used by the hospital to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

USC Norris Cancer Hospital is located east of downtown Los Angeles on USC's Health Sciences Campus at 1441 Eastlake Avenue, Los Angeles, California 90033. The Hospital treats adult cancer patients. While the hospital draws patients internationally, nationally and regionally, Los Angeles County will serve as the primary service area for the Community Health Needs Assessment. Approximately 70% of the hospital's patients originate from Los Angeles County, California.

Map of Los Angeles County by Service Planning Areas 1-8



Project Oversight

The Community Health Needs Assessment process was overseen by:

Char Ryan, MHA, CPXP
Patient Experience and Employee Engagement Officer
Keck Medicine of USC

Author

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the Community Health Needs Assessment. She was joined by Deborah Silver, MA, and Denise Flanagan, BA. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Organizations and Partners

As part of Keck Medical Center of USC, Norris Cancer Hospital conducted the Community Health Needs Assessment in partnership with Keck Hospital of USC. In addition, we acknowledge the organizations and agencies that contributed time and resources to assist with the conduct of this needs assessment.

Methods

Secondary Data Collection

Secondary data were collected from a variety of sources to present Los Angeles County demographic profile, social and economic factors, health access, mortality, cancer incidence and mortality, chronic disease, health behaviors, mental health, substance abuse and preventive practices.

Sources of data include the U.S. Census American Community Survey, the California Health Interview Survey, the California Department of Public Health, the California Employment Development Department, the Los Angeles County Health Survey, the Los Angeles Homeless Services Authority, the Uniform Data System, the National Cancer Institute, the California Department of Education, and others. When pertinent, these data sets are presented in the context of California State.

Secondary data for the Community Benefit Service Area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures Norris Cancer Hospital community data findings with Healthy People 2020 objectives. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Primary Data Collection

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Fifteen interviews were completed during February and March, 2016. For the interviews, community stakeholders identified by Norris Cancer Hospital and Keck Hospital of USC were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or regional, State or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility." Input was obtained from Los Angeles County Department of Public Health officials.

The identified stakeholders were invited by email to participate in a one hour phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the

context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 1.

Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews. These data were then used to help guide the interviews. The needs assessment interviews were structured to obtain greater depth and richness of information and build on the secondary data review. During the interviews, participants were asked to identify the major health issues in the community, and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts. The interviews focused on these significant health needs:

- Access to health care
- Cancer
- Chronic diseases (asthma, cardiovascular disease, diabetes)
- Dental health
- Mental health
- Overweight/obesity
- Safety and community violence
- STD/HIV/AIDS
- Substance abuse

Interview participants were asked to provide additional comments to share with Norris Cancer Hospital. Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Specifically, the results of the most recent Los Angeles County Health Survey (a population based telephone survey that provides information concerning the health of Los Angeles County residents) were not yet available during

the conduct of this CHNA. Primary data collection and the prioritization process were also subject to limitations. Themes identified during interviews were likely subject to the experience of individuals selected to provide input. The final prioritized list of significant health needs is also subject to the affiliation and experience of the individuals who participated in the prioritization process.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. In compliance with these regulations, the previous hospital Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website http://www.keckmedicine.org/community-benefit/. Public comment was requested on these reports. To date, no written comments have been received.

Identification of Significant Health Needs

Review of Primary and Secondary Data

Health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

Significant Health Needs

The following significant health needs were determined:

- Access to health care
- Cancer
- Chronic diseases (asthma, cardiovascular disease, diabetes)
- Dental health
- Mental health
- Overweight/obesity
- Safety and community violence
- STD/HIV/AIDS
- Substance abuse

Resources to Address Significant Needs

Through the interview process, community stakeholders identified community resources to address the significant health needs. The identified community resources are presented in Attachment 2.

Priority Health Needs

The identified significant health needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

The stakeholder interviewees was asked to rank each of the significant health need on a scale of 1 to 5 for severity (where 1 was least severe and 5 was most severe), and on a scale of 1 to 5 for importance (where 1 was not important and 5 is very important to address). The total score for each health need was divided by the total number of interviewees who responded to the questions, resulting in an overall average for each health need.

The stakeholder interviewees were sent a link to an electronic survey (Survey Monkey) in advance of the interview. They were asked to rank each identified health need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage of absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Chronic diseases, access to health care and overweight / obesity had the highest scores in the survey. This indicated severe impact in the community and a shortage or absence of resources available in the community to address these needs. Mental health and overweight / obesity rated high as health needs that had worsened over time. These results are listed in the table below.

Significant Health Need	Severe and Very Severe Impact on the Community	Worsened over Time	Insufficient or Absent Resources in the Community
Access to health care	84.7%	15.4%	84.6%
Cancer	46.2%	7.7%	38.5%
Chronic diseases	100%	41.7%	91.7%
Dental health	46.2%	23.1%	53.9%
Mental health	53.9%	61.5%	53.9%
Overweight/obesity	84.7%	61.5%	76.9%
Safety and community violence	53.9%	23.1%	61.5%
STD/HIV/AIDS	38.5%	23.1%	38.5%
Substance abuse	69.3%	30.8%	69.2%

The stakeholder interviewees were also asked to rank order the health needs according to highest level of importance in the community. The total score for each health need

(possible score of 4) was divided by the total number of surveys for which data were provided, resulting in an overall average for each health need. The calculations resulted in the following prioritization of the significant health needs:

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Access to health care	3.92
Chronic diseases	3.92
Overweight/obesity	3.85
Mental health	3.83
Substance abuse	3.64
Cancer	3.54
Safety and community violence	3.50
STD/HIV/AIDS	3.50
Dental health	3.36

Impact Evaluation

In 2013, USC Norris Cancer Hospital conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy associated with the 2013 CHNA, Norris Cancer Hospital chose to address cancer care and treatment; disease prevention and health promotion with a special focus on cancer prevention, healthy eating, physical activity and overweight/obesity issues; and health sciences education for minority students. The evaluation of the impact of actions the hospital used to address these priority health needs can be found in Attachment 3.

Demographic Profile

Population

According to the 2010-2014 American Community Survey, the population of L.A. County is 9,974,203. Children and youth (ages 0-17) make up 23.6% of the population; 40.2% are 18-44 years of age; 24.7% are 45-64; and 11.5% of the population are older adults, 65 years of age and older. The area has a higher percentage of adults, ages 18-44 than found in the state (38.6%), and a slightly lower median age of 35.3.

Population by Age

	Los Angeles County		California	
	Number	Percent	Number	Percent
Age 0-4	644,638	6.5%	2,521,299	6.6%
Age 5-17	1,702,962	17.1%	6,690,989	17.6%
Age 18-44	4,010,385	40.2%	14,677,650	38.6%
Age 45-64	2,466,325	24.7%	9,559,075	25.1%
Age 65+	1,149,893	11.5%	4,617,907	12.1%
Total	**9,974,203**	**100.0 %**	**38,066,920**	**100.0 %**
Median Age	**35.3**		**35.6**	

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05.http://factfinder.census.gov

Race/Ethnicity

The majority population race/ethnicity in the Los Angeles County is Hispanic or Latino (48.1%). Whites make up 27.2% of the population. Asians comprise 13.8% of the population, and African Americans are 8% of the population. Native Americans, Hawaiians, and other races combined total 2.8% of the population. When compared to the state, the county has a larger percentage of Latinos, Asians, and African Americans, and a smaller percentage of Whites.

Population by Race and Ethnicity

	Los Angeles County	California
Hispanic or Latino	48.1%	38.2%
White	27.2%	39.2%
Asian	13.8%	13.3%
Black or African American	8.0%	5.7%
American Indian & Alaskan	0.2%	0.4%
Native Hawaiian & Pacific Islander	0.2%	0.4%
Other or Multiple	2.4%	3.0%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05.http://factfinder.census.gov

Citizenship

18.2% of the population in the county is not a U.S. citizen. This is a higher percentage than found in the state (14.1%).

Not a U.S. Citizen

	Los Angeles County	California
Not a Citizen	18.2%	14.1%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02.http://factfinder.census.gov

Language

In LA County, Spanish is spoken in 39.4% of the homes; this is higher than the number of Spanish speaking households in the state (28.7%). 43.2% of the residents speak English only, and 10.8% speak an Asian language.

Language Spoken at Home for the Population 5 Years and Over

	English Only	Spanish	Asian	Indo-European	Other
Los Angeles County	43.2%	39.4%	10.8%	5.4%	1.1%
California	56.2%	28.7%	9.7%	4.4%	0.9%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02.http://factfinder.census.gov

Linguistic Isolation

Linguistic isolation is the population over age 5 who speak English "less than very well." In the county, 25.8% of the population is linguistically isolated, which is higher than in the state where 19.1% of the population is linguistically isolated.

Linguistic Isolation among Population 0ver 5 Years of Age

	Percent
Los Angeles County	25.8%
California	19.1%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02.http://factfinder.census.gov

Family Size

The average family size in the Service Area is 3.69 persons, which is higher than in the state.

Average Family Size

	Family Size/Persons
Los Angeles County	3.69
California	3.54

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02.http://factfinder.census.gov

Veteran Status

In the county, 4.2% of the population 18 years and older are veterans. This is lower than the percentage of veterans found in the state (6.4%).

Veterans

	Los Angeles County	California
Veteran Status	4.2%	6.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02.http://factfinder.census.gov

Social and Economic Factors

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 58 counties are ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Los Angeles County is ranked 42, in the bottom third of California counties for social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Los Angeles County	42

Source: County Health Rankings, 2015. www.countyhealthrankings.org

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2014, the Federal Poverty Level for one person was $11,670 and for a family of four $23,850. The rate of poverty in the county is 18.4%, which is higher than in the state (16.4%). Poverty increases for the population at or below 200% of FPL as 40.9% of county residents are at 200% of FPL.

Ratio of Income to Poverty

	Below 100% Poverty	Below 200% Poverty
Los Angeles County	18.4%	40.9%
California	16.4%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. http://factfinder.census.gov

Children in Poverty

Data on the percent of children in poverty paint a more concerning picture. In Los Angeles County, children suffer with higher rates of poverty than the general population. In the service area, 26% of children, under age 18 years, are living in poverty. Among families where there is a female head of household and children under 18 years old, 38.9% in the county live in poverty. This is slightly higher than the state rate of 37.8%.

Poverty, Children under 18, Female Head of Household Families with Children under 18

	Children in Poverty (Under 18 Years)	Female Head of Household Families with Children in Poverty
Los Angeles County	26.0%	38.9%
California	22.7%	37.8%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. http://factfinder.census.gov

Seniors in Poverty

In the county, 13.4% of seniors live in poverty, which is higher than the state rate of 10.2%.

Seniors in Poverty

	Seniors in Poverty
Los Angeles County	13.4%
California	10.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. http://factfinder.census.gov

Public Program Participation

In LA County, 39.5% of residents are not able to afford food and 18.7% utilize food stamps. This indicates a considerable percentage of residents who may qualify for food stamps but do not access this resource. WIC benefits are more readily accessed in the County; 60.7% of qualified adults participate in the WIC program. Among qualified children, 50.8% access WIC. 10.6% of county residents are TANF/CalWorks recipients.

