
USC Norris
Cancer Hospital

Community
Health Needs
Assessment

2019

Table of Contents

Executive Summary	5
Report Adoption, Availability and Comments	6
Introduction	7
Background and Purpose	7
Service Area	8
Collaborative Process.....	8
Project Oversight.....	9
Consultant	9
Data Collection Methodology	10
Secondary Data Collection	10
Primary Data Collection.....	10
Public Comment	13
Identification and Prioritization of Significant Health Needs	14
Review of Primary and Secondary Data.....	14
Priority Health Needs.....	14
Resources to Address Significant Health Needs	15
Review of Progress	15
Demographic Profile.....	16
Population	16
Race/Ethnicity	16
Citizenship.....	16
Language	17
Linguistic Isolation.....	17
Family Size.....	17
Veteran Status.....	17
Social Determinants of Health.....	18
Social and Economic Factors Ranking	18
Poverty	18
Children in Poverty	18
Seniors in Poverty	19

Seniors Living Alone.....	19
People with a Disability Living in Poverty	19
Public Program Participation	19
Food Environment Index	20
Free and Reduced Price Meals	20
Unemployment	20
Median Household Income.....	20
Housing Units	21
Housing Affordability.....	21
Housing Supply	21
Homelessness.....	21
Community Input – Housing and Homelessness.....	22
Education	24
Student Performance K-12.....	24
Transportation	25
Crime and Violence	25
Substantiated Child Abuse Rate.....	26
Access to Health Care.....	27
Health Insurance Coverage.....	27
Sources of Care	28
Difficulties Accessing Care	29
Lack of Care Due to Cost.....	29
Delayed Care	30
Community Input – Access to Health Care.....	30
Dental Care	31
Leading Causes of Death.....	33
Deaths due to Motor Vehicle and Traffic Collisions	33
Alcohol-Impaired Driving Deaths	34
Death or Injury Resulting From Bicycle-Involved Collisions.....	34
Cancer Incidence and Mortality.....	35
Incidence	35

Leading Causes of Cancer Death	36
Cancer Deaths	37
Community Input – Cancer	40
Disease and Disability	42
Health Status	42
Diabetes	42
Heart Disease.....	43
High Blood Pressure.....	43
Asthma	43
Community Input – Chronic Diseases	44
Infectious Diseases	44
Tuberculosis	44
HIV/AIDS	44
Sexually Transmitted Infections.....	45
Community Input – Sexually Transmitted Infections.....	45
Emergency Room Rates due to Infectious Diseases	46
Hospitalization Rates by Diagnoses	46
Disability	46
Seniors with a Disability.....	46
Health Behaviors	48
Overweight and Obesity	48
Community Input – Overweight and Obesity	49
Sedentary Children.....	50
Adults Who Regularly Walk.....	50
Fast Food	51
Soda Consumption	51
Adequate Fruit and Vegetable Consumption.....	51
Insufficient Sleep	51
Teen Sexual History	51
Mental Health	53
Mental Health Indicators	53

Community Input – Mental Health	54
Substance Use and Misuse.....	56
Cigarette Smoking.....	56
Opioid Use.....	56
Alcohol Use	56
Preventive Practices.....	58
Flu and Pneumonia Vaccines.....	58
Immunization of Children.....	58
Mammograms	58
Pap Smears.....	58
Colorectal Cancer Screening.....	59
Human Papillomavirus Immunization	59
Community Input – Preventive Practices.....	59
Attachment 1. Benchmark Comparisons	61
Attachment 2. Community Stakeholders	62
Attachment 3. Resources to Address Needs.....	64
Attachment 4. Report of Progress	67

Executive Summary

USC Norris Cancer Hospital is a 60-bed inpatient facility providing acute and critical care. It is one of only a few facilities in Southern California built exclusively for cancer research and patient care. As required by state and federal law, USC Norris Cancer Hospital has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years. The purpose of this Community Health Needs Assessment is to identify and prioritize significant health needs of the community served by the hospital. The health needs identified in this report help to guide the hospital's community benefit activities. This Community Health Needs Assessment was conducted in partnership with Keck Hospital of USC.

Community Definition

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. It is located in the Boyle Heights neighborhood of Los Angeles in LA County Service Planning Area (SPA) 4. 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.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present a demographic profile, social determinants of health, health care access, leading causes of death, cancer incidence and mortality, disease and disability, health behaviors, mental health, substance use and misuse, and preventive practices.

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through 2 canvassing events that engaged 111 residents, 10 focus groups that engaged 108 people, a survey that obtained responses from 11

community members, and 8 interviews with community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. 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 potentially available to address needs and discover gaps in resources.

Significant Health Needs

A review of the data identified these significant health needs:

- Access to health care
- Cancer
- Chronic diseases
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- STI/HIV/AIDS

Report Adoption, Availability and Comments

This CHNA report was adopted by the Keck Medical Center of USC Board of Directors in June 2019.

This report is widely available to the public on the hospital's web site at <https://www.keckmedicine.org/community-benefit/>. Written comments on this report can be submitted to BenefitandOutreach@med.usc.edu.

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. Keck Medical Center of USC encompasses USC Norris Cancer Hospital, Keck Hospital of USC, USC Verdugo Hills 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.

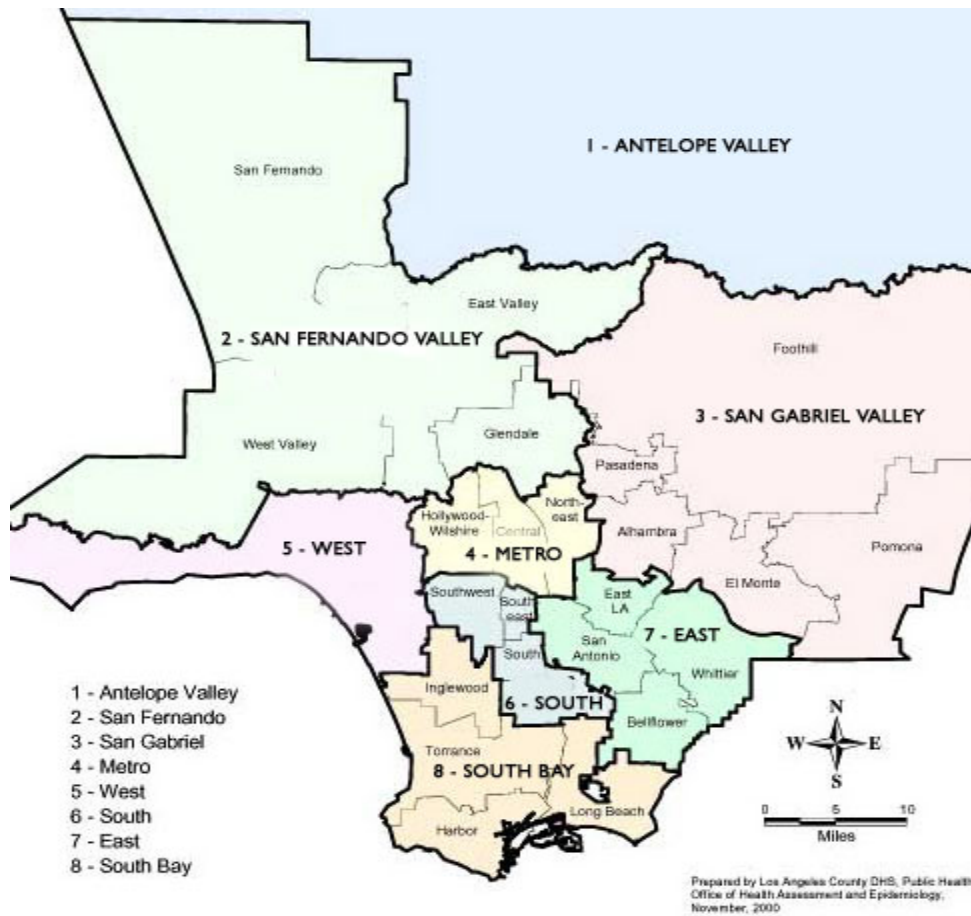
The passage of the Patient Protection and Affordable Care Act and California SB 697 require tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. 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. It is located in the Boyle Heights neighborhood of Los Angeles in LA County Service Planning Area (SPA) 4. 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



Collaborative Process

USC Norris Cancer Hospital participated in a collaborative process for the Community Health Needs Assessment in partnership with Keck Hospital of USC.

Project Oversight

The Community Health Needs Assessment process was overseen by:
Char Ryan
Chief Patient Experience Officer
Keck Medicine of USC

Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. has over 24 years' experience conducting hospital Community Health Needs Assessments and working with hospitals to develop, implement, and evaluate community benefit programs. Dr. Melissa Biel conducted the Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd and Jennifer Lopez, MPA, LSSBB. www.bielconsulting.com

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, access to health care, leading causes of death, cancer incidence and mortality, disease and disability, health behaviors, mental health, substance use and misuse, and preventive practices. Data sets are presented in the context of California to help frame the scope of an issue as it relates to the broader community.

Sources of data include: U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Think Health LA, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Secondary data for the 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 includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2020 objectives, where appropriate. 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. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

USC Norris Cancer Hospital gathered information and opinions from persons who represent the broad interests of the community served by the hospital.

Interviews

Eight (8) interviews were completed from February to March, 2019. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the Los Angeles County Department of Public Health.

The identified stakeholders were invited by email to participate in a 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 needs assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview questions focused on the following topics:

- Health issues in the community
- Challenges and barriers people face in addressing these issues
- Socioeconomic, behavioral, or environmental factors contributing to poor health in the community
- Potential resources to address the identified health needs, such as services, programs and/or community efforts
- Additional comments and concerns

Community Engagement

USC Norris Cancer Hospital commissioned the National Health Foundation (NHF) to conduct a Community Environmental Scan. The purpose of the environmental scan was to create a clear picture of the hospital communities, including their social, economic and physical barriers to healthy living, and engage the community for their perspectives on these issues. The Community Engagement Strategy was designed to gather community input on disparities within the hospital's service area, understand community resources, gauge gaps in services, and clarify and enhance the community profile. Data collection occurred in three phases: community canvassing; focus groups; and community stakeholder surveys. Comments from community members engaged in the Community Environmental Scan are provided throughout the report when available.

Canvassing

Community canvassing occurred at two large events across the hospital's service area. The events were the Boyle Heights Christmas Parade and the Ramona Gardens Holiday Gift Give Away.

Canvassing questions were:

1. What stops you from achieving your highest level of health?
2. What does your community need to be healthier?

The canvassing events engaged 111 residents in a self-service survey where they could write and place answers to three open-ended questions on poster boards. This survey method, based on the dot survey technique, was used to increase access to survey questions for participants, show transparency with community residents, and be an interactive and participatory activity.

Focus Groups

During canvassing events, language preferences for focus groups were determined and community residents were recruited for focus group participation. Ten (10) focus groups engaged 108 persons and were conducted from November 2018 to March 2019. Focus groups were held at schools, predominantly attended by parents of young children, and at community centers and a clinic. One focus group was conducted with a senior citizen group known as Friends of Ramona Gardens at their local adult recreation center. Each of the locations was chosen for its ease of access to community members and the likelihood those neighbors would be willing to participate.

The focus group questions aimed to engage community residents in discussing challenges and needs for improving their health.

1. What things in your community negatively affect your health? How are they affecting your health?
2. What do you believe are the most significant health needs for you and members of your community?
3. What health resources are available in your community? How can these resources better serve to improve the health of your community?
4. Are you aware of any resources in the community being provided by the hospital? What would you like to see them provide?

Stakeholder Surveys

Community stakeholders were identified during community canvassing and focus group recruitment. The responding eleven stakeholders represented a broad range of interest in the hospital's service area and included leaders in community organizations and schools.

Stakeholder surveys were developed and disseminated once canvassing and focus group themes emerged. The surveys summarized the needs and concerns of community residents, which allowed the NHF team to ask stakeholders more direct questions regarding the severity of the emerging issues.

Stakeholders were contacted through email or in person during canvassing events and were asked to participate in an anonymous online survey based on issues raised through community input. The online survey was administered using Google Forms and emailed to stakeholders who expressed interest in participating. The survey used a Likert scale format and asked stakeholders to rank how strongly they agreed or disagreed with community concerns or issues in their community. Stakeholders were given the opportunity to explain or expand on their answers with a fill-in section for each question. A list of the community respondents can be found in Attachment 2.

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. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://www.keckmedicine.org/community-benefit/>. To date, no comments have been received.

Identification and Prioritization of Significant Health Needs

Review of Primary and Secondary Data

Significant 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 that were identified in the secondary data were measured against benchmark data; specifically, 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 following significant health needs were determined:

- Access to health care
- Cancer
- Chronic diseases
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- STI/HIV/AIDS

Priority Health Needs

The list of significant health needs 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. Community stakeholder interviews were used to gather input and prioritize the significant health needs based on the level of importance the hospital should place on addressing the issue.

The interviewees were asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Among the interviewees, housing and homelessness, mental health and preventive practices were ranked as the top three priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Prioritization of Health Needs by Interviewees

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Housing and homelessness	4.00
Mental health	4.00
Preventive practices	3.83
Chronic diseases	3.75
Access to health care	3.67
Sexually transmitted infections	3.67
Cancer	3.50
Overweight and obesity	3.40

In addition, the National Health Foundation community data collection activities and analysis associated with the environmental scan resulted in identification of five community health concerns for residents in the service area. These health priorities were:

1. Affordable, quality housing
2. Healthy food access
3. Environmental health issues
4. Health care access
5. Mental health issues

Resources to Address Significant Health Needs

Through the community engagement process, stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

Review of Progress

In 2016, USC Norris Cancer Hospital conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2016 CHNA addressed access to health care, cancer, chronic diseases, and overweight and obesity through a commitment of community benefit programs and charitable resources. The impact of the actions USC Norris Cancer Hospital used to address these significant health needs can be found in Attachment 4.

Demographic Profile

Population

The population of LA County is 10,057,155. Children and youth (ages 0-17) make up 22.8% of the population, 39.9% are 18-44 years of age, 25.0% are 45-64, and 12.2% of the population are older adults, 65 years and older. The county has a higher percentage of adults, ages 18-44, than found in the state (39.9%).

Population by Age

	Los Angeles County		California	
	Number	Percent	Number	Percent
Age 0-4	633,601	6.3%	2,421,507	6.5%
Age 5-17	1,659,431	16.5%	6,370,427	17.1%
Age 18-44	4,012,805	39.9%	14,268,265	38.3%
Age 45-64	2,514,289	25.0%	9,387,997	25.2%
Age 65+	1,226,973	12.2%	4,805,760	12.9%
Total	10,057,155	100%	37,253,956	100%
Median age	35.8		36.0	

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Race/Ethnicity

In Los Angeles County, 48.3% of the population is Hispanic or Latino. Whites make up 26.7% of the population. Asians comprise 14.1% of the population, and African Americans are 8% of the population. Native Americans, Hawaiians, and other races combined total 2.9% 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	48.3%	38.6%
White	26.7%	38.4%
Asian	14.1%	13.7%
Black or African American	8.0%	5.6%
American Indian & Alaskan Native	0.2%	0.4%
Native Hawaiian & Pacific Islander	0.2%	0.4%
Other or multiple	2.5%	2.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Citizenship

16.8% of the population in the county is not a U.S. citizen. This is a higher percentage than found in the state (13%).

Not a U.S. Citizen

	Los Angeles County	California
Not a citizen	16.8%	13.0%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, 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 (28.8%). 43.3% of the residents speak English only, and 10.9% 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	43.3%	39.4%	10.9%	5.4%	1.0%
California	56.0%	28.8%	9.8%	4.4%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Linguistic Isolation

Linguistic isolation is defined as the population, over age 5, who speak English “less than very well.” In the county, 33.2% of the population is linguistically isolated.

Linguistic Isolation among Population Over 5 Years of Age

	Percent
Los Angeles County	33.2%
California	18.6%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Family Size

The average family size in the county is 3.58 persons.

Average Family Size

	Family Size/Persons
Los Angeles County	3.58
California	3.54

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Veteran Status

In the county, 3.8% of the population, 18 years and older, are veterans. This is lower than the percentage of veterans found in the state (5.9%).

Veterans

	Los Angeles County	California
Veteran status	3.8%	5.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for that county with the poorest factors. Los Angeles County is ranked 29, up from 42 just two years ago, for social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Los Angeles County	29

Source: County Health Rankings, 2018. www.countyhealthrankings.org

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2016, the Federal Poverty Level for one person was \$11,880 and for a family of four \$24,300. The rate of poverty in the county is 22.6%, which is higher than in the state (15.8%). Poverty increases for the population at or below 200% of FPL as 45% of county residents are at 200% of FPL.

Ratio of Income to Poverty

	Below 100% Poverty	Below 200% Poverty
Los Angeles County	22.6%	45%
California	15.8%	32%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

Children in Poverty

In Los Angeles County, children suffer with higher rates of poverty than the general population. 30.4% of children, under age 18, are living in poverty. Among families where there is a female head of household and children under 18 years old, 26.3% in the county live in poverty. This is lower than the state rate of 44.9%.

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

	Children in Poverty	Female HoH Families in Poverty
Los Angeles County	30.4%	26.3%
California	21.9%	44.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

Seniors in Poverty

In the county, 13.5% of seniors live in poverty, which is higher than the state rate of 10.3%.

Seniors in Poverty

	Percent
Los Angeles County	13.5%
California	10.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 DP03. <http://factfinder.census.gov>

Seniors Living Alone

22.3% of seniors in the county live alone. Many older people who live alone are vulnerable due to social isolation, poverty, disabilities, lack of access to care, or inadequate housing.

People 65+ Living Alone

	Percent
Los Angeles County	22.3%
California	23.1%

Source: Think Health LA Community Dashboard, 2012 - 2016. www.thinkhealthla.org

People with a Disability Living in Poverty

Persons with a disability are more likely to live in poverty as compared to the rest of the population. In the county, 27% of people, ages 20 to 64, with a disability are living below the poverty level.

People with a Disability Living in Poverty

	Percent
Los Angeles County	27.0%
California	26.3%

Source: Think Health LA Community Dashboard, 2012-2016. thinkhealthla.org

Public Program Participation

In LA County, 42.6% of residents are not able to afford food and 21.6% 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. Among qualified children, 54.1% access WIC. 10.5% of county residents are TANF/CalWorks recipients.

Public Program Participation

	Los Angeles County	California
Not able to afford food (<200% FPL)	42.6%	44.4%

	Los Angeles County	California
Food stamp recipients (<300% FPL)	21.6%	23.1%
WIC usage among qualified children (6 and under)	54.1%	44.7%
TANF/CalWorks recipients	10.5%	10.2%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Food Environment Index

The food environment index combines two measures of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best). In LA County, the Index is 8.4, which is less than the state index of 8.8.

Food Environment Index

	Los Angeles County	California
Food Index (0 to 10)	8.4	8.8

Source: Think Health LA Community Dashboard, 2018. www.thinkhealthla.org

Free and Reduced Price Meals

The percentage of students eligible for the free and reduced price meal program is one indicator of socioeconomic status. Among students in LA County schools, 67.3% 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	996,263	67.3%
California	3,557,989	58.1%

Source: California Department of Education, 2014-2016; <http://data1.cde.ca.gov/dataquest/>

Unemployment

In 2017 Los Angeles County had an unemployment rate of 4.7%. When examined over a three year period, unemployment rates have declined from 2015 to 2017.

Unemployment Rates, Annual Average, 2015-2017

	2015	2016	2017
Los Angeles County	7.0%	5.3%	4.7%
California	6.2%	6.0%	4.8%

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

Median Household Income

The median household income in the county is \$57,952.

Median Household Income

	Median Household Income
Los Angeles County	\$57,952
California	\$63,783

Source: U.S. Census Bureau, American Community Survey, 2014-2016, DP03. <http://factfinder.census.gov>

Housing Units

There are almost 3.5 million housing units in LA County. 45.7% of the occupied housing units are owner occupied and 54.3% are renter occupied. The percentage of renter-occupied housing exceeds the state rate (45.9%).

Housing Units, Owners and Renters

	Total Housing Units	Owner Occupied	Renter Occupied
Los Angeles County	3,490,118	45.7%	54.3%
California	13,911,737	54.1%	45.9%

Source: U.S. Census Bureau, American Community Survey, 2014-2016, DP04. <http://factfinder.census.gov>

Housing Affordability

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” Over half (56.5%) of LA County and state renters spend 30% or more of their household income on rent.

Renters Spending 30% or More of Household Income on Rent

	Los Angeles County	California
Renters spending \geq 30% of income on rent	56.5%	56.5%

Source: Think Health LA Community Dashboard, 2016. www.thinkhealthla.org

Housing Supply

34.4% of households in Los Angeles County are experiencing severe housing problems including overcrowding, high housing costs, lack of a kitchen or lack of plumbing facilities.

Severe Housing Problems

	Los Angeles County	California
Households with severe housing problems	34.4%	27.9%

Source: Think Health LA Community Dashboard, 2014. www.thinkhealthla.org

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

and in unsheltered homeless from 2015 to 2018. For the 2018 homeless count, the county had an annualized estimate of 50,385 homeless individuals. 84.3% of the homeless were single adults, and 15.5% were homeless families.

Homeless Population*, 2015-2018 Homeless Count Comparison

	Los Angeles County	
	2015	2018
Total homeless	41,174	50,385
Sheltered	29.7%	24.6%
Unsheltered	70.3%	75.4%
Individual adults	81.1%	84.3%
Family members	18.2%	15.5%
Unaccompanied minors (<18)	<1%	0.1%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 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-quarter are chronically homeless (27%), 13.5% experience substance abuse (a decrease from 2015) and 24.5% suffer from mental illness. Among the county homeless population, 7.1% are homeless veterans and 26.9% of the homeless have had a domestic violence experience.

Homeless Subpopulations*

	Los Angeles County	
	2015	2018
Chronically homeless	34.4%	27.0%
Substance abuse	25.2%	13.5%
Mentally ill	29.8%	24.5%
Veterans	9.8%	7.1%
Domestic violence experience	21.4%	26.9%
Physical disability	19.8%	13.6%
Persons with HIV/AIDS	0.2%	1.4%

Source: Los Angeles Homeless Service Authority, 2015 & 2018 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 – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments, quotes and opinions edited for clarity:

- The cost of living in Los Angeles is astronomically high. The housing crisis and the cost of housing have a direct impact on homelessness.
- Younger people who don't have a job and cannot afford the high rents may end up on the streets.
- Many families who spend a high percentage of their income on housing often live in

crowded housing conditions that contribute to adverse health outcomes.

- In Boyle Heights, we hear all the time about families who are being evicted. If they are undocumented landlords can evict them and charge higher rents to the new renters.
- There is a lack of affordable housing for low-income individuals.
- The parks are where the homeless gather and have encampments.
- A portion of the homeless have mental health and substance use issues.
- Families who've fallen on hard times if given short-term financial support, job training, and interviewing skills, they might be able to get back on their feet.
- The chronic homeless have conditions that contribute to their chronic homelessness. There is some evidence that permanent supportive housing can help them become more stable, reduce health care costs and reduce ED care.