Public Program Participation

	Los Angeles County	California
Not Able to Afford Food (<200% FPL)	39.5%	38.4%
Food Stamp Recipients (<300% FPL)	18.7%	18.1%
WIC Usage among Qualified Adults *	60.7%	52.8%
WIC Usage among Qualified Children (6 and Under)	50.8%	44.6%
TANF/CalWorks Recipients	10.6%	8.4%

*Source: California Health Interview Survey, 2014 (*2012). http://ask.chis.ucla.edu/*

Free or Reduced Price Meals

The percentage of students eligible for the free or reduced price meal program is one indicator of socioeconomic status. Among all students in LA County schools, 66.5% are eligible for the free and reduced price meal program, indicating a high level of low-income families.

Free and Reduced Price Meals Eligibility

	Number	Percent
Los Angeles County	1,023,956	66.5%
California	3,655,624	58.6%

Source: California Department of Education, 2014-2015; http://data1.cde.ca.gov/dataquest/

Unemployment

Compared over three years, unemployment rates were lower in 2014, falling over the previous three years but consistently higher than the state rate. In 2014 Los Angeles County had an 8.3% unemployment rate.

Unemployment Rates, Annual Average, 2012-2014

	2012	2013	2014
Los Angeles County	10.8%	9.7%	8.3%
California	10.2%	8.8%	7.5%

Source: California Employment Development Department, Labor Market Information; http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html - HIST

Education

Of the population age 25 and over, 23.2% have less than a high school diploma. 20.5% of the population are high school graduates, which is consistent with state completion rates (20.7%).

Educational Attainment

	Los Angeles County	California
Population age 25 and over	6,557,746	24,865,866
Less than 9th grade	13.6%	10.1%
9th to 12th grade, no diploma	9.6%	8.4%
High school graduate	20.5%	20.7%
Some college, no degree	19.5%	22.0%
Associate degree	6.8%	7.8%
Bachelor's degree	19.5%	19.6%
Graduate or professional degree	10.4%	11.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. http://factfinder.census.gov

Educational attainment is considered a key driver of health status with low levels of education linked to poverty and poor health. In the county, 76.8% of the adult population, 25 years and older, have obtained a high school diploma or higher education. This is lower than the state rate of 81.5%.

High School Graduation or Higher Education Completion, Adults, 25 Years and Older

	Percent
Los Angeles County	76.8%
California	81.5%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. http://factfinder.census.gov

Housing Units

There are almost 3.5 million housing units in the county. 46.4% of the occupied housing units are owner occupied and 53.6% are renter occupied. The percentage of renter occupied housing exceeds the rate found in the state (45.2%).

Housing Units, Owners and Renters

	Total Housing Units	Owner Occupied	Renter Occupied
Los Angeles County	3,462,075	46.4%	53.6%
California	13,781,929	54.8%	45.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP04. http://factfinder.census.gov

Median Household Income

The median household income in the county is $55,870.

Median Household Income

	Median Household Income
Los Angeles County	$55,870
California	$61,489

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. http://factfinder.census.gov

Homelessness

Every two years the Los Angeles Homeless Services Authority (LAHSA) conducts the Greater Los Angeles Homeless Count as a snapshot to determine how many people are homeless on a given day. Data from this survey show an increase in homelessness from 2013 to 2015. For the 2015 homeless count, the county had an annualized estimate of 41,174 homeless individuals. 78.9% of the homeless are single adults, and 18.8% are homeless families; less than 1% were unaccompanied minors.

Homeless Population*, 2013-2015 Homeless Count Comparison

	Los Angeles County	
	2013	2015
Total Homeless	35,524	41,174
Sheltered	36.4%	29.7%
Unsheltered	63.6%	70.3%
Individual adults	78.9%	81.1%
Family members	18.8%	18.2%
Unaccompanied minors (<18)	2.3%	<1%

Source: Los Angeles Homeless Service Authority, 2013 & 2015 Greater Los Angeles Homeless Count. www.lahsa.org/homelesscount_results

**These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.*

Among the homeless population, over one-third are chronically homeless (34.4%), which has risen over the past two years. 25.2% experience substance abuse (a decrease from 2013) and 29.8% suffer from mental illness. The county homeless population is 9.8% homeless veterans and 21.4% of the homeless have had a domestic violence experience, which is a steep rise but may represent a change in the way that information is being queried and recorded.

Homeless Subpopulations*

	Los Angeles County	
	2013	2015
Chronically Homeless	24.5%	34.4%
Substance Abuse	31.2%	25.2%
Mentally Ill	28.0%	29.8%
Veterans	11.3%	9.8%
Domestic violence experience	1.0%	21.4%
Physical disability	8.9%	19.8%
Persons with HIV / AIDS	0.6%	0.2%

Source: Los Angeles Homeless Service Authority, 2013 & 2015 Greater Los Angeles Homeless Count. www.lahsa.org/homelesscount_results

**These data represent the homeless counts from the LA County Continuum of Care, which does not include Glendale, Long Beach and Pasadena homeless counts.*

Community Input – Social and Economic Factors

Stakeholder interviews identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community:

- Individuals in LA County, particularly in East LA, are lower income status, which affects their access to care and their health literacy – re visiting doctor and knowing what health screenings to ask for.
- Culture plays a big role. All the diverse populations in the county are not being fully addressed by culturally competent care.
- Health literacy; i.e., the ability to understand one's condition and how to navigate the system to access care, and to understand instructions from medical professionals.
- Environment – access to resources for healthy living, including access to affordable fresh produce, access to safe places to exercise (e.g., parks, gyms). Communities have to rely on public resources and it's a problem when those resources run out.
- The diversity within LA can be a barrier related to cultural competency, language barriers, and understanding health systems.
- Boyle Heights is surrounded by freeways so the air quality is very poor.
- Stress from not having a livable wage or educational opportunities to earn more money and high cost of living (gas, food, housing, etc.) – all affect the other health issues, including hypertension and depression.

Crime and Violence

Property crimes include burglary, motor vehicle theft and larceny. Los Angeles County's rate of property crime is 2,163.1 per 100,000 persons. This is lower than the state rate for property crime of 2,459 per 100,000 persons. Violent crimes include homicide, rape and assault. Los Angeles County has a rate of 424.9 violent crimes per 100,000 persons, which is higher than the state rate is 393.3 violent crimes per 100,000 persons.

Violent Crimes Rates and Property Crime Rates, per 100,000 Persons, 2014

	Property Crime Rate	Violent Crime Rate
Los Angeles County	2,163,1	424.9
California	2,459.0	393.3

Source: California Department of Justice, 2014. http://oag.ca.gov/

Calls for domestic violence are categorized as with or without a weapon. Almost two-thirds of domestic violence calls in Los Angeles County were *with* weapons, whereas only a little over a third of calls statewide are with weapons.

Domestic Violence Calls, 2014

	Los Angeles County	California
Without weapon	34.5%	60.9%
With weapon	65.5%	39.1%

Source: California Department of Justice, Office of the Attorney General, 2014. https://oag.ca.gov/crime/cjsc/stats/domestic-violence

Community Input – Safety and Violence

Stakeholder interviews identified the following issues, challenges and barriers related to safety and violence:

- Many social issues have been criminalized, such as homelessness and vagrancy.
- There is a homeless encampment at Hazard Park near the bus stop that the school kids use, which is uncomfortable for the kids. Many of the homeless are also dealing with mental health issues and can become verbally abusive to the kids or expose themselves. This is a big concern and worry for the school. This is happening right in front of the County Hospital.
- Big issue in SPA 4 – lots of gangs in the area, even close to Keck Medical Center. Gangs contribute to other health issues – e.g., limits sense of safety in community that prevents people from wanting to walk or to go outside to get exercise.
- Gun violence and gangs seems to be on the rise in LA.

- Early prison release of people who had only had drug crimes – many of them are prone to committing violent crimes – which may be why violent crimes are increasing again.
- In some communities, police are seen as the instigators of violence. When these are adversarial relationships (between police or sheriffs and communities), reducing violence won't work.
- Economy drives a lot of this. People are frustrated that they can't find a job or are living in low-income communities, etc.
- Biggest issue is Hazard Park next door to the high school, which the school uses for their PE field. There are gangs at the park. We tell kids not to walk to the park after school. It's a nice park, so it's a shame that the students can't use it.
- There is a lot of trauma from all this violence, which results in a heightened sensitivity around violence that is easily triggered by what's happening in the community.
- Questions: Is my child safe at school? Am I safe at the bus stop? Am I safe driving down the street? Am I safe at Bible Study? Media has made everyone afraid.

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. 86.7% of the population in Los Angeles County has health insurance.

Insurance Status

	Los Angeles County	California
Insured	86.7%	88.1%
Uninsured	13.3%	11.9%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

A look at insurance coverage by source shows that 41.5% of county residents have employment-based insurance and 24.4% are covered by Medi-Cal.

Insurance Coverage

	Los Angeles County	California
Medi-Cal	24.4%	22.5%
Medicare only	1.4%	1.4%
Medi-Cal/Medicare	3.7%	3.0%
Medicare and others	7.4%	9.0%
Other public	0.8%	1.0%
Employment based	41.5%	44.8%
Private purchase	7.4%	6.4%
No insurance	13.3%	11.9%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

When insurance coverage for Los Angeles County was examined by age groups, adults, ages 18-64, had the highest rate of uninsured. Coverage for children was primarily through Medi-Cal or employment-based insurance. Seniors had low rates of uninsured and high rates of Medicare coverage. The Healthy People 2020 objective is 100% health insurance coverage for children and adults.

Insurance Coverage by Age Group, Los Angeles County

	Ages 0-17	Ages 18-64	Ages 65+
Medi-Cal	45.5%	21.0%	1.8%
Medicare only	N/A	0.1%	10.9%
Medi-Cal/Medicare	N/A	1.4%	23.5%
Medicare and others	N/A	0.2%	60.0%
Other public	0.8%	0.9%	0.6%
Employment based	44.4%	48.0%	1.4%
Private purchase	4.9%	9.7%	0.3%
No insurance	4.4%	18.8%	1.6%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

In LA County, 12.5% of the population under the age of 65 had no insurance coverage over the course of a year. 9.4% had insurance coverage for only a part of a year.

No Insurance Coverage or Partial Insurance Coverage, under Age 65

	Los Angeles County	California
No insurance entire past year	12.5%	10.9%
Insurance coverage only part of the year	9.4%	10.3%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. Among the residents in LA County, 90.3% of children and youth have a usual source of care. Among adults, 79.9% have a source of care. 92.3% of seniors have a source of care. County residents have lower rates of usual sources of care than found in the State.

Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65+
Los Angeles County	90.3%	79.9%	92.3%
California	91.5%	81.7%	94.9%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

When access to care through a usual source of care is examined by race/ethnicity, Latinos are the least likely to have a usual source of care, and Whites the most likely. This is true for the county and for the state.

Usual Source of Care by Race/Ethnicity

	Los Angeles County	California
African American	89.1%	88.8%
Asian	82.5%	83.3%
Latino	79.2%	80.6%
White	91.8%	91.2%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

The source of care for 57.6% of county residents is a doctor's office, HMO, or Kaiser. This is lower than the state rate. Clinics and community hospitals are the source of care for 23.6% in the county. 16.2% of residents have no regular source of care.

Sources of Care

	Los Angeles County	California
Dr. Office/HMO/Kaiser	57.6%	60.7%
Community clinic/government clinic/community hospital	23.6%	23.0%
ER/urgent care	1.7%	1.4%
Other	0.9%	0.7%
No source of care	16.2%	14.2%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

16.6% of residents in the county visited an ER over the period of a year. Children visit the ER at the highest rates (19.7%). Residents at lower incomes visit the ER at higher percentages than the population as a whole.

Use of Emergency Room

	Los Angeles County	California
Visited ER in last 12 months	16.6%	17.4%
0-17 years old	19.7%	19.3%
18-64 years old	15.7%	16.5%
65 and older	15.5%	18.4%
<100% of poverty level	17.7%	20.6%
<200% of poverty level	16.7%	19.8%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

In Los Angeles County, the ratio of population to primary care physicians is 1,389:1 and the ratio of population to dentists is 1,287:1. For mental health providers, the ratio is 390:1.

Primary Care Physicians, Dentists, Mental Health Providers, Population Ratio

	Ratio of population to primary care physicians+	Ratio of population to dentists*	Ratio of population to mental health providers^
Los Angeles County	1,389:1	1,287:1	390:1
California	**1,294:1**	**1,291:1**	**376:1**

Source: County Health Rankings, 2015. www.countyhealthrankings.org
*+data from 2012; *data from 2013; ^data from 2014*

Barriers to Care

Adults in the county experience a number of barriers to accessing care, including: cost of care and lack of a medical home.

Barriers to Accessing Health Care

	Los Angeles County
Adults unable to afford dental care in the past year	30.3%
Adults unable to afford medical care in the past year	16.0%
Adults unable to afford mental health care in the past year	6.1%
Adults unable to afford prescription medication in the past year	15.4%
Adults who reported difficulty accessing medical care	31.7%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2011. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Delayed Care

Among county residents, 11.7% of residents delayed medical care and 7.9% delayed obtaining prescription medications.

Delayed Care

	Los Angeles County	California
Delayed or didn't get medical care in past 12 months	11.7%	11.3%
Delayed or didn't get prescription meds in past 12 months	7.9%	8.7%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Community Input – Access to Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to care:

- The Affordable Care Act (ACA) has made health care more accessible from a communications and marketing standpoint (e.g., billboards, etc.). But does that mean that people are actually enrolling in and using health care? The visibility is important, but not sure if it's translating into enrollment and use.
- Lack of accessibility to health care, though it is now better with the ACA. More parents/families are eligible for insurance, but we have a substantial number of families who are undocumented, and it's more difficult for them to access care. They tend to use the ER for major issues rather than accessing ongoing care.

- The majority of the populations in this area is lower-income Latinos with many health disparities. High prevalence of uninsured and underinsured in this population and they experience difficulty paying for care.
- Lack of accessibility to health care, though it is better now with the ACA. More parents/families are eligible for insurance, but we have a substantial number of families who are undocumented, and it's more difficult for them to access care. They tend to use the ER for major issues rather than accessing ongoing care.
- A lot of people are undocumented and so they don't have access to health care or clinics. In addition, they are not eligible for Covered California. So there's also a lot of mistrust and distrust.
- We need geographic access to services that is not three bus rides away. This can be a challenge for all populations, particularly as the ACA has resulted in closed networks that require that services get accessed in a specific place, which is sometimes not geographically accessible for the patient.
- Good news is that more people are covered, but bad news is that there are not enough doors open to accommodate people who are newly eligible for services (i.e., capacity to meet the need). Some providers are not seeing new patients.
- Interconnectivity of health care – having ability to transition between inpatient, ER, specialty setting and primary care doctor. Coordination of care is a challenge across the whole spectrum of services.
- Quality of health providers can vary significantly.
- Even with Covered California and the ACA, it's complicated to access health insurance and there is an issue about transparency relative to cost. People might think the cost will be low, but then it turns about to be different. Deductibles and out-of-pocket costs are high, and people don't understand that. Still a big issue around affordability of insurance; and not just for low-income, but at all income levels now.
- Two big issues: transportation and financial access/knowledge (e.g., re insurability and financial impact).
- Access to specialty care can be a problem. Primary care providers are the gatekeepers and there are sometimes delays in getting specialty care appointments or authorization for those appointments.
- Physical access to services – including transportation if people need ACCESS services – are not always dependable and people don't always qualify. Pretty complex issues for these patients. Many are unable to drive. Some have caregivers who drive but some don't. So, they need to use ACCESS, but that can be challenging. So, people miss appointments or are late for services they really need.

- ACA has made access to care better for a lot of people, but it's not going to fix everything. The health system is incredibly complex and hard to navigate, and it's hard to find the correct entry point.
- Stigma/fear of going to doctor. Unless communities really understand the benefit of seeing a doctor, they won't do so. People need to have trust in order to see a doctor. Community engagement is key to messaging for the undocumented to help reduce stigma and provide education about the value of preventive care.

Dental Care

16% of children and 2.1% of teens in the county have never been to a dentist. 83.9% of children and 96% of teens have been to the dentist within the past 2 year period.

Delay of Dental Care among Children and Teens

	Los Angeles County	California
Children never been to the dentist	16.0%	15.3%
Children been to dentist less than 6 months to 2 years	83.9%	83.8%
Teens never been to the dentist	2.1%	1.8%
Teens been to dentist less than 6 months to 2 years	96.0%	94.7%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

48.2% of county adults have dental insurance, and 55.8% of all adults reported going to the dentist within the past year. 30.3% of adults reported not going because they were unable to afford dental care.

Adult Dental Care

	Los Angeles County
Adults who have dental insurance that pays for some or all of their routine dental care	48.2%
Adults who reported their last visit to a dentist was less than 12 months ago	55.8%
Adults unable to obtain dental care because they could not afford it	30.3%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2011. www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Community Input – Dental Care

Stakeholder interviews identified the following issues, challenges and barriers related to dental care:

- Co-pays for dental care are prohibitive. People can't afford any out-of-pocket expenses.
- Limited numbers of dental health providers that take the insurance that community members have.
- Access to dental services is harder to come by than medical care.

- Even when preventive dental care is present, reconstructive dentistry is hard to access. Maybe an extraction is done when the tooth could have been saved or extraction is done and there's no replacement.
- Dental care is not viewed as important as medical care, though it is often a gateway to more complicated diseases.
- Lack of appropriate dental care relates to other health issues, such as diabetes, which is a big issue in the community.
- Affordability can also be a barrier even if people understand the value, and preventive dental care is seen as a luxury.
- The African American community does not realize how important dental health is and the connection between dental health and birth outcomes.

Mortality

Leading Causes of Premature Death

In Los Angeles County, 42.4% of people in 2012 died before they reached age 75, with deaths prior to 75 years of age determined by the Los Angeles County Department of Public Health to be premature. The top five causes of premature death were: heart disease, homicide, motor vehicle crash, liver disease/cirrhosis, and suicide.

Leading Causes of Premature Death (before age 75) by Gender

	Male	Female	Overall
#1 Cause	Heart Disease	Heart Disease	Heart Disease
#2 Cause	Homicide	Breast Cancer	Homicide
#3 Cause	Motor Vehicle Crash	Lung Cancer	Motor Vehicle Crash
#4 Cause	Suicide	Stroke	Liver Disease/Cirrhosis
#5 Cause	Liver Disease/Cirrhosis	Motor Vehicle Crash	Suicide

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2012. http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt12.pdf

Causes of premature death differ when examined by gender. Among males the leading causes of premature death almost exactly match the overall causes: coronary heart disease, homicide and motor vehicle accident, followed by suicide, then liver disease. Among females the top causes of premature death were: coronary heart disease, breast cancer, and lung cancer, followed by stroke and motor vehicle crashes; homicide, liver disease and suicide were not among their top five causes.

Age-Adjusted Death Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

Leading Causes of Death - Age-Adjusted

Heart disease, cancer and stroke are the top three leading causes of death in Los Angeles County. When compared to the Healthy People 2020 objectives, Los Angeles County has rates of death for heart disease and stroke that exceed the benchmarks.

Leading Causes of Death, Age-Adjusted Rate per 100,000 Persons, 5-Year, 2009-2013

	Los Angeles County	California	Healthy People 2020 Objective
Diseases of the heart	169.3	158.4	103.4
Cancer	148.9	152.9	161.4
Stroke	35.4	36.6	34.8
Chronic Lower Respiratory Disease/ Chronic Obstructive Pulmonary Disease	31.8	36.2	No Objective
Pneumonia	22.3	20.3	No Objective

Source: California Department of Public Health, Public Health Statistical Master Files 2009-2013, Age-adjustment using U.S. 2010 Decennial Census SF1. http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx
Mortality rates are age-adjusted based on the 2000 Standard Population using the methods approved by the CDC.
Mortality rates for causes of death and area combinations based on less than 10 deaths over the study period were suppressed.

Cancer Incidence and Mortality

Incidence

The rate of cancer incidence for all sites of cancer in Los Angeles County was 405.6 per 100,000 persons. This rate is lower than the state rate of cancer incidence of 424.9 per 100,000 persons. The top three types of cancer by incidence are prostate, female breast and respiratory system cancers. The types of cancer with higher incidence rates in the county than the state are digestive system (colon and rectum, liver and bile duct, and stomach cancers), female reproductive (uterine, ovarian, and cervical), and thyroid cancers.

Cancer Incidence Rate, Age-Adjusted, per 100,000 Persons, 2008-2012

	Los Angeles County	California
Cancer, All sites	**405.6**	**424.9**
Prostate (males)	122.0	126.9
Breast (female)	116.9	122.1
Lung and Bronchus	41.6	47.9
Colon and Rectum	**41.3**	40.0
In Situ Breast (female)	25.5	29.1
Uterine ** (females)	**25.1**	24.1
Non-Hodgkin Lymphoma	18.4	18.8
Urinary Bladder	16.7	18.5
Kidney and Renal Pelvis	13.6	14.3
Melanoma of Skin	13.4	20.9
Ovary (females)	**12.5**	12.1
Thyroid	**12.5**	12.0
Leukemia *	12.3	12.5
Pancreas	11.2	11.6
Liver and Bile Duct	**9.9**	9.3
Stomach	**9.9**	7.8
Cervix Uteri (females)	**8.8**	7.7
Miscellaneous	8.4	8.9
Myeloma	5.8	5.8
Testis (males)	5.2	5.6

*Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2008-2012 http://www.cancer-rates.info/ca/ * = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri*
All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population.