Community Narrative from the Community Environmental Scan

“Sometimes even though you find housing, it might not be good quality for your health because if you have lead, mold in the walls, there are a lot of problems that affect your health and it can even be worse to find housing with that.” – Parent, El Sereno Middle School, El Sereno

“The rent is so high now. It's very high and you think if your rent suddenly increases and you don't have enough money where you are going to live with your kids?” – Parent, Albion Elementary, Lincoln Heights

“Our mental health and emotional health are being affected because we see our neighbors moving and see vacant apartments because they couldn't pay the rent.” – Resident, Ramona Gardens

“Displacement has been happening in our community, so much that two, three families have to join together to get a house because the payments are too high” – Resident, Boyle Heights

“A lot of people have been living in their apartments for more than 20 years. Even if they move out, my brother was diagnosed with cancer twice, so it doesn't matter how far you move out. If it's in [your body] then it's going to go wherever you are at.” - Senior, Ramona Gardens

“70% of residents in the Eastside are renters and vulnerable to displacement due to the lack of protections given by the city. Many renters in the Eastside have been experiencing rent increases, habitability issues, evictions etc. This has been causing a lot of stress, anxiety, and malnutrition.” - Stakeholder, Boyle Heights

Education

Of the population age 25 and over, 27.5% have less than a high school diploma. 19.2% are high school graduates, which is lower than state completion rates (20.6%).

Educational Attainment

	Los Angeles County	California
Population age 25 and over	6,712,079	25,554,412
Less than 9th grade	16.8%	9.9%
9th to 12 th grade, no diploma	10.7%	8.0%
High school graduate	19.2%	20.6%
Some college, no degree	17.6%	27.1%
Associate degree	5.2%	7.8%
Bachelor's degree	19.7%	20.1%
Graduate or professional degree	10.8%	11.9%

Source: U.S. Census Bureau, American Community Survey, 2014-2016, DP02. <http://factfinder.census.gov>

Low levels of education are linked to poverty and poor health. In the county, 77.7% 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 82.1% and does not meet the Healthy People 2020 objective of 87% for high school graduation.

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

	Percent
Los Angeles County	77.7%
California	82.1%

Source: U.S. Census Bureau, American Community Survey, 2014-2016, DP02. <http://factfinder.census.gov>

Student Performance K-12

Proficiency is measured through student scores on the Smarter Balanced Assessment portion of California's statewide student assessment system (CAASPP). The purpose of the California High School Exit Examination is to ensure that high school graduates can demonstrate grade level competency in reading writing, and mathematics. The percentage of students in LA County who are proficient in English/language arts lags behind state proficiency rates at all grade levels.

Student Proficiency English/Language Arts

	Los Angeles County	California
3 rd Grade Proficiency in English/Language Arts	41%	42%
4 th Grade Proficiency in English/Language Arts	43%	44%
5 th Grade Proficiency in English/Language Arts	47%	49%
6 th Grade Proficiency in English/Language Arts	45%	47%
7 th Grade Proficiency in English/Language Arts	45%	48%

	Los Angeles County	California
8 th Grade Proficiency in English/Language Arts	46%	49%
10 th Grade Passing High School Exit Exam: Eng.	84%	85%
11 th Grade Proficiency in English/Language Arts	58%	59%

Source: Think Health LA Community Dashboard, 2014 - 2016. www.thinkhealthla.org

The percentage of students in LA County who are proficient in mathematics lags behind state proficiency rates at all grade levels.

Student Proficiency in Math

	Los Angeles County	California
3 rd Grade Proficiency in Math	44%	45%
4 th Grade Proficiency in Math	37%	38%
5 th Grade Proficiency in Math	31%	33%
6 th Grade Proficiency in Math	37%	38%
7 th Grade Proficiency in Math	33%	35%
8 th Grade Proficiency in Math	33%	36%
10 th Grade Passing High School Exit Exam: Math	84%	85%
11 th Grade Proficiency in Math	31%	32%

Source: Think Health LA Community Dashboard, 2016. www.thinkhealthla.org

Transportation

2.8% of people in the county get to work by walking and 6.5% commute by public transportation. 73.3% of people in the county drive alone to work, 47.1% experience a long commute of more than 30 minutes.

How Workers Age 16 Years and Over Get to Work

	Los Angeles County	California
Walked to work	2.8%	2.7%
Commuted by public transportation	6.5%	5.2%
Drive alone to work	73.3%	73.5%
Solo drivers with a long commute	47.1%	39.3%
Mean travel time to work (in minutes)	30.4	28.4

Source: Think Health LA Community Dashboard, 2012 - 2016. www.thinkhealthla.org

Crime and Violence

Property crimes include burglary, motor vehicle theft and larceny. Los Angeles County's rate of property crime is 2,508.5 per 100,000 persons. This is lower than the state rate for property crime of 2,544.5 per 100,000 persons. Violent crimes include homicide, rape and assault. LA County has a rate of 560.4 violent crimes per 100,000 persons, which is higher than the state rate of 443.9 violent crimes per 100,000 persons.

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

	Property Crime Rate	Violent Crime Rate
Los Angeles County	2,508.5	560.4
California	2,544.5	443.9

Source: California Department of Justice, 2016. <http://oag.ca.gov/>

Calls for domestic violence are categorized as with or without a weapon. Weapons include firearms, knives, other weapons, and fists or other parts of the body that inflict great bodily harm. The Los Angeles County 'with weapon' domestic violence call rate was 66.3%, higher than the state rate of 43%.

Domestic Violence Calls

	Los Angeles County		California	
	Number	Percent	Number	Percent
Without weapon	14,193	33.7%	93,783	57.0%
With weapon	27,955	66.3%	70,786	43.0%

Source: California Department of Justice, Office of the Attorney General, 2017. <https://oag.ca.gov/crime/cjisc/stats/domestic-violence>

Substantiated Child Abuse Rate

There are several types of child abuse including physical, sexual, and emotional abuse. In LA County, 9.8 per 1,000 children, under 18 years of age, have experienced abuse and neglect. The rates of child abuse cases are higher in LA County than the state.

Substantiated Child Abuse Cases per 1,000 Children

	Los Angeles County	California
Child abuse cases	9.8	7.5

Source: Think Health LA Community Dashboard, 2017. www.thinkhealthla.org

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. 89.0% of the population in Los Angeles County has health insurance and 11% are uninsured.

Insurance Status

	Los Angeles County	California
Insured	89.0%	90.7%
Uninsured	11.0%	9.3%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

A look at insurance coverage by source shows that 39.8% of county residents have employment-based insurance and 28.6% are covered by Medi-Cal.

Insurance Coverage

	Los Angeles County	California
Medi-Cal	28.6%	26.1%
Medicare only	1.2%	1.3%
Medi-Cal/Medicare	4.5%	3.8%
Medicare and others	7.5%	8.8%
Other public	1.1%	1.3%
Employment based	39.8%	43.3%
Private purchase	6.4%	6.2%
No insurance	11.0%	9.3%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

When insurance coverage 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 high rates of Medicare coverage. The Healthy People 2020 objective is 100% health insurance coverage for all ages groups.

Insurance Coverage by Age Group, Los Angeles County

	Ages 0-17	Ages 18-64	Ages 65+
Medi-Cal	50.2%	28.8%	3.5%
Medicare only	N/A	0.9%	5.5%
Medi-Cal/Medicare	N/A	2.3%	30.3%
Medicare and others	N/A	0.1%	55.5%
Other public	1.3%	1.6%	0.3%
Employment based	40.2%	44.3%	4.0%
Private purchase	2.6%	8.2%	0.2%
No insurance	2.5%	13.7%	0.6%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

In LA County, 7.6% of the population, under the age of 65, had no insurance coverage over the course of a year. 7.8% 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	7.6%	5.8%
Insurance coverage only part of the year	7.8%	6.6%

Source: California Health Interview Survey, 2016. <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, 87% of children and youth have a usual source of care. Among adults, 76.1% have a medical home. 92.2% of seniors have a usual source of care.

Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65+
Los Angeles County	87.0%	76.1%	92.2%
California	87.6%	78.6%	90.9%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu/>

When a usual source of health care is examined by race/ethnicity, Latinos (80.3%) are the least likely to have a usual source of care, and Whites the most likely (91.3%).

Usual Source of Care by Race/Ethnicity

	Los Angeles County	California
Latino	80.3%	80.9%
Asian	81.4%	83.1%
African American	87.9%	88.6%
White	91.3%	90.8%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

The source of care for 56.8% of county residents is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 24.3% in the county. 15.8% of residents have no regular source of care.

Sources of Care

	Los Angeles County	California
Dr. Office/HMO/Kaiser	56.8%	59.4%
Community clinic/government clinic/community hospital	24.3%	23.7%
ER/urgent care	2.1%	1.7%
Other	1.0%	0.9%
No source of care	15.8%	14.3%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

20.8% of residents in the county visited an Emergency Room (ER) over the period of a year. Children visited the ER at the highest rates (18.6%). Residents at lower incomes visited the ER at higher percentages than the population as a whole.

Use of Emergency Room by Age and Poverty Level

	Los Angeles County	California
Visited ER in last 12 months	20.8%	20.6%
0-17 years old	18.6%	19.4%
18-64 years old	21.1%	20.5%
65 and older	23.0%	23.2%
<100% of poverty level	22.5%	25.1%
<200% of poverty level	21.8%	23.5%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

In Los Angeles County, the ratio of population to primary care physicians is 1,390:1 and the ratio of population to dentists is 1,200:1. For mental health providers, the ratio is 340:1. The county ratios are comparable to state ratios of available providers.

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	1,390:1	1,200:1	340:1
California	1,280:1	1,210:1	320:1

Source: County Health Rankings, 2015 - 2017. www.countyhealthrankings.org

Difficulties Accessing Care

23.6% of adults and 11.6% of children in the county had difficulty accessing medical care in the previous 12 months.

Difficulty Accessing Care in the Past Year

	Los Angeles County
Child reported to have difficulty accessing medical care	11.0%
Adults who reported difficulty accessing medical care	23.6%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Lack of Care Due to Cost

8.3% of children in the county were unable to afford a checkup or physical exam within the prior 12 months. 6.3% were unable to afford prescription medications.

Cost as a Barrier to Accessing Health Care in the Past Year for Children

	Los Angeles County
Child unable to afford medical checkup or physical exam	8.3%
Child unable to afford to see doctor for illness or other health problem	6.4%
Child unable to afford prescription medication	6.3%

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

Delayed Care

Among county residents, 11.7% of residents delayed medical care and 8.5% delayed obtaining prescription medications.

Delayed Care in the Past 12 Months

	Los Angeles County	California
Delayed or didn't get medical care	11.7%	10.9%
Had to forgo needed medical care	6.7%	4.7%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issues	46.8%	49.4%
Delayed or did not get prescription medications	8.5%	9.1%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments, quotes and opinions edited for clarity:

- We don't need more providers; we need more accessible hours, transportation and child care. The care needs to be culturally and linguistically appropriate.
- Insurance affordability is a concern, as is how to navigate the insurance process.
- Proximity to care and access to transportation are issues.
- We need to be mindful of health inequities. We have vulnerable populations who need assistance. We should make sure that people have equal access to health resources.
- For some foreign-born and non-English speaking populations, it is harder for them to navigate health care services.
- The undocumented are not eligible for Medi-Cal.
- It is difficult to travel to a medical appointment.
- Patients feel they are not heard and that they are discounted or dismissed.
- There is not enough accessible health care. Many times, people have to wait a very long time to see a doctor. Once they do get an appointment, the challenge is transportation.
- There are significant issues with care access for those on Medi-Cal. Often, they have to travel far to get their care. They may be able to get their primary care at an FQHC or community clinic, but when it comes to other medical needs, they have to

travel quite a distance to get what they need.