When examined by race, Blacks and Whites have the highest rates of cancer, while Asians have the lowest, followed by Hispanics. There are, however, exceptions to this rule: Hispanic women show the highest incidence of cervical cancer and Asians have

the highest incidence of liver & bile duct and stomach cancers, while Whites show the lowest rates of those three cancer types. Blacks show the lowest rates of thyroid, testicular, and melanoma cancers.

Cancer Incidence Rate, Age-Adjusted, per 100,000 Persons, by Race for L.A. County

	Hispanic	White	Asian/PI	Black	L.A. County
Cancer, All sites	**323.2**	**472.7**	**311.6**	**475.6**	**405.6**
Prostate (males)	107.0	120.8	65.8	196.6	122.0
Breast (female)	83.0	148.6	101.2	131.4	116.9
Lung and Bronchus	23.0	51.8	35.2	59.8	41.6
Colon and Rectum	33.8	42.6	40.2	56.2	41.3
In Situ Breast (female)	16.7	31.8	27.9	29.4	25.5
Uterine ** (females)	21.1	29.0	20.1	26.3	25.1
Non-Hodgkin Lymphoma	17.0	21.6	12.9	14.7	18.4
Urinary Bladder	9.3	24.2	9.8	14.0	16.7
Kidney and Renal Pelvis	14.0	14.7	8.0	16.9	13.6
Melanoma of Skin	3.5	28.7	1.2	1.1	13.4
Ovary (females)	11.6	14.2	10.6	10.9	12.5
Thyroid	10.5	15.4	13.7	9.2	12.5
Leukemia *	9.8	14.5	8.0	10.7	12.3
Pancreas	9.6	12.1	10.2	15.2	11.2
Liver and Bile Duct	12.1	6.8	14.2	9.8	9.9
Stomach	12.1	6.6	13.6	10.6	9.9
Cervix Uteri (females)	10.9	7.3	7.8	8.9	8.8
Miscellaneous	8.1	9.3	4.8	10.4	8.4
Myeloma	5.2	5.6	3.2	12.5	5.8
Testis (males)	5.1	7.0	1.9	1.8	5.2

*Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2008-2012 http://www.cancer-rates.info/ca/ * = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri*
All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population.

Leading Causes of Cancer Death

Cancer deaths are examined by gender and ranked according to the top ten leading causes of death. For men, lung cancer, colorectal cancer and prostate cancer are among the top ten leading causes of death. For women, lung cancer, breast cancer and colorectal cancer are among the top ten leading causes of death. Lung cancer and colorectal cancer are among the top causes of premature death for males. For females, breast cancer, lung cancer and colorectal cancer are among the top ten causes of premature death.

Rankings of Leading Causes of Cancer Death among Top Ten Leading Causes of Death by Gender, 2012

Leading Causes of Death (Ranking)		Premature Causes of Death (Ranking)	
Males	Females	Males	Females
Lung Cancer (2)	Lung Cancer (5)	Lung Cancer (8)	Breast Cancer (2)
Colorectal Cancer (9)	Breast Cancer (6)	Colorectal Cancer (10)	Lung Cancer (3)
Prostate Cancer (10)	Colorectal Cancer (10)		Colorectal Cancer (9)

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2012. http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt12.pdf

Cancer Mortality

The age-adjusted mortality rate for all types of cancer in Los Angeles County was 150.7 per 100,000 persons. This rate is lower than the state rate of 154.6 per 100,000 persons, driven largely by a lower rate of lung & bronchus cancer deaths. The top three causes of cancer death in Los Angeles County were lung & bronchus, female breast, and prostate cancers. Los Angeles County has higher rates of death than the state for digestive system cancers (colon & rectum, pancreas, liver & bile duct, and stomach), female reproductive cancers (breast, uterine, and cervical cancers) and leukemia.

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons, 2008-2012

	Los Angeles County	California
Cancer, All Sites	**150.7**	**154.6**
Lung and Bronchus	32.3	36.0
Breast (female)	**21.5**	21.2
Prostate (males)	21.0	21.0
Colon and Rectum	**14.6**	14.2
Pancreas	**10.5**	10.4
Miscellaneous	9.4	10.6
Liver and Bile Duct	**8.1**	7.2
Ovary (female)	7.6	7.6
Leukemia*	**6.6**	6.5
Non-Hodgkin Lymphoma	5.6	5.8
Stomach	**5.5**	4.2
Uterine** (female)	**4.8**	4.3
Urinary Bladder	3.6	3.9
Kidney & Renal Pelvis	3.3	3.5
Myeloma	3.1	3.1
Esophagus	2.9	3.5
Cervical (female)	**2.7**	2.2
Skin Melanoma	1.9	2.6

*Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/ * = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri*

When examined by race/ethnicity, Blacks have the highest rate of cancer mortality (210.7 per 100,000 persons), followed by Whites (162.6), with Hispanics having a lower rate (128.2), and Asians/Pacific Islanders the lowest rate of cancer mortality (119.7 per 100,000 persons). Exceptions for the Asians are high rates of mortality from liver and bile duct, and stomach cancers.

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons, by Race for L.A. County

	Hispanic	White	Asian/PI	Black	L.A. County
Cancer, All Sites	**128.2**	**162.6**	**119.7**	**210.7**	**150.7**
Lung and Bronchus	18.9	39.2	26.9	48.5	32.3
Breast (female)	16.5	25.1	13.7	35.5	21.5
Prostate (males)	20.0	20.6	9.4	50.2	21.0
Colon and Rectum	12.6	14.5	12.8	23.4	14.6
Pancreas	9.7	11.0	8.7	14.4	10.5
Miscellaneous	8.6	10.6	5.9	12.1	9.4
Liver and Bile Duct	10.2	5.2	12.0	8.6	8.1
Ovary (female)	6.9	9.0	5.1	7.8	7.6
Leukemia*	3.8	7.6	4.8	6.7	6.6
Non-Hodgkin Lymphoma	5.8	5.9	4.5	5.0	5.6
Stomach	7.3	3.1	7.7	7.2	5.5
Uterine** (female)	4.0	4.8	3.3	9.0	4.8
Urinary Bladder	2.3	4.7	2.3	3.7	3.6
Kidney & Renal Pelvis	3.6	3.3	2.4	3.7	3.3
Myeloma	2.9	2.9	1.8	7.2	3.1
Esophagus	2.3	3.8	1.6	2.8	2.9
Cervical (female)	3.5	2.0	2.1	4.0	2.7
Skin Melanoma	0.9	3.5	0.3	0.4	1.9

*Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/ * = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri*

Examining mortality versus incidence by race shows variations. In general, one would expect to see the highest incidence rates paired with the highest mortality rates; however, several variations are noted. For instance, breast cancer incidence (diagnosis) is highest among white women, while the mortality rate from breast cancer is highest among Black women. Similarly, while the cervical cancer incidence or diagnosis is highest among Hispanic women, the mortality rate is highest among Black women.

Cancer Mortality and Incidence Rates, Age-Adjusted, per 100,000 Persons, by Race for LA County

	Hispanic		White		Asian / PI		Black		All	
	Mort.	Incid.	Mort.	Incid.	Mort.	Incid.	Mort.	Incid.	Mort.	Incid.
Cancer, All Sites	128.2	323.2	162.6	472.7	119.7	311.6	210.7	475.6	150.7	405.6
Lung and Bronchus	18.9	23.0	39.2	51.8	26.9	35.2	48.5	59.8	32.3	41.6
Breast (female)	16.5	83.0	25.1	148.6	13.7	101.2	35.5	131.4	21.5	116.9
Prostate (males)	20.0	107.0	20.6	120.8	9.4	65.8	50.2	196.6	21.0	122.0
Colon and Rectum	12.6	33.8	14.5	42.6	12.8	40.2	23.4	56.2	14.6	41.3
Pancreas	9.7	9.6	11.0	12.1	8.7	10.2	14.4	15.2	10.5	11.2
Liver and Bile Duct	10.2	12.1	5.2	6.8	12.0	14.2	8.6	9.8	8.1	9.9
Ovary (female)	6.9	11.6	9.0	14.2	5.1	10.6	7.8	10.9	7.6	12.5
Leukemia*	3.8	9.8	7.6	14.5	4.8	8.0	6.7	10.7	6.6	12.3
Non-Hodgkin Lymphoma	5.8	17.0	5.9	21.6	4.5	12.9	5.0	14.7	5.6	18.4
Stomach	7.3	12.1	3.1	6.6	7.7	13.6	7.2	10.6	5.5	9.9
Uterine** (female)	4.0	21.1	4.8	29.0	3.3	20.1	9.0	26.3	4.8	25.1
Urinary Bladder	2.3	9.3	4.7	24.2	2.3	9.8	3.7	14.0	3.6	16.7
Kidney & Renal Pelvis	3.6	14.0	3.3	14.7	2.4	8.0	3.7	16.9	3.3	13.6
Myeloma	2.9	5.2	2.9	5.6	1.8	3.2	7.2	12.5	3.1	5.8
Cervical (female)	3.5	10.9	2.0	7.3	2.1	7.8	4.0	8.9	2.7	8.8
Skin Melanoma	0.9	3.5	3.5	28.7	0.3	1.2	0.4	1.1	1.9	13.4

Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard.
*http://www.cancer-rates.info/ca/ * = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri*

Looking at the ratio of mortality to incidence help to clarify that in general, cancer outcomes among Blacks tend to be worse than outcomes among the other races examined, with a few exceptions for various types of cancers. Rates tend to be lowest among Asians, and outcomes best among Asians and Whites.

Ratio of Cancer Mortality to Incidence Rates, Age-Adjusted, per 100,000 Persons, by Race for LA County

	Hispanic	White	Asian / PI	Black	All
Cancer, All Sites	39.7%	34.4%	38.4%	44.3%	37.2%
Lung and Bronchus	82.2%	75.7%	76.4%	81.1%	77.6%
Breast (female)	19.9%	16.9%	13.5%	27.0%	18.4%
Prostate (males)	18.7%	17.1%	14.3%	25.5%	17.2%
Colon and Rectum	37.3%	34.0%	31.8%	41.6%	35.4%
Pancreas	100.0%	90.9%	85.3%	94.7%	93.8%
Ovary (female)	84.3%	76.5%	84.5%	87.8%	81.8%
Liver and Bile Duct	59.5%	63.4%	48.1%	71.6%	60.8%
Leukemia *	38.8%	52.4%	60.0%	62.6%	53.7%
Non-Hodgkin Lymphoma	34.1%	27.3%	34.9%	34.0%	30.4%
Uterine ** (female)	60.3%	47.0%	56.6%	67.9%	55.6%
Stomach	19.0%	16.6%	16.4%	34.2%	19.1%
Urinary Bladder	24.7%	19.4%	23.5%	26.4%	21.6%

	Hispanic	White	Asian / PI	Black	All
Kidney & Renal Pelvis	25.7%	22.4%	30.0%	21.9%	24.3%
Myeloma	55.8%	51.8%	56.3%	57.6%	53.4%
Skin Melanoma	32.1%	27.4%	26.9%	44.9%	30.7%
Cervical (female)	25.7%	12.2%	25.0%	36.4%	14.2%

*Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/ * = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri*

Looking at the impact of race and gender on cancer mortality rates at the state level, it can be seen that incidence and outcomes tend to be better among women, with the exception of Black women, whose rates are only marginally better than Black men.

Cancer Mortality and Incidence Rates, Age-Adjusted, per 100,000 Persons, by Race and Gender, for California

	Mortality	Incidence	Ratio of Mortality to Incidence
Asian women	96.9	298.9	32.4%
White women	142.3	435.8	32.6%
All women	**132.5**	**388.8**	**34.1%**
Hispanic women	114.4	310.5	36.8%
White men	191.4	517.4	37.0%
All men	**179.8**	**476.7**	**37.7%**
Hispanic men	153.7	385.1	39.9%
Asian men	136.3	323.3	42.2%
Black women	176.1	410.7	42.9%
Black men	242.1	563.7	42.9%

Source: California Cancer Registry, California Department of Public Health, 2008-2012; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/

Female Breast Cancer Mortality

In LA County, breast cancer is the sixth leading cause of death in women and the second cause of premature death. The rate of death for breast cancer in women in L.A. County is 21.1 per 100,000 females. The rate of death is highest among Black women (35 per 100,000) and Whites (25 per 100,000). Asian women have the lowest rate of death from breast cancer (14 per 100,000).

Age-Adjusted Death Rate for Breast Cancer among Females, 2012

	Number	Rate
White	594	27
Hispanic	268	14
Black	163	31
Asian*	142	15
Los Angeles County	**1,170**	**21**
Healthy People 2020	**N/A**	**20.7**

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2012. http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt12.pdf

** = Beginning in 2012, Native Hawaiian and other Pacific Islanders were separated from Asians in these analyses; these numbers represent Asians alone.*

Lung Cancer Mortality

Lung cancer is the third leading cause of death and seventh leading cause of premature death in LA County. Males have a higher rate of death from lung cancer (35 per 100,000) than females (24 per 100,000). Whites (36 per 100,000) and Blacks (45 per 100,000) have higher rates of death from lung cancer than the overall county rate of 28.7 per 100,000 persons.

Age-Adjusted Death Rate for Lung Cancer, 2012

	Number	Rate
Males	1,486	35
Females	1,323	24
White	1,563	36
Hispanic	393	14
Black	414	45
Asian*	411	24
Los Angeles County	**2,809**	**28.7**
Healthy People 2020	**N/A**	**45.5**

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2012.
http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt12.pdf
** = Beginning in 2012, Native Hawaiian and other Pacific Islanders were separated from Asians in these analyses; these numbers represent Asians alone.*

Colorectal Cancer Mortality

Colorectal cancer is the eight leading cause of death in LA County. Men have a higher rate of death (17 per 100,000) than women (12 per 100,000). Blacks (24 per 100,000) exceed the county mortality rate (13.9 per 100,000) for colorectal cancer.

Age-Adjusted Death Rate for Colorectal Cancer, 2012

	Number	Rates
Males	737	17
Females	660	12
White	606	14
Hispanic	345	11
Black	221	24
Asian*	216	13
Los Angeles County	**1,397**	**13.9**
Healthy People 2020	**N/A**	**14.5**

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2012.
http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt12.pdf
** = Beginning in 2012, Native Hawaiian and other Pacific Islanders were separated from Asians in these analyses; these numbers represent Asians alone.*

Community Input – Cancer

Stakeholder interviews identified the following issues, challenges and barriers related to cancer:

- Availability of cancer screening and services is limited if you don't have access to health care in general.

- Lack of knowledge about disease; people don't know about signs and symptoms and when to get checked, which also leads to untimely (i.e., late) diagnosis and treatment.
- In the area surrounding the Health Sciences Campus (HSC), in SPA 4, there is some of the highest proportion of late stage breast cancer diagnoses in Los Angeles County, and additionally, high levels of breast cancer in younger women in SPA 4. These women are multi-ethnic, mostly Latino but also Koreans in Koreatown. Late stage cancer is a big issue and interventions are needed. Also, there is a lack of cancer screenings.
- A lot of agencies/organizations do education and outreach, but they are not necessarily coordinating well to be sure they are not duplicating efforts and reaching all the populations that need education.
- A concern about lower-income people participating in clinical trials; lower-income populations may not be educated about the benefits of participating or even hear about them, and so they don't take advantage of them.
- As cancer patients are living longer, more issues are arising, such as long-term impacts from medications, sexual problems, financial issues, etc.
- Loss of family income if family member has to take care of sick individual.
- Navigation is key. Once someone is diagnosed, they don't know what to do. Cancer is so complicated. Question as to why so many late stage cases? People don't understand how serious it is to get follow-ups and are fearful of costs. Navigation should be done by someone really informed about cancer and who speaks the language of the patient.
- Fear of cancer still remains, though it has become much more treatable. People still feel that it can be a death sentence and so have denial about it. They may avoid getting screened if they don't think that early detection can help them.
- Insurance problems – people don't have coverage for some of their needs, such as survivorship or the needs of AYAs (Adolescents and Young Adults).
- Some people are under-insured or don't have the best insurance and go to County hospital and have to wait 8 hours for radiation. It's a good thing that they are getting treatment, but it's still very difficult.
- We need to improve transportation to access cancer care.
- Education for early detection and prevention is getting better, but more is needed across the board. It is most needed among low-income communities and communities of color.
- Now that people have more access to health care, they are seeing a doctor for first time and getting diagnosed with later stages of cancer.
- Some confusion among people about what does or does not cause certain types of cancer. News media can be confusing.

- When you have language and cultural barriers, it's even harder to understand what resources are out there and how to access them.
- Psychosocial distress among cancer patients is particularly a problem among people with concerns about access to care.
- Lymphedema can arise from cancer treatment (e.g., surgery when lymph nodes are removed – such as breast cancer and head and neck cancer). It is a side effect of cancer treatment. It's a chronic issue that will never go away. People need therapists who can help them, so people end up traveling far away for treatment because there are so few lymphedema therapists in the community.
- Utilization is low at The Wellness Center (TWC) at LAC+USC campus in the historic General Hospital building, located very close to Keck Medical Center. TWC has been operational for a year or two. Lots of organizations are housed there and several tenants can address health, prevention and cancer issues. TWC is not being accessed well by the community due to its location and/or people are not aware of it. But it provides an opportunity for organizations to coordinate because they are all in one location.
- Women with breast cancer from different cultures/incomes probably experience their breast cancer (e.g., diagnosis and treatment experiences) quite differently.
- More access to higher level diagnostics (beyond initial screening) in a timely manner is needed.
- Still have people not finding out about cancer until it's at Stage 4. Something is wrong with system that allows that to happen.

The community stakeholders were also asked what needed to happen in the community to help people learn about cancer prevention and obtain needed screenings and treatment. Their responses included:

- Since individuals have to physically come in for screening and treatment, one of the most important things is to educate people about the importance of screening, especially that is age and gender-appropriate.
- More PR about the cancers that are most prevalent and what are the signs. What symptoms should people be looking for? What are the warning signs? What can they do if they experience any of these symptoms? More information about what to look for and where to go for screenings and services.
- Better education and understanding about what screening tests are needed at various stages of life, and better access to those tests.
- Better access to advanced diagnostics and treatment.
- Use trusted agents (e.g., programs, organizations, churches), such as Black Women for Wellness, which has done programs in churches. When people are afraid, you have to meet them where they are (i.e., in trusted community settings).

- Need to reach people where they are. One promising model is use of Promotoras (community health workers) to reach people in their homes, schools, work places, etc. Promotoras can educate people about cancer and screening, etc.
- A one-size fits all approach is not working. Need tailored and targeted approaches for different communities and also for different types of cancer (e.g., high incidence of prostate cancer among A/PI men).
- Go into communities versus expecting the community to come to you. Get more embedded in community settings.
- There needs to be bilingual and culturally relevant prevention materials that are easily accessible, including literature, visibly appealing posters and promotion on public transportation.
- Use of social media. The American Cancer Society is studying the effectiveness of text messaging to remind people about cervical cancer screening in conjunction with LA Care. It has gotten good results.
- There is a lot of stigma and fear around the cost of cancer care. Need to educate people about the availability of lower-cost services so they understand the resources that are out there and so they can feel more comfortable to access those services.
- Have mammograms onsite rather than having to refer people out. Many people don't have transportation and have to take buses, so it's harder for them to keep those appointments. A one-stop shop makes it much easier for the patient.
- Setting up programs to encourage people to not be afraid of screening or going to the doctor. Look at cultural issues/needs. For example, outreach at barber shops for African Americans.
- The message that needs to get out: cancer doesn't have to be a killer if there's screening and early detection. Also, messaging needs to occur in places that are trusted by community members.

Chronic Disease

Health Status

In Los Angeles County, 19.3% of residents have a self-rated fair/poor health status. 22% of adults and 31.4% of seniors consider themselves to be in fair/poor health. These rates of fair/poor health status are greater than found in the state.

Health Status, Fair or Poor Health

	Los Angeles County	California
Fair or poor health	19.3%	17.0%
18-64 years old	22.0%	19.3%
65+ years old	31.4%	27.9%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Diabetes

Diabetes is a growing concern in the community. 10% of adults have been diagnosed with diabetes. For adults with diabetes, 56.9% are very confident they can control their diabetes, while 9.3% were not confident.

Adult Diabetes

	Los Angeles County	California
Diagnosed pre/borderline diabetic	8.8%	10.5%
Diagnosed with diabetes	10.0%	8.9%
Very confident to control diabetes	56.9%	56.5%
Somewhat confident	33.7%	34.7%
Not confident	9.3%	8.8%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Rates of diabetes reported by African American (16.9%), Asian (10%) and Latino (11%) residents of L.A. County were higher than rates for those groups at the state level, while White residents reported a rate (7.1%) that was slightly lower than the state rate.

Adult Diabetes by Race/Ethnicity

	Los Angeles County	California
African American	16.9%	12.4%
Asian	10.0%	9.4%
Latino	11.0%	10.0%
White	7.1%	7.7%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Heart Disease

For adults in Los Angeles County, 5.7% have been diagnosed with heart disease. Among these adults, 53.5% are very confident they can manage their condition and 55.5% have a management care plan developed by a health care professional.

Adult Heart Disease

	Los Angeles County	California
Diagnosed with heart disease	5.7%	6.1%
Very confident to control condition	53.5%	53.6%
Somewhat confident to control condition	36.0%	34.9%
Not confident to control condition	10.4%	11.5%
Has a management care plan	55.5%	67.1%

Source: California Health Interview Survey, 2014; http://ask.chis.ucla.edu/

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Los Angeles County, 27.3% of adults have been diagnosed with high blood pressure. Of these, 67.2% are on medication for their blood pressure.