- The political climate surrounding immigration status is keeping people away from accessing needed health care services.
- We have seen with the Affordable Care Act there has been a dramatic reduction in the number of people who are uninsured but we are not seeing people access a regular source of care. This means people are getting insured but they are not given the information needed to use their insurance correctly and they are less likely to get the services that are so important.

Community Narrative from the Community Environmental Scan

“There are many small clinics, but unfortunately they are very short staffed.” - Resident, Boyle Heights

“There are long wait times and it’s short staffed. I just prefer to go to the emergency room. If I have to take my children, it can take 6 to 8 hours.” - Resident, Boyle Heights

“There is a clinic here, but it is only opened once a week. The doctor is good but it’s just never open.” - Resident, Ramona Gardens

“They should treat me well. Not because of my plan, but because I am a human being and I need respect and need your quality services.” - Resident, Ramona Gardens

“In the last few years there have been more health fairs [...] but I don’t know how much they are actually helping people because all they do is test for cholesterol or sugars, but don’t give more information.” - Resident, El Sereno

“They need to open better clinics. There is not enough.” - Resident, El Sereno

“More information on what is accessible will help lead to a healthier community.” - Stakeholder, Lincoln Heights

Dental Care

14.8% of children and 1.8% of teens in the county have never been to a dentist. 84% of children and 95% 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	14.8%	3.3%
Children been to dentist less than 6 months to 2 years	84.0%	83.0%
Teens never been to the dentist	1.8%	1.8%
Teens been to dentist less than 6 months to 2 years	95.0%	89.1%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

40.7% of county adults have not obtained dental care in the past year.

Adult Dental Care

Los Angeles County	
Adults who did not see a dentist or visit a dental clinic for any reason in the past year	40.7%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2015.
www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm

Leading Causes of Death

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.

Heart disease, cancer and stroke are the top three leading causes of death in Los Angeles County. Alzheimer’s disease is the fourth leading cause of death and Chronic Lower Respiratory Disease is the fifth leading cause of death.

Leading Causes of Death, Age-Adjusted Rates, per 100,000 Persons

	Los Angeles County	California	Healthy People 2020 Objective
Heart disease	166.9	161.5	No Objective
Cancer	150.6	158.4	161.4
Ischemic heart disease	120.4	103.8	103.4
Stroke	35.6	38.2	34.8
Alzheimer’s disease	32.2	35.5	No Objective
Chronic lower respiratory disease	30.9	36.0	Not Comparable
Diabetes	23.9	22.6	Not Comparable
Pneumonia and influenza	22.7	16.8	No Objective
Unintentional injuries	21.5	31.8	36.4
Liver disease	14.4	13.8	8.2
Kidney disease	11.1	8.5	Not Comparable
Suicide	7.8	11.0	10.2
Homicide	5.4	4.9	5.5
HIV	2.4	1.9	3.3

Source: California Department of Public Health, Public Health Statistical Master Files 2013-2015, <http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

Deaths due to Motor Vehicle and Traffic Collisions

The age-adjusted death rate due to motor vehicle traffic collisions is 7.4 per 100,000 persons in Los Angeles County, which is lower than the state rate (8.8 per 100,000 persons).

Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions, per 100,000 Persons

	Los Angeles County	California
Death due to motor vehicle collisions	7.4	8.8

Source: Think Health LA Community Dashboard, 2014 - 2016. www.thinkhealthla.org

Alcohol-Impaired Driving Deaths

In LA County, 26.3% of motor vehicle crash deaths occurred with alcohol involvement.

Alcohol-Impaired Driving Deaths

	Los Angeles County	California
Alcohol-impaired driving deaths	26.3%	29.4%

Source: Think Health LA Community Dashboard, 2012 – 2016. www.thinkhealthla.org

Death or Injury Resulting From Bicycle-Involved Collisions

In Los Angeles County, 41.2 per 100,000 bicyclist-involved collisions resulted in injury or death.

Bicycle Involved Collision Death or Injury Rate, per 100,000 Persons

	Los Angeles County	California
Bicycle involved death or injury	41.2	32.7

Source: Think Health LA Community Dashboard, 2014 – 2016. www.thinkhealthla.org

Cancer Incidence and Mortality

Incidence

The rate of cancer incidence for all sites of cancer in Los Angeles County was 375.5 per 100,000 persons. This rate was lower than the state rate of cancer incidence (395.2 per 100,000 persons). The top three cancers by incidence were female breast, prostate and respiratory system cancers. The types of cancer with higher incidence rates in the county than the state were digestive system (colon and rectum, liver and bile duct, and stomach cancers), female reproductive (uterine, ovarian, and cervical), and thyroid cancers.

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons

	Los Angeles County	California
Cancer all sites	375.5	395.2
Breast (female)	115.0	120.6
Prostate (males)	95.2	97.1
Lung and Bronchus	36.7	42.2
Colon and Rectum	36.3	35.5
In Situ Breast (female)	26.1	28.2
Uterine ** (females)	25.9	24.9
Non-Hodgkin Lymphoma	17.8	18.2
Urinary Bladder	15.1	16.8
Kidney and Renal Pelvis	13.2	13.9
Melanoma of Skin	13.3	21.6
Ovary (females)	12.0	11.6
Thyroid	13.6	12.8
Leukemia *	11.6	12.3
Pancreas	11.24	11.44
Liver and Bile Duct	9.65	9.49
Stomach	9.31	7.42
Cervix Uteri (females)	7.77	7.19
Miscellaneous	7.22	7.96
Myeloma	5.68	5.77
Testis (males)	5.50	5.71

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<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 rates of cancer. There are, however, exceptions to this rule: Hispanic women have the highest incidence of cervical cancer and Asians have the

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

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

	Hispanic	White	Asian/PI	Black	Los Angeles County
Cancer all sites	306.73	441.61	295.40	421.71	375.47
Breast (female)	83.52	146.61	101.21	131.49	115.04
Prostate (males)	83.78	96.71	49.56	146.96	95.22
Lung and bronchus	21.18	46.38	33.64	52.36	36.86
Colon and rectum	31.53	37.84	36.19	43.95	36.34
In situ breast (female)	18.33	31.16	29.00	30.82	26.09
Uterine ** (females)	23.52	28.4	21.56	26.97	25.94
Non-Hodgkin lymphoma	16.40	20.85	13.35	14.71	17.81
Urinary bladder	8.32	22.89	8.55	12.12	15.13
Thyroid	11.44	16.58	15.35	9.69	13.55
Melanoma of skin	3.60	28.21	1.07	1.01	13.29
Kidney and renal pelvis	14.24	14.00	8.44	15.05	13.21
Ovary (females)	11.07	13.54	11.13	10.09	11.99
Leukemia*	9.62	14.07	7.34	10.51	11.64
Pancreas	10.14	12.10	9.58	13.76	11.24
Liver and bile duct	12.01	6.60	12.59	9.81	9.65
Stomach	11.09	6.44	11.92	9.47	9.31
Cervix uteri (females)	8.70	6.85	7.09	8.16	8.8
Miscellaneous	6.83	8.09	4.36	9.19	8.4
Myeloma	5.40	5.47	2.73	12.59	5.8
Testis (males)	5.46	7.52	2.03	1.75	5.50

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<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 were examined by gender and ranked according to the top ten leading causes of death. For men, lung cancer, colorectal cancer and prostate cancer were among the top ten leading causes of death. For women, lung cancer, breast cancer and colorectal cancer were among the top ten leading causes of death. Lung cancer and colorectal cancer were among the top causes of premature death for males. For females, breast cancer, lung cancer and colorectal cancer were among the top ten causes of premature death.

Leading Causes of Cancer Death among Top Ten Leading Causes of Death by Gender

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 Deaths

The age-adjusted mortality rate for all types of cancer in Los Angeles County was 150.6 per 100,000 persons. This rate was lower than the state rate of 158.4 per 100,000 persons. The top three causes of cancer death in Los Angeles County were lung and bronchus, female breast, and prostate cancers. Los Angeles County had higher rates of death than the state for digestive system cancers (colon and rectum, pancreas, liver and bile duct, and stomach), female reproductive cancers (breast, uterine and cervical cancers), Myeloma and Non-Hodgkin Lymphoma.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	Los Angeles County	California
Cancer all sites	150.6	158.4
Lung and bronchus	28.4	32.0
Breast (female)	20.5	20.1
Prostate (males)	19.1	19.6
Colon and rectum	13.8	13.2
Pancreas	10.4	10.3
Miscellaneous	8.8	9.9
Liver and bile duct	8.2	7.6
Ovary (female)	7.0	7.1
Leukemia*	6.1	6.3
Cervix uteri (female)	5.5	5.7
Non-Hodgkin lymphoma	5.5	5.4
Stomach	5.2	4.0
Uterine** (female)	4.8	4.5
Urinary bladder	3.5	3.9
Kidney and renal pelvis	3.2	3.5
Myeloma	3.1	3.1
Esophagus	2.7	3.3
Skin melanoma	1.7	2.4

Source: California Cancer Registry, California Department of Public Health, 2011-2015; 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 had the highest rate of cancer mortality (195.71 per 100,000 persons), followed by Whites (154.13 per 100,000 persons). Hispanics have a lower rate (122.47 per 100,000 persons), and Asians/Pacific Islanders have the lowest rate of cancer mortality (112.86 per 100,000 persons). Exceptions for Asians were high rates of mortality from liver and bile duct, and stomach cancers.

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

	Hispanic	White	Asian/PI	Black	Los Angeles County
Cancer all sites	122.47	154.13	112.86	195.71	142.06
Lung and Bronchus	17.09	34.16	24.51	44.27	28.41
Breast (female)	15.43	23.89	14.19	32.97	20.46
Prostate (males)	17.19	18.95	9.25	45.49	19.15
Colon and Rectum	12.03	13.72	12.88	21.08	13.79
Pancreas	9.49	11.4	8.55	13.52	10.44
Miscellaneous	7.86	9.99	5.66	11.78	8.81
Liver and Bile Duct	10.23	5.59	10.66	8.56	8.19
Ovary (female)	6.51	7.99	5.04	7.04	6.96
Leukemia*	5.39	7.20	4.26	5.83	6.21
Non-Hodgkin Lymphoma	5.43	6.02	4.35	4.63	5.50
Stomach	6.80	3.13	6.48	5.95	5.22
Uterine** (female)	3.91	4.87	3.62	9.25	4.81
Urinary Bladder	2.32	4.78	1.98	3.75	3.52
Kidney & Renal Pelvis	3.67	3.05	2.28	3.47	3.16
Myeloma	2.83	3.04	1.54	6.98	3.08
Esophagus	2.31	3.47	1.58	2.68	2.71
Cervical (female)	3.11	1.91	2.40	3.64	2.63
Skin Melanoma	0.74	3.25	0.35	0.35	1.66