High Blood Pressure

	Los Angeles County	California
Diagnosed with high blood pressure	27.3%	28.5%
Takes medication for high blood pressure	67.2%	68.5%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Asthma

The population diagnosed with asthma in Los Angeles County is 11.4%. 41% of asthmatics take medication to control their symptoms. Among youth, 10.5% have been diagnosed with asthma. The rate of asthma is lower in the county than found in the state, and the rate of ER visits due to asthma is significantly lower.

Asthma

	Los Angeles County	California
Diagnosed with asthma, total population	11.4%	14.0%
Diagnosed with asthma, 0-17 years old	10.5%	14.5%
ER visit in past year due to asthma, total population	4.7%	9.6%
ER visit in past year due to asthma, 0-17 years old	2.4%	13.9%
Takes daily medication to control asthma, total population	41.0%	44.2%
Takes daily medication to control asthma, 0-17 years old	27.7%	39.0%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Disability

In the service area, 28.6% of adults had a physical, mental or emotional disability. The rate of disability in the state was almost identical (28.5%). Disabled persons in L.A. County were slightly less likely to report having health insurance (84.5%) than at the state level (87.8%).

Population with a Disability

	Los Angeles County	California
Adults with a disability	28.6%	28.5%
Disabled persons with health insurance	84.5%	87.8%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Hospitalization Rates by Diagnoses

At USC Norris Cancer Hospital, the top five primary diagnoses resulting in hospitalization are cancers (including non-cancerous growths), infections, injuries/ poisonings/ complications, digestive system, and anemia and blood disorder diagnoses.

Hospitalization Rates by Principal Diagnosis, Top Ten Causes

	USC Norris Cancer Hospital
Cancer (includes non-cancerous growths)	26.1%
Infections	7.1%
Injuries / Poisonings / Complications	5.2%
Digestive System	5.1%
Anemia and Other Blood Disorders	5.0%
Genitourinary System	4.6%
Symptoms	2.6%
Respiratory System	2.6%
Circulatory System	2.4%
Endocrine System	2.4%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2014. http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Community Input – Chronic Diseases

Stakeholder interviews identified the following issues, challenges and barriers related to chronic diseases:

- The health system is designed to address and pay for the problem at hand and not chronic disease self-management. They get paid to address problems on a fee-for-service basis. System needs to change to incentivize providers to address chronic disease management.
- Lack of insurance reimbursement for prevention. If we could treat patients prior to their health problems, we would prevent the chain of co-morbidities going into effect.
- There is a lot of pollution in the Boyle Heights area because of its proximity to freeways. Many freeways meet right by Keck Medical Center and this has led to a lot of asthma among children in the area.

- Cardiovascular disease is #1 cause of death in SPA 4 and diabetes is #4. For premature death, cardiovascular disease is also #1 in SPA 4 (and in LA County).
- Cardiovascular disease is a really big issue. It's linked to life's core health issues and family predisposition. Cardiovascular disease is the clinical outcome that arises from the intersection of stress, violence and safety, and contributes to health getting out of control.
- Biggest issues are chronic disease, chronic disease management and co-morbidities with chronic disease.
- Chronic diseases. Over time, this has become more of a problem. They are connected to the environmental shifts in the community, e.g., freeways. Particularly among youth and the elderly.
- Management of chronic disease is really challenging, especially the idea of having to take pills or medicine even when people feel good. Often they will stop taking the medications if they feel good, but then their disease gets worse.
- Not a good understanding of susceptibility among Latino and African American populations, including genetic and lifestyle factors that contribute to disease.
- Cultural barriers. People come from many different countries and they don't always understand how to take their medications, they don't keep their appointments with their doctor or with the nutritionist, and they don't show-up for their regular Hemoglobin A1C tests, which should be done every 3 months.

Health Behaviors

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 17 puts Los Angeles County in the top half of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Los Angeles County	17

Source: County Health Rankings, 2015. www.countyhealthrankings.org

Sexually Transmitted Diseases

In the county, rates of Chlamydia are 521.3 per 100,000 persons, Gonorrhea (122.9), Primary and Secondary Syphilis (9.4), and Early Latent Syphilis (13.7). Females have the highest rates of Chlamydia. Young adults, ages 20-24, and Blacks/African Americans have the highest rates of sexually transmitted infections. SPA 6 has the highest rates of Chlamydia, while SPA 4 has the highest rates of all other listed STD's.

STD Cases, Rate per 100,000 Persons, 2012

	Los Angeles County
Chlamydia	521.3
Gonorrhea	122.9
Primary & Secondary Syphilis	9.4
Early Latent Syphilis	13.7

Source: County of Los Angeles, Public Health, Sexually Transmitted Disease Morbidity Report, 2012. http://publichealth.lacounty.gov/dhsp/Reports/STD/STDMorbidityReport2012.pdf

Teen Sexual History

78.4% of teens in the county indicated they had never had sex. Of those youth who had sex, about half had their first encounter under 15 years of age, and about half over 15 years of age.

Teen Sexual History

	Los Angeles County	California
Never had sex	78.4%	82.9%
First encounter under 15 years old	10.7%	7.6%
First encounter over 15 years old	10.9%	9.5%

Source: California Health Interview Survey, 2012. http://ask.chis.ucla.edu/

HIV/AIDS

In 2013, 1,268 cases of HIV/AIDS were diagnosed in Los Angeles for a rate of 13 per 100,000 persons. The rate of HIV/AIDS diagnosed in 2013 has decreased from 2012.

HIV/AIDS Diagnoses, 2012 - 2013

	2012		2013	
	Number	Rate	Number	Rate
Los Angeles County	1,911	19	1,268	13

Source: County of Los Angeles, Public Health, 2013 Annual HIV Surveillance Report
http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/2013AnnualSurveillanceReport.pdf

Community Input – STD/HIV/AIDS

Stakeholder interviews identified the following issues, challenges and barriers related to STD/HIV/AIDS:

- Prevention dollars were curtailed for both STDs and HIV in the last few years so there is probably less education around these issues.
- People might prefer to seek services outside of their communities, but they don't have resources to get out of the area in which they live.
- There is an HIV prevention pill now available, but many doctors know nothing about it.
- Our school nurse has indicated that the percent of STDs has increased among the students over the past couple of years.
- We don't see a lot of promotion within the community about resources and information around these issues.
- Population most affected by this in SPA 4 is 18-30 year olds.
- Stigma, across the board. People are uncomfortable with it.
- Men are not aware that they have latent HPV and then they transmit it.
- STD testing should be better integrated in the primary care setting. Many primary care providers don't refer for these screenings. Also, a lot of people still want to go somewhere else to be tested for HIV and STDs, wanting anonymity/privacy.
- There is still a fear of a diagnosis of STD/HIV/AIDS among many people despite changes to prevent discrimination against pre-existing health issues.
- A great resource is Planned Parenthood, but people don't know they can go to get birth control, education and communicable disease prevention there.
- Homophobia is a huge issue and 80% of HIV cases are among men having sex with other men.
- Education for providers is needed. There are new treatments that many community providers are unaware of or not fully aware of.
- Need to do more outreach and education to younger girls, not just to young women. Mothers need to be involved, as do health clinics and schools.

Overweight and Obesity

In Los Angeles, over one-third of the adult population is overweight (36.2%). 14.4% of teens and 11.5% of children are overweight.

Overweight

	Los Angeles County	California
Adult (18+ years)	36.2%	35.5%
Teen (ages 12-17)	14.4%	16.3%
Child (under 12)	11.5%	13.6%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Among adults in Los Angeles County, 27.2% are obese. This is better than the Healthy People 2020 objective for adult obesity of 30.5%. 14.9% of teens are obese, which is better than the Healthy People objective of 16.1% for teen obesity.

Obese

	Los Angeles County	California
Adult (ages 20+ years)	27.2%	27.0%
Teen (ages 12-17 years)	14.9%	14.6%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Adult overweight and obesity by race and ethnicity indicate extremely high rates among African American adults (83.5%) and Latinos (72.6%). Well over half of the White population (60.8%) is overweight or obese, while 41.1% of Asians in the county are overweight or obese.

Adult Overweight and Obesity by Race/Ethnicity

	Los Angeles County	California
African American	83.5%	71.2%
Asian	41.1%	43.7%
Latino	72.6%	72.2%
White	60.8%	58.9%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the "Healthy Fitness Zone" criteria for body composition are categorized as needing improvement or at high risk (overweight/obese).

In Los Angeles County, 44.6% of 5th grade students tested as needing improvement or at health risk for body composition. Among 9th graders the rates were slightly improved (38.6%).

5th and 9th Graders, Body Composition, Needs Improvement + Health Risk

	Los Angeles County	California
Fifth grade	44.6%	40.5%
Ninth grade	38.6%	35.8%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2013-2014. http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

Fast Food

In Los Angeles County, 25.5% of adults 18-64, and 15.1% of children and youth 0-17 eat fast food 3 or more times a week; these are slightly higher than the state rates.

Fast Food Consumption, 3 or More Times a Week

	Los Angeles County	California
Adult, ages 18-64	25.5%	24.9%
Children and youth, 0-17	15.1%	14.6%

Source: California Health Interview Survey, 2014.; http://ask.chis.ucla.edu/

Soda Consumption

The percentage of adults who consume seven or more sodas in a week is 10.2% in Los Angeles County.

Adults Average Weekly Soda Consumption; 7 or more

	Los Angeles County	California
Adult soda consumption	10.2%	10.1%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Fruit Consumption

In L.A. County 63.4% of children consume two or more servings of fruit a day. Fresh fruit consumption decreases among teens: only 43.6% consume two or more servings a day. These rates are lower for the county than for the state.

Consumption of Fruit, Two or More Servings a Day, Children and Teens

	Los Angeles County	California
Children	63.4%	68.8%
Teens	43.6%	51.4%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Walked to Work

2.9% of workers, 16 years of age and older, in the county walk to work.

Walked to Work

	Percent
Los Angeles County	2.9%
California	2.7%

Source: U.S. Bureau of the Census, American Community Survey, 2010-2014

Physical Activity

9.3% of L.A. County children and teens spend over five hours in sedentary activities after school on a typical weekday. 8.9% spend over 8 hours a day on sedentary activities on weekend days. 11.9% of teens engage in no physical activity in a typical week, and 62.1% of teens had been to a park, playground or open space in the past month.