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

The mortality to incidence ratio (MIR) examines the percentage of persons who die from their diagnosed cancer. 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 incidence (diagnosis) of cervical cancer 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	122.5	306.7	154.1	441.6	112.9	295.4	195.7	421.7	142.1	375.5
Lung and bronchus	17.09	21.18	34.16	46.38	24.51	33.64	44.27	52.36	28.41	36.86
Breast (female)	15.43	83.52	23.89	146.6	14.19	101.2	32.97	131.5	20.46	115.0
Prostate (males)	17.19	83.78	18.95	96.71	9.25	49.56	45.49	147.0	19.15	95.22
Colon and rectum	12.03	31.53	13.72	37.84	12.88	36.19	21.08	43.95	13.79	36.34
Pancreas	9.49	10.14	11.4	12.10	8.55	9.58	13.52	13.76	10.44	11.24
Liver and bile duct	10.23	12.01	5.59	6.60	10.66	12.59	8.56	9.81	8.81	9.65
Ovary (female)	6.51	11.7	7.99	13.54	5.04	11.3	7.04	10.09	8.19	11.99
Leukemia*	5.39	9.62	7.20	14.07	4.26	7.34	5.83	10.51	6.96	11.64
Non-Hodgkin lymphoma	5.43	16.40	6.02	20.85	4.35	13.35	4.63	14.71	5.50	17.81
Stomach	6.80	11.09	3.13	6.44	6.48	11.92	5.95	9.47	5.22	9.31
Uterine** (female)	3.91	23.52	4.87	28.4	3.62	21.56	9.25	26.97	4.81	25.94
Urinary bladder	2.32	8.32	4.78	22.89	1.98	8.55	3.75	12.12	3.52	15.13
Kidney and renal pelvis	3.67	14.24	3.05	14.00	2.28	8.44	3.47	15.05	3.16	13.21
Myeloma	2.83	3.60	3.04	5.47	1.54	2.73	6.98	12.59	3.08	5.8
Cervical (female)	3.11	8.70	1.91	6.85	2.40	7.09	3.64	8.16	2.63	8.8
Skin melanoma	0.74	3.60	3.25	5.47	0.35	1.07	0.35	1.01	1.66	13.29

Source: California Cancer Registry, California Department of Public Health, 2011-2015; Age-adjusted to 2000 U.S. Standard. <http://www.cancer-rates.info/ca/> *Myeloid & Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

According to the mortality to incidence ratio (MIR), higher percentages of the population in LA County die from cancer of the lung and bronchus, pancreas, and liver and bile duct. Blacks tend to have worse outcomes (higher MIR ratios) among the races examined, with a few exceptions for various types of cancers. Rates tend to be lowest among Asians and Whites. In addition to the high ratios noted among all races, Hispanics also have high MIR for myeloma. Black women have high MIR for ovarian cancer. Whites have high MIR for melanoma of the skin and Asians have high MIR for leukemia.

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	40.0%	34.9%	38.2%	46.4%	37.8%
Lung and bronchus	80.1%	73.7%	72.9%	84.5%	77.1%
Breast (female)	18.5%	16.3%	14.0%	25.1%	17.8%
Prostate (males)	20.5%	27.1%	18.7%	30.9%	20.1%
Colon and rectum	38.2%	36.3%	35.6%	48.0%	37.9%
Pancreas	94.1%	94.2%	89.2%	98.2%	92.9%
Ovary (female)	56.0%	59.0%	44.6%	69.8%	68.3%
Liver and bile duct	85.2%	84.7%	84.7%	87.3%	91.3%

	Hispanic	White	Asian / PI	Black	All
Leukemia *	56.0%	51.2%	58.0%	55.5%	59.8%
Non-Hodgkin lymphoma	33.1%	28.9%	32.6%	31.5%	30.9%
Uterine ** (female)	16.7%	17.1%	16.8%	34.3%	18.5%
Stomach	61.3%	48.6%	54.4%	62.8%	56.1%
Urinary Bladder	28.1%	20.9%	23.2%	30.9%	23.3%
Kidney and renal pelvis	25.8%	21.8%	27.0%	23.1%	23.9%
Myeloma	78.6%	55.6%	56.4%	55.4%	53.1%
Skin melanoma	20.6%	59.4%	32.7%	34.7%	12.5%
Cervical (female)	35.7%	27.9%	33.9%	44.6%	29.9%

Source: California Cancer Registry, California Department of Public Health, 2011-2015; Age-adjusted to 2000 U.S. Standard.
<http://www.cancer-rates.info/ca/> *Myeloid & Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

The impact of race and gender on cancer mortality rates, incidence and outcomes tend to be better among women. Black men have the highest MIR (poorest outcomes).

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

	Mortality	Incidence	Ratio of Mortality to Incidence
Asian women	95.37	296.46	32.2%
White women	137.21	427.09	32.1%
All women	127.63	379.55	33.6%
Hispanic women	109.90	308.84	35.6%
White men	184.63	465.69	39.6%
All men	173.05	421.93	41.0%
Hispanic men	148.14	340.26	43.5%
Asian men	132.54	294.79	45.0%
Black women	168.33	394.17	42.7%
Black men	229.70	459.09	50.0%

Source: California Cancer Registry, California Department of Public Health, 2011-2015; Age-adjusted to 2000 U.S. Standard.
<http://www.cancer-rates.info/ca/>

Community Input – Cancer

Stakeholder interviews identified the following issues, challenges and barriers related to cancer. Following are their comments, quotes and opinions edited for clarity:

- Women with cancer often put their own conditions on the back burner. They make their husbands and kids go to the doctor but they put off scheduling their own appointments.
- If a person who has cancer loses health insurance coverage, they lose the regular surveillance they need.
- The top cancer screening needs are lung, colorectal, breast, skin and liver cancer.
- Socioeconomic, behavioral and environmental conditions all influence cancer and cancer care.
- A lot of families don't have health insurance and, as a result, they are not accessing

preventive care. Illnesses, like cancer, can go undetected. And because cancer is detected later, that can impact treatment. Being able to afford all the different types of treatment is difficult.

- People do not feel empowered to advocate for themselves. We need to demystify cancer care.
- Just because you look okay doesn't mean you are okay. For women who have metastatic breast and ovarian cancer, they are told it is something that cannot be cured, so they have to manage it for the rest of their lives. They are in and out of treatment and it is very challenging.
- It used to be if you had stage 4 cancer, it was a death sentence. And now, in some cases, it is being treated as a chronic illness.
- Mental health care services are very important with cancer care.
- There is a lot of self-blame. If I had gone to the doctor sooner, if I was not overweight, if I had had that test, I might not have cancer.
- Temporary or permanent loss of fertility is an issue with a cancer diagnosis. There is a financial challenge associated with fertility preservation during cancer treatment.
- Cancer treatment can impact a person's self-image.
- Navigating the insurance process is a challenge that comes up for cancer patients.
- Through the course of treatment, patients are going through a lot of physical changes and there are a lot of problems that go along with treatment.
- In LA County, we have innovative cancer centers that provide top of the line care. But some of the community-based cancer care locations don't have access to the innovative treatment courses and they do not have the best access to research trials.

Disease and Disability

Health Status

In Los Angeles County, 18.3% of residents have a self-rated health status of fair or poor. 19.9% of adults and 33.9% of seniors consider themselves to be in fair or poor health. These rates of fair or poor health status are greater than found in the state.

Health Status, Fair or Poor Health

	Los Angeles County	California
Fair or poor health	18.3%	17.3%
18-64 years old	19.9%	19.5%
65+ years old	33.9%	28.4%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu/>

Diabetes

9.7% of adults in the county have been diagnosed with diabetes. For adults with diabetes, 56.5% are very confident they can control their diabetes, while 10.7% were not confident.

Adult Diabetes

	Los Angeles County	California
Diagnosed pre-diabetic	12.4%	13.4%
Diagnosed diabetic	9.7%	9.1%
Very confident to control diabetes	56.5%	58.5%
Somewhat confident	32.8%	33.8%
Not confident	10.7%	7.7%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

Rates of diabetes reported by African American (13.7%) and Latino (11.7%) residents of LA County were higher than rates for those groups at the state level. White (6.9%) and Asian (7.8%) residents reported a diabetes rate that was lower than the state rate.

Adult Diabetes by Race/Ethnicity

	Los Angeles County	California
African American	13.7%	11.6%
Asian	7.8%	8.8%
Latino	11.7%	11.3%
White	6.9%	7.6%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

In Los Angeles County the average annual age-adjusted emergency room visit rate due to diabetes was 25.5 per 10,000 persons, ages 18 years and older. Long-term complications of diabetes resulted in a rate of 12.1 per 10,000 persons and emergency

room visit rates due to uncontrolled diabetes were 2.3 per 10,000 persons.

Age-Adjusted Emergency Room Rates Due to Diabetes, per 10,000 Persons

	Los Angeles County	California
Diabetes	25.5	26.6
Long-term complications of diabetes	12.1	12.4
Short-term complications of diabetes	1.4	1.8
Uncontrolled diabetes	2.3	2.2

Source: Think Health LA Community Dashboard, 2015. <http://ask.chis.ucla.edu/> www.thinkhealth.la.org

Heart Disease

For adults in Los Angeles County, 5.6% have been diagnosed with heart disease. Among these adults, 57.7% are very confident they can manage their condition and 66.5% have a management care plan developed by a health care professional.

Adult Heart Disease

	Los Angeles County	California
Diagnosed with heart disease	5.6%	6.2%
Has a management care plan	66.5%	70.2%
Very confident to control condition	57.7%	57.4%
Somewhat confident to control condition	35.7%	36.8%
Not confident to control condition	6.6%	5.8%

Source: California Health Interview Survey, 2014 - 2016; <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, 28.2% of adults have been diagnosed with high blood pressure. Of these, 66.9% are on medication for their blood pressure.

High Blood Pressure

	Los Angeles County	California
Diagnosed with high blood pressure	28.2%	28.4%
Takes medication for high blood pressure	66.9%	65.1%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

Asthma

The population diagnosed with asthma in Los Angeles County is 12.4%. 43.8% of asthmatics take medication to control their symptoms. Among youth, 7.4% have been diagnosed with asthma. The rate of asthma in the county is lower than in the state.

Asthma

	Los Angeles County	California
Diagnosed with asthma, total population	12.4%	14.8%
Diagnosed with asthma, 0-17 years old	7.4%	16.7%

	Los Angeles County	California
ER visit in past year due to asthma, total population	11.2%	13.1%
ER visit in past year due to asthma, 0-17 years old	38.7%	10.5%
Takes daily medication to control asthma, total population	43.8%	45.1%
Takes daily medication to control asthma, 0-17 years old	23.7%	30.7%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

Community Input – Chronic Diseases

Stakeholder interviews identified the following issues, challenges and barriers related to chronic diseases. Following are their comments, quotes and opinions edited for clarity:

- Chronic diseases are hard to manage. It would be better if we prevented them from occurring.
- Health behaviors, social factors and determinants of health need to be addressed for chronic diseases to improve.
- People need to take care of themselves, eat healthy and go on walks. That is difficult for people who are working multiple jobs and lead stressful lives.
- We are seeing a rise in diabetes. And many people don't know they have it. We need to do a better job of screening for the disease and getting people into care.
- The underinsured and uninsured lack access to treatment for chronic illnesses.

Infectious Diseases

Tuberculosis

The rate of tuberculosis in LA County is 6.1 per 100,000 persons, which is higher than the state rate of 5.4 per 100,000 persons.

Tuberculosis Incidence Rate, per 100,000 Persons

	Los Angeles County	California
Tuberculosis incidence	6.1	5.4

Source: California Department of Public Health, County Health Status Profiles 2018 Report <http://www.cdph.ca.gov/data/statistics/>

HIV/AIDS

In 2015, 1,952 cases of HIV were diagnosed in Los Angeles County for a rate of 19 per 100,000 persons. The rate of HIV/AIDS diagnosed in 2015 had decreased from 2014.

New HIV Diagnoses, Number and Rate per 100,000 Persons, 2014 - 2015

	2014		2015	
	Number	Rate	Number	Rate
Los Angeles County	2,057	20	1,952	19

Source: County of Los Angeles, Public Health, 2016 Annual HIV Surveillance Report <http://publichealth.lacounty.gov/wwwfiles/ph/hae/hiv/2016AnnualSurveillanceReport.pdf>

In LA County the rate of persons living with HIV/AIDS infection was 590.1 per 100,000 persons, which is higher than the state rate of 391.7 per 100,000 persons.