Physical Activity, Children and Teens

	Los Angeles County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	9.3%	10.2%
8+ hours spent on sedentary activities on a typical weekend day - children and teens	8.9%	7.2%
Teens no physical activity in a typical week	11.9%	8.6%
Teens visited park/playground/open space in past month	62.1%	69.2%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity:

- Obesity a big concern because it's a risk factor for so many other chronic diseases. Need to address lifestyle issues to address chronic disease.
- Ongoing issue for many years, definitely an issue in SPA 4 where rates are a bit higher than the rest of the County.
- Lack of safe places for people to go out and exercise. Even if there are parks around, people don't feel comfortable going out and walking.
- The intrusion of electronic games is not a good influence on kids, across all income levels.
- Murchison Elementary School, within Ramona Gardens, is completely asphalt, there is no green space for the kids to play.
- We tend to blame the individual, but the environment does not support people making the healthy choice the easier choice. They need more access to fresh fruits and vegetables and exercise options.
- Culturally specific issues relative to diet; e.g., some native foods are full of carbohydrates, fats and sugars. It's a diet that needs some rethinking.
- People may live in a place that supports being overweight. Often people don't live in environments where the healthy choice is the easy choice.
- High cost of healthy food, especially in low-income communities. It's cheaper to buy soda than water.
- Obesity is the foundation for a lot of other co-morbidities; it puts patients at higher risk for heart problems, stroke, and mortality in some situations such as

emergencies and at higher risk for poor health outcomes in general.

- There is a food desert in the neighborhood and a lack of access to affordable, healthy food. Ramona Gardens (across the street from the Health Sciences Campus) is a housing project. They have no access to any markets. If a person doesn't have a car, there's no way to get to grocery stores other than walking several miles.
- Farmer's markets are too expensive. People who live in the projects are not able to afford the farmer's markets.
- Cultural values around food can be a barrier with food playing a central part in celebrations, especially when food is not healthy (e.g., traditional Soul Food or many Mexican foods are not healthy).
- Schools have a lack of physical education classes as well as unhealthy cafeteria food.
- Parents working 2-3 jobs don't have time and can't afford to purchase healthy food or prepare healthy meals.
- Patients don't show up for their Nutritionist appointments after being referred by a doctor or return for regular screenings and appointments.
- The food industry is committed to selling sugar and unnecessary calories.
- State of California requires a fitness test for students in 9th and 10th grades. If they don't pass, the students have to keep taking fitness classes. We have many students who don't pass and have to keep taking the classes.

Mental Health

Mental Health Indicators

Among adults, 9.6% in Los Angeles County experienced serious psychological distress in the past year, while 18% needed help for mental health and/or alcohol and problems. 13% of adults saw a health care provider for their mental health and/or alcohol and drug issues in the past year.

9.2% of County adults had taken a prescription medication for at least two weeks for an emotional or mental health issue in the past year. Well over a third (43.2%) of adults who needed help for an emotional or mental health problem did not receive treatment. The Healthy People 2020 objective is for 64.6% of adults with a mental disorder to receive treatment, which equates to 35.4% who do not receive treatment.

Mental Health Indicators, Adults

	Los Angeles County	California
Adults who had serious psychological distress during past year	9.6%	7.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	18.0%	15.9%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	13.0%	12.0%
Has taken prescription medicine for emotional/mental health issue in past year	9.2%	10.1%
Sought/needed help but did not receive treatment	43.2%	56.6%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Among service area teens, 22.4% needed help in the past year for emotional or mental health problems, which was lower than the state rate (23.2%). Frequent mental distress was reported during the past month by 7.3% of area teens, which was higher than the state rate (5.8%).

Mental Health Indicators, Teens

	Los Angeles County	California
Teens who needed help for emotional or mental health problems in past year	22.4%	23.2%
Teens who had frequent mental distress during the past month*	7.3%	5.8%

Source: California Health Interview Survey, 2014 & 2012 (*). http://ask.chis.ucla.edu/

Among adults, 11.9% had moderate to severe interference with work because of mental health issues; 15.1% had moderate to severe interference with family relationships; and mental health concerns impacted the social lives of 14.5% of adults.

Mental Health Impairment, Adults

	Los Angeles County	California
Did your emotions interfere with your work?		
• No	88.1%	89.6%
• Moderate	7.2%	6.5%
• Severe	4.7%	3.9%
Did your emotions interfere with your family life?		
• No	84.9%	86.6%
• Moderate	8.5%	7.6%
• Severe	6.6%	5.8%
Did your emotions interfere with your social life?		
• No	85.4%	86.9%
• Moderate	7.5%	6.3%
• Severe	7.0%	6.9%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

7.2% of adults in Los Angeles County had seriously thought about committing suicide; this is less than the rate in the state (7.8%).

Thought about Committing Suicide

	Los Angeles County	California
Adults who ever seriously thought about committing suicide	7.2%	7.8%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health:

- Many insurance plans won't cover mental health services so even for those who want to access it, the cost can be prohibitive.
- Mental health has been identified as the number one issue by stakeholders in SPA 4.
- The fact that a person has mental health disorder can make it difficult to seek care.
- Over the last couple of years we are seeing more issues with mental health among students.
- The County Department of Mental Health is focused on severe and persistent mental illness, which is needed as a financial priority, but it limits mental health services at the lower level for people who don't have the financial resources for ongoing therapy. A lot of people need help (e.g., for anxiety or difficult life circumstances) even if they don't have severe and persistent mental illness.
- Tendency to use medications to help people when talk therapy might be a better solution, but that can be culturally dependent.
- Stigma of mental health and the fact that we don't think of it as a chronic disease.

- Invisible to a lot of health care providers, so a lot of needs go unnoticed or unaddressed.
- A lot of stigma in Asian and Hispanic communities. This is why the integrated model may be more effective. Organizations have been so siloed. All significant health diagnoses have a mental health component, especially for cancer patients and cancer survivors.
- Poverty enhances the risk of mental health issues, e.g., depression that can then lead to substance abuse or violence.
- Kids deny and parents deny that their kids are dealing with mental health issues. So much negative connotation/stigma around mental health. Our principal has to really work with parents to convince them to use the services available to help their kids.
- Within the African American community, people need the opportunity to express who they are relative to their faith community. You can't separate mental health from spiritual health. Some people express themselves with their faith. This framework is not really recognized within the mental health system. But this is a protective factor that builds resilience and a better focus than focusing on risk factors.
- Our clinic has a six-month long waiting list for one-on-one mental health services.

Substance Abuse

Cigarette Smoking

The 2014 California Health Interview Survey indicated that 10.8% of adults in LA. County are current smokers, lower than the state (11.6%) and the Healthy People 2020 objective for cigarette smoking among adults (12%).

Cigarette Smoking, Adults

	Los Angeles County	California
Current smoker	10.8%	11.6%
Former smoker	22.4%	22.4%
Never smoked	66.8%	66.0%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Among teens in the county, while only 2.3% surveyed reported being a cigarette smoker, 11.3% have smoked an electronic (vaporizer) cigarette.

Smoking, Teens

	Los Angeles County	California
Current cigarette smoker	2.3%	3.5%
Ever smoked an e-cigarette	11.3%	10.3%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 31.5% had engaged in binge drinking in the past year.

Binge Drinking, Adults

	Los Angeles County	California
Adult binge drinking past year	31.5%	32.6%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Teens in the service area reported having tried alcohol (19.1%) and illegal drugs (14.7%). 9.4% of teens in the county had used marijuana in the past year.

Teen Alcohol and Illegal Drug Use

	Los Angeles County	California
Teen ever had an alcoholic drink	19.1%	22.5%
Ever tried illegal drugs (marijuana, cocaine, sniffing glue, others)*	14.7%	12.4%
Use of marijuana in past year*	9.4%	8.6%

Source: California Health Interview Survey, 2014 & 2012 (*). http://ask.chis.ucla.edu/

Community Input – Substance Abuse

Stakeholder interviews identified the following issues, challenges and barriers related to substance abuse:

- A person has to be ready to change to address these problems. You can't force them to change unless they are a harm to themselves or others.
- LGBT population is more adversely affected by substance abuse than the general population.
- More cultural competency is needed in the substance abuse environment to help people become more comfortable accessing services.
- Culture shift has made it acceptable to be negative about smoking; it's a different story for prescription drugs and alcohol.
- Not enough screening is done for this in general health care. We are not catching it early enough to make an impact, when it could be less expensive. Instead, we end up with court-mandated services because someone is arrested for some drug/alcohol related offenses.
- Prescription medication abuse is becoming a bigger and bigger problem. Easy to get and then to sell on the street. Could also be related to a rise in heroin use.
- Availability of liquor stores versus grocery stores – acceptability of alcohol in low-income communities is a problem.
- A lot of alcoholism and other drug abuse is often related to stress and is not identified as being a problem. This impacts domestic violence. It usually goes undiagnosed and creates a lot of problems for families.
- Low-employment rates lead to frustration and desperation, which can lead to drug/alcohol use.
- Youth have to take on adult roles due to lack of income in family, which can lead to substance use.
- Tobacco use is still prevalent, particularly among Asian and Pacific Islander populations and Hispanics or Latinos.
- Big trend in increased use of electronic cigarettes.
- Substance abuse is a big issue relative to co-morbidities, particularly mental health and homelessness.

Preventive Practices

Flu and Pneumonia Vaccines

Seniors tend to receive flu vaccines at higher rates than adults or youth. Among seniors, 69.7% had received a flu shot. Adults received flu shots at a lower rate of 32.5% than children (47.8%).

Flu Vaccine

	Los Angeles County	California
Received Flu Vaccine, 65+ Years Old	69.7%	72.8%
Received Flu Vaccine, 18-64	32.5%	37.4%
Received Flu Vaccine, 6 months-17 Years Old	47.8%	53.7%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Seniors are recommended to obtain a pneumonia vaccine. Over half the seniors in Los Angeles County (61.3%) had obtained a pneumonia vaccine.

Pneumonia Vaccine, Adults 65+

	Los Angeles County
Adults 65+, had a pneumonia vaccine	61.3%

Source: Los Angeles County Health Survey, 2011. http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2011.htm

Immunization of Children

Area rates of compliance with childhood immunizations upon entry into kindergarten (86%) are below the state average (90.4%).

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2014-2015

	Los Angeles County	California
Immunization rate	86.0%	90.4%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Mammograms

The Healthy People 2020 objective for mammograms is that 81.1% of women 50-74 years have a mammogram in the past two years. In Los Angeles County, 79.8% of women, age 50-74, have had a mammogram, falling short of the objective.

Pap Smears

The Healthy People 2020 objective for Pap smears in the past three years is 93% of women 21-65 years of age. In the county, 82.8% of women in this age group have had a Pap smear in the past three years, which does not meet the objective.

Women Mammograms and Pap Smears

	Los Angeles County
Women 50-74 years, had a mammogram in past two years	79.8%
Women 21-65 had a pap smear in past three years	82.8%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2007

Colorectal Cancer Screening

In the county, the rate of compliance for colorectal cancer screening is 74%, which exceeds the Healthy People 2020 objective for colorectal cancer screening of 70.5%. Of adults advised to obtain screening, 65.3% were compliant at the time of the recommendation.