HIV/AIDS, Ages 13 Years and Older

	Los Angeles County	California
HIV/AIDS infection, ages 13 years and older	590.1	391.7

Source: California Department of Public Health, County Health Status Profiles 2018 Report <http://www.cdph.ca.gov/data/statistics/>

Sexually Transmitted Infections

The rate of chlamydia in LA County is 558.5 per 100,000 persons. The rate of gonorrhea in LA County males (513.4 per 100,000 persons) is higher than in females (227.3 per 100,000 persons). Rates of syphilis are also higher among men (1,449.3 per 100,000 persons) than women (88.3 per 100,000 persons). The county rates of chlamydia, gonorrhea and syphilis in all cases are higher than state rates.

Sexually Transmitted Infections, 2014-2016

	Los Angeles County	California
Chlamydia	558.5	480.3
Gonorrhea (females)	227.3	218.0
Gonorrhea (males)	513.4	372.6
Syphilis (females)	88.3	2.6
Syphilis (males)	1,449.3	22.5

Source: California Department of Public Health, County Health Status Profiles 2018 Report <http://www.cdph.ca.gov/data/statistics/>

Community Input – Sexually Transmitted Infections

Stakeholder interviews identified the following issues, challenges and barriers related to sexually transmitted infections (STIs). Following are their comments, quotes and opinions edited for clarity:

- STIs are a growing issue in Los Angeles. We need to treat those who have STIs and make sure they are not transmitting the disease to others.
- Teens cannot afford condoms so they have unprotected sex.
- In some cultures, sex is not talked about.
- In the county, we do not have enough funding for STI testing and treatment. STI prevention is not the priority it should be. With funding, the state still gives the same amount of funding, but with everything increasing in price, we can serve less people than we could 10 years ago.
- Some men are bisexual and very closeted, which places more women at risk of STIs.
- A couple of decades ago, there was such fear about HIV. People were using condoms and were more careful about partners. But with more effective treatments, we have relaxed our behaviors and concerns.
- There is a lack of education on preventive measures for STIs.

Emergency Room Rates due to Infectious Diseases

The age-adjusted emergency room visit rate due to bacterial pneumonia was 13.6 per 10,000 adults. ER visits for immunization-preventable pneumonia and influenza occurred at a rate of 8.9 per 10,000 adults.

Age-Adjusted Emergency Room Visit Rate due to Infectious Diseases, per 10,000 Adults

	Los Angeles County	California
Community acquired pneumonia (bacterial)	13.6	19.0
Immunization-preventable pneumonia and influenza	8.9	9.5
Hepatitis	0.8	0.9

Source: Think Health LA Community Dashboard, 2015. www.thinkhealthla.org

Hospitalization Rates by Diagnoses

At USC Norris Cancer Hospital, the top five primary diagnoses resulting in hospitalization were cancers (including non-cancerous growths), infections, blood disorders, injuries/poisonings and genitourinary system.

Hospitalization Rates by Principal Diagnosis, Top Ten Causes

	USC Norris Cancer Hospital
Cancer (includes non-cancerous growths)	24.7%
Infections	10.1%
Blood disorders	6.4%
Injuries/poisonings	5.8%
Genitourinary system	5.3%
Digestive system	5.1%
Endocrine disease	3.4%
Circulatory system	2.8%
Nervous system	2.5%
Respiratory system	2.4%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017. http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Disability

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. In the county, 30.7% of adults had a physical, mental or emotional disability and 31.3% of disabled adults reported having health insurance.

Population with a Disability

	Los Angeles County	California
Adults with a disability	30.7%	29.7%
Disabled persons with health insurance	31.3%	30.1%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu/>

Seniors with a Disability

Rates of disability increase with age. There is often a strong relationship between disability status and health status. Among LA county seniors, 37% have a disability.

13% have a hearing difficulty and 7.1% have a vision difficulty.

Older Adults, 65+, with a Disability

	Los Angeles County	California
Seniors with a disability	37.0%	36.0%
Seniors with a hearing difficulty	13.0%	14.4%
Seniors with a self-care difficulty	12.3%	10.1%
Seniors with a vision difficulty	7.1%	6.7%
Seniors with a independent living difficulty	20.1%	17.6%

Source: Think Health LA Community Dashboard, 2012 - 2016. www.thinkhealthla.org

Health Behaviors

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (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 11 puts Los Angeles County in the top quarter of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 57)
Los Angeles County	11

Source: County Health Rankings, 2018 www.countyhealthrankings.org

Overweight and Obesity

In Los Angeles, over one-third of the adult population is overweight (34.8%). 19.4% of teens and 14.3% of children are overweight.

Overweight

	Los Angeles County	California
Adult (18+ years)	34.8%	35.0%
Teen (ages 12-17)	19.4%	17.3%
Child (under 12)	14.3%	15.1%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

Among adults in Los Angeles County, 28.9% are obese. This is better than the Healthy People 2020 objective for adult obesity of 30.5%. 14.3% 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	28.9%	28.1%
Teen, ages 12-17 years	14.3%	18.1%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

Adult overweight and obesity by race and ethnicity indicate high rates among African American adults (76.1%) and Latinos (74.2%). Over half of the White population (57.4%) is overweight or obese, while 41.4% of Asians are overweight or obese.

Adult Overweight and Obesity by Race/Ethnicity

	Los Angeles County	California
African American	76.1%	71.7%
Asian	41.4%	43.6%
Latino	74.2%	73.9%

	Los Angeles County	California
White	57.4%	58.1%

Source: California Health Interview Survey, 2014 -2016. <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, 45.2% of 5th grade students tested as needing improvement (overweight) or at health risk (obese) for body composition. Among 9th graders the rates were slightly improved (40.5%). However, these rates exceed state rates.

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

	Los Angeles County	California
Fifth grade	45.2%	40.7%
Ninth grade	40.5%	37.2%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017. <http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments, quotes and opinions edited for clarity:

- Chronic diseases are strongly linked with obesity.
- We can encourage people and provide them with information, but it is not enough. Society and the environment fuels obesity.
- We have a toxic food environment where we are absolutely inundated with high calorie, low nutrient food that is inexpensive and is marketed aggressively.
- Our environment works against us to be physically active.
- It is so much easier to access unhealthy food than healthy food. We need better options to make healthy foods easily accessible and affordable.
- It is important that people have access to safe parks.
- There are no healthy grocery stores in our neighborhood.
- It is hard to get people to eat vegetables and fruits when they are more expensive.
- Many people in our communities do not drive, they walk. They will eat food that is accessible to them. This negatively impacts their ability to make healthier choices.

Community Narrative from the Community Environmental Scan

“Here we are isolated from stores. We have one store, but it sells very expensive food and it’s in bad condition. There is no big store nearby.” - Senior, Ramona Gardens

“We do not have many options here in our community to eat healthy. The only option right now is Food 4 Less [...] and they are not cheap or have enough variety.” - Parent, Farmdale Elementary, El Sereno

“Farmer’s Markets are limited and isolated to one area and often becoming merchandise fairs rather than offering fresh veggies” - Stakeholder, Boyle Heights

“We need food and nutritious food [...] having a food bank here would be very helpful.” - Resident, Ramona Gardens

“Is there a Farmers market here? Alhambra yes, but not here. In El Sereno, no. Here it would be perfect for at least once a week. It would be good to provide because there are also parents who receive WIC.” -Resident, El Sereno

“There are more liquor shops and, now weed shops, on the Eastside than organic food providers” -Stakeholder, Boyle Heights

Sedentary Children

12.7% of LA County children and teens spend over five hours in sedentary activities after school on a typical weekday. 8.7% spend over 8 hours a day on sedentary activities on weekends. 11.6% of teens engage in no physical activity in a typical week, and 77.2% 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	12.7%	12.8%
8+ hours spent on sedentary activities on a typical weekend day - children and teens	8.7%	8.3%
Teens no physical activity in a typical week	11.6%	10.8%
Teens visited park/playground/open space in past month	77.2%	74.8%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

Adults Who Regularly Walk

In LA County, 31.4% of adults walk at least 150 minutes per week. This is lower than the state rate of 33% of adults walking at least 150 minutes per week.

Adults Who Walk at Least 150 Minutes Per Week

	Los Angeles County	California
Adults who walk at least 150 minutes per week	31.4%	33.0%

Source: Think Health LA Community Dashboard, 2014. www.thinkhealthla.org

Fast Food

In Los Angeles County, 29.6% of adults, ages 18-64, and 20.7% of children and youth, ages 0-17, eat fast food 3 or more times a week.

Fast Food Consumption, 3 or More Times a Week

	Los Angeles County	California
Adult, ages 18-64	29.6%	28.2%
Children and youth, ages 0-17	20.7%	23.4%

Source: California Health Interview Survey, 2014-2016.; <http://ask.chis.ucla.edu/>

Soda Consumption

The percentage of adults who consume seven or more sodas in a week is 11.7% in Los Angeles County. This is higher than the state rate (10.4%).

Adults Average Weekly Soda Consumption; 7 or more

	Los Angeles County	California
Adult soda consumption	11.7%	10.4%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Adequate Fruit and Vegetable Consumption

In LA County 31.4% of children consume five or more servings of fruits and vegetables a day. These rates are lower than in the state.

Five or More Servings of Fruits and Vegetables Daily, Children and Teens

	Los Angeles County	California
Children	31.4%	37%
Teens	19.5%	26.4%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Insufficient Sleep

Sleep is an important part of a healthy lifestyle. 35.2% of LA County adults report fewer than seven hours of sleep a night.

Adults who Report Fewer than 7 Hours of Sleep on Average a Night

	Los Angeles County	California
Adults who report fewer than 7 hours of sleep a night	35.2%	34.5%

Source: Think Health LA Community Dashboard 2016. www.thinkhealthla.org

Teen Sexual History

88.9% of LA County teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex; this was a higher rate of abstinence than seen at the state level (81.2%).

Teen Sexual History, 14 to 17 Years Old

	Los Angeles County	California
Never had sex	88.9%	81.2%

Source: California Health Interview Survey, 2015 - 2016. <http://ask.chis.ucla.edu/>

Mental Health

Mental Health Indicators

Among adults, 9.1% in Los Angeles County experienced serious psychological distress in the past year, while 17.1% needed help for mental health and/or alcohol and problems. 12.3% of adults saw a health care provider for their mental health and/or alcohol and drug issues in the past year.

9.6% of county adults had taken a prescription medication for at least two weeks for an emotional or mental health issue in the past year. 42.6% of adults who needed help for an emotional or mental health problem did not receive treatment. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment, which equates to 27.7% who do not receive treatment.

Mental Health Indicators, Adults

	Los Angeles County	California
Adults who had serious psychological distress during past year	9.1%	8.0%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	17.1%	16.4%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	12.3%	13.4%
Has taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	9.6%	11.1%
Sought/needed help but did not receive treatment	42.6%	38.4%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Among Los Angeles County teens, 11.8% needed help in the past year for emotional or mental health problems, which was lower than the state rate (18.7%). Frequent mental distress was reported during the past month by 7.3% of area teens, which was higher than the state rate (3.7%).

Mental Health Indicators, Teens

	Los Angeles County	California
Teens who needed help for emotional or mental health problems in past year	11.8%	18.7%
Teens who had frequent mental distress during the past month	7.3%	3.7%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

Among adults in the county, 17.0% had severe interference with work because of mental health issues; 49.8% had moderate impact of mental health issues on their ability to work.

Mental Health Work Impairment, Adults

	Los Angeles County	California
Adults unable to work between 8 – 30 days due to mental health issues	17.0%	16.9%
Adults unable to work more than one month due to mental health issues	48.9%	42.4%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu/>

7.3% of adults in Los Angeles County had seriously thought about committing suicide; this is less than the state rate (9.3%).

Thought about Committing Suicide

	Los Angeles County	California
Adults who ever seriously thought about committing suicide	7.3%	9.3%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu/>

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments, quotes and opinions edited for clarity:

- It is hard to find mental health providers.
- Some people with mental health issues are not inclined to voluntarily seek treatment.
- There continues to be stigma around mental health.
- There is a lack of available culturally relevant mental health resources.
- Families are experiencing high levels of stress and there are very few affordable mental health services in our community. Those who do offer mental health services have very long wait lists.
- Sometimes the only way to get needed mental health attention is to call the police. Then there is a 72 hour observation period.
- Keeping a mental health diagnosis private can have a negative impact on health outcomes.
- Depression is widespread, under-recognized and under diagnosed. The treatment service system is fragmented and there is poor coordination with medical services.

Community Narrative from the Community Environmental Scan

“There is very little mental health staff at the clinics in our communities. You have to get a referral and sometimes the referral can take up to two years so you can get another appointment” - Resident, Boyle Heights

“We need mental health services for our youth. I am on a waiting list and there are twenty people ahead of my son and they only call me to see if he’s the same or worse.

[...] Suicide rates are increasing among our youth, we need more doctors focused on mental health in our schools” - Resident, Boyle Heights

“I think it’s the culture that has made this happen. Every time there is more people who have poor mental health because they haven’t received help in time. We don’t know where we can go or what we can do, or what to say, or where to call...” – Parent, Lincoln Heights

“We need more information on mental health. For a lot of Hispanics, it’s a stigma, we don’t want to accept these things or talk about it, we need more information.” - Resident, Lincoln Heights

“It’s important that there be mental health help for people who are undocumented. There are a lot of people who need mental health care and aren’t insured, so it’s important that there be more help for them.” – Resident, Boyle Heights

Substance Use and Misuse

Cigarette Smoking

11.4% of adults in LA County are current smokers, lower than the state rate (11.7%) and the Healthy People 2020 objective for cigarette smoking among adults (12%).

Cigarette Smoking, Adults

	Los Angeles County	California
Current smoker	11.4%	11.7%
Former smoker	21.2%	21.7%
Never smoked	67.4%	66.6%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Among teens in the county, while only 1.9% reported being a cigarette smoker, 9% have smoked an electronic (vaporizer) cigarette.

Smoking, Teens

	Los Angeles County	California
Current cigarette smoker	1.9%	2.6%
Ever smoked an e-cigarette	9.0%	9.1%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu/>

Opioid Use

As a result of prescription opioid use, the rate of hospitalizations due to overdose was 5.6 per 100,000 persons. This is lower than the state rate (8.5 per 100,000 persons). Opioid overdose deaths in Los Angeles County were 3.2 per 100,000 persons, which was a lower death rate than found in the state (4.5 per 100,000 persons). The rate of opioid prescriptions in Los Angeles County was 388.2 per 1,000 persons. This rate is lower than the state rate of opioid prescribing (507.6 per 1,000 persons).

Opioid Use

	Los Angeles County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	5.6	8.5
Age-adjusted opioid overdose deaths, per 100,000 persons	3.2	4.5
Opioid prescriptions, per 1,000 persons	388.2	507.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <http://discovery.cdph.ca.gov/CDIC/ODdash/>

Alcohol 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 in the county, 37.5% had engaged in binge

drinking in the past year. This is higher than the state rate of binge drinking (34.7%).

Binge Drinking, Adults

	Los Angeles County	California
Adult binge drinking past year	37.5%	34.7%

Source: California Health Interview Survey, 2015. <http://ask.chis.ucla.edu/>

23.5% of teens in the county reported having tried alcohol and 4.4% had engaged in binge drinking in the last month.

Teen Alcohol Use

	Los Angeles County	California
Teen ever had an alcoholic drink	23.5%	23.0%
Teen binge drinking in the past month	4.4%	3.3%

Source: California Health Interview Survey, 2015 - 2016. <http://ask.chis.ucla.edu/>

Preventive Practices

Flu and Pneumonia Vaccines

Among seniors in the county, 69.0% had received a flu shot. Adults received flu shots at a lower rate (34.3%) than children (55.2%). Seniors (69%) received flu vaccines at higher rates than adults or youth. The Healthy People 2020 objective is for 70% of the population to receive a flu shot.

Flu Vaccine

	Los Angeles County	California
Received flu vaccine, 65+ years old	69.0%	69.3%
Received flu vaccine, 18-64	34.3%	37.7%
Received flu vaccine, 6 months-17 years old	55.2%	49.6%

Source: California Health Interview Survey, 2014 - 2016. <http://ask.chis.ucla.edu/>

The Healthy People 2020 objective is for 70% of seniors to obtain a pneumonia vaccine. Over half the seniors in Los Angeles County (62%) had obtained a pneumonia vaccine.

Pneumonia Vaccine, Adults 65+

	Los Angeles County
Adults, 65+, had a pneumonia vaccine	62.0%

Source: Los Angeles County Health Survey, 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Immunization of Children

Los Angeles County rates of compliance with immunizations upon entry into kindergarten were 94.7%. County rates of kindergarten rates are below the state average of 95.3%.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2016-2017

	Los Angeles County	California
Immunization rate	94.7%	95.3%

Source: California Health Interview Survey, 2016-2017. <http://ask.chis.ucla.edu/>

Mammograms

The Healthy People 2020 objective for mammograms is 81.1% of women, ages 50-74 years, have a mammogram in the past two years. In Los Angeles County, 77.3% of women, ages 50-74, have had a mammogram, falling short of the Healthy People 2020 objective.

Pap Smears

The Healthy People 2020 objective for Pap smears in the past three years is 93% of women, ages 21-65 years e. In the county, 84.4% of women in this age group had a

Pap smear in the past three years, which does not meet the Healthy People 2020 objective.

Women Mammograms and Pap Smears

	Los Angeles County
Women, 50-74 years, had a mammogram in past two years	77.3%
Women, 21-65 years, had a Pap smear in past three years	84.4%

Source: Los Angeles County Department of Public Health, Los Angeles County Health Survey 2015

Colorectal Cancer Screening

Data from the Behavioral Risk Factor Surveillance System, sponsored by the Centers for Disease Control and Prevention, indicated 49.2% of adults, ages 50 and older, have had a Colorectal Endoscopy and 18.3% have taken the home-based FOBT screening for colorectal cancer.

Type of Colorectal Cancer Screening Ages 50 +

	Los Angeles County	California
Colorectal endoscopy (sigmoidoscopy or colonoscopy)	49.2%	66.6%
Home-based fecal occult blood test (fobt) in past two years	18.3%	29.6%

Source: State Cancer Profiles, 2016. www.statecancerprofiles.cancer.gov

Human Papillomavirus Immunization

70% of cervical cancer cases can be traced to the Human Papillomavirus (HPV) which is also linked to cancer in men. In 2006 the vaccine was initially administered in three doses, in 2014 a new two-dose vaccine was approved.

Human Papillomavirus (HPV) Vaccine, Administered to Youth Ages 13-17

	Percent
3+ HPV doses, ages 13-17	40.9%
2+ HPV doses, ages 13-17	57.5%

Source: State Cancer Profiles, 2016. www.statecancerprofiles.cancer.gov

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments, quotes and opinions edited for clarity:

- Women in homeless shelters are not comfortable obtaining cancer screenings given the lack of privacy and the communal living situations.
- It is always an issue to convince people to get preventive care. It is hard to modify behaviors especially if people don't feel any symptoms.
- Preventive care is not a priority in people's lives.
- Persons who live in Ramona Gardens have access to preventive care. But they do not take advantage of these resources.

- People wait until there is a health crisis before they access care.
- Health fairs have been successful to get people screened.
- Blood pressure screenings are very important as they can reduce the risk of stroke and heart disease.
- We need to make sure that adolescents get the HPV vaccine to prevent infections that predispose people to cervical cancer.
- All preventive services get done more effectively for people with a regular medical provider or medical home.

Community Narrative from the Community Environmental Scan

“We are surrounded by freeways, there is a lot of smog and we are breathing in illnesses. We also have a lot of warehouses that contaminate the air and it's hard to breathe.” - Resident, Boyle Heights

“If you go to the park that is by the freeway, it is healthy to walk, but the air is not healthy. It's like a contradiction” - Resident, Boyle Heights

“The contamination from the freeway is an issue. When one cleans the windows, you clean pure black. There is a lot of smoke, a lot of smog, and well our respiratory systems suffer the consequences. There is a lot of people with asthma.” – Resident, Ramona Gardens

“We are all a little emotionally distressed at different levels because of the lack of cleanliness. We should have more effective programs...”- Parent, PUC Charter School, Lincoln Heights

“In the trash there's fleas, lice, rats, cockroaches [...] I feel that they carry diseases.” - Resident, El Sereno

“I have seen the trash last weeks or months on the streets [...] I have seen an increase in trash everywhere and it makes the neighborhood look ugly.” - Resident, Lincoln Heights

Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in Los Angeles County were compared to the Healthy People 2020 objectives. The **bolded items** are indicators that did not meet the Healthy People 2020 objectives; non-bolded items meet or exceed the objectives.

Los County Data	Healthy People 2020 Objectives
High school graduation rate 77.7%	High school graduation rate 87%
Child health insurance rate 97.5%	Child health insurance rate 100%
Adult health insurance rate 86.3%	Adult health insurance rate 100%
Persons unable to obtain medical care 6.7%	Persons unable to obtain medical care 4.2%
Heart disease deaths 120.4 per 100,000	Heart disease deaths 103.4 per 100,000
Cancer deaths 150.6 per 100,000	Cancer deaths 161.4 per 100,000
Stroke deaths 35.6 per 100,000	Stroke deaths 34.8 per 100,000
Unintentional injury deaths 21.5 per 100,000	Unintentional injury deaths 36.4 per 100,000
Liver disease deaths 14.4 per 100,000	Liver disease deaths 8.2 per 100,000
Homicides 5.4 per 100,000	Homicides 5.5 per 100,000
Suicides 7.8 per 100,000	Suicides 10.2 per 100,000
On-time (1 st Trimester) prenatal care 84.9% of women	On-time (1 st Trimester) prenatal care 78% of women
Low birth weight infants 7.1% of live births	Low birth weight infants 7.8% of live births
Infant death rate 4.3 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Adult obese 28.9%	Adult obese 30.5%
Teens obese 14.3%	Teens obese 16.1%
High blood pressure 28.2%	High blood pressure 26.9%
Did receive needed mental health care 57.4%	Did receive needed mental health care 72.3%
Annual adult influenza vaccination 34.3%	Annual adult influenza vaccination 70%
Cigarette smoking by adults 11.4%	Cigarette smoking by adults 12%
Mammograms 77.3%	Mammograms 81.1%, ages 50-74, screened in the past 2 years
Pap smear 84.4%	Pap smear 93%, ages 21-65, screened in the past 3 years

Attachment 2. Community Stakeholders

Interview Respondents

	Name	Title	Organization
1	Cristin Mondy	SPA 4 Area Health Officer	Los Angeles County Department of Public Health
2	Cynthia Sanchez	Executive Director	Proyecto Pastoral
3	Elizabeth Naevarez	Director	Hazard Park Recreation Center
4	Jenna Fields	California Regional Director	Sharsheret
5	Paul Simon	Chief Science Officer and Director of the Division of Assessment, Planning, and Quality	Los Angeles County Department of Public Health
6	Quentin O'Brien	Chief Operations Officer	LA County Department of Health Services Ambulatory Care Network
7	Sophia Martini	Health System Manager	American Cancer Society
8	Wenonah Valentine	Executive Director	iDream of Racial Health Equity

Focus Group Participants

Group	Focus Group Date	Number of Participants	Language
El Sereno Middle School parents	11/29/18	10	Spanish
Ferndale Elementary School parents	11/30/18	11	Spanish
Proyecto Pastoral clients	1/11/19	9	Spanish
Alma Family Services clients	1/16/19	12	Spanish
Friends of Ramona Gardens seniors	2/6/19	10	Spanish
Clinica Romero clients	2/7/19	10	Spanish
Ramona Gardens Resident Advisory Council	2/8/19	12	Spanish
Albion Elementary School parents	2/12/19	11	Spanish
PUC Charter School parents	2/13/19	12	Spanish
College Bridge Academy Barrio Action youth	3/4/19	11	English

Survey Respondents

	Name	Title	Organization
1	Alyssa Garcia	Program Manager	Los Fotos Project
2	Ana Carr	Program Director	American Heart Association
3	Angelica Loa Perez	Executive Director	Lincoln Heights Youth Arts Center
4	Daniel Zamora	Program Manager	Alma Family Services
5	Jennifer Maldonado	Community Organizer	Inner City Struggle
6	Jesus Delgado	Program Director	Boys & Girls Club of Ramona Gardens
7	Martha Gonzalez	Promotora Outreach Manager	Clinica Oscar Romero
8	Mayra Carillo	Outreach Chair, Community Interest Seat	Boyle Heights Neighborhood Council
9	Melisa Meza	Community Organizer	The Wall Las Memorias Project

	Name	Title	Organization
10	Veronica Polnco	Vice President	Boyle Heights Neighborhood Council
11	Zenzonti Kuauhtzin	Director of Parent Engagement	PUC Charter School Los Angeles

Attachment 3. Resources to Address Needs

USC Norris Cancer Hospital solicited community input through key stakeholder interviews to identify resources potentially available to address the significant health needs. These identified resources are listed in the table 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 Los Angeles County at www.211la.org/.