Colorectal Cancer Screening, Adults 50+

	Los Angeles County	California
Screening sigmoidoscopy, colonoscopy or fecal occult blood test	74.0%	78.0%
Compliant with screening at time of recommendation	65.3%	68.1%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/

Attachment 1 – Community Stakeholder Interviewees

Community input was obtained from public health professionals and representatives from organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Ophelia Alvarez, LVN	Clinic Manager	Clínica Monseñor Oscar A. Romero
Katie Jordan, OTD, OTR/L	Director of Occupational and Speech Therapy Hospital Practice	USC Mrs. T. H. Chan Division Occupational Science and Occupational Therapy
Katrina Kubicek	Assistant Director, Community Engagement Program	Southern California Clinical & Translational Science Institute
Lupe Legaspi	Director of Programs	East LA Community Corporation
LaVonna Lewis, PhD, MPD	Professor of Public Policy	USC Price School of Public Policy
Carol Marcussen	Director of Social Services, Patient Education & Spiritual Care Services	Keck Hospital USC Norris Cancer Hospital
Ashley Millhouse	Health Systems Manager	California Division, American Cancer Society
Cristin Mondy, RN, MSN, MPH	Area Health Officer for San Gabriel Valley & Metropolitan Los Angeles	Los Angeles County Department of Public Health
Quentin O'Brien	Chief Operations Officer	L.A. County Department of Health Services Ambulatory Care Network
Cheryl Resnik, PT, DPT, MSHCM, FNAP	Associate Chair, Associate Professor of Clinical Physical Therapy, Director, Community Outreach	USC Division of Biokinesiology and Physical Therapy at the Ostrow School of Dentistry
Lea Salvatore	Program Director	weSPARK Cancer Support Center
Cynthia Sanchez	Executive Director	Proyecto Pastoral
Maria Torres-Flores	Principal	Dr. Francisco Bravo Medical Magnet High School
Zul Surani	Executive Director	USC Health Sciences Campus Community Partnerships
Wenonah Valentine	Founder and Executive Director	iDREAM for Racial Health Equity

Attachment 2 – Community Resources

USC Norris Cancer Hospital working in partnership with Keck Hospital of USC solicited community input through key stakeholder interviews to identify resources potentially available to address the significant health needs. These identified resources are listed below. This is not a comprehensive list of all available resources. For additional resources refer to Think Health LA at www.thinkhealthla.org and 211 LA County at https://www.211la.org/.

Significant Health Needs	Community Resources
Access to care	Clinica Oscar Romero, Healthy Neighborhoods Initiative, Department of Health Services, ACCESS, Medi-Cal, Covered California, The Wellness Center, My Health LA, QueensCare, Christian Health Centers, Proyecto Pastoral, MetroHealth Station Jefferson Park, Planned Parenthood, AltaMed
Cancer	Cancer Legal Resource Center, WeSPARK, American Cancer Society, The Wellness Center, Black Women for Wellness, Cancer Legal Resource Center, Adolescents and Young Adults (AYA) at Norris, Komen Foundation, National Cancer Institute (NCI), American Commission on Cancer, Es Tiempo, Tamale Lesson
Chronic disease (asthma, cardiovascular disease, diabetes)	American Diabetes Association, County's Breathe Mobile, Clinica Oscar Romero, AltaMed, The Wellness Center
Dental health	Denti-Cal, My Health LA, Harbor-LA Clinic, USC Mobile Dental Van, Saban Clinic, St. John's Well Child Clinic, Queenscare, Clinica Oscar Romero
Mental health	Aviva Clinic, Department of Mental Health, 211, Bridges Project, Clinica Oscar Romero, National Association on Mental Illness (NAMI), African American Churches, Centro Ayuda, AltaMed, Alma Family Services, Enki Health and Research Systems (ENKI)
Overweight/obesity	American Heart Association, Black Women for Wellness, Trust for Public Land, Community Health Councils, The Center for Healthy Communities at California Endowment (TCE), California Wellness Foundation, Boys and Girls Clubs, Fit Families
Safety and community violence	Parks After Dark, Summer Night Lights, Gang Reduction and Youth Development (GRYD), Promise Neighborhoods Safe Passages program, LA Metropolitan Churches Faith in Action, Boyle Heights Youth Center, Jovenes, Inc.
STD/HIV/AIDS	Planned Parenthood, Department of Health Services, Pre-exposure Prophylactics (PrEP), In the Meantime, The Wall Las Memorias
Substance abuse	Aviva Clinic, Substance Abuse Prevention and Control (SAPC), 211, 1-800-no-butts, AA, NA, March of Dimes, American Cancer Society, Great American Smokeout, Cinica Oscar Romero

Attachment 3 – Impact Evaluation

USC Norris Cancer Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2013 Community Health Needs Assessment. The Implementation Strategy addressed the following health needs through a commitment of community benefit programs and resources: cancer care and treatment; disease prevention and health promotion with a special focus on cancer prevention, healthy eating, physical activity and overweight/obesity issues; and health sciences education for minority students.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs since the completion of the 2013 CHNA.

The Community Grants and Sponsorship program is a key initiative of the Keck Medicine of USC community benefit program and supports our goal to address the unmet health needs of our community. To implement our community benefit plan, Keck Medicine of USC has chosen to partner with community nonprofit groups and affiliated USC organizations whose programs align with the strategic priorities identified in our hospitals' Community Health Needs Assessment. In FY14 and FY15, grants were provided to:

Agency	Focus of grant
Clinica Oscar Romero	Access to care
Community Partners iDream for Racial Diversity	Workforce development, minority education
De Los Rios Amigos	Health and wellness
Great Minds in STEM	Workforce development, minority education
Healthy Plates/State of the Neighborhood	Obesity prevention
MAOF	Get Up! Get Moving!
PADRES Contra El Cancer	Childhood cancer
Proyecto Pastoral at Dolores Mission	Disease prevention and health promotion
Union de Vecinos	Built environment
USC Good Neighbors Program	Prevention and wellness
Weingart East Los Angeles YMCA	Stair Climb for LA, health and wellness
YMCA	Diabetes prevention and health promotion

- Access to care

USC Norris Cancer Hospital provides financial assistance through free and discounted care for health care services, consistent with the financial assistance policy. To address health care access issues, the hospital offers information and enrollment assistance in low-cost insurance programs. Taxi vouchers were made available to patients and families for

whom accessing transportation is a barrier to accessing care. The USC Hospitals are clinical settings for Interns, Residents and Fellows from the USC Keck School of Medicine. Clinical faculty at the Keck School of Medicine directs a broad range of accredited residency and fellowship training programs.

Support was given to the USC Norris Comprehensive Cancer Center to provide cancer research, treatment, prevention and education.

- Chronic disease management/disease prevention/health promotion

The hospital provided support services, health education informational materials and hosted education seminars and workshops on a variety of topics open to the public.

- Support groups provided a safe haven for sharing feelings and questions in a non-judgmental atmosphere for: caregiver support group, bladder cancer support group, For Men Only prostate cancer support group, Look Good Feel Better, and lung cancer support group. Over 300 persons participated.
- Health Matter Series
  Over 750 persons attended monthly presentations on health-related topics that were presented to community groups free of charge.
- USC Women's Conference
  The sixth annual University of Southern California Women's Conference attracted nearly 1,000 USC alumni, parents, students, faculty and staff. The conference provided health workshops. The seventh annual University of Southern California Women's Conference attracted nearly 1,000 USC alumni, parents, students, faculty and staff. The conference provided health workshops.
- Adolescent and Young Adult Program – Cancer is the leading disease related cause of death for individuals ages 15-39. Collaboration among USC Norris Comprehensive Cancer Center, USC Norris Cancer Hospital, Children's Hospital Los Angeles, and LAC-USC County has developed a multi-disciplinary, collaborative care model that addresses the unique needs of the AYA population in our community. Fitness and nutrition education were provided to students and parents at East Los Angeles area schools.
- Working with Legacy LA, three health education programs were provided for 60 Boyle Heights residents. Topics included healthy eating with a cooking demonstration, emergency preparedness, smoking cessation, and reduction in alcohol use.
- The hospital partnered with other community organizations to participate in the Bridge to Health community health fair.
- The hospital supported the Proyecto Pastoral Women's Conference; 253 women and 33 youth attended the event. Presentations focused on health care, nutrition

and fitness, self-esteem, and wellness. Local health and social service agencies were in attendance to provide information and resources.

- CancerHelp is a computer-based cancer education program from the National Cancer Institute. This program was available to patients, staff and the public.
- The Patient Education and Community Outreach Center (PEOC) and Jennifer Diamond Cancer Resource Library is a state-of-the-art facility with print and electronic cancer education and resource materials devoted to patients, their families and community members seeking information on cancer. The center also provides outreach activities and conducts informational programs relevant to the communities it serves.
- The Image Enhancement Center assists with appearance and body image issues as a result of cancer treatment. Services are open to the community and include mastectomy prosthesis fittings. The Center engages a full-time Mastectomy Fitter.

In collaboration with the schools of Pharmacy, Internal Medicine, Dermatology, Dentistry, and the Sleep Disorder Center, Keck Medicine of USC annually supported the Health Pavilion at the Los Angeles Times Festival of Books, attracting tens of thousands of guests for a weekend of screenings and health-related activities. Attendees received screenings for: blood sugar, BMI, skin cancer, blood pressure, oral health and sleep related disorders. Over 4,000 attendees participated in hand washing demonstrations to learn to decrease the spread of disease. Additionally, Keck Medicine of USC supported outreach and education on insurance enrollment through Covered California.

The annual Festival of Life celebration was hosted by USC Norris Cancer Hospital. The Festival is a celebration held for cancer survivors and their families and is open to the public. We had close to 800 participants. The Festival included inspirational speakers, testimonials and other events.

- Heath sciences education

Keck Medicine of USC continued its efforts to engage students from local Los Angeles schools that typically enroll underserved students. Students from the Bravo Medical Magnet High School participated in a job shadowing and mentoring program. Each semester, three classes of students spend 7.5 hours a week working with staff in a variety of roles and departments.

USC's Med-COR Program, which stands for Medical Counseling Organizing and Recruiting, works with high school students of color to help prepare them for careers in the health professions. Students are provided structured academic enrichment in the areas of mathematics, science, and English as well as academic counseling, SAT assistance, and summer internships at local hospitals. The program serves students

from four local schools: Francisco Bravo Medical Magnet High School, King-Drew Medical Magnet High School, Orthopaedic Hospital Medical Magnet High School and Van Nuys High School.

Annually, the hospital hosts a Minority Outreach Enrichment day, whereby approximately a dozen directors of non-clinical fields at the hospitals shared their career paths and daily job duties with 35 students, offering mentorship and internships.

A high school immersion program engaged 60 local students in a series of lectures about health care. The students heard from hospital staff and toured the hospital. They viewed a surgery and got to see the behind the scenes work of a number of departments, including the laboratory and pharmacy.

Additionally, hospital leaders participated in a number of health care career awareness events to increase interest among minority and low-income youth.