Health Need	Community Resources
Access to health care	Alma Family Services AltaMed Building Healthy Communities Boyle Heights Center for Health Equity Clinica Romero Community Clinic Association of Los Angeles County Eisner Pediatric & Family Medical Center Healthy Families Healthy Way LA LA County Ambulatory Care Network LA County Department of Public Health March of Dimes Planned Parenthood Promesa Boyle Heights St. John’s Well Child & Family Center Venice Family Clinic
Chronic diseases (including cancer)	Almla Family Services AltaMed Alzheimer’s Association American Cancer Society American Diabetes Association American Heart Association American Lung Association Asthma Coalition of Los Angeles County Cancer Legal Resource Center Cancer Support Community Cancer Support Community Pasadena Center for Health Care Rights Clinica Romero Community Clinic Association of Los Angeles County Eisner Pediatric & Family Medical Center Gilda’s Club Hazard Park Recreation Center iDream for Racial Health Equity Immunization Coalition of Los Angeles County LA County Ambulatory Care Network LA County Department of Public Health National Colorectal Roundtable Planned Parenthood Sharsheret St. John’s Well Child & Family Center Venice Family Clinic YMCA

Health Need	Community Resources
Housing and homelessness	Coordinated Entry System East LA Community Corporation Esperanza Community Housing Corporation Habitat for Humanity Harvest Home Housing Authority of the City of Los Angeles Housing Rights Center Housing Works Inquilinos Unidos Jewish Family Service PATH People Assisting the Homeless Proyecto Pastoral Safe Place for Youth St. Joseph Center Step Up on Second The People Concern Union de Vecinos Venice Community Housing Venice Forward
Mental health	Alma Family Services Barrio Action Clinica Romero Didi Hirsch Mental Health Services El Centro De Ayuda Los Angeles Department of Mental Health Maternal Mental Health Now National Association of Mental Illness (NAMI) Northeast Valley Health Corporation Pacific Clinics St. Joseph Center Tarzana Treatment Center
Overweight and obesity	Alma Family Services AltaMed Boys & Girls Club CalFresh Clinica Romero Eisner Pediatric & Family Medical Center LA County Ambulatory Care Network School districts and schools Venice Family Clinic WIC YMCA
Preventive practices	Alma Family Services AltaMed Clinica Romero Eisner Pediatric & Family Medical Center Healthy Way LA LA County Ambulatory Care Network LA County Department of Public Health Northeast Valley Healthcare Corporation Planned Parenthood Venice Family Clinic
Sexually transmitted infections	Alma Family Services

Health Need	Community Resources
	AltaMed Clinica Romero Eisner Pediatric & Family Medical Center Healthy Way LA LA County Ambulatory Care Network LA County Department of Public Health Planned Parenthood Venice Family Clinic

Attachment 4. Report of Progress

USC Norris Cancer Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The medical center addressed: access to health care, cancer, chronic diseases, and overweight and obesity through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2016 CHNA.

Access to Health Care

Transportation Services

Transportation is a documented barrier to accessing health care services. The hospital paid for transportation services for low-income patients and families who could not afford transportation to obtain needed health care services.

National Health Foundation Pathway Recuperative Care and Bridge Housing Program

The program provided access to case management, housing options and comprehensive social services, in addition to medical oversight for homeless individuals. The funding from the hospital system supported temporary housing, housing placement assistance, food, supplies and transportation for persons needing recuperative care after hospitalization.

Cancer

- Annually, over 160 persons with cancer engaged in yoga classes to increase relaxation and flexibility.
- This is Where You Live Now, a program of Norris Community Benefit and Keck Medicine of USC took place at Norris Cancer Hospital. This program highlighted how a cancer diagnosis can change our lives in an instant and leave us unprepared for the decisions we face. In this conversation with USC medical oncologist, Afsaneh Barzi, MD, cancer patients discussed their efforts to arrive at mutually acceptable treatment decisions and explore the “sacred space” between doctors and patients where respect and collaboration become potent health care tools.
- Cancer survivors shared their personal stories through their written work as part of the Survivor Author Series. Artist and author, Stewart Liff, spoke about his

career as an award-winning visual management expert. As a Stage III colorectal cancer survivor, Stewart shared his compelling personal story and unique insights into how we can best adapt, persevere, and move forward after cancer and other life challenges by fostering connectedness and building a personal team of champions.

- The Norris Cancer Hospital provided cancer survivors with opportunities to express their cancer journeys through art. Jean Richardson, artist and cancer survivor, shared her life journey and how art plays an important role in her survivorship. The survivor art series occurred three times in the year.
- CancerHelp is a computer-based cancer education program from the National Cancer Institute. This program is available to patients, staff and the public.
- Support of the USC Norris Comprehensive Cancer Center provided cancer research, treatment, prevention and education.
- The USC Norris/UniHealth Comprehensive Cancer Control Coalition in Service Planning Area 4 (SPA 4) (C4-SPA4) of the Office of Community Engagement at the USC Norris Cancer Hospital attended the National Latino Cancer Summit in 2018. USC Norris was able to secure 12 scholarships for *Promotores de Salud*. During the two-day event, the team led a group discussion about the barriers Latino underserved patients face when dealing with cancer.
- The C4-SPA4 program collaborated with various USC Norris Cancer Hospital community programs, including Adelante, an exercise program for the community held in partnership with Hazard Park and Recreation, Keck and Norris Patient Advisory Councils, and Clinica Romero.
- Free skin cancer screenings were provided to 270 Los Angeles City Firefighters and their families.

Chronic Diseases

Health Education, Outreach and Screenings

Health education classes and events were made available to the public at no cost. Community health education targeted the community at large, populations with, or at risk of, chronic disease, and populations with health disparities.

- In 2017 and 2018, Keck Medicine, in partnership with the American Heart & Stroke Association, held its annual Target BP Symposium. The symposium was offered free to physicians and other providers from local health clinics serving patients in East LA. Speakers included the Heart Association's National Medical Director for Preventive Medicine and several experts from the Keck School of Medicine. The focus of the symposium was to reduce the risk of heart attack and stroke through comprehensive, active management of patients diagnosed with high blood pressure.

- The hospital hosted education events made available to health providers throughout the USC Keck School of Medicine, hospital staff and the provider community. The hospital offered guests lectures presented to the at-large clinician community and to health sciences students in Southern California.
- USC Norris Cancer Hospital hosted education seminars and workshops on a variety of topics open to the public and provided health education informational materials.
- Public health education in the media and community health awareness events to encourage healthy behaviors and prevent chronic diseases.
- The community was served by a number of support groups, open to the public and offered free of charge. These focus group provided over 3,000 encounters:
 - Adolescent and Young Adult Cancer Support Group for Parents and Caregivers
 - Bladder Cancer Support Group
 - Caregiver Support Group
 - Lung Cancer Support Group
 - Mindfulness Support Group
 - Prostate Cancer Support Group
- Look Good Feel Better is an American Cancer Society-affiliated program open to all women with cancer who are undergoing chemotherapy, radiation, or other forms of treatment.
- In FY17, The 20th Proyecto Pastoral Women's Health Conference was held at the Dolores Mission in Boyle Heights. Over 400 women attended workshops and lectures that focused on health, wellness and personal empowerment. Blood pressure screenings were provided to 80 attendees. In FY18, the 21st Proyecto Pastoral Women's Health Conference was held at the Dolores Mission in Boyle Heights. Keck Medicine of USC was a sponsor of this year's event. Over 400 women attended workshops and lectures that focused on health, wellness and personal empowerment. Blood pressure screenings were provided to 200 attendees.
- Sidewalk education events at LAC+USC and Union Station provided disease prevention education to 300 participants.
- The 23rd Parkinson's Update educational symposium reached 350 persons with Parkinson's disease, their families and caregivers with disease-specific information.
- Annually, the Carnival of Love on Skid Row provided services for over 500 homeless Los Angeles residents. Keck Medicine of USC participated and distributed hygiene kits, sunscreen, health education materials, and provided blood pressure screening for 240 persons.

- The hospital held a Stroke Seminar at the Downtown Women’s Center serving women experiencing homelessness and formelery homeless women. 100 women learned about stroke risk factors and symptoms and received educational materials.
- The Roxanna Todd Hodges Stroke Clinic offered screening events in the community that provided blood pressure screening for 183 persons. In addition, health education was provided on stroke prevention.
- At the Mariachi Festival held in Boyle Heights, nurses provided flu shots, blood pressure checks and health education. Approximately 500 persons received health information and resources.
- The hospital hosted a Lead Summit in September 2018 that brought together academia, community residents and community and faith-based organizations to address lead toxicity and clean up in the neighboring communities.

Overweight and Obesity

- The hospital supported a weekly Farmer’s Market at Hazard Park in East Los Angeles. Profits from the market provided funding for fresh fruits and vegetables for the local community. Additionally, a weekly Farmer’s Market was held on the campus of the Keck School of Medicine located in Boyle Heights, providing fresh fruits and vegetables to local families. Market attendees may purchase a Keck Veggie Buck for \$5.00. This can be used to purchase \$10.00 of fresh fruits and vegetables at the market.
- The hospital hosted a Bariatric Support Group that reached 180 persons and a bariatric seminar that provided education to 216 persons.
- In partnership with the American Heart & Stroke Association, a teaching garden was sponsored at Hollenbeck Middle School and Lincoln High School for the purpose of teaching students about healthy eating, nutrition and health and general health promotion principles.
- The Youth Health Leadership (YouHeal) Program is one of the Keck School of Medicine and Keck Medicine Community Benefit initiative aimed at empowering local high school students from communities surrounding USC as agents of community change in nutrition and physical activity. Through the YouHeal Program, Latino youth participated in a twelve-week, evidence-based, culturally-tailored curriculum, to learn about nutrition, exercise, weight loss, and community health.
- AmeriCorps members at Keck Medical Center delivered nutritional workshops to children and their families within the local community. These weekly workshops addressed topics such as food labels, eating healthy, the major food groups, and MyPlate. With ingredients provided by food services, freshly prepared healthy snacks accompanied the workshops.